SUSS

SINGAPORE UNIVERSITY OF SOCIAL SCIENCES

Emergency Management Guide
for Field Trips

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Foreword

Dear Students and Staff Mentors

In SUSS, there are many different opportunities for learning outside of the classroom, both locally and overseas. This guide is created to better prepare you for this mission, particularly in the area of accident and crisis management. There are three parts to this guide: 1) crisis prevention, 2) contingency response, and 3) operations recovery.

The first part requires you to go through the process of identifying and evaluating risks of your trip/projects, as well as developing your risk management and control plan to mitigate the risks before embarking on your trip/projects. Risk management is an ongoing process that continues through the life of examined situation. So stay alert and continue to monitor all risks on a scheduled basis.

More specifically, this stage involves you completing and submitting the required risk management documents. Before submitting, review the documents with a few people, especially the team members, if any, to identify and rectify critical gaps.

The second part helps you to examine crucial situations where crisis incidents may occur. It is by no mean comprehensive, but the checklist adequately provides you a systematic response approach to any crisis that may come your way.

The last part covers how to close and evaluate a crisis incident after it occurs. Depending on the nature of the incident, the closure may happen relatively soon after the incident. However, there are many situations where an investigation is required, and thus resulting in a longer closure duration.

We know this guide will be relevant and useful for you and your team. So use it and keep it handy with you. Meantime, do keep your seat belt on, and have an enriching and meaningful journey.

We wish you every success in your adventure.

Student SUcceSS Centre (SSC)
Singapore University of Social Sciences (SUSS)

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Roles and Responsibility

Listed below is what you can do to help keep you and your team stay safe.

Use common sense

Do not make yourself a target. Think about what you wear, say or do as that can have a different effect from what you are used to. Take note of your surroundings by taking a quick scan for possible risks whenever appropriate. Don't stand out: Dress inconspicuously and avoid displaying jewellery or valuables such as laptop computers or cameras. Do not carry large sums of unnecessary cash.

Inform others of your movement

Avoid walking off alone, especially at night. Keep others informed of where you are going and when you expect to be back. In urban areas, a place that is considered safe in the day time may well present unacceptable risks at night. The general rule is: do not spring surprises on your team members by going somewhere out of the ordinary without informing them.

Be courteous and respect local culture

Learn basic local phrases (please, thank you, yes, no, how much, stop here, etc…) which may help you gain rapport and diffuse social tensions. Respect the local culture and do not pass unnecessary judgements on practices that we do not understand. Keep your cool and avoid getting into arguments. Get assistance from friends or local partners to help navigate challenging situations.

Stay healthy

This sounds trivial, but sometimes we forget to look after our own health. Whether it is hydrating ourselves while working in a Cambodian summer, or dressing our own wounds, or making sure that we have proper cold-weather gear on a Himalayan trek, we have to make sure that we stay healthy so that the team does not need to channel resources to tend to us. If you are on medication, please keep to it and inform your team leaders what you are taking and what happens if you do not take them. Be sensible yet not paranoid about eating street food. Check out the surrounding and avoid food that looks like its been there for too long, fermented products, easy-to-spoil food and ice that look like they are home-made.

Roles and Responsibility

It is okay to say "No"

If you are apprehensive of your ability to do something, just say it. If you are weak swimmer or lack water-confidence, don't be shy to sit out the activity or ask for support and additional precautionary measures.

Exert a positive influence

Be an asset to the team, not a liability. Help to look out for risky situations. Help to ensure that established precautionary measures are being followed. If there are disagreements, do not take sides. Instead, encourage team resolution and collaboration. Give feedback on risk matters regularly and promptly.

Adopt the Conservative Principle

In the event that there is disagreement amongst members over the risk associated with an activity, the Conservative Principle stipulates that the least risky option should be taken.

Abuse of Controlled Drugs Overseas

Under the Misuse of Drugs Act, any Singapore Citizen or Permanent Resident found to have abused controlled drugs overseas will be treated as if he/she had abused drugs in Singapore. CNB conducts enforcement checks at Singapore's checkpoints and will take action against those found to have consumed drugs overseas. More information regarding the Misuse of Drugs Act can be found in the "Advisory against overseas drug consumption" video.

Health, Legal and Social Consequences of Drinking

When you drink too much, you put yourself at an increased risk of a variety of serious problems. Injury is the most likely health effect of a single incidence of drinking too much. But the types of injuries and the seriousness of injury can vary greatly depending on the circumstances (for example falls, road trauma and assault). Alcohol can also contribute to criminal behavior. Alcohol can reduce your inhibitions and lead you to behave in a way that you would not consider if you were sober. Incidents that you would deal with rationally when sober, can quickly escalate and get out of hand after a few drinks and may end up involving the police. Alcohol-related offences include assault, sexual assault, assault of police, property damage, disorderly or offensive behaviour, hindering police, resisting arrest and drink driving. What people think about us affects how we feel about ourselves. A humiliating drinking incident such as vomiting or passing out can result in ridicule, social ostracism and other forms of bullying.

Risk Identification Terminology

Hazards are elements or situations that give rise to risks. The same hazard can pose different risks, depending on the circumstance and people involved.

Risk is the potential to lose or damage something of value. The loss could be bodily harm, psychological trauma, financial loss or reputational/relationship loss.

An **Objective Risk** is largely independent of persons involved. If you are in a cable car and there is a high risk of equipment failure due to poor maintenance, it matters little who you are. Objective risks tend to be very hard to control except by avoidance.

A **Subjective Risk** is closely related to the knowledge, skills and disposition of the person (subject) involved. A vertical flight of stairs poses no threat to most of us, but can be a hazard to the elderly.

The **Severity** of a risk refers to how bad the loss can be. In analysing risks, we typically consider the most common and the worst-case scenario.

The **Likelihood** of a risk refers to the probability that an incident will happen during an activity/programme over a period of time for a specific team size and profile.

The **Residual Risk** is the threat that remains after all efforts to identify and eliminate risk have been made. This is closely related to **inherent risks** which cannot be removed even after a reasonable amount of control measures have been put in place.

A **Cumulative Risk Assessment** is a holistic assessment of the overall risks of the programme after specific activity risks have been worked through. General considerations would be to look out for parts of the programme where risks congregate, where resources are likely to be stretched or limited, or where participants are likely to start getting tired or complacent.

Dynamics of a Disruptive Incident

In Hale's (1984) model, accidents happen when **external hazards** and **human hazards** come together.

External hazards: E.g. terrain, weather and equipment
Human hazards: E.g. lack of skills, experience and communication, and poor physical condition.

These two sources of hazards combine in a "multiplicative" way.

In the illustration below, there are 3 external factors and 2 human factors. The resultant accident potential is 3 x 2 = 6. While the actual computation is not a science, it serves to emphasise that if there are already some hazards present; having another one or two more will quickly escalate the accidental potential. So be very alert when there are already a few hazards at play. If things seem like they can get out of hand, call for time out to reduce the number of hazards before continuing.

External Factors

1. Light Rain
2. Getting Dark
3. Equipment is faulty

Human Factors

1. Cold and tired
2. Inexperienced

Disruptive Incident Potential
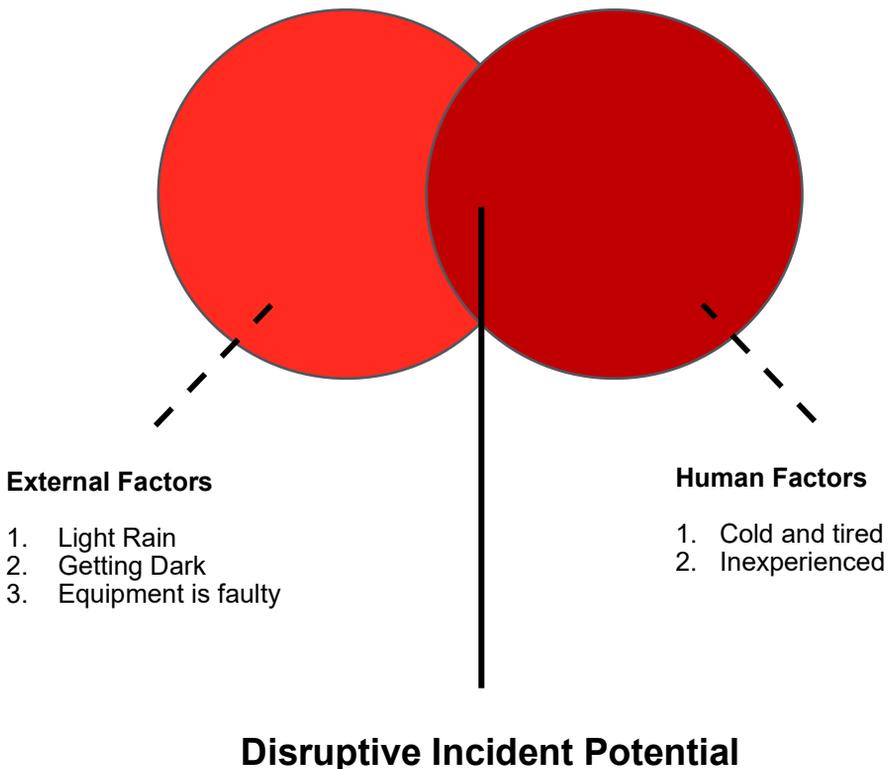
Risk Assessment and Management System

1. Identify Hazards

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2. Assess Risks using PEEP and Assessment Matrix

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3. Establish Control Measures using 4Ts

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4. Implement Control Measures

$\downarrow$

5. Review

1. Hazard Identification

"PEEP" is a systematic way of identifying hazards. There is no particular order, and you can start with whichever is more salient, usually paying attention to what has changed the most from the previous safe setting.

People

- **Team members** (Members attitudes and behaviour/ expectations and fears/ medical history/ group profile, risks that your team can pose to the communities)
- **Team Leaders** (Training received/ clear responsibilities)
- **Members of Public** (Common behaviours/ traits/ social norms)
- **Community persons** (Culture/ practices/ religion/ understanding of you)
- **Guides/ Trainers/ Instructors** (Training/ clear responsibilities/ competency)
- **Pickpockets/ Scammers/ Potential criminals** (Crime trends)

Equipment

- **Devices that you will likely be using** (Machineries, Sports equipment, Outdoor Equipment, Safety Equipment, First Aid Kits, Phones, Any other uncommon equipment that require special knowledge of operating)
- **Medical Facilities.** (A&E department, Nearest Hospitals/ Hospital's expertise, Clinic services)
- **Transportation equipment** (Risks involved with the use of Bicycles, Car, Buses, Trains, Airplane, Boats, etc)
- **Accommodations** (Risks involved with staying in Hotel, Guesthouse, or Homestay)

Environment

- **Physical Environment** (Natural Disasters, Unfamiliar terrain, Remote locations)
- **Injuries/ fatalities that is usually associated with your activity on-site** (Diseases, Poisioning, Altitude sickness, Drowning, Fall from heights, Sprains, Strains, Cuts, fractures)
- **Social Environment** (Social political issues, Political tensions, High-Risk Travel Locations, Highly Sensitive Locations, International Relationships, Recent Events).
- **Spiritual Environment** (Beliefs/ Customs/ Practices of local people)

Processes

- **Communications** (Between team members, Buddy system, Lone traveller, Organising partners, Crisis officer, Family members, Social media, General public)
- **Guidelines and SOPs** (ISOS/ Organising partners/ SUSS Crisis communications plan, Incident log process, crisis management plans, itinerary/ trip changes)
- **Trip Leader's and Members responsibilities** (Defined roles: First Aider, Leader, Recorder, RAMS process, Personal Information (travel/ NOK) backup, Safety Briefing conducted/ or received)
- **Training** (First aiders, Emergency response, Liaison with partner, Leadership)

2a. Risk Assessment - Severity and Likelihood
(Severity and Likelihood Scale)

SEVERITY	DESCRIPTION
Low	**Medical Attention NOT REQUIRED** E.g. minor cuts and bruises, sprained ankles with acceptable mobility, low grade fever, sunburn without blisters, and minor burns in non-critical areas.
Medium	**Outpatient Medical Attention REQUIRED** Emergency doctor consultation or outpatient treatment is required e.g. lacerations, 2nd degree burns, mild gastro-intestinal discomfort, heat exhaustion and mild hypothermia with no risks of worsening condition. **Non-medical** Unfavourable situations resulting in disruption/cancellation of programme e.g. significant delay of services, unacceptable quality of materials/services provided, loss of assets more than $1,000.
High	**Extended/Specialist Medical Attention REQUIRED** Hospitalisation, diagnostic tests/observations, evacuation are required e.g. unstable vital signs, blurred vision, multiple or worsening injuries, fractures and dislocations, unexplained/unexpected intense pain, unexplained severe and persistent abdominal pains, high-grade fever, head and spinal injuries, chest pain, trauma with unexplained numbness and loss of mobility, psychological distress with erratic behavior or self-hurt tendencies, compromised airways, severe allergenic reactions, bites and envenomation by animals, etc. **Non-Medical** Significant offence to one's social/ethnic identity or religious beliefs, premature termination of programme, souring relationship with community or partners, negative publicity on print or social media, incidents requiring consulate or police attention, e.g. loss of passport, deportation, missing person, etc.

LIKELIHOOD	DESCRIPTION
Low	Unlikely to occur.
Medium	Occasionally occurs. Not uncommon.
High	Likely to occur.

2b. Risk Assessment – Matrix

Severity Likelihood	Low	Medium	High
Low	0	1	2
Medium	1	2	**3**
High	2	**3**	**4**

Risk Rating	Action
0 - 1	Acceptable risks. Usually no further action needed.
2	Acceptable risks provided precautions are in place.
3	Unacceptable risks. Control measures are needed to reduce risk rating.
4	Unacceptable risks. Control measures are needed to reduce risk rating. The default measure is Termination.

Any risk ratings of Medium + High and above must be reduced.

3. Control Measures

After assessing the risks, develop control measures (4Ts) to reduce them.
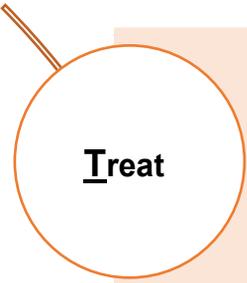
Treat

We reduce risk ratings typically by reducing the severity and/or lowering the likelihood an incident developing.

Severity can be reduced through the use of safety equipment, e.g. helmets, and sun-protection cream.

Likelihood of occurrence is reduced through pre-trip planning for avoidance, early hazard warning and recognition, skills training and appropriate processes.

Transfer

When risk mitigation requires knowledge, skills and experience that are beyond us, what we can do is to transfer the risks to a person or organisation with greater competencies and resources.

When we engage professional guides, we transfer some or all of the responsibility of risk management to them. Insurance policies are also a form of risk transfer. Ensure that risks are only transferred to qualified or competent person(s).
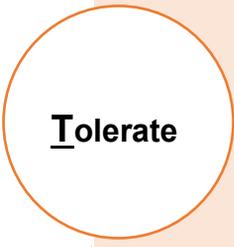
Tolerate

It is impossible to create a risk-free environment even after control measures are taken. There will still be residual risks remaining.

We tolerate such residual risks, often inherent in the environment or activity, if they are at an acceptable level for the specific team or activity. We also tolerate objective risks for which we have little control over.
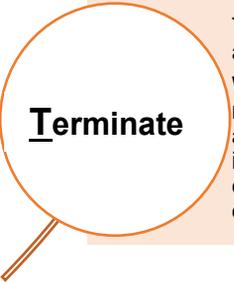
Terminate

This refers to the postponement or removal of a hazard, situation or activity.

We do this when there is no conceivable control measures to reduce the residual risk to an acceptable level; or when the returns are just not worth the risk and mitigation efforts required. This includes removal of sharp or flammable objects; activity or trip cancellation; change of location; participant removal, postponement, etc.

4. Implementation

It would be a folly to treat RAMS (Risk Assessment & Management System) as a paper exercise that ends with the submission of forms. The implementation phase is dynamic, on-going and critical. It is not at all uncommon to have unidentified risks surfacing, risks aligning dangerously, or risk ratings that had been under-estimated.

Pre-Trip Preparation

1. Monitor for events like floods, outbreaks and social unrest that may drastically change the risk ratings associated with your trip.

2. Ensure early equipment check to give time for repair/replacement if needed. Many accidents occur because last-minute discovery of faulty/inappropriate equipment does not allow for proper replacement and results in compromise of safety.

3. Ensure that team members are adequately trained for the requirements of the trip.

Onsite Real-Time Assessment

1. Before the start of a new medium-risk activity/phase, revisit the RAMS form and match it with real-time context. Check if there are previously unidentified risks or if circumstances have increased the risk ratings.

2. Conduct a safety briefing before the activity. Get the team members to help you manage risks by assigning roles and duties.

3. Develop a general feel for the "overall risk complexion" and learn to relax if the overall risk is low.

4. Get into the habit of scanning the environment for potential hazards constantly. Conduct a quick mental **PEEP**. It might be useful to focus on what has changed since the "last safe mode." So, if you have move to a new place, scan the physical environment first.

5. Look out for situations where several hazards are starting to come together. Don't be afraid to terminate or call a time-out to consolidate once you start feeling uncomfortable about the risks surfacing.

6. Note that poor implementation is in itself a very common source of risk.

5. Review

Onsite Post-Activity Reviews

This is conducted at the end or, if necessary, in the midst of an activity. The key purpose is to identify gaps, lapses or near misses. The whole team should be involved. Use **PEEP** to systemically cover the ground for feedback.

1. Start with near misses, high and medium risks.

2. Be prepared to accept that previous risk ratings may not be accurate or certain hazards may have been underestimated or missed.

3. The severity associated with some risks may need to be described as your members may not be aware of it.

4. Recognise and affirm good safety practices or adherence to control measures.

5. Be prepared to change or reiterate the importance of adherence to control measures. Note that many accidents are caused by weak implementation.

6. Do not indulge in the blame game. Focus on moving forward.

Post-Programme Review

1. If your team had an accident, you would need to complete an incident report so that systemic and situational improvements can be made.

2. It would be good to report near misses with recommendations.

Filling up the Risk Assessment and Management System (RAMS) Form

The RAMS Form is an operational document with legal implications. You need to put in due diligence and complete the form to the best of your knowledge and training. Do not merely transfer contents lock-stock-and-barrel from another trip to yours even if the destination is the same. Differences in member profile, team size, activity and season can drastically alter the risk ratings and appropriateness of control measures.

1. Gather information about the place you are going:
    * General terrain, temperature and weather conditions.
    * Adequately equipped hospital (international standard) nearest to your site.
    * Request for the latest travel advisories and security updates by contacting International SOS (ISOS) and visiting the website of the Ministry of Foreign Affairs (MFA).
    * Travelers' Health Update by Centre for Disease Control.
    * Major events during your trip e.g. general elections.
    * Speak with previous teams.

2. For each category- **P,E,E,P**, consider first the general hazards faced by the team. Then consider the hazards associated with specific activities and locations, starting with most risky ones first.

3. Provide a **qualitative description** together with a **quantitative risk rating**.

4. Choose the most **effective control measure** that is feasible on the ground. Keep it as simple as possible. For risks that are low on severity but high on likelihood, e.g. sprains, take measures to reduce complacency. For risk that are high on severity and low on likelihood, e.g. flash flood, take measures to ensure early warning/identification and appropriate response.

5. After the control measures have been identified, ensure that the **residual risks are acceptable**, and state the persons involved or responsible for the implementation of the control measures.

6. Even if the risks are acceptable, consider the risk/returns. Are there any activities that present acceptable risks after control measures, but whose returns may not be worth the risks? Or are there lower-risk activities that provide similar returns?

7. Finally, conduct a **Cumulative Risk Assessment** by considering the overall risk exposure, and the risk management resources available to your team. Are there parts of your programme where the risks seem to cluster or where your response capability may be easily compromised?

Documentation Checklist

Please complete and submit these items based on the stipulate deadline from your programme in-charge.

1. Emergency Management System (EMS Form A)
    - Part 1: Project/Programme details & itinerary
    - Part 2: Emergency contacts
    - Part 3: Student's/Participant's and Next of Kins' (NOK)
    - Part 4: RAMS exercise and documentation
    - Part 5: Acknowledgement of risks, travel insurance acknowledgement, and consent and release of personal data

2. Emergency Communication Plan (ECP)

3. (If applicable) Emergency Action Plan (EAP)

    Flowchart and means of evacuation for medical and non-medical emergency- by vehicle/foot/aircraft/vessel and the route planned and personnel role tasking). You may use the content of the guide (page 18 to 24) to help you plan out your onsite Action Plan.

4. (If applicable) Medical Declaration Form

5. (If applicable) Leave of Absence Form

6. (For Overseas Trip only) A copy of your:
    a) Passports
    b) MFA e-register acknowledgement
    c) Air tickets
    d) Insurance policy
    e) Visa (if applicable)

7. (For staff only) EMS e-Reporting

Onsite Emergency Response (Non-Medical)

This section covers some generic approaches/actions to take if you are faced with a non-medical emergency. **Note that a non-medical emergency can easily become a medical one.** It is useful to think of the source and nature of the emergency when considering your response.

Team	This refers to emergencies arising from within the team members. Examples include: • Missing person. • Lost of essential items e.g. passports. • Serious internal conflict e.g. team disintegration, molestation • Psychological distress e.g. self-harm tendencies.
Local Environment	This refers to emergencies arising from the project site/ village/town/commune that you operate/reside in. Examples include: • Natural or environmental calamity e.g. flood, fire, landslide. • Rouge characters e.g. gangsterism, molestation. • Team-community conflict with possibility of injury.
Remote Environment	This refers to emergencies happening in other locations that: • are far away enough from your area of operation for you NOT to be affected e.g. out of flood zone, and • Do NOT have social links e.g. ethnicity, religion, political affiliation that can cause your currently-safe local environment to become a hotspot. Examples of remote events that CAN impact your location include: • Natural calamity in another part of the country /region that is heading towards your location, or which will put a strain on your community. • Social and political unrest in another part of the country that may trigger local sentiments or reactions. • Declaration of state of emergencies or curfews. • International dispute with Singapore that is already whipping up anti-Singapore sentiments elsewhere in the country.

Respond

Onsite Emergency Response (Non- Medical)

These are some considerations for handling non-medical emergencies such as robbery, loss of passport, disputes, or situations that require emotional support.

Stabilise	• If any person is at risk of injury, remove, isolate or manage the threat. This includes: -isolating and watching over at-risk team members, -evacuating from any potentially dangerours zone to the nearest safe place, -consolidating your team and terminating the activities
Assess the situation	• Get the facts right and do not act on wild guesses. Call ISOS, MFA or SUSS for updates and further instructions. Consider the overall law and order situation in your immediate surrounding. • In the event of social unrest, consider if your team members' gender, religion, race or nationality make them a target. However, when sentiments run high, you can be at risk by virtue of proximity, regardless of profile
Asesss immediate & delayed consequences	• Consider what is likely to happen next. Human behaviour change when sufficient pressure is applied. If you are caught in an environmental calamity (fire, flood, landslide) where there is limited access to basic resources and shelter, people are going to fight for their own basic needs. • Consider which of these best describe your situation: -hazardous and expected to worsen; -hazardous but expected to improve; -safe but expected to worsen; or -safe and is expected to continue
Assess your options	• Assess the current well-being of your team. • Assess if you have sufficient human and material resources to deal with the situation. • Think carefully about which community person(s) in your immediate location will be able to provide shelter and assistance for your team. • If you plan to evacuate, consider the safety of the evacuation journey and the destination itself. Keep the team together unless it is absolutely necessary to separate.
Plan & Implement	• Confirm your action plans with SUSS. • Constantly monitor the safety of the immediate surrounding. • Provide situation update to SUSS where necessary and possible.

Onsite Emergency Response (Medical)
(Pages 19 - 21 are intended for use by trained first aiders only)

ACTIONS BY FIRST AIDER(S)	STEP	ACTIONS BY SUPPORTING MEMBER

1. Make sure that the site and approach are safe for the casualty and first aiders.
2. Do a rapid overview
  • How bad are the injuries?
  • How many casualties are there?
  • What is the cause of injury?
	1
	SCENE SURVEY
		1. Get the First Aid Kit.
		2. Ensure the safety of the rest of the team.
		3. Implement crowd control.
		4. If there are multi-casualties, help to identify the high priority casualties.

1. Check, stop and fix <u>ABCD</u>:
  • Airway
  • Breathing
  • Circulation
  • Disability
2. Identify priority casualties
	2
	INITIAL ASSESSMENT
	Call ISOS if needed
		1. If there are multiple casualties, and if trained, perform initial assessment on the other casualties.
		2. If there is only a single casualty, help ensure proper ABCD.

1. If trained, conduct <u>Focused Examination</u>:
  • Physical Examination
  • Patient History
  • Vital Signs
2. Send the 1st Situation Report to SUSS Crisis Officers
	3
	SECONDARY ASSESSMENT
	Call ISOS If needed
		1. Help record vital signs with timings.
		2. Help ensure focused examination.
		3. Ensure that someone is always monitoring the casualty.

1. Treat injuries as trained or as instructed by ISOS. 2. Monitor ABCD at appropriate intervals. 3. Stabilise the casualty as far as possible.	**4** **TREAT MONITOR STABILISE** **Call ISOS if needed**	1. Help ensure that the casualty is warm, dry and comfortable. 2. Keep track of time for checks on ABCD or vital signs. 3. Begin preparations for evacuation if needed.

LIFE THREATENING CONDITIONS
In all cases, call ISOS for advice immediately

CONDITION	ACTIONS AND REMARKS
SEVERE BREATHING DIFFICULTY	
Blocked Airway	1. Remove blockage. 2. Make sure tongue is not blocking airway.
Hyperventilation • Over-breathing is usually due to anxiety/panic but could also be due to medical conditions. • Symptoms include light headedness and numbness/tingling sensation in fingers/toes • Fingers are cramped and straight	1. Calm the person. 2. Slow down the breathing. 3. DO NOT confuse hyperventilation with constricted airway. 4. Breathe into cupped hands if condition is not due to medical condition or high altitude. 5. Evacuate if condition does not improve.
Constricted Airway –Asthma Attack • Laboured, rapid breathing • Coughing • Wheezing sound when breathing in and out • Tightened neck and chest muscles	1. Calm the person. 2. DO NOT confuse with hyperventilation. 3. If the person is known asthmatic, administer medication. 4. Shake inhaler. Exhale, puff and breathe. Hold Breath. Repeat with intervals as indicated. 5. Evacuate if condition does not improve.
Constricted Airway – Anaphylactic* Shock (*Anaphylaxis is a serious allergic reaction that is rapid in onset and may cause death*)	1. Calm the person down to achieve breathing. 2. Activate IMMEDIATE EVACUATION. 3. Identify the cause.
Constricted Airway – Smoke Inhalation	1. Activate IMMEDIATE EVACUATION
• **Open Pneumothorax (punctured lungs)** • **Tension Pneumothorax** • **Spontaneous Pneumothorax**	1. Stabilise the person. 2. If unsure, ask the person to brace arms against injured/affected part of the chest and lean towards the side that gives the best and least painful breathing. 3. Activate IMMEDIATE EVACUATION

LIFE THREATENING CONDITIONS
In all cases, call ISOS for advice immediately

CONDITION	ACTIONS AND REMARKS
MASSIVE BLEEDING OR NO PULSE	
Severe Bleeding	1. Apply direct pressure to pressure points. 2. Check for blood flow to extremities. 3. DO NOT APPLY TOURNIQUET. 4. Activate IMMEDIATE EVACUATION 5. Monitor for shock.
No pulse	1. Use AED if available. 2. Apply CPR. 3. Activate IMMEDIATE EVACUATION
SHOCK	
• **Pale, cool and clammy skin** • **Shallow/weak and rapid pulse** • **Blue lips**	1. Keep the person warm and remove the cause of shock if possible, e.g. stop bleeding. 2. Activate IMMEDIATE EVACUATION 3. Monitor airway, breathing and circulation. 4. Record vital signs regularly. 5. Be prepared to administer rescue breathing or CPR.
DISABILITY	
• **Any suspected injury to spine, neck and head.** • **Inability to move without pain to spine, neck and head.** • **Limited mobility or sensation on one side of the body.**	1. Immobilise the person before moving, unless he/she is in imminent danger. 2. Obtain support or recommendation from ISOS for evacuation. 3. Evacuate with extreme care.

Evacuation to a Medical Facility

1. Seek ISOS advice on whether casualty should be evacuated, when and how.

2. Discuss with SUSS Crisis Officer and ISOS if there is a need for evacuation.

3. If you are arranging the evacuation yourself, check that the journey does not present unacceptable risks for all passengers involved. Consider the type of vehicle, time and duration of travel, weather and road conditions.

4. Bring along medications, medical history record, first responder record, money and credit card.

5. Bring SUSS documentation, e.g. Emergency Communications Flowchart, Emergency Communications Plan, Team Members Details Form, etc.

6. If there is a possibility of onward evacuation to Singapore, bring along passports, air ticket, casualty's personal hand phone and other essential belongings.

7. Consider gender, experience and first aid training when choosing who to accompany the casualty. If possible, send enough people to stabilise the condition of casualty en route.

8. Bring the First Aid Kit and any other equipment to keep the casualty comfortable and stable, and to record the casualty's signs and symptoms.

9. Make arrangements for situation update with Site Leader if necessary.

10. Inform Site Leader of key action plan based on some key possible scenarios.

Liaising with Medical Facility

1. Upon arrival at the medical facility or completion of registration procedures, inform SUSS Crisis Officers when possible.

2. Ensure that the necessary casualty documentations are transferred to the attending doctor, e.g. Patient History, Allergies, Prior Medical Conditions and relevant data collected since the onset of the situation.

3. Request to be kept informed of condition, diagnosis and recommended treatment.

4. Arrange for attending doctor to speak to ISOS doctor and then get an update from the ISOS doctor.

5. For invasive, complex, surgical interventions or any interventions that carry a substantial risk to the casualty, confirm with the ISOS doctor for a second opinion. The ISOS doctor will need to liaise with SUSS or the casualty's family members first.

6. Prior to discharge, request to speak to the doctor for an update and follow-up recommendations.

7. Ask the doctor to complete the Patient Report Form.

8. Upon discharge, update SUSS Crisis Officers and Site Leader on the situation and follow-up.

Note: The ISOS doctor may want to evacuate the casualty to a different facility or back to Singapore. In such cases, the preference should be for the patient to be stabilised rather than receive treatment as the latter may complicate subsequent treatment or affect evacuation. For example, in the case of a lower limb fracture, the ISOS doctor may just request for a splint as airlines may refuse passengers with (closed) cast.

In some places, the proposed medical intervention may present substantial risks due to the standard of practice, e.g. blood transfusion.

Resumption

After the team has implemented the necessary response to an incident/accident, it may undergo these phrases:

Containment → **Normalisation** → **Closure**
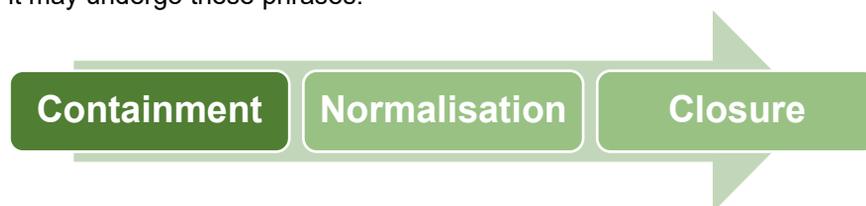
Containment

A specific situation is considered contained if the original threats have been removed or isolated with low likelihood of re-occurrence or new threats arising. The residual risks arising from the external environment is at an acceptable level and is unlikely to worsen.

In the case of a medical emergency, containment means that the casualty has been stabilised to the best of available resources and is on the way to receiving professional medical care. It does not mean that the casualty has recovered, just that you have done what you can, especially in the management of airway, breathing, circulation and disability.

Normalisation

Once the conditions have stabilised, the team can start recovery processes which may include these:

- Steady yourself and work out what is a feasible normalisation path.
- Give an update to the team.
- Allow people to clarify, share fears and concerns.
- Assess the impact of the incident on team members.
- Assess material damage and its impact on operations going forward.
- Set the tone for a return to normal operations.
- Update SUSS Crisis Officers.

Depending on the nature, scale and severity of the incident, some members might require more time and attention to calm their nerves and return to normalcy.

Take note of members who are especially quiet or withdrawn, showing signs of Post-Traumatic Stress Disorder and who may become secondary victims. Severe injuries are likely to surface intense feelings of shock, disbelief, anger, guilt or blame. Take note that these emotional reactions are normal. Handle them the best you can by providing a listening ear.

Closure

For timely evacuation or resumption of activities, it is useful to achieve closure in these areas:

- **Team**: The team may be safely evacuated with appropriate follow-up measures undertaken. If it remains overseas, team operations have returned to normalcy. That is, members are healthy and stable with low likelihood of any member suffering from post-traumatic stress disorder or becoming a secondary victim.

- **Partner/Community**: All outstanding matters with the community need to be resolved. This includes any misunderstanding, payment for services and paper work or police report necessary to achieve normalcy or resolution. Unless deemed inappropriate, final clarification or acknowledgement to the relevant community persons or organisations should be given.

  If you have been transferred to a new community as a result of an incident, a scan of the possible hazards and risks have been conducted and risks are deemed to be acceptable after control measures.

- **Medical**: The case is considered medically closed when advised by SUSS, in collaboration with the relevant medical care authority.

- **Administration**: On your end, administrative closure refers to the submission to SUSS of all necessary documents. These include:
  1. Incident Log Form and Incident Report Form. Please ensure that entries have been validated for accuracy and objectivity.
  2. Any materials, documents or evidence, e.g. photograph, videos, receipts that are relevant to the case or necessary for insurance claims.

For serious cases, further follow-up actions by SUSS are likely to ensue. Further information or assistance may be required of you and your team.

Glossary

ECP: Emergency Communications Plan

An emergency communications plan (EC plan) is a document that provides guidelines, contact information and procedures for how information should be shared during all phases of an unexpected occurrence that requires immediate action

EMS: Emergency Management System

Emergency management System is a system for organization and management of the resources and responsibilities for dealing with all aspects of crisis and emergencies.

ISOS: International SOS

MFA: Ministry of Foreign Affairs

NOK: Next of Kin

RAMS: Risk Assessment and Management System

The Risk Assessment System is the combined effort of identifying and analyzing potential (future) events that may negatively impact individuals, assets, and/or the environment (i.e., risk analysis) and making judgments "on the tolerability of the risk on the basis of a risk analysis" while considering influencing factors (i.e., risk evaluation). Put in simpler terms, a risk assessment analyzes what can go wrong, how likely it is to happen, what the potential consequences are, and how tolerable the identified risk is.