



Duke of Edinburgh’s Award

OPERATING PROCEDURES APPENDICES

Last Review Completed 28/11/2023 next review due 01/11/2024

Contents

[DofE1 Centre Enrolment 3](#_Toc152666716)

[DofE2 Leader Enrolment 4](#_Toc152666717)

[DofE2b Centre Coordinator Checklist 5](#_Toc152666718)

[DofE3 Participant Enrolment 6](#_Toc152666719)

[DOFE3a Group Enrolment Spreadsheet 2024 8](#_Toc152666720)

[DofE4 Expedition Notification 9](#_Toc152666721)

[Critical Incident Information 10](#_Toc152666722)

[Incident Flow Chart 11](#_Toc152666723)

[Participant Code of Conduct Content Example 12](#_Toc152666724)

[Supervision Consent Content Example 13](#_Toc152666725)

[Expedition Supervision Plan Example 14](#_Toc152666726)

[Expedition Route Card Example 15](#_Toc152666727)

[Example Bronze Risk Assessment 16](#_Toc152666728)

[Example Silver/Gold DofE Walking Expedition Risk Assessment 25](#_Toc152666729)

[Example Silver/Gold DofE Paddlesport Expedition Risk Assessment 35](#_Toc152666730)

[Example Silver/Gold DofE Biking Expedition Risk Assessment 45](#_Toc152666731)

# DofE1 Centre Enrolment

|  |  |
| --- | --- |
| Name of Centre: |  |
| Type of Centre: (e.g. school, college, youth centre) |  |
| Name of Centre Co-ordinator(s):Please also specify where more than one centre coordinator exists the role(s). i.e 3rd year, 4th year, senior school, bronze, silver, gold, expedition, skill, volunteering, physical, residential. |  |
| Senior Management Name with Oversight of DofE |  |
| Contact Address: |  |
| Contact telephone number: |  |
| Correspondence address centre coordinator(s): |  |
| Correspondence address senior management: |  |
| **ABOUT YOUR CENTRE** |  |
| Which award(s) will your centre be undertaking? | Bronze ☐ | Silver ☐ | Gold ☐ |
| Roughly how many bronze participants do you intend to have? |  |
| Roughly how many silver participants do you intend to have? |  |
| Roughly how many gold participants do you intend to have? |  |
| How many leaders/helpers do you have? (The recommendation from DofE is 1 leader to 10 participants) |  |
| Do you intend to run expeditions in house with your own qualified supervisors or buy in staff from a DofE Glasgow Approved Activity Provider or a combination of these? | Own ☐ | AAP ☐ | Combination ☐ |
| Are there any areas of concern you have in relation to running the award? |  |
| **FACILITIES** |  |
| Do you have an allocated meeting place? | Yes ☐ | No ☐ |
| Allocated Meeting Place Address: |  |
| How many people can be accommodated in the allocated meeting place: |  |
| Are there sufficient welfare facilities? |  |
| Is there wheelchair access to the meeting place? |  |
| Are there any other facility on site which the participants will be using? i.e. gym |  |

As the Duke of Edinburgh’s Award Centre Co-ordinator, I will ensure that I abide by the operational procedures set out by DofE Glasgow (Education Services Glasgow City Council) and keep the DofE support officer notified of any changes with regards to staffing/qualifications, which could affect the health and safety of young people.

Signature of Centre Coordinator:

Sign: Print: Date:

Signature of Head Teacher or Senior Management:

Sign: Print: Date:

# DofE2 Leader Enrolment

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Preferred Title  | Mr☐ | Mrs☐ | Master☐ | Ms☐ | Sir☐ | Miss☐ | Dr.☐ | Professor☐ | Other☐ |
| Name |  |
| Gender | Male ☐ | Female ☐ | I describe my gender in another way ☐ | I’d prefer not to say ☐ |
| Date of Birth |  |
| eDofE Roles | Centre Co-ordinator ☐ | Group Leader ☐ | LO Administrator ☐ |
| Allocated Centre(s) |  |
| Allocated Group Name (s) |  |
| Do you already have an edofe account number, if so state your number and the name of the Local Authority or licensed centre that it is from |  |
| Contact telephone number |  |
| Email address |  |
| Relevant Qualifications and Useful Skills: Copies of appropriate qualification and first aid certificate (These will be sent back to you immediately) |  |

For DofE Glasgow Administrators Only

|  |  |  |
| --- | --- | --- |
| Will you be managing all of the LO DofE centres?  | Yes ☐ | No ☐  |
| If No please list the centres you will be working with below |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

I apply for appointment in the above mentioned Duke of Edinburgh Role responsible for DofE participants in the Duke of Edinburgh’s Award Centre(s) mentioned. I have read and agree to follow the Glasgow Duke of Edinburgh’s Award Operating Procedures and Management Circulars.

I confirm that the above information is correct at the time of application.

Signature of Applicant:

Sign: Print: Date:

I confirm that the above applicant has received the appropriate child protection training and the relevant PVG checks have been carried out including all other necessary safeguarding checks according to Glasgow City Council or Glasgow Life’s safeguarding policies and procedures. (If you sign, you are responsible for ensuring that the checks have been completed)

Signature of Senior Manager/Head Teacher:

Sign: Print: Date:

**PLEASE ENSURE THAT THE SENIOR MANAGER/HEAD TEACHER SIGNING THE FORM IS INCLUDED IN THE EMAIL THREAD WHEN SUBMITTING THE FORM OTHERWISE IT WILL NOT BE PROCESSED.**

# DofE2a Centre Coordinator Checklist

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Preferred Title  | Mr[ ]  | Mrs[ ]  | Master[ ]  | Ms[ ]  | Sir[ ]  | Miss[ ]  | Dr.[ ]  | Professor[ ]  | Other[ ]  |
| Name |  |
| Allocated Centre(s) |  |
| Designated DofE Officer |  |
| Has a eDofE Account | [ ]  |
| Has a Gearlog Account | [ ]  |
| Understands the structure of DofE Glasgow, all centres should Understand DofE Glasgow Operating Procedures GCC Educational Centres should understand MC 48, MC 33 and MC 57 | [ ]  |
| Has an understanding of where to get training on edofe from including mapping, evidence, enrolments linking accounts | [ ]  |
| Has an understanding of the DofE Learning Platform, Foundations Pathway, Delivering DofE Pathway, EASTC Pathway | [ ]  |
| Will promote and help build capacity within your centre | [ ]  |
| Has an understanding of how to fully complete the Expedition section paperwork | [ ]  |
| Has an understanding of how enrolments work for Leader & participants | [ ]  |
| Has an understanding of how leader training is funded | [ ]  |
| Understands that participant funding is available for Gold Residential | [ ]  |
| Has an understanding of how Assessor Reports work | [ ]  |
| Understands that Funding is available for specific types of Expeditions | [ ]  |
| Can use Social Media toshare, promote & celebrate achievements | [ ]  |
| Has knowledge of the DofE Glasgow website | [ ]  |
| Understands that the cut-off date for award approvals for the DofE Award Ceremony is 31st October every year | [ ]  |
| Has an awareness of the DofE Glasgow Equipment Stores (Crownpoint & Pinkston) | [ ]  |

Signature of Applicant:

Sign: Print: Date:

Checklist Training carried out in conjunction with DofE Glasgow Officer Name

Sign: Print: Date:

# DofE3 Participant Enrolment

|  |  |
| --- | --- |
| Centre Name |  |
| Group Name |  |
| Participant Forename |  |
| Participant Surname |  |
| Email Address (must be the participants) |  |
| Date of Birth: |  |
| Enrolment Level (at entry to the DofE programme) | Bronze ☐ | Silver ☐ | Gold ☐ |
| I, as parent/guardian/carerof the above participant (or as the participant where over the age of 16) give my written consent and permission for my child/ward to undertake their Duke of Edinburgh’s Award operated under licence by Glasgow City Council. I understand that my child/ ward will be required to undertake an expedition section as part of their Award, which consists of a practice and remotely supervised qualifying expedition, including overnights stays. I agree to abide by the terms and conditions set by Duke of Edinburgh’s online achievement system “eDofE” which can be found at www.eDofE.org/Terms.aspx I agree to PHOTOGRAPHS and FILM FOOTAGE of my child/ward being used in marketing material/and or publications in the media i.e. websites/social media sites/press releases/promotional videos etc or the media i.e. newspapers, television, etc.  I agree ☐ I disagree ☐ Signature parent/guardian/carer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature participant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Please read the following privacy statement for a) DofE Programmes b) Consent for Photography and Video.

**Who we are:**

Glasgow City Council is a local authority established under the Local Government etc. (Scotland) Act 1994. Its head office is located at City Chambers, George Square, Glasgow G2 1DU, United Kingdom, and you can contact our Data Protection Officer by post at this address, by email at: dataprotection@glasgow.gov.uk, and by telephone on 0141 287 1055.

**Why do we need your personal information and what do we do with it?**

You are giving us your personal information to allow us to provide you/your child with outdoor, residential, or international, educational experiences and to take and use images for Duke of Edinburgh Award Purposes. We also use your information to verify your identity where required, contact you by post, email or telephone and to maintain our records. Your information will be deleted and destroyed when it is no longer necessary to hold it for the purposes of the Duke of Edinburgh Award.

**Legal basis for using your information:**

We provide these services to you as part of our statutory function as your local authority. You can find more details of our role on our website at www.glasgow.gov.uk/privacy. Processing your personal information is necessary for the performance of a task carried out in the public interest by the council.

In relation to a) Duke of fEdinburgh Award programmes we may also need to process more sensitive personal information about you in order to protect your vital interests in circumstances where we will not be able to seek your consent. In relation to b) photography and consent we are also processing more sensitive personal information about you on the basis that you have given us your explicit consent for this.

**Who do we share your information with?**

We are legally obliged to safeguard public funds so we are required to verify and check your details internally for fraud prevention. We may share this information with other public bodies (and also receive information from these other bodies) for fraud checking purposes. We are also legally obliged to share certain data with other public bodies, such as HMRC and will do so where the law requires this. We will also generally comply with requests for specific information from other regulatory and law enforcement bodies where this is necessary and appropriate. Your information is also analysed internally to help us improve our services. This data sharing is in accordance with our Information Use and Privacy Policy and covered in our full privacy statement on our website. It also forms part of our requirements in line with our Records Management Plan approved in terms of the Public Records (Scotland) Act 2011. We will also share information with health and wellbeing services and may share information with other external agencies and organisations who provide or assist with educational provision.

**International transfers:**

In the case of an international trip, we will share information with travel/transport organisations and hoteliers and may share information with other agencies and organisations providing relevant activities.

**How long do we keep your information for?**

We only keep your personal information for the minimum period amount of time necessary. Sometimes this time period is set out in the law, but in most cases it is based on the business need. We maintain a records retention and disposal schedule which sets out how long we hold different types of information for. You can view this on our website at www.glasgow.gov.uk/rrds or you can request a hard copy from the contact address stated above.

**Your rights under data protection law:**

• access to your information – you have the right to request a copy of the personal information that we hold about you.

• correcting your information – we want to make sure that your personal information is accurate, complete and up to date. Therefore you may ask us to correct any personal information about you that you believe does not meet these standards.

• Deletion of your information – you have the right to ask us to delete personal information about you where:

1. you think that we no longer need to hold the information for the purposes for which it was originally obtained
2. we are using that information with your consent and you have withdrawn your consent
3. you have a genuine objection to our use of your personal information – see Objecting to how we may use your information below
4. our use of your personal information is contrary to law or our other legal obligations.

**Objecting to how we may use your information** – You have the right at any time to tell us to stop using your personal information for direct marketing purposes.

**Restricting how we may use your information** – in some cases, you may ask us to restrict how we use your personal information. This right might apply, for example, where we are checking the accuracy of personal information that we hold about you or we are assessing the objection you have made to our use of your information. This right might also apply if we no longer have a basis for using your personal information but you don't want us to delete the data. Where this right is realistically applied will mean that we may only use the relevant personal information with your consent, for legal claims or where there are other public interest grounds to do so.

**Withdrawing consent to use your information in relation to b) consent for photographs and video**– Where we use your personal information with your consent, you may withdraw that consent at any time and we will stop using your personal information for the purpose(s) for which consent was given.

Please contact us as stated above if you wish to exercise any of these rights.

**Information you have given us about other people:**

If you have provided anyone else’s details on this form, please make sure that you have told them that you have given their information to Glasgow City Council. We will only use this information to contact those people in the event of an emergency. If they want any more information on how we will use their information they can visit our web site at www.glasgow.gov.uk/privacy or email dataprotection@glasgow.gov.uk.

**Complaints:**

We aim to directly resolve all complaints about how we handle personal information. If your complaint is about how we have handled your personal information, you can contact the Council’s Data Protection Officer by email at dataprotection@glasgow.gov.uk or by telephone on 0141 287 1055.

However, you also have the right to lodge a complaint about data protection matters with the Information Commissioner's Office, who can be contacted by post at: Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF. By phone on 0303 123 1113 (local rate) or 01625 545 745. Visit their website for more information at- https://ico.org.uk/concerns

If your complaint is not about a data protection matter you can find details on how to make a complaint on our website at www.glasgow.gov.uk/complaints

More information:For more details on how we process your personal information visit www.glasgow.gov.uk/privacy If you do not have access to the internet you can contact us via telephone to request hard copies of our documents.

|  |
| --- |
| DofE3a Group Enrolment Spreadsheet Example 2024 |
| **Please fill in the below for cohort registration. All columns must be filled in with the exception of those marked with a\*. Participant accounts can be created without this infromation but completing it here means the participant wont have to fill it in themselves later.**  |
| **Please ensure that you have already created the group name on edofe that you wish to be used.**  |
| **Please do not leave previous participant details from a previous cohort registration on the spreadsheet when you submit as there is a danger that you are charged for duplicate account creation.** |
| **Centre Name** |  |
| **Centre Coordinator Name** |  |
| Free Place Request for SIMD 1,2,3 or free school meal, care experience, ethnic minority, ASN | Free Place Request for Gold due to completion of either Bronze OR Silver level  | First Name  | Last Name  | Date of Birth  | House Name/No\* | Street Name\* | Post Code\* | Participant Email (must NOT be Leader email due to GDPR) | Scottish Candidate Number\* | Award Entry Level  | Direct Entry  | Group Name  | Have you a signed copy of consent  | Consent for Photographs/ FilmFootage  |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

# DofE4 Expedition Notification

|  |  |
| --- | --- |
| Name of DofE Centre |  |
| Expedition Location(s) |  | Expedition Start Date |  |
| Award Type and Level | Practise☐ | Qualifying☐ | Bronze☐ | Silver☐ | Gold☐ |
| Coordinator Name |  |
| Telephone Number |  |
| Names of DofE Centre Staff Attending Expedition where they are neither Supervisor or Assessor |  |
|  | **Group Details** |
| Group  | Male Participants (Quantity) | Female Participants (Quantity) | Describe their gender in another way (Quantity) | Would prefer not to say (Quantity) | Expedition Mode of Transport (i.e Walking/Cycling etc) | Is Supervisor from DofE Centre or from AAP (include the name of the AAP i.e Aspen,GoVenture,Outlook or CEntre) | Exped Supervisor Name | ExpedSupervisor NGB Qualification | Exped Supervisor Mobile Number | Assessor Name (If Qualifying Exped which can be the same person as supervisor on a Bronze QU) | Assessor ID Number | Assessor Mobile Number |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Home Base Contact Details** |
| Home Base Contact Name |  | Telephone Number 1 | Telephone Number 2 | Email Address |  |
| Head of Establishment/Senior Manager Name |  | Telephone Number 1 | Telephone Number 2 | Head of Establishment/Senior Manager Email Address |  |
| **It is the responsibility of each DofE Centre Co-ordinator to ensure the following information is sent to** **viki.williams@glasgow.gov.uk** **and david.fair@glasgowlife.org.uk** |
| DofE 4☐ | Route Card☐ | Map☐ This must be in PD, JPEG, DOC |
| **It is the responsibility of each DofE Centre Co-ordinator to ensure that the following information has been signed off by senior management and communicated with expedition staff and home base contacts and to keep a hard copy within the DofE Centre.** |
| Medical and Parental consent forms have been obtained for each participant (MC48 for all school groups) ☐ |
| A specific risk assessment has been carried out (MC48 for all school groups as well as being taken out by AALS registered AAP) ☐ |
| Form of application (MC48 for all school groups) ☐ |
| Emergency Procedures and Contact information Sheet (MC48 for all school groups) ☐ |
| Participants are registered on eDofE at the suitable level of the expedition they are taking part in ☐ |
| Emergency Transport Provision Plan ☐ |
| **All Supervisors must be appropriately trained and have the appropriate qualification for terrain. All Equipment must be appropriate. All necessary permissions have been obtained (access and campsites) All paperwork processes in accordance with the DofE Glasgow City Council procedures have been adhered to**  |
| Centre Co-ordinator Signed Date: / / | Head of Establishment/Senior Management SignedDate: / / |

**Appendix 6 from MC 48**

# Critical Incident Information

**This form must be completed prior to the commencement of the trip.**

**Copies must be held by the group leader, the school’s 24hr contact and forwarded to** MC48educationexcursions@glasgow.gov.uk

|  |  |
| --- | --- |
| Name of Establishment: | Head of Service: |
| Name of Group Leader: | Phone: |
| Departure Date: | Return Date: |  |
| Place(s) to be visited: |
| Adults | Male: |  | Female: |  | Group members | Male |  | Female |  |
| **PLEASE NOTE THAT A LIST OF EMERGNECY CONTACTS FOR ENTIRE GROUP SHOULD BE ATTACHED TO THIS FORM.** |

**Critical Incident Information: This form must be complete, IN FULL, before submission.**

1. **During normal dates and opening hours**

 Head of Establishment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_

 Depute/Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Out of normal dates and opening hours (inc holiday period)**

 Head of Establishment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_

 Depute/Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Travel Company (if appropriate)**

 Name/Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_

 Booking Reference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Flight Nos \_\_\_\_\_\_\_\_\_\_\_\_

1. **Accommodation Details:**

 Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **UK Embassy/Consulate**

 Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Hospital (local to resort)**

 Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Pharmacy/GP(local to resort)**

 Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **GCC Insurance**

 Policy Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Directorate Contact**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Incident Flow Chart

****

# Participant Code of Conduct Content Example

Student Name:

Date of Birth:

Address:

Parent Contact Tel No:

I (student name)………………………………………………………….of (class)………………… understand and accept the code of behaviour for the Duke of Edinburgh’s Award scheme and activities related to this.

* I will listen and obey instructions from members of staff/centre personnel.
* I will return to the campsite base promptly at the given times.
* I will behave in a courteous and respectable manner.
* I will not take drugs or have drugs in my possession.
* I will not drink or buy alcohol.
* I will not buy/ carry explosive materials or anything which could cause a fire.
* I will stay with my group during hiking in the daytime. I will not allow others to be separated from my group.
* I will not behave in such a way to endanger myself or others.
* I will observe the safety rules when using camp stoves and any other equipment.
* I will treat everyone with respect regardless of gender, ethnicity, disability, sexuality or religious beliefs.
* I will act as a good role model of appropriate behaviour
* I will Look after the environment

Bullying and harassment can be very distressing, and lead to humiliation and embarrassment for both the victim and perpetrator. It can have serious long term consequences including depression, eating disorders, self-harm and even suicide. Think very carefully about the possible consequences of your actions.

Students Signature…………………………………………………………………………………….

I have discussed the Code of Conduct with my Child/Ward. I understand that if the Centre Co-ordinator has reason to think that she/ he will not observe the Code of Conduct, they will not be allowed to participate in the expedition, in which case I will be liable for any cancellation costs incurred. I also understand that if she/he does not observe the Code she/he may be returned home at my expense.

Parent signature:……………………………………….

Name of Parent:…………………………………………. Date……………………

#  Supervision Consent Content Example

Dear Parents/ Carers

I am writing to you to explain how expeditions for the Duke of Edinburgh’s Award (DofE) are organised and supervised here at *Anytown DofE Centre*.

The DofE has a full training programme that every DofE participant needs to undertake before they will be allowed to take part in their qualifying expedition. This will include training in skills such as:

* Camp craft
* Cooking
* First aid
* Navigation
* Teamwork
* Observation and recording
* Emergency procedures
* Awareness of risk and health and safety procedures
* Country, Highway and Watersports Code

This training will be done both in theory and practical sessions. In order to gain the best experience for your child they should attend all sessions.

During this training the DofE Leaders/Supervisors will gradually give the team more and more responsibility so that they are able to journey unaccompanied without the Supervisor present.

A practice expedition is arranged during which time the team have the opportunity to practice all of the skills that they have learnt. One of these key skills is being able to make decisions themselves without a Supervisor intervening. During the practice the team will therefore have the opportunity to travel without a Supervisor present and the Supervisor will supervise remotely. If necessary, more than one practice expedition may be arranged.

On the assessed expedition the team will at all times be supervised remotely. This means that a Supervisor will not constantly be accompanying the team, nor will they be in constant sight or sound of the Supervisor. The Supervisor will meet up with the team on a few occasions during the day and will see the team in the evening at the camp site. This allows the Supervisor to check on the team’s safety and welfare whilst still allowing the team the experience of being on their own.

If you have any questions about these arrangements please do not hesitate to contact me.

J Bloggs

DofE Co-ordinator

Anytown DofE Centre

#  Expedition Supervision Plan Example

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Team: |  | Number in team: |  |
| Date |  | Day of Expedition: |  | Time of Sunset: |  |
| Predicted Weather |  |
| Hazards on route: | Grid Reference: | Possible Areas of navigational error: | Grid Reference |
|  |  |  |  |
| Planned Meeting Points | Teams ETA | Grid Reference | Other Info |
|  |  |  |  |

Expedition Route Card Example (use one per day)

|  |  |
| --- | --- |
| **Aim of expedition:**       | **Name of DofE Group:**     **Address:**     **Tel No:**      **Email:**       |
| **Day of the week:**      | **Date:**  /  /     | **Day of venture:**(1st, 2nd etc.)       | **Names of team members:**  |       |       |
|  |       |       |
|       |       |       |
| **Leg** | **PLACE WITH GRID REF** | **General direction** **or bearing** | **Distance** **in km** | **Height climbed in m** | **Time allowed for journeying** | **Time allowed for exploring, rests or meals** | **Total time****for leg** | **Estimated Time of Arrival**  | **Setting out time:**      |
| **START**       | **Brief details of route to be followed or planned activity.(Enter full details of activity on reverse)** | **Escape/Notes** |
| (a) | (b) | (c) | (d) | (e) | (f) | (g) | (h) | (i) | (j) | (k) |
| 1 | TO       |       |       |       |       |       |       |       |       |       |
| 2 | TO       |       |       |       |       |       |       |       |       |       |
| 3 | TO       |       |       |       |       |       |       |       |       |       |
| 4 | TO       |       |       |       |       |       |       |       |       |       |
| 5 | TO       |       |       |       |       |       |       |       |       |       |
| 6 | TO       |       |       |       |       |       |       |       |       |       |
| 7 | TO       |       |       |       |       |       |       |       |       |       |
| 8 | TO       |       |       |       |       |       |       |       |       |       |
| 9 | TO       |       |       |       |       |       |       |       |       |       |
| 10 | TO       |       |       |       |       |       |       |       |       |       |
| 11 | TO       |       |       |       |       |       |       |       |       |       |
| 12 | TO       |       |       |       |       |       |       |       |       |       |
| 13 | TO       |       |       |       |       |       |       |       |       |       |
|  | **Totals:** |       |       |       |       |       |       | **Supervisor’s name, location and Tel No:**      |
|  | GCClogoAppendix 12 |
| Education Services |
| **Health and Safety** |
| Example Bronze Risk Assessment  |
| **PLEASE USE BLACK INK** |

|  |  |  |
| --- | --- | --- |
| **SUBJECT AREA OF ASSESSMENT****(JOB TITLE/PROCESSING/LOCATION OR OTHER SUBJECT AREA)** | Duke of Edinburgh’s Award Qualifying expedition | Reference No. RA/ |
| Arrochar Hills |  |
|  |  |  |  |
| **DEPARTMENT** | **EDUCATION SERVICES** | **ESTABLISHMENT** | Example |

|  |
| --- |
| **COMPLETION SHEET** |
| Reference Number | Risk Rating (BS 8800) | Actions to be taken | Target Date |
|  |  |  |  |
|  |  |  |  |
|  |  | This risk assessment is specific to the group undertaking this activity at this venue and at this time and is therefore not suitable for the use of any other group. |  |
|  |  |  |  |
|  |  | Group Leaders must ensure that the group and parents/carers are aware and will adhere to the strict policies in Management Circular No 33. and 48. And the Duke of Edinburgh’s Award Operating Procedures for Bronze Groups in the travelling method of hillwalking. |  |
|  |  |  |  |
|  |  | a)On implementation of the action’s to be taken the risk can be reduced to a tolerable levelb) The risk assessment must be signed off by the head of Establishment and the Group Leader. |  |
|  |  |  |  |
|  | Name |  | Name:  |  | Name:  |
|  |  |  |  |  |  |
|  | Title |  | Title:  |  | Title:  |
|  |  |  |  |  |  |
|  | Date |  | Date:  |  | Date:  |
|  |  | Risk Assessor from Educational |  |  |  |
| Head of Establishment Signature |  | Establishment Signature |  | Group Leader Signature |  |
| **Training for Risk Assessment is continually taking place, information is available from the Health and Safety section, phone 0141 287 4622** | Date of Next Assessment |

|  |
| --- |
|  **PART 1. LIST OF SUBJECTS** |
| SubjectReferenceNumber | List of Subjects(activity, process, location etc.) |
|  |  |
|  |  |
| 1. | Travel |
| 2. | Accommodation |
| 3. | Equipment |
| 4. | Food |
| 5. | Medical |
| 6. | Activities |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

|  |
| --- |
| **PART 2 – RECORD OF RISK ASSESSMENT** |
| **Subject Reference Number** | **Hazard Ref Number** | **Hazard Description (e.g. potential causes of injury/damage)** | **Potential injury/damage** | **Persons at risk** | **Current preventative and protective measures (more detail on training in Part 3, more detail on PPE on Part 4)** | **Risk Rating (Bs 8800)** | **Further action required** |
| 1. Travel | 1a | Road Traffic Accident, Breakdowns and Delays | FatalityMajor InjuryMinor InjurySeparated from group | Participants | * Both vehicle and driver are complying with the procedures as stated by Education services in but not limited to management circulars.
* Appropriate Contingency Plans are in place including breakdown cover.
* Group Briefed on emergency procedures, including exits and first aid provision.
* Adult supervision whilst bus is in motion to supervise behaviour and seatbelt are being worn.
* Emergency contact details for school (HT) and parents.
* First Aid Arrangements
 | Tolerable | To be Monitored and Reviewed individually by group leaders |
| :Leaders |
| 2. Accommodation: Camping | 2a | Unendorsed Access | FatalityMajor InjuryMinor InjuryUnauthorized Access | Participants | * Information for pupils on restricted areas. Staff contacts and staff locations.
* Appropriate selection of campsites
* First Aid Equipment and Certification
 | Tolerable | To be Monitored and Reviewed individually by group leaders |
| Leaders | * Appropriate selection of campsites
* First Aid Equipment and Certification
* Staff understand there duty of care over participants and have done child protection training.
 |
| 2b | Fire | FatalityMajor InjuryMinor InjuryBurnsSmoke Inhalation | Participants | * Ensure all group members understand emergency action procedures, including where to meet in case of a fire.
* First Aid Equipment and Certification.
* Ensure that all members of the groups understand the risks involved with smoking and cooking near to and inside tents as included in pre-expedition training.
* Summon assistant to evacuate if necessary.
 | Tolerable | To be Monitored and Reviewed individually by group leaders |
| Leaders |
| 3. Equipment | 3a | Lifting and Putting on Back Packs | Back InjuryPermanent Disability | Participants | * Appropriate pre-expedition training, including handling skills and benefits of team work.
* Suitable Expedition Pack.
 | Tolerable | To be Monitored and Reviewed individually by group leaders |
| Leaders |
| 4. Food | 4a | Poor Hygiene | Food Poisoning | Participants | * Appropriate pre expedition training in camp craft carried out.
 | Tolerable | To be Monitored and Reviewed individually by group leaders |
| Leaders | * Appropriate technical competency.
 |
| 4b | Contaminated Water | Food Poisoning | Participants | * Appropriate pre expedition training in camp craft carried out.
* Water sterilised if necessary i.e. in low hills areas.
 | Tolerable | To be Monitored and Reviewed individually by group leaders |
| Leaders | * Appropriate technical competency
* Water sterilised if necessary i.e. in low hills areas.
 |

|  |
| --- |
| **PART 2 – RECORD OF RISK ASSESSMENT** |
| **Subject Reference Number** | **Hazard Ref Number** | **Hazard Description (e.g. potential causes of injury/damage)q** | **Potential injury/damage** | **Persons at risk** | **Current preventative and protective measures (more detail on training in Part 3, more detail on PPE on Part 4)** | **Risk Rating (Bs 8800)** | **Further action required** |
|  | 4c | Burning on Stove | FatalityMajor InjuryMinor InjuryBurnsSmoke Inhalation | Participants | * Appropriate pre expedition training in camp craft carried out.
 | Tolerable | To be Monitored and Reviewed individually by group leaders |
| Leaders | * Appropriate Technical Competency
 |
| 4d | Carbon Monoxide Inhalation | FatalityMajor InjuryMinor InjuryBurnsSmoke Inhalation | Participants | * Appropriate pre expedition training in camp craft carried out including cooking in ventilated area.
 | Tolerable  | To be Monitored and Reviewed individually by group leaders |
| Leaders | * Appropriate technical competency
 |
| 5. Medical | 5a | Pre Existing Medical Incidence | FatalityMinor InjuryMajor Injury | Participants | * Carry out all pre-expedition checks including medical and consent forms, double check any serious medical needs with both insurance and persons GP, where necessary receive documentation from GP regarding activities. Follow procedures as stated in Education
 | Tolerable | To be Monitored and Reviewed individually by group leaders |
| Leaders | * Ensure all staff including volunteers fill out a consent form with next of kin and medical information
 |
| 6. Hill walking | 6a | Getting Lost | FatalityMinor InjuryMajor Injury | Participants | * Adequate supervision suitable to the groups needs. Meeting places. Emergency Procedures Training. Emergency Contact Numbers. Navigation training. The group has the technically competency for the area they are walking in. Group size 4-7 allows for easy group management and accountability. Ensure that there is a buddy system in place. Group must remain together and not split up.
 | Tolerable | To be Monitored and Reviewed individually by group leaders |
| Leaders | * Appropriate technical competence for the area
 |
| 6b | Slips, Trips and Falls | FatalityMinor InjuryMajor Injury | Participants | * First Aid Arrangements
* Appropriate terrain for pre-expedition training received. Appropriate Footwear. Groups are not to walk in the dark, if night falls whilst group are still travelling; they are to set up camp at nearest appropriate site.
 | Tolerable | To be Monitored and Reviewed individually by group leaders |
| Leaders |
| 6c | Fatigue | FatalityMinor InjuryMajor Injury | Participants | * Appropriate route choice for skill and physical fitness level of the group.
* Regular Breaks.
 | Tolerable | To be Monitored and Reviewed individually by group leaders |
| Leaders |
| 6d | Moving Water | FatalityMinor InjuryMajor InjuryHypothermiaHyperthermiaDrowning | Participants | * Appropriate Route Planning taking weather changes into consideration avoiding dangerous water hazards where possible.
* Weather Forecast check
* Use of Bridges were possible
* Entering with direct supervision withdrawing as appropriate.
 | Tolerable | To be Monitored and Reviewed individually by group leaders |
| Leaders |
| 6e | Insect Bites | Lymes diseaseEncephalitis | Participants  | * Appropriate pre-expedition training including, Pupil briefing and information on symptoms and checking methods.
 | Tolerable | To be Monitored and Reviewed individually by group leaders |
| Leaders |
| 6f | Land slide | FatalityMinor InjuryMajor Injury | Participants | * Appropriate Route Choice.
* Pre-planned alternative route.
* Pre- expedition planning
* Weather Forecast check
 | Tolerable | To be Monitored and Reviewed individually by group leaders |
| Leaders |

|  |
| --- |
| **PART 2 – RECORD OF RISK ASSESSMENT** |
| **Subject Reference Number** | **Hazard Ref Number** | **Hazard Description (e.g. potential causes of injury/damage)** | **Potential injury/damage** | **Persons at risk** | **Current preventative and protective measures (more detail on training in Part 3, more detail on PPE on Part 4)** | **Risk Rating (Bs 8800)** | **Further action required** |
|  | 6g | Dehydration | Minor InjurySicknessFailure of bodily systems | Participants | Carry sufficient water.Use appropriate method to sterilise water.Observation of group methods.Weather forecasting and ongoing authorisation. | Tolerable | To be Monitored and Reviewed individually by group leaders |
| Leaders |
| Leaders |
| 6h | Road Traffic Accident whilst walking | FatalityMinor InjuryMajor Injury | Participants | Group awareness, staff to directly supervise and be aware of blind spots. If walking along or crossing roads, should be done under appropriate supervision and always with walkers facing traffic. | Tolerable | To be Monitored and Reviewed individually by group leaders |
| Leaders |
| 6i | Weather Conditions and exposure | Fatality Hypothermia,HyperthermiaMajor InjuryMinor Injury | Participants | * Policies for PPE are met within Education Services and as agreed by both assessors and expedition supervisors including sun awareness.
* Ensure proper hydration during activity
* First Aid Arrangements
* First Aid Certification
* Appropriate Route Planning to group. Pre expedition training. Appropriate PPE. Appropriate Staff training as described in Management Circulars.
* Emergency equipment.
* Weather forecasting and ongoing observation, clothing, group control, pre-planned alternative and escape routes.
 | Tolerable | To be Monitored and Reviewed individually by group leaders |
| Leaders |
|  | 6j | Fallen trees | Minor injury | All | Group awareness, staff to directly supervise and be aware of danger spots. If hazard is there passing should be done under appropriate supervision. Leader would find appropriate safe route walkers to pass through or by the hazard. | Tolerable |  |
| 7 |  | Ticks, Ticks Bits and Lymes Disease | Swelling Skin irritation Blistering Bruising Lymes Disease Post Lymes Syndrome to include – * Fatigue
* Aches / Pains

Stress / Anxiety  | All | Prior to ExpeditionInformation regarding ticks and tick bites provided to staff and pupils in advance of expedition by means of * DofE syllabus
* Verbal instruction
* Risk assessment review

Where volunteers are attending the expedition, e.g. school staff, parents, etc., required information and instruction regarding ticks and tick bites provided in advance, e.g. risk assessment discussion, clothing, etc., Expedition superrvisor aware of requirement to ensure review of current available information in relation to ticks prior to commencement of expedition to include heat maps of ticks, etc., During ExpeditionAll staff and pupils aware of responsibility to inform expedition leader when they become aware of ticks on their clothing, skin, etc., Removal of tick bite When staff member or pupil becomes aware of a tick bite either during expedition or afterwards follow advice provided during training or provided by expedition leader to include – * Carefully and quickly remove, e.g. using tick removal tool or tweezers
* Clean the affected area with soap / water or antiseptic immediately afterwards
* No requirement to contact GP or NHS 111 immediately after receiving a tick bite

Reporting of Tick Bite Recorded by expedition supervisorRequired further actions Staff member or pupil aware of responsibility to monitor bite area for several weeks and contact GP or NHS 111 if – * Rash develops around bite area
* Develop flu-like symptoms
* Muscle / joint pain

Lymes Disease Confirmation On receipt of NHS confirmation of Lymes Disease staff member to inform HT and school DofE co-ordinator to ensure recording and completion of required further actions as required, e.g. HR informed, Siemmins record updated, etc., Where staff member or pupil is absent as a result of Lymes Diseases and it is ascertained that the tick bite was sustained during an organised DofE expedition, HT to ensure details are recorded on the Hands Incident Reporting System and telephone call is made to ES H&S to discuss further Staff or pupils ongoing participation in all elements of DofE expeditions will require to be fully assessed for suitability taking into consideration any ongoing medical needs and include – * Physical capabilities
* Travel requirements
* Overnight expeditions
* Inclement weather
* Contingency arrangements should staff/pupil be unable to fully participate or continue with expedition
 | Tolerable |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  | Name |  | Name |  | Name |
|  |  |  |  |  |  |
|  | Title |  | Title |  | Title |
|  |  |  |  |  |  |
|  | Date | Risk Assessor from Educational | Date | Group Leader Signature | Date |
| Head of Establishment Signature |  | Establishment Signature |  |  |  |

|  |
| --- |
| **PART 3. CONTROL MEASURES - TRAINING** |
| Reference Number | Training Subject (enter appropriate details) | Conducted by | Brief Details of Training (state where records of training are located) | Training Records (state where records of training are located) | Is Training Evaluated? YES/NO (provide details) | Further action required |
| 1 | First Aid  | HSE recognised provider | First Aid course, which is appropriate to technical qualification.  | Records of this stored in Vocational Education. | Yes | Monitor |
| 2a | Technical Qualification | Glasgow City Council | Minimum Qualification recognised by Glasgow City Council | Records of this stored in Vocational Education. | Yes | Monitor |
| 2b | Technical Qualification | Sports Leader | Minimum Qualification recognised by Glasgow City Council | Records of this stored in Vocational Education. | Yes | Monitor |
| 2c | Technical Qualification | Mountain Leader UK | All assessed mountaineering qualifications held by governing body and on the GCC Partnership Database | Records of this stored in Vocational Education or Social Care. | Yes | Monitor |
| 3 | Modular Training Framework | DofE Support Team | Introduction to DofE, Supervisors Course, Assessors Course (only for assessor) | Records of this stored in Vocational Education or Social Care. | Yes | Monitor |
| I confirm that I have received training in the above sample risk assessment. I understand that in order to complete an expedition risk assessment that I must also take into consideration group and site specific risk. I understand that I can use the above risk assessment but that it is my responsibility and I must ensure that all risks have been noted and control measures are in place for the expedition’s that I will be supervising. |

|  |  |
| --- | --- |
| GCClogo | Appendix 12 |
| Education Services |
| **Health and Safety** |
|  Example Silver/Gold DofE Walking Expedition Risk Assessment (where no DofE centre staff are present)  |
| **PLEASE USE BLACK INK** |
| **SUBJECT AREA OF ASSESSMENT****(JOB TITLE/PROCESSING/LOCATION OR OTHER SUBJECT AREA)** | Duke of Edinburgh’s Award Expedition | Reference No. RA/ |
|  |  |
| **DEPARTMENT** | **EDUCATION SERVICES** | **ESTABLISHMENT** |  |
| **COMPLETION SHEET** |
|  |
|  | Name |  | Name:  |  | Name:  |
|  |  |  |  |  |  |
|  | Title |  | Title:  |  | Title:  |
|  |  |  |  |  |  |
|  | Date |  | Date:  |  | Date:  |
|  |  | Risk Assessor from Educational |  |  |  |
| Head of Establishment Signature |  | Establishment Signature |  | Group Leader Signature |  |
| **Training for Risk Assessment is continually taking place, information is available from the Health and Safety section, phone 0141 287 4622** | Date of Next Assessment |

|  |
| --- |
|  **PART 1. LIST OF SUBJECTS** |
| SubjectReferenceNumber | List of Subjects(activity, process, location etc.) |
|  |  |
| 1. | Supervision  |
| 2. | Travel |
| 3. | Accommodation |
| 4. | Equipment |
| 5. | Food |
| 6. | Medical |
| 7. | ActivitiesPlease note there has been an adjustment to our DofE Operating Procedures in relation to Supervision at the Silver level. It is always recommended that Silver expeditions have a member of staff from the DofE centre attend. However, if there is no suitable person available to attend from the DofE centre all supervision and pastoral care staff could be provided directly by a GCC DofE Glasgow Approved Activity Provider. This forms the minimum standard of supervision and pastoral care for Silver level. Higher tariff or ASN expedition groups should be risk assessed to determine the supervision and pastoral care required. In all cases guidance and approval will be sought from the head of establishment.  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

|  |
| --- |
| **PART 2 – RECORD OF RISK ASSESSMENT** |
| **Subject Reference Number** | **Hazard Ref Number** | **Hazard Description (e.g. potential causes of injury/damage)** | **Potential injury/damage** | **Persons at risk** | **Current preventative and protective measures (more detail on training in Part 3, more detail on PPE on Part 4)** | **Risk Rating (Bs 8800)** | **Further action required** |
| 1. Supervision
 | **1****1a** | **Supervision** **External Supervision** | FatalityMajor InjuryMinor InjurySeparated from groupFatalityMajor InjuryMinor InjurySeparated from group | **Participants and Leaders** | * Expedition supervisors must ensure that the group and parents/carers are aware and will adhere to the strict policies in Management Circular No 33 and 48 and the Duke of Edinburgh’s Award Operating Procedures.
* Where additional provider support is required/sourced to replace a school staff/volunteer, then the additional provision would provide a higher standard of care during any event/trip etc. as the additional provision would satisfy all of the existing requirements within MC (48) with regard to school volunteers responsibilities, with specific reference to sections:-
* 2.4. Ratios should also be based on the risk assessment for the visit/activity and not purely an adult to child/young person calculation.
* 2.4. (111) (Adult volunteers on the excursion should be clear about their roles and responsibilities during the excursion/visit)
* 3.10. It is important that staff make every effort to familiarise themselves with the area which they are going to visit.
 | Tolerable | To be Monitored and Reviewed individually by expedition supervisors |
| 2. Travel | 2a | Road Traffic Accident, Breakdowns and Delays | FatalityMajor InjuryMinor InjurySeparated from group | Participants | * Both vehicle and driver are complying with the procedures as stated by Education services in but not limited to management circulars.
* Appropriate Contingency Plans are in place including breakdown cover.
* Group Briefed on emergency procedures, including exits and first aid provision.
* Adult supervision whilst bus is in motion to supervise behaviour and seatbelt are being worn.
* Emergency contact details for school (HT) and parents.
* First Aid Arrangements
 | Tolerable | To be Monitored and Reviewed individually by expedition supervisors |
| :Leaders |
| 3. Accommodation: Camping | 3a | Unendorsed Access | FatalityMajor InjuryMinor InjuryUnauthorized Access | Participants | * Information for pupils on restricted areas. Staff contacts and staff locations.
* Appropriate selection of campsites
* First Aid Equipment and Certification
 | Tolerable | To be Monitored and Reviewed individually by expedition supervisors |
| Leaders | * Appropriate selection of campsites
* First Aid Equipment and Certification
* Staff understand there duty of care over participants and have done child protection training.
 |
| 3b | Fire | FatalityMajor InjuryMinor InjuryBurnsSmoke Inhalation | Participants | * Ensure all group members understand emergency action procedures, including where to meet in case of a fire.
* First Aid Equipment and Certification.
* Ensure that all members of the groups understand the risks involved with smoking and cooking near to and inside tents as included in pre-expedition training.
* Summon assistant to evacuate if necessary.
 | Tolerable | To be Monitored and Reviewed individually by expedition supervisors |
| Leaders |
| 3c | Pastoral Issue | Emotional Anxiety | Participants | * Ensure that the DofE Glasgow Approved Activity Providers are known to the DofE Participants and that the DofE Glasgow Approved Provider expedition supervisor has knowledge of all the young people in the group, their characteristics, behaviours and training strengths and weaknesses.
* Ensure that all DofE Participants are taking part in the Silver or Gold Level of expeditions and are trained to the appropriate standard as in the training section of this risk assessment.
* Ratio;s of group sizes to Supervisors must be kept below DofE maximums and also the National Governing Body Maximum for the terrain and environment. Should additional expedition supervisors be required for one group, the senior expedition supervisor should be clearly identified.
 | Tolerable | To be Monitored and Reviewed individually by expedition supervisors |
| 4. Equipment | 4a | Lifting and Putting on Back Packs | Back InjuryPermanent Disability | Participants | * Appropriate pre-expedition training, including handling skills and benefits of team work.
* Suitable Expedition Pack.
 | Tolerable | To be Monitored and Reviewed individually by expedition supervisors |
| Leaders |
| 5. Food | 5a | Poor Hygiene | Food Poisoning | Participants | * Appropriate pre expedition training in camp craft carried out.
 | Tolerable | To be Monitored and Reviewed individually by expedition supervisors |
| Leaders | * Appropriate technical competency.
 |
| 5b | Contaminated Water | Food Poisoning | Participants | * Appropriate pre expedition training in camp craft carried out.
* Water sterilised or filtered if necessary i.e. in low hills areas.
 | Tolerable | To be Monitored and Reviewed individually by expedition supervisors |
| Leaders | * Appropriate technical competency
* Water sterilised or filtered if necessary i.e. in low hills areas.
 |

|  |
| --- |
| **PART 2 – RECORD OF RISK ASSESSMENT** |
| **Subject Reference Number** | **Hazard Ref Number** | **Hazard Description (e.g. potential causes of injury/damage)q** | **Potential injury/damage** | **Persons at risk** | **Current preventative and protective measures (more detail on training in Part 3, more detail on PPE on Part 4)** | **Risk Rating (Bs 8800)** | **Further action required** |
|  | 5c | Burning on Stove | FatalityMajor InjuryMinor InjuryBurnsSmoke Inhalation | Participants | * Appropriate pre expedition training in camp craft carried out.
 | Tolerable | To be Monitored and Reviewed individually by expedition supervisors |
| Leaders | * Appropriate Technical Competency
 |
| 5d | Carbon Monoxide Inhalation | FatalityMajor InjuryMinor InjuryBurnsSmoke Inhalation | Participants | * Appropriate pre expedition training in camp craft carried out including cooking in ventilated area.
 | Tolerable  | To be Monitored and Reviewed individually by expedition supervisors |
| Leaders | * Appropriate technical competency
 |
| 6. Medical | 6a | Pre Existing Medical Incidence | FatalityMinor InjuryMajor Injury | Participants | * Carry out all pre-expedition checks including medical and consent forms, double check any serious medical needs with both insurance and persons GP, where necessary receive documentation from GP regarding activities. Follow procedures as stated in Education
 | Tolerable | To be Monitored and Reviewed individually by expedition supervisors |
| Leaders | * Ensure all staff including volunteers fill out a consent form with next of kin and medical information
 |
| 7. Walking | 7a | Getting Lost | FatalityMinor InjuryMajor Injury | Participants | * Adequate supervision suitable to the groups needs. Meeting places. Emergency Procedures Training. Emergency Contact Numbers. Navigation training. The group has the technically competency for the area they are walking in. Group size 4-7 allows for easy group management and accountability. Ensure that there is a buddy system in place. Group must remain together and not split up.
 | Tolerable | To be Monitored and Reviewed individually by expedition supervisors |
| Leaders | * Appropriate technical competence for the area
 |
| 7b | Slips, Trips and Falls | FatalityMinor InjuryMajor Injury | Participants | * First Aid Arrangements
* Appropriate terrain for pre-expedition training received. Appropriate Footwear. Groups are not to walk in the dark, if night falls whilst group are still travelling; they are to set up camp at nearest appropriate site.
 | Tolerable | To be Monitored and Reviewed individually by expedition supervisors |
| Leaders |
| 7c | Fatigue | FatalityMinor InjuryMajor Injury | Participants | * Appropriate route choice for skill and physical fitness level of the group.
* Regular Breaks.
 | Tolerable | To be Monitored and Reviewed individually by expedition supervisors |
| Leaders |
| 7d | Moving Water | FatalityMinor InjuryMajor InjuryHypothermiaHyperthermiaDrowning | Participants | * Appropriate Route Planning taking weather changes into consideration avoiding dangerous water hazards.
* Have alternative route in case of river height including the equipment for the possibility of an extra night out camping.
* Weather Forecast check
* Planned route to incorporate Use of Bridges where possible.
* Use of fords and stepping-stones where the river is not in torrent as appropriate through National Governing Body training.
* Entering with direct supervision withdrawing as appropriate.
 | Tolerable | To be Monitored and Reviewed individually by expedition supervisors |
| Leaders |
| 7e | Insect Bites | Lymes diseaseEncephalitis | Participants  | * Appropriate pre-expedition training including, Pupil briefing and information on symptoms and checking methods.
 | Tolerable | To be Monitored and Reviewed individually by expedition supervisors |
| Leaders |
| 7f | Land slide | FatalityMinor InjuryMajor Injury | Participants | * Appropriate Route Choice.
* Pre-planned alternative route.
* Pre- expedition planning
* Weather Forecast check
 | Tolerable | To be Monitored and Reviewed individually by expedition supervisors |
| Leaders |

|  |
| --- |
| **PART 2 – RECORD OF RISK ASSESSMENT** |
| **Subject Reference Number** | **Hazard Ref Number** | **Hazard Description (e.g. potential causes of injury/damage)** | **Potential injury/damage** | **Persons at risk** | **Current preventative and protective measures (more detail on training in Part 3, more detail on PPE on Part 4)** | **Risk Rating (Bs 8800)** | **Further action required** |
|  | 7g | Dehydration | Minor InjurySicknessFailure of bodily systems | Participants | Carry sufficient water.Use appropriate method to sterilise water.Observation of group methods.Weather forecasting and ongoing authorisation. | Tolerable | To be Monitored and Reviewed individually by expedition supervisors |
| Leaders |
| Leaders |
| 7h | Road Traffic Accident whilst walking | FatalityMinor InjuryMajor Injury | Participants | Group awareness, staff to directly supervise and be aware of blind spots. If walking along or crossing roads, should be done under appropriate supervision and always with walkers facing traffic. | Tolerable | To be Monitored and Reviewed individually by expedition supervisors |
| Leaders |
| 7i | Weather Conditions and exposure | Fatality Hypothermia,HyperthermiaMajor InjuryMinor Injury | Participants | * Policies for PPE are met within Education Services and as agreed by both assessors and expedition supervisors including sun awareness.
* Ensure proper hydration during activity
* First Aid Arrangements
* First Aid Certification
* Appropriate Route Planning to group. Pre expedition training. Appropriate PPE. Appropriate Staff training as described in Management Circulars.
* Emergency equipment.
* Weather forecasting and ongoing observation, clothing, group control, pre-planned alternative and escape routes.
 | Tolerable | To be Monitored and Reviewed individually by expedition supervisors |
| Leaders |
|  | 7j | Fallen trees | Minor injury | All | Group awareness, staff to directly supervise and be aware of danger spots. If hazard is there passing should be done under appropriate supervision. Leader would find appropriate safe route walkers to pass through or by the hazard. | Tolerable |  |
| 8 |  | Ticks, Ticks Bits and Lymes Disease | Swelling Skin irritation Blistering Bruising Lymes Disease Post Lymes Syndrome to include – * Fatigue
* Aches / Pains

Stress / Anxiety  | All | Prior to ExpeditionInformation regarding ticks and tick bites provided to staff and pupils in advance of expedition by means of * DofE syllabus
* Verbal instruction
* Risk assessment review

Where volunteers are attending the expedition, e.g. school staff, parents, etc., required information and instruction regarding ticks and tick bites provided in advance, e.g. risk assessment discussion, clothing, etc., Expedition superrvisor aware of requirement to ensure review of current available information in relation to ticks prior to commencement of expedition to include heat maps of ticks, etc., During ExpeditionAll staff and pupils aware of responsibility to inform expedition leader when they become aware of ticks on their clothing, skin, etc., Removal of tick bite When staff member or pupil becomes aware of a tick bite either during expedition or afterwards follow advice provided during training or provided by expedition leader to include – * Carefully and quickly remove, e.g. using tick removal tool or tweezers
* Clean the affected area with soap / water or antiseptic immediately afterwards
* No requirement to contact GP or NHS 111 immediately after receiving a tick bite

Reporting of Tick Bite Recorded by expedition supervisorRequired further actions Staff member or pupil aware of responsibility to monitor bite area for several weeks and contact GP or NHS 111 if – * Rash develops around bite area
* Develop flu-like symptoms
* Muscle / joint pain

Lymes Disease Confirmation On receipt of NHS confirmation of Lymes Disease staff member to inform HT and school DofE co-ordinator to ensure recording and completion of required further actions as required, e.g. HR informed, Siemmins record updated, etc., Where staff member or pupil is absent as a result of Lymes Diseases and it is ascertained that the tick bite was sustained during an organised DofE expedition, HT to ensure details are recorded on the Hands Incident Reporting System and telephone call is made to ES H&S to discuss further Staff or pupils ongoing participation in all elements of DofE expeditions will require to be fully assessed for suitability taking into consideration any ongoing medical needs and include – * Physical capabilities
* Travel requirements
* Overnight expeditions
* Inclement weather
* Contingency arrangements should staff/pupil be unable to fully participate or continue with expedition
 | 7 |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  | Name |  | Name |  | Name |
|  |  |  |  |  |  |
|  | Title |  | Title |  | Title |
|  |  |  |  |  |  |
|  | Date | Risk Assessor from Educational | Date | Group Leader Signature | Date |
| Head of Establishment Signature |  | Establishment Signature |  |  |  |

|  |
| --- |
| **PART 3. CONTROL MEASURES - TRAINING** |
| Reference Number | Training Subject (enter appropriate details) | Conducted by | Brief Details of Training (state where records of training are located) | Training Records (state where records of training are located) | Is Training Evaluated? YES/NO (provide details) | Further action required |
| 1 | First Aid  | HSE recognised provider | First Aid course, which is appropriate to technical qualification.  | Records of this stored in Vocational Education. | Yes | Monitor |
| 2a | Technical Qualification | Glasgow City Council | Minimum Qualification recognised by Glasgow City Council | Records of this stored in Vocational Education. | Yes | Monitor |
| 2b | Technical Qualification | Sports Leader | Minimum Qualification recognised by Glasgow City Council | Records of this stored in Vocational Education. | Yes | Monitor |
| 2c | Technical Qualification | Mountain Leader UK | All assessed mountaineering qualifications held by governing body. | Records of this stored in Vocational Education or Social Care. | Yes | Monitor |
| 3 | Modular Training Framework | DofE Support Team | Introduction to DofE, Supervisors Course, Assessors Course (only for assessor) | Records of this stored in Vocational Education or Social Care. | Yes | Monitor |
| 4 | Protecting Vulnerable Groups | Disclosure Scotland | PVG Check | Records of this stored in Employment skills parerhsip and Approved Activity provider | Yes | Monito |
| 5 | Expedition Training Syllabus as venue and level dictate.  | Group Leader, Centre Coordinator and DofE Glasgow Approved Activity Provider.  | Appropriate level of DofE Expedition Training Syllabus level. Ie Where a silver group undertake an expedition in silver terrain they must be trained to the silver expedition training standard, if they are undertaking their expedition in Gold terrain they would need to be trained to the Gold expedition training standard. | Records of this stored on edofe and updated by the DofE Leader and verified by the Centre Coordinator and AAP Director | Yes | Monitor |
| I confirm that I have received training in the above sample risk assessment. I understand that in order to complete an expedition risk assessment that I must also take into consideration group and site-specific risk which I will update into this risk assesmen.. I understand that I can use the above risk assessment but that it is my responsibility and I must ensure that all risks have been noted and control measures are in place for the expedition’s that I will be supervising. |
| GCClogo | Appendix 12 |
| Education Services |
| **Health and Safety** |
| Example Silver/Gold DofE Paddlesport Expedition Risk Assessment EDU (where no DofE centre staff are present)  |
| **PLEASE USE BLACK INK** |
| **SUBJECT AREA OF ASSESSMENT****(JOB TITLE/PROCESSING/LOCATION OR OTHER SUBJECT AREA)** | Duke of Edinburgh’s Award Expedition | Reference No. RA/ |
|  |  |
|  |  |  |  |
| **DEPARTMENT** | **EDUCATION SERVICES** | **ESTABLISHMENT** |  |

|  |
| --- |
| **COMPLETION SHEET** |
| Reference Number | Risk Rating (BS 8800) | Actions to be taken | Target Date |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  | Name |  | Name:  |  | Name:  |
|  |  |  |  |  |  |
|  | Title |  | Title:  |  | Title:  |
|  |  |  |  |  |  |
|  | Date |  | Date:  |  | Date:  |
|  |  | Risk Assessor from Educational |  |  |  |
| Head of Establishment Signature |  | Establishment Signature |  | Group Leader Signature |  |
| **Training for Risk Assessment is continually taking place, information is available from the Health and Safety section, phone 0141 287 4622** | Date of Next Assessment |

|  |
| --- |
|  **PART 1. LIST OF SUBJECTS** |
| SubjectReferenceNumber | List of Subjects(activity, process, location etc.) |
|  |  |
|  |  |
| 1.2 | SupervisorTravel |
| 3. | Accommodation |
| 4. | Equipment |
| 5. | Food |
| 6. | Medical |
| 7. | ActivitiesPlease note there has been an adjustment to our DofE Operating Procedures in relation to Supervision at the Silver level. It is always recommended that Silver expeditions have a member of staff from the DofE centre attend. However, if there is no suitable person available to attend from the DofE centre all supervision and pastoral care staff could be provided directly by a GCC DofE Glasgow Approved Activity Provider. This forms the minimum standard of supervision and pastoral care for Silver level. Higher tariff or ASN expedition groups should be risk assessed to determine the supervision and pastoral care required. In all cases guidance and approval will be sought from the head of establishment.  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

|  |
| --- |
| **PART 2 – RECORD OF RISK ASSESSMENT** |
| **Subject Reference Number** | **Hazard Ref Number** | **Hazard Description (e.g. potential causes of injury/damage)** | **Potential injury/damage** | **Persons at risk** | **Current preventative and protective measures (more detail on training in Part 3, more detail on PPE on Part 4)** | **Risk Rating (Bs 8800)** | **Further action required** |
| 1. | 1a | Supervision  | FatalityMajor InjuryMinor InjurySeparated from group |  | * Expedition supervisors must ensure that the group and parents/carers are aware and will adhere to the strict policies in Management Circular No 33 and 48 and the Duke of Edinburgh’s Award Operating Procedures.
 | Tolerable | To be Monitored and Reviewed individually by expedition supervisors |
| 1b | External Supervision | FatalityMajor InjuryMinor InjurySeparated from group |  | * Where additional provider support is required/sourced to replace a school staff/volunteer, then the additional provision would provide a higher standard of care during any event/trip etc. as the additional provision would satisfy all of the existing requirements within MC (48) with regard to school volunteers responsibilities, with specific reference to sections:-
* 2.4. Ratios should also be based on the risk assessment for the visit/activity and not purely an adult to child/young person calculation.
* 2.4. (111) (Adult volunteers on the excursion should be clear about their roles and responsibilities during the excursion/visit)
* 3.10. It is important that staff make every effort to familiarise themselves with the area which they are going to visit.
 | Tolerable | To be Monitored and Reviewed individually by expedition supervisors |
| 2. Travel | 2a | Road Traffic Accident, Breakdowns and Delays | FatalityMajor InjuryMinor InjurySeparated from group | Participants | * Both vehicle and driver are complying with the procedures as stated by Education services in but not limited to management circulars.
* Appropriate Contingency Plans are in place including breakdown cover.
* Group Briefed on emergency procedures, including exits and first aid provision.
* Adult supervision whilst bus is in motion to supervise behaviour and seatbelt are being worn.
* Emergency contact details for school (HT) and parents.
* First Aid Arrangements
 | Tolerable | To be Monitored and Reviewed individually by expedition supervisors |
| :Leaders |
| 3.Accommodation: Camping | 3a | Unendorsed Access | FatalityMajor InjuryMinor InjuryUnauthorized Access | Participants | * Information for pupils on restricted areas. Staff contacts and staff locations.
* Appropriate selection of campsites
* First Aid Equipment and Certification
 | Tolerable | To be Monitored and Reviewed individually by expedition supervisors |
| Leaders | * Appropriate selection of campsites
* First Aid Equipment and Certification
* Staff understand there duty of care over participants and have done child protection training.
 |
| 3b | Fire | FatalityMajor InjuryMinor InjuryBurnsSmoke Inhalation | Participants | * Ensure all group members understand emergency action procedures, including where to meet in case of a fire.
* First Aid Equipment and Certification.
* Ensure that all members of the groups understand the risks involved with smoking and cooking near to and inside tents as included in pre-expedition training.
* Summon assistant to evacuate if necessary.
 | Tolerable | To be Monitored and Reviewed individually by expedition supervisors |
| Leaders |
| 3c | Pastoral Issue | Emotional Anxiety | Participants | * Ensure that the DofE Glasgow Approved Activity Providers are known to the DofE Participants and that the DofE Glasgow Approved Provider expedition supervisor has knowledge of all the young people in the group, their characteristics, behaviours and training strengths and weaknesses.
* Ensure that all DofE Participants are taking part in the Silver or Gold Level of expeditions and are trained to the appropriate standard as in the training section of this risk assessment.
* Ratio;s of group sizes to Supervisors must be kept below DofE maximums and also the National Governing Body Maximum for the terrain and environment. Should additional expedition supervisors be required for one group, the senior expedition supervisor should be clearly identified.
 | Tolerable | To be Monitored and Reviewed individually by expedition supervisors |
| 4. Equipment | 4a | Lifting and Putting on Back Packs | Back InjuryPermanent Disability | Participants | * Appropriate pre-expedition training, including handling skills and benefits of team work.
* Suitable Expedition Pack.
 | Tolerable | To be Monitored and Reviewed individually by expedition supervisors |
| Leaders |
| 5. Food | 5a | Poor Hygiene | Food Poisoning | Participants | * Appropriate pre expedition training in camp craft carried out.
 | Tolerable | To be Monitored and Reviewed individually by expedition supervisors |
| Leaders | * Appropriate technical competency.
 |
| 5b | Contaminated Water | Food Poisoning | Participants | * Appropriate pre expedition training in camp craft carried out.
* Water sterilised or filtered if necessary i.e. in low hills areas.
 | Tolerable | To be Monitored and Reviewed individually by expedition supervisors |
| Leaders | * Appropriate technical competency
* Water sterilised or filtered if necessary i.e. in low hills areas.
 |

|  |
| --- |
| **PART 2 – RECORD OF RISK ASSESSMENT** |
| **Subject Reference Number** | **Hazard Ref Number** | **Hazard Description (e.g. potential causes of injury/damage)q** | **Potential injury/damage** | **Persons at risk** | **Current preventative and protective measures (more detail on training in Part 3, more detail on PPE on Part 4)** | **Risk Rating (Bs 8800)** | **Further action required** |
|  | 5c | Burning on Stove | FatalityMajor InjuryMinor InjuryBurnsSmoke Inhalation | Participants | * Appropriate pre expedition training in camp craft carried out.
 | Tolerable | To be Monitored and Reviewed individually by expedition supervisors |
| Leaders | * Appropriate Technical Competency
 |
| 5d | Carbon Monoxide Inhalation | FatalityMajor InjuryMinor InjuryBurnsSmoke Inhalation | Participants | * Appropriate pre expedition training in camp craft carried out including cooking in ventilated area.
 | Tolerable  | To be Monitored and Reviewed individually by expedition supervisors |
| Leaders | * Appropriate technical competency
 |
| 6. Medical | 6a | Pre Existing Medical Incidence | FatalityMinor InjuryMajor Injury | Participants | * Carry out all pre-expedition checks including medical and consent forms, double check any serious medical needs with both insurance and persons GP, where necessary receive documentation from GP regarding activities. Follow procedures as stated in Education
 | Tolerable | To be Monitored and Reviewed individually by expedition supervisors |
| Leaders | * Ensure all staff including volunteers fill out a consent form with next of kin and medical information
 |
| 7. Paddleport | 7a | Getting Lost | FatalityMinor InjuryMajor Injury | Participants | * Adequate supervision suitable to the groups needs. Meeting places. Emergency Procedures Training. Emergency Contact Numbers. Navigation training. The group has the technically competency for the area they are walking in. Group size 4-8 allows for easy group management and accountability. Ensure that there is a buddy system in place. Group must remain together and not split up.
 | Tolerable | To be Monitored and Reviewed individually by expedition supervisors |
| Leaders | * Appropriate technical competence for the area
 |
| 7b | Slips, Trips and Falls | FatalityMinor InjuryMajor Injury | Participants | * First Aid Arrangements
* Appropriate terrain for pre-expedition training received. Appropriate Footwear. Groups are not to walk in the dark, if night falls whilst group are still travelling; they are to set up camp at nearest appropriate site.
 | Tolerable | To be Monitored and Reviewed individually by expedition supervisors |
| Leaders |
| 7c | Fatigue | FatalityMinor InjuryMajor Injury | Participants | * Appropriate route choice for skill and physical fitness level of the group.
* Regular Breaks.
 | Tolerable | To be Monitored and Reviewed individually by expedition supervisors |
| Leaders |
| 7d | Drowning | Majory InjuryDeath | Participants Leaders | * Wearing of appropriate buoyancy aids or lifejackets.
* Group management.
* Use of appropriately qualified staff.
* Staff First Aid trained
 | Tolerable | To be Monitored and Reviewed individually by expedition supervisors |
| 7e | Cold water immersion and Hypothermia | Major Injury, Death | Participants Leaders | * PPE used as appropriate
 | Tolerable | To be Monitored and Reviewed individually by expedition supervisors |
| 7f | Collision/Impact with objectsBoats, Paddles, Rocks | Major Injury, Death | Participants Leaders | Group management.Paddlesports helmets must be worn by participants whilst kayaking and canoeing on White Water.Paddlesports helmets may be worn for all other watersports sessions at the supervisor’s discretion. | Tolerable | To be Monitored and Reviewed individually by expedition supervisors |
| 7g | Medical ie E coli, Weils disease | Minor Injury | Participants eaders  | Group management of hygiene | Tolerable | To be Monitored and Reviewed individually by expedition supervisors |
| 7h | Effects of Weather, | Death, Serious injury | Participants Leaders  | Competent staff.Group management.Checking of forecast before activity. | Tolerable | To be Monitored and Reviewed individually by expedition supervisors |
| 7i | Effects of Heat | Death, Serious injury | Participants Leaders | Competent staff, First aid trainedSun block & hats available | Tolerable | To be Monitored and Reviewed individually by expedition supervisors |
| 7j | Insect Bites | Lymes diseaseEncephalitis | Participants  | * Appropriate pre-expedition training including, Pupil briefing and information on symptoms and checking methods.
 | Tolerable | To be Monitored and Reviewed individually by expedition supervisors |
| Leaders |
| Leaders |

|  |
| --- |
| **PART 2 – RECORD OF RISK ASSESSMENT** |
| **Subject Reference Number** | **Hazard Ref Number** | **Hazard Description (e.g. potential causes of injury/damage)** | **Potential injury/damage** | **Persons at risk** | **Current preventative and protective measures (more detail on training in Part 3, more detail on PPE on Part 4)** | **Risk Rating (Bs 8800)** | **Further action required** |
|  | 7g | Dehydration | Minor InjurySicknessFailure of bodily systems | Participants | Carry sufficient water.Use appropriate method to sterilise water.Observation of group methods.Weather forecasting and ongoing authorisation. | Tolerable | To be Monitored and Reviewed individually by expedition supervisors |
| Leaders |
| Leaders |
| 7h | Road Traffic Accident whilst walking | FatalityMinor InjuryMajor Injury | Participants | Group awareness, staff to directly supervise and be aware of blind spots. If walking along or crossing roads, should be done under appropriate supervision and always with walkers facing traffic. | Tolerable | To be Monitored and Reviewed individually by expedition supervisors |
| Leaders |
| 7i | Weather Conditions and exposure | Fatality Hypothermia,HyperthermiaMajor InjuryMinor Injury | Participants | * Policies for PPE are met within Education Services and as agreed by both assessors and expedition supervisors including sun awareness.
* Ensure proper hydration during activity
* First Aid Arrangements
* First Aid Certification
* Appropriate Route Planning to group. Pre expedition training. Appropriate PPE. Appropriate Staff training as described in Management Circulars.
* Emergency equipment.
* Weather forecasting and ongoing observation, clothing, group control, pre-planned alternative and escape routes.
 | Tolerable | To be Monitored and Reviewed individually by expedition supervisors |
| Leaders |
| 8 |  | Ticks, Ticks Bits and Lymes Disease | Swelling Skin irritation Blistering Bruising Lymes Disease Post Lymes Syndrome to include – * Fatigue
* Aches / Pains

Stress / Anxiety  | All | Prior to ExpeditionInformation regarding ticks and tick bites provided to staff and pupils in advance of expedition by means of * DofE syllabus
* Verbal instruction
* Risk assessment review

Where volunteers are attending the expedition, e.g. school staff, parents, etc., required information and instruction regarding ticks and tick bites provided in advance, e.g. risk assessment discussion, clothing, etc., Expedition superrvisor aware of requirement to ensure review of current available information in relation to ticks prior to commencement of expedition to include heat maps of ticks, etc., During ExpeditionAll staff and pupils aware of responsibility to inform expedition leader when they become aware of ticks on their clothing, skin, etc., Removal of tick bite When staff member or pupil becomes aware of a tick bite either during expedition or afterwards follow advice provided during training or provided by expedition leader to include – * Carefully and quickly remove, e.g. using tick removal tool or tweezers
* Clean the affected area with soap / water or antiseptic immediately afterwards
* No requirement to contact GP or NHS 111 immediately after receiving a tick bite

Reporting of Tick Bite Recorded by expedition supervisorRequired further actions Staff member or pupil aware of responsibility to monitor bite area for several weeks and contact GP or NHS 111 if – * Rash develops around bite area
* Develop flu-like symptoms
* Muscle / joint pain

Lymes Disease Confirmation On receipt of NHS confirmation of Lymes Disease staff member to inform HT and school DofE co-ordinator to ensure recording and completion of required further actions as required, e.g. HR informed, Siemmins record updated, etc., Where staff member or pupil is absent as a result of Lymes Diseases and it is ascertained that the tick bite was sustained during an organised DofE expedition, HT to ensure details are recorded on the Hands Incident Reporting System and telephone call is made to ES H&S to discuss further Staff or pupils ongoing participation in all elements of DofE expeditions will require to be fully assessed for suitability taking into consideration any ongoing medical needs and include – * Physical capabilities
* Travel requirements
* Overnight expeditions
* Inclement weather
* Contingency arrangements should staff/pupil be unable to fully participate or continue with expedition
 | 7 |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  | Name |  | Name |  | Name |
|  |  |  |  |  |  |
|  | Title |  | Title |  | Title |
|  |  |  |  |  |  |
|  | Date | Risk Assessor from Educational | Date | Group Leader Signature | Date |
| Head of Establishment Signature |  | Establishment Signature |  |  |  |

|  |
| --- |
| **PART 3. CONTROL MEASURES - TRAINING** |
| Reference Number | Training Subject (enter appropriate details) | Conducted by | Brief Details of Training (state where records of training are located) | Training Records (state where records of training are located) | Is Training Evaluated? YES/NO (provide details) | Further action required |
| 1 | First Aid  | HSE recognised provider | First Aid course, which is appropriate to technical qualification.  | Records of this stored in Vocational Education. | Yes | Monitor |
| 2a | Technical Qualification | Glasgow City Council | Minimum Qualification recognised by Glasgow City Council | Records of this stored in Vocational Education. | Yes | Monitor |
| 2b | Technical Qualification | British Canoeing | All assessed paddleport qualifications held by governing body and Glasgow City Counil | Records of this stored in Vocational Education or Social Care. | Yes | Monitor |
| 3 | Modular Training Framework | DofE Support Team | Introduction to DofE, Supervisors Course, Assessors Course (only for assessor) | Records of this stored in Vocational Education or Social Care. | Yes | Monitor |
| 6 | Expedition Training Syllabus as venue and level dictate.  | Group Leader, Centre Coordinator and DofE Glasgow Approved Activity Provider.  | Appropriate level of DofE Expedition Training Syllabus level. Ie Where a silver group undertake an expedition in silver terrain they must be trained to the silver expedition training standard, if they are undertaking their expedition in Gold terrain they would need to be trained to the Gold expedition training standard.  | Records of this stored on edofe and updated by the DofE Leader and verified by the Centre Coordinator and AAP Director | Yes | Monitor |
| I confirm that I have received training in the above sample risk assessment. I understand that in order to complete an expedition risk assessment that I must also take into consideration group and site-specific risk which I will update into this risk assesmen.. I understand that I can use the above risk assessment but that it is my responsibility and I must ensure that all risks have been noted and control measures are in place for the expedition’s that I will be supervising. |

|  |  |
| --- | --- |
| GCClogo | Appendix 12 |
| Education Services |
| **Health and Safety** |
| Example Silver/Gold DofE Biking Expedition Risk Assessment EDU (where no DofE centre staff are present)  |
| **PLEASE USE BLACK INK** |

|  |  |  |
| --- | --- | --- |
| **SUBJECT AREA OF ASSESSMENT****(JOB TITLE/PROCESSING/LOCATION OR OTHER SUBJECT AREA)** | Duke of Edinburgh’s Award Expedition | Reference No. RA/ |
|  |  |
|  |  |  |  |
| **DEPARTMENT** | **EDUCATION SERVICES** | **ESTABLISHMENT** |  |

|  |
| --- |
| **COMPLETION SHEET** |
| Reference Number | Risk Rating (BS 8800) | Actions to be taken | Target Date |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  | Name |  | Name:  |  | Name:  |
|  |  |  |  |  |  |
|  | Title |  | Title:  |  | Title:  |
|  |  |  |  |  |  |
|  | Date |  | Date:  |  | Date:  |
|  |  | Risk Assessor from Educational |  |  |  |
| Head of Establishment Signature |  | Establishment Signature |  | Group Leader Signature |  |
| **Training for Risk Assessment is continually taking place, information is available from the Health and Safety section, phone 0141 287 4622** | Date of Next Assessment |

|  |
| --- |
|  **PART 1. LIST OF SUBJECTS** |
| SubjectReferenceNumber | List of Subjects(activity, process, location etc.) |
|  |  |
|  |  |
| 1.2. | SupervisionTravel |
| 3.. | Accommodation |
| 4. | Equipment |
| 5. | Food |
| 6. | Medical |
| 7. | ActivitiesPlease note there has been an adjustment to our DofE Operating Procedures in relation to Supervision at the Silver level. It is always recommended that Silver expeditions have a member of staff from the DofE centre attend. However, if there is no suitable person available to attend from the DofE centre all supervision and pastoral care staff could be provided directly by a GCC DofE Glasgow Approved Activity Provider. This forms the minimum standard of supervision and pastoral care for Silver level. Higher tariff or ASN expedition groups should be risk assessed to determine the supervision and pastoral care required. In all cases guidance and approval will be sought from the head of establishment.  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

|  |
| --- |
| **PART 2 – RECORD OF RISK ASSESSMENT** |
| **Subject Reference Number** | **Hazard Ref Number** | **Hazard Description (e.g. potential causes of injury/damage)** | **Potential injury/damage** | **Persons at risk** | **Current preventative and protective measures (more detail on training in Part 3, more detail on PPE on Part 4)** | **Risk Rating (Bs 8800)** | **Further action required** |
| 1. | 1a | Supervision  | FatalityMajor InjuryMinor InjurySeparated from group |  | * Expedition supervisors must ensure that the group and parents/carers are aware and will adhere to the strict policies in Management Circular No 33 and 48 and the Duke of Edinburgh’s Award Operating Procedures.
 | Tolerable | To be Monitored and Reviewed individually by expedition supervisors |
|  | 1b | External Supervision | FatalityMajor InjuryMinor InjurySeparated from group |  | * Where additional provider support is required/sourced to replace a school staff/volunteer, then the additional provision would provide a higher standard of care during any event/trip etc. as the additional provision would satisfy all of the existing requirements within MC (48) with regard to school volunteers responsibilities, with specific reference to sections:-
* 2.4. Ratios should also be based on the risk assessment for the visit/activity and not purely an adult to child/young person calculation.
* 2.4. (111) (Adult volunteers on the excursion should be clear about their roles and responsibilities during the excursion/visit)
* 3.10. It is important that staff make every effort to familiarise themselves with the area which they are going to visit.
 | Tolerable | To be Monitored and Reviewed individually by expedition supervisors |
| 2. Travel | 2a | Road Traffic Accident, Breakdowns and Delays | FatalityMajor InjuryMinor InjurySeparated from group | Participants | * Both vehicle and driver are complying with the procedures as stated by Education services in but not limited to management circulars.
* Appropriate Contingency Plans are in place including breakdown cover.
* Group Briefed on emergency procedures, including exits and first aid provision.
* Adult supervision whilst bus is in motion to supervise behaviour and seatbelt are being worn.
* Emergency contact details for school (HT) and parents.
* First Aid Arrangements
 | Tolerable | To be Monitored and Reviewed individually by expedition supervisors |
| :Leaders |
| 3. Accommodation: Camping | 3a | Unendorsed Access | FatalityMajor InjuryMinor InjuryUnauthorized Access | Participants | * Information for pupils on restricted areas. Staff contacts and staff locations.
* Appropriate selection of campsites
* First Aid Equipment and Certification
 | Tolerable | To be Monitored and Reviewed individually by expedition supervisors |
| Leaders | * Appropriate selection of campsites
* First Aid Equipment and Certification
* Staff understand there duty of care over participants and have done child protection training.
 |
| 3b | Fire | FatalityMajor InjuryMinor InjuryBurnsSmoke Inhalation | Participants | * Ensure all group members understand emergency action procedures, including where to meet in case of a fire.
* First Aid Equipment and Certification.
* Ensure that all members of the groups understand the risks involved with smoking and cooking near to and inside tents as included in pre-expedition training.
* Summon assistant to evacuate if necessary.
 | Tolerable | To be Monitored and Reviewed individually by expedition supervisors |
| Leaders |
| 3c | Pastoral Issue | Emotional Anxiety | Participants | * Ensure that the DofE Glasgow Approved Activity Providers are known to the DofE Participants and that the DofE Glasgow Approved Provider expedition supervisor has knowledge of all the young people in the group, their characteristics, behaviours and training strengths and weaknesses.
* Ensure that all DofE Participants are taking part in the Silver or Gold Level of expeditions and are trained to the appropriate standard as in the training section of this risk assessment.
* Ratio;s of group sizes to Supervisors must be kept below DofE maximums and also the National Governing Body Maximum for the terrain and environment. Should additional expedition supervisors be required for one group, the senior expedition supervisor should be clearly identified.
 | Tolerable | To be Monitored and Reviewed individually by expedition supervisors |
| 4. Equipment | 4a | Lifting and Putting on Back Packs | Back InjuryPermanent Disability | Participants | * Appropriate pre-expedition training, including handling skills and benefits of team work.
* Suitable Expedition Pack.
 | Tolerable | To be Monitored and Reviewed individually by expedition supervisors |
| Leaders |
| 5. Food | 5a | Poor Hygiene | Food Poisoning | Participants | * Appropriate pre expedition training in camp craft carried out.
 | Tolerable | To be Monitored and Reviewed individually by expedition supervisors |
| Leaders | * Appropriate technical competency.
 |
| 5b | Contaminated Water | Food Poisoning | Participants | * Appropriate pre expedition training in camp craft carried out.
* Water sterilised or filtered if necessary i.e. in low hills areas.
 | Tolerable | To be Monitored and Reviewed individually by expedition supervisors |
| Leaders | * Appropriate technical competency
* Water sterilised or filtered if necessary i.e. in low hills areas.
 |

|  |
| --- |
| **PART 2 – RECORD OF RISK ASSESSMENT** |
| **Subject Reference Number** | **Hazard Ref Number** | **Hazard Description (e.g. potential causes of injury/damage)q** | **Potential injury/damage** | **Persons at risk** | **Current preventative and protective measures (more detail on training in Part 3, more detail on PPE on Part 4)** | **Risk Rating (Bs 8800)** | **Further action required** |
|  | 5c | Burning on Stove | FatalityMajor InjuryMinor InjuryBurnsSmoke Inhalation | Participants | * Appropriate pre expedition training in camp craft carried out.
 | Tolerable | To be Monitored and Reviewed individually by expedition supervisors |
| Leaders | * Appropriate Technical Competency
 |
| 5d | Carbon Monoxide Inhalation | FatalityMajor InjuryMinor InjuryBurnsSmoke Inhalation | Participants | * Appropriate pre expedition training in camp craft carried out including cooking in ventilated area.
 | Tolerable  | To be Monitored and Reviewed individually by expedition supervisors |
| Leaders | * Appropriate technical competency
 |
| 6. Medical | 6a | Pre Existing Medical Incidence | FatalityMinor InjuryMajor Injury | Participants | * Carry out all pre-expedition checks including medical and consent forms, double check any serious medical needs with both insurance and persons GP, where necessary receive documentation from GP regarding activities. Follow procedures as stated in Education
 | Tolerable | To be Monitored and Reviewed individually by expedition supervisors |
| Leaders | * Ensure all staff including volunteers fill out a consent form with next of kin and medical information
 |
| 7. Biking | 7a | Getting Lost | FatalityMinor InjuryMajor Injury | Participants | * Adequate supervision suitable to the groups needs. Meeting places. Emergency Procedures Training. Emergency Contact Numbers. Navigation training. The group has the technically competency for the area they are walking in. Group size 4-7 allows for easy group management and accountability. Ensure that there is a buddy system in place. Group must remain together and not split up.
 | Tolerable | To be Monitored and Reviewed individually by expedition supervisors |
| Leaders | * Appropriate technical competence for the area
 |
| 7b | Slips, Trips and Falls | FatalityMinor InjuryMajor Injury | Participants | * First Aid Arrangements
* Appropriate terrain for pre-expedition training received. Appropriate Footwear. Groups are not to walk in the dark, if night falls whilst group are still travelling; they are to set up camp at nearest appropriate site.
 | Tolerable | To be Monitored and Reviewed individually by expedition supervisors |
| Leaders |
| 7c | Fatigue | FatalityMinor InjuryMajor Injury | Participants | * Appropriate route choice for skill and physical fitness level of the group.
* Regular Breaks.
 | Tolerable | To be Monitored and Reviewed individually by expedition supervisors |
| Leaders |
| 7d | Moving Water | FatalityMinor InjuryMajor InjuryHypothermiaHyperthermiaDrowning | Participants | * Appropriate Route Planning taking weather changes into consideration avoiding dangerous water hazards where possible.
* Weather Forecast check
* Use of Bridges were possible
* Entering with direct supervision withdrawing as appropriate.
 | Tolerable | To be Monitored and Reviewed individually by expedition supervisors |
| Leaders |
| 7e | Insect Bites | Lymes diseaseEncephalitis | Participants  | * Appropriate pre-expedition training including, Pupil briefing and information on symptoms and checking methods.
 | Tolerable | To be Monitored and Reviewed individually by expedition supervisors |
| Leaders |
| 7f | Land slide | FatalityMinor InjuryMajor Injury | Participants | * Appropriate Route Choice.
* Pre-planned alternative route.
* Pre- expedition planning
* Weather Forecast check
 | Tolerable | To be Monitored and Reviewed individually by expedition supervisors |
| Leaders |

|  |
| --- |
| **PART 2 – RECORD OF RISK ASSESSMENT** |
| **Subject Reference Number** | **Hazard Ref Number** | **Hazard Description (e.g. potential causes of injury/damage)** | **Potential injury/damage** | **Persons at risk** | **Current preventative and protective measures (more detail on training in Part 3, more detail on PPE on Part 4)** | **Risk Rating (Bs 8800)** | **Further action required** |
|  | 7g | Dehydration | Minor InjurySicknessFailure of bodily systems | Participants | Carry sufficient water.Use appropriate method to sterilise water.Observation of group methods.Weather forecasting and ongoing authorisation. | Tolerable | To be Monitored and Reviewed individually by expedition supervisors |
| Leaders |
| Leaders |
| 7h | Road Traffic Accident  | FatalityMinor InjuryMajor Injury | Participants | Group awareness, staff to directly supervise and be aware of blind spots. If walking along or crossing roads, should be done under appropriate supervision and always with walkers facing traffic.  | Tolerable | To be Monitored and Reviewed individually by expedition supervisors |
| Leaders |
| 7i | Weather Conditions and exposure | Fatality Hypothermia,HyperthermiaMajor InjuryMinor Injury | Participants | * Policies for PPE are met within Education Services and as agreed by both assessors and expedition supervisors including sun awareness.
* Ensure proper hydration during activity
* First Aid Arrangements
* First Aid Certification
* Appropriate Route Planning to group. Pre expedition training. Appropriate PPE. Appropriate Staff training as described in Management Circulars.
* Emergency equipment.
* Weather forecasting and ongoing observation, clothing, group control, pre-planned alternative and escape routes.
 | Tolerable | To be Monitored and Reviewed individually by expedition supervisors |
| Leaders |
|  | 7j | Fallen trees | Minor injury | Participants Leaders | Group awareness, staff to directly supervise and be aware of danger spots. If hazard is there passing should be done under appropriate supervision. Leader would find appropriate safe route walkers to pass through or by the hazard. | Tolerable | To be Monitored and Reviewed individually by expedition supervisors |
|  | 7k | Traffic-Collisions | Death, Serious Injury | Participants Leaders | Correctly fitted bike helmets worn. Appropriate level of supervision. Appro | Tolerable | To be Monitored and Reviewed individually by expedition supervisors |
|  | 7l | Using bikes, Falls, Collisions, | Death, Serious Injury | Participants, Leaders | Correctly fitted bike helmets worn.Competent Instructors.Good practice following centre guidelines, Appropriate equipment and terrain used.Appropriate safety clothing worn.  | Tolerable | To be Monitored and Reviewed individually by expedition supervisors |
|  | 7m | Equipment failure | Death, Serious Injury | Instructors, Centre Users,  | Maintenance schedule in place for bikes and helmets.Bikes owned by BV and maintained by BV staff who are Weldtech qualified.Pre-issue checks by Instructor.Riders shown “Safe Cycle checks”. | Tolerable | To be Monitored and Reviewed individually by expedition supervisors |
| 8 |  | Ticks, Ticks Bits and Lymes Disease | Swelling Skin irritation Blistering Bruising Lymes Disease Post Lymes Syndrome to include – * Fatigue
* Aches / Pains

Stress / Anxiety  | All | Prior to ExpeditionInformation regarding ticks and tick bites provided to staff and pupils in advance of expedition by means of * DofE syllabus
* Verbal instruction
* Risk assessment review

Where volunteers are attending the expedition, e.g. school staff, parents, etc., required information and instruction regarding ticks and tick bites provided in advance, e.g. risk assessment discussion, clothing, etc., Expedition superrvisor aware of requirement to ensure review of current available information in relation to ticks prior to commencement of expedition to include heat maps of ticks, etc., During ExpeditionAll staff and pupils aware of responsibility to inform expedition leader when they become aware of ticks on their clothing, skin, etc., Removal of tick bite When staff member or pupil becomes aware of a tick bite either during expedition or afterwards follow advice provided during training or provided by expedition leader to include – * Carefully and quickly remove, e.g. using tick removal tool or tweezers
* Clean the affected area with soap / water or antiseptic immediately afterwards
* No requirement to contact GP or NHS 111 immediately after receiving a tick bite

Reporting of Tick Bite Recorded by expedition supervisorRequired further actions Staff member or pupil aware of responsibility to monitor bite area for several weeks and contact GP or NHS 111 if – * Rash develops around bite area
* Develop flu-like symptoms
* Muscle / joint pain

Lymes Disease Confirmation On receipt of NHS confirmation of Lymes Disease staff member to inform HT and school DofE co-ordinator to ensure recording and completion of required further actions as required, e.g. HR informed, Siemmins record updated, etc., Where staff member or pupil is absent as a result of Lymes Diseases and it is ascertained that the tick bite was sustained during an organised DofE expedition, HT to ensure details are recorded on the Hands Incident Reporting System and telephone call is made to ES H&S to discuss further Staff or pupils ongoing participation in all elements of DofE expeditions will require to be fully assessed for suitability taking into consideration any ongoing medical needs and include – * Physical capabilities
* Travel requirements
* Overnight expeditions
* Inclement weather
* Contingency arrangements should staff/pupil be unable to fully participate or continue with expedition
 | 7 |  |
|  | Name |  | Name |  | Name |
|  |  |  |  |  |  |
|  | Title |  | Title |  | Title |
|  |  |  |  |  |  |
|  | Date | Risk Assessor from Educational | Date | Group Leader Signature | Date |
| Head of Establishment Signature |  | Establishment Signature |  |  |  |

|  |
| --- |
| **PART 3. CONTROL MEASURES - TRAINING** |
| Reference Number | Training Subject (enter appropriate details) | Conducted by | Brief Details of Training (state where records of training are located) | Training Records (state where records of training are located) | Is Training Evaluated? YES/NO (provide details) | Further action required |
| 1 | First Aid  | HSE recognised provider | First Aid course, which is appropriate to technical qualification.  | Records of this stored in Vocational Education. | Yes | Monitor |
| 2a | Technical Qualification | Glasgow City Council | Minimum Qualification recognised by Glasgow City Council | Records of this stored in Vocational Education. | Yes | Monitor |
| 2b | Technical Qualification | British Cycling | Minimum Qualification recognised by Glasgow City Council | Records of this stored in Vocational Education. | Yes | Monitor |
| 2c | Technical Qualification | NGBS as listed and implemented Adventure Activities Licensing Service – Collective Interpretations  | C/Int6.12v15 (IGN) 6.12 Off-road Cycling Leader Qualifications Recognised Awards and Training and Assessment Safety Criteria<https://webcommunities.hse.gov.uk/connect.ti/adventureactivitiesnetwork/view?objectId=527845> | Records of this stored in Vocational Education or Social Care. | Yes | Monitor |
| 3 | Modular Training Framework | DofE Support Team | Introduction to DofE, Supervisors Course, Assessors Course (only for assessor) | Records of this stored in Vocational Education or Social Care. | Yes | Monitor |
| 6 | Expedition Training Syllabus as venue and level dictate.  | Group Leader, Centre Coordinator and DofE Glasgow Approved Activity Provider.  | Appropriate level of DofE Expedition Training Syllabus level. Ie Where a silver group undertake an expedition in silver terrain they must be trained to the silver expedition training standard, if they are undertaking their expedition in Gold terrain they would need to be trained to the Gold expedition training standard.  | Records of this stored on edofe and updated by the DofE Leader and verified by the Centre Coordinator and AAP Director | Yes | Monitor |
| I confirm that I have received training in the above sample risk assessment. I understand that in order to complete an expedition risk assessment that I must also take into consideration group and site-specific risk which I will update into this risk assesment.. I understand that I can use the above risk assessment but that it is my responsibility and I must ensure that all risks have been noted and control measures are in place for the expedition’s that I will be supervising. |