# SAMPLE Excursion emergency ManAGEMENT procedures

This document may be used to assist the emergency and risk management planning of an excursion. The roles of each staff member must be made clear.

## incident support and operations centre

Schools are required to immediately notify the Incident Support and Operations Centre of any incident that impacts on the safety or wellbeing of staff, students or visitors on:

* 1800 126 126 (24 hours)

This requirement and contact details should be included in the Emergency Management Plan where appropriate.

### Venomous bite

As in other first aid situations, prevention is better than cure. Staff should be aware that snakes are more likely to be encountered on warm, sunny days, especially in grassy areas and along creeks.

If it seems that snakes might be a problem, students should wear solid shoes, thick socks and (preferably) long trousers. Such clothing is likely to lessen the severity of a snake bite.

In the event of a snake bite occurring, the following treatment must be undertaken:

1. Use D-R-A-B-C approach (assess Danger, check for Response from the casualty, check Airway, Breathing, and Circulation) to assess the situation and the injured person.
2. Seek medical aid urgently.
3. Calm the bite victim.
4. Apply a pressure immobilisation bandage over the bitten area and around the limb, using a crepe or conforming bandage about 15 cm wide. If unavailable, use panty hose or similar material.
5. Apply the bandage firmly enough to compress tissue, but not so firmly as to restrict the flow of blood to the limb below the bandage.
6. Where the bite is to an arm or leg, bandage from the bite to the fingers or toes, then up to the armpit or groin.
7. Bandage as much of the bitten limb as possible.
8. Apply a splint to the bandaged limb with a second bandage.
9. Do not remove the splint or bandage once applied.
10. Continue to monitor the vital signs using “A-B-C” (Airway, Breathing, Circulation).

**Warning**

* Never wash the venom off the skin as retained venom will assist identification.
* Never cut or excise the bitten area.
* Never try to suck the venom out of the wound.
* Do not try to catch the snake. However, a description of the snake may assist medical aid.

Bandages applied during field treatment should not be released.

Speed in applying pressure to the bite and limb is essential. Also, a trace of poison on the pressure pad can assist the laboratory in positive identification of the snake so that the correct antivenin can be given.

For information about the identification and treatment of unknown bites, as well as up-to-date research into first aid treatment for snake and other venomous bites, see [Australian Venom Research Unit](http://www.avru.org/): <https://biomedicalsciences.unimelb.edu.au/departments/pharmacology/engage/avru>.

### Bushfire

In the event of a bushfire, if possible, retreat to a safe area such as a river, broad track, rock or cleared area. Fire usually travels much faster up hill than down hill. However, it is virtually impossible to outrun a fire whether it is traveling up hill or down.

**In case of an approaching or near-by fire**

* Keep calm and reassure the group.
* Drink as much as possible and carry water.
* Saturate and cover up with clothing.
* Ensure the group stays together.
* Avoid dense undergrowth.
* Look for open or already-burnt ground.
* Keep to tracks if possible.
* Decide on the intended route and signals, and ensure all know them.
* Place experienced walkers in the front of the group to lead and in the whip position.
* Conserve as much energy as possible and take rests, if viable.

**If trapped by fire**

The heat radiated by fire is intense (320° Celsius compared to flames at 50° Celsius) and can badly burn skin, even some distance from the flames:

* Cover as much exposed skin as possible, preferably with woollen and thick clothing. (Synthetic clothing can melt whereas natural fibres are more fire resistant.)
* Wrap clothing and other material, such as a woollen jumper, around the head.
* Saturate clothing if possible.
* Wet a cloth to place over the face.
* Drink as much water as possible to guard against dehydration.
* Keep low (there is more air available to breathe near the ground).
* Shield the body from radiated heat (the intense heat is greatly impeded by opaque materials and passes over very quickly) by lying or crouching behind a log, stacked rucksacks, mounds of earth, wombat burrows (feet in first) or the bank of the river nearer the fire front. Never get into a water tank, as the water can boil.

### Injury

**In the event of a serious injury (or illness) to a student or staff member**

* Provide appropriate first aid assistance for the injured person.
* Depending on the circumstances, contact ambulance, medical practitioner and/or the police (from the contact list carried by the leader). Do not delay in the hope that the person will recover.
* Protect and comfort the non-injured students.
* Notify the principal or school contact person who should notify the Department's twenty four-hour emergency communication centre, the regional office, and the parents of all students
	+ **N.B.** As the media often reports on situations without full or correct details, it is important that the parents of all students are made aware of the incident as soon as possible.
* Provide students and adults with appropriate first aid.
* Make sure the entire group is safe and warm.
* Keep detailed notes for a comprehensive report of the injury and incident, which must be retained by the school for purposes of legal liability.
* If the media becomes involved, handle them sensitively, isolating the students from reporters and cameras.
* If the police have attended, consider requesting the police officer in charge to inform and handle the media.
* For major incidents, assistance from police media liaison can be requested.
* In the case of a fatality, it is the role of the police, acting for the coroner, to contact the family.

**After the event**

* Post-trauma counselling for students and supervising adults is important and should be organised through the Department's regional offices.
* Record and file details of the incident that led to the injury and the resultant action.
* Consider what changes may need to be made through safety and risk management and planning for future activities.

### Lightning strike

If thunder happens within 30 seconds of lightning, then the storm is within 10 kilometres of your location. Lightning safety experts consider this the strike danger zone and advise people to follow the 30/30 rule.

**The 30/30 rule**

Follow the precautions outlined below when thunder is heard within 30 seconds of a lightning flash and wait for 30 minutes after the last thunder is heard to resume your activity. If you’re unable to take shelter inside, find the safest accessible location and stay there until the storm has passed.

**General precautions**

* Stay away from metal poles, fences, clothes lines.
* Never ride horses, bicycles or drive in open vehicles.
* If driving, slow down or park away from trees, power lines or other objects that may be damaged by storm activity.
* Stay inside metal-bodied (hard top) vehicles or caravans but do not touch any metal sections.
* If undertaking water activities, leave the water immediately.
* If boating go ashore to shelter as soon as possible. (A bridge or high jetty may offer immediate protection.)
* Discard all metal objects.

**If shelter is near-by**

* Seek shelter in a hard top vehicle or solid building. Avoid small structures or fabric tents.
* Keep clear of windows.

**If shelter is not available**

* Crouch (alone, feet together), preferably in a hollow. Make yourself a small target.
* Remove metal objects from head/body.
* Do not lie down (the more of you that is in contact with the ground, the more ‘attractive’ you are to lightning) but avoid being highest object.
* If your hair stands on end or you hear buzzing on nearby rocks, fences, move immediately. At night, a blue glow may show if an object is about to be struck.
* Stay away from high and low points (hilltops, ridges and gullies), rock overhangs and shallow caves.
* Keep out of, and well away from, water bodies or watercourses.
* Make sure the group is aware of the Lightning Safe Position; this involves:
	+ squatting or crouching with knees drawn up and feet together, preferably on dry insulating material
	+ keeping hands off the ground.
* Spread group members out – about ten metres apart, but within calling distance.
* Never shelter under tree/s.

**First aid**

* People struck by lightning carry no electrical charge and can be handled safely.
* Call emergency services.
* The injured person has received an electrical shock and may be burned, both where they were struck and where the electricity left their body. Check for burns in both places. Being struck by lightning can also cause nervous system damage, broken bones, and loss of hearing or eyesight.
* If breathing has stopped, begin rescue breathing. If the heart has stopped beating, a trained person should give CPR. If the person has a pulse and is breathing, look and care for other possible injuries.

### Lost

Appropriate planning, preparation, organisation and management should remove or minimise the likelihood of anyone becoming lost during an outdoor activity. However, as a precautionary measure in locations where there is potential for participants to become lost, the following procedures should be considered in the planning and preparation.

Note: 'Lost' is defined as not just a navigational error, which could be confidently rectified given some time and effort, but total disorientation to the point of having no idea about one's actual location.

**In the event of becoming lost**

For remote areas – stay put:

* Conserve energy and body heat (that is, make yourself warm and comfortable and await help).
* Seek a sheltered spot, preferably away from running water (noise interferes with signals and voices).
* Ration food and water in case help is delayed.

**Increase your visibility**

* Display something bright, such as coloured clothing, tent or backpack.
* A smoky fire is one of the most useful means of attracting the attention of searchers. However, lighting a fire can be extremely dangerous in some circumstances and should only be lit if the group is confident it can manage a fire safely.
* Flash a torch or mirror.
* Use of a whistle-giving three short blasts at regular intervals. Searchers will use two short blasts in response if they hear the missing walkers.
* In order to conserve torch batteries and energy, only use a torch or whistle when searchers are heard or are likely to be nearby.

**For areas with well-defined boundaries, use a self-recovery strategy**

* Head to a named feature. (Give students a description, such as 'the dirt track on the south of the course', and name the feature, for example, ‘McMillan's track’. Have this feature written on the back of the map, as students tend to forget and become overloaded with too many verbal directions.)
* Use a whistle to attract attention.
* Be alert for supervising adults who will be roving or at a designated location.
* Remain calm. (Students who are overdue need to be confident that there is a search procedure in place - refer Search procedure for lost students.)

### Search

**Where it is suspected that a student is lost**

* Confirm that a student is missing (count heads).
* Identify the student's name, description and what they were wearing.
* Ascertain the location where the student was last seen.
* Send two people (at least one of whom is a staff member) to retrace the group's steps for fifteen minutes only, calling out, listening and carefully observing signs.

**Note**: Only ever separate the group into two sub-groups as described above; one searching and one staying put. Seek additional assistance if the searching group returns without the student.

In situations where there is no immediate access to a mobile telephone or other communication equipment:

* Identify two people (at least one of whom is a staff member) to go for assistance.
* Discuss the route to be taken by this pair.
* Note relevant details on paper for the pair to carry (include the time, day and date, the location with grid reference and land features, the name of the lost student(s) and how they are equipped, composition of the remaining group, events leading up to the incident, intentions of the group left behind and supplies required).
* Equip the pair as a fully contained unit with the appropriate food, clothing, water, tent or other shelter as well as a torch and map.

If appropriate, the remaining group should make camp in a sheltered position and keep notes of actions, including times and other relevant information.

The police are the appropriate agency to contact. They will organise the search and call other agencies as required. Also contact the school principal or excursion contact person. The school will contact the Department's twenty-four-hour emergency communication centre and the relevant regional office (refer Communication during an emergency).

**For non-remote areas with well-defined boundaries**

* Check the area if possible.
* Search and continue searching the perimeter (using a vehicle and/or on foot), stopping to whistle, call or toot a car horn and waiting to listen for a response.
* Police assistance should be sought if the student has not been found within half an hour of being declared missing. In such a case, also notify the ranger (if applicable) and the school principal or prearranged school contact person.
* Record on paper a description of the student, the area that has been searched, and list possible areas where the search could widen out.

### Flood

Consider changing your route before setting out on a trip involving river crossings where there has been heavy rain in catchment areas. Check with local authorities if there is a possibility that bridges may have been damaged by flood waters.

Be prepared to spend time and energy looking for a safe crossing place. Be aware of possible dangers downstream if someone were swept away whilst crossing. Be prepared to wait for a swollen river to subside, or more realistically, use an alternative route.

* Change your route before departure if there has been heavy rain in catchment areas.
* Do not enter canyons if rain is predicted or it has been raining.
* Be aware that rain in upstream areas may flood a canyon unexpectedly, even though it is not raining in the area you are exploring.
* Check with local authorities if there is a possibility that bridges may have been damaged by flood waters.
* Do not cross a flooded river.
* Do not camp in dry creek beds as they can unexpectedly flood.

### Further information

* [Emergency and Security Management](https://www.education.vic.gov.au/school/teachers/management/pages/emergency.aspx): https://www.education.vic.gov.au/school/teachers/management/pages/emergency.aspx
* [Victorian State Emergency Services](http://www.ses.vic.gov.au/): https://www.ses.vic.gov.au/
* [Emergency Management in Australia:​](file:///C%3A%5CUsers%5C02523279%5CAppData%5CLocal%5CTemp%5CEmergency%20Management%20in%20Australia%3A%E2%80%8B) https://www.homeaffairs.gov.au/about-us/our-portfolios/emergency-management/overview

## Medical conditionS

Principals should ensure that excursion supervising staff are familiar with the medical histories of students, particularly with respect to epilepsy, diabetes, asthma and heart conditions.

The risk of infecting other students and staff means that students suffering from ear infections, throat infections, colds, papillomas and other contagious infections should not be permitted to enter swimming pools and other swimming venues until they have recovered.

It is advisable to seek advice from a parent before including any student with a chronic illness in a swimming based activity. If there is any doubt concerning a student's reaction to any aspect of the activity, the parent should be advised to seek a medical opinion on the matter.

As far as possible, students with medical conditions should be encouraged to take part fully in excursion activities. However, where special precautions are required and the school is unable to provide the necessary supervision, the parents must take responsibility for ensuring that safety requirements are met without interference to the supervision of others participating in the activity.

If a student's suitability for inclusion in an excursion activity is in doubt, the principal should consult the student's parents and the student's doctor, or seek advice from the Department of Health and Human Services. Under such circumstances, a medical certificate should be provided confirming the doctor's approval for the student to participate in the planned activity, at the specified location and for the duration of the activity.

### Hyperthermia

Heat stress occurs when the body is unable to cool itself enough to maintain a healthy temperature. Normally, the body cools itself by sweating, but sometimes sweating isn’t enough and the body temperature keeps rising.

Heat-related illness can range from mild conditions such as a rash or cramps to very serious conditions such as heatstroke, which can kill. Symptoms of heat-related illness also include dizziness and fainting, paleness and sweating, rapid heart rate, nausea and vomiting.

Overexertion in hot weather, sun or bushfire exposure, and exercising or working in hot, poorly ventilated or confined areas can increase the risk of heat stress. Heat can also make an existing medical condition worse, for example heart disease.

Treatment options vary according to the type of heat-related illness. Apply first aid and seek medical assistance immediately if someone shows any sign of heat exhaustion or heatstroke.

### Hypothermia

Exposure to cold conditions can lead to an illness known as hypothermia. It is a progressive condition that starts with shivering. Further stages are mental confusion, muscle stiffness, irregular heartbeat, unconsciousness and, ultimately, death.

For many months of the year, the water temperature of most of Victoria's waterways and cold-water swimming pools is sufficiently low to induce loss of body heat. Water temperatures are unlikely to be so low as to produce the extremes of hypothermia, but swimming based activities should not be conducted if there is a danger to students.

It is recommended that students wear wetsuits for surfing, snorkelling and scuba diving activities in Victorian coastal waters.

### Anaphylaxis

Anaphylaxis, or anaphylactic shock, is the most serious allergic reaction and can cause death without prompt medical attention. Within minutes of exposure to the allergen, or ‘trigger’, the person can have potentially life-threatening symptoms such as breathing difficulties.

Anaphylaxis can occur within minutes – the average is around 20 minutes after exposure to the allergen. Symptoms may be mild at first, but tend to get worse rapidly.

Typical symptoms and signs may include:

* Facial swelling, including swelling of the lips and eyelids
* Swollen tongue
* Swollen throat
* Reddening of skin across the body
* Hives (red welts) appearing across the skin
* Abdominal discomfort or pain
* Vomiting
* Strained or noisy breathing
* Inability to talk or hoarseness
* Wheezing or coughing
* Drop in blood pressure
* Unconsciousness
* Young children may get floppy and pale.

When students have an anaphylactic reaction staff must:

* ask students whether they have self-administered an adrenaline auto-injector (such as EpiPen®)
* if the student has not already done so, administer an adrenaline auto-injector (such as EpiPen®)
* call an ambulance
* contact the student’s emergency contact person and then the Department's Incident Support and Operations Centre on **1800 126 126**.

**Note:** Where possible these devices should only be used by staff trained to use it. However, in an emergency they may be administered by any person following instruction from the student’s ASCIA Action Plan for Anaphylaxis.

### Cardiac Arrest

A cardiac arrest occurs when the heart suddenly stops beating. It is often caused by an electrical problem that causes the heart muscle to beat ineffectively.

As soon as the heart stops beating, blood can no longer flow to the brain, heart and lungs. A person in cardiac arrest will be unconscious and will stop breathing or will not be breathing normally (they may make gasping noises or may be breathing irregularly).

Urgent treatment is required to get the blood moving around the body and to restart the heart. If someone is suspected of being under cardiac arrest 000 must be called immediately.

CPR should be started without delay for anyone who is not conscious and not breathing normally.

### Epilepsy

This section applies if a student has been observed or is otherwise known to be subject to epilepsy or any form of medical condition involving periodic loss of consciousness. Such a student should be permitted to participate in the activity as long as a medical certificate is provided stating that the program appears to present no undue risks for the student at that time.

A new certificate is required if a further episode of loss of consciousness is known to have occurred or every twelve months. A certificate that is conditional upon special precautions being taken should not be accepted unless the parents arrange the additional supervision necessary and accept complete responsibility for the safety of their child during the activity.

Even then, participation should only be allowed if the principal is satisfied that the special arrangements will not interfere with the conduct of the activity.

### Asthma

Many outdoor and adventure activities are regarded as strenuous and students with asthma may require medication before and during these activities. Staff must ensure that all students with asthma carry their own nebuliser with them for all activities. In addition, suitable medication should be available in the school's first-aid kit.

Principals should request that parents of students with asthma provide written consent to their child's participation in the activity. This consent should indicate that their doctor has no objection to the student participating in the particular activity.

Students with severe asthma who wish to participate in snorkelling and scuba diving activities are required to provide a certificate from a medical practitioner and an asthma management plan. Templates are available through Asthma Victoria.

### Diabetes

To prevent insulin or hypoglycaemic reactions, student with diabetes must be permitted to take extra food at any time, particularly before physical activities. Staff must ensure that students with diabetes have ready access to appropriate food (for example, fruit, biscuits or fruit juice).

With these precautions, all students with diabetes should be encouraged to take full part in all swimming-based activities. The Royal Children's Hospital Diabetic Clinic is able to provide additional information or advice to the school, if required.

### Sunburn

Refer to the Department’s Sun and UV Protection Policy for information concerning sun protection.

### Sun exposure

**Ultraviolet radiation**

Overexposure to the sun during childhood and adolescence is known to be a major cause of skin cancer. Schools are encouraged to develop a specific policy and set of procedures to minimise the danger of excessive ultraviolet (UV) radiation exposure for students and staff as part of the school’s duty of care.

The following factors should be taken into account in the development of an effective sun protection policy, which should be implemented continuously throughout the year.

* The danger period for UV is between 10.00 am and 2.00 pm (11.00 am and 3.00 pm daylight saving time). Damage can occur before and after these hours, but it takes longer to occur.
* Everyone is at risk of developing skin cancer. Fair-skinned people with reddish or fair hair are at greatest risk; people with an olive complexion and dark hair have a lower risk, but still require protection.
* UV cannot be seen or felt and UV levels are not related to air temperature. There can be high levels of UV on cool days.
* UV levels are higher during the summer than during winter months. UV levels do vary from day to day, and a high UV day in April or October may be more damaging than a day of heavy cloud in January.
* Reflected UV from light-coloured and shiny surfaces can reach a person under a hat and in the shade.
* At high altitudes where the atmosphere is thinner, the amount of UV reaching the skin can be much higher than at sea level. The use of sunscreen should be encouraged throughout the year in these locations.
* Fresh snow reflects almost 90% of the UV that falls on it.

**Policy considerations**

In developing policies and procedures, schools may wish to include reference to:

* Hats with a broad (at least 8 centimetres) brim made of a closely woven material and legionnaire-style hats may be appropriate, particularly for younger children.
* Sun-protective clothing. Loose, closely woven cotton fabrics and shirts with a collar and long sleeves are ideal.
* Broad spectrum, water-resistant SPF 30+ sunscreens. To be effective, sunscreen must be applied to clean, dry skin, fifteen to twenty minutes before going into the sun. No sunscreen provides complete protection against the sun. Hats, clothing and other forms of natural protection should be encouraged as a first measure for protection.
* Skin protection by waterproof sun creams or clothing is necessary while in the water.
* Special preparations, such as zinc cream, are available for sensitive areas, including the face and lips.
* A small number of students may have allergic reactions to the chemicals in sunscreen. Such allergies should be identified by parents when they provide the school with medical advice about their children. Any adverse reaction from sunscreen should be reported to parents.
* Consider the use of sunglasses.

Swimming activities, more than other outdoor activities, may expose students to UV radiation. Staff preparing students for swimming, snorkelling and scuba diving are advised to document their preparation of students, including preparation for sun protection, using a recording system such as the Documentation of participant preparation, prerequisite skills/knowledge (See Excursions – Resources).

For more information about sun protection, see [SunSmart](http://www.sunsmart.com.au/) https://www.sunsmart.com.au/.

### Further information

For more information about medical emergency management, see:

* The Department’s [Anaphylaxis Guidelines](https://www.education.vic.gov.au/school/teachers/health/Pages/expired/anaphylaxis.aspx): https://www.education.vic.gov.au/school/principals/spag/health/pages/anaphylaxis.aspx
* [Department of Health and Human Services](http://www.dhs.vic.gov.au/) https://www.dhhs.vic.gov.au/
* [Heath Direct](https://www.healthdirect.gov.au/) https://www.healthdirect.gov.au/
* [Diabetes at the Royal Children’s Hospital](http://www.rch.org.au/diabetes) https://www.rch.org.au/diabetes/
* [Asthma Australia](https://www.asthmaaustralia.org.au/) https://www.asthmaaustralia.org.au/
* [Better Health Channel](https://www.betterhealth.vic.gov.au/) <https://www.betterhealth.vic.gov.au/>
* [Epilepsy Action Australia](http://www.epilepsy.org.au/) https://www.epilepsy.org.au/
* Hypothermia https://www.healthdirect.gov.au/hypothermia

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