



Reviewed: March 2020
Due for review: March 2024

Introduction

At Aldington School, we believe that every young person should experience the world beyond the classroom as an essential part of learning and personal development, whatever their age, ability or circumstances.

These are often the most memorable learning experiences, help us to make sense of the world around us by making links between feelings and learning. They allow us to transfer learning experienced outside the classroom and visa versa.

Learning outside the classroom is about raising achievement through an organised, powerful approach to learning in which direct experience is of prime importance. This is not only about what we learn but importantly how and when we learn.

Aldington Primary School has formally adopted, through its Governing Body, the Kent Regulations and Guidance for the Safe Practice of Offsite Visits/Educational Visits. Further school procedures have been agreed with the Governing Body to ensure that this policy is adhered to.

Aims and purposes of Educational Visits.

The school has a strong commitment to the added value of learning outside the classroom, some of which takes place beyond the statutory school day and beyond the school premises.

Each year the school will arrange a number of educational visits and activities that take place off the school site and/or out of school hours, which support the aims of the school of raising standards in writing and providing a wider range of opportunities to develop children's scientific enquiry skills.

The Governing Body has given its approval to the following types of activities being arranged in support of the educational aims of the school:

- Out of hours clubs (music, drama, art, science, sport, homework, etc)
- School teams
- Regular nearby visits (village halls, libraries, shops, parks and woodlands, places of worship, farms)
- Day visits for particular year groups
- Residential visits
- Overseas visits
- Adventurous activities, which might be classed as higher risk.

Approval Procedure and Consent

The Headteacher has nominated a teacher as per DfE guidance as the Educational Visits Co-ordinator (EVC) and the Governing Body has approved this appointment. The Governing Body has delegated the consideration and approval of adventurous educational visits to the Teaching and Learning Team and has nominated the Headteacher and /or the EVC as signatories, as necessary, on behalf of the Governing Body.

Before a visit is advertised to parents the Headteacher and the EVC must approve the initial plan.

EVOLVE

• • • • • Visits that include adventurous activities and/ or a residential element will require approval by the Local Authority via the on-line Visit Notification and Approval system. 'EVOLVE' Usernames and Passwords will be managed by the Headteacher and EVC.

Day visits that do not include adventurous activities but involve groups travelling outside the County of Kent will be registered (Notification) on the above system.

Where external contractors are involved in organising all or part of the visit the contract will be made with the school on behalf of the pupils. All payments for the visit will be made through the school's accounts.

For out of hours clubs, school teams and nearby visits, parents will be asked to sign a general letter of consent for participation in these activities when their son/daughter enters the school. Parents will be given the timetable for the activities that pupils are involved in and will be informed by letter, phone call, through their son/daughter if an activity has to be cancelled.

For any visit lasting a day or more, parents will be asked to sign a letter, which consents to their son/daughter taking part. This will include a separate medical consent form. The school has a standard model letter, which should be used for this purpose.

The school has separate policies for 'Charging and Remissions' and 'Diversity' which apply to all educational visits.

Staffing

The school recognises the key role of accompanying staff in ensuring the highest standards of learning, challenge and safety on a school visit.

Teachers and other staff are encouraged and supported to develop their abilities in organising and managing pupils' learning in a variety of environments through induction, apprenticeship and training. The selection of staff for educational visits will be a key priority in the initial approval of any proposed visit.

The school will ensure that DBS screening is essential for volunteer adults assisting with educational activities and visits.

On residential visits the gender of the staff responsible for supervision and pastoral care will reflect the gender of the pupils

The staff:pupil ratios will not exceed those as recommended by the Local Authority.

AGE OF YOUNG PEOPLE	SCHOOL YEAR GROUP	SUPERVISION RATIO
Less than 5 years old	Pre School or Year R	Must be based on a risk assessment but no greater than one adult for every 5 children
5 - 8 years old	Years 1 - 3	One adult for every 6 pupils / young people
8 - 11 years old	Years 4 - 6	One adult for every 10 - 15 pupils / young people
11 years old upwards	Year 7 and above	One adult for every 15 - 20 pupils / young people

In addition to the above general guidelines the following specific guidelines must be followed.

TYPE OF VISIT	SUPERVISION RATIO
For visits abroad	One adult for every 10 pupils / young people
For foreign exchange visits (where pupils will be housed in homestays and not directly supervised by KCC staff)	One adult for every 15 pupils / young people

When participating in adventurous activities, the activity specific ratios identified in the relevant section of the Safe Practice of Offsite Activities must be followed.

The school does not support additional people accompanying educational visits who are not pupils at the school or part of the agreed staff complement. This may include family members accompanying visits if the Governing Body is not satisfied that there is an educational benefit for the pupils.

The appointed Visit Leader will be fully supported in the tasks required to arrange the visit. This will include, as necessary, making time or finances available to conduct an exploratory visit, briefing teachers and other staff, accessing training courses, reviewing and evaluating the visit or identifying time when the leader and EVC might work in partnership to undertake planning and risk assessments.

The Expectations of Pupils and Parents

The school has a clear code of conduct for school visits based on the school's 'Behaviour Policy'. This code of conduct will be part of the conditions of booking by the parents, and will include guidance in relation to the potential of withdrawal of a pupil prior to and during the visit if such conduct would have led to a fixed term exclusion from school.

Emergency Procedures

The school will appoint a member of the SLT as the emergency school contact for each visit. All major incidents should immediately be related to this person, especially those involving injury or that might attract media attention.

The Visit Leader will leave full details of all pupils and accompanying adults on the visit with the emergency school contact, including the home contact details of parents/guardians and next-of-kin, as appropriate.

The Visit Leader will take with them a copy of the schools (linked to KCC) Major Incident Procedures, along with the contact details of the appointed emergency school contacts.

All incidents and accidents occurring on a visit will be reported back through the school systems. The Outdoor Education Unit should also be advised of any serious incidents or accidents.

The school will have emergency funding available to support the Visit Leader in any emergency that occurs in the UK or abroad.

List of Appendices

- 1 PLANNING CHECKLIST FOR OFFSITE ACTIVITIES
- 2 SCHOOL'S RISK ASSESSMENT FORM
- 3 EXAMPLE OF INFORMATION FORM FOR GOVERNORS
The group leader should complete this form as soon as possible. They should have already received approval of the headteacher in principle and should regularly update the headteacher on the progress of the preparations.
When approval is given, one copy should be retained by the headteacher and another by the group leader. The headteacher should be informed of any subsequent changes in planning, organization or staffing.
- 4 CONFIRMATION FROM THE GOVERNING BODY FOR A VISIT TO GO AHEAD
- 5 LOCAL VISITS – CONSENT FORM
- 6 RESIDENTIAL VISIT CONSENT FORM
- 7 EXAMPLE OF MEDICAL FORM
- 8 INITIAL MEETING WITH PARENTS AND/OR STUDENTS AGENDA
- 9 EMERGENCY ACTION PLAN
- 10 EVALUATION OF THE VISIT FORM

Appendix 1

Planning Check list for Offsite Activities

This check list is to help the Head/Group Leader to ensure:

- the *safety of the participants and staff*
- the *maximum educational benefit to participants effective organisation and administration issues related to access and conservation are addressed.*

Tick box

1. GROUP LEADER

Is there a clearly identified group leader, familiar with the basic principles of safe practice?

2. PURPOSE

Has the purpose, objectives and learning outcomes of the visit been clearly identified, and are they appropriate to the age and ability of the group?

Does this fit in with the overall programme of the establishment?

Has this been discussed and agreed with the provider? Is it part of a progressive development for the group?

3. LOCATION

Is the location of the visit appropriate to the activity to be undertaken?

Is it the only and best venue which can be used to achieve the objectives?

(Where possible avoid using ecologically sensitive or over-used sites if suitable alternatives are available.)

Have you considered/established realistic timescales?

4. ADVICE AND APPROVAL

Have you discussed plans with any other suitably qualified and experienced staff?

(This is particularly appropriate where a member of staff is designated with responsibility for co-ordinating outdoor education and residential experience within the establishment.)

Does the programme include adventurous activities?

Have you consulted the Outdoor Education Officer or EVOLVE

If you are using commercial or independent providers,

have you checked that they comply with KCC regulations and guidance?

(See Regulations And

Guidance For Safe Practice Of Offsite Activities)

5. STAFF

Are the members of staff leading activities suitably qualified and experienced for the activities proposed? You need to check that technical coaching qualifications held by any external activity providers and your own staff are current and comply with KCC requirements.

6. STAFF/PARTICIPANT RATIO

Will the group have the correct staff/participant ratio necessary for the activities proposed?

Will this include male and female supervision where necessary?

7. PRELIMINARY VISIT

Has the group leader made a preliminary visit to the site or centre to be visited, to check arrangements? (*E.g. travel time, access (inc access for any disabled members) and permission.*)

facilities and equipment, leisure or recreational facilities for residential stays, staff support, guides or programmes of work, potential health and safety issues including fire procedures, shelter, toilets, costs, accommodation, contingency arrangements. references from previous users.)

If not, has action been taken to ensure the Group Leader is aware of potential risks and opportunities?

8. RISK ASSESSMENT

Have the risks involved in the activities you propose, been fully considered? Have you completed the School Risk Assessment Form (see Appendix 2 Offsite Activities Policy)

9. PARENTAL CONSENT

Has the written consent of parents/guardians/carers been obtained for the visit and for the specific activities, which are planned for young people under your supervision?

10. THE PROGRAMME

Do the participants and staff have the appropriate clothes and equipment necessary for the activities proposed and allowing for a range of weather conditions?

If not, will another provider be supplying the additional appropriate equipment?

Are the participants prepared for taking part in the proposed activity?
e.g. completed preparatory work, made links with other subject areas, if appropriate

Are the participants physically capable of taking part in the proposed activity?

Is there an alternative programme in the event of poor weather?

11. ORGANISATION

Do you have first aid available and staff who hold a first aid qualification relevant to the working environment?

Do you know and understand the insurance arrangements?

Does the provider hold the required level of insurance?

Do you need to take out additional insurance (breakdown, cancellation)?

Is appropriate transport available?

Is Form EIII needed?

12. FINANCE

Have adequate arrangements been made to finance the visit and manage the finances through a school account?

Are you aware of VAT regulations, particularly regarding criteria for VAT recovery?

13. BRIEFING FOR PARTICIPANTS AND STAFF

The participants must be properly briefed on the activities they will undertake during the visit.

Has a date/time been set?

*Within the briefing include:
rendezvous procedure for lost participants
groups for study or supervisory purposes
a system of recall and action in emergencies
relevance to prior and future learning*

The leader must also brief adults and voluntary helpers?

*(This should include reference to:
careful supervision, to cover the whole time away
anticipation of hazards
standards of participant behaviour expected
regular counting of participants
how much help to give to participants in their tasks
a list of names of people in sub-groups)*

14. EMERGENCY CONTACT

Has a named point of contact been identified 'at home' in the event of an emergency, who has a list of the group members and a programme of the group's activities?

Is there an emergency phone number known to all adult helpers, 'at home' or at your 'base'?
(Warning - Mobile phones are not always switched on, charged up or able to receive signals).

Do you have phone numbers/addresses for local hospital, GP dentist, etc?

15. COMMUNICATION

Have other staff and colleagues whose work may be affected been notified of planned arrangements?

Have you prepared an information pack for parents/participants?

Have you noted dietary requirements?

16. EQUIPMENT/RESOURCES

Is a limit necessary on pocket money/valuables taken by participants?

Have you established what equipment will be required by the group, and how you can acquire it?
e.g. hire, loan or purchase?

FOLLOW UP

Have arrangements been considered for appropriate follow-up work, evaluation (participants and staff), and debriefing with Head of Establishment and contacts after the visit?

(After the activity don't forget to thank colleagues and helpers - and participants if they have performed well! Inform others of your journey, results or activity including parents and governors, through reports, a display of work, sharing of outcomes. Consider a more formal presentation.)

KCC CHILDREN FAMILIES AND EDUCATION

Generic Risk Assessment

Topic/Activity/Operation: _____

Name of Establishment/School:	
Risk assessment completed by: (name)	Signed:
Sign here only after giving consideration to additional control measures.	Date:
Head of establishment: (name)	Signed:
Sign here only after agreeing control measures and action points.	Date:
Review Date:	

Please bring this assessment to the attention of all relevant staff, safety representatives and others who assist in your activities.

Risk Rating: (LIKELIHOOD)	OUTCOME:		
	Insignificant Injury	Significant Injury	Major Injury
Unlikely	Trivial Risk	Low Risk	Medium Risk
Possible	Low Risk	Medium Risk	High Risk
Probable	Medium Risk	High Risk	STOP

Risk Level:	Action and Timescales:
Trivial	No action required and no documentary records are required
Low	Consider if the risk can be reduced further. Monitoring is required to ensure that the controls are maintained.
Medium	Risk reduction measures should be implemented within a defined period.
High	Give priority to removing or reducing the risk urgent action should be taken.

STOP 'Work' activity should NOT be started or continued until the risk has been removed or at least reduced.

Step 1	Step 2	Step 3	Current Risk Level	Step 4	Step 5	New Risk Level
What are the hazards?	Who might be harmed and how?	What are you doing already?		Is anything further needed?	Date further action(s) was/were completed	
				By Whom and By When?	Date of next Review	

				Name:	Date Completed:	
				Date:	Review Date:	
				Name:	Date Completed:	
				Date:	Review Date:	
				Name:	Date Completed:	
				Date:	Review Date:	
				Name:	Date Completed:	
				Date:	Review Date:	
				Name:	Date Completed:	
				Date:	Review Date:	
				Name:	Date Completed:	
				Date:	Review Date:	
Step 1 What are the hazards?	Step 2 Who might be harmed and how?	Step 3 What are you doing already?	Current Risk Level	Step 4 Is anything further needed?	Step 5 Date further action(s) was/were completed	New Risk Level
				By Whom and By When?	Date of next Review	

					Date Completed:	
				Name:		
				Date:	Review Date:	
					Date Completed:	
				Name:		
				Date:	Review Date:	
					Date Completed:	
				Name:		
				Date:	Review Date:	
					Date Completed:	
				Name:		
				Date:	Review Date:	
					Date Completed:	
				Name:		
				Date:	Review Date:	

Step 1 What are the hazards?	Step 2 Who might be harmed and how?	Step 3 What are you doing already?	Current Risk Level	Step 4 Is anything further needed?	Step 5 Date further action(s) was/were completed	New Risk Level
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				By Whom and By When?	Date of next Review	
					Date Completed:	
				Name:		
				Date:	Review Date:	
					Date Completed:	
				Name:		
				Date:	Review Date:	
					Date Completed:	
				Name:		
				Date:	Review Date:	
					Date Completed:	
				Name:		
				Date:	Review Date:	

Application for the Approval of the Governing Body
for an Educational Visit

School/ Group: *Aldington Primary School*

Group attending:

Group Leader:

Group Ratio: Child:Adult

1. Purpose of Visit and specific educational objectives:

2. Places to be visited:

3. Dates and times:

Date of Trip: _____

Timings: _____

4. Transport arrangements: (has this been booked)

Name: _____

5. Name of company organizing any Adventure Activities (if any):

6. Proposed cost and financial arrangements:

7. Accommodation to be used:

Name: _____ Address: _____

_____ Telephone

Number: _____

Name of head of centre _____

Group Leader name in full: _____

Signed: _____ Date: _____

Appendix 4

Confirmation from the Governing body for a visit to go ahead

To the Headteacher and Group Leader:

Visit to: _____

Dates: _____

1. The governing body (or delegated sub-committee) have studied this application and are satisfied with all aspects including the organization and staffing of this visit. Approval is given.

a. Please ensure that the headteacher has all relevant information including a final list of group members, details on parental consent and a details itinerary at least seven 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 headteacher as soon as possible but on later than 14 days after the party returns.

Signed: _____ Date _____

(Chair of Governors/Chair of T&L)

Name in Full _____

Aldington Primary School

I wish my son/daughter _____ (name of child)
to be allowed to take part in the organised local visit of the nature described in the Headteacher's letter of
_____ (date) and, having read the information sheet, agree to his/her taking part in any or all of the activities
described. I have ensured that my child understands that it is important for his/her safety and for the safety of the
group that any rules and any instructions given by the staff in charge are obeyed.

I understand that, while the school staff and helpers in charge of the party will take all reasonable care of the young
people, unless they are negligent they cannot be held responsible for any loss, damage or injury suffered by my
son/daughter arising during such visits.

Please complete the following as is appropriate. *

Cross out which does not apply.

My child has:

no illness, allergy or physical disability*

the following illness, allergy or physical disability*

which necessitates the following medical treatment:

I consent to any emergency medical treatment necessary during the course of the visit.

Signed _____ Date _____

Parent/Guardian

Telephone No

Home: _____ Work: _____ Mobile: _____

If not available at the above, please state an alternative contact.

Name: _____

Relationship to child: _____ Telephone No: _____

Name of Doctor: _____

Surgery: _____

Telephone No: _____

(Three copies of this form are desirable, one for the parent to keep, one for the head of establishment and one
for the group leader to take with him/her on the visit/activity/journey.)

Parental Consent for a Residential School Visit

School/Group *Aldington Primary School - Year 5 & 6 pupils*

1 Details of visit to: Place

From: Time and date To: Time and date

I/we agree to _____ (name) taking part in this visit and have read the information sheet.

I/we agree to _____'s participation in the activities described.

I/we have ensured that my/our child _____ understands that it is important for his/her safety and for the safety of the group that they behave responsibly at all times and that any rules and any instructions given by the staff in charge are obeyed.

I understand that, while the school staff and helpers in charge of the party will take all reasonable care of the young people, unless they are negligent they cannot be held responsible for any loss, damage or injury suffered by my son/daughter arising during such visits.

2. Medical information about your child

a) Any conditions requiring medical treatment, including medication? YES/NO
If YES, please give brief details:

b) Please outline the type of pain/flu relief medication your child may be given if necessary:

c) To the best of your knowledge, has your son/daughter been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be contagious or infectious?

YES/NO

If YES please give brief details:

d) Is your son/daughter allergic to any medication? YES/NO
If YES please give brief details:

e) When did you son/daughter last have a tetanus injection?

f) Please outline any special dietary requirements of your child.

I will inform the Event Organiser/Head Teacher as soon as possible of any changes in the medical or other circumstances between now and the commencement of the journey.

3. Declaration

I agree to my son/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 the extent and limitations of the insurance cover provided. (The same cover as is provided whilst in school)**

Contact telephone numbers

1)
Name _____ Relationship _____

Work: _____ Home _____

Home address _____

2)
Name _____ Relationship _____

Work: _____ Home _____

Home address _____

Name of Family Doctor _____ Telephone number _____

Address _____

Signed _____ Date _____

Full name (capitals): _____

Appendix 7

MEDICAL QUESTIONNAIRE

Pupil's name _____

Parent's/guardian's name and initials _____

Home address _____

Telephone no. _____

Name and address of Family doctor _____

Address _____

Telephone no. _____

Has your child had any of the following:

- | | |
|--|--------|
| Asthma or Bronchitis | YES NO |
| Heart condition | YES NO |
| Fits, fainting or blackouts | YES NO |
| Severe headaches | YES NO |
| Diabetes | YES NO |
| Allergies to any known drugs or medication | YES NO |
| Any other allergies e.g. material, food, insect bites etc. | YES NO |
| Other illness or disability | YES NO |
| Any recent contact with contagious diseases and infections | YES NO |

If the answer to any of these questions is YES please give details here: _____

Immunisation Status:

1. Has your child received vaccination against Tetanus in the last ten years? YES NO
2. Is your child receiving medical treatment of any kind from either your Family

Doctor or Hospital?

YES NO

3. Has your child been given specific medical advice to follow in emergencies?

YES NO

If the answer to either of these questions is YES please give the details here: (including dosage of any medicines/tablets)

SIGNED _____ DATE _____

Parent/Guardian

INITIAL MEETING WITH PARENTS AND/OR STUDENTS

Possible Outline Agenda

- 1. **Justification**
 - Explain why you are organising the course
 - Educational experiences
 - Travel
 - Study of area to be visited or foreign country and way of life
 - Corporate living
 - Self-reliance
- 2. **Centre**
 - Show location of centre
 - Description
 - Type of town/village
 - Recreation facilities
- 3. **Accommodation**
 - Description - Situation
 - Bedrooms
 - Recreation facilities
 - Dining facilities
- 4. **Activities**
 - Outline proposed programme including any potentially hazardous activity. Include any recreational or social activities.
- 5. **Staff**
 - Staff and other adults accompanying party
 - Centre instructions
 - Medical arrangements at centre
 - Arrangements for communicating with parents in case of emergency
 - Reassure re appropriate qualification
- 6. **Itinerary**
 - Date of departure
 - Journey route and mode of travel
 - Date of return
- 7. **Clothing**
 - Special clothing required
 - Options of buying, hiring or borrowing
 - Luggage type and labelling
- 8. **Code of Conduct**
 - Rules
 - Sanctions
- 9. **Cost**
 - Package cost
 - Essential extras
 - Non-essential extras
 - Payment of deposit (non-returnable)
 - Payment of balance
 - Date of final payment
 - How payments should be made, including statement of LEA and institution's policy on charging and remission
- 10. **Insurance** - Details of insurance cover
- 11. **Programme of Arrangements**
 - Dates for
 - Payment of deposits
 - Payment of balance
 - Payment of pocket money
 - Passport application
 - Arrangements for
 - Arriving at point of departure
 - Collection on return from the journey
- 12. **Commitment**
 - Names accepted on payment of first deposit.

NOTE: Slides or a video recording of a previous trip or showing the area to be visited will be of interest and can be a very suitable beginning to the meeting.

Appendix 9
EMERGENCY ACTION PLAN

Sequence of action if a group member is taken ill or has an accident.

1. Establish the nature and extent of the emergency,
2. Ensure the other members are accounted for and safe,
3. Establish the extent of any injuries and give first aid,
4. Confirm the name(s) of the injured and call emergency service(s),
5. Inform other staff of the incident and action being taken,
6. Ensure casualties are accompanied to hospital by an adult from the party,
7. Ensure adequate supervision for the rest of the party and arrange for their return to base,
8. Arrange for one adult to remain at the incident, if appropriate, to liaise with emergency service(s) or others,
9. Control access to telephone until contact has been made with the Head Teacher and the emergency contact point and all relevant information has been given, including the contact telephone number (have alternative telephone numbers for home and off-site communication in case other lines become jammed);
10. FOR THE HEAD TEACHER:
 - a) Alert the Area Director
 - b) Contact parents, in consultation with the Area Director
 - c) Act as liaison between all parties:
11. FOR PARTY MEMBERS - do not discuss the incident with the media (this will be dealt with through the Head Teacher and LEA),
12. FOR THE PARTY LEADER (and other staff, if appropriate):
 - a) record all relevant details as soon as possible, including names/addresses of witnesses;
 - b) keep associated equipment in its original condition.

IT IS IMPORTANT THAT

- i. legal liability is not discussed or admitted
- ii. all incident forms are completed and contact made with (e.g. insurers, the Health and Safety Executive (HSE) or the LEA.

EVALUATION OF THE VISIT

To be completed by the Group Leader for future reference

School	<i>ALDINGTON PRIMARY SCHOOL</i>		
Group leader:			
Number in Group:	Girls:	Boys:	Staff:
Date(s) of Visit:			
Purpose(s) of Visit:			
Venue:			
Commercial organisation/provider			

Please comment on the following features:

	Rating out of 10	Comment
1. The Centre's pre-visit organisation:		
2. Travel arrangements:		
3. Content of education programme provided:		
4. Instruction:		

5. Equipment:		
6. Suitability of environment:		
7. Accommodation:		
8. Food:		
9. Evening Activities:		

10. Courier/Representative:		
11. Other comments and evaluation including any 'close calls' not involving injury or damage:		

Signed: _____ Date: _____

Group Leader's name: _____

When complete please forward to your Line Manager.