

# First Aid in Scouting



An issue of particular concern to Leaders is the provision of First Aid and medical treatment to Members during Scouting activities. **Paul Wilkinson**, Programme and Development Manager, provides answers to two typical enquiries

## First Aid and Scouting

### Leader's question

During a recent Leaders' meeting, concern was raised regarding the current situation on First Aid and its limits during Scouting activities.

Could someone please clarify the situation regarding the First Aid that Leaders are allowed to carry out and the limitations on the contents of a First Aid kit?

This has arisen because several of our Leaders have been trained under the First Aid at Work Regulations or by one of the specialist bodies and feel that they must stick to the guidance given to them during their courses.

### Paul's response

Many thanks for your recent enquiry concerning First Aid provision by Leaders in Scouting, and the contents of First Aid kits.

As background information, I suspect that many of our Leaders come up against Health and Safety Legislation in their place of work. This legislation has particular implications in the area of First Aid and First Aiders operating in the workplace. Our Leaders then bring these views to their Scouting.

The fact is that (with the exception of employment situations such as campsites, County offices and so on) the Health and Safety (First Aid) regulations do not apply to Scouting. The opening

paragraph of chapter 10 of *Policy, Organisation and Rules* sets out the responsibilities of Leaders in Scouting, which are to 'act in the same way as a sensible parent, taking responsible care for the safety, health and well-being of those in their charge'.

In reality, this means that if young William would normally be given paracetamol at home for a persistent headache, then it is perfectly in order for an adult in our Movement to give him a paracetamol at a weekend camp or day outing. Equally if mum was to use an antiseptic wipe to clean a graze on Sally's knee at home, then it would be perfectly in order to an adult to do the same when Sally falls over at the Beaver Scout meeting.



Obviously it would be important for the Leaders to have some information from the young person's parents or carers in advance. This is particularly important because of the risk of allergic reactions, previous poor experiences with certain products or alternatives to the product being preferred. In practice this can often be achieved by attaching a list of potential treatments and medications to a health information form, asking the parents and carers to read the list and amend it as necessary for their own children. They should also complete the health form and return both to the Leader. The key issue is that the adult should be seen to be acting in the manner of a 'sensible parent, taking responsible care for the safety, health and well-being of those in their charge'.

For exactly the same reason, the contents of a First Aid kit or medical chest for Scouting might differ from First Aid kits in the workplace. The latter are guided by the Health and Safety (First Aid) regulations while the former are based on what a 'sensible parent' would have in the same situation. The Scout Association, in consultation with St John Ambulance, produces a factsheet *First Aid Kits and Medical Chests* (FS140048), which sets out the recommended contents for First Aid kits and medical chests for camps, residential experiences and meeting places (shown left).

I do understand and have sympathy with the concerns of Leaders who come up against legislation in the workplace, which then leads them to have anxieties about what they can and cannot do in Scouting. I would hate to think that any of our young people may suffer unnecessary discomfort or delay in receiving treatment through anyone being uncertain about what is legal.

## Administering treatment

### Leader's question

One of our Cub Scouts, David, has a severe allergy and is likely to suffer a severe (possibly life threatening) anaphylactic reaction if he eats nuts or nut products. His doctor has provided David's parents with adrenaline epipens (injections) for use in an emergency.

David and his parents are keen that he should come on our next camp, but there is concern amongst the leadership about whether we would be insured to use the epipens if the need arose.

Please could someone clarify the situation for us?

### Paul's response

Thank you for your letter regarding the administration of invasive (injection type) treatments by adults in Scouting. As you may imagine this type of question is being raised with increasing frequency, both in the sort of situation you describe and in non-emergency situations such as diabetics requiring assistance with their regular insulin injections. Fortunately the answer is relatively straightforward.

In basic terms there is no difficulty with Leaders administering medication. It is worth remembering that they are not prescribing the medication (as the doctor has already done this), but administering it in accordance with the prescription. There are, however, some arrangements that would have to be made in advance.

The Leaders involved must be happy with the arrangements. In particular, they must be prepared to take on the responsibility of identifying when medication would be appropriate as well as actually administering it. The parents of the young person involved must be happy with the arrangements and must put their consent in writing. It would also be important for the young person to be happy with the arrangements.



The accident pictured is a First Aid practical, but the issues surrounding such an incident are very real

The Leaders involved must be trained both in the identification of when the treatment would be appropriate and in the practical skills necessary to administer it. An understanding of appropriate pre-and post-administration care, such as contacting medical assistance and monitoring the condition, would also be important. A written guidance sheet would also be useful as an aide-memoir during the activity. It is likely that a number of Leaders would need to be trained in order to ensure that one would always be available.

The parents would also need to ensure that the medication and the guidance notes were in date and up to date. Finally, the Leaders would need to arrange for the medication to be kept in an appropriate location and under any specified conditions (refrigerated, for example). An appropriate system for

recording the administration of medication must be in place.

In terms of the specific insurance aspects of your question, our Liability Insurers are aware of what we do and of the role Leaders play, especially when they take Scouts away to camp or abroad. The provision of appropriate medicines is neither included nor excluded from the insurance cover and we would defend a Leader who gave a young person medication and who, for whatever reason, subsequently ended up in court. ■

## Further Information

Factsheet *First Aid Kits and Medical Chests* (FS140048) is available from the Scout Information Centre on 0845 300 1818, or to download from [www.scoutbase.org.uk](http://www.scoutbase.org.uk)