**Day Visit Risk Assessment**

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| **Title/Venue:** Enter details | **Departure date:** Select a date | **Visit wholly within school hours?:** Yes/No |
| **Visit Leader:** Enter name | **Number of adults (incl. leader):** Number | **Number of young people:** Number |

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| **Section of****Visit** | **Significant and Foreseeable Hazards** | **Initial** **risk rating** | **Who is at risk?** | **Appropriate Control Measures** | **Result risk****rating** |
| **Private vehicle transport** | Private vehicleRoad Traffic Accident | High | All | Roadworthy vehicle used with appropriate business insurance and MOT (MOT where applicable).VVU form completed by dirver?Driver has appropriate licence.Driver is deemed fit to drive.Specific consent has been received from parent/carer regarding transportation of young people in staff private vehicle.Thorough check of vehicle by driver prior to each part of journey to ensure roadworthiness.Knowledge of route to be taken and alternative routes as required.Supervision during boarding/disembarking from vehicle. Suitable place chosen.Follow instructions given by driver, use of seatbelts by all members of party, in conjunction with appropriate booster seats/restraints where needed.Supervision of group whilst walking from drop-off/pick-up point and appropriate road crossing points used.Group supervised appropriately whilst walking between venue and vehicle.Plans/preparation for travel sickness.Close supervision and head counts during any breaks in journey.Driver to have sufficient break from supervision of group during day and to drive no more than 2 hours before a 30 minute break.Any luggage in vehicle appropriately stowed.If it is necessary to exit the vehicle due to breakdown or RTA then this will be done with adult supervision. Adults and participants will exit the vehicle in a safe manner and will be kept safely away from the road. Breakdown cover for vehicle in place. | Low |
| **Safeguarding / Supervision** | Lost or separated participantParent/Carer helpersGeneral public | Medium | Young person | Safeguarding procedures followed at all times.Appropriate group size and ratios in line with guidance and all adults aware of their roles and responsibilities and have the competence and experience to fulfil them.Briefing of group at start of visit and reminders during visit.Supervision and vigilance by adults.Group control such as 'buddy system' in place, minimum group of 4, coloured caps.Participants aware of what to do if separated and i.d. carried by participants.Regular head counts taken during visit and before all departure points.All staff have mobile contact numbers of all other staff on visitSupervision during any rest breaks in journey with a time limit and meeting point. Head count taken before departure.Careful supervision and checking of toilets if used at venue.Appropriate usage of electronic devices by participants. | Low |
| **Incident / Illness** | EmergencyParty member taken ill or injured | High | All | Suitable first aid kit and first aid trained member of staff.Follow protocols when dealing with first aid.Fully operational mobile phone with key numbers 'programmed'.Up to date medical information.Location of nearest A&E known for destination.Sufficient participant:staff ratio to ensure sufficient safeguarding of party if staff member or participant taken ill.Emergency procedures taken by Group Leader on visit.School has emergency plan in place and access to contingency funds on visit.Group Leader knows procedure to summon emergency assistance.Follow directions given by emergency services if in attendance. | Low |
| **Environment / Weather** | Extremes of weather | Medium | All | Check of weather forecast and plans adjusted accordingly.Appropriate clothing/footwear for weather conditions and checked before departureWet/cold - warm waterproof clothingHot - liquids and sun protection. | Low |
| **Venue / Provider / Site** | Enter details | Rating | Who? | Does the provider hold a LOtC Quality Badge or has a PAF been completed? | Rating |
| **Activity Arrangements** | Enter details | Rating | Who? | Enter details | Rating |
| **The Group**(medical/anxieties/behaviour) | Enter details | Rating | Who? | Enter details | Rating |

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| **What is your plan ’B’ and any other relevant contingency information?**Enter details |

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| **Additional information:**Enter details |

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| **Ongoing risk assessment – the most essential element:** 1. **Apply** the control measures - 2. **Monitor** their effectiveness - 3. **Amend** & **adapt** as required |
| **Risk assessment completed by:** Enter name**Date:** Select a date | **All staff will be appropriately experienced and qualified to competently fulfil their leadership roles and responsibilities.****This risk assessment will be shared with the relevant adults on the visit.** | [ ] [ ]  |