



Overnight Trips Policy

Overnight trips are valuable experiences for members and provide much-needed respite for families/carers. Interest Link Borders aim to offer these experiences to promote friendship and independence in a safe and engaging manner. Our members are at the heart of these events and their needs, wishes and safety will be given priority at all stages.

Aims

- Plans will be completed 2 months in advance of trips.
- Plans will ensure safety, wellbeing, dignity and respect of members and others attending and be aware of roles and responsibilities.
- Plans will offer choices to members wherever possible, taking into account needs and wishes, to ensure everyone has a full and fun experience.
- We will encourage and aid independence in things like self-care, cooking, making refreshments, keeping the accommodation in good order, using money and planning activities etc.
- Interest Link Borders will be represented in an exemplary manner.

Members and their carers

- Will be consulted and involved in planning at all stages.
- Will complete a consent form covering medical, contact, travel, social media/publicity and emergency contacts where appropriate, and be informed of safety procedures.
- Will agree to follow the code of conduct for the trip.
- Members will be given choice of activities & opportunities and helped to be independent.

Roles and responsibilities

Leaders

- All trips will have a named leader(s) who takes overall responsibility for the trip. This will usually be the Branch Coordinator(s).
- The Leader(s) will complete:
 - Individual risk assessments for all members in consultation with carers/parents and care professionals.
 - Travel & venue risk assessments/questionnaires
 - Consent forms and (where appropriate) medical protocols.
 - Contingency plans in case of emergencies e.g. lost person, medical emergency.
 - Trip proposal for the Project Co-ordinator's approval
- The Leader(s) will have responsibility for ensuring all necessary items and equipment (e.g. first aid kit) are in place for the trip, all practical issues have been addressed and all payments for travel, accommodation and activities have been made.

Responsible adults (RAs)

- Responsible adults (RAs) include staff, sessional workers, carers and volunteers aged 18+.
- RAs will have safeguarding training, be aware of (and follow) Interest Link's Child and Adult Protection Policy, and be PVG members
- RAs should have experience of at least some of the members involved in the trip if not all.
- RAs will read the risk assessments and medical protocols and will be given contact phone numbers and a note of medical conditions, phobias, allergies and other relevant information as appropriate.
- RAs will carry mobile phones.
- RAs will (where appropriate) administer/assist with medication where agreed.
- RA : member ratios will be determined by risk assessments. There is an absolute minimum of 1 RA:3 members, but historically ratios have usually been c1:1
- At least one RA (and preferably all) will hold a valid First Aid Certificate. Where there is a First Aider or First Aid station at activity venues, the location will be shared on arrival with all parties.
- RAs will be matched with members for whom they will take particular responsibility, but all parties will share responsibilities where appropriate.

Accommodation

- Will be fully accessible and appropriate to the needs of members, staff, and volunteers.
- Will be discussed in advance with members, carers, staff and volunteers.
- Room arrangements will safeguard staff, members, carers and volunteers and be agreed in advance.
- Shared rooms will be single sex, unless the member comes with a carer or two members are partners.
- Responsible adults (staff, carers or volunteers aged 18+) will usually share rooms with members with higher support needs.
- Safety procedures for accommodation should be confirmed and communicated to all participants on arrival e.g. fire exits, extinguishers and muster points.

Accidents and incidents

Any accident, incident or near miss/potential incident will be recorded and reported immediately using the usual Interest Link Form and procedure.

Alcohol

No alcohol to be consumed by anyone in the party whilst on residential.

Food Safety and hygiene

RAs and members will be aware of the need for food safety and hygiene. At least one responsible adult should hold a Food Hygiene Certificate.

Full-day or Overnight Trip Planning Journey

Discussion is held within the group to find out if group members want a trip and, if so, where they would like to go and what they want to do.



Carers are then contacted to discuss plans and see if there are any personal care issues, and, if so, whether a carer could accompany the trip.



Branch Co-ordinator then plans in detail, completing an Overnight Link Proposal, Risk Assessment and Venue Questionnaire. Consent forms are completed by group members.



Project Co-ordinator is consulted about outline plans.



Detailed plans are discussed with Project Co-ordinator, who gives approval if satisfied all planning has been completed and no personal care issues are outstanding



If necessary, specific funding will be sought for the trip. When funding is in place, transport, accommodation and activities are booked.



After trip completed, evaluation report will be written by Branch Co-ordinator, usually with photos and feedback.



Final preparation for the trip involves a volunteer meeting to discuss new situations the trip will involve, for example, arrangements necessary to avoid people getting separated from the rest of the group.



Interest Link Borders Overnight Trip Proposal

This form is to be completed for all overnight trips and a copy submitted to the Project Co-ordinator.

Broad Nature & Purpose of overnight link

Itinerary

Place(s) to be visited and accommodation used:

Organising company/Travel agency

Emergency contact at venue

Participants: Service users: Male: Female: Age range:
 Volunteers: Male: Female: Age range:
 Staff: Male: Female: Age range:

Names:

Transport arrangements:

Outline of communication with parents/carers (in addition to Overnight Consent Form):

4.Outline of activities planned and preparation of participants (e.g. training for outdoor pursuits, itinerary):

5.Any other relevant information (attach separate sheet/information if necessary):

Signed (Branch Co-ordinators)

Date



Interest Link Borders Overnight Link Venue Questionnaire

Questionnaire for Independent Activity Centres, Residential Centres, Riding Centres, Boat Trip Operators etc.

1. Name of establishment:

2. Name and address of owners:

3. Name and address of manager: (if different from above)

Tel no:

Fax:

Mobile no:

E-mail:

4. Brief outline of activities offered: (enclose any relevant printed material)

5. Does your establishment have an appropriate licence to operate?
Please give details:

6. Does your establishment have a written Health and Safety Policy?
If YES give brief details (enclose any relevant printed material)

6. Indicate main Health and Safety and First Aid procedures enforced in your
Establishment (with regard to safety of visitors).

8. Insurance Policy - give brief details of your Third Party insurance cover:

Policy No:

Date:

Expiry :

9. Have fire risk assessments been completed and recommendations
Implemented?

If NO are there:-

(a) adequate means of raising the alarm in the event of fire?

(b) adequate fire fighting equipment?

(c) suitable fire action notices posted?

10. Do you have written fire risk assessments?

11. In the case of residential establishments indicate if separate sleeping arrangements are available for male/female and indicate number per room and proximity of leader rooms to group member rooms/dormitories (enclose relevant printed material):

12. Please indicate any security arrangements in place:

13. Qualifications of resident staff undertaking instruction in Outdoor Pursuits.
Please give names and qualifications (e.g. of National Bodies) for those instructing water-sports, mountaineering, skiing, riding, etc:

14. Any other relevant information related to safety (including reference to any literature you have enclosed):

Signed: Information received from website

Date:

Name:

Position:

Please return completed form to:



Interest Link Borders Overnight Trip Consent Form

A Details of overnight/residential (to be completed in advance by Branch Co-ordinator)

Form relates to: Member Family Carer Paid Carer Volunteer Staff (please circle)

Name and role of person completing the form:

Excursion Dates:

Location:

Activities:

Travel arrangements:

B. Personal details of member/carer/parent/volunteer/staff attending.

1. Name:

Address:

Date of Birth:

2. Details of any overnight personal care required (e.g. administration of medication, help with dressing/undressing, eating & drinking, washing, toileting, walking, climbing stairs, crossing the road).

3. Details of medical information relevant to an overnight excursion (such as essential medicine, epilepsy, asthma, diabetes, vision or hearing defects, recent illness/injury, allergies to food or medication etc).

4. Details of any dietary requirements:

5. Are there any other factors which might make an overnight link unwise or require special attention by volunteer or staff member?

6. Date of last Tetanus Injection (if known):

7. G.P: Name

Address:

Phone:

8. Medical *Please circle as appropriate :*

a. Are you or the person you care for fit enough to take part in the proposed activities? **Yes / No**

b. In an emergency, do you give consent for Interest Link to call 999 and/or GP? **Yes / No**

c. Do you consent to Interest Link staff or volunteers administering non-medicinal basic first aid (such as applying plasters, bandages or antiseptic).? **Yes / No**

N.B. If specific health protocols are in place, these will be given priority and may involve more extensive first aid.

d. Do you consent to an Interest Link staff member or volunteer accompanying the person you care for to hospital. **Yes / No**

e. Do you consent to the person you care for receiving emergency medical/surgical/dental treatment as considered necessary by the medical authorities **Yes / No**

C. Emergency Contact Details Please provide details of 2 emergency contacts (ideally including next of kin).

Emergency Contact 1	Emergency Contact 2
Name and relationship:	Name and relationship:
Address	Address
Home Tel:	Home Tel:
Mobile Tel:	Mobile Tel:

D. Photo consent

Do you consent to:

PHOTOS **Yes / No** **VIDEOS** **Yes / No**

Do you consent to photos or videos being shared on social media, our website and with our funders **Yes / No**

Consent

- I confirm that I have carer responsibility for the person named above or am filling out the form on my own behalf.
- (If a carer) I consent to the participation of the person I care for in the overnight trip.
- To my knowledge the information given above is correct.
- I acknowledge receipt of information and guidelines re overnights/residential.
- I undertake to ensure that I or the person taking part in the overnight/residential has the required clothing/equipment and that the appropriate contribution (where relevant) is paid.
- I consent to relevant information being shared with staff and volunteers where necessary
- I confirm that I am aware of safeguarding procedures in place.
- I, or the person I care for, agrees to abide by the code of conduct for the overnight/residential
- I undertake to notify Interest Link of any relevant changes which take place prior to the overnight/residential.

Name

Date

Signature

Thank you for completing this form.

Residential Trip Code of Conduct

All participants are expected to uphold high standards of behaviour at all times when on residential breaks. There is an expectation that all participants will demonstrate personal responsibility and good judgement.

The Project will operate a 'ZERO TOLERANCE' policy on alcohol and unacceptable behaviour that could bring the Project's reputation into disrepute. There are also strict rules within the hostel for smoking and these must be adhered to. Interest Link operates a no alcohol rule.

The Project will expect that participants represent Interest Link in a mature and responsible manner.....but still have FUN!!!!

Participants will be expected to stay together and ensure that we are all aware of any meeting points and times.

At night when participants return to their allocated rooms there will be no moving between rooms and/or leaving the building for any reason, other than fire alarms or safety reasons.

There will be repercussions for participants who break any rules and ignore any safety instructions.

Sanctions will be :

- Participants will be removed from activity and given time out on own
 - Parents will be notified
 - Participants will be taken home if they act in a manner that poses a risk to themselves or anyone else or if any property is damaged or if behaviour is deemed unacceptable by staff.
 - Exclusion from all future group activities
- Clearly, we wish to avoid any of the above sanctions and ensure everyone has a fantastic and fun trip.



General Risk Assessment Form

Adult Service Children & Young People's Service Date of Assessment: _____

Branch: _____ Review Date: _____

Assessed and shared by (include all those consulted): _____

Signatures: Branch Co-ordinator: _____ Principal Carer or Care Professional: _____

ACTIVITY: _____ TOTAL NUMBER EXPOSED TO RISK: _____

- ◆ Interest Link Borders takes every effort to ensure that its activities are safe, and risk assessments highlight areas where risks are involved and describe measures taken to address them. It will never be possible to entirely eliminate some risks, and by signing the risk assessment, carers acknowledge this.
- ◆ If harm comes to a member during an activity and Interest Link Borders is at fault, the member will be covered by Interest Link's public liability insurance. However carers should be aware that Interest Link Borders cannot insure against simple accidents suffered by members: this cover can only be taken out by members or their carers.
- ◆ Individuals subject to a specific additional risk are included as an extra hazard. ◆At least one person who has a professional duty in respect of any members will always be consulted. ◆ Control Measures must be suitable, sufficient and reasonable in order to be adequate. ◆ Risk assessments and insurance cover of venues must be confirmed.
- ◆ If the activity is new or unusual, Project Co-ordinator must confirm it is covered by Interest Link's insurance policy.

REF NO.	HAZARDS	PERSONS AT RISK						LIKELIHOOD				SEVERITY				TOTAL RISK	CONTROL MEASURES	ADEQUATE CONTROL?
		Memb	Vol	Emp	Pub	Y/P	Mthr	Impr	Rem	Poss	Prob	No Inj	Min	Maj	Fatal			
								1	2	3	4	1	2	3	4			
1																		
2																		
3																		
4																		
5																		
6																		
7																		
8																		

Key: "Memb" = members; "Vol" = Volunteers; Emp" = Employees; "Pub" = Members of the public; "Y/P" = Young persons (under 18); "Mthr" = New (6 mths) or expectant mother
Likelihood: Improbable, Remote possibility, Possible, Probable.

TOTAL RISK CALCULATION = Likelihood value x Severity value; 1-4 = "L" = Low risk; 6-9 = "M" = Medium Risk; 10-16 = "H" = High Risk

Additional information and notes



Interest Link Borders Medical Protocol

This form must be used where a Member has medical needs that may require action during a 1:1 link or befriending group session. It should be attached to their risk assessment and a copy must be carried by their 1:1 volunteer or the person supervising group activities

Member Name:

Address:

Date of Birth:

Details of Medical Condition, including symptoms that may show during link activities:

Conditions of Attendance to group/1:1 link.

Actions that must be taken if symptoms show during activities:

Next of Kin Details

1. Name:
Address

2. Name:
Address:

Tel:
Mobile:

Tel:
Mobile:

Additional Emergency Contact:

3. Name:

Address:

Tel:

Mobile:

Signed and dated:

Branch Co-ordinator:

Parent/Carer: