Blair Atholl 2024

First Aid Risk Assessment

9/7/24

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Location: Target Park, Blair Atholl

Attendance: 900 Scouts (14-18) 600 Staff (including staff children)

Risks

Hazard Identified	Persons At Risk	Risk Controlled	Person Responsible	Likelihood
When entering/ exiting the first aid tent (Slips, Trips and Falls.)	All	 Visibility tape or markings around the doorway where a hazard presents. The doorway will have flat access, clear from cables. 	Camp Organiser	3/5
Infection Control.	AII	 Hand washing where possible, along with hand sanitizer before and after care. When dealing with any casualty, care providers will don PPE as required. If anticipating contact with bodily fluids, gloves and apron to be worn. (Face mask, face protection, eye protection should be considered if droplet spread or spray likely). Anyone presenting with D and V will be isolated separately, for the duration. Although in a field, upmost attentions to hygiene for work surfaces and kit will be maintained 	First Aid Team	4/5

Allergies	All	Before administering any medications / whilst rendering aid, causalities will be asked of any allergies to prevent allergic reactions.	First Aid Team	2/5
		A list of all scouts with allergies will be confidentially shared with subcamp staff and first aid team.		
Prescribed Medications	All	When administering or aiding to self-administer medications, names will be checked with the name on the medication packaging to prevent, medication errors.	First Aid Team	1/5
		All dispensed prescription-only drugs will be recorded in individual written records and a separate summary notebook.		
		Prescription drugs will be kept in a locked cupboard, with keys available to the doctor and first aid team members. Only a registered doctor can dispense prescription only medication. Exceptions – emergency epipen and glucagon will be available for quick retrieval within the first aid tent.		
Admin/ Welfare.	First Aid Team	Anyone that requires treatment or assessment should have Patient Record form completed. Care providers should reassess casualties at an appropriate time & place, and document	First Aid Team	1/5
		accordingly. Records should be kept in a secure location for 7 years after end of current jamborette. Letters of communication for		

		significant treatments will be provided to GPs/ family doctors. Should be completed by end of camp. All significant injuries/ episodes will be reported to Gilwell via the recognised reporting pathway according to current		
		POR and Scout Association guidelines. Members of the First Aid Team should render aid in two person teams where possible, or a witness should be present. The yellow card will be followed at all times.		
Waste Management	First Aid Team	All clinical waste will be kept separate from general waste double bagged and disposed of appropriately via local NHS pathways.	First Aid Team	1/5
Sharps Injury	First Aid Team	Sharps will be disposed using an appropriate sharps container. Anyone that sustains sharps injury, should be assessed at minor injury units, and seek further medical assessment/ treatment. Participants to use own sharps control containers, or consider disposal using first aid	First Aid Team	0/5
Fatigue/ First Aid Team Illness	AII	Should a member of the First Aid Team be unavailable due to fatigue or illness, they will be excused from further responsibilities. Until fit to resume or replacements found.	First Aid Team	1/5

Electric shock From defibrillator	AII	Automated Defibrillator instructions to be followed by a clearly identified team leader	ì	1/5
ncident related risk (Scene Safety)	AII	Any incident at the event will be dynamically risk assessed by the First Aid Team. Using professional/ personal judgement with regards to scene/ personal safety. In the event it is deemed not safe to approach, outside agencies may be called upon to give assistance and may take over the scene. First aid team to work within competencies / experience and to quickly consider calling for help from within the camp and externally from NHS services.	First Aid Team	1/5