**Związek Harcerstwa Polskiego Okręg Wielkiej Brytanii - Polish Scouting Association UK Region**

**MELDUNEK UBEZPIECZENIOWY & OCENA RYZYKA   
KOLONII ZUCHOWEJ - CUB / BROWNIE CAMP   
PRE CAMP REPORT & RISK ASSESSMENT**

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| **Region (Hufiec) / Troop (Druźyna):** |  | | | | |
| **Camp Name:** |  | | | | |
| **Camp Address:** (Full. inc. postal code) |  | | | | |
| **Camp Dates:** | **Start:** | | **End:** | **Total No. of Overnights:** | |
| **Camp Leader:** | **Name:** | | **Address:** | | |
| **Grade** (Stopień)**:** | | **Email:** | **Mob No.** | |
| **Camp Opiekun:** (If required) | **Name:** | | **Address:** | | |
| **Grade** (Stopień)**:** | | **Email:** | **Mob No.** | |
| **Camp Leadership:**  (List **all** participating adults, incl. supporting staff e.g. kitchen staff) | **Role** (Funkcja)**:** | **Grade** (Stopień)**:** | **Name:** | **DBS Y/N** | **Date** |
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| **Numbers of Participants:** | **Cubs/Brownies** (Zuchy): | **Instructors (**Instruktorzy): | **Cub/Brownie Pack Leaders** (Wodzowie Zuchów): | | |

1. **PRE-CAMP COMPULSORY ADMINISTRATION**

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| **Compulsory Leadership Courses:**  (List **all** participants) | **Course** (Kurs)**:** | **Grade** (Stopień)**:** | **Name:** | **Date:** |
| **Cub Camp Leadership Training**  (min Komendant/ka & Oboźny) |  |  |  |
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| **First Aiders** (min 2) |  |  |  |
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| **Safeguarding** (All leaders (+18 yrs), minimum - Child Protection: An Introduction) |  |  |  |
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If a waiver is required for any of the above, the following must be approved by the District Commissioner (Hufcowy)

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| **Waivers** | **Course** (Kurs)**:** | **Grade** (Stopień)**:** | **Name:** | **Hufcowy:** (signed) | **Justification:** |
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| **Risk Assessment  completed by:** | **Name:** | **Signature**: | **Date:** |
| **Acknowledgment by Camp Leader** (If not Assessor)**:** I understand my responsibility as camp leader for ensuring the wellbeing, health, and safety of all those attending camp. I understand that local, government and PSA UK Region Ltd guidelines shall be followed at all times. | | | |
| **Grade:**(Stopień) | **Name:** | **Signature**: | **Date:** |
| **Acknowledgment by Camp Opiekun** (If required)**:** | | | |
| **Grade:**(Stopień) | **Name:** | **Signature**: | **Date:** |

1. **APPROVALS**

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| **Approved by District Commissioner** (Hufcowy / Hufcowa) | | |
| **Name:** | **Signature:** | **Date:** |
| **Outline Camp Programme** (Ramowy) **– Approved** | | **Date:** |
|  | | |
| **Approved by PSA UK Region Ltd Scout / Guide Commissioner** (Komendant / Komendantka Chorągwi) | | |
| **Name:** | **Signature:** | **Date:** |
| **Outline Camp Programme** (Ramowy) **– Approved** | | **Date:** |
|  | | |
| **Approved by PSA Chief Scout / Guide Commissioner** (Naczelnik / Naczelniczka) – Required for all camps/activities outside of the UK | | |
| **Name:** | **Signature:** | **Date:** |
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1. **PRE-CAMP ESSENTIAL CONSIDERATIONS**

|  | **CONSIDERATION** | **RESPONSE** |
| --- | --- | --- |
| 1 | Have all participants (scouts and leaders) provided health statement (karta zdrowia) that, where necessary, have been signed by parent or guardian. |  |
| 2 | Have the parents been informed of the types of activities that will be undertaken at the camp and have all provided written consent. |  |
| 3 | Are the leadership aware of and understand any special needs (dietary, health, emotional etc) of participants and have given due consideration when organising all activities. |  |
| 4 | Are the leadership aware of is the current readiness level and does this allow for overnight stays? |  |
| 5 | Are the camp leadership fully aware of the local emergency services? |  |
| 6 | Has the camp the appropriate number of experienced leaders (adult to child ratio) ? |  |
| 7 | Have the camp leadership chosen an appropriate campsite, taking into consideration the number and experience of the participants? |  |
| 8 | Are the camp leadership fully aware of the camp “neighbours”? |  |
| 9 | Are camp leadership aware of the surrounding area and the risks they may present? |  |
| 10 | Are camp leadership fully aware of the requirement for food safety i.e. provision of supplies, storage and disposal of waste/rubbish? |  |
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1. **GENERIC CAMP RISK ASSESSMENT**

The following key is provided to assist the camp leader/leadership when filling out the assessment and the assessors when checking.

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| **Definitions** | **Description** | **Details** |
| **HAZARD** | An item or activity that has the potential to cause harm. |  |
| **HARM** | The potential consequences resulting from the hazard. | For the purposes of this risk assessment, four harms are defined,   1. Illness - due to virus e.g. rotavirus or food poisoning. 2. Light injury, e.g. small cuts, grazes, sprains, bruising, light burns etc. 3. Serious injury, e.g. deep cuts, broken limbs, head injuries, serious burns, etc. Requiring hospital admission. 4. Fatality. |
| **PERSONS AFFECTED** | The individuals potentially exposed to the harm | Scouts, leaders, parents, carers, volunteers, visitors |
| **LEVEL OF RISK** | The likelihood/probability of the hazard occurring. | High, Medium, Low. The level of the risk shall be defined **before** any risk mitigation or control measure is implemented. |
| **CONTROL MEASURES** | Risk mitigation or countermeasure. | A list of all relevant countermeasures and or risk mitigations that will be in place to reduce the “Level of Risk” to LOW. In the case of a potential fatality the “Level of Risk” shall be reduced to VERY LOW. |

The following table is given as an example an item and activity.

| **HAZARD** | **HARM** | **PERSONS AFFECTED** | **LEVEL OF RISK** | **COMMENTS/ACTIONS** |
| --- | --- | --- | --- | --- |
| Scissors | Light Injury | Cubs, Brownies, Pack leaders | High |  |
| **CONTROL MEASURES** | 1. The cubs & brownies shall be given a short briefing at the start of the crafting activity and then be supervised thoughout. 2. A trained first aider and a fully stocked first aid kit shall be present and available at all times on the camp. | | | |
| Swimming in local amenities | Fatality (drowning) | Cubs, Brownies, Pack leaders | Low |  |
| **CONTROL MEASURES** | 1. Survey of scouts/participants to fully understand scope of swimming abilities and therefore set up appropriate levels of supervision and areas of swimming activities. 2. Ensure that there are lifeguards at the swimming facilities. 3. A trained first aider shall be present and available at all times | | | |

1. **GENERIC CAMP RISK ASSESSMENT (Cont)**

For the purposes of convenience and evaluation, it is recommended that the risk assessment is completed in chronological order. A series of hazards is provided at the end as a template, however this list is not exhaustive and any additional hazards should be included as necessary

| **HAZARD** | **HARM** | **PERSONS AFFECTED** | **LEVEL OF RISK** | **COMMENTS/ACTIONS** |
| --- | --- | --- | --- | --- |
| ***Arrival on site*** | | | | |
| Moving authorised vehicle on site | Fatality (crushed) | Cub, Brownies, leaders, parents, carers, volunteers, visitors | Low |  |
| **CONTROL MEASURES** | 1. General vehicles will not be permitted onto the camping area. 2. Any vehicle permitted onto camp site shall be provided with a banksman. 3. Any vehicle permitted onto camp site will be instructed to move slowly. | | | |
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| **CONTROL MEASURES** |  | | | |
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| ***During Camp Closure*** | | | | |
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| **CONTROL MEASURES** |  | | | |

1. **SPECIAL ACTIVITIES - RISK ASSESSMENT**

This risk assessment is provided for those activities outside the main camp being run by an outside organisation and that may not be specifically covered by the Generic Risk Assessment above.

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| **Event/Activity:** |  | | | |
| **Venue:** |  | | | |
| **Activity Dates:** | **Start:** | | **End:** | **Total No. of Overnights:** |
| **External Activity Leader:** | **Name:** | | **Email:** | |
| **Address:** | | **Mob No.** |  |
| **External Activity RA.** | **Date Conducted:** | | **Date Viewed:** |  |
| **ZHP Activity Leader:** | **Name:** | | **Address:** | |
| **Grade** (Stopień)**:** | | **Email:** | **Mob No.** |
| **Numbers of Participants:** | **Cubs/Brownies** (Zuchy): | **Instructors (**Instruktorzy): | **Cub/Brownie Pack Leaders** (Wodzowie Zuchów): |  |
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If the external activity organisation does not possess a risk assessment, the camp leadership shall complete the following in the manner that was conducted for the main camp.

| **HAZARD** | **HARM** | **PERSONS AFFECTED** | **LEVEL OF RISK** | **COMMENTS/ACTIONS** |
| --- | --- | --- | --- | --- |
| **Special Activities** | | | | |
| E.g. Canoeing |  |  |  |  |
| **CONTROL MEASURES** | 1) | | | |
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| **CONTROL MEASURES** | 1) | | | |

**TYPICAL HAZARDS – CUB & BROWNIE CAMP**

|  | **HAZARD** |
| --- | --- |
| 1 | Authorised vehicles on camp site. |
| 2 | Unauthorised vehicles on camp site. |
| 3 | Unauthorised visitors on camp site |
| 4 | Obstacles (luggage not put away) |
| 5 | Slips, trips, and falls. |
| 6 | Climbing of trees. |
| 7 | Bathing in river. |
| 8 | Running on very uneven ground. |
| 9 | Craft Utensils, e.g. scissors, paint brushes, etc |
| 10 | Fall from height |
| 11 | Kitchen utensils, e.g. knifes, BBQ forks, etc |
| 12 | Gas Bottles (applicable to kitchen staff) |
| 13 | Gas (applicable to kitchen staff) |
| 14 | Outdoor toys, skipping ropes, rounders bats, etc. |
| 15 | Animals |
| 16 | Bugs and mites |
| 17 | Inappropriate adult behaviour |
| 18 | Physical exhaustion (general) |
| 19 | Physical exhaustion (following poorly planned trips out) |
| 20 | Getting lost |
| 21 | Mental exhaustion |
| 22 | Bullying |
| 23 | Exposure to heat |
| 24 | Exposure to cold |
| 25 | Illness (fever, rotavirus, other contagious infections) |
| 26 | Hunger |
| 27 | Food poisoning |
| 28 | Lack of personal hygiene |
| 29 | Decomposing food left in luggage |
| 30 | Night-time tendencies (e.g. sleep walking) |
| 31 | Swimming in local amenities |
| 32 | Swimming in lakes, rivers, and sea |
| 33 | Building shelters and bivouacs |
| 34 | Sports activities – Football, dodgeball (dwa ognie), etc |
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