

Hauraki Primary School

Policy Document

Education Outside the Classroom

Rationale

As part of its overall safe school policy, Hauraki School actively seeks to provide an environment that is physically and emotionally safe for all students and staff.

Education outside the classroom (EOTC) is curriculum-based teaching and learning activities that go beyond the walls of the classroom. EOTC includes any curriculum-based activity that takes place outside the school and provides opportunities for many positive learning outcomes for students.

The safety of participants in EOTC activities is paramount, and the below guidelines aim to ensure positive learning outcomes are achieved safely.

Purpose

- To enhance children's learning through the provision of real or first-hand experiences.
- To increase knowledge, understanding, enjoyment and appreciation of the local area and other areas that are different in nature and environment to our own.
- To increase students' awareness and understanding of their own and different traditions, values and culture
- To further develop skills in observation, recording and reporting.
- To assist in the development of confidence, independence, sense of adventure and sense of responsibility, and skills to enable the students to make sound decisions, solve problems, evaluate their own learning and apply learning to new situations.
- To assist in the social development of students, particularly in cooperation and maintaining good relationships with others where they are given the opportunity to live and work with others in a situation different from their home and school environment.

Guidelines

General

1. When planning EOTC activities, it is recommended that the Ministry of Education (the Ministry) EOTC Guidelines 2016 be followed.
2. The coordinator of an EOTC activity should be a fully registered teacher and they must seek approval for every EOTC activity by completing the form at Appendix 1. For class activities not involving overnight stay, approval from the Principal for the activity is sufficient, unless specified by the outside provider.
3. The appropriateness of the activity should be determined after considering the desired learning outcomes of the programme, and the learning needs and capabilities of the students.
4. When planning a programme, consideration for students' physical, emotional and cultural wellbeing is paramount. The Hauraki School Board (the Board) charges staff to take care of all students in EOTC activities and ensure that all students are given the opportunity to participate. Students should be encouraged to participate to the best of their ability, but experience "challenge by choice" and not made to participate.

5. A sequential programme is to be adopted wherever possible so that confidence and skills are built together.
6. The programmes should develop awareness of safety issues and skills for children to keep themselves and others safe.
7. It is compulsory that parents/caregivers give informed consent for EOTC activities. Apart from camp permission and year 6 waterwise, the consent form signed at the beginning of the year on the behaviour management document will be adequate.

Staff and Participants Competence

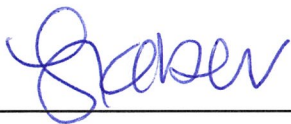
8. The Principal is responsible for evaluating staff competence. No teacher will be appointed to a leadership role in outdoor situations without having appropriate training and/or experience of a standard judged by the Principal to equip the teacher for the role. If the required competence is not available in the school, outside expertise should be engaged or the activity is modified to ensure safety. Staff will retain overall responsibility for students in their care.
9. Staff shall be provided with development opportunities to develop safety skills and knowledge required to run activities they are responsible for. Where appropriate, staff are supported to pre-visit EOTC sites during the planning stage of the event
10. Reasonable steps are taken to continually evaluate and monitor contractors, parents and volunteers for their suitability to work with children on EOTC. Reasonable steps should be taken by staff and the Principal to use parent helpers who are deemed responsible, as set out in the Child Protection policy.
11. All participants are to be briefed prior to EOTC activities about their responsibilities and made aware of health, safety and emergency procedures in the case of an event – see Appendix 6.
12. Staff often have background information about students that other adults do not have. Staff should consider the Privacy Act 2020 and only disclose sufficient information to deal with the situation.
13. Parents and volunteers should feel comfortable with the expectations being placed on them and able to cope with the physical demands of the excursion.
14. Staff shall be familiar with and follow the school's relevant health and safety and crisis management procedures. In addition, a Risk Analysis Management (RAM) report must be completed for each EOTC activity to indicate identification, elimination, isolation or minimising of hazards, as set out in Appendix 3. The Principal shall act appropriately to eliminate or minimise the hazards so far as reasonably practicable.
15. Parents providing transport for school trips should complete a form confirming that the transport they are using is legally road-worthy and has sufficient child restraints, as appropriate, as set out in Appendix 11.
16. Staff should identify all circumstances and events for which safety equipment should be used and ensure that the appropriate standard of equipment is provided and used appropriately. All practicable steps should be taken to ensure that the standard and use of equipment, facilities/instructors meet with best practice. Staff shall ensure that an effective communication system is available to be used where necessary during EOTC activities.
17. Buses must be of an appropriate cleanliness and maintenance standard fit for children to travel on. At least one teacher/adult must be present on each bus, and all children should be seated.

18. If an incident/accident occurs requiring offsite medical intervention, it is essential that this be recorded as part of the Register of Accidents for EOTC. The form set out in Appendix 12 is to be completed.
19. All participants are advised to apply the Environment Care Code (Appendix III of the Ministry Guide attached as Appendix 7).
20. School management should complete ongoing reviews, but at least an annual review of the Register of Accidents and recommend to the Board any actions that are required to eliminate risks and hazards.
21. Evaluation of EOTC activities should normally be reported as part of syndicate evaluation, completed each team. Camp evaluations should be reported separately.

Year 6 Camp

22. The Board must approve all camps at least two months prior to the actual event.
23. Camp Adair requires a Participation Agreement to be signed by all parents who are participating in and/or supervising camp activities, as set out in Appendix 5. The school should sign an agreement similar in form to that provided in Appendix 5 with the outside provider for major events such as school camps.
24. In the case of camp, or any other extended EOTC activity, a risk and disclosure form as well as a health profile form must be completed by the parent/caregiver for each student. See Appendices 8 and 9.
25. Staff in charge must keep a record of medication administered, using Appendix 10 as a guideline.

Signed: _____



Date: _____

5/12/2022

Presiding Member of the Board

Review Date: _____

Term 4 2025

Related policies

- Child Protection
- Crisis Management
- Health and Safety
- Privacy
- Water Safety

Appendix 1.

Hauraki School Education Outside the Classroom Approval Form

The Teacher in Charge should complete this form at the outset of planning for the EOTC activity. The Principal should be informed of any subsequent changes. Details of any incidents must be reported after the group returns.

1. Purpose of EOTC event:

2. Specific Learning Outcomes:

3. Venue:

Dates and Times:

Departing at:

Returning at:

4. Classes Involved:

Rooms:

Number of students:

Number of Adults:

Adult to student ratio:

5. Transport type:

6. Details of outside providers to be used in EOTC activities (if applicable)

Company

Address

Phone

7. Existing knowledge of event site and whether pre-visit is intended.

8. Names, relevant experience, qualifications and specific responsibilities of staff accompanying the group. (if applicable)

Names, relevant experience, qualifications, and specific responsibilities of other adults accompanying the party. (If applicable).

Does the facility have a current Warrant of Fitness? Yes/No (if applicable).

9. Proposed Costs:

Transport: \$

Venue: \$

Miscellaneous: \$

Total Cost per Child: \$

Cheque required for venue on day of trip Yes/No

10. Names and brief details of students with special educational or medical needs

11. Have you a first aid kit to take? Yes/No

12. Have personnel, who may be affected by your absence been contacted?

(Teacher aides, RTLB, SPELD, ESOL, parent helpers, duties rearranged) Yes/No

13. Letter to parents and RAM's form attached Yes/No

14. Approval :Teacher

Signature:

Date:

Principal:

Signature:

Date:

Appendix 2.

Hauraki School
Risk Management Plan

Activity:

Location:

Transport Type:

Group:

Date:

<u>People</u>		<u>Resources/Equipment</u>	<u>Environment</u>
1.	<u>Risk identification</u>		

2. Risk Management

3. Emergency Plan

Appendix 3.

Hauraki School Risk Management Plan – Example

Activity: _Rocky Shore Study

Location: Takapuna Beach

Transport Type: Walking

Group: All Middle School students

Date: March 2004

People	Resources/Equipment	Environment
1) Risk Identification <ul style="list-style-type: none">- Physical Injury- Range of experiences with water/beach- Behaviour/medical conditions noted by teacher- Variety of fitness levels.- Staff and volunteer competence.	<ul style="list-style-type: none">- Safe drinking water.- Toilets- Food and drink.	<ul style="list-style-type: none">- Sun- Tides- Sea- Biting insects- Broken glass- Weather- Crossing the road- Slippery rocks- Driveways- Raincoats- Sunhats/sunscreen- Check tides- Check weather forecast
2) Risk Management <ul style="list-style-type: none">- Ratio of 1 parent to 4 students.- T.I.C. with no group to supervise.- Parents fully informed of responsibilities before going on trip.- Staff trained in First Aid.- Walking in twos with adults dispersed including one at front and back.	<ul style="list-style-type: none">- First Aid Kit- Fully charged cell phone.- Medication.- Asthma inhalers.- Sequenced programme of events provided.	
3) Emergency Plan <ul style="list-style-type: none">- Assess injury.- Use cell phone /parent helpers- Stabilise or if necessary call emergency services 111.- Inform school 4894568 and parents.	<ul style="list-style-type: none">- First Aid Kit.- Use of whistles.- Emergency car close at hand.	<ul style="list-style-type: none">- If someone is hurt it may be necessary to stop the activity.

Appendix 4.

Hauraki School

Risk assessment checklist factors to consider

People	Resources /Equipment	Environment
<ul style="list-style-type: none"> • Who? • Age? • How many ? <ul style="list-style-type: none"> Students Staff Adults • Volunteer helpers • Outside providers/instructors • Experience • Ratios • Cultural safety: <ul style="list-style-type: none"> - Head touching - Swimming for Māori/Pasifika /Somali girls - Observing site significance for cultural groups, physical size/shape • Fitness • Anxieties/feelings • Motivation • Student Needs: <ul style="list-style-type: none"> - Educational - Medical <ul style="list-style-type: none"> Language abilities - Cultural - Behaviour <ul style="list-style-type: none"> Physical disability • Social and psychological factors: <ul style="list-style-type: none"> - Home sickness - Risk shift - Dropping your guard. - Unsafe acts/by participants • Error/s of judgement by teacher/instructor. 	<ul style="list-style-type: none"> • Information to parents or Whanau. • Plans and systems. • Clothing, • Footwear. • Food and drink. • Transport. • Toilets. • Safe drinking water. First Aid kit and knowledge • Special equipment: <ul style="list-style-type: none"> Rope. Canoes/kayaks. - Maps/compasses. - Cameras. • Equipment <ul style="list-style-type: none"> maintenance, quantity, quality. • Safety equipment. • Are sleeping arrangements/facilities culturally appropriate? 	<ul style="list-style-type: none"> • Weather <ul style="list-style-type: none"> - Forecast - Sun - Rain - Wind - Snow <ul style="list-style-type: none"> Temperature - Season • Terrain - where? <ul style="list-style-type: none"> What <ul style="list-style-type: none"> Familiar - Unfamiliar <ul style="list-style-type: none"> Bush Mountain Sea River Beach • Accessibility to help <ul style="list-style-type: none"> - Telephone - Doctor - Ranger • Emergency services • Security • Animals/insects • Road use • Traffic density • Fences • Human created environments • Is the site tapu? • Consent and information <ul style="list-style-type: none"> from landowner/local iwi.

Appendix 5.

Participant/Supervisor Information

Name of Group:

Dates of Camp:

PERSONAL DETAILS

First Names:

Surname:

Address:

Parent/caregivers/next of kin

Name:

Address:

Phone:)

Health Information

The following information is requested in order to safely manage participants.

Doctor's Name:

Town:

Phone:()

- | | | | |
|----|---|----|-----|
| 1. | Do you have any particular dietary needs? | No | Yes |
| 2. | Are you confident in water? | No | Yes |
| 3. | Do you have a severe Fear of heights | No | Yes |
| 4. | Is your tetanus inoculation current? | No | Yes |
| 5. | Have you had any contact with contagious diseases (e.g. hepatitis, HIV) that we should be aware of? | No | Yes |
| 6. | Do you require any regular medication? | No | Yes |
| 7. | Are you allergic to any medication, food, insects etc. | No | Yes |
| 8. | Do you have, or have you had any illnesses such as diabetes, epilepsy, asthma etc? | NO | Yes |

RELEVANT INFORMATION or additional health information.
(e.g. conditions, allergies, medication)

Participation Agreement

YMCA Camp Adair operates in accordance with the broader YMCA rules and guidelines. YMCA Camp Adair adheres to the core values of the YMCA - Caring, Respect, Honesty and Responsibility. Further, YMCA Camp Adair operates according to its Safety Management system.

RISK ACKNOWLEDGMENT

I understand there are risks involved in the activities I'll be undertaking. I also understand that an unpredictable or uncontrollable event may occur that could possibly cause me serious harm or death. I'm aware of the importance of my voluntary participation and the consequences should I ignore the YMCA Instructor's directions. I acknowledge that the organisation is responsible for all risk management for every person on site and will take all reasonable and practicable steps to keep me safe while I'm involved in these activities. However, I accept full responsibility for my own actions or inaction.

ADVENTURE ACTIVITIES

I understand that I / my child will be participating in all or some of the following Adventure Activities: High Ropes, Abseiling, Zip Line, Climbing wall, Kayaking, Archery, Target shooting,

Confidence course, River Traverse. Hiking.

I have been fully informed on each activity and accept the risks.

GEAR MANAGEMENT

During the period of the programme you may be issued with and be using various forms of equipment. Whilst under your care or use, you will be totally responsible for its well-being. This means that should you break or damage any equipment, by any means other than an accident or by normal wear and tear, you will be required to pay for it. We are sure that during the normal running of the programme and with a sensible attitude no problems of this nature will arise.

NO ALCOHOL AND DRUGS

You will **not** be allowed to participate whilst under the influence of drugs or alcohol.

PHOTOS

I give permission for photos to be taken, for the purpose of promoting Camp Adair at the discretion of the YMCA (please circle) **YES NO**

DECLARATION

"I have read, and understood, and agree to the above. I also agree to follow all rules and other guidelines set out to me, and agree to the YMCA core values of Caring, Respect, Honesty, Responsibility, and agree to listen to all staff and supervisors at all times.

I acknowledge that if I cannot follow these, and I am not prepared to remedy the problem I will be expected to leave the programme."

Signed (participant):

Date:

Signed (caregiver /parent, if under 18)

Appendix 6.

Hauraki School

For Parents/Caregivers Assisting with EOTC Programmes

Thank you for offering to assist on our trip. This sheet outlines safety procedures and ways to assist the learning process. Parents will be briefed prior to any excursion outside the school whenever practical. You are encouraged to ask if unsure.

Safety:

- You will be given a group of students who will be your responsibility throughout the trip. Usually, a list of their names will be given to you. Place yourself so that you can always see all of the groups for which you are responsible.
- At any stage if you have concerns about managing the behaviour of any student you should speak with the teacher in charge. Never see referring a student to the teacher as a sign of weakness on your part.
- We expect our students to behave as they would at school with a teacher when they are with a parent. Treat each student positively fairly and respectfully and expect the same in return.
- There is no place for alcohol or smoking on a school EOTC event.
- Special care needs to be taken when entering and exiting cars or buses, walking through carparks, or waiting on the footpath.
- School staff will have conducted a Risk Analysis Management Plan prior to the visit which will be shared with you at the briefing session.
- In the case of an emergency, assess, stabilise student and make contact with the teacher in charge as soon as possible.
- Pre-schoolers would not normally be part of a school trip unless prior arrangements have been made with the teacher in charge.
- If you have any personal medical conditions which the teacher in charge should be aware of, please relay these to the teacher.

Learning:

- If you have any particular skills which would be of particular value during the trip we would like to hear about these, for example, a first aid certificate.
- The purpose of the trip centres on learning so as a parent helper, look for opportunities to contribute to the learning process. The students may have a work sheet that will guide your role.
- Look for ways you can question students and involve them. For example:
Can you explain Why? What reasons'?
How is this different from? What do you notice/think about?
- Share the questioning around the groups so that all are involved. Look for ways of drawing everyone into the conversation.
- In agreeing to assist with this trip it is accepted that the teacher in charge will be the final decision maker during the trip.

Clarinda Franklin (Principal)

Appendix 7.

Environmental Care Code

10 Point Checklist

PROTECT PLANTS AND ANIMALS

Treat New Zealand's forests and birds with care and respect. They are unique and often rare.

REMOVE RUBBISH

Litter is unattractive, harmful to wildlife and can increase vermin and disease. Plan your visits to reduce rubbish, and carry out what you carry in.

BURY TOILET WASTE

In areas without toilet facilities, bury your toilet waste in a shallow hole well away from waterways, tracks, campsites and huts.

KEEP STREAMS AND LAKES CLEAN

When cleaning and washing, take the water and wash well away from the water source. Because soaps and detergents are harmful to water-life, drain used water into the soil to allow it to be filtered. If you suspect the water may be contaminated, either boil it for at least 3 minutes, or filter it, or chemically treat it.

TAKE CARE WITH FIRES

Portable fuel stoves are less harmful to the environment and are more effective than fires. If you do use a fire, keep it small, use only dead wood and make sure it is out by dousing it with water and checking the ashes before leaving.

CAMP CAREFULLY

When camping *leave no trace of your visit.*

KEEP TO THE TRACK

By keeping to the track, where one exists, you lessen the chance of damaging fragile plants.

CONSIDER OTHERS

People visit the back country and rural areas for many reasons. Be considerate of other visitors who also have a right to enjoy the natural environment.

RESPECT OUR CULTURAL HERITAGE

Many places in New Zealand have a spiritual and historical significance. Treat these places with consideration and respect.

ENJOY YOUR VISIT

Enjoy your outdoor experience. Take a last look before leaving an area; will the next visitor know that you have been there?

Protect the environment for your own sake, for the sake of those that come after you, and for the environment itself.

Appendix 8.

Hauraki School Parental Consent and Risk Disclosure

It is essential that this Parental consent and risk disclosure form and the Health profile form are completed for the forthcoming school camp to Camp Adair, Hunua, from _____ to comply with school health and safety requirements.

Details on these forms will remain confidential to school staff, contractors and volunteers associated with supervising activities on the EOTC event. For safety reasons, please provide us with information that is accurate and complete.

PARTICIPANT INFORMATION FORM (Please complete these details)

Student Name:

Parent Names:

Address:

Telephone:

Cell Phone(s):

Year or Class Level:

Age:

Teacher:

Family Doctor's Name:

Phone No:

Address:

Medic Alert Number (If applicable):

EMERGENCY CONTACT DETAILS (Provide at least 2 sets of contact details NOT your own name and number - eg relatives/friends).

1. Name: _____ (Emergency contact)

Relationship:

Address:

Day Phone:

Evening Phone:

Cell Phone:

2. Name: _____ (Alternative emergency contact) Relationship to participant:

Address:

Day Phone:

Evening Phone:

Cell Phone:

Parental Consent

I agree to my child taking part in school camp and have read the information sheet. I agree to his/her participation in the various camp activities. I acknowledge the need for him/her to behave responsibly.

Acknowledgement of risk.

I have read the camp information and I understand that there are risks associated with school EOTC events and that these risks cannot be completely eliminated. I understand that the school will identify any foreseeable risks or hazards and implement correct management procedures to eliminate, isolate, or minimise those hazards. I understand that my child has been involved in the development of safety procedures. I will do my best to ensure that my child follows these procedures.

I know that I am able to ask any questions of the school about the activities my child will be involved in, to gain a better understanding of the risks involved. I recognise that participation in such activities is voluntary and not mandatory.

My child and I both understand that they may be withdrawn from the activity or entire camp if their actions place themselves or others at risk. This will be done in consultation with the person in charge.

I understand that the school does not accept responsibility for loss or damage to personal property or personal injury to the child and that it is my responsibility to check my own insurance policy.

Print Name:

Signed:

Date:

To be read and signed by adult participant or parent/caregiver of child participant.

This form must be taken on the events.

Appendix 9.

Hauraki School Health Profile

This profile is designed to assist in the care of all participants at camp. One form must be completed for EACH participant.

The information below will remain confidential to adults in charge at camp.

Name:

Medic Alert Number (if applicable)

1. Please tick if you have any of the following:

Migraine	Epilepsy	Asthma
Diabetes	Travel sickness	Fits of any type
Chronic nose bleeds	Heart condition	Dizzy spells
Colour blindness	Other (please specify)	
For overnight events		
Sleepwalking	Bedwetting	

2. Are you currently taking medication? Yes No

If YES, please state: Ailment/s

Name of medications

Dosage and time/s to be
taken

Other
treatment:

3. Have you had any major injuries (breaks or strains) or illness (glandular fever etc) in the last six months that may limit full participation in activities? Yes No

If YES, please state the
injury/illness.

4. Are you allergic to any of the following : Please specify

Yes No

Prescription medication

Food

Insect Bites/stings

Other allergies

What treatment required?

5. When was your/your child's last tetanus injection?

- Outline any dietary requirements (not dislikes).
- What pain/flu medication may your child be given if necessary?
- To the best of your knowledge, has your child been in contact with any contagious or infectious diseases in the last four weeks?

Yes

No

If YES, please give brief details.

6, Is there any information the staff should know to ensure the physical and emotional safety of you/your child? (For example cultural practices; disability; anxiety about heights/darkness/small spaces; water activities, behaviour or emotional problems)

Yes

No

If YES, please state **or attach** information.

I also agree that if prescribed medication needs to be administered, a designated adult will be assigned to do this. I will ensure that prescribed medication is clearly labelled, securely fastened and handed to the designated adult with instructions on its administration.

I will inform the school as soon as possible of any changes in the medical or other circumstances between now and the commencement of the event.

I agree to my child receiving any emergency medical, dental, or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.

Any medical costs not covered by ACC or a community service card will be paid by me.

If my child is involved in a serious disciplinary problem or his/her actions threaten the safety of others that s/he will be sent home at my expense.

Print Name:

Signed:

Date:

To be signed by parent/caregiver of child participant

Appendix 10.

Hauraki School Record of Medication Administered

Student Name:

Date _____

Time

Medication

Dosage

Signed

Student Name

Date _____

Time

Medication

Dosage

Signed

Appendix 11.

Hauraki School
For Parents/ Caregivers Assisting with Transport

Thank you for offering to use your car to assist with transport for our forthcoming trip to . This is most appreciated.

For safety reasons, please complete the following: (circle which ever applies).

- I hold a current NZ Drivers' Licence. Yes / No
- The vehicle I will be driving is currently registered. Yes / No
- The vehicle I will be driving has a current Warrant of Fitness. Yes / No
- The vehicle I will be driving has third party or comprehensive insurance cover. Yes / No
- I can take _____ passengers with seatbelts.
- I agree to have a blood alcohol level of zero when transporting children for the school trip.

Signed:

Printed Name:

Date:

Appendix 12.

Hauraki School

Accident/Incident Report Sheet

Event:

Accident	or near accident	or incident	injury
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Illness equipment damage death

Location	Date	Time of Day
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Weather:

Temperature Clouds Precipitation Visibility Wind

Type of injury/illness: (indicate in the box with an "X")

Abrasion Fatigue Cold injury Asthma Urinary Burn

Puncture	Hypothermia	Infection	Fever/Flu	Concussion
<p>1. Wound Inspection: Assess the depth, location, and extent of the puncture wound.</p> <p>2. Cleanse the Wound: Gently wash the area with sterile saline solution or antiseptic.</p> <p>3. Control Bleeding: Apply direct pressure with a sterile gauze pad to stop any active bleeding.</p> <p>4. Debridement: Remove any visible debris or foreign objects from the wound site.</p> <p>5. Antibiotic Prophylaxis: Administer antibiotics to prevent infection, especially for deep or contaminated wounds.</p> <p>6. Tetanus Status: Check the patient's tetanus immunization status and administer a booster if needed.</p> <p>7. Wound Closure: Consider suturing or using adhesive strips for deeper wounds to promote healing.</p> <p>8. Dressing: Cover the wound with a sterile, non-adherent dressing.</p> <p>9. Pain Management: Administer analgesics to manage any discomfort or pain.</p> <p>10. Monitoring: Observe the wound for signs of infection, such as redness, swelling, or pus.</p>	<p>1. Core Temperature: Monitor the patient's core temperature (rectal or esophageal) to detect hypothermia.</p> <p>2. Warming Measures: Use active warming techniques, such as heated blankets or warm IV fluids, to raise the patient's temperature.</p> <p>3. Insulation: Cover the patient with reflective emergency blankets to minimize heat loss.</p> <p>4. Fluids: Administer warm intravenous fluids to help rewarm the patient.</p> <p>5. Respiratory Support: Provide supplemental oxygen and consider mechanical ventilation if the patient is hypothermic and has respiratory compromise.</p> <p>6. Circulation: Monitor vital signs, including heart rate and blood pressure, as hypothermia can lead to cardiovascular instability.</p> <p>7. Coagulation: Be aware of the effects of hypothermia on blood clotting, which may require transfusion of fresh frozen plasma.</p> <p>8. Neurological Assessment: Perform a neurological exam to assess for any deficits caused by hypothermia.</p> <p>9. Prevention: Implement warming measures for patients at risk of hypothermia, such as those with significant trauma or prolonged exposure to cold.</p>	<p>1. Wound Care: Cleanse the wound and apply appropriate dressings to prevent infection.</p> <p>2. Antibiotics: Administer antibiotics as prescribed to treat the infection.</p> <p>3. Vital Signs: Monitor the patient's temperature, heart rate, and blood pressure.</p> <p>4. Fluids: Administer intravenous fluids to maintain hydration and support circulation.</p> <p>5. Pain Management: Administer analgesics to manage any pain associated with the infection.</p> <p>6. Wound Inspection: Regularly inspect the wound for signs of healing or worsening infection.</p> <p>7. Isolation: Implement contact precautions if the infection is contagious.</p> <p>8. Education: Educate the patient on signs and symptoms of infection and the importance of completing the antibiotic course.</p>	<p>1. Temperature: Monitor the patient's temperature to detect fever or hypothermia.</p> <p>2. Vital Signs: Monitor heart rate, blood pressure, and respiratory rate.</p> <p>3. Fluids: Administer intravenous fluids to maintain hydration.</p> <p>4. Antipyretics: Administer antipyretics (fever-reducers) to manage fever.</p> <p>5. Isolation: Implement appropriate isolation precautions if the fever is due to a contagious illness.</p> <p>6. Medication: Administer any prescribed medications, such as antibiotics, to treat the underlying cause of the fever.</p> <p>7. Monitoring: Observe the patient for any other signs of illness or complications.</p>	<p>1. Neurological Assessment: Perform a thorough neurological exam, including assessment of consciousness, orientation, and motor function.</p> <p>2. Vital Signs: Monitor the patient's temperature, heart rate, and blood pressure.</p> <p>3. Fluids: Administer intravenous fluids to maintain hydration.</p> <p>4. Isolation: Implement appropriate isolation precautions if the concussion is due to a contagious illness.</p> <p>5. Medication: Administer any prescribed medications, such as pain relievers, to manage symptoms.</p> <p>6. Monitoring: Observe the patient for any worsening of symptoms or signs of complications.</p>

Sprains	Hyperthermia I	Allergy	Dermatitis	Bruising	Strain
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Gastrointestinal	Cardiac	Laceration/cut,,	Respiratory	Menstrual	Other:
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Programme type:

Activity being taken at the time (Indicate in the grey box with an "X")

Camping Abseiling Rafting Running Other (please specify)

Canoeing Cooking Ropes Course Sailing Kayaking Cycling

Initiatives

Solo
Swimming

Rock Climbing

Tramping

Vehicle

Service Project

Person in Charge:

Name:

Gender: (M IF)

Position:

Person involved in incident:

Name:

Address:

Age:

Gender (M /F)

Phone/Contact No: