

SLOUGH BAPTIST CHURCH POLICY	Off Site Activity Policy
POLICY NUMBER: SBCP-21	



Primary Responsibility:	Pastor
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Issued:	8 th September 2019
Status:	Final
Review Period:	3 years
Next Review Date:	September 2022

DISTRIBUTION

Original	Slough Baptist Church Office
Copy	Pastor
Copy	Church Secretary
Copy	Website (PDF)

1 Purpose and scope

The purpose of this policy is to make sure the Church undertakes any Off-Site activities in a safe manner for all those taking part. It sets out the process that employees or volunteers who wish to undertake Off-Site activities should follow to get permission to undertake Off-Site activities on behalf of the Church. This applies to activities organised by youth and children's groups. Below when we refer to 'child' this applies to anyone under the age of 18.

2 Procedures

For Off Site Activities, it is essential that the person organising the activity completes the Off Site Activity Form attached as Appendix A and has undertaken a risk assessment if required using Appendix B. An Off-Site activity will not be able to take place if the form in Appendix A is not completed, a Risk Assessment is undertaken if required and permission from one of the persons shown below is obtained.

One of the Pastors
One of the Trustees if a Pastor is unavailable

Organiser should not:

- Confirm the activity with attendees of the activity or their parents either verbally or by letter
- Pay any money, deposit or otherwise, to any company
- Collect any money from attendees of the activity or their parents

Until they have got permission for the activity.

Permission forms to use when organising trips, are attached in Appendices C to E, and Emergency/Accident Procedure is attached as Appendix F for the organiser to take on an activity/visit and to use in the event of an Accident or Emergency. In exceptional circumstances where it is not possible to gain written permission for a child to attend a trip verbal consent from a parent/guardian may be obtained. This will be at the leader's discretion and the time, date and person giving permission should be noted.

APPENDIX A

Slough Baptist Church Off-Site Activity Form			
Title/Name of Event		Location	Date or Date Range of Visit
Reason for Activity	Organised By	Names of Helpers	Time of Day
Age Range of Attendees	Number of Attendees?	Number of mobility Impaired?	Number of special needs?
If the activities are provided by a company/location, do the activities planned include activities that could be dangerous to attendees e.g. climbing, canoeing, swimming, caving etc?	Yes No	If yes is the organiser satisfied that the company/location being used has undertaken a risk assessment for the activities	Yes No (If No then either find another location or get risk assessment undertaken).
If the activities are being provided by the church, do the activities planned include activities that could be dangerous to attendees e.g. climbing, canoeing, swimming, caving etc?	Yes No	If yes. Has the organiser undertaken a risk assessment for the activities	Yes No (If No then either find another location or get risk assessment undertaken).
Have you considered and managed the risk from travelling to and from the activity/visit	Yes No		
Risk Assessment Undertaken	Yes/No	Risk Assessment Attached	Yes/No
Is appropriate insurance cover in place?	Yes/No		
Permission from Pastor		Pastors Signature	

Appendix B Risk Assessment

Risk Calculation Matrix						
Severity (S)						
Designation		Description				
5		Multiple Fatality Event				
4		Single Fatality or multiple major injury event				
3		Single Major event				
2		Multiple Minor Injury Accident				
1		Minor Injury Accident				
Likelihood (L)						
Designation		Description				
5		Certain to occur				
4		Highly likely to occur				
3		Likely to occur				
2		Unlikely to occur				
1		Highly Unlikely to Occur				
Risk Classification (R)						
Likelihood	5	6	7	8	9	10
	4	5	6	7	8	9
	3	4	5	6	7	8
	2	3	4	5	6	7
	1	2	3	4	5	6
	Notes: Risk = Likelihood + Severity		1	2	3	4
Risk Classification and Action						
Designation	Classification	Action				
7 to 10	Unacceptable	This ranking is not acceptable the risk will need to be reduced. If it is not possible to reduce the risk then the activity will be prohibited from taking place				
4 to 6	Tolerable	The visit/activity can take place as long the risk has been reduced so far as reasonably practicable. The organiser has to consider what can be done to if anything to reduce the risk and record.				
2 to 3	Low	The visit/activity can take place as it is considered that the risk has been reduced so far as reasonably practicable				

Instructions in use of Risk Calculation Matrix

1. Identify the components of the Activity and rank them, if they are in the:
 - a. Unacceptable Range the risk must be reduced to a least the Tolerable Range before the activity can be undertaken and practicable additional controls must be recorded and the risk reassessed. The reassessed score should be shown in the second risk-ranking column.
 - b. Tolerable Range consideration must be given to practicable additional controls to be applied to reduce the risk and any applied must be recorded and the risk re-scored. The reassessed score should be shown in the second risk-ranking column.
 - c. Low Range then risk can be considered to be reduced so far as is reasonably practicable.

Visit Title				RA Undertaken by						Date		
Component of Activity	Hazards	Consequence	Existing Controls	S	L	R	Additional Controls Identified to Reduce Risk	S	L	R	Notes	

NOTES

Appendix D Annual Consent Form

Slough Baptist Church Annual Consent
September 2019



1. DETAILS OF YOUNG PERSON					
FIRST NAME		SURNAME			
DATE OF BIRTH					
ADDRESS					
TOWN					
COUNTY		POSTCODE			
SCHOOL		SCHOOL YEAR			

2. MEDICAL INFORMATION (if answering Yes please give details)	
Does s/he suffer from any on-going or recurring illness?	
Does s/he take any regular medication?	
Any phobias, disabilities or known allergies?	
Has s/he been immunised against tetanus within the last 10 years?	
Any special dietary requirements?	
Any other information we should know of?	

3. PARENTS/GUARDIANS DETAILS		Address (if different to above)
Name		
Telephone		
Mobile		

4. FAMILY DOCTORS DETAILS		Address
Name		
Surgery		
Telephone		

PTO

I give permission for my child as named above to attend youth events organized by Slough Baptist Church. This includes all on-site activities and day trips. I understand that separate permission will be sought for certain activities and overnight trips.

If it becomes necessary for my child to be given urgent medical treatment and I cannot be contacted by telephone or any other means to authorise this, I hereby give my general consent to any medical treatment judged to be necessary and urgent by a medical practitioner and I authorise the leader in charge to sign any document required by hospital or other authorities.

Please delete paragraph A or B below:

A I consent to my child leaving the premises / group during the evening without adult supervision, and / or to going home without an adult accompanying them. I accept that the group leaders are not responsible when my child leaves the group / premises.

B I require that (name of child) remains within the premises / group at all times and is not allowed to leave the premises /group unless accompanied by his / her parent (s) or one of the following adults who have our permission:

.....

In addition (Please tick)

- I give permission for youth leaders to use electronic forms of communication (e.g. Email, Text Messaging, Facebook, WhatsApp) to communicate with my child.
- I give permission for photo or video footage of my child to be recoded and used by Slough Baptist Church. (This will not be given to a 3rd party and individual young people will not be named)

I agree to inform the group leaders of any changes to the information on this form.

Signed.....Date.....

Print name.....

Appendix E TRIP CONSENT FORM IF ANNUAL CONSENT FORM SIGNED

Trip Consent form (With annual consent)

Name: _____ Date of Birth: _____

Address: _____

Name of Parent/Guardian: _____

I give permission for the young person named above to attend TRIP NAME on DATE and all its associated activities.

I have previously completed an annual consent form none of the details have changed

Or,

I attach an annual consent form (Delete as appropriate)

Signed: _____

Appendix F Emergency/Accident Procedure

Emergency procedure off site:

1. Establish the nature of the accident and extent of the emergency
2. Make sure the group are as safe as possible.
3. Establish the names of the casualties.
4. Call for medical assistance and police as required.
5. Ensure that a leader accompanies any casualties to hospital.
6. Ensure that you have any medical information, medication and contact details for any injured parties.
7. Record the nature, date, time, location and reason for the accident.
8. Record the names and details of any injured parties.
9. Call the Pastor or one of the Trustees to notify them of the above details.
10. Keep a record of any witness details.
11. Complete a written report of the accident as soon as possible.
12. Keep receipts for any expenses incurred.
13. Ensure that the party is kept informed of all relevant information.
14. Ensure all leaders are clear of their roles and responsibilities.
15. Encourage all members of the party to remain calm and keep them safe.

Pastor/Trustee should:

1. Notify parents with as much factual information as possible.
2. Explain to parents' action taken and action yet to be taken.
3. Notify the insurers.