

**You are the lifeblood of your u3a - without you there wouldn't be one!
So, on behalf of the u3a movement – thank you.**

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1. Introduction

Thank you for volunteering to become a Group Convenor. We hope you will find your role both interesting and worthwhile.

These guidance notes deal with basic practical matters. They are a summary of notes produced in the past and regular advice sheets sent by the Third Age Trust.

2. Guiding Principles

- Whitby Whaler u3a is a welcoming and inclusive organisation open to everyone not in full-time employment.
- Our Groups are non-selective. At Registration Open Day Convenors are expected to give equal opportunity to new members to join the group.
- We will do our best to accommodate those that may have accessibility problems, whether sight, hearing, or mobility.
- It is understood that some people may not be able to attend on the Registration Open Day – it is permissible for them to have another member sign up for them on their behalf, or they can contact a member of the committee and ask to be booked into their preferred groups.
- We do understand that language Groups often require a certain proficiency in those attending. This should be made clear politely on Registration Open Day.
- Always make a point of welcoming visitors and new members. If you can, introduce them to the rest of the Group at the first meeting.
- Using a register can help people to learn each other's names.

If you have not heard from a Group member for some time, perhaps you could get in touch if you are concerned for their welfare or enquire whether they wish to continue with the group.

3. Contacting our Curriculum Organiser and other Committee Members

Your Curriculum Organiser is contactable via our website (<https://u3asites.org.uk/whitby/home>) or by email. A list of all contact emails can be found at the end of this section.

- If your Group is not meeting for any reason, please contact the Group Organiser or Treasurer, so that the room booking can be cancelled and to avoid being charged.
- Please keep the Group Organiser up to date with any Group or Convenor changes so that the timetable and the website can be kept updated. All Groups must have at least one named contact person.
- If any individual member has any concerns, or your Group is experiencing any difficulties, or there are any grievances, please contact our Curriculum Organiser in the first instance.
- Should any matters remain unresolved, it would then be appropriate to contact the Chair of Whitby Whaler u3a.
- **All new Groups need Committee approval before starting.** If your Group is becoming too large, or your numbers are falling, please discuss this with the Curriculum Organiser as soon as possible.

- Committee meetings take place monthly throughout the year. If you wish any particular subject to be discussed, please contact either the Business Secretary or the Curriculum Organiser.

Email addresses for the committee:

Michael Menier	Chair	chair@whitbywhaleru3a.org.uk
Clair Stones	Secretary	secretary@whitbywhaleru3a.org.uk
Janice Shade	Treasurer	treasurer@whitbywhaleru3a.org.uk
Mo Metcalfe	Membership	membership@whitbywhaleru3a.org.uk
Wendy Price	Curriculum	curriculum@whitbywhaleru3a.org.uk
Cynthia Richardson	Health & Safety	healthandsafety@whitbywhaleru3a.org.uk
Helen Leech	Publicity	publicity@whitbywhaleru3a.org.uk
Sheila Sloan	Newsletter	newsletter@whitbywhaleru3a.org.uk
Adrian Jennings	Committee	
Maureen Agar	Social Treasurer	
Julian Plested	Committee	
Jan Jennings	Facebook	
Colin Rutland	Webpage	

4. u3a Membership

- As a registered charity Whitby Whaler u3a has to adhere to strict Charity Commission rules, as must our umbrella organisation the Third Age Trust.
- In order to be covered by our Public Liability Insurance, Convenors must be paid up members of Whitby Whaler u3a.
- Whitby Whaler u3a follows Third Age Trust guidance which permits the employment of (non-member) tutors on a regular fee-paying basis. Individual (non-member) guest speakers may be paid a fee by any Group for one-off sessions.
- Prospective members (does not include previous lapsed members) may attend one trial session free of charge. After this, they are expected to join. Our insurance only allows prospective members to attend one session.
- The regular attendance of a companion, or carer, accompanying a disabled u3a member is covered by our insurance. If in any doubt, please contact the Curriculum Organiser.
- At Registration Open Day both members and prospective members may sign up for any group by name alone. After Registration Open Day the Committee will check that these applicants are members, and their contact details will be forwarded to Group Convenors.
- Membership cards will be issued to members soon after the Registration Open Day.

5. Financial Matters

- Requests for any new equipment and resources should be approved by our committee before any purchase is made subject to the following bullet-point.
- See Appendix A for details on what can or cannot be claimed from the Treasurer.
- The Third Age Trust discourages u3as from applying for grants. Any proposed grant application by your Group must be approved by our committee in advance.
- Special arrangements exist for the handling of (large sums of) money by the Social/Theatre Groups.

6. Data Protection

- Group Convenors should usually only keep copies of their members' membership numbers, telephone numbers and email addresses; they may also keep details of emergency contacts.
- Please do not share these with other Group members unless they have given consent and delete them when a member leaves your group.
- At the end of each financial year, names and membership numbers may be retained, but telephone and email data should be deleted (GDPR rules)

7. Health and Safety

- Keeping a Register
 - It is important that a register is kept of everyone who attends each session.
 - In the event of a fire, or a fire drill, or any emergency, please take your register with you to the assembly point and conduct a roll call.
 - Currently there is no need for you to submit the registers at the end of each term to the Curriculum Organiser.
- Risk Assessment
 - Our Curriculum Organiser/ H&S Officer makes visits to all our venues to ensure they are suitable for the activities planned by Groups.
 - Convenors are advised to make a preparatory visit before starting in a new venue – ensure you know where the emergency exits are, and any other safety-related issues, and advise/remind your Group at the beginning of each term. A risk assessment for each Group must be maintained.
 - Before any outings, assess any potential difficulties. You are recommended to take a mobile telephone on outings and mobile numbers of those in attendance. Walking Groups are advised to take a first aid kit with them.
- Advice on food handling and preparation is available if required. Please read it if you plan to hold a party or an activity involving food.
- First Aid: A first aid advice sheet is attached Appendix E. Convenors should make themselves familiar with the contents.
- Accident Reporting
 - Following a 'significant incident' a form needs to be completed and returned to our Health and Safety advisor.
 - A 'significant incident' is one which, in your judgment, needs to be reported and our u3a Committee made aware.
 - All Convenors are asked to hold copies of the Accident Report Form Appendix F and submit a copy to be held on file by the H&S Officer or Business Secretary.

8. Running your group

- **During the Term please organise a FIRE Practice.** This should be held in consultation with the venue manager (venues should by law provide evidence that a Fire Practice has been held). Able bodied should leave the venue first followed by members with disabilities through age or mobility. (This will ensure that bottlenecks are reduced in evacuation.) When a Fire Practice has been held, Convenors are asked to notify the Health & Safety Officer.
- Appendix B gives general guidance on how to get the best from your Group
- Appendix C gives detailed advice on caring for those in your group who may one or more accessibility issues
- If you have any other questions do feel free to ask any member of the Committee to help! We all want you to run successful groups!

Appendix A-Guidelines for Expenses paid by Whitby Whaler u3a for Groups and meetings.

The aim of this guide is to set out which expenses and costs will be met by Whitby Whaler u3a. It is not possible to provide a definitive list and some issues may still have to be decided by the committee on a case-by-case basis.

We hope that this will help committee members and Group Convenors to plan u3a activities in such a way that will maximise members' experiences while being as fair as possible to all Groups and without falling foul of U.K. Charity or Gift Aid rules.

Expenses not covered by the Committee:

- Travel expenses for Group members
- Providing materials for individual Groups. (But Committee approval may be sought in exceptional circumstances)
- Refreshments for members
- Memberships of other facilities
- Guest speakers or demonstrators for Groups (if they are not u3a members, full costs must be met by Group members). This remains the responsibility of Group Convenors
- Other actions which could impact our Gift Aid or Charity status;
- Paying for raffle prizes etc. at any function from funds
- Open days not advertised as fully open to the public
- Suggested actions for above.
 - Increase the cost of any function tickets to include all expenses
 - At all-members and other large Group meetings, have a voluntary donations system to help towards the cost of refreshments. This is the responsibility of the meeting organiser.
- Occasionally there may be an occurrence which does not fit into these descriptors. In these cases the Group Convenor or committee member should refer it to the Chair, who will make a decision.

Appendix B Advice sheet for Convenors

The intention of this advice sheet is to bring together in one place all the advice relevant to Group Convenors/coordinators/facilitators which is included in various publications produced by the Third Age Trust. It should not in any way contradict or undermine any guidelines issued by your committee.

In this document there is an assumption that you will have somebody in the role of Curriculum Organiser to consult. In the absence of such a person, please speak to the Business Secretary.

B-1 Groups held in outside accommodation

- If you are responsible for selecting a suitable venue, make sure you consult the risk assessment checklist and section C on Accessibility. This should go to committee.
- Don't sign any rental agreement yourself – pass it to your Treasurer for the committee to deal with.
- When you arrive use the venue/day of use checklist to reassure yourself that everything is in place and as it should be. If you have any safety concerns, then do not continue if they cannot be resolved to your satisfaction.
- If your activity takes place in a workshop/outbuilding consult the risk assessment checklist for a workshop activity.

B-2 Your members

- You might ask your members to provide you with contact details, i.e., telephone numbers/email addresses, in case of an emergency.
- Members with accessibility issues may invite a carer to come with them – they do not need to be a member.
- Ensure everybody attending is a member and always check when any new faces arrive. A single attendance by a new member is allowed.
- Should a member stop coming you may wish to try to find out why and then notify any member on your waiting list.

B-3 Problems

- In the case of an accident complete an accident form or send a detailed report to the committee, including details of witnesses.
- If emergency first aid is required follow the recommendations on advice sheet and if you have a smartphone, it may be useful to download a free first aid app from the Red Cross.
- Remember that personal accident insurance cover is not provided by The Third Age Trust.
- If damage is caused to property by a member of the Group, take full details, as it may in future be the subject of an insurance claim.

- Should you have a difficult member whose behaviour is regularly impacting on other members of the Group go to your Curriculum Organiser for help.
- If you have a serious problem in a session, it is quite acceptable to ask a member to leave but contact your Curriculum Organiser as soon as possible after the end of the session.
- If you have a member who is not able to cope independently, inform your Curriculum Organiser/Health & Safety Officer.

B-4 Group organisation

- Make sure you give sufficient information for Group members to make an informed choice as to whether they wish to participate and then let them decide. This is particularly important if you are running a physical activity.
- Bearing in mind Covid, and any other similar potential hazard that may occur in the future, you as the Convenors have the right to insist on any particular course of action, such as socially distancing and mask-wearing, and may request members to leave the meeting if they will not abide by your request. The Committee will always back your judgement.
- Remind members if you are doing a physically active subject that they undertake it at their own risk.
- If you are leading walks, have a look at the walk Convenor checklist.
- If appropriate to your activity have a copy of Advice Sheet 6 on Licences which covers photocopying, recorded music, DVDs/videos and performance.
- Delegate where you can and spread the load. None of us is indispensable, and we need to find other group members to replace us – eventually!
- Use the resources available from the Third Age Trust website; www.u3a.org.uk

Finally, never forget that whatever happens you are fully protected by the liability insurance policy provided by the Third Age Trust.

As we said at the beginning YOU are the lifeblood Group of your U3A - without you there wouldn't be one!

So on behalf of the u3a movement – thank you.

Appendix C Convenors Guidance Information on Accessibility

C-1 Introduction

The voluntary work of Convenors is vital to the successful running of Whitby Whaler u3a and the Committee is keen to support them in every way possible, whilst fulfilling our obligation to meet the Equality act and other legislation. The Committee aims is to support Convenors in making members' participation in Groups and activities stress free and enjoyable.

The following guidance provides basic help and information for Convenors to use if Group members with disabilities/impairments experience difficulties when joining their Groups. If the guidance does not cover any queries and concerns that arise, and further help is needed Convenors are encouraged to pass these onto the H&S Coordinator who will take up the matter as appropriate including consulting the Committee. (Contact: Cynthia Richardson)

Note: These information notes are written mainly in font size 14, the minimum suitable for someone with vision loss. The ideal is 16 or 18. **This is 16, this is 18.**

(This information draws on Third Age Trust guidance u3a committees and specialist support organisations)

C-2. Supporting Members with Mobility and Physical Difficulties

C-2.1 General

- Disability and reduced mobility are often perceived as applying only to people who use wheelchairs but there is a wide range of conditions which can reduce mobility and/or dexterity which are not necessarily obvious or visible.
- Conditions (visible or otherwise) can result in one or more effects such as – stiffness, weakness, pain, poor balance, coordination, dexterity, breathlessness or low energy levels. All of these can affect mobility and participation in Groups.
- Given the wide range and complexity of difficulties members will be the experts on managing their own situations and suggesting solutions. Providing an open and listening culture is the key to enabling participation.
- Members who seem relatively mobile can be apprehensive about situations which may cause pain, challenge their balance skills, or muscle strength.
- Sometimes people do not like to be seen as complaining or making a fuss and may put up with being anxious or experiencing discomfort. It is worth checking with new Groups and members to see if there are concerns which can be addressed in a private conversation.

C-2.2 Venues

- Within meeting rooms seating and positioning can make attending a Group easier, chairs with arms can be helpful, a place on the front row or aisle will help with comfort and extra leg room when needed. Ideally, there should be only one or two rows arranged in a horseshoe which are easier to navigate.

- Getting to a venue and the facilities on offer there can be critical to joining a Group. For the most part these difficulties are addressed by u3a choice of venues booked for activities and meetings.
- Wherever possible the venues meet the following criteria which will be of benefit to members with mobility difficulties:
 - Served by public transport
 - Adequate car parking facilities on-site or close-at-hand. Disabled parking bays on-site or nearby
 - Ramp for building access
 - Ground floor accommodation or lift access
 - Accessible and usable disabled toilet facilities
 - Spacious enough to cope with wheelchairs and mobility vehicles. Good lighting
 - Access to heating and air conditioning controls

However, at present not all venues can meet all these requirements.

- A new member with mobility difficulties joining a Group could well be apprehensive about access, it may be helpful if they could be met by another Group member nearby and accompanied into the venue for their first Group attendance.

C-2.3 Carer assistance

Convenors should be aware that members who cannot manage to participate in their chosen u3a activities without help, should be given the opportunity to bring a companion/carers with them, who for the time that they are in attendance, will be covered by the liability insurance provided by The Third Age Trust. The only exception to this is a professionally employed carer who should be covered by an individual liability policy.

C-3. Supporting members with Hearing loss

Moderate hearing loss is very common in the over 60s. It can destroy natural confidence and contribute to feelings of isolation and depression. It can be compensated for by hearing aids and other technical devices. But most of all by sympathetic support from peers.

C-3.1 Making Groups more accessible to the hard of hearing

- The vital element is understanding and support from Group Convenors and members.
- Make sure hard of hearing members can explain their needs confident of the support of the Group.
- Discussion Groups should use a room appropriate to the numbers and with good lighting and acoustics.
- If your venue is not suitable consult the Venue Coordinator. Convenors should regularly remind Groups of the importance of minimizing background noise with only one person speaking at a time during discussions.

C-3.2 Speaking to Someone with Hearing Loss

- Ensure that you are speaking clearly and distinctly but without shouting or exaggerating mouth movements.
- Speak at normal speed or just slightly slower, pausing between sentences and making sure you have been understood before moving on.
- Use plain language and don't waffle.
- Avoid using sentences that are unnecessarily long and complex and if the member has not understood what has been said, try and find a different way of saying it.
- Say the member's name before beginning a conversation. This gives the listener the opportunity to focus attention, so the first few words are not lost.
- Ask a member if they have better hearing in one ear or another and make sure you are standing in the best place.

C-3.3 Setting up an activity

- Try to minimize extraneous noise.
- Make sure that members take turns in speaking and encourage use of hand signals to attract attention.
- Have a pen and paper ready to write something down if necessary. Make notes available either during the session (for instance a summary of the main points on a handout, flip chart or PowerPoint presentation) or as soon as possible afterwards.
- Encourage those who are hard of hearing to sit nearest the speaker or Group Convenor and consider reserved seating.
- Let speakers know that some members of the audience are hard of hearing so they can adapt their speed and position.

C-3.4 Lip reading

- Most people with hearing loss will lip read to some extent even if they don't realise it.

- Be aware of who has a hearing loss and how you position yourself in the room in relation to them.
- Face the person you are talking to as much as possible. · Keep your hands away from your face when talking.
- Make sure you have the person's attention before speaking. · Be aware of light levels: avoid situations where light is shining in members' eyes or where lighting is too low to see someone's face clearly.
- Horseshoe or boardroom style layouts can increase visibility. · If you have speakers, ideally, they should be in front of a plain background and not too high.

C-4. Supporting Members with Vision Loss

The following advice aims to support u3a members with vision loss so that they can continue to enjoy and participate in u3a activities.

Vision loss can be defined as a significant and continuing loss of vision that cannot be corrected by glasses or contact lenses.

Over 2 million people (3%) in the UK live with vision loss; this is predicted to double by the year 2050 as the population ages

The current estimated statistics show that vision loss affects:

- one in nine people aged 60 years and over
- one in five people aged 75 years and over
- one in two people aged 90 years and over

<https://www.mib.org.uk/professionals/knowledgeand-research-hub/key-information-and-statistics>

Losing your vision can be an isolating experience but there are ways in which u3as can support their members to continue to be part of the u3a community and have access to the u3a learning experience.

The first step in increasing accessibility is for the Convenors to know which members are experiencing vision loss and what their needs are.

Some people will be less willing to acknowledge the effect that vision loss can have on them, the individual's wishes should be respected but the application of good practice can enable more people to participate without barriers.

C-4.1 Providing Accessible Information

When producing documents, Consider:

- Keep it simple in terms of colour, contrast, style etc.
- Ideal font size 16 or 18, minimum 14.
- Use either a standard Roman or Sans Serif font; Arial or Verdana works well. Avoid decorative fonts, avoid italics.
- Keep Paragraphs Short and leave a line between paragraphs, Bulleting can be helpful
- If using images provide a brief written description · Avoid paper with a glossy finish.

C-4.2 Increasing Accessibility in Groups and Monthly Meetings

- Consider offering to meet someone coming to their first meeting at an unfamiliar venue from the bus stop, this especially if the meeting is at someone's home. Be aware of this also if a meeting finishes after it gets dark
- Ensure that new members are informed of the location of toilets, refreshments etc. Ask what level of help people need.
- Offer seating close to the front to allow members with some vision loss to be as close to visual displays as possible. Remember that this will not guarantee they are able to fully see a presentation.
- Try to reduce glare from windows and lights, for instance by positioning seating with the back to windows.
- Lighting levels can be difficult as some sight conditions create problems with bright lights whilst other members may struggle with low lighting. Try to talk to people about their needs
- Provide copies of presentations for use on a member's own laptop, which is usually adapted for specific needs.
- During presentations aim to describe any visual material that may be essential to understand a talk.
- Ensure that convenors are informed of any requests for specific arrangements to be made in sufficient time ahead of the event.

The RNIB produces factsheets on how people with vision loss can continue to enjoy leisure activities, such as visiting galleries, going on trips and watching films and television, which could be applied to u3a Group activities (www.rnib.org.uk/information-everyday-living/home-and-leisure).

C-4.3 General tips

- Always take a can-do attitude.
- Ask what help someone would like and respect their wishes.
- Avoid phrases like "The Blind" - they depersonalise and undervalue the member's individual contribution.

C-4.4 Guiding

The following offers useful hints on guiding someone with vision loss:

<https://www.rnib.org.uk/information-everyday-living-family-friends-and-carers/guiding-blind-or-partially-sighted-person>

C-4.5 Useful organisations and resources

Royal National Institute of Blind People (RNIB) www.rnib.org.uk

Telephone: 0303 123 9999

Email: helpline@rnib.org.uk

C-5. Supporting Vulnerable Members

Everybody has different levels of vulnerability and each of us may be regarded as vulnerable at some time. Convenors should help members who may be vulnerable, to be and remain active contributors within u3a and if they are, or become, unable to participate independently, encourage them to bring a companion/carer with them in order that they can continue to enjoy the benefits of u3a membership. In all our activities we will:

- Value, listen and respect members who may be vulnerable.
- Ensure that all members feel welcomed, respected, and safe from abuse.
- Recognise equality amongst people and relationships.
- Do all we can to help members who may be vulnerable, to be and remain active contributors within u3a and if they are or become unable to participate independently, encourage them to bring a companion/carer with them in order that they can continue to enjoy the benefits of u3a membership.
- Ensure all members are aware of their responsibilities to protect vulnerable adults.

C-5.1 u3a - Supporting Carers

u3as are self-help, co-operative organisations run entirely by the members for the members and therefore it is important that individuals are able to take full responsibility for their own participation in u3a interest Groups and events. Should the situation arise when a member no longer feels confident that he/she can participate fully without needing help, it will be necessary for that person to be accompanied by a companion/carer who will be covered, by the liability insurance provided by The Third Age Trust, whilst in attendance. Even if you have members who are willing to help, you cannot allow them to take responsibility for another member's care as this could be deemed to be outside our insurance cover if any injury or damage resulted, reasonable help and support as would be offered to any fellow member is allowable.

Appendix D u3a Equipment and Resources May 2022

Items listed in our asset register are mostly stored in the u3a cupboard in the St John Ambulance Hall.

If you do not have your own key, please ask the Centre Manager (Ray) to unlock the cupboard for you.

If you intend removing items from the SJAH, please complete the log book and again when you return the borrowed item. Please be aware that some items of equipment are used on a weekly basis by Groups using the Hall, so please check with other convenors first before borrowing. Please alert the Groups' Coordinator of any breakages, absences etc.

The Asset Register can be obtained from the Treasurer.

Appendix E First Aid Guide for Convenors

First Aid

This advice sheet aims to summarise basic information on providing first aid to members and on the symptoms of some common medical problems, as well as covering legal issues and where to obtain portable first aid guides for members.

WHAT TO DO¹

When someone is choking

1. COUGH IT OUT – Encourage them to cough.
2. SLAP IT OUT – Give them five sharp back blows between their shoulder blades with the heel of your hand.
3. SQUEEZE IT OUT – Stand behind them, put your arms around the upper part of the abdomen, clench your fist and put it between the navel and the bottom of their breastbone, grasp your fist firmly with the other hand, pull upwards up to five times.

If the person is still choking, repeat the backslaps and abdominal thrusts up to three times, then call 999 or 112 and continue the sequence until help arrives.

When someone is bleeding severely

1. PRESS IT – Apply direct pressure over the wound using a dressing. Use gloves where possible and if no dressing is available, ask the person to apply pressure themselves.
2. RAISE IT – Help them to lie down and where possible raise the injured limb to reduce blood loss.
3. CALL 999 OR 112.

When someone is unconscious

1. OPEN AIRWAY – Check the airway is open and clear.
2. TILT HEAD – Lift their chin to ensure the airway stays open.
3. CHECK BREATHING – Look, listen and feel for signs that they are still breathing.

Only if spinal injury is **not** suspected, put them into the recovery posit (the right). **If there is any doubt, do not move the casualty: await prof**



When someone has stopped breathing

If they are unconscious, follow steps 1-3 above, then:

1. CALL 999 OR 112 – Ask for an ambulance.
2. DEFIBRILLATOR – Ask for an Automated External Defibrillator if one is available*.
3. PUMP – Place one hand on the centre of their chest. Place the heel of your other hand on top of the first and interlock your fingers, keeping your fingers off their ribs. Lean directly over their chest and press down vertically about 5-6cm (2-2 ½ inches). Give 30 compressions at a rate of 100-120 per minute.
4. BREATHE – If you are able to, tilt their head, pinch their nose, take a breath, seal your lips over their mouth and breathe out for approximately 1 second, until their chest rises. When it has fallen, repeat to give a second rescue breath then repeat 30 compressions in a continuous cycle, until the person shows signs of regaining consciousness such as coughing, opening his eyes, speaking or moving purposefully.

*USING A DEFIBRILLATOR: Defibrillators are easy to use as you just have to follow the spoken instructions. Although they look different, they all work in the same way, and you do not need training to use them. Your first priority should be to call an ambulance and perform CPR – do not interrupt this to go and find one but do send someone to get one when you are able.

OTHER SITUATIONS

Burns

COOL THE AFFECTED AREA – cool the burn under running water for at least 10 minutes, then loosely cover it with clingfilm or a clean plastic bag and call 999 or 112.

Head injury

APPLY SOMETHING COLD – apply a cold compress to the injury (e.g. frozen vegetables wrapped in a tea towel). If they become drowsy or vomit, call 999 or 112.

Nosebleed

PINCH THE NOSE – Ask them to pinch the soft part of their nose and to lean forward. Continue for 10 minutes. Seek medical advice if the bleeding continues for more than half an hour.

Wounds

CLEAN AND COVER – Wash your own hands, clean the cut if dirty, pat dry, cover with a sterile dressing and raise above the heart if possible.

If there is a small object embedded, try to clean it out. If the object is larger, leave it in place, apply pressure on either side of the object, build up padding around the object until the padding is higher than the object, then bandage over the object without pressing on it, arrange for the casualty to go to hospital.

Sprain

R.I.C.E. Rest, Ice, Compress, Elevate.

If there is no improvement, seek medical advice.

Broken bone

IMMOBILISE THE AFFECTED PART – ask them to support the injury with their hand or use a cushion or items of clothing to prevent unnecessary movement and call 999 or 112.

RECOGNISING SIGNS

This section aims to provide information on how to recognise the signs that different types of incidents are happening and what action to take in each case.

Asthma attack

SIGNS: symptoms (such as cough, breathlessness, wheeze or tight chest) are getting worse; the inhaler isn't helping; the person is breathless or finding it difficult to speak, eat or sleep.

ACTION: help the person to sit in a comfortable position and to take their medication. If the attack becomes severe, call 999 or 112.

Mild allergic reaction

SIGNS: tingling; itching or burning sensations; nasty taste in the mouth; rash; swelling; feeling hot or having chills; feeling anxious; being flushed; abdominal pain; nausea; mild wheeziness.

ACTION: help them to take their medication (such as antihistamine or a reliever inhaler) if they have some and monitor the situation.

Severe allergic reaction (known as anaphylaxis)

SIGNS: severe swelling of the tongue or throat associated with difficulty breathing; difficulty talking or a hoarse voice; severe wheeze; fainting and dizziness; looking pale, blue or clammy; being disorientated or unresponsive; collapse.

ACTION: phone 999 and state that someone is having a severe allergic reaction. Help them to find a comfortable position (lying down may help dizziness and sitting up may help with breathlessness). The treatment is an

injection of adrenaline. If someone has an EpiPen (a pre-filled syringe with a concealed, spring-activated needle) help them to inject themselves then ask them to lie down and monitor the situation. If there is no improvement after 10 minutes, another dose of EpiPen can be given. Note the times of both doses.

Fainting

SIGNS: Fainting is a sudden, temporary loss of consciousness that usually results in a fall. In most cases, when a person faints, they'll regain consciousness within a minute or two. However, less common types of fainting can be medical emergencies.

ACTION: If someone feels faint, encourage them to lie down, with their legs higher than their head if possible or sit with their head between their knees. If they faint and do not regain consciousness within one or two minutes, put them in the recovery position (see above) and call 999 or 112.

Seizure⁷

SIGNS: Seizures can take on many different forms and symptoms may include difficulty talking; drooling; repeated eye movements; lack of movement or muscle tone; tremors, twitching or jerking movements; repeated non-purposeful movements (called automatisms) such as, lipsmacking or chewing movements, repeated movements of hands, dressing or undressing, walking or running; convulsion; losing control of urine or stool unexpectedly; sweating; difficulty breathing; heart racing.

ACTION: Try to prevent injury. Do not restrain them but try to cushion their head. After the seizure, help them to rest on their side with their head tilted back.

Shock

SIGNS: Shock is a life threatening condition that occurs when the vital organs, such as the brain and heart, are deprived of oxygen due to a problem affecting the circulatory system. Symptoms include paleness; cold, clammy skin; fast, shallow breathing; rapid, weak pulse; yawning; sighing; in extreme cases, unconsciousness.

ACTION: Treat the cause of shock; lay the casualty down with their head low and their legs raised and supported. Dial 999 or 112, if you have not already done so. Then make the person comfortable by loosening any tight clothing; covering them with a coat or blanket; comforting and reassuring them. Also, check breathing and pulse frequently.

Stroke

SIGNS: The face may have dropped on one side and the person may not be able to move their facial muscles; they may not be able to lift their arms because of weakness or numbness; their speech may be slurred or garbled.

ACTION: Carry out the F.A.S.T. test to determine whether the person is displaying the symptoms above:

Face: is there weakness on one side?

Arms: can they raise both?

Speech: is it easily understood?

Time: to call the emergency services.

Diabetes⁸

SIGNS: Diabetes is managed by balancing medication, food and activity. When these fall out of balance hypoglycaemia (often referred to as a hypo) can occur. Common symptoms of a hypo are: feeling shaky, sweating, hunger, tiredness, blurred vision, lack of concentration, headaches, feeling tearful or moody, going pale.

ACTION: For a hypo, help the person to access fast acting carbohydrates (sugary drinks, sweets, fruit juices or glucose gels).

Heart attack

SIGNS: Symptoms can include: chest pain, which can travel to the arms (usually the left) and also the jaw, neck, back and abdomen; feeling lightheaded or dizzy; sweating; shortness of breath; nausea or vomiting; an overwhelming sense of anxiety (similar to having a panic attack); coughing or wheezing.

ACTION: Call an ambulance, make sure they are in a comfortable position and give them constant reassurance while waiting for the emergency services to arrive.

LEGAL ISSUES

Members are sometimes concerned about the legal implications of getting involved with performing first aid. The British Red Cross advises that 'where someone is acting in good faith to help save someone's life there is very little risk of them being sued for doing that'. In addition, the Social Action, Responsibility and Heroism Bill has been designed to address those concerns. It ensures that if something goes wrong when people are acting for the benefit of society or intervening to help someone in an emergency, the courts will take into account the context of their actions in the event they are sued.⁹

PORTABLE GUIDES

St John's Ambulance produces a pocket paper guide to essential first aid. You can order your free copy on their website:

<https://www.sja.org.uk/sja/support-us/the-difference/get-a-free-first-aid-guide.aspx>

The Red Cross and St John's Ambulance provide apps for mobile phones with first aid tips:

<http://www.redcross.org.uk/en/What-we-do/First-aid/Mobile-app>

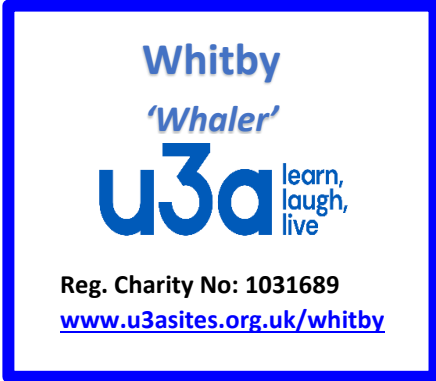
<http://www.sja.org.uk/sja/support-us/the-difference/helpless/mobile-phone-app.aspx>

The British Heart Foundation offers an app to guide you through performing CPR:

<https://www.bhf.org.uk/heart-health/nation-of-lifesavers/hands-only-cpr/cpr-app>

Appendix F

Convenors Accident Form (available on website)



ACCIDENT/INCIDENT REPORT

Name & Address of member:

Name & Addresses of others involved:

Date of accident/incident

Time

Location

Nature of incident/circumstances:

Details if injury/ property damage

Witnesses – Names & Addresses

Witness phone numbers:

Action Taken:

Was any specialised assistance required at the scene? If so, give details:

Was medical advice sought afterwards? If so, give details:

Signed (Group Leader/Convenor)

Dated

Email

Phone number

If necessary, give further information on a separate sheet that should be signed and dated.

u3a Name	
Interest Name	
Date	Walk Name
Distance	Terrain

Before the walk		Yes (✓)
1	Provision of information to prospective walkers: <ol style="list-style-type: none"> a) Location b) Distance c) Timing d) Linear/Circular Route e) Terrain f) Heights/Climbs involved g) Level of fitness required h) Appropriate footwear/clothing i) Toilet & refreshment facilities en route j) What to bring- Food/ drink/compass/map/mobile phone k) Dogs permitted? l) Meeting point m) Public transport options n) Car parking facilities o) Need of walkers to bring emergency telephone numbers for next of kin and relevant medical details 	

On the day		Yes (✓)
1.	Check First Aid kit & emergency blanket	
2.	Briefing before starting out: <ol style="list-style-type: none"> a. Route b. Duration c. Terrain d. Known Hazards e. Emergency Arrangements – illness, exhaustion, accident, weather problems, terrain problems, lost contact with group f. Be prepared to advise inadequately equipped walkers not to go but they must make the final decision 	
3.	Appoint a Backmarker	

During the walk		Yes (✓)
1.	Stay at the front but make sure you can always see the backmarker	
2.	Set an appropriate pace for the level of the walk	
3.	Check the route frequently	
4.	Periodically count the number in the group	
5.	Other (specify)	

Signed:

(available on website)

Dated:

