



Pre Departure Information Pack



Itinerary For: Seven Day Central Australia Tour

Travelling: Central Australia

Passengers:

Equipment:

Accommodation:

Airport Transfers: 00/00/11 TIME: _____ 00/00/11 TIME: _____

Other:

INTRODUCTION TO RISK MANAGEMENT PLAN



At Remote Tours we recognise the greatest risk that can be taken, is to not take any risk at all!

Holding this statement as one of our primary underpinning values in the provision of the educational component of our tours, we also hold a healthy mature attitude to the management and reduction of all associated risks. At Remote Tours we understand the environment of central Australia and take the management of risk seriously.

*We do this in collaboration with external professional services who regularly review our practices. Together we implement appropriate responses and actively develop our policies and procedures that relate to the management of all risk within our tours. Through this review and evaluation process we are able to provide **the safest remote area tours in the outback**. The following is an introduction to the risk management plan developed and practiced by Remote Tours.*

At Remote Tours we divide *Risk Management* into three areas Primary, Secondary & Tertiary.

Our **PRIMARY** area of focus is on our Staffing and our Equipment.

Staff are carefully screened and selected for their previous experience and qualifications. We also provide supervised training and orientation that enables the development of *sound judgment* which is our highest priority in the safe provision of our educational tours in remote areas.

Equipment used and issued by Remote Tours is required to meet recognised national and industry standards such as those determined by the “Australian safety council” and other statutory and overseeing bodies.

Our **SECONDARY** focus is the formation and application of policy's and procedures, provision and use of an audit trail which is designed to enhance field practices that aid in the minimization and reduction of risk associated to our tours. These are divided among three phases:

Before going on tour all potential risks have been identified and strategies are devised for their minimization and/or management.

During our tours we implement the devised strategies, managing and minimizing all the identified risks through the awareness and sound judgment of our experienced, trained and qualified staff.

After the tour has finished we have procedures that involve evaluation in order to make relevant adjustments to our systems.



Our **TERTIARY** focus, while not desired, is the application of a planed and predetermined response to the following possibilities.

- A minor incident or injury that involves simple first aid and/or management in the field.
- An incident or medical emergency identified as a non immediate risk but which may increase and require corrective and/or evasive action.
- The activation of any aspect of our “Critical Incident Management” plan. This may involve assisted evacuations and/or the management of a patient/s for longer than ten (10) hours.

At Remote Tours we are serious about managing risk! We employ and train appropriate staff who are supported with the relevant workplace health and safety practices. In addition we Issue them with equipment that is constructed to an appropriate standard and is used and maintained according to stringent inspection and maintenance schedules. These records are regularly reviewed along with our policies and procedures manuals that determine our actions in all situations.



Suggestions on what to bring:

Pack only the bare essentials. Luggage is restricted to one reasonably sized sports Back pack and One small day pack which can be kept inside the vehicle.

Clothing:

1 waterproof Jacket

2 pair of jeans/long pants

2 pairs of shorts

1 sweater

1 warm fleece jacket

5 t-shirts/shirts

1 Towel

Underwear and socks

1 hat

1 pair of walking shoes - suitable for steep and rocky terrain

Odds and ends

Portable drinking container (not less than 1.5 litres)

Torch

Sunscreen

Insect/fly Repellent

Camera

Sunglasses

Any prescribed medicines (pls notify of medical conditions)

Tissues

Pillow and sleeping bag. (we hire out sleeping bags for \$10)

Diary and pen

MEDICAL INFORMATION FORM



**Parents/Guardians: Please see below to be filled out and returned to Teacher in charge 2 weeks before tour departure*

Name: _____

Home Address: _____

Home Phone: _____ Work Phone: _____

Mobile Phone: _____

Gender: M / F Age: _____ Years DOB: _____

In case of emergency, please contact:

Name: _____

Relationship: _____

Address: _____

Home Phone: _____

Work Phone: _____

Doctor's Name: _____

Doctor's Phone: _____

1. Do you suffer from any medical conditions requiring regular or intermittent medications or injections? _____ If so, please indicate:

Arthritis

Asthma

Diabetes

Epilepsy

Bleeding Condition

Heart Disease

High Blood Pressure

Other: _____



2. If you have regular or intermittent medications, state nature, dose and frequency of usage:
3. Are you allergic to any drug? _____ If so, please indicate:
Penicillin Morphia Other (please state):
4. Are you allergic to any foods or other substances? _____ If so, list them and describe allergic reaction: _____
5. Do you have any history of heart problems? _____ If so, describe and state limitations: _____
6. Do you have any disabilities? _____ If so, please describe them: _____
7. Do you have any fears and/or phobias? _____ If so, please list: _____
8. Have you had a Tetanus Toxin injection? _____ If so, indicate when:
Within the last 2 years Within the last 10 years More than 10 years ago
9. Do you wear contact lenses? _____
10. Do you have dentures/false teeth? _____
11. Can you swim? _____
12. Please state any other information which you feel may be required to be known.

13. Height _____ Weight _____
14. Do you have any specific dietary requirements? _____
- Medicare No.: _____ Private Health Fund: Yes/No

Health Insurance Information

Remote Tours does not provide medical insurance for campers. Parents are required to have medical health insurance for their child. Please complete the following, if this applies:

Insurance Company: _____

Policy Number: _____

Effective Dates of policy: _____

Policy Holders Name: _____

D.O.B. of Policy Holder: _____

Medical Authorisation



(To be filled out and returned to Your Schools 'Excursion Coordinator' for the property of Remote Tours).

I/We agree that in case of an emergency when circumstances make it impracticable (in the sole judgment of Remote Tours to secure our prior approval. Tour Operators are authorized to take whatever actions are deemed necessary in their best judgment to protect the health and welfare of my/our child. This includes, but is not limited to, securing emergency services, anaesthetics, medical services (general and specialized) and hospital admission. I/We also grant permission to the Leading Tour Guide/trained staff member to administer health care to my/our child as deemed necessary by them.

I/We understand that the cost of such services will be borne by me/us and I/we agree to pay for all medical services provided to my/our child promptly upon receipt of the statement therefore, and I/we further agree to indemnify Remote Tours and hold it harmless for any claims, charges or assessments arising out of our company's procuring health care and/or treatment for my/our child. In the event my/our child receives medical treatment, I/we authorize my/our child's physician(s) and any other person or entity in possession of any medical records pertaining to my/our child to release the such medical records to Remote Tours. I/We understand that this medical authorization form is in effect and valid for so long as my child/children are in the care of Remote Tours.

Parent/guardian Signature: _____

Date: _____

I hereby certify that the above information is true and correct to the best of my knowledge.

Parent/Guardian Signature: _____

Date: _____

Medication Permission

The coaching staff will not dispense prescription or non-prescription medications to campers without parental permission. If you want your child to receive a non-prescription or a prescription medication, you must provide the medication in its original container and fill out the following medication questions.

Parents/guardian signature: _____ Date _____

** Most of all Remote Tours would like to ensure all participants of our tours that we only employ staff of whom have very high qualification and enthusiasm for such tours that we perform!! All tour guides have Advanced/Senior Level First Aid Qualifications.