

CRAVEN U3A WALKING GROUP guidance notes

Contents:

- Leading a walk
- Good practice for leader & backmarker
- Good practice for group members
- Emergency procedures
- Basic first aid

Also available:

- ◇ Map reading and navigation guidance
- ◇ Emergency procedures/first aid reminder card

LEADING A WALK

We encourage anyone in the Group to back-mark or lead a walk. It's not difficult and there are experienced people on hand if you need any advice or have not led walks before.

Please note that the term "Walk Leader" does not imply that this person has any formal training in leading walks, mountain craft or first aid. In fact most of the U3A walk leaders do not have any such training.

The U3A is a self-help group and each individual walker is responsible for their own safety and welfare. The Walk Leader will have carried out a recce of the walk and a description of the walk will be given in the Walk Programme.

If a member has any doubts with regard to the suitability or any other aspect of the walk they should contact the Walk Leader either the day before or in the car park prior to the commencement of the walk.

Participants on U3A walks are responsible for their own Health and Safety, but as a leader you do have some extra responsibilities, so you need to be aware of and follow the good practice points outlined below.

GOOD PRACTICE - LEADER/BACKMARKER

① Planning a Walk

- Identify a route and terrain that you would be comfortable with, for your current experience and knowledge.
- Aim to start where there is adequate parking.
- Keep road walking to a minimum.
- Be prepared to offer suggestions for a refreshment stop after the walk.
- For longer walks or walks in hilly/mountain terrain, identify "escape routes" on your map.
- Ideally get any climbing done in the early part of the route.

- Plan for a morning brief stop and a place for the picnic lunch stop.
- Be familiar with Walking Group Programme Notes.

② Before the Walk

- Do a recce, ideally with your backmarker.
- Identify any potential hazards e.g. damaged stiles, or streams which may be difficult to cross.
- Develop a "Plan B", in case weather conditions are very poor on the day.
- Check the mileage.
- Make sure you will be able to navigate/follow the route, whatever the weather on the day.
- Register your mobile with www.emergencysms.org.uk
- The level of preparation for a low-level walk in summer is less than is required for a strenuous walk in the mountains, at any time of year. Plan accordingly and start with a walk in terrain and in a season that you are comfortable with.

③ On the Walk Day

- Get the latest weather forecast.
- Take a prepared map (open at the walk section and in a covered map-case or similar).
- Provide a second map for your backmarker.
- Carry your own basic first aid kit, survival bag and a whistle. A torch is a good idea.
- Make sure you and your BM have your mobiles.
- Make sure mobiles are charged.
- Amend the route to Plan B if the weather is likely to be disruptive.

④ At the Meeting-point/Start of the Walk

- Organise car sharing.
- Welcome the group.
- Introduce your BM and any new members.
- Describe the route briefly and any potential hazards.
- Ask members if they have any questions.

5 On the Walk

- Set an appropriate pace and check that the group is not getting too spaced out. This is particularly important in cloudy/misty conditions. The leader and backmarker should be able to see each other.
- Giving info about the local area usually goes down well. You don't have to be an expert!
- If conditions on the day give you concerns then amend the route and keep the group informed.

6 Precautions/Emergencies

- Accidents and tricky situations are rare. But familiarise yourself with the points below, then like home insurance, you will be prepared just in case something happens. Normally there will be group members with experience who can help if you need it.
- All Walk leaders are covered by the U3A Public Liability insurance policy. It is not a personal accident insurance. Accordingly participants on any walk are responsible for their own Health and Safety, equipment, belongings etc.
- Familiarise yourself with the notes on Emergency Procedures which form part of these Guidance Notes. The notes contain the procedure to go through in the event of an accident/incident, either at the roadside or away from a road, and lists what information will be needed by the 999 Services.
- Familiarise yourself with the notes on Basic First Aid which form part of these Guidance Notes.
- Familiarise yourself with the emergency signals that the Group uses (see the notes on the programme).
- You should always carry a whistle, mobile phone and prepared map, as should the backmarker.
- Carry in your Rucksack a copy of the laminated "Emergency Procedures Reminder Card" If you haven't got one of these laminated cards please ask the Group Walk Coordinator for a copy.

GOOD PRACTICE FOR GROUP MEMBERS

Each programme reminds us all that individual comfort and safety are our own responsibility and that the term 'Walk Leader' does not imply that this person has any formal training in leading walks, mountain craft or first aid.

Before the Walk

- Register your own mobile with www.emergencysms.org.uk and also enter ICE (in case of emergency) contact number in your phone/ or carry emergency contact number.
- If you have any doubts on your ability to complete the walk clarify the walk details with the Leader.
- You are encouraged to look at a map of the route, relating it to way-points given in the walk description.
- Familiarise yourself with the Walking Group Programme Notes.

On the Walk

- Take sufficient food and drink for the walk.
- Take suitable clothing. Waterproofs and the right footwear are essential.
- Carry your own basic first aid kit, with any personal medications you may need. Make a note of any allergies, medications you are on and of any medical conditions. Your own survival bag is also a very good idea.
- Do not rely on other people to carry the above equipment for your use.
- If you feel unwell, or struggling for any reason speak with the Walk Leader.
- If you wish to leave the walk at any time notify the Walk Leader.
- Carry in your Rucksack a copy of the laminated "Emergency Procedures Reminder Card" If you haven't got one of these laminated cards please ask the Group Walk Coordinator for a copy.

Further reading

- Upper Wharfedale Fell Rescue Team-Safety Advice
- www.uwfra.org.uk/SafetyAdvice
- Craven U3A website
- U3A National website, Walking section (Safety on U3A Walks Nov 2011 and other useful notes done by Neil Meek, the National Walking Coordinator)

EMERGENCY PROCEDURES

Background

Emergencies and incidents on U3a walks are thankfully rare. However, it is useful to have information about what to do if an emergency arises. Many of the Group will know what to do already, but for anyone who is less experienced it is hoped that these notes and the accompanying "Emergency procedures reminder card", including basic first aid notes will be useful to keep and take on walks.

The thought of an emergency may seem daunting, but there are normally experienced people on a walk who can offer assistance and advice and organise things if necessary.

An Emergency on the Walk

If one of the group is taken ill or injured follow the first aid notes, if necessary. Keep the casualty warm and dry. Ensure the rest of the Group is not in any danger.

Can some of the group get the casualty off the hill/home under their "own steam" without risking further injury/harm?

But if outside help is required call the emergency services as soon as possible.

If at a roadside/near properties with an address/postcode call 999 and ask for Ambulance. Give a detailed description of your location, as the Ambulance service do not use grid references.

If away from a road (even a small distance) or on the hills call 999, ask for Police (check it's the police control room for the local County/area) and ask for Mountain Rescue. ***Do not ask for an ambulance in***

this situation as it could delay the response/mean they cannot access the location with an ordinary ambulance.

Mountain Rescue will liaise with Police/Ambulance and request whatever other services are needed.

The Rescue controller will ask for a **CHALET** report.

C - casualty, name, type of injury/illness.

H - hazards to the group/rescuers e.g. strong winds, mist, cliffs etc.

A - access, location-name, terrain, approach, any location markers? e.g. orange survival bag.

L - location, grid reference. (Give map sheet-number and description e.g. OL2 Yorkshire Dales south and sheet letters e.g. SD/SE followed by the six figure grid reference). Say if grid reference is from a GPS or map.

E - equipment at scene, e.g. shelters/first aid kit/mobiles etc.

T - type of incident - in our case injured/ill walker so need fell/mountain rescue.

Stay by the phone or in a place where a mobile signal can be received. The rescue controller will normally call back. If there is no signal, even from higher ground nearby, it may be necessary for at least 2 experienced people to walk out and raise the alarm, with the above CHALET information.

The power of the group can be used effectively - there may be doctors/nurses/first-aiders on the walk. For inexperienced leaders, the management of the group could be taken over by an experienced person who could lead the group back or onwards and arrange whom should stay with the casualty. In any event it is best if one person takes charge.

AFTER THE INCIDENT - report back to the Walking Group Coordinator. He/she may need to complete an Accident Report Form for forwarding to the U3A insurers.

BASIC FIRST AID

The aims of First Aid are to preserve life, prevent the situation from worsening and promote recovery.

The five primary situations which could occur whilst out walking are heart attack, stroke, sprain/strain, fracture or bleeding.

Heart Attack

Signs and Symptoms

Central chest pain; a dull ache or “heavy” feeling in the chest; or a mild chest discomfort that makes the person feel generally unwell. This may feel like bad indigestion.

This may spread to arms, neck, jaw, back or stomach.

They may also feel light headed, dizzy and short of breath, feel nauseous or vomit.

If you think a person is having a heart attack get them to sit down in the ‘W’ position to take the load off the heart. Do not walk them to a comfortable seat. Do not let them lie down. If they vomit, they could choke when in a prone position. Keep calm. Don’t give them any food or drink. Call for help.

Dealing with the Casualty

- **Danger** (make sure it’s safe and find out what’s happened). Approach with care.
- **Response** (are they conscious?) gently shake their shoulders and ask loudly “Are you all right?”
If there’s no response, phone, whistle or shout for help.
- **Airway** (open the airway). Carefully open the airway by using the “*head tilt*” and “*chin lift*”.
- **Breathing** (check for normal breathing).
Look, listen and feel for signs of normal breathing for up to 10 seconds. If they’re barely breathing, or taking infrequent, noisy, gasps, this is not normal breathing. If you have any doubt, act as if it is not normal, get help and start CPR.

- **Aspirin**. Only give aspirin if the casualty can assure you that they do not have a heart condition, e.g. they are not on Warfarin or other anti-coagulant, have not had heart surgery, have not got a pace maker etc. The decision should rest with the Casualty. (Dose 300mg.) Tell the Rescue Team if the Casualty has been given aspirin.

If, for whatever reason, you would not wish to be resuscitated if such an event occurred, you may want to make your wishes known to a regular walking companion.

CPR method

Place the heel of one hand in the centre of the chest and the heel of the other on top and interlock your fingers.

Give compressions at a depth of 5-6 cms (2-2.5 in). The correct rate is 100-120 compressions per minute, to the tune ‘Staying Alive’ or ‘Nellie the Elephant’.

Continue with compression until the casualty coughs moves and breathes or professional help arrives. When you get tired ask a companion to take over.

If you are comfortable and confident then, after 30 compressions give two Rescue Breaths then continue the pattern of 30 compressions to 2 rescue breaths. If unable to do Rescue Breaths continue compression.

Procedure for Rescue Breaths

- Open the airway (“*head tilt*” and “*chin lift*”)
- Pinch the nose closed.
- Breathe in, cover their mouth with yours and breathe steadily into their mouth.
- Make sure the chest rises and falls.
- 2 rescue breaths should only take 5 seconds.

Stroke

A stroke is a 'brain attack' caused by a disturbance of the blood supply to the brain.

The most common form of stroke is caused by a clot narrowing or blocking blood vessels so that blood cannot reach a particular area of the brain. Part of the brain becomes damaged, and this can affect people's appearance, bodily functions, speech and sight.

If you suspect a stroke act FAST a stroke needs immediate attention, and the faster the person receives medical help, the less damage is caused. Main stroke symptoms can be remembered with the word FAST.

F - face, is there weakness; can the patient smile?

A - arms, can they raise both arms?

S - speech, is their speech easily understood?

T - time to call the Emergency Services.

Talk to the person to reassure them while you wait for the ambulance or Fell Rescue.

Sprains and Strains

A sprain is an injury to a ligament at a joint.

A strain is an injury to a muscle.

Treatment

R - rest the injury.

I - ice, apply an ice pack wrapped in a cloth to the injury ASAP (or clean cloth soaked in cold water) for a maximum of 10 minutes and allow the skin to return to normal temperature before repeat application. This will help reduce the swelling.

C - compression, apply a firm (not constrictive bandage) to the injured area.

E - elevate the limb to help reduce swelling.

NB Minor fractures can easily be mistaken for sprains and strains. The only way to rule out a fracture is by x-ray, so send casualty to hospital. If there is any doubt do not move the casualty but call out the Emergency Services.

Fractures

Possible signs and symptoms of a fracture.

The person may have bruising, pain and swelling, or be lying in an unnatural position.

In severe cases, the limb may be misshapen or have an open wound.

Do not move unnecessarily.

Support the limb till help arrives.

Do not let the casualty eat or drink.

Bleeding

The aims of treatment for external bleeding are firstly to stop the bleeding, preventing the casualty from going into shock and then to prevent infection.

Treatment

Lie the casualty on the floor, keep warm, do not remove large objects from the wound.

Apply direct pressure over or around the wound continuously for 10 minutes.

Apply a sterile non-adherent dressing which should be sufficient to stem bleeding from the majority of minor wounds. Extra pressure and elevation may be necessary for severe bleeding.

Further reading

First Aid (a comprehensive first aid manual and reference guide) Nigel Barraclough. The walking group have a copy.

Load the App 'First Aid by British Red Cross' onto your phone.

Excellent training is available through 'Heartstart', a British Heart Foundation initiative which promotes emergency life support training throughout the UK.