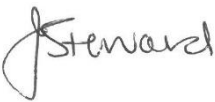





RESIDENTIAL EDUCATIONAL VISITS POLICY

Formally adopted by the Governing Body of Sheringham Community Primary & Nursery School	
On	7 th October 2021
Chair of Governors	
Head Teacher	
Last updated	7 th October 2021
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Be all that you can be...



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At Sheringham Community Primary School we aim to broaden the children's academic, moral and social education by providing them with opportunities to take part in residential school visits.

Objectives of Residential School Visits:

- To develop children's knowledge, skills and understanding of the wider world outside of school and home.
- To complement and extend skills learnt in the classroom through an educationally valuable experience.
- To develop the children's confidence in encountering unfamiliar situations.
- To develop the children's ability to work as members of a group, follow instructions and to complete co-operative tasks.
- To ensure that children learn the importance of considering the feelings and needs of others.
- To nurture self-reliance, independence and leadership.
- To encourage the development of confidence, independence and a sense of achievement in the children.

Guidelines:

1. All residential visits will be planned and undertaken in line with the guidance from the LEA, through EVOLVE.
2. All residential venues must be inspected prior to new visits by the EVC, their deputy or a senior member of staff / visit lead accompanying the visit.
3. The EVC has overall responsibility for all residential visits, even when not in attendance.
4. If any adventurous activities are to be undertaken, validation of qualifications of the instructors/supervisory staff must be sought in advance and prior to a booking being made or the activities advertised to parents and children.
5. Staffing for all residential visits will be decided by the EVC/HT, who will take many factors into consideration before reaching a final decision.
6. The ratio of supervisory staff to children must always follow the requirements and guidelines of the LEA.
7. A 3 day qualified first aider must accompany all residential visits, ensuring that there is a fully qualified first aider on site 24 hours a day.
8. The First Aider is responsible for ensuring that a full first aid kit is taken and that all medicines are kept and administered appropriately, keeping appropriate records.
9. It is recognised that staff are volunteering their time to go on residential visit, but it must be remembered that they are taking full responsibility for all of the children 24 hours a day. It is therefore essential that at least 1 member of staff is on duty every night and that members of staff should not consume any alcohol.
10. An emergency evacuation must be carried out as soon as possible upon arrival at a residential centre.

11. All children will be given the opportunity to participate in a residential visit during their time in Years 4, 5 and 6.
12. Any child who displays unacceptable behaviour whilst on a residential visit, will be sent home and will need to be collected by the parents.
13. A parents meeting will be held approximately a month in advance of a residential visit in order to distribute and receive any important information.
14. In the case of any child requiring serious medical treatment, whilst on a residential visit, parents must be informed as soon as possible, preferably in advance of the treatment being given.
15. Staff on a residential visit should have a car on site at all times.
16. Only staff members who are DBS checked should accompany residential visits.
17. Visits by partners or family members of staff members should not usually be necessary, but if needed, these should be arranged in discussion with the visit leader to coincide with a convenient time when a staff member can be released or is not actively involved with the activities or care of the children.
18. There should be a working, preferably landline telephone line, accessible at all times during a residential visit. At least one school mobile telephone should be taken on residential visits.

Equal Opportunities:

All visits will be, wherever possible open to all children, whatever their circumstances, enabling them to gain confidence, acquire skills and build positive experiences. This includes children with Special Educational Needs. Some children may require additional supervision or support during a residential visit and this will be provided if possible. This may incur the need for additional funding from school.

Planning Considerations:

Thorough planning is essential in order to ensure the success of all visits, taking into consideration:

- Facilities at the venue
- Equipment required, personally and as a group
- Staff training needs
- Transport Arrangements
- Insurance Arrangements
- Ratios
- Emergency Procedures
- Arrangements for sending children home early
- Keeping parents informed
- Preparing the children

Preliminary visits:

A preliminary visit is an important part of planning for any educational visit. In circumstances where such a preliminary visit cannot take place, it is expected that comprehensive information and guidance can be obtained from a local provider.

Wherever possible the staff planning an off-site activity should make a preliminary visit to the venue in order to familiarise themselves and make a proper assessment of its suitability, bearing in mind the age and aptitude of the children, the size of the group, the time of year (including probable weather conditions) and the suitability of the facilities available. Where this is not possible, the leader must obtain information of the places to be visited with particular regard to potential hazards.

During the preliminary visit, Group Leaders should keep full, written notes. The visit will help Group leaders to gain an insight into the site or centre and it should include an evaluation of the following:

1. Supervision

Supervision needs should be considered during the planning stage.

Adult: pupil ratios are difficult to prescribe as needs differ according to the type of visit or the planned activity.

The factors that must be taken into account are:

- Sex, age, ability and competence of the group.
- Pupils with medical needs or SEN.
- The type of activity and the hazards associated with it.
- The length and type of journey.
- Type of accommodation to be used.
- The competence of staff both generally and in specific activities.
- The requirements of the venue to be visited.
- The competence of the pupils and their standards of behaviour.
- Provision for first aid (at least one qualified first aider with first aid kit).

2. Ratios

Staffing ratios for visits will vary according to the activity, age, group, location and the efficient use of resources. The DFES guidance suggests that for visits to local historical sites and museums and local walks, the ratio in normal circumstances would be:

- 1 adult for every 10-15 pupils
- Minimum 1:10 for visits to countries other than that of residence and extended visits involving overnight stays.

There must always be a minimum of two adults, preferably one male and one female.

Risk Assessments:

Implicit to any planning is risk assessment, consideration must be given to the dangers and difficulties that may arise, and control measures must be put into place to reduce them.

- The risk assessment must take into account
- The type of visit / activity and the level at which it is being undertaken.
- The location, route and method of transport.
- The competence, experience and qualifications of supervisory staff.
- The ratio of teachers and supervisory staff to pupils.
- The pupils ages, competence and fitness and the suitability of the activity. Pupils with SEN or medical needs.
- Quality and suitability of equipment.
- Emergency procedures.
- Risks should be monitored throughout the duration of the visit and risk assessments amended as necessary

A risk assessment should be completed; which outlines risk at the accommodation, the journey to and from the venue, as well as any activities during the residential trip.

In the present climate, a separate Covid risk assessment will also be completed.

Information for parents:

It is good practice to ensure that detailed written information is passed to parents before a residential trip. Main details of the trip should be communicated in the first instance with the details of when and where the trip will take place along with the accommodation details.

Other information to parents should cover behaviour, pocket money and other areas such as phoning home. It may be appropriate to share with parents, information obtained when assessing safety issues and the steps which have been taken to reduce risk to an acceptable level.

Group leaders should give parents a formal opportunity to discuss the residential trip with a **Parent's Information Evening**.

Essential Documents:

A parental consent form should be completed along with a medical information form.

This information should be confirmed in writing and parents/guardians should then be asked to complete and sign:

- A consent form
- A medical information form

On the day of departure the group leader should collect in the original documents and be responsible for them throughout the trip. Any child without the original documents will not be permitted to attend.

Parent Responsibilities:

Parents have the responsibility of ensuring that their child is following the agreed dress code for the trip.

They should also prepare their child for participation and accept that any pupil who is a risk to the health and safety of either him/herself or others may be sent home early.

Parents must inform the school about any medical needs / allergies / special dietary needs etc. before the trip.

Parents must also supply an emergency contact name and telephone number; this contact must be available for the entire duration of the trip.

Information for children:

It may also be helpful to have a separate meeting for the children attending the trip before departure to discuss and adopt a joint code of behaviour.

This could include: talking to someone about feeling homesick, bullied or frightened and introduce the name of the person who will be responsible for welfare during the trip. It may also be necessary to set rotas for cooking, cleaning or other jobs at the venue, if appropriate, at this time.

A staff rota is advisable to ensure that everyone has some relaxation time without being in contact with pupils.

A code of conduct for a residential trip should address the following areas:

Timing and punctuality: meals, meeting times, curfews must be adhered to.

Contact details: ensure all have contact numbers for accommodation as well as the team leader

Dress and appearance: being appropriate for that activity (Suggested clothing list should be distributed to pupils and parents before the trip).

Respect: for accommodation, property, people and personal space.

Accommodation: as directed by team leader (see notes on dormitories below), hotel or hostel rules should be adhered to. Pupils should be made aware of these rules by the group leader.

Alcohol: consumption of alcohol by adults on a residential trip is **not permitted**.

Smoking: should not be carried out in view of pupils.

Medication: any medication as mentioned in the parental consent form should be held by the team leader or an appointed first aider.

Behaviour: discuss with parents and pupils before the trip how bad behaviour will be dealt with.

Points to consider:

Dormitories: Will you be sharing with other groups? If there are other people sharing the accommodation where possible ensure that the block where pupils are located is locked to prevent access. This should be done at night times and when pupils and staff leave the building. In all other cases pupils should lock their bedroom doors from the inside, but leave the key in for easy access.

Pupils **SHOULD BE TOLD NOT TO OPEN THE DOOR TO ANYONE OTHER THAN A MEMBER OF STAFF.**

In an emergency, 2 pupils should leave the room and alert the nearest member of staff. Other pupils remaining in the room should lock the door behind them.

Keys: If there is one key per room then the adult in charge of that room, should keep the key with them for safety. In the case of multiple keys, the adult in charge of that room should keep one key.

Facilities: Are there separate washing, toilet, sleeping facilities for males, females and adults?

There should be separate facilities for males and females. Separate floors are advisable for boys and girls.

Adults: Are adult staff available in each area for children to call upon?

Hotels: Have guidelines been agreed on the use of hotel telephones, satellite TV? Consider having these removed or their usage banned. (if applicable).

Fire drill: Has the fire drill procedure at the accommodation been explained to the group and to whom they should report to in the case of a fire?

Discipline: It may be helpful to discuss the control and discipline policy with any staff at the accommodation. It is also advisable to check the accommodation policy on damage, lost keys and any extras ordered.

UNDER NO CIRCUMSTANCES SHOULD POORLY BEHAVED PUPILS SHARE A ROOM WITH A MEMBER OF STAFF. IF BEHAVIOUR IS DEEMED UNACCEPTABLE AFTER ONE VERBAL WARNING; PARENTS SHOULD BE CONTACTED AND EXPECTED TO COLLECT THEIR CHILD.

Access arrangements: Consideration should be given to any particular cultural, physical or dietary requirements and the hostel or hotel informed of this prior to departure.

Transport:

The school office will arrange the paperwork.

Safeguarding and Protecting Children Guidance

Duty of Care

This is defined as: **Anyone who has a responsibility for looking after others have a duty of care in common law.**

In loco parentis means that the level of duty of care required by a teacher is that of **a reasonable, prudent and careful parent and this is the standard of care set by the courts and judged as the proper level of competence associated with the proper discharge of our professional duties.**

This overarching legal responsibility remains with the teacher and cannot be delegated to coaches, instructors or volunteers acting on behalf of the teacher or the school.

The pastoral duty of care remains with the teacher, although the technical duty of care may be delegated to, for example, a guide or instructor.

All teachers must operate this duty when they have children in their care. This applies to all activities within the school curriculum, to extra-curricular activities during or outside of school hours, whether on or away from the school premises. The duty of care is 24 hour a day, seven days a week obligation.

Competence as a leader will result from:

- experience/knowledge of the environment/venue to be visited;
- experience of the activities to be undertaken;
- leading similar educational visits;
- knowledge of the pupils involved;
- appropriate training;
- leadership skills and other personal qualities.

The EVC and Headteacher or member of the Senior Leadership team need to be satisfied that the group leader and other accompanying teachers are sufficiently competent to carry out their responsibilities and are suitable for the role.

It will greatly ease supervision if each accompanying adult takes responsibility for a sub-group, with the group leader or deputy being personally responsible for any young people who might create difficulties. Each sub-group leader will naturally have a list of the young people in his/her group, while the group leader has a complete list, with medical and contact details.

If a member of the party should go missing the local police would then have some concrete details to work from.

Impress on everyone that if lost they should go for help to a public building (shop/museum) or find a person in uniform and not approach passers-by in the street.

It is recognised that many pupils have individual needs e.g bed wetting, home sickness and other medical requirements.

UNLESS IN EXCEPTIONAL CIRCUMSTANCES ADULTS SHOULD NOT BE ALONE WITH A PUPIL WHEN ADMINISTERING MEDICINE, FIRST AID OR DEALING WITH ISSUES OF INTIMATE CARE.

Medicines and Medication:

Medicines should be contained within the original container as prescribed by a medical professional, clearly labelled with name and dosage and handed to the Group Leader. It is clearly not desirable for young children to be responsible for them. For certain conditions however, this procedure may be wholly inappropriate and potentially harmful, i.e. asthma where it would be wrong to separate an asthma sufferer from a prescribed inhaler. Similar consideration and care might need to be exercised for the sufferer of diabetes. In such circumstances, it would be advisable to consult with the young person's parents/carer and, if necessary, seek medical advice.

When medication is to be administered to a pupil the following good practice should be followed:

- A letter of authority from the parent should be received in order to confirm their consent and details of the dose required.
- Only the minimum necessary supply of medicine for the visit should be taken.
- The Health Care Plan for children on medication should be carried on the visit.
- If necessary further advice about the medication can, with the agreement of the parent, be obtained from the child's medical centre.

Non-prescribed over the counter medicines such as Paracetamol or Nurofen should not be administered without written parental consent.

During the visit:

1. Head Counts

Whatever the nature or length of a visit; there should always be regular head counts, particularly before leaving any venue. If a pupil is lost the group leader should be informed immediately. He or she will make the decision on the appropriate way in which to proceed.

With a large group, if each child is given a number that they can call out when asked rather than staff having to read a list of names, it can be quicker and more effective, whilst also giving some additional responsibility to the children themselves.

2. Recording Accidents

Accidents are 'unplanned events' and, therefore, not every eventuality can be accounted for in the risk assessment. Should an accident occur it must be, if applicable, recorded in the accident book at the venue. Upon return to school the accident should also be recorded in the school accident book.

If the accident resulted in a major injury i.e. fracture, concussion, hospital treatment etc. it is advisable to obtain witness statements.

The reason for this is that children have until their 23rd birthday to make a claim for compensation and so it may be many years until the claim transpires, by which time many members of staff who witnessed the event may have left or moved on, making it very difficult to compile the necessary information.

3. On going risk assessment

Be ready to annotate and update the risk assessment throughout the visit. Risk assessment is an ongoing process; it should not be regarded as a one off exercise prior to the visit. Be prepared to amend your planned course of action in the event of changing or unforeseen circumstances.

After the visit:

An evaluation of the risk assessments and a general report about the visit; along with any details of incidents or accidents that occurred on the trip should be sent to the EVC. This should be completed no later than 14 days after returning from the trip.

Summary of procedures:

The following procedures should be followed for all school visits:

- Informed written consent must be obtained from parents, for each child prior to a school trip, annual permission for regular visits.
- Staffing ratio levels must be maintained throughout the visit.
- First Aid should be accessible either through an appointed person with the visit or by the venue facilities. Copies of information containing emergency contact/medical/allergy details should be available at all times.
- A head count must take place before leaving school (or on the coach) and at regular intervals throughout the whole visit. Transport must not be allowed to depart until two adult members of the party have independently counted and agreed that all pupils are present.
- Toilet facilities must be provided at regular intervals.
- Food and drink should be provided at regular intervals. On very hot days it may be necessary to provide extra drinks.
- Where applicable, meeting points should be pre-designated and specific times arranged for party assembly. These times should be strictly adhered to.

The transport must be fully insured, and all seats should be forward facing and have seat/lap belts fitted. The maximum seating capacity of the vehicle must not be exceeded and pupils must never travel standing. The driver's documentation must be valid. If the driver is not supplied by an external provider then it must be checked.

Pupils must be informed of any rules and regulations relating to the visit. All adults must know which pupils they are responsible for and likewise the pupils must know to whom they are accountable. Written guidance should be issued to pupils and parents where necessary.

The school should however recognise that it is in the nature of the behaviour of children that instructions may be disobeyed through forgetfulness or wilful disobedience. It should also be recognised that through their inexperience children are unable to make a reasonable analysis of potential risks, and thus they may need to be protected from their own behaviour. Therefore, teachers should not proceed on the basis that all children will obey instructions, but will take the necessary steps to ensure that instructions are followed at all times.

At the end of each visit the group leader should review the trip and amend any risk assessments if the trip is to be repeated on a future date.