

This Good Practice Guide is offered as informal material. It comprises well-intentioned advice but does not obviate the need to pay particular attention to your safety procedures or advanced planning.

Leaders must not hesitate to act in an emergency and to take action in any life-threatening or life-saving situation in a positive way and without fear of recrimination. Offering first aid, support and comfort is always expected after an accident – consent forms have a clause to this effect. In any case, leaders in charge of groups continue to have a **duty of care**, even after a serious accident, and to make certain that all members are safe, healthy and as protected as far as possible from the trauma of hearing (or even seeing) that their friends have been involved in an accident.

Emergency procedures form an essential part of planning for an excursion. All establishments should follow the Service's Emergency Procedures - Form EX D8 in PART TWO Section 4.

If an accident happens, priorities are to:

- assess the situation;
- safeguard the uninjured members of the group;
- attend to the casualty;
- inform the emergency services and everyone who needs to know of the incident.

The leader-in-charge would usually take command in an emergency and would need to have ensured that emergency procedures are in place and that back-up cover both in the group and at the home base is in place. There **MUST** be a pre-arranged home-base contact - this contact's main responsibility is to link the group with the Establishment, the parents/guardians and the Service (when appropriate), and to provide assistance as necessary. The home-base contact should have all the necessary information about the visit.

All those involved in the excursion, including leaders, any youngsters and their parents/guardians, should know the name of the person who will take charge during an incident and what they are expected to do in a 'typical' emergency.

If an emergency occurs during an excursion, the main factors to consider include the following –

- establish the nature and extent of the emergency as quickly as possible;
- ensure that all the group members are safe and looked after;
- establish the names of any casualties and get, or provide, immediate medical attention for them;
- ensure that all group members who need to know are aware of the incident and that all group members are following the emergency procedures;
- ensure that a suitable assistant accompanies casualties to hospital, ensuring that the rest of the group are adequately supervised at all times and kept together;
- notify the police if necessary;
- notify the British Embassy/Consulate if an emergency occurs abroad;
- inform the home base contact - their contact number should be accessible at all times during the visit;
- details of the incident to pass on to the Establishment. These should include –

nature, date and time of incident; location of incident; names of casualties and details of their injuries; names of others involved so that parents/guardians can be reassured; action taken so far; action yet to be taken (and by whom);

- notify insurers, especially if medical assistance is required (this may be done by the home-base contact);
- notify the provider/tour operator (this may be done by the home-base contact);
- ascertain telephone numbers for future calls.

Mobile phones, though nowadays VERY useful, are often subject to technical difficulties and should never completely replace other communication procedures. It may be necessary, during a serious emergency, to procure or establish a base with a telephone and fax land-line for communications.

It is always necessary to write down accurate, relevant facts and witness-details and to preserve any vital evidence. A LEGIBLE written account of all events, times and contacts after the incident will be extremely useful when trying to remember details for reporting and for the completion of the accident report, which should be done as soon as possible.

In certain types of accident it may be necessary to contact Health and Safety Executive Offices or a local authority inspector – all leaders-in-charge should understand the requirements of Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) and the precise reporting procedures required by the Service.

Members of the group should be told to telephone home as soon as possible but **MUST be briefed NOT to speak to the media – being specially careful not to mention names of anyone seriously injured.** Any media enquiries should be referred to a designated media contact in the home area and no-one in the group should discuss legal liability with other parties.

Prior to the visit, the name and home telephone number of a home-base contact should be identified. It is advisable to always arrange a second contact as a reserve. The Orkney Island's Council has an named person as well. Heads and leaders should bear in mind that the contact lines may become busy in the event of an incident and that alternative telephone numbers might be very useful.

The main factors for the home-base contact to consider include:

- ensuring that the group leader is in control of the emergency and establishing if any assistance is required from the home base;
- contacting parents/guardians. Details of parents/guardians contact numbers need to be available at all times while the group is on the visit. The home-base contact should act as a link between the group and parents/guardians. Parents/guardians should be kept as well-informed as possible at all stages of the emergency;
- the home-base contact should act as a link between the group and the Service and arrange for the group to receive assistance, if necessary;
- liaison with media contact. If a serious incident occurs, the home-base contact should communicate with the designated media contact as soon as possible;
- in the case of serious injuries, the Home Base Contact should arrange and allow the Police or a Service Representative to talk to affected parents/guardians;
- the reporting of the incident using appropriate forms, if necessary. Some incidents are reportable 'IMMEDIATELY' under (RIDDOR).

Media contact

Orkney Islands Council has a person designated to deal with media enquiries on behalf of establishments and groups under their auspices.

The media contact will maintain communications with the group leader, home-base contact and, where appropriate, any emergency services. All media enquiries should be referred to the media contact. The name of any casualty(ies) must NEVER be given to the media by the media contact.

After a serious incident

It is often impossible to assess whether group members not injured or directly involved in the incident have been traumatised or whether others in the establishment or home group have been affected. But they usually are to some degree, although in some cases reactions do not surface immediately. Establishments in this situation have sometimes found it helpful to contact local community support services and to seek professional advice on how to help individuals and the school as a whole to cope with the effects of a tragedy.

TRAVEL FIRST-AID KITS

The contents of travel first-aid kits should be appropriate for the circumstances in which they are to be used and may contain additional materials or equipment for which the holder is trained to use. The Health and Safety Executive recommends the following minimum contents **where no special risk** has been identified:

Item	Recommended Quantity
CARD OR LEAFLET GIVING GENERAL FIRST-AID GUIDANCE	1
LIST OF CONTENTS	1
INDIVIDUALLY WRAPPED STERILE ADHESIVE DRESSINGS	6
LARGE STERILE UN-MEDICATED WOUND DRESSING (APPROXIMATELY 18CM X 18CM)	1
TRIANGULAR BANDAGE	2
SAFETY PINS	2
INDIVIDUALLY WRAPPED MOIST CLEANSING WIPES	1 PACKET
PAIR OF DISPOSABLE GLOVES	1 PAIR
RESUSCIADE (FOR HYGIENIC MOUTH TO MOUTH RESUSCITATION)	1

GUIDELINES ON THE ADMINISTRATION OF MEDICINES

Leaders must, at all times, comply with the regulations concerning the administration of medicines outlined in the Service's Policy for the Administration of Medicines in Schools (which may also apply to Youth Groups) and also the Council's Health and Safety Policy. They must ensure that they are fully aware of all medical problems and allergies of group members. It is strongly recommended that preparations for the visit include making contact with the local medical centre and for noting the telephone number of NHS 24**. Leaders must also consider whether it is safe to take group members who require medicine, either for a temporary or permanent condition – remaining mindful that there should be no discrimination.

If group members need to administer their own medicines, it is essential that these are accompanied by written permission and instructions from the parent/guardian and/or General Practitioner, specifying the medication involved, circumstances under which it should be administered, frequency and levels of dosage.

Parents/guardians may hand over medicines to the appropriate leader so that they may be stored safely. The medicine should be clearly labelled with the recipient's name and dosage instructions, and the medicine should be given only to the named person.

Members of the school or Community Education staff cannot be required to administer medicines. Where members of staff have agreed to administer medicines, only one member of staff should be responsible - to avoid the risk of double dosing. The administration of medicines must be routinely entered into a Medicines Record Book.

If parents/guardians consider that their child (**under 18**) is capable and responsible, then a child should look after their own medication. Otherwise it should be kept safely but the child should have immediate access to it.

SERIOUS INJURIES OR MEDICAL CONDITIONS

It is essential that where a group member has a condition which may require rapid intervention, leaders are able to recognise the onset of the condition and take appropriate action. The planning of a visit must take into account access to a telephone in an emergency.

There may be occasions when individuals have to be excluded from certain activities if appropriate safeguards cannot be guaranteed.

A Checklist

- Have you made contact with a local medical centre – do you know the opening times, emergency phone number, etc?
- Is your mobile phone programmed for NHS 24 (08454 24 24 24)**? Operators are trained to give emergency advice.
- Is there an emergency action plan for use in the event of an accident or onset of a serious medical condition?
- Have Excursion consent forms been collected and stored safely?
- Is the information on the form in-date and dated?
- Do parents/guardians know who to hand medicines/forms to?
- Are all medicines clearly labelled and accompanied by written instructions from the parent/guardian/General Practitioner/etc?
- Are these labels and notes available for instant reference throughout the visit?
- Have the arrangements for giving medicines been made clear to both the leaders and recipients?
- Who maintains the medicine record book and is it available for instant reference?
- Have you identified those group members carrying or using an inhaler?
- Have you ensured that any group member not looking after their own inhaler has immediate access to it?

**NHS 24 PLEDGE (08454 24 24 24)

- When you, or someone you care for, are ill, you can call NHS 24 and talk to one of our experienced nurses.
- The nurse will check they have your details correct, ask you a series of questions about the symptoms that are concerning you, and advise you on what to do next. To **carry out an accurate assessment**, the nurse will also ask you about your medical history including any medication you are taking or any allergies you have.
- The nurse will want to assess your symptoms thoroughly and will check for the most serious illnesses first so don't be alarmed by the first few questions that you may be asked at the start of the assessment.
- Once the nurse has assessed your symptoms, they will **give you advice on what to do next**. They can:
 - Get an ambulance for you
 - Ask you to go to an Accident and Emergency Service
 - Arrange for a doctor to see you (at night)
 - Ask you to contact your own GP (during the day)
 - Give you information and reassurance
 - Give you **advice on how best to treat symptoms yourself**
 - Tell you where your nearest pharmacy is and when it is open e.g. late at night.
- The nurse will be able to give you directions to where you need to be and you can call NHS 24 back at any time if you are worried or symptoms change.