

Policy for the Management of Outdoor sessions, Visits and Off-Site Activities

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1. Introduction

This policy covers all off-site visits and activities for which the Budleigh Community Youth Project is responsible for.

The principal piece of health and safety legislation is the Health and Safety at Work, Etc Act 1974 ('the Act') and the specific Regulations made under it pertaining to outdoor adventure activities. The Act requires that employers must do all that is reasonably practicable to ensure the health, safety and wellbeing at work of employees and non-employees, including young people, who are affected by their work.

The management of visits and off-site activities places particular responsibilities for the health, safety and welfare of all participants on the Trustees, Governing Body, the party leader, members of staff and volunteers, young people and parents.

The Adventurous Activities Licensing Regulations 2004 dictates a list of adventurous activities for which providers and venues must be licensed in order to be able to deliver them and this list is available at; <https://www.hse.gov.uk/aala/activities.htm>

The Activity Centres (Young Persons Safety) Act 1995 made it a legal requirement for all providers of adventure activities to obtain a licence if these were intended for persons under 18 years old when parents are not present, and payment is made.

The Adventure Activities Licensing Authority (AALA) is the body which oversees adventurous activities in the UK. AALA is part of the Health and Safety Executive (HSE), the HSE has issued the following guidance document "Guidance from the Licensing Authority on the Adventure Activities licensing Regulations 2004" (L77) www.hse.gov.uk/pubns/books/177.htm

2. Responsibilities of the Chair of Governors/Visit Coordinator

- 1) ensure all visits and off-site activities have specific and appropriate objectives
- 2) have overall responsibility for the approval of all visits and activities, based on compliance with this policy and recognised good practice, even where this task may have been delegated to another named person
- 3) ensure that all off-site visits, and especially residential visits, are carried out with reference to the Safeguarding Policy and Code of Conduct
- 4) ensure off-site programmes are led by competent staff who are appropriately experienced to assess the risks, manage the activity and manage the specific group. Note: The visit leader must be an employee of the trust and present on the visit.
- 5) provide relevant induction, training and other Continuous Professional Development opportunities for staff involved in the provision of visits and off-site activities
- 6) ensure that for all off-site visits and activities risks have been assessed, the significant findings of these assessments recorded and any appropriate safety measures implemented accordingly

The single most important factor in ensuring the safety of participants involved in a visit is the competence of the visit leader. When assessing the competence of a member of staff to lead a visit, the Chair should consider these questions:

- 1) What is the reason for the visit?
- 2) Is the leader an employee?
- 3) Does the leader have sufficient understanding of their responsibilities?
- 4) Does the leader understand the purpose of the Standard Operating Procedures and how to amend as required?
- 5) Does the leader have the necessary organising ability?
- 6) Is the leader competent in risk assessment and risk management?
- 7) Does the leader have suitable prior knowledge of the young people they will be responsible for?
- 8) Does the leader have sufficient experience of leading similar visits?
- 9) Does the leader have appropriate qualifications, is suitably up to date and fit to lead the programme?
- 10) Where an external provider is used, has the visit leader agreed a clear contract, including the supervision of the young people?
- 11) Does the visit leader have the experience needed to manage and maintain discipline of groups of young people?
- 12) Are there procedures to inform parents and to obtain their consent?
- 13) Are appropriate emergency arrangements in place for visits and off-site activities?
- 14) Are Accident and incident reports relating to visits and off-site activities reviewed to ensure that any lessons are learnt?
- 15) Are third party providers / contractors / coaches/ transport vetted for competence and safety?

3. Responsibilities of the party / visit leader

The Visit Leader will:

- 1) Wherever practicable, the Visit Leader will conduct a pre-trip visit. The Visit Leader will ensure that the proposed locations for the visit are suitable for the activity and manageable for the group and meet the needs of the young people (including toilet and First Aid locations). If this has not taken place, the Visit Leader has stated in the enhanced risk assessment what pre-trip communication there has been between them and the provider and/or venue and how the risks have been assessed/managed.
- 2) Inform parents about the visit and gain their consent.
- 3) Obtain authorisation (including signing and dating the risk assessment) for trips from a Level 3 trained safeguarding officer.
- 4) Obtain authorisation (including signing and dating the risk assessment) for trips from the Chair/Visits coordinator.
- 5) Submit a budget for all costs and revenues to the treasurer.
- 6) Request funding and/or voluntary donations as required
- 7) Assess the risks (including safeguarding risks) to staff, young people and members of the public presented by the visit or activity in order to identify and implement any safety measures.
- 8) Read the Standard Operating Procedures and complete the enhanced risk assessment where the Standard Operating Procedures are not adequate for the proposed visit/activity. This will include, but not be limited to, identifying safeguarding risks (e.g. photo consent, parental contact), medical risks (including food allergies and the use of EpiPens), and referencing individual healthcare plans (IHPs) or emergency action plans. In addition, this will include establishing appropriate emergency and contingency arrangements (including carrying spare AAls and asthma inhalers where appropriate) and ensuring sufficient First Aid cover.
- 9) Seek assistance from other members of staff (and possibly parents) prior to the trip if they are unsure about the needs (medical, dietary, behaviour) of young people on the trip.
- 10) Vet any third party provider / contractor / coach for competence and safety. For adventurous activities this will include checking that the provider, including any ALAA licence and insurance policies are up to date at the time of the visit. Validity of AALA licences can be checked here: www.aals.org.uk/aals/providersearch.php
- 11) Submit the Standard Operating Procedures to the Chair/Visits coordinator.
- 12) Check the weather forecast less than 24 hours before the trip and then again as required. Check specifically for any official weather warnings issued by either the Met Office or UKHSA. Review the risk assessment based on this information and record any additional mitigating controls in the enhanced risk assessment column (e.g. issuing guidance to parents regarding extreme weather clothing or extra water).
- 13) Brief all supervising staff, volunteers and young people in roles, responsibilities and expectations
- 14) Have overall responsibility for the supervision and conduct of the visit or activity.
- 15) Collect First Aid kits, check for appropriate content and then distribute to relevant staff prior to the trip.
- 16) Collect and share emergency contact details/mobile phone details for other members of staff and the Chair/Visits coordinator.
- 17) Share Critical Incident Cards with members of staff and volunteers so that they are aware of how to respond in the event of any emergency. Contact the Chair/Visits coordinator in the event of a critical incident.
- 18) The Visit Leader will ensure that adults have an accurate register of young people on the trip (taking into account young people who are absent/not present for another reason).
- 19) Follow the standard operating procedures and ensure that all other staff, volunteers and young people do so also.
- 20) Continually re-assess risks during the activity and make adjustments accordingly.
- 21) Administer First Aid if the designated First Aider and/or if appropriately trained.

Specific responsibility in relation to safeguarding

In the event of a safeguarding issue or concern being identified during the visit, the visit leader should follow the child protection/safeguarding policy and procedures. All staff and volunteers on the visit should be made aware of these before the trip or activity takes place.

Arrangements should be in place to enable contact with the Chair/Visits coordinator if necessary. Contact details should be available to all staff/volunteers on the trip (as well as the visit leader) in case the safeguarding concern is about the visit leader.

4. Responsibilities of additional adults taking part in visits and off-site activities

Members of staff, volunteers and parent helpers will:

- 1) Read the Standard and Enhanced Operating Procedures, including medical information and safeguarding information.
- 2) Take time to understand their roles and responsibilities prior to taking part in a visit or activity.
- 3) Ensure that they have emergency contact details for other adults, including the Chair/Visits coordinator.
- 4) Follow Standard and Enhanced Operating Procedure and ensure that all other staff, volunteers and young people do so.
- 5) Assist the Visit Leader in actions to ensure the health, safety and welfare, including safeguarding, of others including young people on the visit.

- 6) Alert the Visit Leader when staff, volunteers and young people do not follow the Standard and Enhanced Operating Procedures.
- 7) Immediately alert the Visit Leader to any safeguarding concerns or make contact with the Chair/Visits coordinator if the concerns relate to the Visit Leader themselves.
- 8) Continually re-assess risks during the activity, make adjustments accordingly and alert the Visit Leader to any changes to the risks.
- 9) Follow any instructions from the Visit Leader in response to a re-assessment of risks.
- 10) Administer First Aid if the designated First Aider and/or if appropriately trained (staff only)

5. Approval of off-site activities

Approval for the following trips must be obtained within the given timescales.

- a) Category A (Residentials that DO NOT include adventurous activities) - 1 month in advance
- b) Category B (adventurous day visits) – 2 weeks in advance
- c) Category B (adventurous residential visits) – 2 months in advance
- d) Category C (overseas visits) – 3 months in advance

7. Ratios

Young persons ratios are a risk management issue and should be determined through the process of risk assessment. It is not possible to set down definitive staff/participant ratios for a specific visit.

Decisions about staffing and supervision should take into account:

- The nature and duration of the visit and the planned activities
- The location and environment in which the activity is to take place
- The nature of the group including the number of young people and their age, level of development, gender, ability and needs (behavioural, medical, emotional and educational)
- Staff competence – inexperienced staff should not be counted as group members
- The consequence of a member of staff being indisposed, particularly where they will be the sole leader with a group for any significant time, or where the group is remote such as an overseas visit.
- The nature of any planned activities
- The duration and nature of any journey
- The need to maintain a complete programme of supervision
- The type of accommodation
- Supervision requirements required by airlines

The following ratios should be considered as a starting point for consideration rather than being definitive; although if the ratio is exceeded, an explanation should be put in the 'enhanced risk assessment' column of the Standard Operating Procedures.

- 1) There should be at least two adults on all visits. However, where there is only one adult supervising a visit, (i.e. a simple small group activity on The Green), the Chair/Visits coordinator must consider the reasons why one member of staff is acceptable in the SOP's enhanced risk assessment' column.

When staff are 'lone working' with young people they should consider what advice is given to young people in the event of the visit leader becoming incapacitated.

Category A

Recommended minimum ratio of 1 adult to 15 group members.

Category B and lead by external provider

Recommended minimum ratio of 1 adult to 15 group members.

Category B and lead by employees of BCYP

To be assessed through the risk assessment and with the Chair/Visits coordinator.

Category C

Recommended minimum ratio of 1 adult to 10 group members.

8. Consent

When consent for a specific visit is required this must be informed consent, whereby parents are given full details of the planned visit including locations and planned activities.

9. Responsibilities of young people

Whilst taking part in off-site activities young people also have responsibilities about which they should be made aware by the party leader or other members of staff, for their own health and safety and that of the group. Young people should:

- Avoid unnecessary risks;
- Follow instructions of the party leader and other members of staff;
- Behave sensibly, keeping to any agreed code of conduct;
- Inform a member of staff of significant hazards.

Depending on the age of young people and the profile of the trip e.g. single adult leading groups, the Visit Leader may elect to share 'Leader Down' emergency response cards to young people. If this action is followed, it is the responsibility of the Visit Leader to share these cards with young people prior to the trip so that they are familiar with the procedures. Furthermore, it is the responsibility of the Visit Leader to ensure that young people carry these cards i.e. don't leave them on the coach.

10. Responsibilities of parents

Parents have an important role in deciding whether some visits or off-site activities are suitable for their child. Subject to the activity, their agreement to the activity parents should:

- support the application of any agreed code of conduct;
- inform the party leader about any medical, psychological or physical condition relevant to the visit;
- provide an up to date emergency contact number;
- sign the consent form.

11. GDPR

When sharing personal or sensitive information BCYP should do so in accordance with our GDPR policy. This policy does not prevent Visit Leaders or accompanying adults having ready access to information such as medical conditions, parental contacts etc.

It is acceptable to anonymise pupil information such as; "Charlie B has a nut allergy and carries an EpiPen" so long as all accompanying adults can identify any specified children.

12. Alcohol on Trips

Members of staff, and volunteers, are not permitted to consume alcohol whilst on trips.

Incidents of actual or suspected alcohol consumption should be reported to the Visit Leader in the first instance who will in turn report this information onto the Chair/Visits coordinator.

13. Risk assessments and Standard Operating Procedures (SOP)

The SOP form is part of the risk assessment process – they describe BCYP control measures for managing visits.

The Visit Leader must use the Enhanced Risk Assessment column to record additional comments or actions over and above what is already included in the SOP column and make it unique for that particular visit, i.e., identifying pupils with additional needs, specifying details about group ratios, sub-groups, times of indirect supervision, detailing differences in accommodation such as staying in tents or yurts rather than a building etc.

If the visit is an adventurous activity led by a member or members of establishment staff, the Visit Leader, in addition to the SOP, will need to write an Adventurous Activity Risk Assessment which should focus solely on the particular hazards of that adventurous activity. For example, for a Ten Tors training event, the Visit Leader would complete a SOP for the whole event including, travel, pupils' medical needs, etc. and complete a separate Adventurous Activity Risk Assessment focussing on the specific hazards i.e., getting lost, crossing rivers, staff check points, etc. It need not repeat anything already in the SOP.

Dynamic Risk Assessment

Whatever the visit category, the risk assessment process should continue during the visit. This ongoing process of risk assessment is sometimes referred to as a 'dynamic risk assessment'. This involves professional judgements by all those involved in the visit in response to changing circumstances during the visit.

The ongoing risk assessment involves adults monitoring the control measures and adapting them as required. These ongoing decisions will determine the safety of the group and the success of the activity. It is not expected that Visit Leaders write down this ongoing risk assessment. However, after the visit the Visit Leader should record significant findings as a note on the visit form, in order to inform future visits.

External Providers' Risk Assessments

Visit Leaders do not need to see the detailed risk assessment produced by an external provider if they are confident about the overall management of that provider. Indeed, it would be reasonable to presume that they would not have the expertise to judge risk assessments if they are not qualified to lead the activity themselves.

Holding the LOTC Quality Badge, an AALA licence and/or the completion of the SOE5 helps to confirm that management standards are appropriate.

Venue Risk Assessments

Visit Leaders do not need to request risk assessments for residential buildings or venues, if the Visit Leader has specific concerns about their use of a venue, (i.e. a child with reduced mobility or visual impairment etc) then they should visit the venue and carry out their own risk assessment with the young people's needs in mind and document any additional actions required in the Standard Operating Procedures, enhanced risk assessment column. If a pre-visit is not possible then a conversation should be had with the venue operator to address any concerns.

Competence to Lead Adventurous Activities

The visit leader must be 'competent' to lead any adventurous activities. Under health & safety legislation the employer remains responsible for ensuring staff are 'competent' to carry out their duties. Therefore, the Chair/Coordinator must ensure staff or volunteers leading or assisting with adventurous activities are competent to do so.

The Health and Safety Executive and the Adventurous Activities Licensing Agency consider competence to be determined in one of three ways:

1. Externally awarded qualifications (National or Local scheme)
2. In-house training
3. Significant relevant experience

Evidence of 1. will usually be an NGB/Local award supported by the appropriate syllabus, and for 2, or 3. a Statement of Competence. Such Statement of Competence should be provided by a Technical Adviser who is qualified to assess an equivalent award under an NGB/Local scheme. At all times, visit leaders relying on a local or national award as evidence of competence, must adhere to the specific training, guidance, advice and syllabus of that award.

Insurance

Visit leaders must satisfy themselves that adequate insurance exists for people and property well before a visit or off-site activity takes place. In addition, the visit leader should consider what insurance is provided by other organisations they are involved with, such as a travel firm, landowner or residential centre. Visit Leaders must not use companies who have no insurance.

First aid

First aid requirements form part of the risk assessment for off-site activities. A named member of staff or volunteer must be a person responsible for first aid arrangements such as;

- Ensuring sufficient and suitable first aid kits are available
- Managing first aid situations
- Reporting on any first aid situations to the employer

Ensuring participating staff have undertaken Allergy Awareness training.

- Considering the need to carry spare Adrenaline Auto-Injectors (AAIs) and asthma inhalers in First Aid kits.

Whether the visit requires a qualified first aider will depend on;

- Known medical needs of pupils (and adults)
- Proximity to emergency medical help (environment/locality/urban/remote)
- Type of activity; adventurous or activity of normal daily life

The level of first aid award held will also be dependent on the above factors but where a first aid award is deemed necessary it should be at least HSE Emergency First Aid at Work.

Where pupils with specific medical conditions such as anaphylaxis, epilepsy, diabetes etc. it may be necessary for particular staff to have additional training. This decision is part of the risk assessment process.

A valid first aid certificate is a prerequisite for many outdoor leadership qualifications for example Mountain Leader Training England, Royal Yachting Association, Canoe England or South West Mountain and Moorland Leader Training Scheme.

Staff leading adventurous activities must ensure that their first aid award is valid (current) and that a copy is given to the BCYP. For all activities and the associated journey an appropriate first aid kit should be available, and its stocks regularly replenished. The visit leader and other staff should be aware of its contents and know how they should be used. All staff should know how to contact the emergency services in this country (or abroad where applicable).

ADVICE AND GUIDANCE FOR SPECIFIC VISITS AND ACTIVITIES

Staff should refer to and use the [Devon and Torbay Outdoor Education, Visits and Off-Site Activities Health and Safety Policy 2026](#) for specific and helpful advice on:

- Safety at the water margins
- Beach and coastal safety
- Swimming in open water i.e., sea/tidal/lakes/rivers etc.
- Swimming in private pools i.e., hotels/campsites etc.
- General guidance for all water-based activities
- Walking in non-remote environments
- Educational visits to farms, wildlife parks and animal sanctuaries
- Sponsored walks and large-scale events
- Residential visits
- Trampoline parks
- Theme parks, water parks, funfairs etc.
- Visits abroad
- Ski visits abroad
- Overseas expeditions
- Tour Operators
- Exchange visits
- Air activities other than commercial flights
- Boating – rowing, water-skiing, jet ski, fishing from a boat, etc
- Camping in non-remote (wild) locations
- Cycling on roads or non-technical trails
- Surfing
- Coasteering
- Stand Up Paddle Boarding