

## Chapter 6 - Staffing Ratios and Effective Supervision

### SUMMARY OF KEY POINTS – see rest of chapter below for full details

- **Effective supervision is of primary importance in maintaining the safety and welfare of young people during offsite visits.** The Manager/Headteacher has the overall responsibility and duty of care to ensure that groups are adequately and effectively supervised at all times by an appropriate number of responsible adults, who have been assessed and approved as suitable and competent to carry out their roles.
- **The legal framework does not lay down specific staffing ratios for offsite visits and activities, but the overall responsibility for deciding appropriate staffing levels rests with the Manager/Headteacher,** after consultation with other managers (for example, in schools - the Educational Visits Coordinator) and the Overall Group Leader, as part of the risk assessment and management process. There are so many variables involved in any visit that it is not helpful or practical to be too prescriptive. The guidance set out below is therefore based upon general recommendations rather than precise requirements. Whilst these recommendations are based upon established and recognised good practice, each visit must be individually risk assessed, and judgments regarding supervision levels should be made according to each circumstance.

#### Category 1 and 2 (Day) Visits

The Early Years Foundation Stage Framework states that staff ratios on offsite visits should be determined by a risk assessment of each outing. The ratio normally needs to be higher than the legal limit applicable within the school/nursery setting (1:8 or 1:13 in early years settings and 1:30 in infants classes in maintained schools) and in some cases, groups may need a much higher ratio (sometimes even 1:1). The following are recommended minimum staffing levels:  
A minimum of 2 adults (EYFS requires at least one teacher and one with a pediatric first aid certificate)

##### Early Years/Infants

- Children aged <2 1 adult for every 3 children
- Children aged 2 1 adult for every 4 children
- Children aged 3 - 4 1 adult for every 5 children

##### Other age groups:

- School yrs 1 to 3 (approx age 5 – 7) 1 adult for every 6 young people
- School yrs 4 to 6 (approx age 8 – 10) 1 adult for every 15 young people
- School yrs 7 to 11 (approx age 11 – 15) 1 adult for every 20 young people
- School yrs 12 to 13 (age 16+) may be able to use a lower ratio, according to the risk assessment

#### Category 3 (UK Residential) Visits

- A minimum of 2 adults
- 1 adult for every 10 young people.
- Mixed gender groups should preferably have at least 1 male and 1 female leader.

#### Category 4 (Overseas) Visits

- A minimum of 3 adults
- 1 adult for every 10 young people.
- Mixed gender groups should preferably have at least 1 male and 1 female leader.

#### All subcategory “A” Visits involving Hazardous Activities or Environments

- A minimum of 2 adults
- 1 adult for every 10 young people
- For hazardous activities, the staffing ratios often need to be higher than the standard ratios above, and should normally comply with the ratios recommended by each activity’s National Governing Body (see Instructor matrix in Appendix VGA 8.1 “Adventure activities staffing requirements”)
- Staff should possess the relevant National Governing Body qualifications, where required.
- For hazardous activities that are led by external providers (e.g. instructors from a residential outdoor activity centre), it is good practice, wherever possible, to ensure that a Group Leader is available to accompany each activity group.

- **Regular head counts of young people should take place** throughout a visit, especially before leaving a venue.
- **It is useful to establish “buddy systems” within the group** – this encourages small groups to be responsible for checking on each others’ presence and welfare, and provides another level of supervision.
- In some circumstances (e.g. visits to cities) **group members may be asked to carry some form of contact card/bracelet** with the name of their school/organisation, the accommodation base, and an emergency contact number in case they get lost or separated from the group.
- **Particular consideration should be given to the supervision of “downtime” or recreation time.**
- **All adventurous activities and expeditions must be supervised by suitably trained and qualified leaders.**
- **When supervision is remote, group members should be sufficiently trained and assessed as competent** for the level of activity to be undertaken, including first aid and emergency procedures. The visit/activity leader should be satisfied that the group members have acquired the necessary skills, experience, confidence, physical ability and judgement to operate safely without direct supervision.
- **All leaders should be fully briefed regarding their roles and responsibilities.**
- **For further information, see also the following Outdoor Education Adviser Panel national guidance webpages via:**  
<https://www.oeapng.info>

### 6.1 Who is responsible for deciding staffing levels and supervision ratios?

- Effective supervision is of primary importance in maintaining the safety and welfare of young people during offsite visits.
- The Manager/Headteacher has the overall responsibility and duty of care to ensure that young people on an offsite visit are adequately and effectively supervised at all times by an appropriate number of responsible adults, who have been assessed and approved as suitable and competent to carry out their roles.
- The Governing Bodies for schools also have a responsibility to oversee and, in many cases, approve offsite visits, and to check that the staffing of visits is suitable and sufficient.
- Additional guidance and advice is available from the LA Educational Visits Officer, who also has an important role to monitor and assess the levels of staffing, and to intervene if the safety or welfare of group members is considered to be at risk.

### 6.2 Staff supervision ratios

- The legal framework does not lay down specific staffing ratios for offsite visits and activities, but the overall responsibility for deciding appropriate staffing levels rests with the Manager/Headteacher, after consultation with other managers (for example, in schools - the Educational Visits Coordinator) and the Overall Group Leader, as part of the risk assessment and management process.
- There are so many variables involved in any visit that it is not helpful or practical to be too prescriptive. The guidance set out below is therefore based upon general recommendations rather than precise requirements. Whilst these recommendations are based upon established and recognised good practice, each visit must be individually risk assessed, and judgments regarding supervision levels should be made according to each circumstance.

### 6.3 What factors affect staff supervision ratios?

- Factors to consider when deciding staffing ratios will include the:
  - age, aptitude, experience, maturity, behaviour, and gender of the group members
  - length and type of journey/method of transport (particularly if staff driving is involved)
  - nature, location, environment, and duration of the visit or activity
  - special educational, medical, emotional, behavioural or other needs of group members
  - the medical needs, health and fitness, experience, training, and competence of the staff
  - first aid provision
  - requirements of the accommodation/provider/venue to be visited
  - weather conditions
  - availability of prompt outside assistance
  - mobile phone/radio signal coverage between sub groups
  - arrangements if one or more staff members are taken ill, need to return home, or need to accompany a group member to hospital etc.

### 6.4 Other staffing principles to be considered

- It is generally good practice to have at least two adults accompanying any off-site visit so that there is some flexibility and reserve capacity if things go wrong.
- For overseas visits, at least 3 adults should normally accompany the group, as additional reserve capacity and flexibility are often vital in these circumstances, and it is likely to take longer to access additional help from home if it is required. If, due to small group numbers, it is considered uneconomic and impractical to provide this number of staff, clear contingencies should be in place to provide additional support and replacement staff if necessary (for example, if the staff member is hospitalised). This may require having another competent staff member on standby (with appropriate visas, inoculations etc.) to travel out to join the group.
- At least one of the adults should normally be an employee, who is judged by the Manager/Headteacher to be suitable and have appropriate competence and experience.
- In most situations, it is preferable for the number of staff who are employees, and who have a professional duty of care for the young people, to be at least equal to the number of

Volunteer Leaders. However, for younger groups that need high staffing ratios, and depend upon a large number of adult volunteers, this is unnecessary and unlikely to be the case.

- Ratios for residential visits should take account of the 24-hr responsibility and 'down' time for adult leaders.
- Any gender issues should be considered carefully and suitable contingencies agreed.
- Whilst staffing costs and cover availability are factors to consider, the safety and welfare of the young people must not be compromised.

### 6.5 Recommended minimum staffing ratios

- Some national guidance documents have suggested minimum staffing ratios, but these recommended minimum staffing ratios (see below) should be regarded as starting points for consideration rather than being definitive, as they may only be appropriate where the activity is relatively straightforward and the group has no special requirements:

#### Category 1 and 2 (Day) Visits

**The Early Years Foundation Stage Framework** states that staff ratios should be determined by undertaking a risk assessment of each outing. The Framework no longer sets out different statutory requirements for minimum ratios during visits offsite from those required on site. However, the ratio during an offsite visit normally needs to be higher than the legal limit that is applicable within the school/nursery settings (1:8 or 1:13 in early years settings and 1:30 in infant classes in maintained schools). The following ratios are recommended minimum staffing levels, but in some cases groups may need a much higher ratio (sometimes even 1:1), depending upon the risk assessment:

A minimum of 2 adults (EYFS requires at least one who is a teacher and one with a current pediatric first aid certificate).

#### Early Years/Infants

- |                       |                              |
|-----------------------|------------------------------|
| • Children aged <2    | 1 adult for every 3 children |
| • Children aged 2 - 3 | 1 adult for every 4 children |
| • Children aged 3 - 4 | 1 adult for every 5 children |

#### Other age groups:

- |   |   |
|---|---|
| • School yrs 1 to 3 (approx age 5 – 7)    | 1 adult for every 6 young people                      |
| • School yrs 4 to 6 (approx age 8 – 10)   | 1 adult for every 15 young people                     |
| • School yrs 7 to 11 (approx age 11 – 15) | 1 adult for every 20 young people                     |
| • School yrs 12 – 13 (age 16+)            | may use lower ratio, according to the risk assessment |

#### Category 3 (UK Residential) Visits

- A minimum of 2 adults
- 1 adult for every 10 young people.
- Mixed gender groups should preferably have at least 1 male and 1 female leader.

#### Category 4 (Overseas) Visits

- A minimum of 3 adults
- 1 adult for every 10 young people.
- Mixed gender groups should preferably have at least 1 male and 1 female leader.

#### All subcategory "A" Visits involving Hazardous Activities or Environments

- A minimum of 2 adults
- 1 adult for every 10 young people
- For hazardous activities, the staffing ratios often need to be higher than the standard ratios above, and should normally comply with the ratios recommended by each activity's National Governing Body (see Instructor matrix in Appendix VGA 8.1 "Adventure activities staffing requirements")
- Staff should possess the relevant National Governing Body qualifications, where required.
- For hazardous activities that are led by external providers (e.g. instructors from a residential outdoor activity centre), it is good practice, wherever possible, to ensure that a Group Leader is available to accompany each activity group.

**6.6 Effective supervision**

- Manager/Headteachers may determine that ratios can be safely reduced for short local routine visits or activities e.g. sporting events or very local study activity.
- For small groups, in certain circumstances (e.g. walk to local library), the Manager/Headteacher may determine that it is appropriate for just one adult leader to supervise the group, and this should be acceptable, providing that the risks are assessed and managed adequately, and suitable emergency procedures are in place.
- Groups with additional needs, or with very young group members, may need higher ratios, with additional support usually provided by parent/guardians and other adults.
- On residential visits it is usually necessary that both male and female adults accompany a mixed party. If this is not possible, visit organisers should inform and obtain written consent from the group members and their parents/guardians. Visit Organisers should also provide assurances to parent/guardians and managers that all visit leaders are aware of potentially sensitive scenarios (e.g. child protection/safeguarding issues) that might arise, and that the leaders have been briefed and trained accordingly. It is normally considered acceptable for parties of younger children to be supervised only by female adults.
- It is usually safer and a more effective means of supervision to divide the main group into smaller sub-groups, and to delegate supervisory responsibilities to each group leader. This can help in all manner of ways e.g. simpler head counts, easier to cross roads etc.
- The level of effective supervision for any journeys (by whatever means of transport) should also be considered as part of the overall risk management plan.
- The Visit Leader/Activity Leader retains a "duty of care" for the group at all times. In delegating supervisory roles to other adults, it is good practice for the Visit Leader to:
  - allocate supervisory responsibility to each adult for named young people.
  - arrange the party into smaller and more easily managed sub-groups.
  - ensure that each adult knows which sub group and which young people they are responsible for.
  - ensure that each young person knows which adult is responsible for them.
  - ensure that all adults understand that they are responsible for the supervision of the young people assigned to them.
  - ensure that all adults and young people are aware of the expected standards of behaviour.
- It is good practice for each Assistant Leader to:
  - have a reasonable prior knowledge of the young people, including any special educational needs, medical needs or disabilities.
  - carry a list/register of all group members.
  - directly supervise the young people (except during remote supervision) - particularly important when they are mingling with the public and may not be easily identified.
  - regularly check that the entire group is present.
  - have a clear idea of the activity to be undertaken, including its aims, objectives and targeted learning outcomes.
  - have the means to contact the Visit Leader/other adult supervisors if needing help.
  - have prior knowledge of the venue from the Visit Leader
  - recognise unforeseen hazards and respond accordingly.
  - monitor the activity, including the physical and mental condition and abilities of the group members and the suitability of the prevailing conditions.
  - be competent in the techniques of group management.
  - ensure that young people abide by the agreed standards of behaviour.
  - clearly understand the emergency procedures and be able to carry them out.
  - know how to access First Aid.
- Regular head counts of young people should take place throughout all off-site activities, and especially before leaving a venue. The frequency will need to be increased at certain points such as crowded public areas, getting on and off transport, in poor visibility or adverse weather conditions. It is easier to monitor and count smaller groups and clusters. It is good practice to:

- double-check numbers before departing from a venue.
- carry a list/register of all young people and adults involved in the visit at all times.
- ensure that younger children are readily identifiable, especially if the visit is to a densely populated area. e.g. brightly coloured caps, T-shirts or a school uniform can help identify group members more easily.
- avoid identification that could put young people at risk e.g. name badges.
- provide extra safeguards for very young children, or for those with special needs, such as providing laminated cards displaying the name of the group or hotel and an emergency contact number. This would normally be appropriate for all visits abroad with a translation of the information into the language of the country being visited.
- ensure that all young people are aware of rendezvous points.
- ensure that all young people know what to do if they become separated from the group.
- make the staff and young people aware of their destination e.g. the tube station where the plan requires them to get off.
- Young people can become detached when groups are rearranged. For example:
  - when a large group is split into smaller groups for specific activities.
  - when groups transfer from one activity to another and change supervisor.
  - during periods between activities.
  - when small groups re-form into a large group.
- It is therefore crucial that each supervisor:
  - makes it clear at which point they are taking on leadership responsibility for the group they are allocated and when their part of the programme begins.
  - ensures that all group members are aware of the changeover.
  - clearly passes on responsibility for the group when their part of the programme is concluded, together with any relevant information.
- It is useful to establish “buddy systems” within the group – this encourages small groups to be responsible for checking on each others’ presence and welfare, and provides another level of supervision. In many situations, a minimum buddy group size of 4 or 5 is recommended, and the group should be given clear instructions not to separate unless there is a need for help. (see VG 15.9 for more details).
- In some circumstances (e.g. visits to cities) group members may be asked to carry some form of identity card/bracelet with the name of their school/organisation, the accommodation base, and an emergency contact number in case they get lost or separated from the group.
- Each young person should:
  - know who their supervisor is at any given time and how to contact him or her.
  - make sure that they have understood instructions.
  - make sure they are not isolated from the group.
  - know who their fellow sub-group members are.
  - alert the supervisor if someone is missing or in difficulties.
  - make sure they are aware of any designated meeting place.
  - make sure they understand the action they should take if they become lost or separated.
  - understand and accept the expected standards of behaviour.
- For night-time supervision, visit leaders should ensure that:
  - the group’s immediate accommodation is exclusively for the group’s use.
  - leaders have sleeping accommodation providing easy access to their group.
  - accommodation arrangements do not compromise child protection.
  - in the absence of 24 hour staffing of reception, buildings can be made secure against intrusion.
  - internal doors meet fire regulation requirements and allow staff access to the young peoples’ accommodation at all times.
  - where young people’s doors can be locked, leaders must have access to a master key.
  - in the event of a fire, all staff and young people know the emergency procedures and escape routes.
- Visit leaders should ensure that young people continue to be appropriately supervised during “downtime” or recreation time (i.e. that period before, between or after more structured

activities) and such supervision could be direct or remote. Time with their peers, away from direct adult supervision, is an important feature, particularly of residential visits, and brings many additional learning opportunities for young people. However, too much unstructured time can allow opportunities for mischief, bullying, homesickness and wandering off, so the time should be appropriately managed. Clearly the age, maturity and competence of the young people will affect what level of supervision is necessary. Opportunities for 'down' time should be built into the visit plan, included in information to parent/guardians (and their consent) and be covered by the risk-benefit assessment. It is good practice to:

- avoid using the term 'free time'.
- ensure that all staff and young people understand the standards of behaviour that apply at all times, not just during activities.
- ensure that a staff duty system operates so that groups continue to be appropriately supervised at all times.
- have strict guidelines for behaviour in bedrooms and dormitories.
- Standard techniques for remote supervision in this context could include:
  - setting geographical boundaries within a suitable area.
  - setting a time limit by which all are to be back at an agreed location.
  - ensuring young people are in small 'buddy' groups and know to stay together.
  - briefing students as to the location of staff during the 'down time' period: some staff could be in a fixed position and others roaming the agreed area.
  - if students get lost, they know not to wander aimlessly but to stay together and wait for the staff to find them.
  - if abroad ensuring students carry a small briefing card in the local language.
  - ensuring students know the location of the hotel or hostel they are staying at (carrying a hotel card from reception is a simple and effective idea).

#### **6.7 Remote Supervision (including Duke of Edinburgh's Award expeditions – see also VG 8.21 and 15.5 - and also appendix VGA 8.4 for supervisor qualifications)**

- Remote supervision occurs when, as part of planned activities, a group works away from the supervisor but is subject to stated controls (e.g. during an orienteering activity, Duke of Edinburgh's Award expeditions or a visit to an exhibition).
- Periods of remote supervision can provide important and beneficial learning experiences for young people, enabling them to have a degree of independence and self-reliance, and to learn a number of valuable teamwork and life-skills.
- Where long periods of remote supervision are involved, or are planned in areas that are remote or particularly hazardous, the visit should normally be included as a high-risk activity (sub category "A") and require Local Authority notification and approval.
- Leaders should be aware, and make adequate allowance for the fact that even in the most carefully monitored and controlled periods of remote supervision, young people sometimes act out of character and in an unpredictable manner, occasionally with tragic consequences.
- The supervisor may not be physically present but they should be managing the group in such a way that they can intervene or assist within a reasonable time. For this to be effective, the group must also know how to make contact with a remote supervisor. It is essential that everyone involved in the activity as well as parents/guardians understand the supervision arrangements and expectations.
- When supervision is remote:
  - groups should be sufficiently trained and assessed as competent for the level of activity to be undertaken, including first aid and emergency procedures. Remote supervision will often be most appropriate in the final stages of a phased development programme.
  - young people should be familiar with the environment or similar environments, and have details of the meeting points and the times of rendezvous.
  - clear and understandable guidelines will be set for the group, including physical and behavioural parameters.
  - there must be clear lines of communication between the group, the supervisor and the establishment.

- mobile phones should not be regarded as a failsafe method of maintaining communication.
- the supervisor should monitor the group's progress at appropriate intervals.
- there should be defined time limits between contacts. Exceeding these limits should activate an agreed emergency procedure.
- the supervisor will be able to reach the group reasonably promptly should the group need support in an emergency.
- there should be a recognisable point at which the activity is completed.
- there should be clear arrangements for the abandonment of the activity where it cannot be completed without compromising safety.
- Groups should be briefed to stay together, and it is good practice to establish a “buddy system” to encourage groups to be responsible for checking on each others' presence and welfare (see above and VG 15 for more details).
- Particular attention needs to be given to the information provided to young people before direct supervision can be withdrawn. Young people should be briefed thoroughly regarding any out of bounds areas or activities, and leaders should check repeatedly that all group members clearly understand and acknowledge any instructions and restrictions (N.B. verbal instructions alone can often be misheard or misinterpreted).
- Whilst it is valuable for young people to learn from their mistakes, the leaders still have a duty of care, and should put into place control measures to ensure that any mistakes are unlikely to have serious consequences. For this reason, remote supervision should only be gradually and progressively introduced.
- Some visits and activities - such as those within the Duke of Edinburgh Award – require young people to work in small groups, often in remote locations, without direct supervision (additional guidance is available in Chapter 8).
- Parent/guardians need to be fully informed and give their consent.
- The visit/activity leader should be satisfied that the young people have acquired the necessary skills, experience, confidence, physical ability and judgement to operate safely without direct supervision.
- In particular, young people need to know clearly what to do if lost, separated from the group, approached by a stranger, or involved in an accident or emergency situation.
- Arrangements must be made so that contact can be established quickly with the leaders, and appropriate help obtained.
- Leaders should consider the merits or otherwise of allowing young people to carry mobile phones, and should brief the young people accordingly. Leaders should particularly beware of the photographic capabilities of mobile phones, and the possible implications.
- It is often valuable for young people to be given emergency action cards so that they know how to contact help in an emergency, or if they become separated from the group (see Appendix VGA 15.2 Pupil I.D. and Emergency Contact card).
- For many adventurous outdoor activities, the withdrawal of direct supervision should be a gradual four-stage process:
  - training and accompanying the group;
  - shadowing the group;
  - checking regularly at agreed locations;
  - checking occasionally at agreed and/or random locations.
- A similarly staged withdrawal of direct supervision is also appropriate for urban environments (where young people, for example, may be undertaking fieldwork), allowing greater independence as young people display increasing levels of responsible behaviour and decision-making.
- Young people should be well trained to use any specialist equipment (e.g. camping stoves) familiar with all equipment used or taken before operating without direct supervision.
- All Duke of Edinburgh's Award expeditions must be supervised by an appropriate number of suitably trained and qualified adult leaders. For walking expeditions, at least one of the leaders should normally, as a minimum, be a Lowland Leader or Basic Expedition Leader (BEL) for expeditions in lowland areas (e.g. Yorkshire Wolds), a Walking Group Leader (WGL) for expeditions in upland/moorland areas (e.g. North York Moors), and a Summer

Mountain Leader (ML) for mountainous/steep rocky areas (e.g. parts of Snowdonia). It is also possible for someone without these qualifications to supervise Bronze expeditions in lowland areas if they have undertaken in-house training and assessment to achieve the East Riding Bronze Expedition Supervisor Award (BESA) or have had their competence ratified by a suitably experienced and qualified person (i.e. they have a “statement of competence” from an appropriate Technical Adviser). For further details, see appendix VGA 8.4 which provides LA guidance regarding supervisor qualifications and approval procedures for Duke of Edinburgh’s Award expeditions. Also contact the LA Educational Visits Officer for advice and guidance.

- The Adventure Activities Licensing Service (AALS) provides further guidance (Inspector Guidance note IGN 5.13) regarding the supervision of Duke of Edinburgh’s Award expeditions which particularly highlights the importance of having a sufficient number of trained and qualified staff for situations in which various expedition groups are in the same area, but of sufficient distance apart from each other (e.g. three groups in the Lake District, one in the north, one in the west, and one in the south). In this circumstance, they should be regarded, for supervision purposes, as totally separate and independent groups, and each group will need its own appropriately qualified supervisor. Assisting supervisors should have the technical competence to navigate safely in the hills and in all other aspects be able to look after their own safety. They should also be able to retrieve the situation in an emergency.

#### 6.8 How and when should staff be briefed?

- It is important that all staff (including volunteers) involved in the leadership of a visit are fully briefed about each visit. Many aspects of the visit can be communicated to staff verbally or via written memos. However, it is helpful if copies of any letters sent out to parents/guardians, and other information sheets about the visit, are routinely passed on to all the other visit leaders.
- It is recommended good practice for all leaders to meet together at least once before a visit to ensure that everyone is fully informed about proposed arrangements, management strategies and risk control measures are discussed and agreed, and any questions or concerns addressed (this might not be necessary before all Category 1 and 2 (day) visits, but it should be standard practice for all Category 3, 4 and “A” Visits).
- The Overall Visit Leader should ensure that all staff are kept fully informed during the visit, and are given the opportunity to discuss and agree plans in advance so that misunderstandings do not occur. It is particularly important that staff understand their roles and responsibilities, and are working to common standards and expectations.
- The following issues in particular need to be discussed, understood, and agreed:

#### 6.9 Visit aims and objectives

- It is important that all staff (including Assistant and Volunteer Leaders) understand and appreciate the objectives of the visit, and work together towards common goals. Confusion can not only lead to divisions within the group, but can also often lead to accidents. Strong leadership from the Overall Group Leader is vital in the establishment and achievement of these objectives.

#### 6.10 Methods of communication between staff

- Group leaders may need to contact the emergency services urgently, and they should have access to mobile phones and/or be aware of where public telephones can be located. Wherever possible, the school/establishment should provide visit leaders with work mobile phones rather than expecting staff to use their own phones. This also reduces the risk of possible safeguarding issues, as group members can be given the contact details of the work mobile phone. Parents/guardians or the emergency home contact may also need to contact the group leaders during a visit in an emergency.
- Check that all staff have mobile phones so that they can summon the emergency services immediately if necessary, and also so that they can maintain contact with each other in events, such as:



- the main group dividing into separate sub-groups;
- groups travelling separately in different vehicles;
- a member of staff needing to go in search of a lost group member;
- a member of staff accompanying a group member to hospital or back home.
- Visit leaders should be careful not to rely solely upon mobile phones, because a signal may not be available in some locations (especially amongst hilly or remote areas), or the phone may become broken, damaged or lost, or the battery-power drained, or there may be not enough credit on pay-as-you-go phones.
- The use of walkie-talkie radios may be helpful in some situations (e.g. on ski slopes) for staff to maintain contact with each other, but they are not failsafe - battery life is usually not long, and reception is usually only possible over short distances and when in direct line of sight. Other external users can also jam up the system and make effective communication difficult.

#### 6.11 Accommodation and transport/travel arrangements

- All leaders should be given clear written details of all accommodation and transport/travel arrangements, in particular:
  - Accommodation address and telephone numbers;
  - Departure and return dates/times.

#### 6.12 Leadership roles and responsibilities

- Staff should be aware of their expected roles and responsibilities before, during and after a visit. For example:
  - although the Overall Group Leader will assume overall responsibility for planning, some leaders may be delegated specific tasks during the organisation of the visit;
  - the role of the Deputy Group Leader is important, both as a support for the Overall Group Leader, and to deputise, if required to do so. It is important therefore that the Deputy is fully briefed regarding all aspects of the visit, and is able to take over with the minimum of confusion and disruption;
  - staff need to understand and accept the roles of the Overall Group Leader and Deputy, and to recognise and respect their authority and judgement;
  - whilst travelling, staff need to know where they should best be positioned to sensibly supervise the group;
  - if walking beside roads, staff need to know where they should be positioned to best supervise the group, and road-crossing techniques should be discussed, agreed, and preferably practised beforehand;
  - during the visit, staff need to know who will look after group members' pocket money and personal medication, who will be responsible for first aid, and what the evening and overnight supervision arrangements are;
  - it is particularly important that the leadership responsibilities for any sub-groups are discussed and established clearly;
  - it is usually safer, and a more effective means of supervision, to divide the main group into smaller sub-groups, and to delegate supervisory responsibilities to each group leader. This can help in all manner of ways e.g. simpler head counts, easier to cross roads etc.
  - if external instructors or staff are also involved in the leadership of the group (for example, outdoor activity instructors at a residential centre), all group leaders should agree their separate roles and responsibilities, especially regarding supervision, first aid, and safety issues;
  - it is valuable to discuss emergency procedures, and the arrangements that might be required if a group member has to be taken home or to hospital. Leaders need to understand and accept that they may be absent for a large part of the visit if they are required to accompany a group member to hospital or whilst they return home;
  - leaders should agree supervision arrangements at the end of the visit when group members are dropped off or collected by parents/guardians, and prepare contingencies if they do not arrive.

#### 6.13 Staff personal details and experience

- In order to make use of staff resources safely and sensibly, the Overall Group Leader should be made aware of:
  - staff qualifications, experience and training
  - staff abilities and limitations
  - any relevant special or medical needs within the staff team
  - staff expectations and concerns
  - contact details of next of kin
  - staff mobile phone numbers (it is often useful to store each others' numbers on phones, in case of separation or emergency)
- The EVOLVE database has an established record of staff leadership qualifications, training and experience, and is a useful means of accessing this information.
- It might be important, for health and safety reasons, if relevant staff information is shared with all the leaders, but this must only be done with their consent.

#### 6.14 Staff conduct and behaviour

- All staff should be made aware of the conduct and behaviour expected of them during the visit, particularly in regard to issues such as:
  - smoking
  - alcohol/drug use
  - free –time
  - sleeping arrangements
  - evening/night-time supervision
  - travel arrangements
  - child protection issues
  - sexual relations
- Staff must understand and accept that their duty of care remains throughout a visit, and that they are always “on call”, even when they are not directly supervising the group.
- Leaders on a visit must never be in a position where their level of care of group members or their ability to make sensible judgements is in any way impaired. This may have a significant impact upon the behaviour and conduct of staff during a visit, and all leaders must fully accept their full-time responsibilities during a visit. In particular, staff should be conscious of the possible effects of alcohol and tiredness on their ability to function properly and safely (see Appendix VGA 6.1 for further guidance on the use of alcohol, tobacco, solvents and other substances).
- Staff should also be made aware that any consumption of alcohol might well invalidate their insurance cover – for example, some insurance claims following ski injuries have been rejected after evidence was found of alcohol consumption.
- It is particularly important that volunteer leaders and less experienced staff are fully briefed in these matters, and that they fully understand and accept their responsibilities. A sample briefing form is available in Appendix VGA 5.1 that gives volunteer leaders clear guidance as to expectations and responsibilities, and requests their consent. It may also be valuable to use this form as the basis for discussions with all staff members regarding conduct and behaviour. All group leaders should understand and comply with the Local Authority's policies and guidance regarding Safeguarding and Child Protection issues and know the correct procedures to follow in the event of sensitive information concerning a young person being disclosed.

#### 6.15 Conduct and behaviour of group members

- The leadership team should also discuss aspects of group conduct or behaviour that are of concern, and establish clear standards to be upheld during the visit (as in staff conduct above).
- It is important for staff to have common expectations and requirements for the group, and to be operating from the same ground-rules (e.g. use of buddy groups – see chapter VG15).
- The management of particular group members may need discussion, and reference may need to be made to other staff who have experience of dealing with specific individuals (e.g. the SENCO in schools).

- Particular thought needs to be given to the supervision and care of group members whose behaviour is unpredictable, and who could potentially do something to put themselves or others at risk of harm. Staff should be made aware of the likely hazards associated with such individuals, and the most effective management strategies.

#### 6.16 Additional needs of group members

- All the leaders should be briefed regarding any significant additional or medical needs amongst the group, and any measures that should be taken to provide the extra care and support that may be necessary. Information of this nature is confidential and should be dealt with sensitively and destroyed after the visit.
- Whilst such information is generally best shared and discussed during a pre-visit meeting of the leaders, it may be relevant, in some circumstances, for staff to be given a written list of group members' names, together with a summary of specific needs, as an aide memoire. If staff members are given group lists with medical notes, they must be reminded that such information is confidential, and should be referred to discretely.
- Staff should also know who will be responsible for looking after and administering any personal medication that group members might have.

#### 6.17 First aid arrangements

- Staff should be made aware of the following:
  - Names of first aiders on the staff team during the visit;
  - The level of experience and training of the first aiders, and their limitations;
  - Action in an emergency that requires first aid;
  - Location and contents of the first aid box(es);
  - Any group members (or staff) with particular impairments, medical needs, conditions, or allergies;
  - Who can and cannot give first aid and/or medication, when, and how much;
  - What first aid/medication can be administered. It is a good idea to obtain clear parental guidance and consent regarding the use of plasters and off-the-shelf products (see VGA 13.4 - Personal and medical information and consent form). There is no legal duty on non-medical staff to administer medicines or to supervise children taking it – this is purely a voluntary role. Staff members who do volunteer to administer medicines should not agree to do so without first receiving the appropriate information and training. The recommended use and means of administering medication or treatment, if required during a visit (guidance is given in Appendix VGA 6.1 – “The administration of medicines, and the use alcohol, tobacco, drugs, solvents and other substances”);
  - The location of the nearest doctor and hospital.

#### 6.18 Visit programme and itinerary

- All visit leaders should be informed of the visit itinerary, and of the activities planned. It should be clear what roles and responsibilities will be expected of staff (for example, will they need to organise and lead evening activities?).
- Staff should be given the opportunity to express concerns and to ask further questions about what is involved. Any concerns, particularly regarding safety, that are raised must not be dismissed, but should be considered carefully and resolved satisfactorily by the staff team.
- The staff team should be satisfied that the content of the programme is appropriate for the group's age and ability, and that adequate safety control measures are in place.

#### 6.19 Risk assessment and management procedures

- It is of vital importance that all leaders are aware of the likely hazards and risks involved on a visit, and that there is a common understanding and acceptance of the precautions and control measures that are to be adopted.
- These issues need to be discussed and agreed in advance by the leadership team, as part of the risk assessment and management process. It is not acceptable for only the Overall Group Leader to be aware of these issues – the whole team must share a common understanding and approach.

- As part of the risk assessment process, it is helpful if some or all of the leaders have inspected the planned visit locations beforehand, and can report back their findings and conclusions to other group leaders.
- All staff involved with the leadership of a visit should:
  - have read, agreed and signed all relevant Generic Risk Assessment forms (usually completed once and reviewed annually) and the Specific Visit Risk Assessment form.
  - be clear regarding the risk management strategies that need to be adopted.
  - know how to refer to these risk assessments, if necessary
- Leaders should also be reminded that they must remain alert to additional hazards (the “ongoing” or “dynamic” aspect of risk assessment) throughout the visit, and to be prepared to stop, interrupt or adapt an activity if they perceive the health, safety or welfare of group members to be under threat.

#### 6.20 Transport and travel arrangements

- It is important for visit leaders to discuss beforehand the likely hazards involved in the travel/transport arrangements, and to establish clear management strategies, for example, for the following:
  - walking along a pavement;
  - crossing roads;
  - use of private vehicles;
  - use of minibuses;
  - travelling in convoy, or agreed meeting points;
  - getting on/off vehicles/trains etc;
  - at airports/stations/ports;
  - onboard coaches/minibuses/trains;
  - during longer periods of travel e.g. onboard overnight ferries;
  - during stop-off/refreshment points e.g. service stations;
  - vehicle breakdowns or accidents;
  - delayed departure or return;
  - late arrival of group members before departure, or of parents/guardians for collection of their children at the end.

## The administration of medicines and the use of alcohol, tobacco, drugs, solvents and other substances during offsite visits

### General principles

- As part of the planning process for an offsite visit, the visit leaders should consider carefully issues connected with the administration of medicines, and the possible use of drugs, alcohol, and tobacco, and existing internal policies will normally apply equally to all offsite visits.
- It is good practice to agree before a visit the behaviour expected of staff and group members, and what sanctions will be applied if the rules are broken. It is important to ensure that this is understood and accepted by everyone involved, including parents/guardians.

### Administering Medicines

- Visit leaders should be aware of and comply with the latest national guidance on administering medicines and with their own school/establishment's policies (for example, a section within each school's Policy on Health and Safety should give guidance on administering medicines to pupils, and include the context of offsite visits).
- Current guidance for schools states that "staff should never give a non-prescribed medicine to a child unless there is specific written prior written permission from the parents. Where the headteacher agrees to administer a non-prescribed medicine, it must be in accordance with the employer's policy...which should set out the circumstances under which staff may administer non-prescribed medicines". The reasoning is that may be no way of knowing for certain whether the pupil has taken a previous dose, or whether the medication may react with other medication being taken, or whether the pupil may react adversely to the medicine. National guidance states that "a child under 16 should never be given Aspirin or medicines containing Ibuprofen, unless prescribed by a doctor".
- Notification of the need for medication and arrangements for storage, security and administration should be in accordance with the school/establishment's medicines policy. Leaders may need to check that refrigeration facilities are available, including during the journey.
- National guidance also states "staff supervising excursions should always be aware of any medical needs, and relevant emergency procedures. A copy of any individual health care plans should be taken on visits in the event of information being needed in an emergency."
- If first aid is administered, other adults should be made aware and if possible another appropriate colleague should be present. The child/young person should always be made fully aware of what is happening as appropriate. All such incidents should be recorded and reported in line with the requirements of the school/establishment first aid policy and any Health Care Plan. Employers and establishments should ensure that their medication policies take into account the full range of visits and activities. These may include residential visits, visits overseas, remote supervision, and situations where groups might be distant from, or unable to make immediate contact with, parents and medical professionals.
- As it is unlikely that any medication policy will cover every possibility - the policy should be written in such a way as to allow staff the flexibility to use their judgement in doing what is best for the well-being of children and young people. Staff should always use their judgement and experience when applying their employer's policy to any particular situation, to ensure that the well-being of children and young people is paramount. The conditions of employment of some staff, including teachers, do not include managing or administering medicines.
- Establishments should ensure that they have sufficient staff members accompanying a visit who have either volunteered to manage medicines, or who are employed to do so as part of their duties. Staff should be properly trained to manage medicines – but in many cases such training need only involve familiarisation with the employer's policy and reading instructions from a parent or doctor, or on a medicine packet, or perhaps a demonstration of how to use an epinephrine auto-injector (e.g. EpiPen). Staff may also need to be provided with information about how to deal with medical conditions which require management in addition to the administration of medicine, such as diabetes. It is important to keep a written record of all medicines administered. Records offer protection to staff and children and provide evidence that agreed procedures have been followed.

**Pre-existing medication needs:**

- There is an expectation that children and young people with medical needs will be fully included in activities and visits. Individual risk assessments may be necessary, and reasonable adjustments should be made to enable individuals to participate, unless evidence from a clinician states otherwise. For example, a carer or an additional supervisor such as a parent or other volunteer might be needed to accompany a particular child. A copy of any health care plans and emergency procedures should accompany the individual. Parents should be asked to provide written details of medical conditions and of any medication required (including instructions on dosage/times), and for their permission for staff to administer medication, or for their child to administer their own if this is appropriate.
- Insurance policies should be checked to ensure that they cover staff and pupils with pre-existing medical needs. Arrangements should be made for taking sufficient supplies of any necessary medicines on visits, and for ensuring that they are safely labelled, transported, stored (refrigerated if necessary), controlled and administered, and that records are kept of their use. All staff supervising visits should be made aware of individuals' medical needs and any medical emergency procedures. Summary sheets held by all staff, containing details of each individual's needs and any other relevant information provided by parents, is one way of achieving this. You should consider how individuals' confidentiality can be protected, and ensure that personal information is securely disposed of when it is no longer needed.
  - If appropriate, a member of the staff team should be trained in administering medication, and should take responsibility for this. Some individuals may need to take precautionary measures before or during exercise and may also need to have immediate access to their medicines such as asthma inhalers. Staff should check that such medicines are available during activities, and that spares are available if necessary. It is illegal to give a medicine which has been prescribed for one person to another. However, in two specific cases schools may buy, carry and administer medication in emergency situations.

**Asthma Inhalers**

- Since the 1st October 2014 schools have been allowed to carry emergency salbutamol inhalers, and use these when they have parental consent to do so. Use of emergency inhalers should be subject to a protocol forming part of the establishment's medical conditions policy. Government guidance is available at:  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/360585/guidance\\_on\\_use\\_of\\_emergency\\_inhalers\\_in\\_schools\\_October\\_2014.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/360585/guidance_on_use_of_emergency_inhalers_in_schools_October_2014.pdf)
- If this link does not work, try copying the link and pasting it into your browser, taking care to remove any rogue spaces. The well-being of children and young people should always be given the highest priority: if a child suffers from a life-threatening asthma attack and does not have their own inhaler, then the benefit of giving a blue inhaler from elsewhere is likely to outweigh the risks of not doing so.

**Adrenaline auto-injectors**

- From 1st October 2017 the Human Medicines (Amendment) Regulations 2017 allow schools to buy adrenaline auto-injector devices (epi-pen etc) without prescription. These must be for administration to a pupil at the school who is known to be at risk of anaphylaxis and requires the product in an emergency. Use of emergency auto-injectors should be subject to a protocol forming part of the establishment's medical conditions policy. Such 'spare' auto-injectors should not be seen as a replacement for the young person's own medication. All young people at risk of anaphylaxis should carry two auto-injector devices at all times. The Department of Health has issued "Guidance on the use of adrenaline autoinjectors in schools" available at:  
<https://www.gov.uk/government/publications/using-emergency-adrenaline-autoinjectors-in-schools>
- During offsite visits, where staff are acting "in loco parentis" and may occasionally have to make independent decisions, there might be circumstances when it is reasonable and acceptable to administer some basic off-the-shelf medication/treatment (e.g. if a child has sunburn, or an insect bite), providing they take reasonable precautions and preparations. In particular, Leaders should ensure that prior information and written consent is obtained (see appendix VGA 13.4) from parents/guardians regarding any medical conditions/needs that may require the administration of medication or treatment (whether self or externally administered) during a visit, in particular:
  - names/details/symptoms of any pre-existing conditions/illnesses;

- the possible implications for the young person, staff or other group members during the visit;
- any medication that should be given – including dosage, frequency, storage/security requirements, and responsibilities for looking after and administering it;
- family doctor’s name/contact details.
- Leaders should ensure that prior information and consent is obtained from parents/guardians regarding any treatment of minor illnesses/injuries that may be required during a visit (e.g. headaches, rashes, coughs/colds, insect bites, minor cuts/grazes etc.), in particular:
  - any “off the shelf” medication/treatment that can acceptably be administered, if deemed necessary (see appendix VGA 13.4);
  - any medication (e.g. throat lozenges) that the young person will have with them, and can acceptably self- administer;
  - any medication/treatment that is specifically not permitted (e.g. due to allergies).
- Visit leaders should ensure that information and consent is obtained from parents/guardians regarding the provision and administration of other products, such as suncream.
- Staff need to risk assess each situation, and decide if it is acceptable for a young person to self-administer medication/treatment, or if it is safer and preferable for staff to administer it (this will clearly depend partly on the age and ability of the group member concerned);
- In the event of a group member having a minor illness/injury that requires immediate treatment, but does not require referral to a doctor/hospital, the leader should:
  - check if the illness/injury really does need immediate treatment or if alternative, less invasive methods might be acceptable and viable in the circumstances (e.g. a period of rest/sleep to overcome the effects of a headache);
  - check the parent/guardian medical consent form for information and consent details;
  - if unsure, try to contact the parent/guardian or the young person’s doctor concerned for guidance before taking any action;
  - wherever possible, ensure that another person (preferably an adult) is present throughout, to act as a reliable witness (their signature can be added in the accident book);
  - if appropriate, ask the young person if they have had a similar illness/injury before;
  - if appropriate, ask the young person what medication/treatment they normally receive, and if they are allergic to any treatment/medication;
  - administer the minimum treatment/medication deemed necessary, preferably using medication that the young person is familiar with using;
  - keep a written record of any treatment/medication given – it might be sensible, in some circumstances, to obtain the written agreement and signature of the casualty and a witness;
  - wherever possible, use hypoallergenic antiseptic wipes, gloves, and plasters to minimize the risk of any reaction;
  - continue to check that the young person responds satisfactorily to treatment, and suffers no adverse reactions.
- In the event of a group member requiring immediate first aid, leaders must risk assess the situation, and judge for themselves the best course of action. For example, the risk of a serious adverse reaction to the application of a plaster is normally minimal and, providing reasonable precautions and sensible actions are taken, staff should not hesitate to administer treatment if it is deemed necessary for the young person’s safety and welfare (for example, it could be argued that the risk of septicemia from an untreated cut is greater than the risk of a severe allergic reaction to a hypoallergenic plaster).
- Visit leaders should ensure that they have relevant information about the medical needs of staff members as well as those of the young people. These records should be treated confidentially.
- Staff members should ensure that their own medication is stored safely. It is expected that staff who use medication are aware of any effects this may have on them, and restrict their actions accordingly (e.g. not driving). They should inform the Visit Organiser of any issues that might affect them and their ability to fulfill their roles and responsibilities during the visit.

### **Use of Alcohol**

- No adult leader should be responsible for the supervision of young people, or in contact with young people whilst adversely affected by alcohol or other drugs. Group leaders have a continuous responsibility for the welfare of the group, and should always be in a position to respond capably to an emergency at any time. This 24-hour responsibility should be considered even when “stand-down time” is allocated.

- Excessive alcohol consumption can pose a substantial risk to health and safety of adults and young people, and may result in significant behaviour change and impaired judgement and function for many hours afterwards. Visit leaders and group members should also be aware that alcohol use might invalidate their travel insurance.
- It is strongly recommended therefore that all leaders refrain from consuming alcohol whilst they are leading visits. In exceptional circumstances, visit leaders may decide that acceptable arrangements can be made to drink small quantities of alcohol (for example, a glass of wine with a meal) during a visit, but this should be discussed carefully and agreed beforehand by the leadership team (and their managers), and suitable arrangements made (e.g. supervision rotas), so that the health, safety and welfare of group members is not in any way compromised.
- The possibility of alcohol use/abuse by group members should be considered during the risk assessment of a visit, and sensible precautions taken. Special consideration may be necessary for visits involving young people who are over 18 years old, but it may cause problems if different rules are applied to different age groups. If alcohol consumption is considered acceptable by those aged over 18, then clear guidance should be given regarding how much is acceptable. It might be preferable to allow over 18's to drink only under the supervision of a staff member.
- Whatever rules are set and precautions taken, young people sometimes do not comply, and this can have tragic consequences. For example, one young person from the UK died on a visit to Germany through alcohol abuse. The group had been allowed to drink a small amount of alcohol during their meal, but they went on to consume spirits at a local bar during 'free time'. The boy became unconscious and his peers decided not to get help for fear of 'getting into trouble'. The boy stopped breathing and died. It is essential therefore for leaders to discuss emergency plans beforehand and to emphasize to group members that personal safety is a far greater consideration than the fear of reprimand.
- Organisers of foreign exchange visits should consider what guidance they should give to group members (and their parents/guardians) if they are likely to be offered alcoholic drinks by their hosts during the exchange visit, as this might be considered the norm in some cultures.
- For overseas visits, group members should normally abide by UK laws regarding the purchase and use of alcohol unless the country in question has stricter rules than the UK. For example:

<b>Country</b>	<b>France</b>	<b>UK</b>	<b>Iceland</b>
Legal age to buy/consume alcohol	16 yrs	18yrs (16yrs with meal)	20yrs
Outcome for UK group on visit	Use UK law	Use UK law/rule	Use Iceland law

### **Use of Tobacco**

- Although the possession and use of tobacco (though not sales to under 16s) is unrestricted in law, in practice smoking presents a danger to the health of the smoker, to those around and, in certain circumstances, may pose a fire risk. A non-smoking policy should therefore be the norm on visits organised by schools and other young people's organisations. The visit leader should also ensure that they and other staff in no way condone or encourage smoking, and that agreements are made with any staff who need to smoke as to when and where they should do so. Adult leaders should not be allowed to smoke in face to face situations with young people, and young people should not be subject to passive smoking even if they decline to object.
- If members of the party are over 16 years, visit leaders may wish to negotiate times and places they may smoke, making the sanctions clear (for example, the leader of a ski visit was notified that some young people would not get through a day's activities without smoking. The visit leader established prior to the visit the number of cigarettes they would need, and agreed they would smoke only during free time and in designated smoking areas outside).
- The purchase of tobacco products as gifts by group members should be discouraged and parents/guardians should be advised accordingly.

### **Use of Drugs, Solvents and 'Poppers' (nitrites)**

- It is currently illegal to possess, use and supply Class A, B and C drugs in the UK (for more details see [www.talktofrank.com](http://www.talktofrank.com)). Cannabis is a Class A drug and is illegal.
- Other countries have different laws regarding alcohol and drug use (see [www.fco.gov.uk/travel](http://www.fco.gov.uk/travel)), but the practice or behavior expected from group members on a visit should only change where the country concerned has stricter rules than the UK. In all other circumstances, visit leaders should be guided and abide by UK law. However, visit leaders should make themselves and group members aware of the legal situation and policing arrangements that apply to the countries they are visiting.



- It is an offence for people to knowingly allow premises they own, manage or have responsibility for, to be used by any person for the supply of a controlled drug or the administration or use of any controlled drug which is unlawfully in that person's possession. It may be held that teachers or other adults are responsible for premises wholly or substantially used by their pupils/young people, even where ownership lies elsewhere.
- When appropriate, all young people, parents/guardians, and staff members on a visit should be informed that the possession, use or supply (which includes sharing) of any controlled substance is not acceptable and that any contravention of this will result in disciplinary and/or legal action including an individual or individuals being sent home at their own expenses. In the UK, teachers/youth workers are not duty bound to inform the police of illegal drug taking, but they may choose to do so if they feel this in the best interests of the young person. Visit leaders should ensure that they act in accordance with the school/establishment drug policy when dealing with such issues.
- Volatile Substance Abuse (VSA) accounts for over 60 deaths a year in the UK. Lighter refills are one of the principal causes of death although many household and personal hygiene products are capable of being abused.
- Group members should be discouraged from taking aerosols and solvent based products with them on visits. Cigarette lighters and refills similarly should be restricted. Staff should keep control of any items that group members may have. Group members and parents/guardians should be advised that cigarette lighters and refills are not acceptable presents for a young person to buy as a gift. (N.B. Lighter fuel sales to under-18s are illegal in England.)
- If adults find anyone engaging in solvent abuse they should not shout, alarm or excite them as this may precipitate a heart attack. A calm, reassuring approach is necessary.