



SAFETY RISKS IN HOSPITALITY / TOURISM

As part of the review of Risk Assessment by Education Queensland and Innisfail State College, all activities undertaken in Hospitality & Tourism classes have been classified into three categories.

LOW RISK	MEDIUM RISK	HIGH RISK
<p>Use of low risk equipment including non-electrical equipment (e.g. whisks, sifters, measuring cups and any other implement that will not cause injury unless seriously abused).</p> <p>Those that include dry-heat methods of cookery (e.g. crepe, pastry or cake making. Examples of low-risk cookery equipment are crepe-makers and microwave-convection ovens.</p>	<p>Use of medium-risk equipment which includes electrical appliances, cutting or garnishing tools and any other implement that by virtue of its action or use could cause injury if sufficient training is not provided in its safe operation or if supervision is not given.</p> <p>Those that include moist-heat methods of cookery, (e.g. steaming and boiling); Examples of medium-risk cookery equipment are steamers, pressure cookers, cappuccino machines and unearthed appliances, (e.g. toasters).</p>	<p>Use of high-risk equipment (e.g. woks, fry pans) and agents or conditions that promote food contamination and/or chemicals which constitute a hazard.</p> <p>Those that include activities involving heating fat or oil, (e.g. baking, frying); Examples of high-risk cookery equipment are woks and fry pans.</p>

Activities for Hospitality & Tourism classes fall in the Low to High risk classifications.

The above table gives examples of the equipment in each category.

The Faculty Teachers are all experienced in the subject area and have been trained with the equipment utilised.

In order to ensure the safety of students, risk is managed in the kitchen by:

- Appropriate Risk Assessments
- Kitchen rules
- Teacher demonstration on correct use of equipment
- Questioning on safe operating requirements
- Teacher supervision of student safe use of equipment
- Students ask permission to use equipment
- Free access when student is competent
- All students will be required to wear correct PPE at all times in the kitchen

Students who cannot demonstrate that they can follow all kitchen rules, standard operating procedures and safety rules, may be removed from this subject area for safety reasons.

Please discuss the need for safety with your student.

Damian McAvoy
Head of Department

Kate MacDonald
Principal

Student Acknowledgement and Parental Permission Form

Low to High Risk activities in Hospitality

STUDENT ACKNOWLEDGMENT

As a Hospitality/Tourism student at Innisfail State College, I acknowledge and understand the need for safety regulations and requirements and agree to follow all instructions given regarding health and safety.

Student Name: _____ Year: _____

Student Signature: _____

PARENT/CARER PERMISSION

As the parent/carer of _____, I have discussed the need for safety with them and I am aware of the necessity for them to follow safety rules and regulations and all directions regarding health and safety. I give my permission for them to undertake low to high risk hospitality activities after they have been given training and instruction, and have satisfied all requirements to use equipment safely. I understand that failure to follow safety rules, use Personal Protective Equipment (PPE) and unsafe behaviour may lead to removal of the student from this subject.

STUDENT MEDICAL INFORMATION

For safety reasons the following information needs to be accurately provided to your child's Hospitality teacher prior to the first practical lesson.

Does your child present with any of the following medical conditions?

Medical Condition	Response	Additional Comments
Heart Problems	Yes / No	
Respiratory problems (other than Asthma)	Yes / No	
Asthma	Yes / No	
Epilepsy	Yes / No	
Diabetes	Yes / No	
Allergies to first aid supplies (i.e. latex)	Yes / No	
Allergies to food/s	Yes/ No	Food type/s: Reaction:

Please provide any further medical information:

I understand the need to inform the school immediately of any changes to my student's medical condition.

Parent/Carer Name: _____

Parent/Carer Signature: _____

Date: _____