**Pre-Journey Checklist for Outside Visits for Adults**



To be completed prior to all outside visits. During an excursion if anything goes wrong the establishment Duty Officer should be contacted and made aware of the situation. This includes any untoward occurrence regarding clients or staff, breakdown in transport or delays due to adverse weather conditions or adverse traffic conditions. This will allow the Duty Officer to put contingencies in place to support the staff and clients on the excursion.

All venues to be visited should be accessible to disabled persons and disabled toilet facilities should be available.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Establishment:** | | | **Date of Excursion:** | | **Destination and purpose of excursion:** | | | | | |
| **Visit Coordinator:**  **Tel:** (mobile to be taken on visit or landline of venue) | | | | | | | | | | |
| **Has the suitability of the venue been considered during the risk assessment process? Yes 🞎 No 🞎**  **Please explain decision:** | | | | | | | | | | |
| **List of Clients Attending: (continue over page if required)** Identify any medical or special needs that the individual may present which may give rise to problems. Anyone assessed as needing one to one care should be accompanied by a dedicated member of staff for the duration of the excursion. **Details should be entered in the additional information box on the next page.** | | | | | | | | | | |
| **Name** | | | **Date of Birth** | **Name** | | | | | | **Date of Birth** |
|  | | |  |  | | | | | |  |
|  | | |  |  | | | | | |  |
| **List of Staff Attending:** (indicate if staff are familiar with the management of clients who have special needs as above)  **Times of Staff Contact: Before Lunch 🞎 After Lunch 🞎** (tick as appropriate) | | | | | | | | | | |
| **Name:** | | **Name:** | | | | | | **Name:** | | |
|  | |  | | | | | |  | | |
|  | |  | | | | | |  | | |
| **List any equipment or items needed for the excursion?** | | | | | | | | | | |
| **Establishment Contact:** | Name: | | | | | Tel: | | | Out of Hours Tel: | |
| **Vehicle breakdown:** | Registration of Vehicle: | | | | | | Repair Depot: | | | |
| **Emergency Incident Procedure:** | Formal Narrative Log and Contingency arrangements\* | | | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **List of Clients Attending: (continued from previous page)** | | | |
| **Name** | **Date of Birth** | **Name** | **Date of Birth** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Additional Information:** | | | |