



# **Ark Alexandra Academy**

## **Off-Site Visit Policy and Guidance**

**September 2021**

## **Introduction**

Ark believes that adventurous and challenging school visits are a vital part of a pupil's education. They can develop teamwork skills, resilience and confidence, as well as supplement and enrich the curriculum of the school by providing experiences which would otherwise be impossible. Off-site activities must serve an educational purpose, enhancing and enriching our pupils learning experiences.

Uncertainty is inherent in adventure, but a young person's development should not be stifled by the need to consider risk without first estimating its likelihood and balancing this against the possible benefits. The purpose of this policy document is to ensure that all off-site visits are correctly planned, managed and supervised so that pupils can safely participate in the opportunities that are offered.

As previous generations have learnt by experience, it is rare that a well-planned exercise leads to accidental injury. It will instead be most likely to bring a sense of enterprise, accomplishment and fun, so vital for judgement, maturity and well-being, which must nearly always offset the residual and inevitable risk. We believe that *"We must try to make life as safe as necessary, not as safe as possible."*

This document lays out Ark scheme of delegation and guidelines for trip planning and management of learning outside the classroom.

### **Section 1: Decision making**

1. This section defines the scheme of delegation for approving off-site visits within Ark.
2. Under the Health and Safety at Work Act (1974) Ark is responsible for the health, safety and welfare of its employees. Ark is also under a duty to ensure, so far as is reasonably practicable, the health and safety of anyone else on the premises or anyone who may be affected by their activities. In addition to this
  - a. The Management of Health and Safety at Work Regulations 1992 requires an employer to assess the risks of activities (see Risk Assessment in Section 2); introduce measures to control those risks; tell their employees about these measures.
  - b. Under Health and Safety legislation employees must: take reasonable care of their own and others' health and safety; co-operate with their employers over safety matters; carry out activities in accordance with training and instructions; inform their employers of any serious risks.
3. Risk Assessment. Ark's policy is based upon the following risk assessment:





4. **Health and Safety tasks are delegated via the Ark policy to School Principals or Headteachers.** Ark retains responsibility for advice, guidance, monitoring and review.
  
5. There are two underpinning principles for the scheme.
  - a. The Principal/Headteacher is appointed to provide overall leadership for each school. Every off-site visit takes place because they believe that it enhances learning and offers an experience for young people attending the activity. The scheme of delegation is consistent with this principle and with the principles underpinning the delegation of H&S tasks. Curriculum and safety advice is available from Ark but it is the task of Principal/Headteacher to manage this scheme within their schools
  - b. The safe conduct of all visits depends fundamentally upon the competence of the team that oversees and leads each venture. Whilst Ark through guidance, can set minimum standards of training, qualifications and experience to lead certain activities, the only person uniquely placed to judge a leader's competence is the Principal/Headteacher.

## Section 2: Roles and responsibilities

1. Ark will provide the following:
  - a. **This guidance document**, which is supplemented by the comprehensive and regularly updated materials on the Outdoor Education Advisers Panel (OEAP) website (<http://oeapng.info>). Ark has adopted these OEAP National Guidelines for off-site visits.
  - b. **An adviser for general Health and Safety Advice:** contact the Ark Head of Estates & Procurement (David Allen) on 020 3116 0792 / 07904307207
  - c. **An appointed adviser for outdoor education** to give specialist advice on off-site visits and outdoor visits: currently the Director of Outdoor Education (Mike Penny) at Widehorizons Outdoor Education Trust who can be contacted on 07885 277321 or [mike.penny@widehorizons.org.uk](mailto:mike.penny@widehorizons.org.uk).
  - d. **Generic risk assessments** to schools: These assessments aim to provide guidance of the common risks associated with off-site visits, and can be found in the appendices.
  - e. **Monitoring:** Ark will monitor school policies, procedures and practices in the following ways:
    - i. A register of EVCs will be maintained and annually updated. New EVCs will be required to attend an accredited EVC training course
    - ii. As part of the annual update, EVCs will complete and return a self-evaluation review
    - iii. H&S monitoring by Ark either by self-evaluation questionnaire, periodic mini audits or by full H&S audit
    - iv. A section for Principals to report on trips in the Principal's report
  - f. **Compliance:** Principals/Headteachers, must nominate an Assistant/Vice-Principal or Deputy Head as the EVC, or assume the role themselves. EVCs must receive training delivered by an accredited Outdoor Education Advisers' Panel trainer. The Managing Director of Ark may withdraw permission to educate children outside of school premises for non compliance.
2. Beyond the requirements listed above, decisions are delegated to the Principal/Headteacher, who in turn will work with their EVC, the visit/activity leader of a given trip, and in some cases assistant leaders, volunteer helpers, parents and pupils, to ensure visits are well and safely managed.
3. There are excellent resources for each of these roles, which can be found on-line at [www.oeapng.info](http://www.oeapng.info) (including checklists, training and advice). These are easy to navigate, regularly updated by the Outdoor Education Advisers Panel and Ark has adopted these National Guidelines for its off-site visits and learning outside the classroom. A summary of the key responsibilities for the Ark network lies below and has been adapted from this website.
4. The Principal/Headteacher should:
  - a. ensure that off-site activities comply with the procedures in this guidance document
  - b. appoint, or undertake the functions of, an Educational Visits Coordinator and inform Ark. If appointing, the EVC should be an Assistant/ Vice-Principal or Deputy Head, who in the view of the Principal/Headteacher is competent to undertake

delegated tasks. The role of EVC brings some administrative duties and we would suggest allocating some administrative support to the EVC for these matters.

- c. ensure that the EVC has attended an EVC training course and refresher training every 3 years
  - d. delegate approval of defined visits to the EVC
  - e. with advice from the EVC, approve party leaders and additional staff who are sufficiently experienced and competent to assess and manage the risks with regard to the group and planned activity;
  - f. ensure that risks have been assessed, significant risks recorded and appropriate safety measures are in place and that all parties are aware of the assessments and ensure that all staff understand and comply.
  - g. the final planning checklist is completed and all supporting documents are completed before the journey takes place;
  - h. ensure formal approval is given to each journey or visit before it is communicated to parents;
  - i. comply with Ark monitoring arrangements and agree with the EVC a programme for monitoring off-site visits.
  - j. For the Duke of Edinburgh Award, ensure compliance with Operating Authority or if the school holds a Direct Licence ensure that the EVC and nominated DoE Officer have had verification of policies, procedures and practices from the Outdoor Education Adviser.
5. The Educational Visits Coordinator (EVC) should
- a. support the Principal/Headteacher with approval;
  - b. approve delegated visits;
  - c. approve competent people to lead or otherwise supervise a visit;
  - d. support the party leader with advice and guidance on risk assessments;
  - e. review and approve the risk assessment produced by the party leader and team for each visit;
  - f. check the emergency arrangements are adequate and ensure there is an emergency contact for each visit;
  - g. receive, evaluate, action if necessary and archive Group Leader's Evaluation and Trip/ Outing Report and any other significant documentation [e.g. related to an accident];
  - h. ensure that safeguarding arrangements are in place for all visits, liaising with the designated safeguarding lead as appropriate.
  - i. review systems and, on occasion, monitor practice.
6. The Party Leader should:
- a. complete a written curriculum plan or planner for the visit and submit a cost breakdown;
  - b. obtain the approval of the Principal/Headteacher or EVC before any off-site visit or activity takes place;
  - c. assess the reasonably foreseeable risks involved and draw up or amend as appropriate any previously recorded risk assessment;

- d. oversee the safe conduct of each visit, paying particular attention to on going risk assessments and changing circumstances, and arrange a pre-visit if appropriate;
  - e. ensure that all other members of staff and voluntary helpers are made aware of their responsibilities and have the appropriate training and experience to undertake their assigned roles;
  - f. consider the planning checklist to ensure that all procedures have been followed;
  - g. inform parents about the visit and gain their consent, where appropriate
7. Additional members of staff and volunteers on the trip should:
- a. Be given appropriate safeguarding training and should be DBS checked if required.
  - b. be given written instructions to ensure that they are familiar with procedures/protocols.
  - c. assist the party leader to ensure the health, safety and welfare of all the young people on the visit;
  - d. be clear about their roles and responsibilities whilst taking part in the visit or activity.
8. Pupils/Students should:
- a. be made aware of their responsibilities on the visit by the party leader and other members of staff, for their own health and safety and that of the group.
  - b. not take unnecessary risks;
  - c. follow instructions of the party leader and other members of staff;
  - d. behave sensibly, keeping to any agreed code of conduct;
  - e. inform members of staff of any significant hazards.
9. Parents should:
- a. have an important role in deciding whether any visit or off-site activity is suitable for their child.
  - b. inform the party leader about any medical, psychological or physical condition relevant to the visit;
  - c. provide emergency contact numbers;
  - d. provide the party leader with arrangements to resume care of their child should this be necessary;
  - e. sign the consent form.

### **Section 3: National and Local Guidelines**

1. Ark has adopted the **National Guidelines** for off-site visits and learning outside the classroom which can be found at [www.oeapng.info](http://www.oeapng.info). The site is easy to navigate with excellent resources on risk management and visit planning, including checklists and advice for each of the key roles in school. Some useful links to consult include:
  - a. Legal frameworks and employer systems section, including helpful trip checklists EVCs, party leaders, principals and others.
  - b. Good practice section, including supervision ratios, insurance, minibus guidance, critical incident management and emergency protocols
  - c. Policies and planning section, including advice on how to avoid unnecessary paperwork, writing a school specific policy and planning learning outcomes.
  - d. Specialist activities section, including advice on unusual trips like farm visits, home stays, swimming, etc.
  - e. The Search Bar, found on the home page!
  - f. Ark William Parker also uses the services of East Sussex County Councils Outdoor Education Department with all residential, overseas and adventurous activities being uploaded onto the county trips programme (Exeant) County will review the trip and advise on any issues that might arise.
  - g. The Principal and EVC will sign off the trips electronically as well as a paper copy of the paperwork below.
  - h. Day trips and sports activities will not require Exeant uploading but will still require completed paperwork and Principal's approval
  
2. Ark has developed ten key template documents and some example risk assessments, which can be found in the appendix. The appendix begins with the usual flow chart explaining our recommended process for using these template. The appendix includes:
  - a. OSA0- Flowchart for trip organisation
  - b. OSA1- Proposal to organise and educational offsite visit/activity
  - c. OSA2- Approval process for an educational offsite visit/activity
    - I. Initial Approval
    - II. Final Approval
  - d. OSA3- Completed details of educational offsite visit/activity
  - e. OSA4- Participant List
  - f. OSA5- Emergency Information
  - g. OSA6- Risk Assessment Template
  - h. OSA7- Parental Consent Form
    - I. Residential
    - II. Non- Residential
    - III. Residential Summer School
  - i. OSA8- Swimming Consent
  - j. OSA9- Evaluation Sheet

k. OSA10- Pupil Questionnaire

## **Appendices**

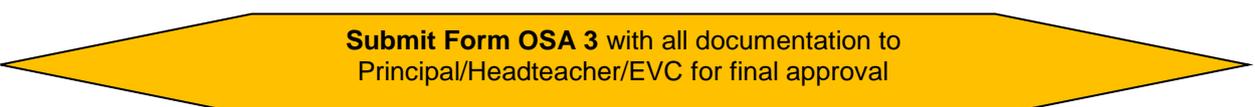
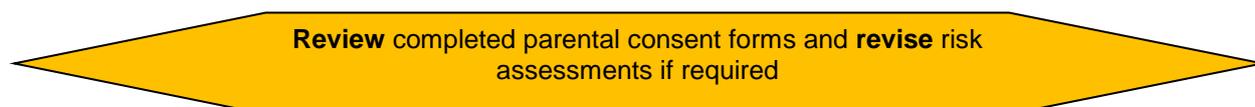
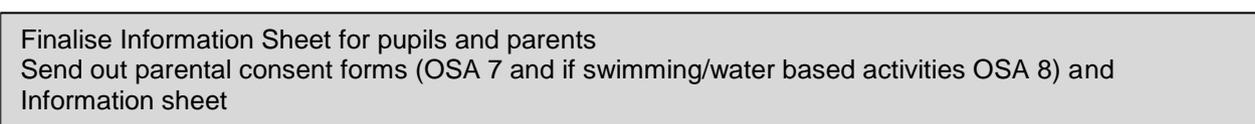
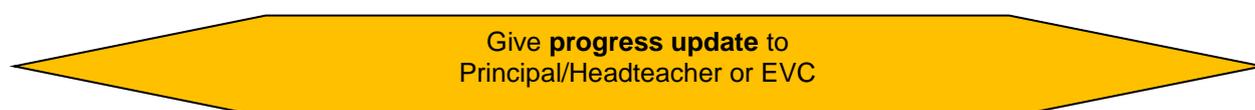
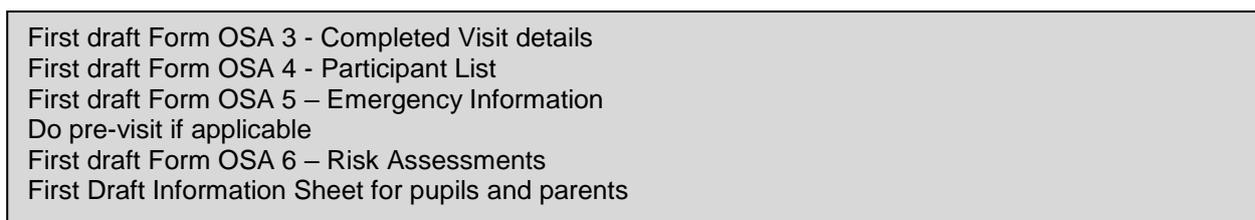
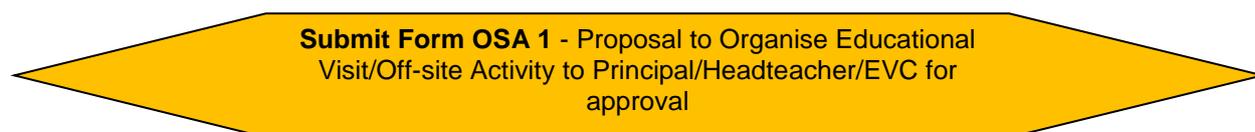
### **a. Template forms**

- OSA0 Flowchart for trip organisation
- OSA1 Proposal to organise an educational offsite visit/activity
- OSA2 Approval Process for an educational offsite visit/activity
  - a. Initial Approval
  - b. Final Approval
- OSA3 Completed details of educational offsite visit/activity
- OSA4 Participant List
- OSA5 Emergency Information
- OSA6 Risk Assessment Template
- OSA7 Parental Consent
  - a. Residential
  - b. Non- Residential
  - c. Residential Summer School
- OSA8 Swimming Consent
- OSA9 Evaluation sheet
- OSA10 Pupils Questionnaire

### **b. Checklists**

1. Educational Visits Coordinator
2. Visits Leader
3. Principal/Headteacher

## Flowchart for process to conduct an Educational Visit/ Off-site Activity



**Proposal to organise an Educational Visit/ Off-site Activity**

**To provide basic information to help the Headteacher make a decision on giving approval. This proposal has to be submitted as soon as possible in enough time to allow for planning and safe organisation as well as for deadlines to be met**

*Attach a separate sheet if necessary*

To: \_\_\_\_\_ (Headteacher)

Organiser: \_\_\_\_\_

Number of pupils: \_\_\_\_\_ (F) \_\_\_\_\_ (M)

Year Group/ Class: \_\_\_\_\_

Number of staff: \_\_\_\_\_ (female)

\_\_\_\_\_ (male)

Number of volunteers: \_\_\_\_\_ (female)

\_\_\_\_\_ (male)

Venue: \_\_\_\_\_

Approximate Cost: £ \_\_\_\_\_

Type and purpose of visit (half-day, day, abroad, residential, fieldwork, language, cultural, etc):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date(s): \_\_\_\_\_ or From: \_\_\_\_\_ To: \_\_\_\_\_

Proposed accommodation arrangements, if residential (Hostel, Centre, Hotel, etc): \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

**Hazardous activities identified:**

a) \_\_\_\_\_

d) \_\_\_\_\_

b) \_\_\_\_\_

e) \_\_\_\_\_

c) \_\_\_\_\_

f) \_\_\_\_\_

Means of transport: \_\_\_\_\_

**Has the Party Leader attended Off-site Activities Guidelines or refresher training within the past 2 years?**

Yes	No
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If Yes, please state where and when: \_\_\_\_\_

Signed: \_\_\_\_\_ (Organiser) Date: \_\_\_\_\_

**Please retain a copy of this form for your records  
 It is understood that the above proposal is likely to alter. Please ensure the Headteacher is kept informed of significant changes as soon as possible**

**Headteacher Approval for an Educational Off-site Visit/ Activity**

*Approval for organising a Visit or an Off-site Activity can only be given by the Headteacher*

**To:** \_\_\_\_\_ (Organiser)

**Re. Visit to:** \_\_\_\_\_

**On:** \_\_\_\_\_

Approval has been given for this visit/ off-site activity to be organised.

Please ensure that all staff involved are familiar with the Off-site Activities Guidelines and that you take the guidance and advice given into consideration in your planning, preparation and organisation.

Your attention is drawn to the requirement to complete **Form OSA 3**. It has to be submitted to the Bursar within the given timeframe. The Headteacher's final approval (and Governors' final approval for residential and adventurous visits) will not be given until **Form OSA 3** has been satisfactorily completed.

In the meantime, please keep me up to date with the progress of your arrangements. To this end, would you please meet with me on \_\_\_\_\_ at \_\_\_\_\_am/pm, so that you can brief me on the stage you are at in your arrangements.

**Signed:** \_\_\_\_\_ (Headteacher)

**Date:** \_\_\_\_\_

**Please retain this form for your records**

**Final Approval from the Headteacher for an Educational Visit/ Off-site Activity to go ahead**

To: \_\_\_\_\_ (Party Leader)

Re. Visit/ Off-site Activity to: \_\_\_\_\_

1. I have studied this application and am satisfied with all aspects including the planning, organization, risk assessments and staffing of the visit/ Off-site Activity. The Governors have also given their approval (see **OSA Form 6**)
- a) Please ensure that the **Bursar** has **all** outstanding, relevant information including any changes in the list of staff, group members, any new parental consent forms and a final, detailed itinerary **at least 7 days** before the party is due to leave.
  - b) Your report and evaluation of the visit including details of any incidents should be with the **Bursar** as soon as possible and **no later than 14 days** after the party returns.

2. I have studied this application and am not satisfied with all aspects of the organisation of this visit. **The visit/ activity will only be allowed to take place if the following details/ information are received by the stated deadline:**

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To be submitted to me by: \_\_\_\_\_

Signed: \_\_\_\_\_ Headteacher

Date: \_\_\_\_\_

**Please retain this Final Approval Form for your records**

**A copy of the completed application form and details of any subsequent changes will be retained by the Bursar. A copy will be given to the Board of Governors for their approval**

**Completed details for an Educational Visit/ Off-site Activities**

*Please submit in duplicate. Not all sections will be relevant to every proposed visit*

**Party Leader:** \_\_\_\_\_ **Visit to:** \_\_\_\_\_

The Party Leader should complete and submit this form as soon as possible once preparations are completed and **at least 4 weeks** before the proposed departure **for day or half-day visits**. However, it should be submitted

- **at least 6 weeks** prior to departure for residential trips in the UK or day trips to Europe
- **at least 8 weeks** prior to departure for residential overseas trips.

**Please note**

- Written approval for the visit should already have been sought and received from the Headteacher (**Form OSA 2**).
- If appropriate, the Party Leader should have approval from the Governing Body (**Form OSA 6**).
- Parental consent for all pupils must have been received (**Form OSA 11 or 12**).

The **Bursar** should be informed as soon as possible of any subsequent changes in planning or organisation.

**The Bursar and Party Leader will each keep a copy of this form as a record.**

**Please provide the following information:**

**1. Purpose of visit and specific educational objectives:**

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**2. Places to be visited** (if necessary please attach others on a separate sheet):

- |             |              |
|-------------|--------------|
| (i) _____   | (ii) _____   |
| (iii) _____ | (iv) _____   |
| (v) _____   | (vi) _____   |
| (vii) _____ | (viii) _____ |

**3. Dates and times:**

Date of departure: \_\_\_\_\_ Time of departure: \_\_\_\_\_  
Date of return: \_\_\_\_\_ Time of return: \_\_\_\_\_

**4. Transport arrangements** (please include, if appropriate, the name of the transport company and/or details of drivers and vehicles):

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**5. Organising Company or Agency, if any** (please include Licence reference, if the Centre is registered with the Adventure Activities Licensing Authority):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Tel. No: \_\_\_\_\_ Licence Reference: \_\_\_\_\_

**6. Cost and arrangements for paying:**

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**7. Insurance arrangements for all members of the party, including volunteers** (please tick):

Accident:	Loss/ Theft:	Medical:	Cancellation:	Personal liability
Other				

Policy No: \_\_\_\_\_

Name and Address of Insurers: \_\_\_\_\_

\_\_\_\_\_ Tel No: \_\_\_\_\_

If going to an EU country does everyone have a valid E111 form?

Yes	No
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**8. Accommodation:**

Type (Hostel, Hotel, Centre, etc): \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Tel. No: \_\_\_\_\_ Fax No: \_\_\_\_\_

Name of Manager/ Head of Centre: \_\_\_\_\_

**9. Programme of activities** (please attach others on a separate sheet, if necessary):

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(i)	(ii)
(iii)	(iv)
(v)	(vi)
(vii)	(viii)

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**10. Size and composition of the group:**

Number of Adults: \_\_\_\_\_ (female) \_\_\_\_\_ (male) **Total:** \_\_\_\_\_

Age range of pupils: \_\_\_\_\_

Number of pupils: \_\_\_\_\_ (under 8) \_\_\_\_\_ (over 8) **Total:** \_\_\_\_\_

Adult : pupil ratio: \_\_\_\_\_

**11. The names of staff and volunteers** (please complete **OSA 4 Staff and Volunteers list**):

Have you arranged your staffing to comply with the adult: participant ratio?

Yes	No
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Have volunteers had a CRB check, especially if on a residential visit (obligatory)?

Yes	No
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**12. Hazardous Activities and Risk Assessments** (please completed **OSA 8**):

Have you identified and documented the hazards and hazardous activities?\*

Yes	No
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Have you written down the Control Measures?\*

Yes	No
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**13. Has a Pre-visit been made?**

Yes	No
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If not, please explain:

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**14. Parental consent and information:**

Have all Parental Consent forms including swimming if appropriate (**Forms OSA 11, 12 and 13**) been duly completed and signed (**obligatory**)?

Yes	No
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Has an Information Sheet been sent to all parents? (**Please attach a copy**)

Yes	No
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**15. The main Emergency Contact person in the school/ home area:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Tel No: \_\_\_\_\_ (work) \_\_\_\_\_ (home) \_\_\_\_\_ (mobile)

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Party Leader's full name:** \_\_\_\_\_

**Staff and Volunteer List**

<b>Name of Staff (S) Volunteer (V)</b>	<b>Relevant Qualifications</b>	<b>Relevant Experience</b>	<b>Volunteer's Role (specialist/ general)</b>	<b>Name, age and gender of accompanying child</b>

**Emergency Contact Information**

*To be completed by the Party Leader before the visit*

1. **Visit/ Off-site Activity:** \_\_\_\_\_

2. **Name of Party Leader:** \_\_\_\_\_ Home Phone No: \_\_\_\_\_

3. **Departure information:**

Date: _____	Time: _____	Location: _____
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4. **Return information:**

Date: _____	Time: _____	Location: _____
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5. **Group:**

Adults: _____	(F) _____	(M) _____	Pupils: _____	<b>Total Number:</b> _____
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6. **Emergency contact information:**

a) Is every pupil's and accompanying adult's details on the **Summary of Information** sheet?

Yes	No
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If **No**, please complete it and submit a copy as soon as possible. If **Yes**, attach a copy to this sheet.

b) Please supply the following **Emergency Contact** information:

**During school hours:**

Contact Name: \_\_\_\_\_

Position: \_\_\_\_\_

Tel No:
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**Out of school hours:**

Contact Name: \_\_\_\_\_

Tel/ No:
Mobile No:

**School Management:**

Headmistress: \_\_\_\_\_

Other Person: \_\_\_\_\_

Tel No:
Mobile No:
Tel Nos:
Mobile No:

**Travel Company:**

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tel No:	Fax No:
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## Steps to follow when Assessing Risks

*Refer to the Off-site Activities Guidelines*

1. Identify the Hazards - materials, machinery, persons, activities, the environment, cars, minibus, coaches, roads, traffic, etc.

2. Identify the Risks and the people at risk - how they - the whole or part of the group, individuals, staff, public, etc - could be harmed or injured and how badly.

3. Write down where the information on each already existing Risk Assessment can be found - in the Centre's Risk Assessment sheets, in the Off-site Activities Guidelines, etc.

4. Write down how you will reduce or minimise the risks (Control Measures) from the remaining hazards which are not, or not fully, controlled under 3 above - pre visit, supervision, training and instruction, protective clothing, life jackets, checking ability, testing, head counts, etc.

5. Write down how you will monitor the implementation of the Control Measures during the visit or activity - asking to see maintenance and training records, checking equipment and instructor technique, relationships and attitudes, young people's behaviour and attitudes, etc.

6. In carrying out a Risk Assessment of a Muster (Gathering) Point you have to consider:

- The number of children, young people and supervising adults.
- Their ages and behaviour - patience, restlessness, attention span, tendencies to walk off, push, argue, not listen, need for supervision, etc.
- The environment - pavement width, traffic flow, parking restrictions, pedestrians, personal security and security of enclosed spaces, traffic on the right, if abroad, water, heights, assessment of weather conditions, etc.

Control Measures will include - prior visit to the point, supervision, strategic supervision, i.e. additional supervision at possible weak points in the arrangements, organisation in manageable supervised groups, head counts, pick-up points away from busy and restricted thoroughfares in safe, less busy places, ensuring time co-ordination with coach/ minibus, etc.

## ARK SCHOOLS RISK ASSESSMENT

<b>Part A</b>		<b>Assessment Details</b>	
<b>Area/Task/Activity</b>			
<b>Location</b>			
<b>Academy</b>		<b>Department</b>	
<b>Assessment undertaken by:</b>		<b>Job Title:</b>	
<b>Signed:</b>		<b>Dated:</b>	
<b>Due for review no later than (maximum 12 months)</b>		<b>Date</b>	
<b>Communicated to staff - When?</b>		<b>How?</b>	

<b>Guidelines for completion of the risk assessment</b>		
<b>Who might be harmed?</b>	<b>Type of Harm</b>	<b>Control Measures (in order of preference)</b>
Agency Casual Worker Contractor Emergency Services Employee Lone Workers Member of Public Under 16s Visitor Vulnerable Persons Young Persons 16-18	Trivial injury or illness Minor injury or illness 3+ days lost time injury or illness Major injury/severe incapacity Death  e.g. Cut, sprain, broken bone, twisted limb, head injury, concussion, burn, electric shock	Eliminate Substitute with something less risky (e.g. a less hazardous chemical) Prevent access to the hazard (e.g. by use of guards) Reduce exposure to the hazard (e.g. use barriers, consider timing of activity) Use of appropriate personal protective equipment (PPE) Provide welfare facilities (e.g. first aid, washing facilities)



<b>Part C</b>		<b>Action Plan</b>				
No:	Action required	Person(s) to undertake action	Priority	Projected timescale	Notes/Comments	Date completed
1						
2						
3						
4						
5						

<b>Part D</b>		<b>Step 5 – Review Plan</b>		
Review By (Date)	Person(s) to undertake review	Notes / Comments / Updates	Date completed	Signature

**Parental Consent for an Educational Visit (residential)**

*To be distributed with an Information Sheet giving full details of the visit*

**1. Details of visit to:** \_\_\_\_\_

Departure date: \_\_\_\_\_ Time: \_\_\_\_\_

Return date: \_\_\_\_\_ Time: \_\_\_\_\_

I agree to my daughter/ son \_\_\_\_\_ (full name) taking part in this visit. I have read the information sheet and agree to her participation in the activities described (see separate Swimming/ Water Activity Consent form) and acknowledge the need for her to co-operate with staff and to behave responsibly.

**2. Medical information about your child**

a) Does your child have a condition **not** already advised to the School which will or might require treatment during the visit? (Staff will ensure the continued care of known pupils with special medical needs, as in school)?

Yes	No
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b) If **Yes**, please give brief details including special measures such as an injection, means of storing the medication, how often to be taken, etc. (Staff have to be willing and able to administer the medication. Training may be required):

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c) Please outline any special dietary requirements:

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d) Please state the type of pain/ temperature control medication that your child may be given, if needed. If you give no indication it will be assumed that no medication can be given unless prescribed by a medical practitioner:

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e) Has your daughter/ son, to your knowledge, been in contact with any contagious or infectious diseases or has she suffered from anything in the last four weeks that may be contagious or infectious?

Yes	No	I do not know
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If **Yes**, please give brief details:

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f) Is your daughter/ son allergic to any medication?

Yes	No	I do not know
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If Yes, please specify:

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g) Does your daughter/ son suffer from any allergic reactions?

Yes	No	I do not know
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If Yes, please specify:

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h) Has your daughter/ son had a tetanus injection within the last 10 years?

Yes	No	I do not know
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### 3. Contact addresses and telephone numbers

#### Home:

Address: \_\_\_\_\_

Tel Nos: \_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_ (mobile)

#### Alternative Emergency Contact:

Name and relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Tel Nos: \_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_ (mobile)

#### Family Doctor:

Name: \_\_\_\_\_ Tel No: \_\_\_\_\_

Address: \_\_\_\_\_

### 4. Declaration

I agree to inform the Party Leader as soon as possible of any changes in the medical or other circumstances of my daughter/ son between now and the Visit/ Activity.

I agree to my daughter/ son receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. I understand that all reasonable efforts will be made to contact me before taking any action but that in particular cases this may not be possible. I also acknowledge the extent and limitations of the insurance cover provided.

I understand that neither the School nor the teacher named above is liable for any claim or claims of whatsoever nature arising during the visit referred to above by virtue of the attendance of my daughter/ son except incidents arising from the negligence of the School or its employees.

I warrant that the information given above is correct to the best of my knowledge.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Full name (block letters): \_\_\_\_\_

Relationship to the pupil: \_\_\_\_\_

**This form or a copy must be taken by the Party Leader on the visit. A copy should be retained by the Bursar and the School-Home contact.**

**Parental Consent for an Educational Visit/ Off-site Activity (non-residential)**

*To be distributed with an Information Sheet giving full details of the visit*

**1. Details of visit/ activity:** \_\_\_\_\_

Date: \_\_\_\_\_ Time: from \_\_\_\_\_ to \_\_\_\_\_

I agree to my daughter/ son \_\_\_\_\_ (full name) taking part in this visit. I have read the information sheet and agree to her participation in the activities described (see separate Swimming/ Water Activity Consent form) and acknowledge the need for her to co-operate with staff and to behave responsibly.

**2. Medical information about your child**

a) Does your child have a condition **not** already advised to the School which will or might require treatment during the day? (Staff will ensure the continued care of known pupils with special medical needs, as in school)

Yes	No
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b) If **Yes**, please give brief details including special measures such as an injection, means of storing the medication, how often to be taken, etc: (Staff have to be willing and able to administer the medication. Training may be required)

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c) Please outline any special dietary requirements that may have to be considered:

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d) Please state the type of pain control medication that your child may be given, if needed. If you give no indication it will be assumed that no medication can be given unless prescribed by a medical practitioner:

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e) Is your daughter allergic to any medication?

Yes	No	I do not know
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If **Yes**, please specify:

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(f) Does your daughter suffer from any allergic reactions?

Yes	No	I do not know
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If **Yes**, please specify:

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(g) Has your daughter had a tetanus injection within the last 10 years?

Yes	No	I do not know
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**3. Contact addresses and telephone numbers**

**Home:**

Address: \_\_\_\_\_

Tel Nos: \_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_ (mobile)

**Alternative Emergency Contact:**

Name and relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Tel Nos: \_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_ (mobile)

**Family Doctor:**

Name: \_\_\_\_\_ Tel No: \_\_\_\_\_

Address: \_\_\_\_\_

**4. Declaration**

I agree to inform the Party Leader as soon as possible of any changes in the medical or other circumstances of my daughter between now and the Visit/ Activity

I agree to my daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. I understand that all reasonable efforts will be made to contact me before taking any action but that in particular cases this may not be possible. I also acknowledge the extent and limitations of the insurance cover provided

I understand that neither the School nor the teacher named above is liable for any claim or claims of whatsoever nature arising during the visit referred to above by virtue of the attendance of my daughter except incidents arising from the negligence of the School or its employees

I warrant that the information given above is correct to the best of my knowledge

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Full name (block letters):** \_\_\_\_\_

**Relationship to the pupil:** \_\_\_\_\_

**This form or a copy must be taken by the Party Leader on the visit. A copy should be retained by the Bursar and the School/ Home contact**

**Parental Consent for an Educational Visit (residential summer school)  
including sporting activities and swimming**

*Please see Student Handbook and schedule for proposed activities*

**3. Details of visit to: Phillips Exeter Academy Summer Session 2010**

Departure date: \_\_\_\_\_ Time: \_\_\_\_\_

Return Date: \_\_\_\_\_ Time: \_\_\_\_\_

I agree to my daughter/ son \_\_\_\_\_ (full name) \_\_\_\_\_ (Age) taking part in this visit. I have read the information provided and agree to her/his participation in the activities described (which include swimming) and acknowledge the need for her/him to co-operate with staff and to behave responsibly.

**4. Information/Forms to be returned**

Have you completed and returned the following **required** summer school forms for your daughter/son

- |  |            |           |
|--|------------|-----------|
| d) Medical Form (previously completed) | <b>Yes</b> | <b>No</b> |
| e) Summer School Travel Forms          | <b>Yes</b> | <b>No</b> |
| f) Parental Permission Form            | <b>Yes</b> | <b>No</b> |
| g) Parent Emergency Contact Form       | <b>Yes</b> | <b>No</b> |

Have you completed and returned the following **optional** summer school forms for your daughter/son

- |                             |            |           |
|-----------------------------|------------|-----------|
| <b>h)</b> Debit Card Form   | <b>Yes</b> | <b>No</b> |
| i) E&R Laundry Form         | <b>Yes</b> | <b>No</b> |
| j) Panfoto Form             | <b>Yes</b> | <b>No</b> |
| <b>k)</b> Crew Sign-up Form | <b>Yes</b> | <b>No</b> |

**5. Additional Medical information about your child**

Does your child have a condition which will or might require treatment during the visit?

<b>Yes</b>	<b>No</b>
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If **Yes**, please give brief details including special measures such as an injection, means of storing the medication, how often to be taken, etc (Staff have to be willing and able to administer the medication. Training may be required):

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Please outline any special dietary requirements:

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Please state the type of pain/ temperature control medication that your child may be given, if needed. If you give no indication it will be assumed that no medication can be given unless prescribed by a medical practitioner:

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Has your daughter/ son, to your knowledge, been in contact with any contagious or infectious diseases or has she/he suffered from anything in the last four weeks that may be contagious or infectious?

Yes	No	I do not know
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If **Yes**, please give brief details:

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**6. Consent for Swimming Activities or Activities where being able to swim is essential**

Swimming Ability

Is your child able to swim more than 50 metres?

Yes	No
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Is your child confident in the pool?

Yes	No
-----	----

Is your child confident in the sea or in open inland water?

Yes	No
-----	----

Is your child safety conscious in water?

Yes	No
-----	----

Do you consent to her/him taking part in swimming or water-based activities requiring swimming ability?

Yes	No
-----	----

**5. Declaration**

I agree to inform the Trip Organiser as soon as possible of any changes in the medical or other circumstances of my daughter/ son between now and the Visit/ Activity.

I agree to my daughter/ son receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. I understand that all reasonable efforts will be made to contact me before taking any action but that in particular cases this may not be possible. I also acknowledge the extent and limitations of the insurance cover provided.

I understand that neither the School, the Trip Organiser nor Chaperone is liable for any claim or claims of whatsoever nature arising during the visit referred to above by virtue of the attendance of my daughter/ son except incidents arising from the negligence of the School or its employees.

I warrant that the information given above is correct to the best of my knowledge.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Full name (block letters):** \_\_\_\_\_

**Relationship to the pupil:** \_\_\_\_\_

**This form or a copy must be taken by the Chaperone on the visit.  
A copy should be retained by the Trip Organiser and the School-Home contact**

**Parental Consent Form for Swimming Activities or Activities where being able to swim is essential**

*Party Leaders have to ascertain for themselves the level of the participant's swimming ability and not rely totally on this information*

**Swimming Ability**

Pupil's name: \_\_\_\_\_ Age: \_\_\_\_\_

Full name of parent/guardian: \_\_\_\_\_

Home address: \_\_\_\_\_

Tel Nos: \_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_ (mobile)

Is your child able to swim more than 50 metres?

Yes	No

Is your child confident in the pool?

Is your child confident in the sea or in open inland water?

Is your child safety conscious in water?

Do you consent to her/him taking part in swimming or water-based activities requiring swimming ability?

Yes	No
-----	----

If **Yes**, please indicate any relevant (including medical) information we should know:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of family doctor:

Address: \_\_\_\_\_

Tel No: \_\_\_\_\_

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**This form should be taken by the Party Leader on the visit. A copy should be retained by the Business Manager/ Vice-Principal**

**Evaluation of the Educational Visit/ Off-site Activity**  
*To be completed by the Party Leader and filed for future reference*

Destination:		
Party Leader:		
Number in Group:	Pupils:	Supervisors:
Date(s) of Visit:		
Purpose(s) of Visit:		
Venue:		
Organising Company, if one:		

**Please comment on the following:**

Organisation	Rating out of 10	Comments
Venue pre-visit organisation		
Travel arrangements		
Educational content of the programme, if applicable		
Quality of instruction, if applicable		
Facilities		
Equipment		
Relevance of the Environment		
Accommodation		
Meals		
Evening activities		
Courier/ Representative		
Co-operation of Venue Management		

**Questionnaire for Participants going on a Visit/ Off-site Activity**

*To be completed by the Participant. If you do not know the answer, please find out*

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

Question	Answer
Who is the <b>Party Leader</b> ?	
Where are you going to visit?	
What would you do if you got lost?	
What is the contact number?	Tel. No. _____
If not in this country, do you know how to use the telephone if help is required?	
What will be done to keep you safe and secure on the visit?  What must you do to keep yourself safe and secure?	
Have you read and fully understood what is written in the agreed Code of Conduct?	
How will you keep your money and valuables safe?	

## EVC Check List

- I have attended EVC training as recommended/required by my employer's policy.
- My employer and my establishment have a policy for visits and learning outside the classroom.
- I have read and understood my employer's and my establishment's policy.
- Staff induction and training needs are identified and addressed.
- Where required by my employer's policy, visits are formally notified and approved.
- Staff that lead visits meet employer competence requirements.
- All adults including volunteers are vetted and those judged to be engaging in regulated activity are subject to enhanced Disclosure and Barring Service (DBS) checks with barred list check.
- There is appropriate risk management for all visits.
- As EVC, I am kept informed of the planning of visits.
- Where appropriate, all staff and young people are involved in visit planning, including risk-benefit assessment.
- There is a 'Plan B' when necessary.
- Preliminary visits have taken place if required.
- Third party provider assurances have been obtained.
- The number and competence of leaders will ensure effective supervision.
- Medical, first aid and inclusion issues have been addressed.
- There is an establishment emergency response procedure, appropriate to the nature of visits undertaken, which is periodically tested.
- There is a designated 24/7 emergency contact, with access to all information and documentation relating to the visit.
- All staff and group members are aware of their roles and responsibilities.
- Those in parental authority have been appropriately briefed regarding itinerary, accommodation, activities, transport and emergency telephone numbers.
- The visit leader has sufficient funds and an effective means of communication in case of an emergency.
- Visits are debriefed and reviewed.
- Visits are monitored in accordance with employer and establishment policy.
- Accidents and incidents are reported, learning is shared and RIDDOR requirements are met.

## Visit Leader Check List

- I have met all requirements of my employer's and my establishment's policies relevant to the visit.
- I am confident to lead the visit and have the specific competence to do so, and have been judged so by my head / manager in line with my employer's requirements.
- I have planned and prepared for the visit, involving staff and young people in the planning and risk management process to ensure wider understanding.
- I have kept my EVC informed at each stage of the planning process.
- I have undertaken a preliminary visit if appropriate or required by establishment policy.
- I have defined the roles and responsibilities of other staff (and young people) to ensure effective supervision, and have appointed a deputy.
- I have shared details of 24/7 emergency contacts and emergency arrangements with key staff.
- I have obtained parental consent forms (where required), medical details and contact details and these have been copied and shared with relevant staff and providers.
- I have checked whether insurance arrangements are adequate.
- If accompanying leaders take a family member on a visit, there are adequate safeguards to ensure that this will not compromise group management.
- Child protection issues are addressed, including DBS checks and processes where appropriate.
- I have disseminated relevant information to supporting staff.
- There is access to first aid at an appropriate level.
- Relevant information has been provided to parents and young people, and pre-visit information meetings have been arranged where appropriate.
- All aspects of the visit (both during and after the event) are evaluated.
- Staff and other supervisors have been appropriately briefed on
  - the nature of the group, including age, health characteristics, capabilities, special educational needs, likely behaviour and any other information relevant to the planned activities.
  - the nature and location of the visit.
- The visit is effectively supervised - staffing ratios meet requirements of good practice.
- Staff and third party providers have access to emergency contact and emergency procedure details.

## Head and Managers' Check List

- I have read and understood my employer's policy and have undertaken any required training.
- I have a visit policy for my establishment.
- I have appointed an EVC.
- The visit policy identifies an induction process for all staff leading visits.
- Staff training needs are identified and addressed.
- Visits are formally notified and approved as required by my employer's policy.
- All visits are led by competent staff.
- All adults including volunteers are vetted and those judged to be engaging in regulated activity are subject to enhanced Disclosure and Barring Service (DBS) checks with barred list check.
- There is appropriate risk management (including risk- benefit assessments) for all visits.
- The EVC is kept informed during the planning of visits.
- Where appropriate, staff and young people are involved in visit planning, including risk assessment.
- There is a 'Plan B' when necessary.
- Preliminary visits are undertaken where required.
- Third party provider assurances are obtained.
- Governors are informed as required by my establishment's policy.
- Sufficient competent leaders are deployed to ensure effective supervision.
- Medical, first aid and inclusion issues are addressed.
- There is an establishment emergency response procedure, appropriate to the nature of visits undertaken, which is periodically tested.
- There is always a 24/7 emergency contact, with access to all information and documentation relating to the visit.
- All staff and group members are aware of their roles and responsibilities.
- Those in parental authority are appropriately briefed regarding itinerary, accommodation, activities, transport and emergency telephone numbers.
- Visit leaders have sufficient funds and effective means of communication in case of emergency.
- Visits are debriefed and reviewed.
- Visits are monitored in accordance with employer and establishment policy.
- Accidents and incidents are reported, learning is shared and RIDDOR requirements are met.