**Visit/Activity Risk Assessment**

**2020-21**

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| --- | --- | --- | --- |
| **Visit/Activity:**  |  | **No of Participants involved in visit/activity:** |  |
| **Leader in charge of Visit/Activity:**  |  | **No of Staff involved in visit/Activity:** |  |
| **Date of Check:** |  | **Carried out by:** |  |

**Identification of Hazards**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Weather |  | Physical activities |  | Medical arrangements |  |
| Transport |  | Behaviour and conduct |  | Safeguarding |  |
| Clothing |  | Supervision |  | Accidents |  |
| Equipment |  | Accommodation |  | Accessibility  |  |
| Covid-19 |  |  |  | Other (state): |  |

**Examples of hazards and control measures to be considered:**

|  |  |
| --- | --- |
| **Hazards** | **Control Measures** |
| **Weather** | *Weather forecast checked where appropriate and activities amended where necessary* |
| **Transport** | *Council guidance on transport in private cars, minibuses, and public transport followed* |
| **Clothing** | *Guidance given on appropriate clothing including weatherproof clothing**Appropriate footwear* |
| **Equipment** | *Special equipment checked and appropriate to the activities and location* |
| **Physical activity** | *Assess ‘Readiness for Physical Activity’ checklist of participants* |
| **Behaviour/conduct** | *Agree standards of behaviour and conduct*  |
| **Supervision** | *Parental permission in place (as appropriate)**Appropriate ratio of supervisors to participants**All Supervisors briefed on duties* |
| **Accommodation** | *Pre-checked accommodation as suitable using CW&C Adult Education Health and Safety Offsite Venue Checklist* |
| **Accessibility**  | *Terrain to be tackled, accessibility of buildings to be visited. Location of accessible toilets recorded.* |
| **Medical arrangements** | *Participant medical needs known and medications with dosage centrally kept (if appropriate)**Adherence to health care content of Education & Health Care Plans for Supported Interns* |
| **Accidents** | *Trained First Aider available**Access to basic first aid equipment**Emergency contacts taken**Access to mobile telephone for emergency use* |
| **Safeguarding** | *Appropriate levels of supervision**DBS check for any volunteers supporting the activity* |
| **Covid-19** | *Complying with social distancing requirements and access to appropriate PPE* |

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**ACTIVITY/VISIT RISK ASSESSMENT (cont)**

**For all hazards identified above, complete the following risk assessment:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Hazard** | **Control Measures to be put in place** | **Action by whom?** | **Action by when?** | **Done (date)** |
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**SIGNED**: ………………………………….……………………. **POSITION**: …………………………….…………………………

**Checked by:** …………………………………………………….  **Position:** ……………………………………………………….. Date: …………………….