**First Aid – Walk Leaders**

Walking is seen as a safe activity however if you have a group of adults together, particularly older adults there is always the possibility of slips, trips or falls. Also, within the group there will be a variety of long-term medical conditions.

There is no need for walk leaders to know all the walker’s medical histories as, presumably, the walker is living well with their condition if they feel able enough to attend a health walk. I would ask the group, often as we gather, if everyone is well today or has any issues that may affect them on the walk.

At the beginning of the walk walkers are asked to read and agree to the ‘Walkers Agreement’ which basically says we will lead them, safely, on a safe route, we have checked. They are expected to walk safely on this route, look after their own health, and, if they feel ill to let us know.

Walk Leaders are there to lead a group of people on a walk, that is their primary role. Part of that role is to be responsible for the safety of walkers during the walk, that means leading them on a safe route we have assessed and arriving at the planned end point of your walk with all your walkers.

**Actions**

If someone takes ill or has a trip or fall on a walk, I would expect the walk leader to:

* Ensure the safety of everyone in the group
* Give such assistance as you are able.
* In discussion with the walker, decide how they want to deal with this situation. This could vary from needing an ambulance to ‘just going home’ this decision is a difficult one and even after 50 years’ experience as a first aider it is awkward dealing with different personalities and their on-going care.
* If we phone an ambulance, I would like someone to stay with the walker till an ambulance arrives. This does not need to be the walk leader, as they have a walk to lead, but could easily be a friend or two or another walker if someone volunteers. (If there is no immediate threat to life an ambulance may take 30 min to arrive) I don’t expect this volunteer to go to hospital with the individual.
* If the walker decides to just go home, that is their choice and their right. If we are concerned about them, we may offer an escort from the group if one is available.
* Walk leaders should report this incident as soon as possible to the organisation responsible for the walk

**First aid hits and tips are listed over the page.**

**First aid Hints and Tips**

First aid is about helping someone, at the time of an accident, with the equipment available to you. If you act to the “best of your ability”, within “accepted first aid practice” guidelines, there should be no legal concerns.

The points below are adapted from the British Red Cross Everyday First Aid

* **Checking for breathing** – If the walkers is not responding to you lift their chin as high as able, get your ear close to their mouth and listen, feel, and watch chest. **During Covid this is not recommended**
* **Collapsed and breathing** – roll onto front, have head in a position where liquid could drain from their mouth and then recheck their breathing. Dial 999
* **Collapsed and not breathing** – **Phone 999** press middle of chest 5-6 cm 120 times a minute
* **Problems breathing** – stop, find somewhere for them to sit and let them catch their breath. Let them take medication if available (Asthma) if no improvement Phone 999
* **Bleeding** – press something on the wound. Keep pressing till bleeding stops. Decide if medical help is required
* **Heart Attack** – **Phone 999** – keep patient calm and reassured and give aspirin if available
* **Stroke** – **Phone 999** – keep patient calm and reassured
* **Diabetes** – give them something sweet to eat or drink, they probably have something with them. Ask/ check their pockets
* **Broken bone** – if they can move, help them support their injury and send to hospital. If they cannot move phone 999 keeping them as comfortable as possible whilst waiting