

EDINBURGH UNIVERSITY SPORTS UNION GUIDANCE FOR SAFE PRACTICE

Club Responsibility

Clubs must make the Guideline for Safe Practice (GSP) available for members to consult.

Clubs are heavily encouraged to appoint a Safety Officer. Their job will be to keep an accurate record of the standard and safety of all equipment. They should also check their Club's Safety Policy annually to check that it is up to date with all Governing Body and legal requirements.

Safety Policies must be amended, dated (compulsory) and uploaded to the resources section on your club page. If the Safety Officer has any doubts regarding the policy these must be specified to the Sports Union President and the whole policy reappraised.

The Safety Officer is responsible, along with the Club President/Captain and the Sports Union President for drawing up and updating the Club's individual Safety Policy.

The Club Presidents/Captains are responsible for ensuring that all members are aware of their Safety Policy and abide by them.

Clubs are required to complete the relevant fields of the membership database form relating to emergency contacts and medical information. These databases (with this additional information contained) are to be held for reference by Club officials (minimum of 3 to ensure the likelihood that the information is accessible), it is suggested that these are held by the President, Secretary and Wellbeing Officer. The majority of the information (including all emergency/ medical information) should be collected by Week 3, Semester 1.

It is the Club's responsibility to promote the ICE protocol amongst its members. This would look to have a system in place where each member has an emergency contact number saved as ICE (In Case of Emergency) in their mobile phone. For more information clubs are advised to check the ICE website (<http://icecontact.com>).

Trip Registration Forms

All clubs must complete this [form](#). If not, your club will receive a transport ban.

If no form is completed at all and a trip is discovered to have taken place, the Club will lose their right to book any transport through EUSU.

Risk Assessments

Each club's risk assessment will be reviewed prior to the start of each academic year by EUSU and approved by the Executive.

No EUSU club will be permitted to engage in any club activity without an approved risk assessment.

Each club's risk assessment should remain live at all times and be available on their EUSU Clubs Teams Channel.

Accident & Emergency Procedures

For accidents occurring on University grounds i.e. at the Pleasance, St. Leonard's, Peffermill Playing Fields or Firlbush Outdoor Activity Centre, the attendants or ground staff should be notified immediately. They will provide immediate first aid provision and access to any first aid materials necessary. They will also inform the emergency services if necessary.

Many activities take place outside the University, often in isolated locations. Consequently there is considerable responsibility on Club officials or the designated group leader to deal with an emergency as efficiently and effectively as possible.

Group leaders should themselves have appropriate first aid knowledge or have made provision for someone on the trip to have appropriate first aid knowledge. If a serious accident occurs first aid should be administered by the designated first aid person and the situation assessed to decide whether hospital treatment is necessary. If this is the case the group leader should ensure that the injured person is accompanied to the hospital (either by themselves or a similarly responsible person) whilst ensuring that the safety of the rest of the group is not compromised in any way. The rest of the group should return to the University as soon as possible.

If an accident occurs then the Trip Leader must inform EUSU as soon as it is safe to do so by following the information available on the support > accident and incident pages on the website.

If there is an Edinburgh contact on the Trip Registration Form then they should be contacted in the first instance and then they are responsible for contacting the Sports Union President. If a fatal or other serious accident occurs the Sports Union President must be contacted immediately and no statements whatever concerning the circumstances should be made to any other person except for relevant emergency

Accidents & First Aid

Take care not to become a casualty yourself whilst administering first aid. Be sure to use protective clothing and equipment where necessary.

Ensure that assistance is summoned as promptly as possible, if deemed appropriate i.e.

ambulance. First Aid is treatment given to a casualty:

- to sustain life;
- to prevent the casualty's condition from deteriorating;
- to promote the casualty's recovery

Assessment and Initial Action

Be calm, give confidence to the conscious casualty. Talking to the casualty is part of the general care, listen and reassure. Always treat the casualty where they are found. Moving the casualty can cause further injury. The casualty should only be moved if you are both in immediate danger.

Preserve the casualty's body heat as best you can. If there is no injury to the lower limbs, they may be raised slightly while First Aid treatment is completed and you are waiting for help to arrive.

Priorities

ALWAYS REMEMBER YOUR ABC OF FIRST AID PRIORITIES:

Airways Breathing

Circulation

Airways

Make sure that the casualty's airway is clear and not blocked by the tongue or any other object. Tilt the head back gently by placing two fingers under the casualty's chin and your other hand on his/her forehead

Breathing

Check the casualty's breathing for up to 10 seconds. If the casualty is **not** breathing or **not** breathing normally (Agonal breathing should not be mistaken for normal breathing). **Do not** spend time looking for signs of circulation *ie a pulse*. Send someone to summon an ambulance. Begin chest compressions giving 30 chest compressions followed by 2 rescue breaths each rescue breath should only take one second. Compressions should be in the case of an adult be 5 - 6 cm deep and given at the rate of 120 compressions a minute.

Continue CPR 30 compressions with 2 breaths until – help arrives, the casualty starts breathing normally, or you are too exhausted to continue.

If unconsciousness is due to drowning give 5 initial rescue breaths then 30 chest compressions followed by 2 rescue breaths. Continue 30 chest compressions with 2 breaths for 1 minute before calling for an ambulance. If the casualty starts breathing normally but remains unconscious place them in the recovery position.

If you feel that you are **unable** to perform the breaths carry out Chest Compression CPR only at the rate of 120 compressions per minute without interruption. **DO NOT** stop to check for a pulse continue until – help arrives, the casualty starts to breath normally or you are too exhausted to continue.

Unconsciousness

If the casualty is unconscious check the A B C and start resuscitation if necessary (see above).

If your casualty is unconscious, is breathing and has signs of circulation, care should be taken to keep the airway open so that the casualty does not choke. Ensure the airways are kept open. After having checked for injuries, place the casualty in the recovery position as shown below.



Bleeding

If there is any bleeding then it should be controlled by direct pressure with the hand or a dressing. If there is bleeding from a limb, and the limb is not suspected of being fractured, then the limb should be raised to reduce the blood flow.

Wear gloves

To avoid direct contact with the casualty's blood. If the casualty is able to assist you, he/she should apply pressure with his/her own hands, while you find a suitable dressing.

Broken Bones

Unless the casualty is in a position which exposes him to further danger, do not attempt to move a casualty with suspected broken bones or injured joints until the injured parts have been supported. Secure so that the injured parts cannot move.

Burns and Scalds

Burns and scalds should be treated by flushing the affected area with plenty of clean cool water for at least 10 minutes before applying cling film or a clean plastic bag.

(N.B. Do NOT burst blisters or remove clothing sticking to the burns or scalds).

Foreign body in the eye

If the object cannot be removed easily with a clean swab, or the damp corner of a tissue or clean handkerchief, irrigate with clean cool water. People with eye injuries which are more than minimal must be sent to A & E at the Royal Infirmary, Little France with the eye covered with an eye pad from the First Aid Box.

Electric shock

Ensure that the current is switched off. If this is impossible, free the person using heavy duty insulation gloves where these are provided for this purpose near the First Aid Box, or using something made of rubber or a folded newspaper; use the casualty's own clothing if dry as a last resort. Be careful not to touch the casualty before the current is switched off. If breathing is not normal start CPR 30 chest compressions with 2 breaths until – help arrives, the casualty starts breathing normally, or you are too exhausted to continue.

Hygiene

When possible, wash your hands before treating wounds, burns or eye injuries and wear gloves. Take care in any event not to contaminate the surfaces of the dressings.

Treatment position

Casualties should be seated or lying down while being treated.

Minor Injuries

Casualties with minor injuries of a sort they would attend to themselves if at home may wash their hands and apply a small sterile dressing.

Conclusion

EUSU acknowledges that by the nature of Club activities accidents will occur. If Clubs follow their own Safety Policies and the Sports Union Safety Policy it is hoped that any accidents will be kept to a minimum. Also, the advice given in the Guidelines for Safe practice should help in dealing with any accidents. However, it must be stressed that any individual(s) who ignore these Safety Policies do so entirely at their own risk and may be subject to disciplinary action as per the EUSU Code of Conduct.