



Ministry  
of Defence

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**Cadet Training Safety Precautions**

**2014**

Cadet Training

## **Cadet Training Safety Precautions**

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**Prepared under the direction  
of the Chief of Defence Personnel**

**Ministry of Defence**

**August 2014**

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**2014**

# Foreword

The Cadet Forces provide young people with challenging and enjoyable activities designed to develop skills such as teamwork, self-reliance and self-discipline. In that context, cadet training activities must, above all else, be safe. Parents and carers, who entrust their children into our care, expect this.

This Code of Practice is designed to set the conditions for safe cadet training that remains effective and enjoyable. All those involved in the planning or delivery of training are to read, understand and abide by the direction provided.

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## **SAFEGUARDING**

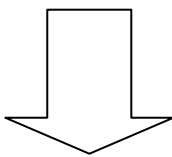
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# 1 Incident Management

Assess **DANGER** to yourself and others. Consider:  
**Location.** Are you able to deal safely with the incident where you are, or do you need to move out of danger?  
**Hazards.** Body-fluids, water, fire, chemicals, ammunition and weapons, sharp objects, electrical cables etc.



Do you have more than one casualty to each qualified first-aider?

**No** →

Qualified first-aider to deal with casualty.

**Yes**



Qualified first-aider to prioritise using **DRABC** (see page 7).

**REMEMBER:** A suitable person needs to look after the needs of the cadets (and adults) who are **NOT** casualties. Consider effect of climate and environment on a stationary group.

**CALL 999 or 112 if any injuries are serious, THEN follow INCIDENT REPORTING overleaf.**

## 2 Incident Reporting

Assess DANGER to yourself and others. Consider:  
**Location.** Are you able to deal safely with the incident where you are, or do you need to deal with the danger first?

**Hazards.** Body-fluids, water, fire, chemicals, ammunition and weapons, sharp objects, electrical cables etc.

**After** First Aid has been administered, and the Emergency Services tasked via **999 or 112** if appropriate, the CFAV in charge must report the incident, using the process below, if it resulted in **death** or **hospital admission**.

**Either:**

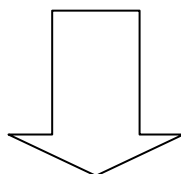
Call JCCC on  
**01452 519951**

They will notify everyone else who needs to know.

or

Call your Chain of Command.

If, for whatever reason, you are unable to get in touch, you **must call JCCC direct**.



Provide either option with details of the incident from the checklist overleaf. Always notify your chain of command.

# 3 Incident Reporting Checklist

**Confirm the following:**

Have the emergency services been summoned?

**Location of incident:** Description, nearest road access, Rendezvous Point, and Grid Reference if appropriate

**Number of casualties, their names and injuries:**

**Hospital receiving casualties:**

**Name of accompanying CFAV:**

**Alternative contact number:** (if applicable)

Brief description of incident, and any actions taken so far: (First Aid, moved location, parents informed etc)



## **4 Ammunition Accidents and Incidents – Immediate Action**

If any ammunition related accident or incident is observed, anyone **can** and **should** command

**“Stop, Stop, Stop!”**

- 1) **All firing and / or movement is to cease.**
  
- 2) **The Range Conducting Officer (RCO) or Exercise Conducting Officer (ECO) is to immediately follow the full procedure laid down in Regulations for Cadets Training with Cadet Weapons Systems and Pyrotechnics (AC 71855-C).**

Whenever conducting any form of live or blank firing with Infantry and Cadet Weapon Systems, the RCO or ECO is to have in their possession a Range Aide Memoire (RAM), an Exercise Aide Memoire (EAM) or an Exercise Action Safety Plan (EASP) which has been based on the requirements laid down in Regulations for Cadets Training with Cadet Weapons Systems and Pyrotechnics (AC 71855-C).

# 5 Incidents Occurring in Tidal Waters or Sea Cliff Areas

Contact Her Majesty's Coast Guard (HMCG) using VHF Channel 16 or a mobile phone (999 or 112).

If using a marine VHF radio, use the MAYDAY procedure for distress<sup>1</sup> situations, or the PAN PAN procedure for urgent (but non-distress) situations.

## MAYDAY PROCEDURE

Ensure the radio is switched on at full power – select Channel 16.

Listen to ensure that channel is not in use.

Press the transmit switch.

Speak into the microphone:

MAYDAY, MAYDAY, MAYDAY

THIS IS <NAME OF BOAT OR PARTY>, <NAME OF BOAT OR PARTY>, <NAME OF BOAT OR PARTY>

MAYDAY

<NAME OF BOAT OR PARTY>

MY POSITION IS <LAT/LONG OR REFERENCE TO FIXED POINT>

WE HAVE <NATURE OF DISTRESS – e.g. Man Overboard>

WE REQUIRE IMMEDIATE ASSISTANCE

THERE ARE <NUMBER> PERSONS ON BOARD

OVER

Release the transmit switch and listen for response from HMCG or other party. If nothing heard, repeat the call after 30 seconds.

---

<sup>1</sup> Distress is defined as “Grave and imminent danger to Vessel, Aircraft, Vehicle or Person such that they require immediate assistance”.

## PAN PAN PROCEDURE

PAN PAN is used to signify there is an urgency on board but, for the time being at least, there is no immediate danger to anyone's life or to the vessel itself. This is referred to as a state of *urgency* and is distinct from a MAYDAY call, which means that there is imminent danger to life or to the continued viability of the vessel itself.

Ensure the radio is switched on at full power – select Channel 16.

Listen to ensure that channel is not in use.

Press the transmit switch.

Speak into the microphone:

PAN PAN, PAN PAN, PAN PAN

THIS IS <NAME OF BOAT OR PARTY>, <NAME OF BOAT OR PARTY>, <NAME OF BOAT OR PARTY>

PAN PAN

<NAME OF BOAT OR PARTY>

MY POSITION IS <LAT/LONG OR REFERENCE TO FIXED POINT>

WE HAVE <NATURE OF URGENCY – e.g. failed propeller>

WE REQUIRE ASSISTANCE

THERE ARE <NUMBER> PERSONS ON BOARD

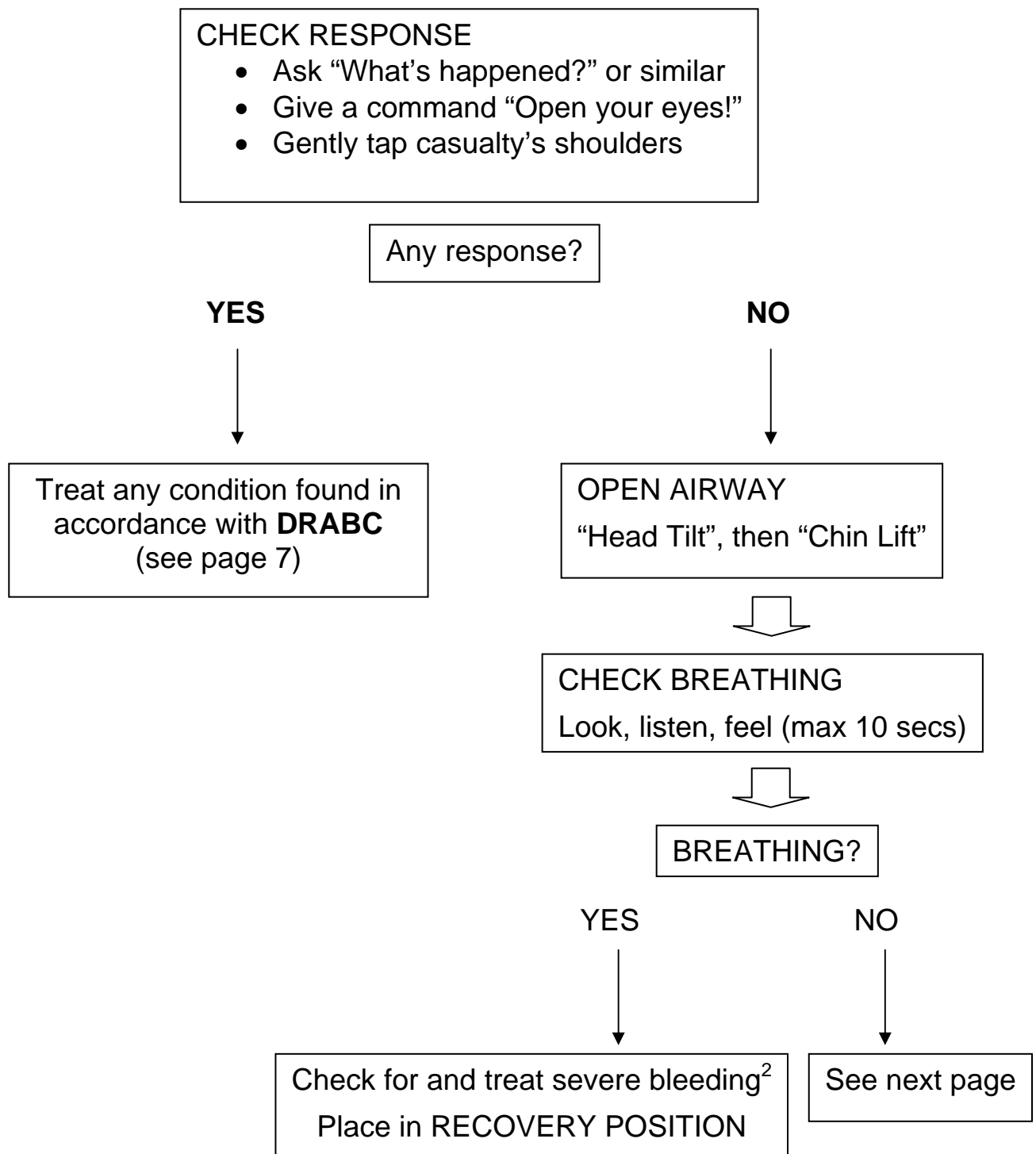
OVER

Release the transmit switch and listen for response from HMCG or other party. If nothing heard, repeat the call after 30 seconds.

# 6 Primary Survey - Casualty Priorities

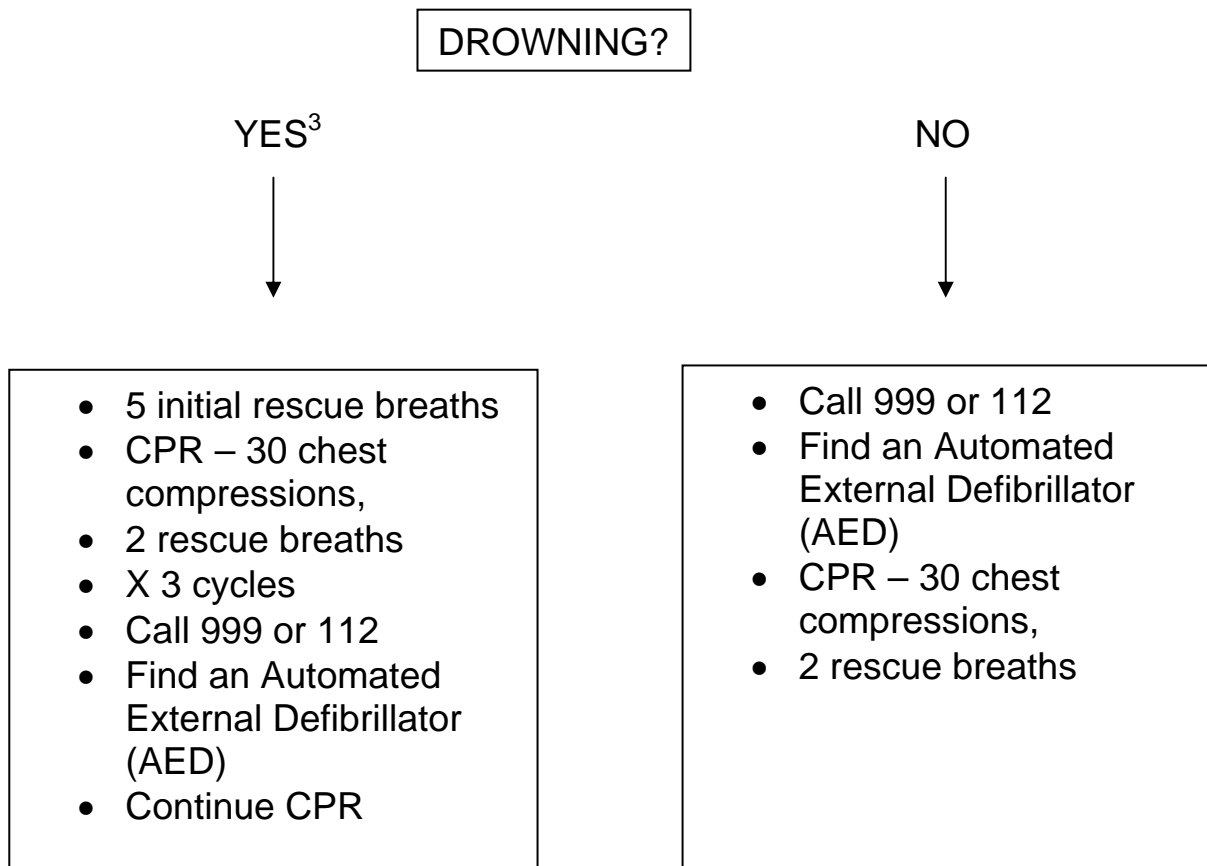
- **D**anger
  - Make the incident area safe
- **R**esponse
  - Find out if the casualty is conscious or unconscious
  - Shout for help if unconscious and you are on your own
- **A**irway
  - Open and clear the airway
- **B**reathing
  - Look, listen and feel for breaths
  - If not breathing, call 999 or 112
- **C**irculation
  - Check for serious bleeding if casualty is breathing
  - Start CPR if casualty is not breathing

# 7 Assess Casualty



<sup>2</sup>If their breathing becomes noisy, stop treatment and place immediately in the recovery position.

# Assess Casualty (continued)

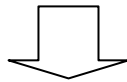


<sup>3</sup>The drowning modification should be taught only to those who have a specific duty of care to potential drowning victims (e.g. lifeguards) – UK Resuscitation Council

## 8 Severe Bleeding

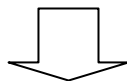
### **DIRECT PRESSURE**

- Check no embedded object in wound.
- Wear gloves, or use any other barrier (including casualty's own hand if gloves not available) to press on wound.
- **DO NOT REMOVE EMBEDDED OBJECTS** – press sides together, taking care not to press on the embedded object.



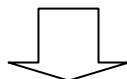
### **ELEVATE**

- Raise and support the injured part (unless there may also be a fracture)



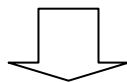
### **LIE DOWN**

- Help casualty to lie down
- Raise legs



### **GET HELP**

- Ask for first aid kit
- Call 999 or 112



### **BANDAGE WOUND**

- Use sterile/field dressing
- Apply firm pressure
- Apply second dressing if first inadequate
- Check dressing sufficiently firm but not too tight

# 9 Recognising Shock

## Initial Symptoms

- Rapid pulse
- Pale, cold, clammy skin
- Sweating

## Later Symptoms

- Grey-blue skin, especially inside lips
- Weakness and giddiness
- Nausea or thirst
- Rapid, shallow breathing
- Weak “thready” pulse

## Eventually:

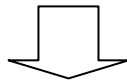
- Restlessness
- Gasping for air
- Unconsciousness
- Heart will stop



# 10 Managing Shock

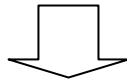
## **HELP CASUALTY TO LIE DOWN**

- Insulate casualty from ground
- Raise and support legs if possible
- Treat any causes of shock

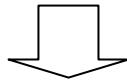


## **LOOSEN TIGHT CLOTHING**

- Undo anything that constricts neck, chest or waist
- Cover with a blanket



**Call 999 or 112**



## **MONITOR BREATHING, PULSE & RESPONSE**

- If casualty becomes unconscious, open airway and check breathing.
- Be ready to give chest compressions and rescue breaths.

# 11 Asthma

**Recognition** There may be:

- Wheezing
- Difficulty in speaking
- Grey-blue colouring in skin, lips, earlobes and nailbeds
- Exhaustion
- Loss of consciousness

**Treatment**

- Help the casualty find and use their reliever inhaler (usually blue)
- Encourage casualty to breath slowly and deeply
- Call 999 or 112 if the inhaler has no effect, breathlessness makes talking difficult or the casualty becomes exhausted
- Monitor and record level of response, breathing and pulse until they recover or help arrives
- Advise casualty to seek medical advice

# 12 Anaphylaxis (Severe Allergic Reaction)

**Recognition** There may be:

- Anxiety
- Red, blotchy skin, itchy rash and red, itchy, watery eyes
- Swelling of hands, feet and face
- Puffiness around the eyes
- Abdominal pain, vomiting and diarrhoea
- Difficulty breathing, ranging from tight chest to severe difficulty, wheezing and gasping for air
- Swelling of tongue and throat
- Feeling of terror, confusion and agitation
- Signs of shock leading to unconsciousness

## **Treatment**

- Call 999 or 112 – say “suspected anaphylaxis” and possible cause
- Help casualty to use their auto-injector<sup>4</sup>
- Reassure casualty and help them to a comfortable position that eases any breathing difficulty
- Lie casualty down if very pale and raise the legs as for shock
- Monitor and record response, breathing and pulse until help arrives
- Repeat medication (auto-injector<sup>4</sup>) after 5 minutes if no improvement

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<sup>4</sup>Try to get casualty to administer their own auto-injector. Help them, especially if you are trained. For most auto-injectors:

- Pull off safety cap
- Hold in fist
- Place tip firmly against thigh (through clothing if necessary)

You should use the auto-injector if it is necessary to save life but help them to administer it themselves or let a qualified first aider administer it wherever possible.

# 13 Burns

## Severe Burns

- Start cooling the burn immediately under running water for at least 10 minutes
- Call 999 or 112 for an ambulance.
- Make the casualty as comfortable as possible, lie them down.
- Continue to pour copious amounts of cold water over the burn for at least ten minutes or until the pain is relieved.
- While wearing disposable gloves, remove jewellery, watch or clothing from the affected area - unless it is sticking to the skin.
- Cover the burn with clean, non-fluffy material to protect from infection. Cloth, a clean plastic bag or kitchen film all make good dressings.
- Treat for shock.

## Minor burns

- Hold the affected area under cold water for at least 10 minutes or until the pain subsides. Remove jewellery etc. and cover the burn as detailed above.
- If a minor burn is larger than a postage stamp, it requires medical attention. All deep burns of any size require urgent hospital treatment.

## Clothing on fire

- Stop the casualty panicking or running – any movement or breeze will fan the flames.
- Drop the casualty to the ground.
- If possible, wrap the casualty tightly in a coat, curtain or blanket (not the nylon or cellular type), rug or other heavy-duty fabric. The best fabric is wool.
- Roll the casualty along the ground until the flames have been smothered.

**DO NOT** use lotions, ointments or cream on any burn.

**DO NOT** burst blisters.

# 14 Broken Bones (Fractures)

If you suspect a fracture:

- Tell the casualty not to move and keep the affected part still
- Treat any open wound
- Support the affected part
- **Call 999 or 112**

If removal to hospital is likely to be delayed:

Upper limb fractures – secure with sling

Lower limb fractures – secure with broad fold bandages

**DO NOT RAISE A FRACTURED LEG**

# 15 Head Injuries

All head injuries are potentially serious and medical attention should be sought as soon as possible. Check **ALL** head injuries for neck pain and support head if pain present.

**ALL UNCONSCIOUS CASUALTIES WHO MAY HAVE HAD AN ACCIDENT HAVE A NECK INJURY UNTIL YOU CAN PROVE OTHERWISE** – support the head and get help to ensure head supported and in line when casualty placed in recovery position.

## **Concussion**

This condition gradually gets better with time - response levels improve. Medical advice should be sought.

## **Compression**

This condition gets rapidly worse - pupils are uneven in size. **Urgent medical assistance is required – Call 999 or 112.**

## **Fractured Skull**

Any sign of fluid in the ears suspect this - response levels get gradually worse. **Urgent medical assistance is required - call 999 or 112.**

**All casualties who have been unconscious must go to hospital even if they appear to recover.**

# 16 Heart Attacks and Angina

**Recognition – some (seldom all) of these recognition features may be present:**

- Persistent central chest pain - often described as a heavy pressure crushing or vice like pain.
- The pain often spreads (radiates) to the jaw, neck and down one or both arms.
- Breathlessness.
- Discomfort high in the abdomen similar to indigestion.
- There could be collapse without warning.
- Ashen skin and blueness at the lips.
- Rapid, weak pulse which may be irregular.
- Profuse sweating, skin cold to the touch.
- Gaspings for air (air hunger).
- Nausea and/or vomiting.

**Treatment for a conscious casualty:**

- Your aim is to make the casualty as comfortable as possible and arrange urgent removal to hospital.
- Sit the casualty down in the 'W' position: semi-recumbent (sitting up at about 75° to the ground) with knees bent.
- If the casualty has any medication for angina, such as tablet or spray, then assist them to take it. **If in any doubt, treat as for a heart attack.**
- **Call 999 or 112 for an ambulance.**
- If the casualty is fully conscious:
  - Give him or her a 300mg aspirin tablet to chew slowly provided there are no reasons not to give the aspirin and provided the patient is not under 16 years of age.
  - Constantly monitor and record the vital signs, breathing and pulse rate etc, until help arrives.
  - If the casualty becomes unconscious you need to open the airway and check breathing and be prepared to start CPR if necessary.

# 17 Heat Injury

## Recognition

**You can suffer from heat injury even in the UK climates. It does not have to be hot weather if you are exercising hard or carrying heavy weight.**

Individuals are at greater risk of heat injury if they are:

- Tired
- Hungry
- Thirsty
- Unfit and/or overweight
- A smoker
- Taking drugs (including prescribed medicine)

The effect of raised body temperature varies, but symptoms may include one or more of the following:

**Severe confusion and restlessness, flushed, hot dry skin, strong fast pulse, throbbing headache, dizziness, nausea, vomiting, reduction in levels of response leading to unconsciousness, possibility of seizures if unconscious.**

## Prevention

To prevent heat injury, CFAVs need to ensure that Cadets and themselves:

- Drink enough water to replace sweat
- Refill water bottles at every opportunity (from a safe water source)
- Remind each other to drink regularly
- Monitor their own urine
  - if it is dark, or reduced in volume, drink more water
- Eat normal, regular meals when training
- Where possible, and appropriate, don't wear extra clothing on hot days
- Tell an adult if they are on medication or feel unwell
- Use sunblock (at least factor 30) to protect uncovered skin



# 18 Heat Injury – Treatment

If Cadets or CFAVs present with the symptoms of heat injury:

- **STOP the activity immediately**
- **Call 999 or 112 for an ambulance**
- **Move the casualty to a cool shaded area**
- **Cool the casualty rapidly, using whatever methods you can (remove outer clothing and wrap the casualty in cold wet material). Keep it wet and cold until the casualty's temperature falls to normal levels**

**CAUTION** – DO NOT OVER COOL THE CASUALTY AS THIS COULD CAUSE HYPOTHERMIA. – TALK TO THE CASUALTY ASKING THE HOW THEY FEEL AND LOOK FOR CHANGES IN LEVEL OF CONSCIOUSNESS, SKIN COLOUR OR INCREASED SHIVERING INCLUDING TEETH CHATTERING.

# 19 Cold Injury

**Cold injuries don't just happen in the Arctic.  
They also happen on exercise in the UK.**

There are different types of cold injury. They can all cause serious harm.

- **Non-freezing Cold Injuries (NFCI)**
- **Hypothermia (drop in core body temperature)**
- **Freezing Cold Injury (FCI)**
  - **Frostnip**
  - **Frostbite (ranging from superficial to deep)**

## Recognition

- Pins and needles followed by numbness
- Hardening and stiffening of the skin
- Change in skin colour
- Pale skin cold to the touch
- Shivering at first
- Muscle stiffness
- Slowing of body's functions - thought, speech, pulse, breathing
- Lethargy, confusion, disorientation
- Lowered levels of response

## Prevention

- Insulate using layers
- Do not over tighten boots
- Put extra layers on when stopped
- Keep hydrated
- Eat normal regular meals
- Keep a constant look out for signs and symptoms in other members in the group

## 20 Cold Injury - Treatment

- Prevent further heat loss.
- Handle with care, patient should be kept horizontal and be provided wind proof cover or windbreak.
- Do not actively re-warm patient. It is more important to stop the patient getting any colder, so add additional layers of clothing, place in sleeping bag, survival bag or both.
- Contact the emergency services and obtain medical assistance as soon as possible.
- If patient is conscious, give warm drink.
- Monitor patient continuously until medical assistance arrives, then transport to hospital.

## 21 Other Training Health Risks

Cadets and CFAVs taking part in expedition training in a rural environment may be at risk from long term serious illness following exposure to tick bites which can cause Lyme's Disease, or swallowing contaminated water which can cause Weil's Disease. Both of these diseases can cause long term organ damage.

**Simple cleanliness precautions will reduce risks.**

### Tick bite and Lyme's Disease

**Tick bite – ticks suck blood and can become the size of a pea.**

Attempt to remove the tick using a tick hook or pair of iris tweezers - grasp the tick's head and apply a gentle straight pulling pressure – DO NOT twist or jerk as this may cause the tick to inject contaminated blood back into the casualty.

**If no tick hook or tweezers are available, the casualty should be taken to a hospital or medical facility for treatment. Follow up blood testing may be carried out by the hospital or facility to exclude Lyme's disease.**

**Casualties bitten by ticks should be advised that, should a red ring appear around the bite site, they should attend their family doctor or hospital urgently for follow treatment.**

### Weil's Disease

It is possible to become infected with Weil's Disease if water, soil or vegetation, which is infected with contaminated animal urine, comes into contact with the eyes, mouth, nose or any open cuts or grazes in the skin. Weil's Disease can also be spread through rodent bites or by drinking contaminated water.

**Any Cadet or CFAV who may have been infected should be monitored for signs of illness, usually flu-like symptoms. These can take 4 to 14 days to appear.** Cadets or CFAVs on short term (weekend) exercises who may have been infected, should be advised of the symptoms with the advice to attend their family doctor or hospital explaining the advice given.  
**It should be noted that the symptoms can disappear leading the casualty thinking all is well, only to return on a number of occasions.**

## 22 Care of and Administering Cadets' Own Medication

CFAVs may be responsible for safe keeping medication which cadets bring with them to camps or other training activities, and for making the medication available for individual cadets to self-administer at appointed times.

Where cadets require medication, parents/guardians must declare this on a medical consent form. Parents/guardians should give permission for CFAVs to store the medication and/or to make it available for the cadet to self-administer at appointed times.

When making medication available for each individual cadet, CFAVs should:

- Do it in a quiet and controlled environment
- Make sure it is their sole activity and there are no distractions
- Make sure they have the correct cadet for the medication (Name/Rank/unit/DOB)
- Check the name of the cadet, name of the medication and dosage against the packaging
- Check the cadet understands the medication being made available (read out or describe the medication and dosage – gain their agreement)
- Make available the means for the cadet to take the medication (for example, water)
- Ensure the cadet takes the medication
- Record the date and time the medication was taken

It is the responsible CFAV's job to ensure the medication is stored correctly and is available when needed (auto injectors, asthma inhalers etc need to be close enough to be used immediately).

## **23 First Aid Planning for Activities**

The CFAV in charge of an activity is responsible for ensuring the safety of all personnel, Cadets, Staff and helpers involved in the activity. The Planning Staff should be aware of the capabilities of Cadets, Staff and helpers.

First aid provision should be based on the Risk Assessment(s) related to all activities to be undertaken and any medical needs/conditions of those attending e.g. allergies etc. It is unlikely that any risk assessment would not require some first aid provision.

All Cadet Forces (ACF, CCF, ATC and SCC) can access first aid training and certification through ACFA or CCFA. Ideally, all CFAVs should be trained in first aid, current (within 3 years) and able to provide assistance to the level of their training.

Registered paramedics are accepted as having equivalency to first aid training and may be expected to take the lead in providing First Aid cover along with currently (within 3 years) qualified First Aiders.

Doctors, where available, may be expected to take the lead in first aid or other treatment. Nurses may not have relevant first aid experience.

## 24 Reducing Driver Fatigue

***“I felt tired. The next thing I remember is someone calling an ambulance?”***

- Drivers must follow the rules on how many hours they can drive and the breaks they need to take.
- Be aware that driving ability is lowest at night regardless of whether the driver is fully rested prior to commencing the journey.
- If possible, avoid driving during the early morning hours.
- If it is necessary to drive overnight, ensure drivers try to sleep beforehand, and encourage them to take frequent short breaks throughout the journey.
- Be aware that individuals may also feel tired when driving in the mid-afternoon.
- On long journeys, give the driver a break of 10 to 15 minutes every hour. If possible, rotate driver every two hours.
- Do not drink alcohol in the 8 hours before a driving duty, whether or not passengers are to be carried.

# 25 Safeguarding Children and Dealing With Allegations of Child Abuse

***“The welfare of the child is paramount”***

*(Children Act 1989 (England and Wales), the Children (Scotland) Act 1995  
and  
The Children (Northern Ireland) Order 1995)*

*It is the primary responsibility of all adult members of the MOD-sponsored Cadet Forces to safeguard the moral, psychological and physical welfare of children regardless of gender, religion, race, ability, disability, sexuality and social background by protecting them from any form of physical, emotional and sexual abuse or neglect.*

*All children have the right to protection from all forms of abuse and harm when engaged in Cadet Force activities and when in contact with members of the Cadet Forces. All adult members of staff have a duty of care, which makes them responsible both for safeguarding children in their care from abuse and harm and for responding swiftly and appropriately when suspicions or allegations of inappropriate behaviour arise; this applies to all cadets and not just cadets under their immediate control.*



Question	What To Do	Key Points
<p>What should I do if a cadet asks to speak to me in confidence about what could be a child protection matter?</p>	<p>Arrange for a third person (who is acceptable both to you and the cadet) to be present and make sure you are out of hearing and sight of others. Reassure them and listen carefully to what they are saying, noting down what is said while the conversation is taking place – do not ask questions. Make no judgement about what you've heard and stay calm.</p>	<p>You cannot promise confidentiality, inform them that you might have to tell someone - Observe, Record and Report</p>
<p>Who is responsible for reporting concerns to the appropriate authorities?</p>	<p><b>You are. BUT YOU MUST</b>, where time and circumstances allow (which normally should be the case), discuss the matter with your CO or other designated officer, who <b>MUST</b> report.</p>	<p>Talk to your CO or equivalent who will normally consult with your organisation's Designated Safeguarding Children Officer.</p>
<p>What do I do if I think a child is in immediate danger?</p>	<p>In <b>urgent</b> cases, where you have an <b>immediate</b> concern about the welfare of a child who may be <b>at risk</b>, you <b>must</b> make direct contact with the police by calling 999, reporting later to your chain of command.</p>	<p>Have the cadet's name and address and the name and address of their parent/guardian/carer available. Refer to your notes – don't filter or withhold any information. You have no right to detain a cadet, but you should provide a "place of safety", if possible, until the police or local authority assumes responsibility.</p>

Question	What To Do	Key Points
Should I contact parents/guardians/carers?	The parents or guardians/carers of the cadet subject of the disclosure or allegation should normally be informed by the unit CO or equivalent as soon as possible that a report is being made to the police or social services.	<b>If parents or guardians/carers are implicated, do not inform them, but seek advice from the police or social services.</b>
What should I do if I hear allegations/have suspicions/get a report about potential abuse, and members of the Cadet Forces are implicated?	In cases where you hear allegations about yourself or your colleagues, or hold suspicions or concerns in which your colleagues are implicated, you should consult your superior officer without delay. If your superior officer is implicated in any allegations or suspicions, you should immediately consult your organisation's Designated Safeguarding Children Officer.	Your CO or equivalent will ensure that the chain of command is informed.
How many people should be informed?	Only discuss child protection issues with the individuals mentioned in this aide-memoire.	For reasons of confidentiality, the number of people to be informed of alleged child abuse cases reported to the authorities is to be kept to a minimum ('need to know').

Question	What To Do	Key Points
What action do the Cadet Forces take if the case is closed by the police or social services?	If the Cadet unit ascertains that the social services/civil police decide to take no further action, the Cadet Forces will usually also close the case. However, the relevant Chain of Command may decide to initiate action under their Service's "Values & Standards" policy if appropriate.	Police and social services have primacy on Child Protection matters.

### **Contacting Social Services or the Police:**

Ask for the Duty Officer (or Emergency Duty Team) and say that you wish to discuss a child protection matter:

- ask for the name of the person with whom you are speaking
- discuss all the information you have (nothing is to be filtered or withheld)
- state your intention to advise your chain of command
- ask if anyone else should be informed
- keep a record of your conversation and of any advice given

### **REMEMBER:**

- **never do nothing**
- **don't assume someone else will do something**
- **never push a child for more information**
- **never discuss your worries with the suspected abuser**

**YOU MUST REFER – YOU MUST NOT INVESTIGATE**

# 26 Bullying

## Recognising bullying

Bullying is deliberately hurtful behaviour that may be repeated over time. It can be:

- **Emotional** (e.g. being disrespectful or unfriendly, excluding, tormenting)
- **Physical** (e.g. pushing, hitting, kicking or any use of violence)
- **Racist** (e.g. racial taunts, graffiti, gestures)
- **Sexual** (e.g. unwanted physical contact or sexually abusive comments)
- **Homophobic** (e.g. because of, or focusing on the issue of sexuality)
- **Verbal** (e.g. all name calling, sarcasm, spreading rumours, teasing)
- **Cyber** (e.g. all areas of the internet, including social networking sites, chat rooms, emails, abusive text messages and calls and misuse of technology such as mobile 'phone cameras)

Name calling is the most common type of bullying that is reported. Some victims have been bullied for no apparent reason.

Be aware that CFAVs, as well as cadets, have been bullied or may be the bully.

## **If someone reports they are being bullied:**

- **Listen.** A sympathetic CFAV can be supportive just by listening.
- **Speak to the individual about how they would like the issue dealt with.** They may not be ready to do anything other than talk about how they are feeling. Many people who are subjected to bullying often do not report it as they fear others will take over without their permission. Make sure you discuss what you are going to do and get their agreement.
- **Log details.** Keep records of the incidents of bullying with times and places.
- **Reassure.** Let the victim know that being bullied is never their choice and never their fault. Try to help them to gain back their self esteem.

## **If someone exhibits bullying behaviour**

- **Ask** the individual if they know why and how they are bullying others. Do they recognise the pain bullying can cause and do they really want to hurt or upset people?
- **Explain** to the individual that it is not big to make others feel horrible.
- **Offer advice** to the individual and tell them that they need to recognise that bullying others will not gain them any real friends.

## 27 The Cadet – Adult Relationship

### “Do” list for CFAVs

**Do** insist that cadets and CFAVs follow safety rules and regulations at all times

**Do** ensure that cadets and adults have separate sleeping, washing and toilet accommodation wherever possible

**Do** ensure that all instructors have the relevant and current qualifications for the activity you are undertaking

**Do** set a personal example for cadets to follow

**Do** insist that cadets and CFAVs show mutual respect to one another as individuals at all times

**Do** treat cadets as responsible individuals with the right to personal privacy and with legal rights as well as obligations

**Do** plan training and other activities so at least one other CFAV is present or within sight

**Do** respect and be sensitive to the individual beliefs, faiths and religions of cadets

**Do** act promptly on any allegation, suspicion or concern made by a cadet regarding abuse, including those made against members of staff

**Do** report immediately any action on your part which may have compromised you

**Do** exercise judgement and common sense

**Do** always set an example in accordance with the values and standards of your cadet force

## **“Do not” list for CFAVs**

**Do not** use verbal abuse or inappropriate language

**Do not** spend time alone with cadets, away from others

**Do not** take cadets to your home

**Do not** take a cadet alone in any form of transport without parental consent other than in an extreme urgency or where circumstances arising could place the cadet in danger

**Do not** permit abusive youth peer activities (eg initiation ceremonies, ridiculing or bullying)

**Do not** allow cadets to use inappropriate language unchallenged

**Do not** permit, even by turning a “blind eye”, any activity which is illegal or clearly inappropriate in a youth organisation

**Do not** touch cadets unless it is necessary to do so as part of training or for safety reasons, and do so only in the presence of others, ideally asking the cadet before you do, for example: “May I just lift your arm to show you how to hold the rifle properly?”

**Do not** attempt to train or supervise cadets in activities in which you are not qualified

**Do not** engage in behaviour which is open to misinterpretation

**Do not** permit active or passive discrimination or harassment

**Do not** show favouritism to any individual

**Do not** believe “it could never happen to me”

**Do not** allow physical or sexual relationships to take place between CFAVs and cadets **of any age**

**Do not** give or accept ‘friend’ invitations to cadets on social networking sites, for example Facebook

**Do not** drink alcohol or smoke in the presence of cadets

# 28 Code of Conduct Brief for Regular and Reserve Forces Personnel Who Train Cadets on an ad hoc basis

## THE CADET FORCES

- **ARE** the Combined Cadet Force (CCF), Sea Cadet Corps (SCC), Army Cadet Force (ACF) and Air Training Corps (ATC)
- **ARE** voluntary youth organisations
- **ARE** sponsored by the MOD

## CADETS

- **ARE** young people aged:
  - 10 to 18 in the SCC
  - 12 to 18 years 9 months in the ACF
  - 13 to 20 in the ATC
  - Pupils in Year 8 or above in a participating school in the CCF
- **ARE NOT** Cadet Force Adult Volunteers (CFAVs), even if they are aged 18 or over
- **ARE NOT** junior soldiers, sailors, airmen or Officer Cadets in the Regular or Reserve Forces
- **ARE NOT** subject to military law

## CONDUCT OF TRAINERS

- Cadets are to remain under the supervision of CFAVs at all times
- The supervising CFAV's decision is final regarding the suitability of an activity or the requirement to stop it, **regardless** of rank
- Always set an example in accordance with the Values and Standards of your Service
- Always treat all cadets with respect
- You are not to touch cadets
- Never enter accommodation, ablutions or welfare facilities set aside for cadets
- Never use verbal abuse or inappropriate language
- Never give or accept "friend" invitations to cadets on social networking sites e.g. Facebook
- Do not drink alcohol or smoke in the presence of cadets



# 29 Reference Documents for Planning

## General

All – JSP 375 – Leaflet 35 (The Health and Safety of Young Persons)  
All – JSP 814 – Policy and Regulations for the MOD Sponsored Cadet Forces  
All – 2013DIN07-148 – MOD Sponsored Cadet Force Activities Indemnified by MOD  
CCF – JSP 313 – The CCF Manual  
SCC – ASCR 1 – Training Instructions  
ACF – ACF Manual 2005 and AGAIs, Volume 1, Chapter 11  
ACF – Army Cadet Aide Memoire – Injuries and Ailments  
ATC – AP1919

## Accidents and Incidents

All – JSP 375 – MOD Health and Safety Handbook Volume 2 Leaflet 14  
All – JSP 814 – Policy and Regulations for MOD Sponsored cadet Forces  
All – JSP 886 – Volume 5  
CCF – JSP 313 The CCF Manual  
SCC – ASCR 1 – Training Instructions  
CCF(A) and ACF – LFSO 3202C Reporting of Incidents and Matters of Public Interest during ACF and CCF(A) Activities  
CCF(A) and ACF – LFSO 3216 The Organisation and Arrangements for the Management of Safety and Environmental Protection in Land Forces  
CCF(A) and ACF – Safety Manual for the ACF and CCF(Army) (AC 71944)  
ATC – ACP 5

## The Safe System of Training

All – JSP 375 – Volume 2, Leaflet 11  
SCC – ASCR 1 – Training Instructions  
ACF – Safety Manual  
ATC – ACP5

## Training Outdoors

All – JSP 375 – Leaflet 11 (Safety in Military Training and Exercises)  
All – JSP 419 – Joint Services Adventurous Training (JSAT) Scheme  
ACF – Army Cadet Adventurous Training and Other Challenging Pursuits Manual (AC 71849)  
ACF – AGAIs – Volume 1, Chapter 11

ACF – A Commander’s Guide to Health and Safety and Environmental Risk Management

ACF – A Commander’s Guide to Climatic Injury

### **Training Safety with Firearms, Ammunition and Pyrotechnics**

All – The L98A2 Cadet GP Rifle (5.56mm), the L86A2 Light Support Weapon and Associated Equipment (AC 71807-C)

All – Regulations for Cadets Training with Cadet Weapons Systems and Pyrotechnics (AC 71855-C)

### **Hearing Protection**

All – Regulations for Cadets Training with Cadet Weapons Systems and Pyrotechnics (AC 71855-C)

### **Use of Obstacle Courses**

All – DIN 2012DIN07-136: Instructions for the use of Service Obstacle Courses, Aerial Slides and Trainasiums

### **Training on Water**

All – JSP 419 – Joint Services Adventurous Training (JSAT) Scheme

All – DIN 2012DIN04-133 – Water Safety Equipment Management – The selection of Life Jackets and Buoyancy Aids

All – Cadet Forces Training Afloat Regulations and Safety (TARS) 2014-08-05 ACP 5

ACF – AGAIs, Volume 1, Chapters 11 and 18

### **Physical Achievement Training**

SCC – ARCS 1 – Training Instructions

ACF – Cadet Training Manual

ACF – ACF Physical Achievement Pamphlet

### **Radiation and Radio Frequency (RF) Safety**

All – JSP 392 – The Radiation Safety Handbook

All – DE3A 0604/08/C – RADHAZ Assessment of Cadet Radios PRC 138, PRC 320, PRC 349 and PRC 351

### **Drivers’ Hours**

All – [www.gov.uk/drivers-hours/overview](http://www.gov.uk/drivers-hours/overview)

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## Emergency Contact Details

HQ Air Cadets Duty Officer	0783340889
HQ Air Cadets Media Comms	07880780774
JCCC	01452 519951

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## Local Contact Details

To be added below as appropriate.

Wing Executive Officer, Wing CO, Sqn CO etc