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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. |