

SI Risk Assessment For Emergencies updated 20200504

General Requirements	Applies to: The Centre Manager, Leader or Scout in charge of any location or activity where injuries or ill health could occur and first aid is required.	It is Scouting Ireland Policy that all Scouters should attain First Aid skills. First Aid training to the standard of the Pre Hospital Emergency Care Council Clinical Practice Guidelines is sufficient for many Scouting activities but Wilderness or Remote Emergency Care First Aid is preferred for outdoor activities where advanced medical care is not as accessible. The Fire Safety Guidelines for Scouting Ireland Dens and Meeting places should be followed to manage the risk of fire in premises.
	Resources:	Adventure Skills – Emergencies The Watch Leaders Handbook Sea Scout Leaders Handbook Scout Leaders Handbook The Scouting Trail

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Hazard (What can cause harm?)	Risk (Who might be harmed and how?)	Level of Risk (High, Medium, Low?)	Control Measure/Remedy (What will be done to ensure that either no-one get harmed or any harm can be recovered from)	Responsibility (who will ensure the control measures are implemented and by when)
National Scout Centres within 30 minutes of advanced medical care.	Scouts, Scouters, members of the public. In Scout Centres the typical injuries are bruises, sprains and strains, cuts and grazes, minor fractures and burns. Typical medical events include food poisoning, dehydration, stings and bites, asthma, diabetes, allergies, anaphylactic shock.	Probable x Minor = medium Risk	<p>1. A suitable stocked first aid kit should be available at all times. An assessment of the most likely types of injury and illness should be made and the corresponding first aid equipment sourced and stocked. Professional staff should be encouraged to train in Occupational First Aid. As a minimum an individual must be nominated as the person responsible for the maintenance of the First Aid box/ equipment. When Scout groups are using the facilities at the national Scout centres the availability of any first aid equipment should be brought to their attention.</p> <p>2. Scouters are responsible for the provision of first aid to their groups. Where medical conditions of scouts are disclosed on consent forms scouters need to know how to deal with such conditions and what to do should the condition worsen during scouting activities.</p> <p>3. Instructions on contacting advanced medical care should be posted in Scout Centres and on associated first aid equipment.</p>	<p>National Scout Centres Operations manager.</p> <p>Scouters</p> <p>National Scout Centre Operations manager</p>
National Scout Centres, Campsites, Local Dens	An unplanned fire or fire that goes out of control could result in serious injuries, death and destruction of property and premises.	Possible x Major = High Risk	The Fire Safety Guidelines for Scouting Ireland Dens and Meeting places describes how fire risk should be controlled. The accompanying Fire Safety Register should be used to record details of fire safety checks and inspections at each Scout Centre, Den or meeting place.	Scout centre Manager, Campsite Warden, Local Group leader as

LEVEL OF RISK MATRIX		Potential severity of harm		
		Minor Injury (e.g. hazard can cause illness or injury but the results would not be expected to be serious)	Moderate Injury (e.g. hazard can result in serious injury and/or illness, requiring hospitalisation)	Major Injury (e.g. hazard capable of causing death or serious and life threatening injuries)
Likelihood of harm	Unlikely (injury rare, though possible)	Very Low	Low	Medium
	Possible (injury could occur occasionally)	Low	Medium	High
	Probable (injury likely to occur, can be expected)	Medium	High	Extreme

and meeting places.				appropriate.
Scout dens and scouting activities within 30 minutes of advanced medical care.	Scouts, Scouters, members of the public. In dens the typical injuries are bruises, sprains and strains, cuts and grazes, minor fractures and burns. Typical medical events include food poisoning, dehydration, stings and bites, asthma, diabetes, allergies, anaphylactic shock.	Probable x Minor = medium Risk	A suitable stocked first aid kit should be available at all times. An assessment of the most likely types of injury and illness should be made and the corresponding first aid equipment sourced and stocked. Suitably qualified scouters should be able to administer first aid at all times when there are scout activities taking place. Where medical conditions of scouts are disclosed on consent forms scouters need to know how to deal with such conditions and what to do should the condition worsen during scouting activities. Instructions on contacting advanced medical care should be posted in Dens and on first aid equipment. Scouts should be trained in First Aid, including how to raise the alarm and who to contact in an emergency.	Group Leader/ Quarter master/ Scouter in charge of activity.

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<p>Scouting activities in remote areas, boating activities</p>	<p>Scouts, Scouters, members of the public. The remoteness of the activity and the higher risk of the activity means that injury or ill health is more likely and advanced medical care may not be nearby or contactable unless adequate precautions are taken. Apart from the typical injuries and medical events above consider blisters, hypothermia, major fractures, Cardiovascular events, weils disease, fainting (especially when on parade or sea kayaking), heatstroke,</p>	<p>Probable x Moderate = High Risk</p>	<p>Scouters should be trained in Remote Emergency Care. The means of contacting the emergency services should be checked in advance of the activity and augmented with additional processes where necessary. First Aid equipment carried on the activity should be based on a risk assessment of the most likely injuries or illnesses that might occur on that activity. Where medical conditions of scouts are disclosed on consent forms scouters need to know how to deal with such conditions and what to do should the condition worsen during scouting activities.</p> <p>Scouters should be asked to consider having regular medical check-ups to ensure they are healthy enough to lead scouts on activities.</p>	<p>Scouter in charge of activity.</p>
<p>Large scouting events e.g. Jamborees</p>	<p>Scouts, Scouters, members of the public. The size and duration of the event together with the expected number of attendees will determine the extent of first aid and medical care provided.</p>	<p>Probable x Moderate = High Risk</p>	<p>Large events need to have carefully thought out Emergency Response Plans. A risk assessment should be undertaken in consultation with the local emergency services that takes into account the Physical and safety management factors associated with the event. These will help determine the first aid requirements for the event.</p> <p>Consider arrangements for the provision of at least one fully equipped ambulance staffed at paramedic level at all events with an anticipated attendance of 5,000 or more.</p>	<p>Event Project Team leader</p>

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Overseas expeditions and camps.	Scouts, Scouters, members of the public. Overseas camps and expeditions will have many of the same hazards as a campo at home. There may also be other hazards such as diseases, remoteness, lack of communications infrastructure, language barriers and access to advanced medical care when needed.	Probable x Moderate = High Risk	While planning overseas trips consider the location for the hazards described in the risk section. Determine what first aid provisions needs to be accompanying the group. Determine how advanced medical care will be summoned and the expected response times. In remote locations where mobile phones might be out of coverage consider the use of Personal Locating Beacons to alert the emergency services. Where medical conditions of scouts are disclosed on consent forms scouters need to know how to deal with such conditions and what to do should the condition worsen during scouting activities.	Scouter in charge of overseas trip.
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