



Fetcham  
Village  
Infant  
School

**Committee Responsible :** Teaching and Learning

**Approved by Governors :** Autumn 2022

**Next Review Date :** Autumn 2023

## Policy for Educational Visits and Outdoor Educational Activities

### Introduction

Fetcham Village Infant School provides opportunities for its children to enrich and enhance their on-site learning through use of Outdoor Education and Off-site Educational Visits. The value of off-site educational visits, as listed below, is well recognised by the Governing Body and fully supported throughout the school.

- broadening horizons
- fun
- raising confidence
- relationship building (staff and children)
- developing understanding of risk
- experiencing new cultures
- responsibility
- motivation
- inclusion
- chance to share
- creativity
- independence
- invaluable part of citizenship
- 'real' learning
- consequences related to actions
- allow success
- co-operating with others
- bringing the curriculum alive
- magic moments - memories for life

It is emphasised that a culture of safety must prevail and there is a need for careful planning. Such visits must be well managed, information communicated and responsibilities recognised.

## **Roles and Responsibilities**

- **The Governing Body** approves all off-site educational visits and satisfies itself that the appropriate procedures and risk assessments are in place and the Policy is being followed.
- **The Head Teachers** are delegated by the Governing Body to approve all off-site educational visits.
- **The Educational Visits Co-ordinator (EVC)** ensures that all off-site activities follow the correct procedure and monitors the written risk assessments to ensure good practice.
- **The Group Leader** is responsible for identifying the purpose of the visit. A written risk assessment is necessary for all off-site visits and should be with the EVC.

## **Guidance Notes for Off-Site Educational Visits**

To ensure good practice it is expected that:

- All group leaders will familiarise themselves with the published advice and guidance
- Routine or local visits need to be planned ahead.
- Parents and carers must be fully informed and their consent or refusal obtained
- Written permission is required when children are travelling in staff cars.
- Parents should NOT be asked to take other people's children, LEAVE TO PARENTS TO SORT
- A mobile phone and First Aid Kit should be taken on all visits, including individual children's medication.
- On return, the Group Leader must report to the EVC in order to evaluate the visit.
- A general evaluation of the visit, where necessary, will inform future visits and may be a useful check on the value of the risk assessments undertaken.

## **Approvals**

<i>Mrs Cath Garel</i> <i>Chair of Governors</i>
--

<i>Mrs. C. Shuman</i> <i>Head teachers</i>
---

## Risk Assessments

### Legal requirement

It is a legal requirement for employers to assess the risks of activities, to put in place measures to control and reduce those risks and to inform employees about these measures.

In practice, written assessments are required for every journey and visit. It is important that establishments build up a portfolio of risk assessments to which they can refer and update when a visit or journey is repeated.

### Who should carry out the risk assessments?

It is the party leader's responsibility to complete the risk assessment, although they should be able to receive considerable support from the EVC.

### Frequent visits

Frequent visits do not need a new written risk assessment each time although an assessment **must be carried out and the risk assessment updated if necessary**. For repeated activities, is what's on the risk assessment still valid? (Don't become complacent, the children are different).

### How to carry out a risk assessment

A risk assessment is a considered evaluation of potential hazards and the level of risk associated with them. The aim is to identify how the hazard and risk can be controlled and reduced so that people do not suffer injury or illness. It is vital that, once identified, the control measures are understood and implemented by those involved.

### Key elements of a risk assessment

Consider the activity and look for what could reasonably cause harm. Bear in mind that what is a safe situation for one person may be extremely dangerous for another. The following should be considered when looking for hazards:

- The nature and location of the journey or visit
- Transport and route issues
- Equipment standards and their suitability
- Special educational or medical needs
- Staff ratios, qualifications, experience and competence

- The composition of the group, including age, sex and ability
- Weather conditions
- How changing circumstances will affect the risk assessment

A risk assessment should not contain trivial or highly unlikely risks, only those that are reasonably likely to happen and cause harm.

### **Establishing who is at risk**

Pay particular attention to:

The very young

The inexperienced

Anyone with a medical condition

Children with special needs

### **Evaluating and implementing control measures**

Decide what control measures can be put in place to reduce the risk as much as possible. Control measures should be considered based on these two questions.

- Can I get rid of the hazard altogether?
- How can I control the risks so that harm is either unlikely or reduced?

Consider the following control measures:

- Referring to existing guidance
- Ensuring information is shared and understood
- Good supervision and appropriate ratios
- Proper emergency procedures
- Suitable first aid provision
- Site-specific controls

### **Recording risk assessments**

It is a legal requirement to record and keep risk assessments. It needs to be shown that:

- A proper check was made
- Those who might be affected were considered
- Action was taken to deal with all the significant hazards
- The precautions were reasonable and the remaining risk was low

## Reviewing risk assessments

A risk assessment needs to be a 'living' document, constantly being improved and updated in the light of new experiences and practice. The risk assessment should be reviewed:

- Every time there is a change to the activity, type of group, location etc.
- Every time a group returns from a journey or visit. The assessment need not be extensive but should cover any safety aspect of the visit or journey that could be reasonably improved,
- Every time there is a 'near-accident'. A 'near-accident' can be simply defined as an incident that almost happened and which would have resulted in injury or harm

### Example Risk Assessment

Risk Assessment for: Date of Visit:	
Risk Assessment undertaken by:	Date of Risk Assessment:
Class or Year Group:	Organisation: Fetcham Village Infant School
Signatures of all adults going on the trip to say they have read the risk assessment:	

Hazards	Who is at risk?	Control measures	Review

**Educational Visit Checklist (for all local visits)**

Class(es)	
Party Leader	
Date and time of the visit	
Place to be visited	
Link to curriculum	
Mode of transport	
Number of accompanying adults	
Names of accompanying adults	
Has a prior visit been made and if so when?	
Has a written risk assessment been completed?	
Have outcomes of the risk assessment been shared with all appropriate adults?	
Have all accompanying adults got a working mobile phone? (Refer to the Staff Code of Conduct)	
Is there a first aid kit available?	
Is the organiser aware of all medical needs?	
Are all children's medications readily available to them?	
Have all adults been briefed appropriately?	

Signature of Organiser \_\_\_\_\_

Signature of Head \_\_\_\_\_

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

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

## Educational Visit Checklist (for all visits further afield)

Class(es)	
Party Leader	
Date and time of the visit	
Place to be visited	
Link to curriculum	
Mode of transport	
Number of accompanying adults	
Have parents been informed of the visit?	
Has a prior visit been made and if so when?	
Has a written risk assessment been completed?	
Has provision been made for any possible hazards on the day? A <b>PLAN B</b> should be fully risked beforehand	
Have outcomes of the risk assessment been shared with all appropriate adults?	
Have all accompanying adults got a working mobile phone? (See Staff Code of Conduct)	
Is there a first aid kit available?	
Is the organiser aware of all medical needs?	
Are all children's medications readily available to them?	
Have all adults been briefed appropriately?	
Do the Office know the address and phone number of the venue to be visited?	

**In the event of an incident, school to be informed as soon as possible.**

Signature of Organiser \_\_\_\_\_

Signature of Head \_\_\_\_\_

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

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

## Educational Visits – Good Practice

### Recommended ratios

The following are all recommended minimum ratios, which reflect best practice as advised by the LA and the DfE. Ultimately, ratios should be determined by a sound risk assessment; in practice, this means that occasionally there will be special circumstances where it is necessary to adopt different ratios from those outlined below. The quality and nature of supervision, is more important than merely having the correct supervisory ratio.

#### Reception children

#### Pre-school and

#### Children

under the age of five participating in a visit or journey require very close supervision. There should be at least one adult for every two children, so that every child can have their hand held. Under-fives must have a paediatric trained first aider.

#### Years 1 and 2

It is recommended that there is one adult for every six children, with a minimum of two adults.

#### Special educational needs

For children with special educational or medical needs it may well be necessary to enhance these ratios. Where children have a 1:1 in school, their adult cannot be included in the overall ratios for a school trip.

### The party leader

It is good practice for the party leader to:

- Delegate supervisory roles to other adults in the group
- Allocate supervisory responsibility to each adult for named children
- Ensure that each child knows which adult is responsible for him or her
- Ensure that each adult is responsible to the party leader for children under their supervision
- Ensure that all adults and children are aware of the expected standards of behaviour
- Ensure they know the emergency procedure



## **Accompanying Adults**

It is good practice for accompanying adults to:

- Know the children and have prior knowledge of any special medical needs or disabilities
- Carry the medication for children in their group and know how it is administered
- Carry a complete group register Make regular head counts Have a means of contact with other accompanying adults
- Have prior knowledge of the venue
- Continually monitor the appropriateness of the activity
- Ensure children maintain the agreed standards of behaviour
- Have appropriate access to first aid

## **Registers and head-counts**

- A 'face-to-face' identification and registration should happen whenever the party leaves a venue, whenever there is a change of transport and whenever there is any group reorganisation
- Regular head-counts are an essential part of supervision and are especially important when moving from place to place within a venue
- Take care to identify each pupil counted
- Avoid identification on children that could put them at risk e.g. name badges
- Identify arranged rendezvous points

## **Coaches**

Good overall management of behaviour should be maintained from a position with a suitable field of view that is in close proximity to the emergency exit. Another adult should sit close to the driver and any additional adults should be dispersed throughout the vehicle, not sitting together. Children should not sit in the front seats and where possible, avoid children sitting in the back row of seats. The silver clasp of the seat belt should be shoulder height.

## **First Aid**

The need for first aid should be part of the risk assessment. A trained and qualified first-aider should always be available to administer first aid to groups. In practice this usually means that one member of the supervisory staff should hold a current, basic first aid qualification.

## The first aid kit

There is no mandatory list of items for a first aid kit. However, the Health and Safety Executive recommends the following minimum contents for a travelling first aid kit where no special risk has been identified.

A leaflet giving general advice on first aid suggests:

- Six individually wrapped sterile adhesive dressings  
One large sterile unmedicated wound dressing - approximately 18cm x 18cm
- Two triangular bandages  
Two safety pins  
Individually wrapped moist cleansing wipes  
Bottle of water  
One pair of disposable gloves

## HOT WEATHER

Planning and preparation can lessen or prevent harmful and serious effects. The following should be considered:

- **Weather forecasts** - Attention should be given to hot weather warnings and notice taken of the maximum times advised for exposure to the sun.
- **Provision of shade** - Adequate shade must be available at times during the day so that children can have a cooler area and are not exposed to UV radiation for excessive periods.
- **Liquids** - An adequate supply of or access to liquids should be made available. Where children provide their own drinks, they must be monitored so that drinks are taken regularly rather than at one go.
- **Clothing** - Children should be encouraged to wear suitable protective clothing i.e. long sleeves and a hat.
- **Sun creams** - Sun creams and screens of a sufficiently high factor should be used. We recommend the type that only has to be applied once a day. If children bring their sun cream they apply it themselves under adult supervision.
- **Programme** - The day's activities may need to be amended so that excessive demands are not made during the hottest part of the day. Any possible 'Plan B' must be fully risk assessed before the visit.

## Travel Sickness

An adequate supply of sick-bags, water, tissues etc. should be carried