



## ACCIDENTS - FIRST AID – MEDICATION WHERE DO LEADERS STAND

# Leader Support Guide

Today we are confronted with an ever increasing number and type of disabilities and disorders that current medication and medical procedures allow children to enjoy life more fully. These include diabetes – epilepsy – sting, food and nut allergies - all of which means some children may require extra care and need to take medication.

In today's society and we need to be more alert than we were in the past. So how do we provide REASONABLE protection for our youth members and maximize the protection of our leaders in today's world.

Scouting in this State has had a policy for years, and it has been talked about on our training courses and in the original and updated Leader Support Guides LSG16 and LSG 5. These LSG's have been written and checked by experts in their particular fields including legal practitioners.

Simply

### **Rule.1. Engage your brain and use common sense.**

Rule 2. Dealing with health problems is an issue that falls under our Duty of Care. If it is a problem you **haven't** been advised of, then it is reasonable that you treat them to the best of your knowledge. (*Leaders Support Guide LSG5 and LSG16*)

Rule 3 However, if you **are** advised of a particular health problem you should take reasonable steps to ensure that what you are doing doesn't pose a risk to the person. That you have sought guidance from the parent/guardian on what they believe you should look for and how to handle a problem, if it should arise. (*Leaders Support Guide LSG5 and LSG16*)

Rule 4. **NIL BY MOUTH.** Don't give any medication or pills unless at least one of the criteria listed below is met.

Rule. 5 Aid support and help within your area of actual experience.

### **Practically what does this mean.**

**Accidents and minor incidents.** Take a realistic approach and just operate within your level of experience.

Everyone has had, as a result of growing up, experience of having grazes, cuts, minor bleeding; taking splinters out, fainting, nose bleeds, drinking fluid when dehydrated, etc. So treat them as experience has taught you.

All Leaders are encouraged to complete a First Aid course.

What about a broken limb or suspected spinal problem? It is reasonable that you treat them to the best of your knowledge and what you consider the safest.

If you need reassurance we suggest a Work Cover approved First Aid Certificate or at least read through a book such as a current St John or Red Cross 'Australian First Aid'.

**Giving pain medication or other types of medication.** Unless certain criteria are met it's a **NO**. Leaders give **nothing** by mouth because different people react differently to different drugs.

### **The Criteria for Exceptions: (For Administering Medication.)**

- a. You have a recognised registered professional qualification that entitles you to administer medication - and then only in accord with your Registration (*eg, Doctor, Chemist, Ambulance officer. State Registered Nurse with current clinical experience*)

- b. You are in possession of a document, signed by the guardian/parent, giving you permission to allow the child to take the medication. The medication must be clearly marked with the child's name and name of the medication and the dosage, preferably in the original bottle etc and the conditions when to use it. *(For ideas see sample plan on page 4, it's from another leader developed for his needs.)*
- c. It is a standard treatment that you know the child has been following for some years for an ongoing disease and is being self administered. (eg., Asthma, diabetes, epilepsy). It would be reasonable to re-check with the parents from time to time in regard to care of any possible serious incidents.
- d. Where you have written specific and clear instructions from the parents. Such as in diabetes when they start to lapse into a diabetic coma and therefore there is a need to give them sugar and water, or the very effective and quick acting soft drink high in sugar (not a diet drink) where the sugar is already dissolved. If you do not understand the instructions, at the time they are initially provided, you should seek additional clarification from the parents.
- e. A condition which has become serious and where you may have some specific hands on experience. Take the example of asthma, when one of the leaders is a severe asthmatic or her/ his children have had a long history of severe asthma. They obviously have real life experience in dealing with this type of illness and can help significantly whilst awaiting the ambulance or in taking the child to hospital.

## SPECIAL NOTES.

### Epipens for treatment of severe allergic reactions.

1. Have read Leaders Support Guide #16 ' Peanut And Sting Allergies' .
2. The only 'epipens' at any scout function should be the ones brought in by the patient for whom it has been prescribed, ideally have the parents secure the child's photo to the container.
3. The only one to give the injection should be the patient unless they have entered a state where they are incapable of self administration.
4. You MUST hold a copy of the current treatment plan. Take note of any directions about the use of other medication to use BEFORE using the Epipen.
5. For the Epipen the current medical prescribing information lists over 12 adverse reactions; interactions with over 17 other drugs; over 15 contra- indications and lastly over 17 precautions.
6. A Paramedic informed us that in his 20 years of service he has only had to resort to using adrenalin (*the same drug as in the 'Epipen'*) 3 or 4 times for a severe allergy sufferer. In most cases intervention with other prescribed medication is sufficient.

### Epilepsy – Diabetes – disorders requiring special care and attention.

1. You should meet with the parents/ guardians, to discuss and have them write down the details, preferably include dot points, of what to do and which will include - specific precautions - signs to look for.- actions to take - other information the parent/guardian feels important. You should then make copies to file it, and give copies to your leaders and others who might be involved with the child now or in the future. *(Don't just rely on the parent/guardian providing a current one with the A1, as required)*
2. You MUST hold a copy of this current detail/treatment plan prepared by the parent/guardian for their child at meetings, at outings and on all activities. A copy MUST accompany the A1 at the time the A1 is handed in. You should also consider filing a copy to ensure your records are current.
3. Have a special meeting with the parents/guardian for them to explain the disorder to the leaders and possibly the youth members. After all they would be the people who know the most about their child and the challenge.
4. At all your usual pre camp/activity briefings and risk assessment, you go over the CURRENT health plans, of all attending, including those of leaders, with the leaders and before the activity you can brief the PL's.
5. Make sure one Leader is nominated to take *overall* responsibility to keep a check on the person.

## BUT 'WHAT IF'?

**A member turns up at camp with a bottle of pills and is seen taking them?** Common sense would surely have you ask "*Could it be an antibiotic for a recent infection?*" Check his name was on the bottle's chemist label and even telephone his parents if still in doubt.

**What about making asthmatics use their puffers?** Most asthmatics know more about using their puffers than most adults. It is common to ask “Do you think you should use your puffer and take it a bit easy”. The BIG problem comes with younger youth members who, even though you can see they are having breathing difficulty, are reluctant to stop an activity or drop out of a game. Again without forcing them to use a puffer it’s quite effective to extract them from the game sit them down beside their puffer and tell them they ‘you can join in again when your breathing is better’. Of course this doesn’t stop you insisting if you believe they are not using it and are getting worse.

**Going into a youth member’s tent, if there is an injury or sickness?**

Just ensure there is always another leader of adult present.

**What about having to carry a cub that is ill, is this type of physical contact allowed?**

A question that really shouldn’t need to be asked as it relies on using your **common sense**. Especially if you ask yourself questions such as:

- a. Would a reasonable person believe that this was a reasonable thing to do?
- b. If I saw a cub falling off something, wouldn’t it be appropriate to try and catch them?
- c. How would the parents react if I didn’t do what I intended?
- d. Would I avoid touching some intimate part of the body?
- e. Wouldn’t I be failing in my ‘duty of care’ by not attending/assisting?
- f. With average youth members it should only occur rarely UNLESS it is a regular necessity because of some ongoing health, disability or handicap the person has (Cerebral Palsy etc).

**Couldn’t I be sued for giving first aid if I made a mistake?**

There is an Act of Parliament the *Civil Liability Act 2002* which was designed to make provision in relation to the recovery of damages for death or personal injury caused by the fault of a person; also in relation to costs in civil claims; and for other purposes.

There are two main sections that could apply to us as leaders within Scouts.

**A. In the case of members of your section:** Volunteers do not incur any personal civil liability in respect of any act or omission done or made by the volunteers in good faith when doing community work: (a) organised by a community organisation, or (b) as an office holder of a community organisation.

However it does not confer protection from personal liability on a volunteer who is intoxicated OR in respect of an act or omission of a volunteer if the volunteer **knew or ought reasonably to have known** that he or she was acting (a) outside the scope of the activities authorised by the community organisation concerned, or (b) **contrary to instructions given by the community organisation**.

**(This would necessitate the following of Rule 2 and 3 on page 1.)**

**B. In the case where the child or person is not known to you or you haven’t been advised of any particular health issue:**

A separate section of this Act (Part 8: Good Samaritans ) provides protection for a person who, in good faith and without expectation of payment or other reward, comes to the assistance of a person who is apparently injured or at risk of being injured.

**QUESTIONS ON YOUR MIND SHOULD ALWAYS BE:**

Having been advised of a health problem have I taken **reasonable** steps to ensure that what I am doing doesn’t pose a risk to the person ,and that I have sought guidance from the parent/guardian on what they believe we should look for and how to handle a problem if it should arise.

**Would a reasonable person see this as being reasonable in the circumstances?**

*(e.g Helping a disabled or ill child will require greater physical contact than for the average youth member. It would be seen as reasonable to provide appropriate physical contact/ support for the child’s wellbeing. In fact its part of your ‘duty of care’)*

*It is recognised that not everyone has the facility to readily gain a Work Cover recognised First Aid Certificate’*

*Where this is not practical, or whilst awaiting a course date, it is recommend that all leaders obtain and study a first aid handbook such as those sold by either the Red Cross or St John’s Ambulance.*

*Scouts Australia NSW acknowledges the contribution of Dr Warwick Bateman AM in the development of this Leader Support Guide.*