

Risk Assessment for local walks

Activity		
Details of Hazard	Persons at risk	
Control Measures and Precautions	Applicable Yes/No	
Familiar route used, otherwise prior inspection of the intended journey undertaken by the Visit Leader to establish hazards and choose appropriate and safe walking route.		
The route planned to avoid fast or dangerous junctions or sections of road.		
The Visit Leader is prepared to alter route or abandon visit if road/weather conditions are considered unsafe (e.g. icy pavements).		
Young people briefed to remain on pavements and not to cross roads, unless and until specifically instructed to do so by staff.		
Roads crossed only at safe, predetermined locations where visibility is clear and sufficient time is available to cross.		
Visit Leader will choose the safest and most appropriate way for the group to cross road e.g. in a long "crocodile" line, in small groups, or one "wave" at a time.		
Visit staff will not step out into the road to stop traffic, but when young people are crossing the road an experienced staff member remains in the road supervising them across.		
One visit staff is at the front of the group, one at the back, with the others positioning themselves alongside the group between the young people and the road itself.		
Walking beside roads with no pavements kept to a minimum, and only undertaken if the risk is considered reasonable, and there is no suitable alternative (consideration will be given to factors such as speed and business of traffic, and widths of road and verge).		
Group instructed to stay together as one group, on one side of the road only.		
The group will normally walk on the side of the road facing oncoming traffic, but the Visit Leader will choose the safest side according to		

road conditions, width of verge, and visibility of traffic.	
Visit staff positioned at the front and back of the group and will wear bright (fluorescent, if possible) clothing.	
All group members wear bright (fluorescent, if possible) clothing.	
Visit staff will warn group members of oncoming traffic and give instructions to the group to move onto the verge if appropriate.	
Any additional precautions? Please list	

Signature:

Date:

As well as this activity specific risk assessment, it is recommended that you also complete the **Generic Risk Assessment for all trips** to capture the general arrangements that should be in place for this visit.

EDUCATIONAL VISITS CHECKLIST

NAME OF TRIP:.....

DATE OF TRIP:.....

✓
once

INITIAL PREPARATIONS complete

Venue decided upon and pre visit appropriateness / risk assessment (when possible)	Person responsible	
Obtain HT approval		
Check proposed dates with PA - considering implications for PPA and other events Provision date added to diary		
If residential visit or outside UK, risk assessment must be sent to the SHE unit 4-6 weeks prior to visit for approval.		
Provisionally book venue		
Fill in coach booking request form (Form A)		
Quotes for coaches with seatbelts obtained		
School Visits Costing Record prepared (Form B) Cost for all adults + pupil entry costs + coach = amount per child**		
Venue and coach approved		
Coach booked		
Venue booked (ask if need payment on day or will issue VAT invoice)		
All confirmations A Hook		
Identify accompanying adults, ensuring correct ratio and availability. SSA's to provide 1:1. Identify children needing 1:2 and decide whether pastoral need to accompany with a car - confirm with HT and PT		
All relevant staff alerted, inform HT Include support in class, volunteers, music teachers as required		
Confirm date in the diary		
Kitchen informed of date class not in school and number of FSM req'd when known		

LETTERS TO PARENTS - TO BE SENT BY OFFICE

Party leader to complete attached trip information form (Form C) and send to Julie Rudge		
Issue letters to parents		
Office to put spare letters in racks and on website		
Anne to add payment and permission details to Parent Pay		

PERMISSION SLIP AND MONEY COLLECTION:

Office to prepare tick sheet for each class with name of trip, cost per pupil and the following columns: slip, payment, FSM, parent helpers and comments		
Wallets to be sent to office each day for reconciliation. Please ensure that any money is clearly identifiable and has the permission slip attached		

MINIMUM OF TWO DAYS BEFORE TRIP:

Check outstanding permissions via slips and parent pay and inform office (no child to attend without written consent) Office to chase up those outstanding		
Arrange cheque from Business Manager if required		
Parent helpers Next of Kin form to be completed (Form D) and groups sorted		
First aid kit assembled, bucket, water, wipes, newspaper and plastic bags. Adults made aware of children with medical problems and appropriate medication included in pack e.g. inhalers		
Collect up to date class medical list from office		
Sort milk arrangements if appropriate		
Complete risk assessment with the children		
Charge the school mobile and ensure it has credit. If Party leader using their own mobile ensure number is left in the office		

ON THE DAY OF THE TRIP:

Brief all adults - group lists and risk assessment to all	Party leader	
Review risk assessment and discuss expectations for behaviour with the children.	Class Teachers	
All adults to complete the emergency contact forms	All adults	
Leave information in office: completed risk assessment, group lists & adult information	Party leader	
Trip pack to include: risk assessment, groups lists, adult information, emergency plan (form E), first aid kits and all required medicines and mobile phone - charged and on.	Party leader	
Collect packed lunches from kitchen	Party leader	

AFTER THE TRIP:

All monies to be totalled and reconciled against the original estimate. Final balance to be detailed on Form B , seen and acknowledged by HT	Office	
All information, Risk Assessments and financial reports for trip to be filed for audit	Office	

* If the cost of the trip exceeds the £10 maximum chargeable you **MUST** discuss with the HT where the shortfall will come from. We cannot charge more than the actual overall cost per child.

** Please remember that payment from parents for trips is only a voluntary contribution. As long as we have received permission from parent/carer that their child can take part, we cannot deny any child a place on the trip.

FORM A

COACH BOOKING FORM

DATE OF TRIP		
DESTINATION		
LEAVING AT		
RETURNING AT		
SEATS REQUIRED		

COACH PRICES

COMPANY	SEATER	PRICE	

		DATE	
COACH BOOKED			
TRIP LETTER TYPED			
KITCHEN INFORMED			
PERMISSION LETTERS CHASED UP			

FORM B

School Visits - Costing Record

Proposed date:.....

Teacher responsible:.....

Class..... Yr:.....

Visit to.....

Name of Coach firm:..... Telephone number:.....

Time of departure/return:..... No. of pupils taking part:.....

ESTIMATED COSTS

			£
Cost of coach			
Admission costs			
One adult free for every 10 children			
Total Estimated Cost =			

ESTIMATED INCOME

			£
Number of pupils =	x Cost per child		
Total Estimated Income =			

FINAL COSTS (TO BE COMPLETED BY OFFICE)

	£
PUPIL PAYMENTS	
LESS Cost of coach	
LESS Admission costs	
TOTAL:	

COMMENTS:

FORM C
EDUCATIONAL VISITS
INFORMATION FOR LETTERS
(TO BE HANDED IN TO OFFICE TO ENABLE LETTERS TO GO TO PARENTS)

NAME OF TRIP:

CLASS:

1. THEME INFORMATION: (please write what you would like to be added to the letter about the theme)
2. DATE OF TRIP:
3. TIME OF DEPARTURE
4. TIME OF RETURN:
5. UNIFORM OR CASUAL CLOTHES (please state which)
6. ARE THE CHILDREN ALLOWED POCKET MONEY?
7. HOW MANY ADULT HELPERS DO YOU NEED?

WILL YOU ORGANISE THESE?

DO YOU WANT TO ASK FOR EXTRA HELP ON THE LETTER?

8. DO YOU NEED TO CANCEL AN AFTER SCHOOL CLUB?
IF YES, WHICH ONE?
9. DO THE OFFICE HAVE AN UP TO DATE ATTENDANCE LIST?

COMPLETED BY:

.....

FOR OFFICE TO INCLUDE ON LETTERS:

1. INCLUDE RE - FREE SCHOOL MEALS
2. INCLUDE RE - BOOSTER SEATS (ALSO ON PERMISSION SLIP)
3. ADD PAYMENT IN OFFICE OR PARENTPAY

FOR OFFICE TO ACTION:

1. ISSUE LETTERS TO PARENTS
2. SPARES IN RACKS IN RECEPTION
3. COPY ON WEBSITE
4. DETAILS ENTERED ONTO PARENT PAY

FORM D

Group Leaders Contact Details for Next of Kin

Name of Trip:

Date:

Class:

Name: Contact Name: Contact Number: Mobile Number: Home Number:	Name: Contact Name: Contact Number: Mobile Number: Home Number:
Name: Contact Name: Contact Number: Mobile Number: Home Number:	Name: Contact Name: Contact Number: Mobile Number: Home Number:
Name: Contact Name: Contact Number: Mobile Number: Home Number:	Name: Contact Name: Contact Number: Mobile Number: Home Number:
Name: Contact Name: Contact Number: Mobile Number: Home Number:	Name: Contact Name: Contact Number: Mobile Number: Home Number:

Form E

REMOVAL PACK FOR PARTY LEADER

Procedure in the event of an emergency

General information

School telephone number:

Contact Persons

Gloucestershire Education Authority

Contact number for Education Dept

In the event of an emergency

1. Ascertain the nature and extent of the emergency
2. Render first aid and attend to the casualty(ies)
3. Make sure all other group members are accounted for, are safe from dangers and are well looked after.
4. Call the emergency services as required. The police will take statements. An adult in the party should accompany any casualties to hospital.
5. Collect the remainder of the group and arrange for their return to base.
6. Arrange for one adult to remain at the accident site to assist or liaise with the search/rescue/emergency services.
7. Contact the Head Teacher or designated contact persons. Give them the following information:
 - Your name
 - Nature, date and time of the accident
 - Location of the accident
 - Details of the injuries
 - Names of all involved
 - Actions taken so far
 - Telephone numbers for future communication - for serious incident, try to identify alternative phone numbers as lines could become jammed.
8. If the press are involved before you have time to contact base make no comment and refer them to the Head Teacher or to the local police.
9. The Head Teacher/designated contact person should rapidly appraise the situation

Where the accident is clearly serious the Contact Person or the Head Teacher should immediately contact the Director of Education or one of his senior staff on the number above.

RISK ASSESSMENT FORM

PLEASE ENSURE THAT THIS IS COMPLETED WITH THE CHILDREN INVOLVED IN THE ACTIVITY

Complete this form and return to EVO please

Date completed		Class	
Staff member present			
Activity with date			
Number of children			
Ratio			

What are the dangers?	How can we stay safe?
Signature of Teacher	
Name of Teacher	
Date	