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| --- | --- | --- | --- |
| RISK ASSESSMENT **Insert school name** | Management of Educational Visits, Trips and Journeys | | LogoColK.jpgLogoColK.jpgInsert school logo (optional) |
| **Assessment completed by:** | **Date Completed:** |  |
| **PRINT NAME:** | **Next Review Date Due:** |  |

| **Hazard / Risk** | **Who is at Risk?** | **How can the hazards cause harm?** | **Normal Control Measures** | **Are Normal Control Measures** *Y/N/NA* | |
| --- | --- | --- | --- | --- | --- |
| **In Place** | **Adequate** |
| No Management system in place for trips | Pupils and staff | Serious accident/lost child | * School has a named EVC Coordinator * School has a robust system for managing trips such as (Evolve) * School follows LA visits and journeys policy/guidance * EVC has attended EVOLVE training in last 3 years * EVC has cascaded training on EVOLVE to school staff * Competency of staff leading trips is assessed and recorded * Checklist completed for each trip by trip leader * Medication for trip prepared by class TA/Teacher in conjunction with school office. * Experienced Parent helpers used and are briefed on risk assessment for each trip * School follow DFE guidance on Managing Visits and Journeys <https://www.gov.uk/government/publications/health-and-safety-on-educational-visits/health-and-safety-on-educational-visits> * Hi vis jackets worn by helpers on walks * Pupil specific risk assessment complex for children with complex needs * First aid considered as part of process * Field file left in school office for each trip. * School has list of personal mobile phones used for trips |  |  |

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| **Additional Control Measures**  *(to take account of local/individual circumstances including changes such as working practices, equipment, staffing levels).* | **Action by Whom**  *(list the name of the person/people who have been designated to conduct actions)* | **Action by When**  *(set timescales for the completion of the actions – remember to prioritise them)* | **Action Completed**  *(record the actual date of completion for each action listed)* | **Residual Risk Rating** |
|  |  |  |  |  |
| **Reviewed by:**  **Signature:** | **COMMENTS:**  *Record any comments reviewer wishes to make. Including recommendations for future reviews.* | | | |
| **PRINT NAME:** |

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| **RESIDUAL RISK RATING** | **ACTION REQUIRED** |
| **VERY HIGH (VH) Strong likelihood of fatality / serious injury occurring** | **The activity must not take place at all.**  You must identify further controls to reduce the risk rating. |
| **HIGH (H) Possibility of fatality/serious injury occurring** | You must identify further controls to reduce the risk rating.  Seek further advice, e.g. from your H&S Consultant |
| **MEDIUM (M) Possibility of significant injury or over 7 day absence occurring** | If it is not possible to lower risk further, you will need to consider the risk against the benefit. Monitor risk assessments at this rating more regularly and closely. |
| **LOW (L) Possibility of minor injury only** | No further action required. |