

Emergency procedures

Big Outdoors Education and Adventure

The Company takes safety very seriously and makes every effort to avoid emergencies happening. However while risk may be minimized it cannot be eliminated, so this document outline procedures and actions to be taken if an emergency does arise during a school camp.

Action in the event
of accident, incident
or illness.

The responsibility of the Company to ensure that camps are safe environments and that activities and the camp environment do not expose participants to unreasonable or unjustifiable risk. In order to meet this burden of responsibility, we employ 5 strategies.

1. We survey, trial and risk assess (UK Field Studies Council template) all accommodation venues and activities,
2. We train our staff to conduct activities safely and to ensure participants use safety equipment correctly.
3. We ensure our activity staff have basic first aid and CPR training. Our local activity staff are all rescue volunteers.
4. We inspect third party providers to ensure the skills, techniques, safety procedures and equipment used by their instructors meet European safety standards.
5. We use drivers with an unblemished safe driving record who are experienced in working with International School children

These are things we CANNOT do.

1. Demand internationally recognised certification for all activity instructors, our own or those from third party companies. (We can make informed judgements from extensive experience about their competence to run safe activities)
2. Run background checks on personnel who do not work for the company, e.g. hotel security, drivers etc. (We can make sure we know the personnel by using the same companies and resorts over the years.)

Behaviour and disciplining of the students, and communication with school and parents during the camp is the responsibility of the Group Leaders.

These areas of responsibility overlap as safe conduct of activities depends on co-operative, disciplined behaviour by the students in following safety instructions, and good, safe instruction depends on clear communication and the ability to direct the actions of the participants. Also while the Company is responsible to the school, the school is ultimately responsible to the parents for ensuring that a school trip is educationally worthwhile and safe.

While risks in all activities can be minimised and made acceptable in terms of risk vs. educational value, risks can never be entirely eliminated. This Policy document covers a range of emergency situations which should be avoidable with good group and risk management.

Type of emergency	Severity of outcome	PLANNED RESPONSE
Minor injury, cut, sting, bruise, strain	Low	Instructor administers first aid, group leader is informed at first opportunity. Injury is followed up for the duration of the trip to check for infection, new symptoms etc.
Insect sting	Low	Student's allergy status should be known from pre-trip data supplied by school. Where no allergy is known and no allergic symptoms present, treatment is by a local application of anti-histamines. In the case of a severe reaction, pain, swelling the victim is taken to hospital*.
Physical violence between students	Low	Protagonists are separated with minimum use of force and spectators sent away. Matter is referred to group leader for further action under school rules.
Self-harm	Low-extreme	Injuries are treated on the spot or at the nearest hospital* according to severity. Student is placed under close protective supervision and group leader contacts parents to collect him/her at the earliest opportunity
Run-away	Low-high	Friends interviewed to establish reasons and what is known of plans. Phone contact is attempted. Rapid sweep of immediate local area and nearby roads by all available staff. If it is established that the student is no longer on site, the police, school and parents are informed of the situation, and the search is widened.
Alcohol/drug poisoning	Low-high	The severity of the poisoning should be assessed on discovery. If the student is unconscious and unresponsive to stimuli, with dilated pupils, (as opposed to sleeping and responsive with a normal reaction of pupils to light) then they are placed in the recovery position, monitored for vomiting and evacuated to hospital*. If the student is conscious and responsive then they are kept hydrated and their condition is monitored to make sure they do not get worse, The student and their friends are questioned to try and establish what has been taken, when it was taken and the quantity. Other students involved are also monitored for similar symptoms.
Illness	Low-high	Student is transferred to a quiet room with air-conditioning and put to bed. Temperature is monitored at least once an hour and if it goes above 39.4 degrees the student is transferred to hospital*. The student is kept hydrated and in the case of vomiting/diarrhoea , given rehydration salts with water. Ill students without severe symptoms must rest and not participate in activities. Any student with a severe headache that lasts longer than 3 hours, or with breathing difficulties will also be taken to hospital*.

Animal bite, e.g. dog, monkey etc.	medium	Wound is cleaned and dressed at the scene, Where animal might be a rabies carriers, student is taken to hospital* for appropriate treatment. Group leader informs parents and checks the victims rabies vaccination statement before hospital* treatment commences.
Head injury, unconsciousness	high	Any blow to the head that results in loss of consciousness will be referred to hospital* for observation.
Snake bite.	high	The snake should be identified, photographed if possible. Details and description should be collected from as many witnesses as possible immediately. The victim is immobilised and kept calm, a pressure bandage wrapped around the entire affected limb in the case of a bite on arm or leg. The victim should be carried using an improvised stretcher to the nearest road access point and taken to hospital. During transit he/she must be observed for breathing difficulties and CPR administered if necessary. In a National Park area, the Ranger with the group should be able to radio HQ for assistance with evacuation.
Anaphylactic shock	high	Students with known severe allergic reactions should be carrying an epi pen and/or inhaler. The victim should be kept calm and evacuated quickly to hospital. During transit he/she must be monitored for breathing and CPR administered if necessary.
Broken limbs, dislocations, trauma	high	First aid at the site to control bleeding and immobilise injuries. In the case of penetrating injuries the foreign object should not be removed. Where a break is suspected due to a) swelling, b) loss of mobility of extremities, c) deformity, d) severe pain on movement or manipulation, e) inability to grip or to support weight, then an x-ray is required. Evacuate patient to hospital* Severe (life threatening or debilitating) injuries during activities should be reported to the police and witnesses and those in charge should remain on the scene to give statements unless they are involved in the care of the victim. The group leader will need to contact school and parents according to the school emergency procedures.
Assault on a student	high	The student involved if uninjured, should be placed under protective close supervision. The Group Leader will need to inform the school and parents according to the school policy. The incident must be reported to the local police and any witnesses make themselves available to make statements. No student should be interviewed by police without a teacher or parent or parent appointed representative (e.g. a lawyer or family member) present.
Drowning	extreme	Attempt CPR immediately if breathing/heartbeat has ceased. Call ambulance. Do not stop CPR until professional Help arrives. The group leader will need to contact school and parents according to the school emergency procedures.

Death	extreme	In the case of a death, all witnesses and those in charge of the group must remain at the scene until permitted to leave by the police. The group leader will need to contact school and parents according to the school emergency procedures.
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*USE OF HOSPITALS.

1. Where the distance is similar, injured or ill students will be taken to Private Hospitals rather than Government Hospitals.
2. If an overnight stay is likely, Private Hospitals will be preferred even if further.
3. Where a Government Hospital is significantly closer or better equipped (e.g. in the case of keeping stocks of anti-venom in the case of snake bite) then the Government Hospital will be used.
4. Transport to hospital will be by the group transport or by private car if the injury is not time sensitive or life threatening.
5. In situations where the care of the victim in transit is critical and where a paramedic manned ambulance service is available, then an ambulance will be called. If time is a factor, a private vehicle may rendezvous with an ambulance en-route.
6. A teacher from the school group will always accompany an injured or ill student to the hospital where possible.
7. The Group leader will always be informed if any student goes to hospital so he/she can inform parents.
8. Leaders of school groups with their own school insurance should carry a valid card/policy document and know the procedure for paying for treatment.
9. Where students have their own personal medical insurance, they should carry the card or give it to the Group leader for safe keeping.
10. In the case of a student using the Company Insurance, the name and passport ID must be submitted 7 days before the start of the trip in order to register with the Insurance Company.

THE WELFARE OF THE REST OF THE GROUP IF AN INCIDENT OCCURS.

An injury or other incident involving a member of the group can also be difficult for the rest of the children. While one of the staff should accompany and care for the injured student(s), the rest of the group should be managed by the remaining staff, reassured, and kept occupied. Depending on the severity of the incident, it may be decided to cancel the remainder of the trip and return home, but in any case the pastoral care given to the other students and the information given to their parents about the incident needs to be carefully and sensitively managed. Schools will normally have a written procedure to follow in the event of an accident or incident on a school trip.

