

The administration of medicines, and the use of alcohol, tobacco, drugs, solvents and other substances during offsite visits

General principles

- As part of the planning process for an offsite visit, the visit leaders should consider carefully issues connected with the administration of medicines, and the possible use of drugs, alcohol, and tobacco, and existing internal policies will normally apply equally to all offsite visits.
- It is good practice to agree before a visit the behaviour expected of staff and group members, and what sanctions will be applied if the rules are broken. It is important to ensure that this is understood and accepted by everyone involved, including parents/guardians.

Administering Medicines

- Visit leaders should be aware of and comply with the latest national guidance on administering medicines (e.g. “Managing Medicines in Schools and Early Years Settings”, Ref 1448-2005DCL-EN, March 2005) and with their own school/establishment’s policies (for example, a section within each school’s Policy on Health and Safety should give guidance on administering medicines to pupils, and include the context of offsite visits).
- Current guidance for schools states that” staff should never give a non-prescribed medicine to a child unless there is specific written prior written permission from the parents. Where the headteacher agrees to administer a non-prescribed medicine, it must be in accordance with the employer’s policy...which should set out the circumstances under which staff may administer non-prescribed medicines”. The reasoning is that may be no way of knowing for certain whether the pupil has taken a previous dose, or whether the medication may react with other medication being taken, or whether the pupil may react adversely to the medicine. National guidance states that “a child under 16 should never be given Aspirin or medicines containing Ibuprofen, unless prescribed by a doctor”.
- Notification of the need for medication and arrangements for storage, security and administration should be in accordance with the school/establishment’s medicines policy. Leaders may need to check that refrigeration facilities are available, including during the journey.
- National guidance also states “staff supervising excursions should always be aware of any medical needs, and relevant emergency procedures. A copy of any individual health care plans should be taken on visits in the event of information being needed in an emergency.”
- During offsite visits, where staff are acting “in loco parentis” and may occasionally have to make independent decisions, there might be circumstances when it is reasonable and acceptable to administer some basic off-the-shelf medication/treatment (e.g. if a child has sunburn, or an insect bite), providing they take reasonable precautions and preparations. In particular, Leaders should ensure that prior information and written consent is obtained (see appendix VGA 13.4) from parents/guardians regarding any medical conditions/needs that may require the administration of medication or treatment (whether self or externally administered) during a visit, in particular:
 - names/details/symptoms of any pre-existing conditions/illnesses;
 - the possible implications for the young person, staff or other group members during the visit;
 - any medication that should be given – including dosage, frequency, storage/security requirements, and responsibilities for looking after and administering it;
 - family doctor’s name/contact details.
- Leaders should ensure that prior information and consent is obtained from parents/guardians regarding any treatment of minor illnesses/injuries that may be required during a visit (e.g. headaches, rashes, coughs/colds, insect bites, minor cuts/grazes etc.), in particular:
 - any “off the shelf” medication/treatment that can acceptably be administered, if deemed necessary (see appendix VGA 13.4);
 - any medication (e.g. throat lozenges) that the young person will have with them, and can acceptably self-administer;
 - any medication/treatment that is specifically not permitted (e.g. due to allergies).
- Visit leaders should ensure that information and consent is obtained from parents/guardians regarding the provision and administration of other products, such as sunscreen.
- Staff need to risk assess each situation, and decide if it is acceptable for a young person to self-administer medication/treatment, or if it is safer and preferable for staff to administer it (this will clearly depend partly on the age and ability of the group member concerned);

- In the event of a group member having a minor illness/injury that requires immediate treatment, but does not require referral to a doctor/hospital, the leader should:
 - check if the illness/injury really does need immediate treatment or if alternative, less invasive methods might be acceptable and viable in the circumstances (e.g. a period of rest/sleep to overcome the effects of a headache);
 - check the parent/guardian medical consent form for information and consent details;
 - if unsure, try to contact the parent/guardian or the young person's doctor concerned for guidance before taking any action;
 - wherever possible, ensure that another person (preferably an adult) is present throughout, to act as a reliable witness (their signature can be added in the accident book);
 - if appropriate, ask the young person if they have had a similar illness/injury before;
 - if appropriate, ask the young person what medication/treatment they normally receive, and if they are allergic to any treatment/medication;
 - administer the minimum treatment/medication deemed necessary, preferably using medication that the young person is familiar with using;
 - keep a written record of any treatment/medication given – it might be sensible, in some circumstances, to obtain the written agreement and signature of the casualty and a witness;
 - wherever possible, use hypoallergenic antiseptic wipes, gloves, and plasters to minimize the risk of any reaction;
 - continue to check that the young person responds satisfactorily to treatment, and suffers no adverse reactions.
- In the event of a group member requiring immediate first aid, leaders must risk assess the situation, and judge for themselves the best course of action. For example, the risk of a serious adverse reaction to the application of a plaster is normally minimal and, providing reasonable precautions and sensible actions are taken, staff should not hesitate to administer treatment if it is deemed necessary for the young person's safety and welfare (for example, it could be argued that the risk of septicemia from an untreated cut is greater than the risk of a severe allergic reaction to a hypoallergenic plaster).
- Visit leaders should ensure that they have relevant information about the medical needs of staff members as well as those of the young people. These records should be treated confidentially.
- Staff members should ensure that their own medication is stored safely. It is expected that staff who use medication are aware of any effects this may have on them, and restrict their actions accordingly (e.g. not driving). They should inform the Visit Organiser of any issues that might affect them and their ability to fulfill their roles and responsibilities during the visit.

Use of Alcohol

- No adult leader should be responsible for the supervision of young people, or in contact with young people whilst adversely affected by alcohol or other drugs. Group leaders have a continuous responsibility for the welfare of the group, and should always be in a position to respond capably to an emergency at any time. This 24-hour responsibility should be considered even when "stand-down time" is allocated.
- Excessive alcohol consumption can pose a substantial risk to health and safety of adults and young people, and may result in significant behaviour change and impaired judgement and function for many hours afterwards. Visit leaders and group members should also be aware that alcohol use might invalidate their travel insurance.
- It is strongly recommended therefore that all leaders refrain from consuming alcohol whilst they are leading visits. In exceptional circumstances, visit leaders may decide that acceptable arrangements can be made to drink small quantities of alcohol (for example, a glass of wine with a meal) during a visit, but this should be discussed carefully and agreed beforehand by the leadership team (and their managers), and suitable arrangements made (e.g. supervision rotas), so that the health, safety and welfare of group members is not in any way compromised.
- The possibility of alcohol use/abuse by group members should be considered during the risk assessment of a visit, and sensible precautions taken. Special consideration may be necessary for visits involving young people who are over 18 years old, but it may cause problems if different rules are applied to different age groups. If alcohol consumption is considered acceptable by those aged over 18, then clear guidance should be given regarding how much is acceptable. It might be preferable to allow over 18's to drink only under the supervision of a staff member.

- Whatever rules are set and precautions taken, young people sometimes do not comply, and this can have tragic consequences. For example, one young person from the UK died on a visit to Germany through alcohol abuse. The group had been allowed to drink a small amount of alcohol during their meal, but they went on to consume spirits at a local bar during 'free time'. The boy became unconscious and his peers decided not to get help for fear of 'getting into trouble'. The boy stopped breathing and died. It is essential therefore for leaders to discuss emergency plans beforehand and to emphasize to group members that personal safety is a far greater consideration than the fear of reprimand.
- Organisers of foreign exchange visits should consider what guidance they should give to group members (and their parents/guardians) if they are likely to be offered alcoholic drinks by their hosts during the exchange visit, as this might be considered the norm in some cultures.
- For overseas visits, group members should normally abide by UK laws regarding the purchase and use of alcohol unless the country in question has stricter rules than the UK. For example:

Country	France	UK	Iceland
Legal age to buy/consume alcohol	16 yrs	18yrs (16yrs with meal)	20yrs
Outcome for UK group on visit	Use UK law	Use UK law/rule	Use Iceland law

Use of Tobacco

- Although the possession and use of tobacco (though not sales to under 16s) is unrestricted in law, in practice smoking presents a danger to the health of the smoker, to those around and, in certain circumstances, may pose a fire risk. A non-smoking policy should therefore be the norm on visits organised by schools and other young people's organisations. The visit leader should also ensure that they and other staff in no way condone or encourage smoking, and that agreements are made with any staff who need to smoke as to when and where they should do so. Adult leaders should not be allowed to smoke in face to face situations with young people, and young people should not be subject to passive smoking even if they decline to object.
- If members of the party are over 16 years, visit leaders may wish to negotiate times and places they may smoke, making the sanctions clear (for example, the leader of a ski visit was notified that some young people would not get through a day's activities without smoking. The visit leader established prior to the visit the number of cigarettes they would need, and agreed they would smoke only during free time and in designated smoking areas outside).
- The purchase of tobacco products as gifts by group members should be discouraged and parents/guardians should be advised accordingly.

Use of Drugs, Solvents and 'Poppers' (nitrites)

- It is currently illegal to possess, use and supply Class A, B and C drugs in the UK (for more details see www.talktofrank.com). Cannabis is a Class A drug and is illegal.
- Other countries have different laws regarding alcohol and drug use (see www.fco.gov.uk/travel), but the practice or behavior expected from group members on a visit should only change where the country concerned has stricter rules than the UK. In all other circumstances, visit leaders should be guided and abide by UK law. However, visit leaders should make themselves and group members aware of the legal situation and policing arrangements that apply to the countries they are visiting.
- It is an offence for people to knowingly allow premises they own, manage or have responsibility for, to be used by any person for the supply of a controlled drug or the administration or use of any controlled drug which is unlawfully in that person's possession. It may be held that teachers or other adults are responsible for premises wholly or substantially used by their pupils/young people, even where ownership lies elsewhere.
- When appropriate, all young people, parents/guardians, and staff members on a visit should be informed that the possession, use or supply (which includes sharing) of any controlled substance is not acceptable and that any contravention of this will result in disciplinary and/or legal action including an individual or individuals being sent home at their own expenses. In the UK, teachers/youth workers are not duty bound to inform the police of illegal drug taking, but they may choose to do so if they feel this in the best interests of the young person. Visit leaders should ensure that they act in accordance with the school/establishment drug policy when dealing with such issues.

- Volatile Substance Abuse (VSA) accounts for over 60 deaths a year in the UK. Lighter refills are one of the principal causes of death although many household and personal hygiene products are capable of being abused.
- Group members should be discouraged from taking aerosols and solvent based products with them on visits. Cigarette lighters and refills similarly should be restricted. Staff should keep control of any items that group members may have. Group members and parents/guardians should be advised that cigarette lighters and refills are not acceptable presents for a young person to buy as a gift. (N.B. Lighter fuel sales to under-18s are illegal in England.)
- If adults find anyone engaging in solvent abuse they should not shout, alarm or excite them as this may precipitate a heart attack. A calm, reassuring approach is necessary.