Billingshurst Primary School

Policy for

Learning Outside the Classroom
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Supporting documentation

EVOLVE user starter guide for the creation of an off-site activity visit form:
Staff Shared ➔ School Trip Documents
https://evolve.edufocus.co.uk/evco10/index.asp

Emergency Response Plan
Staff Shared ➔ School Trip Documents
https://evolve.edufocus.co.uk/evco10/index.asp
1. **Introduction**

1.1 **Billingshurst Primary school** provides many opportunities for its pupils to enrich and enhance their experience through Learning Outside the Classroom (LOtC). This encompasses both on-site and off-site learning, residential activities, environmental studies, sports, physical and cultural activities, and adventurous activities.

1.2 The value of off-site educational visits is well recognised by the Governing body and fully supported throughout the school. It is emphasised that a culture of safety must prevail and there is a need for careful planning and adherence to statutory procedures. Learning outside the classroom must be well managed, with information communicated and responsibilities recognised as with any other learning that takes place within the school.

1.3 This document outlines the specific policies and procedures for Billingshurst Primary School. It supplements and follows the advice and guidance contained within the following significant publications:

- WSCC’s Learning Outside the Classroom and Off-Site Educational Visits Regulations and Notes for Guidance 2018;
- OEAP National Guidance.
2. Roles and Responsibilities

2.1 The Governing Body of Billingshurst Primary School satisfies itself that the appropriate procedures, risk assessments, and control measures are in place and that the documented guidance notes are being followed. All LOtC and off-site visits that are residential, abroad, or hazardous need to be approved by the Governing Body. Such approval must be recorded in the minutes of the Governing Body.

2.2 Head Teacher (Helen Williamson) is delegated by the Governing Body to approve all off-site educational visits of a perceived low risk, local, daily or regular nature. This is recorded through use of EVOLVE.

2.3 The Deputy Head Teacher, (Jacquie Wattam), is the Educational Visits Co-ordinator (EVC). She ensures that all LOtC activities follow the correct procedures. Before final submission to the Head Teacher / Local Authority Outdoor Education Adviser for approval, The Deputy Head Teacher will approve the group leader for every visit and monitor the written risk assessments to ensure good practice. This is recorded through use of EVOLVE.

In addition, the following responsibilities and duties are undertaken:

- Support the group leader in identifying the purpose for the visit and the selection, training and briefing of appropriate supervising adults and volunteer helpers. It is important to consider the continuing professional development needs of staff engaged in these activities;

- Ensure that Disclosure and Barring Scheme disclosures are in place, where necessary;

- Arrange Emergency Contact Duty Officer and draw up proper procedures to be followed in such an event. See Emergency Response Plan

- Keep records and make reports of incidents, accidents and ‘near hits’;

- Review and regularly monitor policies and procedures;

- Liaise with the Outdoor Education Adviser where necessary to ensure the proposed visit complies with the WSCC policies for Learning Outside the Classroom.

2.4 The Visit Leader is responsible for identifying the purpose and outcomes for the visit. A robust risk management process is necessary for all LOtC activities and visits. Risks and significant hazards and their control measures will need to be recorded on the Billingshurst Primary School risk assessment and attached to the EVOLVE visit form (available on http://www.westsussexvisits.org).

This will take account of:

- **Generic risks**

- **Event Specific Risks** as identified from a pre-visit or thorough knowledge or experience of the environment, accommodation, the leader’s competence, the group and other factors such as transport.

**On-going risks** identified by the professional staff responding to changing circumstances and the success of planned activity and procedures. The participants and staff will be fully briefed on the purpose and the risk assessment control measures See Appendix A

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2.5 **Pupils** will be encouraged by the adults leading the visit to consider risks involved in LOTC activity and to assist in the design of appropriate risk management strategies that support their learning. They will be fully aware of the purpose of the visit and understand expectations of behaviour.

3. **Guidance Notes for Off-Site Educational Visits**

To ensure proper good practice and compliance with the necessary regulations it is expected that:

3.1 All group leaders will familiarise themselves with the published advice and guidance. Further information is available from the EVOLVE website ([www.westsussexvisits.org](http://www.westsussexvisits.org)).

Training for staff and Visit Leaders will be arranged by the school to include all aspects of supervision, ongoing risk management (including being prepared to stop an activity that has become too hazardous) and how to deal with an emergency. Access to such training is also available through the Outdoor Education Adviser.

3.2 In order to plan LOTC activities and visits the **EVC** should be involved in discussing plans at an early stage. Routine or local visits such as sports fixtures also need to be planned ahead. It may be possible to approve a series of events on a termly basis. No financial commitment should be agreed until all relevant approvals have been achieved. **See Appendix B**

3.3 **Parental Consent.** All parents must complete the PARENT’S MEDICAL CONSENT FORM. This information is entered into SIMS. A copy of all medical needs and emergency contacts will be made available to the Group Leader to take on the visit. **See Appendix C**

3.4 **Internal Approval Form.** This BPS Form is to request any necessary cover arrangements for class teachers / teaching assistants. **See Appendix D**

3.5 An Evolve Visit form must be completed for all residential visits and for those that are either visits abroad or for adventurous/hazardous pursuits whether on-site or off-site. Out of county visits are also required to use this system. The form will need to be submitted to the LA, four weeks in advance of the activity or visit date and before becoming financially committed. These types of off-site visits also need the Governing Body’s approval. School Journey Insurance should be purchased for educational visits and evidence should be attached to the EVOLVE form. Visit Leaders should check to see if such cover is already being provided by a tour operator, or external provider.

3.6 The OE2 form provides information on what WSCC expects an external provider to provide and deliver. It should be sent to any provider being considered for the first time and attached to the EVOLVE form as evidence of the planning process. Please note WSCC ‘check’ a number providers who are regularly used by WSCC establishments, these providers are listed on EVOLVE as ‘checked’ in addition providers who hold the LOTC Quality Badge are considered as suitable to offer activities and have achieved a nationally recognised accreditation. **See Appendix E**

3.7 On return the Visit Leader must report to the EVC and, where necessary, an evaluation report should be completed in order to achieve any learning about a ‘near hit’ or where an incident took place. If such a form was completed at the venue, there is a need to place such an occurrence on the record at the ‘home’ establishment.

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In addition an evaluation of the visit’s purpose and outcomes must be carried out to review the learning achieved and educational value. It is possible, within 28 days, to record this through the EVOVE visit form.

3.8 Risk management forms should be completed and attached to the EVOLVE form when risks are perceived as significant. External providers will have their own risk management documents that can be used to help in this process. For certain activities an Adventurous Activity Licence is legally required (see www.hse.gov.uk/aala). If this is the case, the provider’s licence number should be quoted instead of copies of their risk assessment documentation.

3.9 Providers that hold a LOTC (Learning Outside the Classroom) Quality Badge have been externally assessed and are acceptable as a ‘checked’ provider on the EVOLVE site.

Author: Jacquie Wattam
Chair’s Signature: Pupil and Curriculum Committee
Review Date: 7 November 2018
# RISK ASSESSMENT AND RISK MANAGEMENT

## RISK ASSESSMENT FOR OFF-SITE ACTIVITY

**ACTIVITY:** ………………………………………... **LOCATION:** ………………. **DATE:** ………………………………………

Name ……………………….. …………………………… **Organisation** ……………………………………………………………

Assessment undertaken (date) …………………………….  Signed ………………………….. **Date** …………………………… **Assessment Review Date:** …………………

## LIST HAZARDS HERE

<table>
<thead>
<tr>
<th>List of groups of people who are especially at risk from the significant hazards you have identified:</th>
<th>How will you control this risk? (You can append or refer to relevant documentation that explains your safety arrangements, e.g. letter to parents, booklet prepared for students, letter from residential centre, extract in safety manual etc.)</th>
<th>Post event review (use this column to comment if you have a concern or an incident occurred)</th>
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### Step by Step guide to School Trip administration

<table>
<thead>
<tr>
<th>Step</th>
<th>What to do</th>
<th>Time scale</th>
</tr>
</thead>
</table>
| **Step 1** | **Costings for the coach:**  
Please give “Admin” (Claire Everett: admin@billingshurstprimary.org.uk) details of numbers of children and adults, times and destination and she will get you three quotes, book the cheapest and let you know. | AT LEAST 6 weeks before |
| **Step 2** | **School Event Costing sheet:**  
Fill out costing sheet (available from the office or in folder in the staff room) include costs for coaches, entrance fees, etc. Susie Clitheroe will add cost for insurance and will work out the per pupil amount. She will then pass this to Helen for approval. Susie will inform you of the outcome. | 6 weeks before |
| **Step 3** | **Book coach:**  
Once costing has been approved confirm with “Admin” (Claire Everett: admin@billingshurstprimary.org.uk) that the coaches have been booked. | 5 weeks before |
| Step 4 | **Letter to parents:**  
Please use the sample letter saved on the server. The letter still needs to be approved by Helen or Jacquie before being passed to the office.  
The letter includes:  
- Date  
- Details of the event  
- Departure and returning time  
- What to wear  
- What to bring  
- Reminder about cancelling hot meals and that Reception, Key Stage 1 and FSM recipients receive a packed lunch  
- Cost  
- Paragraph about funding by BPSCA if appropriate (see sample letter)  
- Permission slip  
- Date everything needs to be returned by – usually a week later i.e. 4 weeks before the trip / visit  

If asking for parent helpers, mention that they will need CRB clearance. Wherever possible only take parents who are regular helpers and you have seen work with the children.  

Please try and include all relevant information on this letter, sending out information/forms in several letters is not helpful for parents or the office staff. **Please give “Admin” at least 72 hours notice for any letter you need to go out.** |
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<tr>
<td>5 weeks before</td>
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</table>

| Step 5 | **Payment/consent return:**  
Most of the payments / consent forms are received via parent pay the odd few that come in via book bags should be sent to the office in the register folder daily. |
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<tbody>
<tr>
<td>5 weeks before</td>
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</table>

| Step 6 | **Parent helpers list:**  
When you know which adults are going on the trip, please check with “Admin” regarding their DBS status. |
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<tbody>
<tr>
<td>4 weeks before</td>
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</table>

| Step 7 | **Set up on Evolve:**  
See Jacquie (EVC) if you are doing this for the first time or need help. Residential trips need to be approved by County at least month beforehand. |
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<tbody>
<tr>
<td>4 weeks before</td>
<td></td>
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</tbody>
</table>

| Step 8 | **Chasing payment: repeated weekly**  
Approximately 10 days before the trip, the office will send you a list advising you of all the payments NOT made and again in the days leading up to the trip. It is up to you to chase parents until the trip takes place. After that the office will send out reminder letters to parents for payment. |
|---|---|
| 3 weeks before  
2 weeks before  
1 week before |

<table>
<thead>
<tr>
<th>Step 9</th>
<th><strong>Confirm all details on Evolve.</strong> Submit to EVC when you are sure all information is recorded.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 weeks before</td>
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</tbody>
</table>
| Step 10 | **Reminder letters:**  
If you think it necessary to send out a reminder letter, e.g. if you are leaving early or need children to bring something specifically, please give Jacque and “Admin” at least 24 hours notice. | 3 days before |
| Step 11 | **Medical consents:**  
Please ask a TA to collect the medical consent pack for your classes from the office. These should be taken with you on the trip. | 2 days before |
| Step 12 | **Emergency contact numbers:**  
Please collect the emergency contact numbers cards from “Admin”; these are for members of STAFF ONLY. Please give Katie the mobile numbers for the teachers on the trip and a list of children by coach. If possible “Admin” will let you know the numbers each coach can carry. | 1 day before |
| Step 13 | **Lunches and medical bags:**  
Please could the TA collect the medical bags and the ‘free’ packed lunches from the office. | Morning of the trip |
| Step 14 | **On return:**  
Ensure medical bags and emergency contact number cards are returned to the office. | Afternoon of the trip / Next morning |
| Step 15 | **Evaluate the trip on Evolve** |
This Parental Consent form will be used for educational visits and off-site activities for the duration of your child’s time at our school. Any changes that occur **MUST** be reported to the school office and a new form completed.

____________________________________________________ (Full name of child in capitals please)

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 or out of the journey.

(Note: A School Journey Insurance Policy of Chartis Insurance UK Limited is available through West Sussex County Council, though claims arising from a pre-existing condition are exempt.)

Please delete and complete the following as is appropriate.

<table>
<thead>
<tr>
<th>Child’s Date of Birth:</th>
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</thead>
<tbody>
<tr>
<td>Name of own Doctor:</td>
</tr>
<tr>
<td>Doctor’s Address:</td>
</tr>
<tr>
<td>Doctor’s telephone number:</td>
</tr>
</tbody>
</table>

Other illnesses ________________________________

which necessitates the following medical treatment __________________________________________

______________________________________________________________________________________

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

Signed __________________________________________ Date _____________________ Parent/Guardian

<table>
<thead>
<tr>
<th>Address</th>
<th>HOME</th>
<th>WORK</th>
</tr>
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<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>Telephone No.</th>
<th>HOME</th>
<th>WORK</th>
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</table>

<table>
<thead>
<tr>
<th>Mobile No.</th>
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</table>

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

Name: ________________________________

Telephone No: _____________________ Mobile No: ___________________
BILLINGSHURST PRIMARY SCHOOL
MEDICAL QUESTIONNAIRE

__________________________________________________________ (Full name of child in capitals please)

Has your child had any of the following:

<table>
<thead>
<tr>
<th>Condition</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthma or Bronchitis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart condition</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fits, fainting or blackouts</td>
<td></td>
<td></td>
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<tr>
<td>Severe headaches</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetes</td>
<td></td>
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<tr>
<td>Allergies to any known drugs or medication</td>
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<tr>
<td>Any other allergies e.g. material, food, insect bites etc.</td>
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<tr>
<td>Other illness or disability</td>
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</table>

If the answer to any of these questions is YES please give details on a separate sheet which should be firmly attached:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Immunisation Status

Has your child received vaccination against Tetanus in the last ten years? YES NO

Is your child receiving medical treatment of any kind from either your Family Doctor or Hospital? YES NO

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______________________ Parent/Guardian DATE ______________

PARENT'S NAME AND INITIALS ________________________________________________

All personal information will be processed in accordance with the provisions of the Data Protection Act 1998
Absence/Supply Request Form

Absence

Name: ……………………………………………………………………………………………

Role in School: ………………………………………………………………………………

Date of Absence: ……………………………………………………………………………

Time of Absence: …………………………………………………………………………..

Reason for Absence: ………………………………………………………………………

Absence Authorised by: ………………………………………………………………………

Supply

Is supply cover needed?  Yes/No (please delete as appropriate)

Year group and class name: ………………………………………………………………

Name of preferred supply cover: ………………………………………………………
(if there is someone who works particularly well with your class)

Any other information: ……………………………………………………………………
(class have PE/covering another teacher’s class/work will be left etc)

Supply authorised by: ………………………………………………………………………

(N.B. All absences/supply must be authorised and this form signed by Helen or in her absence Serena)

This form should be given to Susie Clitheroe in the office. Please give as much notice as possible for office staff to book cover.

If the absence is pre-planned, please put it and the reason for it, on the Google calendar.
# PROVIDER STANDARDS

**FORM OE2**

For completion by providers of outdoor education, visit venues and off-site activities to West Sussex schools and education establishments

<table>
<thead>
<tr>
<th>Name &amp; address of provider/organisation: -</th>
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</table>

The provider named above is asked to give careful consideration to the statements below and sign in the space at the end of the form that the standard of service provided will meet the conditions listed.

Please tick all specifications you meet, cross any you cannot meet or write N/A against any specification, which does not apply to your provision.

Section A must be completed for all visits. Section B (adventurous activities) must be completed if applicable.

## Section A – ALL PROVIDERS

1. The provider complies with relevant health and safety regulations, including the Health and Safety at Work etc Act 1974 and has a health and safety policy and risk assessments which are available for inspection.

2. Accident and emergency procedures are maintained and records are available for inspection.

3. The staff have the experience, competence and professionalism to work with the age range and abilities of prospective groups.

4. The provider has a Code of Conduct, which can be provided in advance of any booking and to which visiting groups should adhere.

5. All reasonable checks, including Disclosure and Barring Service checks, are made on staff that have frequent and intensive access to young people.

6. There are adequate and regular opportunities for liaison between visiting staff and the provider’s staff and there is sufficient flexibility to make changes to the programme if necessary and the reasons for such changes will be made known to visiting staff.

7. The provider has public liability insurance for at least £5 million, *(please attach a copy of your certificate of public liability insurance cover) (please note £10 million may be required for sub aqua and airborne activities).*

8. The provider will take all reasonable steps to allow inclusion and participation for any young people who have special needs or have a disability, following a risk assessment process, in line with the Special Educational Needs and Disability Act 2001.

9. The provider encourages responsible attitudes to the environment as an integral part of the programme.

10. All vehicles are roadworthy and meet statutory requirements. Drivers are PCV qualified or operate with a small bus permit and local minibus driving assessment.

11. A current fire certificate covers all accommodation – or advice from a fire officer has been sought and implemented and a fire risk assessment has been completed.
12. Security arrangements have been assessed and reasonable steps taken to prevent unauthorised persons entering the accommodation.

13. Separate male and female sleeping accommodation and washing facilities are provided and staff accommodation is suitably located to ensure adequate supervision.

Section B – PROVIDERS OF OUTDOOR AND ADVENTUROUS ACTIVITIES

14. The provider meets the requirements of the Adventure Activities Licensing Service (AALS)

For AALS licensable activities the specification in this section may be checked as part of an AALS inspection. However, providers registered with the AALS are also asked to consider the statements below with respect to any activities or aspects of their provision not covered by the licence.

15. The minimum ratios of staff to young people for the activities conform to those recommended by the appropriate National Governing Body or, in the absence of this, the provider’s Code of Practice and are informed by a risk assessment.

16. The provider operates a policy for staff recruitment, induction and training which ensures that all staff, with a responsibility for participants, are competent to undertake their duties.

17. The provider maintains a written code of practice, for each activity, which is consistent with relevant National Governing Body guidelines or, in their absence, recognised national standards.

18. Staff competencies are confirmed by the appropriate National Governing Body qualification for the activity to be undertaken, or staff have had their competencies confirmed by an appropriately experienced and qualified technical adviser.

20. Please list the adventurous activities you will be providing along with the minimum qualification or training your instructor will have. Where appropriate please give details of the nature of the location to be used:

<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>MINIMUM QUALIFICATION/TRAINING</th>
<th>LOCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>e.g. Canoeing</td>
<td>e.g. BCU UKCC Level 2 Coach</td>
<td>e.g. Sheltered Lake</td>
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........(continue on a separate sheet if necessary)

21. Visiting groups will have access to appropriate first aid. Provider staff are practised and competent (appropriately qualified where required) to respond to accidents and incidents.

22. There is a clear definition of responsibilities between the provider’s and visiting staff regarding supervision and welfare of participants.

23. All equipment used for activities is suited to the task and adequately maintained in accordance with current good practice.

If any of the above specification overleaf cannot be met, or are not applicable, please give details:
Details of any accreditation e.g: ‘Learning Outside the Classroom’ Quality Badge Award, AALA license number, National Governing Body, BAPA, Tourist Board etc.:

I certify that the organisation I represent complies fully with the requirements set out above, except where I have deleted or crossed out the item. The organisation will observe the above conditions during any visit from a West Sussex establishment

Signed: ........................................................................

Date: ........................................................................

Name: ........................................................................

Position in Org: ..........................................................

Email (general): ................................................................

Website: ........................................................................

Thank you for completing this form.
Please return it, along with a copy of your Public Liability Insurance Certificate, to the school/establishment that sent it to you, or alternatively send it to:-

Outdoor Education
The Grange, 2nd Floor,
County Hall
CHICHESTER
West Sussex
PO19 1RG
e-mail: outdoor.education@westsussex.gov.uk
Tel: 03302 227009

Outdoor Education Adviser, September 2017

EVOLVE: www.westsussexvisits.org
National Guidance: www.oeap.info