Archdiocese of Grouard-McLennan Risk Assessment

Event name:
Event location(s):
Place an X in either Yes or No or, where the consideration is not applicable, N/A . Complete the section Risk Review whenever a Yes is indicated.
See attachment for Explanatory Notes. Use the blank lines to list other considerations not already covered that are unique to this event.

				Risk Review						
Considerations	Yes	No	N/A	What could go wrong	Likelihood	Consequence	Risk rating	Possible controls		
Group composition										
Is the chaperone to participant ratio greater than 1:5?										
Are there members under 16 years of age?										
Are there more than 15 members, total?										
Travel										
Is this the first visit to this location by the leader?										
Is this the first international travel by more than 50% of the group?										
Have travel arrangements been made by individuals (i.e. not a travel professional)?										
Health										

				Risk Review					
Considerations	Yes	No	N/A	What could go wrong	Likelihood	Consequence	Risk rating	Possible controls	
Do any group members have medical conditions that could be aggravated by this travel?									
Do any group members require specific medications that can be difficult to obtain at the destination?									
Will any group member be carrying prescription drugs?									
Has any group member been advised not to travel?									
Environment									
Will the group be exposed to climate extremes (e.g. excessive heat, humidity, cold, etc.)?									
Will the group be exposed to hostile environments (e.g. deserts, jungles, snowfields, etc.)?									
Wildlife									
Will the group have contact with domestic, wild or feral animals?									
Will the group have contact with biting or stinging reptiles or insects?									

				Risk Review						
Considerations	Yes	No	N/A	What could go wrong	Likelihood	Consequence	Risk rating	Possible controls		
Eating and drinking										
Will the destination have difficulty providing reliable and safe drinking water/ice?										
Will the destination have difficulty providing reliable and safe food, both cooked and uncooked?										
Accommodation										
[If accommodation is pre-arranged] Was the accommodation booked without personal recommendation or knowledge of its quality?										
[If accommodation is not yet arranged] Will there be difficulty obtaining reliable and adequate commercial accommodation (i.e. hotel)?										
Is local sanitation poor or inadequate?										
Socio-cultural environment	Socio-cultural environment									
None of the group members is familiar with the local environment (e.g. laws, religion, customs, etc.)										
None of the group members speak the local language(s).										

				Risk Review					
Considerations	Yes	No	N/A	What could go wrong	Likelihood	Consequence	Risk rating	Possible controls	
Technology and infrastructure	1	ı			ı	1			
Is there difficulty obtaining adequate and reliable emergency services (e.g. police, ambulance, etc.)?									
Is there difficulty obtaining adequate and reliable medical care (hospitals, first aid, etc.)?									
[If group will be carrying out construction or repair activities] Are safety standards for equipment and operation significantly below those of Canada?									
Work environment									
Will work be performed in confined spaces?									
Will the group be working with or exposed to hazardous materials (e.g. leaded paint, radiation, chemicals, etc.)?									
Will the group be working with potentially hazardous equipment (e.g. industrial, agricultural, etc.)?									
Transportation									

				Risk Review					
Considerations	Yes	No	N/A	What could go wrong	Likelihood	Consequence	Risk rating	Possible controls	
If you will be undertaking significant rail travel, is the system unreliable or unsafe?									
If you will be undertaking significant road travel, are the local road, traffic and vehicle conditions considered unreliable or unsafe?									
If you will be undertaking domestic air travel, is it seen as unreliable or unsafe?									
If you will be undertaking travel by ferries or other vessel services, are they seen as unreliable or unsafe?									
Communications									
Will you be outside of mobile phone network coverage?									
Will no group member have an accessible mobile phone?									
Will contact by landline, fax and email be difficult?									
Will travel plans be subject to sudden change, making communication difficult?									
Security									

				Risk Review					
Considerations	Yes	No	N/A	What could go wrong	Likelihood	Consequence	Risk rating	Possible controls	
Is the destination regarded as risky for petty crime (e.g. pickpockets, petty theft, etc.)?									
Is the destination regarded as risky for violent crime?									
Is there active terrorism or civil unrest in the destination area?									
Will the group visit any sites that may be viewed as attractive targets for violent protests or terrorist actions?									
Will any group members need to bring valuable assets (e.g. laptop or tablet, i-phone)?									

Essential Destination Information (Must be completed)

Emergency contact information
Police:
Fire:
Ambulance:
24-hour emergency medical:
Canadian embassy/consulate address:
Canadian embassy/consulate phone:

Explanatory Notes

For each "Consideration" marked **Yes**, please give a brief description of the potential hazard ("What could go wrong"). Then, determine the **Likelihood** of the hazard occurring and the potential **Consequence.** Using the risk matrix, you can then determine the **Risk rating**. Where the **Risk rating** is High or Medium, please provide information about the **Possible controls** you would use to mitigate or eliminate the hazard and its consequences.

Risk Matrix											
Consequence	Likelihood										
(What injury or harm could affect a person if the hazard occurs?)	Could happen at any time	Could happen sometime	Could happen but very rare	Could happen but probably never will							
Death or permanent disability	High	High	High	Medium							
Serious injury or illness	High	High	Medium	Medium							
Significant financial loss	High	High	Medium	Medium							
Medical attention required	High	Medium	Medium	Low							
Pain/discomfort experienced or first aid required	Medium	Medium	Low	Low							