

TRIP POLICY

PRIMARY PERSON RESPONSIBLE FOR IMPLEMENTATION AND MONITORING OF THIS POLICY

JAMES EYTLE, BEVERLEY MELLON, PRINCIPALS

CHRIS MASON – HEALTH & SAFETY OFFICER

CONTACT DETAILS

02074097273

LAST REVIEW DATE

June 2021

NEXT REVIEW

June 2022

Trip Policy

The **Health and Safety at Work Act 1974 (HSWA)** and the **Management of Health and Safety at Work Regulations (MHSW)** state in broad terms that an employer has a duty of care towards employees for all the activities they carry out in connection with their duties. This extends to all travelling abroad activities. Ultimately the 'duty of care' responsibility resides with trip leader. As a responsible employer and learning institution, Albemarle College will strive at all times to minimise and manage these risks, to ensure that no member of staff or student is exposed to unacceptable risks and to take all reasonable steps to ensure the health, safety and security of staff and students while on college business or study trips.

Individual students and members of staff are also responsible for their own safety and that of anyone who may be affected by their work. This policy sets out procedures for undertaking work and travelling abroad. Trips to conferences and meetings within the UK are generally safe and the risk assessment notification process will not need to include more than notification of the travel arrangements and completion of a simple risk assessment. Documents connected with this Policy are attached: see Appendices A, B and C). Travellers overseas should take with them **contact numbers** for Insurers, along with details of the appropriate in-country High Consulate/ Commission or Embassy. They should also ensure that their next of kin details are up to date and held within the College.

THIS POLICY DOCUMENT HAS BEEN REVIEWED AND PREPARED IN CONJUNCTION WITH THE HSE DOCUMENT TITLED "SCHOOL TRIPS AND OUTDOOR LEARNING ACTIVITIES" WHICH CAN BE FOUND AT WWW.HSE.GOV.UK/SERVICES/EDUCATION/SCHOOL-TRIPS.PDF.

Responsibilities

The Principal must ensure that no travelling abroad activities take place unless an appropriate risk assessment has been carried out. He/ she must ensure that appropriate risk assessments are carried out for all work by staff and students and contact details are available for all those travelling abroad. The significant findings of the assessment, together with the appropriate measures to reduce risks and hazards to health, must be recorded and communicated to the persons who will be involved in those activities. Risk Assessment is the practice of reviewing the work process and considering the hazards or dangers associated with the process, how likely they are to harm someone and with what consequences. Once these hazards have been identified, appropriate controls must be put into place to remove or minimise these dangers to an acceptable level of risk.

A Risk Assessment should be carried out for all activities abroad. Assessment should be tailored to the expected dangers and hazards during activities abroad. For activities with greater risks including those activities taking place in particular locations, it will be necessary to produce a detailed risk assessment that meets the specific safety requirements of the activity.

The production of the risk assessment should actively involve both the relevant people and any persons who are to be practically involved in the activities abroad so that information and training needs can be adequately discussed.

Appendix A

Overseas Travel by Students

APPLICATION FOR APPROVAL OF VISIT (STUDENTS)

Students travelling overseas are required to obtain approval for travel prior to their journey from parent or guardian

Please print and sign the form and return to the College Administrator.

A : By filling in this form, I declare that:

- 1.** I have completed a suitable and sufficient **risk assessment**.
- 2.** I have **either**, sought and received appropriate health advice in relation to this overseas visit (including notification of allergies and/ or medications).
- 3.** I am physically fit to travel and have no medical condition that may be exacerbated or may endanger me by travelling to the proposed area(s).
- 4.** I have taken out adequate travel insurance for this trip.

Signature: _____ **(traveller) Date:** _____

Parent/Guardian must sign to indicate approval for this trip

Signature: _____ **Date:** _____

Appendix B

Name: _____

| Risk Assessment | | | | |
|--|------------|------------|---------------|-------------|
| Likelihood of Occurrence | | | | |
| Risk/Hazard | n/a | Low | Medium | High |
| Theft of laptop computer / mobile phone | | | | |
| Theft of passport | | | | |
| Theft of travellers cheques | | | | |
| Theft of luggage | | | | |
| Travelling alone in buses / trains | | | | |
| Arriving after dark / late night | | | | |
| Risky / dangerous locations | | | | |
| Risk of accident / breakdown (i.e. hiring a car) | | | | |
| Possibility of assault | | | | |
| Possibility of mugging | | | | |
| Risk of sickness from food / drink | | | | |
| Risk of altitude sickness | | | | |
| Risk of location-related illness (specify) | | | | |
| If there are any other specific hazards that are not listed above, please list them below: | | | | |
| | | | | |

| Documentation required? | Yes | No |
|--|-----|----|
| Is a visa required for the country(ies) you are visiting? | | |
| Do you have a photocopy of your passport? | | |
| Do you have a photocopy of your driving licence? | | |
| Do you have a separate list of your travellers cheques? | | |
| Do you have a European Health Insurance Card (EHIC) detailing your medical care entitlement? | | |

Notes:

1 The purpose of this section is to raise your awareness of potential risks while travelling. Use the list to identify which hazards you may be at risk of when travelling or during your visit. Show how likely these are to occur, as far as you can estimate, by ticking the appropriate box in the right-hand column. You may find useful information about the country you are visiting on the Foreign Office website (www.fco.gov.uk/travel). If the occurrence of any of these hazards would have a significant effect on your circumstances, then take additional precautions.

2 Use the checklist to ensure you have all the necessary documentation for your trip. If you have answered “No” to questions 2 and 3, you should make copies as evidence of the original documents in case they are lost or stolen. Keep these copies separate from the original documents.

Signature: _____

Date: _____

Appendix C

Hazard Checklist

A checklist of additional hazards when travelling overseas is below.

Appropriately signed copies of the written risk assessment should be deposited with the Health and Safety Officer (CM).

The written risk assessment must be signed by the supervisor of the trip and by those persons who will be involved in the activities abroad. If the supervisor is also going to be the main person conducting the research then an appropriate line manager should sign the assessment. Once completed, the written risk assessment should be passed to the Head of School for approval and signing.

| Hazard | Associated problems pertinent to overseas working | ✓ | Comment |
|---|---|---|----------------|
| Climatic extremes | Dry / desert (high humidity, hypothermia), monsoon / storms, oxygen deficiency / rarefied air, sunburn / skin cancer, tidal and other water considerations, unusual winds (e.g. tornado, hurricane) | | |
| Contact with animals (wild or domestic) | Allergies, asthma (bites and other physical contact, dermatitis, rabies, stings) | | |
| Contact with insects | Bites / stings (Lyme's disease, malaria, yellow fever, other) | | |

| | | | |
|--|---|--|--|
| Contact with reptiles (poisoning, snakes, scorpions etc remoteness, shock) | Availability of antidotes / medical back-up | | |
| Contaminated food | Allergies (food poisoning, Hepatitis A) | | |
| Contaminated water | Diarrhoea, legionella, leptospirosis | | |
| Contaminated (drinking) water | Cholera, polio, typhoid, other | | |
| Electricity | Compatibility of equipment and supply, safety standards (higher / lower / different) | | |
| Emergencies (including fire) | Arrangements and procedures (first aid provision, "help" numbers / contacts, response expected) | | |
| Environment (local) | Culture (customs, dress, religion) | | |
| Excavations / confined spaces / tunnelling | Permits to work (risk appreciation, safe systems) | | |

| | | | |
|---|--|--|--|
| Hazardous substances / chemicals | Antidote availability (COSHH, spillage arrangements, transport requirements) | | |
| Legal differences | Local codes / guidance (local standards, local statute, staff informed and trained) | | |
| Natural phenomenon | Avalanche, earthquake, volcano, other | | |
| Needles (contaminated) / sexual contact | HIV, Hepatitis B, Hepatitis C | | |
| Stress | Accommodation problems, civil unrest, crime, vandalism and violence, extremes of heat/cold, fatigue, language/communication problems, lack of support (especially family/peers), loads / expectations excessive, loneliness / remoteness, sickness, unfriendly environment | | |
| Transportation | Competent driver(s), hazardous terrain, properly maintained vehicles, suitable transport | | |



Appendix D

Short Form
Risk
Assessment

Name:

Subject:

Date of Trip:

Location/Venue of Trip:

Purpose of Trip:

Please read the following statements and sign the applicable as necessary.

Statement 1

Having reviewed the initial Risk Assessment and the hazards pertained in the original document no additional notes or risks are to be considered and as such no amendments are to be included or detailed for this trip.

Signed:

Dated:

Statement 2

Having reviewed the initial Risk Assessment and the hazards pertained in the original document additional notes or risks are to be considered and as such the following amendments are to be included or detailed for this trip:

| Hazard | Associated problems pertinent to College Trips | L/M/H Risk | Comment |
|---------------|---|-------------------|----------------|
| | | | |
| | | | |

Any other information:

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Signed:

Dated:

Appendix E

[TRIP DETAILS] [Department]

Student information and parental consent form

CONFIDENTIAL – PLEASE RETURN WITH PAYMENT

Name of Student:

Please give details of any medical conditions that the College and the accompanying staff for this trip should be aware of (eg. allergies or ongoing conditions):

Emergency contact number and name of person:

Alternative emergency contact number and name:

Please give details of any special dietary requirements:

Any further information which needs to be communicated:

All the information given above is correct and I give permission for my son/daughter to attend the [TRIP DETAILS] at [VENUE/DATE]

Signed: _____(Parent)

Date: _____