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“Is this an emergency?”

What is an emergency on a school expedition?

Thesis for Doctor of Education.

Submitted by Douglas Briton

25th September, 2020

In Memoriam

To Ken McCulloch, who worked so hard and so wisely to help me get my thesis ready for submission, who saw my thesis submitted, but did not get to witness my thesis defence and completion.

Dedication

This thesis is dedicated to all those who enable young people to have adventures on expedition, and who work hard to keep them safe whilst doing so.

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A number of people have played major roles in getting me to this point. Some of the key people are listed below, in chronological order of their input:

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Abstract

This thesis is an autoethnographic account of emergencies that occurred on expeditions I have led. The central question addressed in this thesis was: What is an emergency on a school expedition? The aim of the research was to better understand emergencies with a view to improving my own practice as an expedition leader and as a trainer of expedition staff, and with the aim of contributing to a discussion of best practice within the expedition community.

There is a large and growing demand for school expeditions which spend extended periods in remote areas away from the familiar support infrastructure of school management, colleagues, parents, and a well-understood health service. An emergency on these expeditions is likely to be more demanding upon all concerned compared to a similar emergency in a familiar and non-remote setting. There is minimal existing literature concerning emergencies on school expeditions.

The autoethnographic approach taken was both evocative and analytic. The evocative autoethnography comprises 28 immersive narratives of emergencies on school expeditions. These accounts include dealing with mental and physical health emergencies, responding to environmental hazards, and managing issues arising from people's actions. In the absence of an unequivocal set of criteria that would define exactly what is and what is not an emergency, emergencies were defined ostensively. The analytic autoethnography used Wittgenstein's ideas of concepts that can be categorised by their family resemblances, an emerging approach within social sciences.

My research shows that emergencies are concepts with blurred boundaries that share what Wittgenstein calls "family likenesses", i.e. most emergencies contain most of the following characteristics: unusual situations; limited duration; harm or the threat/possibility of harm; normal ways of working have suddenly become inappropriate; possibly novel or unforeseen situations; those caught up in an emergency may be emotionally affected. In addition, this study found that as well as describing a situation, saying "we are in an emergency" can also be a demand or permission for action: society can mandate actions in an emergency that are not allowed in "normal" times, for example you are not allowed to stop on a motorway except in an emergency. Emergency actions include: acting with urgency; doing things we would not normally do; changing the rules under which we operate; changing our plans; allocating extra people or resources to a task. Through analysis I identified four broad types of situation where one might need to take emergency action: a situation of heightened risk; avoiding a hazard; the immediate impact of harm being done; recovery after the hazard has passed.

The thesis concludes with recommendations for practice on school expeditions. One key recommendation is that those involved at all levels with school expeditions be prepared to take emergency action during a time of what I have termed a "maybe-emergency": if we wait until we are certain it actually is an emergency, it might be too late to prevent harm. The thesis also includes suggestions for further research.

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1 Introduction

This thesis arose from something that happened on a school expedition I was leading. I phoned our expedition support centre on the designated emergency number. The first words from the call taker were: "Is this an emergency?" I knew at that moment that my answer to this question would have a big impact on what happened next. That realisation inspired the research question of this thesis: what is an emergency on a school expedition?

This is a thesis for the Doctor of Education, a professional doctorate, and thus it serves two functions. It is an academic pursuit that seeks to make a contribution to knowledge, and it is also a reflective endeavour that seeks to improve my understanding and practice in my role as a leader of school expeditions. My research question is: what is an emergency on a school expedition? My literature review shows that there is very little academic writing within the field of education on what is like to be in an emergency on a school expeditions, or indeed on what it is like to be in an emergency within education more widely.

I use an autoethnographic approach that is both evocative and analytic. For evocative autoethnography I have written 28 narratives of events on school expeditions, some of which are clearly emergencies, some are clearly not emergencies, and some of which I am not certain about. For analytic autoethnography I have used an emerging approach within social science, namely using Wittgenstein's ideas around ostensive definitions, concepts with blurred boundaries, and finding the family resemblances of a concept.

The results of my autoethnography suggest that, when trying to understand what an emergency is, it is worth asking two questions. What are the effects of deciding that this is an emergency? And under what circumstances is it appropriate to decide this is an emergency? I found that making this distinction helped with the analysis, and has also helped with my practice.

1.1 Emergencies in wider society

The concept of an emergency is an important one in western societies. We have a special telephone number with which to request emergency help, and emergency services to provide that emergency response. Emergency vehicles have sirens and lights that they use if they are responding to an emergency, and other road users get out of their way. If there is a natural disaster, the government might declare a state of emergency. In order to pass a driving test in the UK, you need to be able to make an emergency stop. And if driving on a motorway, you can only stop on the hard shoulder in an emergency. We have documentaries and dramas about the emergency services and about hospital accident and emergency departments. In all this, a number of themes become clear, even if they may never be formally articulated. Emergencies are intrusive. You might have to do something in an emergency that you would not normally do. Emergencies are no respecters of plans, nor of persons. They impart a sense of urgency.

This wide familiarity with emergencies has been important in my work as an expedition leader as a means of establishing common understandings and common ways of operating amongst the whole expedition group. I have done this during pre-expedition training, and also during the expedition itself. These shared understandings of emergencies have provided useful metaphors for my analytic autoethnography.

I discuss these ideas in more detail in Appendix 1 – Emergencies in wider society.

1.2 School expeditions

The thesis examines the structure of school expeditions and places them in a context of school trips and educational excursions. The school expeditions I examine in this thesis are trips where the school has made an arrangement with a specialist expedition company to organise the expedition and to provide a leader. Each expedition comprised myself as the expedition leader employed by the expedition company, one or two staff members from the school (almost always teachers), and from 6 to 20 students aged 16 to 18. These expeditions lasted 12 to 36 days and went to a country with a different culture and language from that of the school, and each expedition contained a significant amount of time in a remote part of that country. We usually had to traverse terrain that was very unfamiliar to the school group – for example high altitude mountains, tropical forests, deserts – and make our way through urban areas where we were obviously foreign and didn't speak the local language. We were often in places where getting any form of help was difficult, and getting any form of professional medical help was very difficult and very time consuming.

1.3 Emergencies on school expeditions

On a school expedition the school staff and the expedition leader are in loco parentis to the students, that is we are required to take on some of the functions and responsibilities of a parent whilst the students are in our care. In an emergency, those in loco parentis need to take responsibility for the child until the child can be reunited to their parents. In the case of an emergency at school, that might last for a few hours. On expedition, the teachers and expedition leaders might have in loco parentis responsibility for days. On one expedition I had to sign the parental consent form to allow a student to undergo surgery. So the duration and level of in loco parentis responsibility for a student during an emergency is far greater than at school. Likewise, during an emergency at a school it is reasonable to expect prompt, skilled, and well-equipped assistance from the emergency services. For example, during a medical emergency the school staff would only expect to be the primary health care staff for a very short period as first aiders. On a school expedition, professional medical care might be hours or even days away, and for that time the only medical help available to the casualty is that provided by the expedition leader, the teachers, and the equipment they have with them. On many expeditions getting a casualty to hospital might be a complex and difficult task, and there may be no common language with the hospital staff. On some expeditions the nearest suitable medical facility may be in a different country. These factors may combine to create long periods of high workload for the expedition leaders and the teachers. The narratives in this thesis give examples of this.

1.4 Overview of literature

In the thesis I describe my systematic search through the academic literature on education for articles on emergencies on school expeditions and demonstrate that there is very little written on this topic, or indeed on emergencies in any aspect of education. There seems to be very little written about school expeditions at all, and very little written about emergencies in any aspect of education. Of those articles that do look at emergencies, most have a focus on how to prevent or

recover from an emergency: very few examine what emergencies are like. In all my reading I found no autoethnographic studies by a leader of a commercial expedition, whether a school or any other type of expedition.

1.5 Methodology

In studying emergencies on school expeditions, I wanted to move beyond the physical and medical aspects and gain insight into emergencies on school expeditions in terms of decision-making and in terms of the social interactions therein. For example, if someone's condition is worsening, at what point do you seek professional medical help? If there is a disagreement as to whether to seek medical help, how is that disagreement resolved, if at all? If someone takes ill or is injured, what are the ramifications beyond the casualty? I wanted to begin by looking at my own experiences as an expedition leader. So I chose an autoethnographic approach as this is a form of research that explores the author's personal experiences in order to gain a wider understanding of cultural and social understandings and meanings (Ellis (2004), Maréchal (2010), and Ellis et al (2011)).

Key initial research problem

The key initial research problem for my analysis, and the problem that helped shape my analysis, is a bringing together of the following. In discussion with my expedition peers we agreed that emergencies were extremely important; we were unable to define what an emergency is, nor could we find any definition of an emergency in our expedition documentation. Yet for the vast majority of situations we found it easy to agree whether that given situation was or was not an emergency, though there were a small number of situations where we could not decide or could not reach a consensus as to whether or not they were emergencies. This inability to find an intensional definition of an emergency led me to looking at ostensive definitions and to Wittgenstein's ideas on family resemblances.

I decided upon an autoethnographic approach that was both analytic and evocative. Anderson (2006, p375) describes analytic autoethnography as being "committed to an analytic research agenda focused on improving theoretical understandings of broader social phenomena." Bochner and Ellis (2016) see evocative autoethnography as attempting to get the reader to see the situation from the perspective of the writer, an immersive approach that is deliberately powerful and affecting. For my evocative autoethnography I chose to write narratives of events from my expeditions: events that were emergencies, events that were not emergencies, and events that are ambiguous. Evocative narratives are more accessible than more traditional academic writing, making it easier to reach a wider audience (Bochner, 1997; Ellis, 1995; Goodall, 2006; Hooks 1994). As well as being evocative accounts, the narratives act as referents for an ostensive definition of an emergency.

For my analytic autoethnography I began with the same set of data and carried out an analysis based on Wittgenstein's ideas of family resemblances: characteristics selected such that most emergencies exhibited most of these characteristics (Braithwaite et al., 2004). This analytic approach and the narratives complement each other as different ways of analysing and representing the same data. The family resemblance approach is not an analysis of the narratives and is not intended to explain the narratives, rather it is an analysis of the data on which I based the narratives. The narratives are meant to be results in and of themselves, with no need to be

explained (Ellis and Bochner, 2000).

1.6 Recommendations for practice

My thesis then discusses some recommendations for practice resulting from this research. Some of these changes have already entered my practice. Some examples include case-based training involving as many of the actors as possible; the importance of communication; keeping an audit trail; making a distinction in language between taking emergency action and saying that this is an emergency; various decision-making strategies for uncertain and potentially high consequence situations.

1.7 Contribution to knowledge

At the time of writing, I am unaware of any autoethnographic examination of school expeditions. I am unaware of any autoethnographic examination of emergencies within an educational context. I am unaware of any research within education that focuses on emergencies on school expeditions. I am unaware of any research anywhere that examines emergencies using Wittgenstein's ideas of ostensive definitions and family resemblances.

2 Practice context. School expeditions.

In order to better understand how emergencies unfold on school expeditions I shall spell out in some detail the context in which I experienced the emergencies I describe and analyse below.

By a **school expedition** I mean a party from a school going on a trip of a significant duration and remoteness, a trip where getting external help is likely to be difficult and time consuming. I am aware that this is an ambiguous definition. The key points for this paper are that any emergencies involving students (or staff) can increase or decrease in complexity as the expedition progresses; and the role of leaders and teachers during any type of emergency is likely to last longer and be more complicated than the role of a leader of an expedition where one can just call for the emergency services and expect them to arrive within an hour or less.

Foreign expeditions may contain the further complications of communicating with staff where you don't share a language (Google Translate is a big help in such cases!), and the local health care may be below the standard we are used to back home (meaning that getting the desired health care may entail a long journey or even an international flight).

One way of considering school expeditions is that they are part of the variety of activities where education (in its broadest meaning) of school students happens outwith the classroom. Many organisations have programmes designed for school groups where school teachers bring their students and the host organisation provides staff to lead the educational sessions. Familiar examples include museums and art galleries (for examples see NMS 2014, Glasgow Museums 2014), zoos (for example Edinburgh Zoo 2014), custodians of ancient monuments (for example Historic Scotland 2014), residential centres (Classroom Outdoors 2014). Of particular interest to this thesis are school trips that are carried out under the aegis of the school where a group of school students is accompanied by one or more of their teachers, but where the educational or the care element is at least in part the responsibility of a member of staff provided by the external body. Because these trips are all carried out as official school trips, the school management typically takes steps to ensure that the trip is appropriate for their students from both an educational and a safety perspective. The relationship between the school, the school staff, the external provider and the external provider staff is an area of potential complexity and interest, and I believe this would be well worth further study. Many of the points raised in the following discussions would also be relevant to these other educational trips.

All the school expeditions I shall discuss are expeditions provided by external organisations. The Expedition Providers Association (EPA) is a membership body set up to represent the interests of and to encourage best practice by organisations working in the schools and youth expedition sector. According to the EPA, educational expeditions "are defined as a 1 - 8 week experience involving overseas travel, adventurous activities and cultural exposure" (EPA 2014). I have worked for three such expedition companies. For most expedition companies the flagship product is an expedition lasting approximately 3 to 4 weeks which has three main phases: an adventurous journey (usually a trek) in a remote area, a community developmental and/or engagement project, and a self-directed recreational phase where the students will do more conventional tourist activities. Typically, the students need to arrange transport between these various phases, and also arrange their own food and accommodation throughout the whole expedition. To give a scale of this activity, since it was founded in 2001 Outlook Expeditions says it has 'sent over 8,500 young people on expeditions worldwide' (Outlook, 2014). World Challenge has been running since

1987 and now has 'offices in Australia, South Africa, Dubai, Hong Kong and Boston' in addition to its head office in England, and sends "over 9000 students on expedition every year" (World Challenge, 2014). 'In 2013, 669 UK teams from 247 schools went on expedition with World Challenge, with over 700 teachers.' (ibid.).

I have led 19 commercial school expeditions. Each expedition was from one English-speaking school from a wealthy country (except for one joint expedition which involved two schools, each providing one teacher). On each of my school expeditions I was a freelance expedition leader employed by the expedition company, i.e. I had no security of tenure.

One expedition lasted 13 days, but all others have been from 21 to 31 days and occurred during the school's summer holidays (although they may have started early with the students and teacher missing the last one or two weeks of the term). Expeditions went to a different environment from the students' home, in a place with a markedly different culture, on a different continent. We spent extended periods in remote areas, sometimes many hours or even days travel from any medical facilities. We were in countries with poor medical provision relative to the West, and with infrastructure (roads, power, communications) that is less reliable than in the West. Sometimes we had no telecommunications for extended periods. In some cases the nearest comprehensive medical care was in a different country.

2.1 Business model

The expedition companies I have worked for shared the following business and operational model:

Autumn/winter year 1.

1. The expedition company sells the idea of an expedition to one or more school teachers from a school, and to the school. Key aspects of the sales message are that teachers accompany the school group and teachers go free: only the students pay. The sales processes can be complex and time-consuming.

2a. The expedition company then seeks permission from the school's managing authority to run the expedition. This processes can be even more complex and time-consuming.

2b. The teacher(s) decide on a destination country, and in the case of a large and diverse country, the teacher(s) decide upon a destination area within that country.

Late winter/early spring year 1.

1. The teachers then recruit students to go on the expedition.

2. Students choose to go, and have to pay. Costs vary between destinations but may range from £3,000 to £6,000 for a four week expedition. If the expedition is oversubscribed, the school will make a selection. Some schools accept all who apply. There may be more than one team from the same school, as long as there is at least one member of staff per team. Team numbers typically vary from 8 to 20 students, but on rare occasions there may be more or fewer students.

3. Students meet with a representative of the expedition company to go through a menu of risk-assessed options for that destination, and build their wish list.

4. Students make their first payment. Students make staged payments from now until departure. Many of these staged payments are non-refundable.

5. From now until departure, students should meet regularly to plan, to train, to learn, and to raise funds. How this works in practice varies from school to school and from expedition to expedition.

Late summer year 1 to Autumn year 2

1. The teams are presented with their draft itinerary.
2. Teams go on a training weekend. This training may be done by a small number of trainers to ensure consistency of training, or the training may be done by the expedition leader. More often than not I did not train the team I led, and I trained teams I did not take on expedition.

Late winter to early spring year 2.

1. Expedition leader goes to the school to meet the team, the parents and the teachers.
2. Final itineraries are presented to the teams, along with more details about the specific options the team has selected.
3. Expedition leader and teachers go to an expedition preparation conference (but maybe not the same one).

Summer year 2.

1. Expedition.

2.2 The expedition.

The expedition typically contains the following "phases" (to use a common professional terminology), but not always in the same order: acclimatisation to the destination culture and environment; a community project; a trek; some unscheduled time for the students to decide once in country. There may be one or two treks. Treks can range from staying in one place for two days or more and doing day walks, to a ten day hike from one place to another taking all our food and equipment with us. On some treks we carry all we need on our backs, and on other treks we have ponies or llamas or porters carrying the bulk of our equipment. On some treks we cook all our own food, and on other treks we have a cook and a dining tent.

Before departure the students are given an itinerary and a budget broken down by day and by type of expenditure. The expedition company pre-books the flights, the first night's transport, the community project and the main trek. The students need to make all other arrangements in country. On one expedition the students arranged for 9 journeys between different towns (including crossing an international border), accommodation in each town, and all meals (including food for our trek, which they cooked), and did all this within a deliberately tight budget. This included a forced itinerary change when some roads were impassible due to bad weather. For that team, making new plans in a hurry was one of their major satisfactions. On a different expedition, forced changes to the itinerary led to dissatisfaction and discontent among the group.

The multiple phases of the school expeditions mean that many students and teachers come on an expedition where they are keen to take part in one phase but not another. I have been on expeditions where there is a significant trek and yet some students say they don't like camping and they don't like walking. A four day walk through the rainforest or a week trekking in the Andes is something they say they will put up with because they have to. Many clients find enjoyment

whilst trekking but still do not find enjoyment *in* trekking. On the same expedition there may be others for whom the trek is the main attraction. This can be said for each phase of the expedition. Other students simply want to experience somewhere and something quite different from home, and they have expressed preference for any one phase of the expedition, yet others are doing the expedition to aid their university application.

The multiple phases also mean that the expedition leaders and teachers need a wide range of skills. The different phases expose us to different risks: the risks on a trek are very different from those on a poorly-regulated building site are different from on a tropical beach are different from a crowded city with different traffic rules and so on.

Regarding the relationship between teachers and the expedition. In most cases the teachers have a high degree of ownership over the expedition because they have been immersed in it for almost two years, and the teachers get fully involved once the expedition begins. But this is not always the case. I led one expedition where one teacher did all the work before the expedition but a different teacher came on expedition, and the teacher on expedition made it clear that they were unhappy with the itinerary. On another expedition the teacher confided to me that they didn't want to be there, but had felt pressured to come by the school head teacher. When on expedition I have come across an expedition where the two teachers refused to speak to each other, and another expedition where the teacher was not involved with the students at all.

2.3 A note about gender. And age.

On every expedition I have worked on it has been the policy of the expedition company and of the school that there be a female adult leader accompanying female students, and a male adult leader accompanying male students.

School expeditions are accompanied by one or two members of school staff.

The groups I have led have always contained female students. I am a man. Therefore, if I am on expedition I am either working with at least one female teacher. Most of the teachers I have worked with on expedition are female. I have friends who are women who lead expeditions. Their experience is that most of the teachers they work with are male.

I have not specifically addressed questions of gender on my expeditions, even though gender can have a big impact. For example, "Around three-quarters of all suicides in 2016 in the UK were male." (Office for National Statistics, 2017). But because the expedition groups are so small, and because there are so many differences between individuals no matter what their gender, I have not felt that I have enough information to analyse the effect of gender. However, I have included the gender of all participants in the narratives. This will afford other researchers the opportunity to ask questions pertaining to the gender of those involved in emergencies. Because this is an autoethnographic study, I cannot compare the experiences of a male expedition leader accompanied by female teachers with that of a female expedition leader accompanied by male teachers.

Likewise I have not done any analysis on the effects of age. I am aware that my age as an expedition leader can be important. For example, a teacher with 20 years' experience may be more comfortable to follow the direction of an expedition leader 10 years older than them as

opposed to an expedition leader 15 years their junior. Likewise age can be a factor in the events of life, for example the onset of mental health disorders (see for example Jones (2013), Kessler et al (2005)). I excluded the age of the participants on ethical grounds, to make the people less identifiable. However, all students in these narratives are aged from 15 to 18 years, and all the teachers are over 25 years, so I hope this is sufficient detail for any future researchers.

2.4 in loco parentis

For the duration of the expedition, and especially during those times when the legal guardian cannot be contacted, I and the teachers with me are *in loco parentis*, acting as the guardians of the teenagers in our care. This can become an intense responsibility: for example I was once asked to sign the consent form before the surgeon carried out an operation on a 16 year old (see narrative 1, page 114). It may take time and effort to contact the legal guardian if required: we had one situation where the parents had gone on holiday to a place where their mobile phones did not work. In an acute (i.e. sudden onset) situation we often need to act and are not able to contact anyone from back home until the situation has stabilised. In the event of illness or injury to the students or teachers, the expedition leader typically contacts the expedition company who then contact the student's parents or the teacher's next of kin. I understand from personal conversations that such conversations can be very traumatic for the expedition company call-takers.

2.5 Healthcare

For the duration of the expedition, I and the teachers with me act as the main health care provider during such times as we are unable to contact a health care professional. We may be the sole health care provider for an extended period when, for example, there may be no or poor telecommunications or email (see narrative 13 page 153), or we are more than a day's travel from the nearest appropriate medical facility (see narrative 24 page 181).

For the duration of the expedition I have a duty of care as expedition leader for the safety and wellbeing of the entire group, including teachers.

2.6 Support and supervision from the expedition company

These expeditions were carried out under the authority and following the guidelines of commercial organisations who arrange flights, plan the itinerary, provide a menu of risk assessed adventure activities, and employ the expedition leader. Each expedition company I have worked for has had call takers and other support staff back in the main office whom those on expedition can call for advice 24 hours a day. On each expedition, deviations from plan and budget have to be communicated to and approved by this support office. The expedition company call takers and other home support staff play a key role in resolving emergencies: as mentioned above, they can try to contact the family back home while the expedition leader looks after the immediate needs of the group; the expedition call takers can provide a doctor on call; they can organise extra logistical help and coordinate extraction; they can provide extra funds; they can liaise with other agencies.

3 Methodology

3.1 Introduction

My research question is: what is an emergency on a school expedition? The aim of this thesis is to explore emergencies as social acts within the context of school expeditions, looking at what sort of circumstances or events are categorised as emergencies, and what happens on an expedition when we say that this is an emergency.

This chapter presents autoethnography as the methodological basis for this study. I begin by examining the origins of autoethnography, the different types of autoethnography used by researchers, and my choice to use both evocative and analytic autoethnography. Next I lay out the data I used in my research – memories, contemporaneous notes, formal reports, e-mails, SMS – and how I interacted with that data as both an expedition leader and as a researcher for this thesis. For evocative autoethnography, I describe how I wrote narratives from this pool of data. For analytic autoethnography, I describe how I used Wittgenstein's concept of family resemblances to derive and to present a theoretical analysis. There is then a section where I explore some of the criticisms of autoethnography, and finally a section on ethics.

3.2 Key initial research problem

The key initial research problem for my analysis is a bringing together of the following: in discussion with my expedition peers we agreed that emergencies were extremely important; we were unable to define what an emergency is, nor could we find any definition of an emergency in our expedition documentation; for the vast majority of situations we found it easy to agree whether that given situation was or was not an emergency; there were a small number of situations where we could not decide or could not reach a consensus as to whether or not they were emergencies. Emergencies were clearly important to us as expedition leaders, and this difficulty in defining what was and was not an emergency sparked my interest. This inability to find an intensional definition of an emergency led me to looking at ostensive definitions and to Wittgenstein's ideas on family resemblances.

3.3 Approach: Autoethnography

The word autoethnography originally had three different but linked meanings. Heider (1975) used the term "autoethnography" in his work on the Dani, when he (an outsider) went to children in the Dani tribe of what is now called Western New Guinea Irian Jaya, and simply asked them: "What do people do?" In this view, autoethnography is an outsider ethnographer asking people about their own culture. Goldschmidt (1977) used the word autoethnography in a different way, to mean ethnographic research that was focussed round the self, and revealed personal analysis and views. And Hayano (1979) used the word autoethnography to describe an ethnographic study of one's own culture with the researcher using a detached, ethnographic voice, and suggests the first autoethnographic work was Jomo Kenyatta's ethnographic work on his own tribe, the Gikuyu (sic) (Kenyatta, 1938). Ellis (2004), Maréchal (2010), and Ellis et al (2011) all describe our current understanding of autoethnography as being a form of qualitative research that explores the author's personal experiences in order to gain a wider understanding of cultural and social understandings and meanings. McQuiliian (2002) and Ellis et al (2011) see autoethnography as being alert to the possibility that many voices are not being heard in the predominant discourse,

and both encourage a diversity of contribution. This is important to my thesis because, as I say in the literature review on pages 27-35, there is very little examination of emergencies within the field of education. There seems to be an absence of voices from within emergencies within academic educational discourse.

There is a debate as to how new autoethnography as a practice is. Reed-Danahay (1997) Ellingson and Ellis (2008, pp 450-459), Somerville (2007), and Ellis et al (2011) see autoethnography as a research approach that started to take shape as a result of what they perceive as a crisis of confidence. Humberstone and Nicol (2019) suggest that this crisis was one of legitimation (the extent to which the researcher might interpret the "truth" for others). They state "this crisis of legitimation and representation in the social sciences prompted new ways of judging and representing research" (p 112). I agree with Pratt (1991, referring to Poma, 1615) and regard "autoethnography" as giving a name and a place within social science to an already established practice.

Evocative and analytic autoethnography

One of the distinctions made in discussions of autoethnography is between evocative and analytic autoethnography. Bochner and Ellis (2016) see evocative autoethnography as attempting to get the reader to see the situation from the perspective of the writer, an immersive approach that is deliberately powerful and affecting. Earlier, they said: "On the whole, autoethnographers don't want you to sit back as spectators; they want readers to feel and care and desire" (Bochner and Ellis 1996, p24). Richardson (1994) suggests that the autoethnographer engages with the research in a way that not only acknowledges but uses their own emotional, moral, aesthetic and intellectual responses. The process of autoethnography allowed Dewan to face rather than avoid his emotional responses to the subject matter of his research: autoethnography allowed and demanded that he examine and express his fears, emotions, paradigms, and ways of seeing things (Dewan, 2017). The product of an evocative autoethnography could be a performance (e.g. Spry 2001) or a film (e.g. Juhani 2015) or a series of photographs (e.g. Kouhia 2016, and Suominen 2003) or a narrative (Ellis et al 2011). A key point of evocative autoethnography is that the performance or narrative is the end product: any narrative is not produced so it can be the subject of analysis. As Ellis and Bochner put it: the "narrative text refuses to abstract and explain" (Ellis and Bochner, 2000, p44).

Anderson describes analytic autoethnography as being "committed to an analytic research agenda focused on improving theoretical understandings of broader social phenomena." (Anderson, 2006, p375). It is this commitment to a more explicit theoretical analysis that distinguishes analytic from evocative autoethnography. Merrill (2017), Blithe (2019), and Buckley (2019) write autoethnographic accounts that are explicitly analytic, that contain no evocative writing, and that grapple with theoretical understandings of the subjects of their research, with Buckley writing explicitly that he is not producing an autoethnographic account that is "creative" or "evocative" (Buckley, 2019, p2). On the other hand, Thompson's analytical autoethnography is also very evocative, taking us into her struggles to make meaning of the situation she found herself in, both her difficulties to be a complete member and researcher despite her own skepticism of the group she had joined, and also the physical and emotional experiences she was living through (Thompson, 2019). Karp (1996) claims that social science research "requires more than an important topic and the goal of informative description. That's a good start, but the value and vitality of a piece of research depend on its providing *theoretical* illumination of the topic under

investigation" (Karp 1996, p14, emphasis in original).

Richardson and Saint Pierre (2008) have argued that autoethnography could be both evocative and analytic. Denshire (2013) referencing Burnier (2006) states that "autoethnographic writing can be simultaneously personal and scholarly, evocative and analytical, descriptive and theoretical" (Denshire 2013 p3).

I have chosen to carry out an autoethnography that has two elements: an analytic element that creates explicit theory, and an evocative element that produces immersive narrative.

In doing so I locate myself within a methodological position which Humberstone and Nicol (2019) argue focuses on and celebrates storied writing in keeping with other forms of narrative research. I also locate myself within a methodological position which Miller and Fredericks (2000) describe as using Wittgenstein's concept of family resemblances to analyse my experience in order to generate complex idealised cognitive models of emergencies. Although written as distinct outcomes, these two forms of autoethnography together form an integrated whole, with one informing the other. The theories that result from my analytic autoethnography are not meant to produce what Ellis and Bochner (2000, p. 744) have referred to in their critique as "undebatable conclusions." My aim in carrying out analytic autoethnography is to contribute to an elaboration and exploration of theoretical understanding. Likewise, the analytic autoethnography is not intended to explain the narratives: the narratives are meant to be results in and of themselves, with no need to be explained (Ellis and Bochner, 2000).

3.4 Pool of data for my research

The pool of data on which I have carried out my analysis and from which I have developed narratives and theories includes the following:

My formal expedition reports.

For most expeditions I have asked to write formal reports of the expedition. Formal reports have included: post-expedition report of the expedition as a whole; contemporaneous formal risk assessments; near contemporaneous notification of near misses; prompt notification of where the formal documentation differs from circumstances on the ground (for example, a trek description not mentioning a dangerous river crossing).

E-mails and text messages sent and received.

I have kept the emails and text messages I sent and received during the course of expeditions. These communications are automatically time stamped, which aids in the establishment of a chronology. I often used e-mails and text messages in managing emergencies, for example to formally record an agreed understanding and course of action between myself, teachers on expedition, and the expedition company back home, or to give accurate records of the signs and symptoms of a casualty.

My expedition notebooks.

My expedition notebooks get used for a great variety of purposes. In the event of illness or injury I record any relevant medical information such as medical history, vital signs, any treatment given. All of these will be logged by date and time in order to monitor the change in a casualty's condition. If there is an incident or if we encounter a hazard I will record the story of what happened along with date and time. Where it may influence our decisions I will record pertinent geographical information such as weather, altitude, the condition of rivers, terrain, time of day, local time of sunrise / sunset. When considering logistical options I will typically note details of our options or choices, for example: the prices and schedules of public transport; the cost and the number of taxis or hired vans; accommodation possibilities including price, availability, and facilities; the pros and cons of cooking for ourselves versus eating in restaurants. Sometimes I use the notebook to help our group decision-making: different people can record the results of their own research; pages can be used for rough calculations, sketches or maps. If there is a conversation or telephone call I think significant, then I will take notes of that conversation as soon as possible after the conversation, or if possible during the conversation. The expedition notebook will also record who is in what room if we are in a hostel, and will record who has gone to what activity if we split up, for example if some people want to go shopping whilst others have a nap. And I use the notebook as a diary/journal where I record the events of the day.

Mostly I am the one who writes in the notebook, but there are times I will ask other people to write in it. This may be to help with an administrative task or to create a shopping list; it may be that I have asked someone to record vital signs of a casualty; other times I have asked other people to write their version of serious events.

The records in my notebooks are contemporaneous or near contemporaneous with events. The information I record in my expedition notebooks plays a vital part in managing the wellbeing of people on the expedition who may at times be at grave risk. I therefore place a great emphasis on accuracy of what is recorded.

Photographs

I sometimes took photographs to help manage or record an incident. This may be a photograph of a rash, so it can be compared with the photograph of the same rash taken yesterday and the photograph we will take tomorrow, so we can easily tell if the rash is spreading. Or it may be a photograph of an undocumented hazard so that I can more easily communicate the nature of the hazard to those who were not there. I have also found more general photographs to be useful in my analysis, for example, a scenic photograph taken before someone has an accident may record aspects of weather and terrain that I did not write down at the time. Photographs can also be helpful in clarifying timescales – most photographs now are timestamped, and so a chronology of events leading up to or following on from an incident can be constructed.

My memory.

I have, of course, access to my memories of events.

3.5 Interacting with this pool of data as an expedition leader

During the course of writing this thesis I led 13 school expeditions, and during some of these expeditions I encountered emergencies. During each emergency I drew upon this pool of data in the form of insights and ways of working I had gained from my previous experiences and from my academic writing. Each emergency also added to the pool of available data which I could analyse for my research. In a sense, my academic writing acted as a kind of reflective practice. In addition to leading expeditions, during the course of writing my thesis I was a trainer/assessor at 29 training weekends and attended 7 peer learning weekends. During the training weekends I trained staff and students who were about to go on expedition. On these training weekends I also trained and assessed potential expedition leaders. During the peer learning weekends I participated in formal discussions with other expedition leaders and managers where amongst other matters we decided on the syllabus for the training weekends and the assessment criteria for expedition leaders on matters pertaining to preventing, recognising, and responding to emergencies. In these discussions we each shared our own experiences of emergencies on expeditions. Insights from my academic writing both fed into and was affected by my participation in these training weekends, especially through my interactions with my peers.

The stories of other people's expeditions are not my stories to write as autoethnographic narratives, but they do form part of the data for my autoethnographic analysis of what an emergency is. This is because as an expedition leader I need to think about and prepare for possible events. For example, I have never been caught up in a natural disaster, but I have taken groups to places that occasionally experience earthquakes or floods; speaking to colleagues who have led groups safely through such situations has therefore been very important, and such conversations have been part of my thinking about what is and is not an emergency.

I gained some insights through the interactions with my peers that have shaped my thesis: in the discussions I attended none of us could come up with an intensional definition of an emergency, and none of us had seen such a definition written down; we could describe situations which we all agreed were emergencies; we could describe situations which we all agreed were not emergencies; we could describe situations where we disagreed or were uncertain as to whether it was or was not an emergency.

3.6 Evocative autoethnography – writing narratives

Principles

I chose to write my evocative autoethnography in the form of narratives. Humans seem to be storytelling beings (Smith, 2017; Frank, 2010). Stories are everywhere in society, and we all tell and listen to each other's stories. So if I want to be evocative, stories are a medium which my readers and listeners are almost certain to find familiar. Evocative narratives are also more accessible than more traditional academic writing, making it easier to reach a wider audience (Bochner, 1997; Ellis, 1995; Goodall, 2006; Hooks 1994).

Narratives also allow for a complexity of perspective. They can be written in such a way as to encourage the reader to imagine themselves in that situation, and what would they do? (Brookes, 2018). A narrative can also encourage the reader to view the same event through the eyes of different actors in the story (Krieken, 2018).

Another aspect of narratives that is important to me as an expedition leader is that stories can be

performative: they can effect changes in people's attitudes and behaviours (Caddick et al, 2015; Phoenix & Orr, 2014, Frank, 2010). Stories can become things we think with, and not just think about (Frank, 2010). They can get under your skin, and sustain dispositions and habits (Smith, 2013). This makes stories very useful tools for expedition leaders taking clients on expedition to unfamiliar environments, where the clients' normal behaviours and attitudes that work well at home could lead to harm on the expedition.

What I did

I wrote 28 narratives, 26 about events or situations on expedition, and two narratives of discussions after the expedition. I wrote of events that my peers and I agreed were clearly emergencies, of events that we agreed were clearly not emergencies, and of events which I thought were emergencies but many of my peers did not. The purpose of each individual narrative is to provide an evocative account of a particular situation, conveying its complexity, and letting the reader "be there." The purpose of having a selection of 28 narratives, in addition to giving many individual stories, is to provide an ostensive definition of an emergency by pointing out the situations that were emergencies, the situations that were not emergencies, and the situations where there is debate and uncertainty as to whether or not they were emergencies.

In most cases, the first draft of a narrative was written on expedition. This might be written by me in my notebook to help me get my thoughts together before phoning the expedition company to tell them of a serious situation; it might be an e-mail from me to the expedition company detailing what has happened or is happening; it might be a joint narrative written by myself and the school staff as a means of sharing information and ensuring we had a common basis of understanding for making decisions. Next I would write formal expedition reports about emergencies as required by my employer. These first drafts became part of the wider pool of data from which I constructed the narratives for this thesis.

I constructed the narratives in this thesis over a four year period from 2014 until 2018. Some of the narratives are of events that happened after I had written my first narrative. I began by writing individual narratives of particular events on expedition, either from memory or from memories triggered by accessing my written records. I am aware that memory can be selective and can deceive us (Atkinson and Coffey, 2003), and that we can give meaning to events retrospectively that they did not have at the time (Polkinshaw, 1995). Therefore, after the first draft of a narrative I would visit and revisit the written data in order to ensure I had been accurate. From 2016 I started to create what was explicitly a collection of narratives. By looking at the narratives together I began to question the boundary of when each narrative of an emergency should end. For example, I decided that if I changed my future practice as a result of my experience of that emergency, then the change to my practice should also be in the narrative of the emergency that inspired the change. By 2016 I had created the format that is found in the thesis: a telling of what happened; a description of what it felt like; reflections after the event; the effects on my practice as an expedition leader. This structure helped me to think about the wider impact of the emergency upon my life and work beyond what happened on that emergency. Having a standard format helped me as a writer of the narratives to ensure I did think broadly about what had happened, and it also helped me navigate the stories as a re-reader of the narratives.

In the body of the text I give an example of this progression in the story of Caroline's abdominal illness (page 114). I begin with a copy of the formal post expedition report. Then I include the

journal entry I wrote a few months after the expedition as part of my reflective practice. Following this is the first draft of this story as I wrote it for this thesis, and then is the final version for this thesis. In the body of the text I also include examples of events that with hindsight were clearly not emergencies (page 191,192), and events where my peers and I have not reached a consensus as to whether or not they were emergencies (pages 126, 168).

All the narratives are in Appendix 2 (page 114).

3.7 Analytic autoethnography using Wittgenstein's ideas of family resemblances

As described above, when I came to examine emergencies on school expeditions, I spent a long time trying to come up with a clear definition of "emergency" for this thesis, and I spent a lot of time discussing this with my colleagues during my professional practice as an expedition leader. Neither I nor we could come up with a clear definition. For every set of criteria we devised we came up with an exception.

Eventually I realised that the problems in my analysis came from my conflation of the general idea of definition with what Cook (2009, p155) calls "intensional definitions". According to Cook, "An intensional definition provides the meaning of an expression by specifying necessary and sufficient conditions for correct application of the expression. ... For example, we might provide an intensional definition of 'bachelor' by specifying that bachelors are unmarried men. An extensional definition of bachelor, on the other hand, would consist merely of a list of those men." Our difficulty in trying to define emergencies came, I believe, from trying to agree a set of "necessary and sufficient conditions" that must be met in order for an event or situation to be classed as an emergency.

In these conversations with colleagues, even though we struggled to come up with what we thought was a clear definition of emergencies, we still found it easy to find examples that we all agreed were emergencies: Caroline's abdominal illness in a remote area (Narrative 1, page 114) and Stephen's attempt to kill himself (Narrative 8, page 135) were universally agreed to be emergencies. There was equal agreement that Johnny's fussy eating (Narrative 3 page 122), whilst matters of concern, never became emergencies. Other situations such as Claire's running away from camp (page 168) or Sharifa's possible neurological emergency (page 133) we agreed were serious and frightening, but were not sure if they would be classed as emergencies. I recalled that this, too, is a form of definition: ostensive definition. To define a term ostensively you select certain examples as referents of the term (Gupta, 2019). Wittgenstein wrote about ostensive definitions in great depth, and one element of his work forms the basis of my analysis, Wittgenstein's concept of "family resemblance."

Wittgenstein's concept of "family resemblance"

In his *Philosophical Investigations* (Wittgenstein, 1958), Wittgenstein examined what people mean by a "game," and then used this to explore different types of definitions. The idea of a game, like an emergency, seems to be a concept that is hard to define intensionally. A game, like an emergency, seems to be a "concept with blurred edges" (ibid., para 71). Just as I have struggled to find sharp, clear boundaries that define an emergency, Wittgenstein struggled to find a set of criteria that were a sufficient and complete definition which encompassed every game and

excluded everything that was not a game (ibid., para 54 to 64). Rather, there appeared to be "a complicated network of similarities overlapping and criss-crossing: sometimes overlapping similarities, sometimes similarities of detail." (ibid., para 66) and "We do not know the boundaries because none have been drawn. To repeat, we can draw a boundary - for a special purpose. Does it take that to make the concept usable? Not at all (except for that special purpose)." (ibid., para 69). Indeed, from my experience it seems that an emergency is a concept whose boundaries are deliberately and explicitly blurred. Regarding emergencies, I echo Wittgenstein and say "If someone were to draw a sharp boundary I could not acknowledge it as the one I too wanted to draw, or had drawn in my mind. For I did not want to draw one at all. His concept can then be said to be not the same as mine, but akin to it." (para 76).

This is a vital point Wittgenstein is making here, both for social researchers and for expedition leaders. If emergencies are concepts with blurred edges as Wittgenstein describes, then we should expect situations of ambiguity. As researchers, rather than trying to resolve ambiguities, we should expect to encounter them, and learn from the nature of the blurred edges. As expedition leaders, we need to not only work out how to respond to an "emergency", but we also need to be able to respond to something in that area or in that time between it-really-is-an-emergency and it-really-is-not-an-emergency. All people involved in school expeditions (expedition leaders, teachers, students, those in head office) need to be prepared and equipped to act effectively in a maybe-emergency. If I say that an "emergency" is an uncircumscribed concept, then any attempt by someone else to specify criteria that will define exactly what is and is not an "emergency" is an attempt to describe a concept that is akin to but different from what I am talking about when I discuss "emergencies". To be sure, any circumscribed concept may include events that I would agree are emergencies. But I contend that any sharp bounded definition of an "emergency" will misclassify and mislead from time to time.

If I cannot find a sufficient and complete description of what is and is not an emergency, as an expedition leader how do I decide whether or not the given situation in which we find ourselves is or is not "an emergency"? As a researcher, how do I decide which events and situations I should consider as "emergencies" for the purpose of this thesis? How can we analyse something that is by its nature uncertain.

Wittgenstein faced the same problem when defining what was and was not a game. Rather than seeking an intensional definition of a "game" that would delineate a clear boundary between what is and is not a game, Wittgenstein came to the conclusion that "I can think of no better expression to characterize these similarities than 'family resemblances'... And I shall say: 'games' form a family" (Wittgenstein 1958, para 69).

This idea of family resemblances has been used by other authors within social science to examine concepts that otherwise eluded sharp, clear definitions. Vehmas and Shakespeare (2014) examined the difficulties in classifying disabilities; Adelman (2000) to refer to how we might regard ethnicities; Lewis and Kertzner (2003) to examine how African American male identity is constructed; Spicker (2012) to examine leadership; Park et al (2004) to examine character and well-being; Rafferty et al (2003) to develop a standard for clinical supervision of nurses and health visitors; Ruane and Hayter (2008) discussing staff views of sexual relationships among patients; Ruane and Ramcharan (2006) discussing staff views of social relationships among patients; Henning (2008) to interrogate what we mean by "white collar crime"; Braithwaite et al (2004) to explore the role of clinician managers; Casenheiser et al (2015) examine how people support children with autism; Shotter (2005) and Cunliffe (2002) looking at what managers actually do and what the role of a manager is in practice. All these authors found that Wittgenstein's ideas of

concepts with blurred boundaries that can be defined by family resemblances was a powerful approach in examining social situations that were important but that the authors could not define intensionally.

My purpose in seeking for the family resemblances of emergencies is not to simply gain a theoretical understanding of my experience, but also to gain a wider understanding of emergencies so as to be better equipped to recognise and respond to unfamiliar and novel emergencies.

What I did

I began by compiling a list of situations or events on my school expeditions that I and my peers considered to be emergencies, and gave each event a name. I made one page per event, and listed the characteristics of that event. I then carried out a coding exercise to come up with names or descriptions for the characteristics that were shared by most emergencies – their family resemblances. I then carried out a similar exercise for events that I and my peers considered not to be emergencies, and again for events where there was uncertainty or disagreement about whether they were emergencies. I then compared the sets of codes from emergencies, non-emergencies, and maybe-emergencies to see if emergencies had certain characteristics that non-emergencies did not have (or vice versa), and if emergencies had certain groups of characteristics that did not happen in non-emergencies (Braithwaite et al., 2004).

I started again with a blank sheet of paper for each event that was an emergency and listed all the characteristics of that event. I then carried out a series of thought experiments for each characteristic for each event, asking: if this characteristic was different, would it still be an emergency? I did the same for the events that my colleagues and I agreed were not emergencies, only this time asking of each event: if any given characteristic were to change, would it then become an emergency?

This gave two sets of characteristics: the results of coding and the results of what-ifs. My next task was to carry out a meta-coding process to produce a synthesis of the two sets of results. My aim was to develop a set of meta-codes that would provide a set of family resemblances such that most emergencies shared most of family resemblances. What I was doing in building these family resemblances was in effect constructing and refining (or recognising) complex idealised cognitive models (after Lakoff, 1987, quoted by Miller and Fredericks, 2000). Once this was complete, I went back to the data and searched for other events that had these family resemblances. This included events I had experienced and situations I had trained for. When I found such an event, I would write its name on a piece of paper, write down the characteristics of that event, and ask if this event was an emergency. If this event shared all the family resemblances of an emergency but yet I decided it was not really an emergency, then I would go back to the beginning of the analysis process, this time including the new event in my analysis. I continued this iterative process until I gained no new events and discerned no new family resemblances – what Saunders et al. (2018) describe as inductive thematic saturation.

During the writing of this thesis I was still leading expeditions during which I had to deal with several emergencies. I was also working with colleagues to devise and deliver training modules for those about to go on expedition, and to assess potential expedition leaders, all of which work included training for emergencies. I thus underwent several cycles of action and reflection which further refined and developed my theoretical understanding of emergencies on school expeditions

(see Rafferty et. al., 2003).

Once I had written the narratives and written the set of family resemblances of emergencies, I compiled cross-reference table showing, for each of the family resemblances, which narrative(s) in which that family resemblance could be found.

3.8 Criticisms of autoethnography, and my response with respect to my thesis

Various authors have criticised autoethnography as a form of research because it lacks generalisability, contains no systematic analysis, there is a lack of detachment between the author and the subject, the focus is purely on the self and the "other" is ignored, and that the view of autoethnography is limited to the lives of social scientists (Gans, 1999; Fine, 2003; Madison, 2006; Delamont, 2009).

The criticisms that autoethnography lacks generalisability and lacks systematic analysis only makes sense if you conflate autoethnography with evocative autoethnography (which is a tendency that Anderson (2006) acknowledges and writes against). My autoethnography has an explicitly analytic element that develops a theoretical understanding which could be examined or critiqued or utilised by researchers looking at other emergencies on school expeditions, or indeed emergencies in other parts of education. Even with respect to evocative autoethnography, to claim that a specific account of a specific event lacks systematic analysis and is not generalisable is to ignore a long tradition of using carefully crafted tales in order to make wider points about society, for example by integrating several different accounts, (Brookes, 2018) or integrating one or more cases with other forms of research to gain an understanding that no single approach would yield (Sandelowski et al. 2006).

Regarding Gans' (1999) criticism that autoethnographers lack detachment, it is striking that he uses very emotive language to describe this. When talking about autoethnography, he says that "Instead of studying society, [autoethnographers are] devoted to inventing new moral discourses and ... reporting personal injustice and personal aspects of social injustice and obtaining catharsis for both researcher and reader". He reacts to the practice of autoethnography with "sorrow and pity" for the researchers, and with "fury" because autoethnography "has almost nothing to do with research" and it rejects "researcher detachment" and "systematic analysis". Gans states that the tone of autoethnography "resembles that of minuscule but shrill social movements". (Gans 1999, p542, 543). It seems clear from his language that he is very emotionally attached to the idea of being detached in his research. Indeed, Kuhn (1962) explored in depth the idea that a researcher may present their research with an authorial voice that is detached and rational but in reality they have a very deep attachment to it. One of the claims made by Ellis and Buchner (2000) in favour of autoethnography is it brings the author's attachments to their research into clear view.

Delamont contends that autoethnography has a narrowness of focus, and is restricted to the lives of "social scientists who are not usually interesting or worth researching." One of her significant concerns is the question: "should they (ethnographers) illuminate the worldview of those at the top of organisations such as schools and prisons, or capture and record the ways such organisations were experienced by the powerless and unvoiced", and she contends that autoethnography focuses on people on the "wrong side" of this question, which of course implies that social scientists are nether powerless nor unvoiced (Delamont, 2009, pp 59, 60).

I believe what she is doing here is categorising autoethnography as a type of research carried out

by those she calls “Academics in the developed world who get salaries” (Delamont, 2009, p60). Implicit in her paper is the assumption that one person cannot be both a social scientist and also a *capoeira* teacher, for example, and so autoethnography is a poor tool for researching the world of *capoeira* teachers. However, I was an expedition leader before I began my doctorate, and plan to continue to do so after I have completed.

However, perhaps Delamont has a more serious point. Perhaps the meaning in use (see Wittgenstein, 1958, section 43) of autoethnography has become a type of work done by academics. Perhaps, rather than autoethnography opening up research to people who are not traditional researchers (Ellis et al 2011), it has just become another thing that academics do. For example, if we consider autoethnography as someone using their own experiences to explore wider society, then it seems to me that this method is widely used outside academia. An example is the thread on the costs of school expeditions started by Mikaela Toczec in the Expedition Leader Community on Facebook (Toczec et. al., 2018). Defending my own use of autoethnography against Delamont's criticisms, I would say that I am a practicing expedition leader carrying out autoethnography. I would also add that I am not doing a PhD but a Doctor of Education. This research degree degree is a professional doctorate, and in the University of Edinburgh it is structured to enable education practitioners carry out academic research.

Regarding the criticism that autoethnography only engages with the Self and not the Other (Madison 2006), this criticism is valid if you view the work of autoethnography as only being what an individual autoethnographer does – by its very nature, an autoethnographer writing an autoethnography is engaging with the Self. However, if you take a wider view of the work of autoethnography, a different conception of autoethnography becomes available. For most social scientists, an expedition leader is Other, and an emergency on a school expedition is an Other situation. Thus my exploration of my Self allows different people to see what to them is the Other that is me. Similarly, to address Delamont's (2009) concerns, one way for me to explore the world of a *capoeira* teacher would be to invite a *capoeira* teacher to write an autoethnography. It is also possible to go beyond an individual autoethnography and carry out a research design that synthesises the results of autoethnographies and other research approaches to gain a richer insight into the Other (Sandelowski et al. 2006), or carry out a meta analysis of autoethnographies and other research to explore the lives of the Other (see for example the study by Cicero et al (2019) into the healthcare experiences of transgender adults). In a similar way this thesis could be used by other researchers wishing to carry out a meta analysis of the experience of expedition leaders.

3.9 Ethics

Overview

I followed the ASA ethical guidelines for good research practice (Association of Social Anthropologists of the UK and the Commonwealth (ASA) 2011). This overview notes, for each section in the ASA guidelines, the steps I took in my research.

Relations with and responsibilities towards secondary sources.

Because this is an autoethnographic account, the research participant is myself. I explore the risks of harm to myself and how I embrace the principle of purposeful vulnerability on page XXX. However, when writing an autoethnography of emergencies on school expeditions, I am perforce writing about events in which there were other actors, even though these people and

organisations are not the subject of research. In autoethnographical terms, the data are my memories of the events I describe. However, this does not mean that I ignore how I represent these data. I mitigated the possibility of identifying other actors by means of anonymity. I decided that the protection of other actors was the paramount ethical concern, and so have included as much detail of as many events as I could whilst still preserving the anonymity of other actors. This is described more fully in pages 26 and 27

Relations with, and responsibilities towards, colleagues and the discipline.

As I describe in the literature review section examining academic journals looking at emergencies within outdoor education (pages 8-30), my research is an area that has received little academic scrutiny, so I am aware of no conflicts of interest with other researchers. I describe above how I managed the aims of sharing research and minimising harm to other actors.

Relations with own and host governments.

Because my research is based upon my past experiences there were no issues about international access for the purpose of the research. I addressed any potential cultural or national sensitivities by anonymising the countries that we visited and the countries my students came from (see pages 26,27).

Responsibilities to the wider society.

Understanding emergencies on school expeditions will hopefully allow organisations to improve the safety and wellbeing of those who undertake such expeditions. It is my hope that the ideas developed in this thesis may also be of use to people who face emergencies in professional situations outwith those of school expeditions.

I examine these ethical considerations in more detail below.

Ethical temptations for myself as researcher.

Any researcher is subject to the temptation of shaping the results to fit their expectations and (conscious or unconscious) purposes (Redwood, 2008, Bergin and Westwood, 2003). As an autoethnographer writing about events where there was conflict, there is the additional temptation to embody or embed an element of revenge (Sikes, 2015). One strategy I have used to guard against this is to be open and acknowledge my emotional response. Partly this is to help guard against emotion leading to distortion, but also because strong emotions like anger may in fact be communicating something important, as discussed on pages 75,76. I have also been rigorous in checking my narratives and analytic autoethnography against my various written sources as I describe above.

Ethical considerations of care for myself as researcher and practitioner.

One of the ethical dilemmas inherent in writing an autoethnographical account of my work practice is my own vulnerability. Writing a complete and rich account may entail being open about my attitudes and actions in ways that could damage my career or affect my professional reputation (Tolich, 2010, and Muncey, 2010). My response to this has been to "embrace vulnerability with purpose" (Holman Jones et al., 2013, p20). I have multiple reasons for writing in a way that is deliberately vulnerable. By showing myself in a bad light as well as a good light I aim to improve the quality of my research – limiting the examples I analyse to those that show me in a good light will reduce the richness of my analysis. By being vulnerable, I encourage the reader to be

vulnerable, both to feeling what it was like to be in the predicament of an expedition leader in an emergency, and also as a way of helping the reader explore their own vulnerability (Ellis 1999). Being open about my past mistakes and weaknesses has also been very powerful in my role as an expedition leader: it adds authority to the training I deliver, it has encouraged others to be open about their own difficulties in a timely manner, and it has helped the others on the expedition to recognise that I, too, am human and may need looking after. I address this in the narratives on pages 114-192. In this I have been heavily inspired by the power of Martin Moran's openness about his own mistakes in his training book on winter mountaineering (Moran 1998).

Finally, after having experienced several emergencies over the years, I would rather have an employer who is aware of human frailties and has support measures in place, rather than an employer whose operational procedures depend upon the expedition leader behaving "perfectly".

Some of the experiences I have related in this thesis were deeply upsetting at the time (see for example narrative 8 p135) and to revisit these events for this thesis has been to revisit the trauma. Fortunately I have a strong support network that has helped me through this (Muncey 2010, p106).

Ethical considerations towards other actors in the narratives.

When writing an autoethnography of emergencies on school expeditions, I am perforce writing about situations or events that involve other people. As I wrote, I have borne in mind the possibility that anyone who features in my accounts may one day read my thesis (Ellis, 1995b). Indeed, I have written in such a way that I would be happy to give a copy of my thesis to anyone who may feature in it (Medford, 2006). In my writing I have striven to give space to the differing social contexts and different skill sets of the other actors, even if I did not do so at the time (Yilmaz, 2013, p. 320) (see narrative 19, page 170).

It is possible that writing about other people could cause personal or social damage if they were identified (Sikes, 2015). This includes exposing confidences between expedition members (Tolich, 2004). To protect against this, I took a number of steps. I removed all details from narratives that were not necessary for the purposes of examining emergencies, while still keeping all pertinent details in. For example, if a key component to the story is that we took a student to a hospital where there was no language in common between the hospital staff and the expedition group, then this fact is mentioned: but in order to understand this key aspect of the emergency it does not matter whether that hospital is in Bali or Belize, Chile or China, and so I did not identify the country in the narrative. Regarding naming participants, I considered giving each person a number or a letter, but I decided against that because I felt it might interfere with the evocative aim of the narratives: it seems easier to emotionally connect with a character called "Craig" than a character called Person X. I chose a range of pseudonyms that reflects the ethnic and cultural diversity of people who go on school expeditions, and then allocated these names randomly to the characters in the narrative. I have given no information about the country of origin of my clients, save to say that we went on expedition to a country with a different culture than that which my clients came from. Regarding the medical conditions mentioned in the emergencies, wherever possible I have concealed the actual medical condition.

I decided to differentiate between teachers and students because of the different roles, legal status, and stages of physical and mental development, but I have not mentioned any specific age. The students who feature in the narratives were all aged from 15 to 18 years old. I have

accurately represented the sex of participants because the difference in sex can be correlated to differences in behaviour and risk (Brookes 2018).

Some expeditions had several different emergencies during the course of the one expedition. On some expeditions we had multiple simultaneous emergencies to manage. If I had written the narratives in such a way that made this clear, then it would also make the individual expedition easier to identify, and thus the individual characters easier to identify. I have thus decided to lose this degree of narrative richness for the sake of preserving anonymity, and have simply written one narrative for each emergency, as if it was a self-contained event. For each individual narrative I have made it clear if there were other emergencies going on during the same expedition. This is to give some idea of the cumulative workload that we had to manage. Finally, I have mixed the order of the narratives such that they are not in chronological order. Again, this is to make it harder to identify any particular emergency.

4 Literature review

4.1 Academic journals looking at emergencies within outdoor education (not just school expeditions)

In early 2014 I carried out an in-depth reading of academic literature pertaining to outdoor education. I searched four peer-reviewed academic journals: the Australian Journal of Outdoor Education (AJOE) volumes 5 and 10-15; the Journal of Adventure Education and Outdoor Learning (JAEOL) volumes 1-13(1), the Journal of Experiential Education (JEE) volumes 24-35 and the Journal of Outdoor Recreation, Education and Leadership (JOREL) volumes 1-4. I read all titles of all these volumes were read, along with all abstracts or on-line summaries. I found no article that used the term "emergency" in its title or abstract. If there was anything in the titles or abstract that made me think the article might pertain to emergencies on school expeditions, I read the entire article. Again, I found no article that used the term "emergency".

I then selected and examined all articles that might possibly pertain to young people on expeditions and that touched on events that could or did lead to the harm or death of one or more participants, whether these events were called accidents or incidents or crises.

The majority of articles I found in this search – Barst et al (2008), Boyes and O'Hare (2003), Brookes (2007), Collins and Collins (2012), Davidson (2004), Harper and Robinson (2005), Hunter (2007), Sandseter (2009), Sullivan et al (2011) and Woollven et al (2007) – treated the event atomically: the event was the smallest unit of study. The harmful event was treated like a black box and the research was into how harmful events happen, with an aim to provide guidance on how to reduce the incidence of harmful events.

I only found three articles that looked inside the black box of the harmful event to examine the event(s) itself.

Brookes' (2007) presented an analysis of all fatalities in Australia during outdoor education. In his findings he says that errors or failures or problems with logistics are far more likely to be a contributory factor in a fatalities than errors or failures in first aid, indeed that most fatalities occur in incidents where first aid is not a factor. However there was no examination of emergencies as lived events.

Berman and Davis-Berman's (2002) article on emotional crises was the only article to deal in depth with the question of how people do or should respond whilst an event is unfolding that may cause or is causing harm or death, making the point that leaders should know how to respond if there is a crisis on expedition. Their specific focus is on what they call emotional crises, including those situations when a person's emotional state alters to the point where they can no longer operate effectively. They perceive a lack of attention given to this aspect of risk in the outdoors. Berman and Davis-Berman's (2005) article critically engages with some suggested practices to be carried out in the aftermath of a traumatic event. They are not addressing the traumatic event itself. The driving force of their article is their firmly held view of the importance of managing any emotional trauma that arises immediately after or is triggered by an incident. They advocate those leading outdoor activities in remote settings should be trained in the assessment and management of emotional trauma in the field with particular focus on learning when to refer clients to mental health professionals. Their idea that one harmful event (e.g. a fatal accident) can directly lead to other harmful events (people suffering emotional trauma) was very powerful in my theoretical examination of emergencies by posing the question: when does an "emergency" stop? It is also very pertinent to the praxis of those involved in such events, especially those with duties of care.

Barclay (2004) considered the possibility that being involved in an emergency may have an emotional impact on the adult leaders as the emergency is in progress, and that this emotional impact may affect their performance. Brookes (2011) also emphasised that the leaders can also be victims. Barclay (2004) talked about the need for emotional resilience. She also mentions that some staff on exercise felt a fear of failure, and found themselves reluctant to ask for help when they were struggling, and this became a barrier to effective action.

My search of outdoor literature uncovered two other articles which discussed factors that might impinge on one's response to emergencies on an expedition, although these articles do not themselves examine emergencies. Barnes (2006) looked at how consumerism affects both the users (e.g. teachers) and suppliers (e.g. expedition companies and expedition leaders) of outdoor activities, which can lead teachers to act as consumers who expect the expedition company to provide an experience where the outdoor staff become more like holiday reps and less like educators. Of particular concern for the subject of this thesis is the trend by teachers and students to expect the expedition leader and expedition company to take full and total responsibility for safety, rather than fostering "a two way relationship in which clients take a degree of self-responsibility for their own experiences, learning and safety" Barnes (2006, p. 26). Sullivan et al (2011) looked at how teachers build a repertoire of tales that shape and reinforce their views on safety and risk. They found by far the most common repertoire was one that focused on creating and adhering to formal Risk Analysis and Management Systems. In parallel with this adherence to formal risk management systems, Sullivan et al found teachers simultaneously blamed other teachers for accidents that happened on their trips because they must not have followed the risk management systems; expressed a clear confidence that following the risk management systems will keep them and their groups safe; reluctantly confessed a realisation that the risk management system cannot keep everyone totally safe; and possessed a deep fear that something might go wrong and they would get blamed.

I then broadened my search to the academic literature on education more widely. On 14, 15, 16 Feb 2014 I carried out a literature search using the Taylor and Francis journal search tool. I searched for the word *expedition* in the Abstract or as a Keyword, still within the subject area of *Education*. This search returned 40 articles. By way of comparison, a search for the word teacher in Abstracts within the subject area of Education returned 32,684 articles, and for the word student returned 46,655. I read all abstracts of the articles returned, and those that did not pertain to people being on expedition were discarded, leaving 17 articles. Of these 17, two (Boehm and Kracht, 1974 and Pawson and Teather, 2002) focussed on urban expeditions as a means of teaching. Such urban expeditions are short (not overnight) explorations of the area around the school, and so lack the essential qualities of duration and remoteness that characterise the school expeditions being considered for this thesis. Veletsianos et al (2012) examined the use of an expedition for remote teaching, where teachers on an arctic expedition acted as distance teachers to students in the USA. So again it does not address the lived experience of an expedition. Steen (2009) examines the use of an expedition as part of the training of geography teachers, but does not examine the place and role people in positions of responsibility on expedition, nor examine emergencies. Scott and Poland (1992) and Dymont and O'Connell (2007) examine the use of specific tools on expeditions (hand held computers and journals respectively). Beames (2004), Asfeldt and Hvenegaard (2014), Rea (2006), Takano (2010), Stott and Hall (2003), Allison and Von Wald (2010), Hickman and Collins (2014) Ewert and Yoshino (2011) and Tozer et al (2011) examine the experience of students on expedition. Bunyan and Boniface (2000) carried out a case study examining the anxiety of the leader of a training expedition for Physical Education

undergraduates in the Lake District, but the expedition group contained no school students and no accompanying teachers and experienced no emergencies. Tozer et al (2007) look at adaptive expertise and how this would be useful for those in positions of leadership in dynamic and unpredictable environments such as are often encountered on expeditions, though they do not specifically mention emergencies.

Whilst not discussing emergencies per se, Vernon (2011) and Vernon and Seaman (2012) examine the joint nature of leadership on educational expeditions. Both articles are based on the same piece of research (interviews of 5 experienced outdoor instructors), with the latter article being an elaboration of the former. Vernon and Seaman (2012) note that both academic literature and training materials almost universally represent outdoor leadership as an individual or solitary practice, even although co-leading is found everywhere in North American adventure educational expeditions. Their observation echoes my own experience as a both an expedition leader and as a researcher, and theirs were the only articles found that addressed joint leadership. Vernon and Seaman's main focus is on the co-instructor relationship under normal expedition conditions, examining how co-instructors work together and how they live together, and how these two facets of their lives interplay. They note that the joint leaders can powerfully shape the social structure and educational environment of an expedition, and contend that there has been little or no examination of co-instructors and students as social units embedded within broader organisational and social contexts. They acknowledge that the social nature of leadership may have an impact on emergency response, and recommend further work on co-leadership within emergencies.

4.2 Literature review: Emergencies in schools more widely.

Having looked at the academic literature about outdoor education, I decided to broaden my search to look at the academic literature on education more widely. One rationale for doing this was that emergencies are possible within "normal" education contexts (e.g. schools, colleges, universities, nurseries).

I decided to use the academic literature produced by Taylor and Francis as a data set. My reason for choosing this data set was in part instrumental - it is an easy set of articles to interrogate. Another reason was to give a degree of completeness. Taylor and Francis are a respected and very large academic publisher, and interrogating their journals would give a perspective on how this publisher's journals view emergencies, or not. It also makes it simple to search purely within the field of education, as defined by the publishers of the journals. If I were to choose a different search engine then I would be subject to the constraints of the makers of that search engine, who may have a (conscious or unconscious) bias when it comes to selecting which journals are and are not included in their searches, and may also contain a bias regarding which articles are and are not within the field of education.

On 14, 15 and 16 Feb 2014 I carried out a literature search using the Taylor and Francis journal search tool, searching for journal articles with the word *emergency* in the Abstract or as a Keyword within the subject area of *education*. This search found 133 articles. I then read the abstracts of these 133 articles, and found that the bulk of articles were on educating medical staff in emergency medicine, and did not discuss emergencies that happened within an educational context.

There were only eight articles relating to emergencies involving schools, school students or teachers. Of these eight articles, two (Barrios et al, 2003 and Howe et al, 2013) are in fact instructional or guideline articles rather than peer-reviewed academic articles, which left six articles. By comparison, a search at the same time for the word *teacher* in Abstracts within the subject area of Education returned 32,684 articles, and for the word *student* returned 46,655. So it is clear that emergencies receive relatively little attention, as predicted.

In her studies of mentoring junior teachers, Orland-Barak (2003) includes an account of violence in the classroom of a junior teacher where rather than getting support and advice the teacher received cynical remarks from her peers and a reprimand from the school principal. A senior teacher advised that in the event of violence in the classroom, a teacher should be prepared for a lack of support from other school staff. Compton et al (2003) studied the teachers in one school and found that less than half would be willing to use CPR in school. The main reasons given for this reluctance were fear of litigation, fear of contracting a disease, fear of doing it wrong and fear of hurting the casualty. Heinen et al (2007) examined schools in Virginia who introduced or improved surveillance by CCTV and found that the introduction of the technology by itself made the teachers feel safer from school violence. Heinen (ibid.), Lee et al (2008) in post-Katrina Mississippi and Barclay (2004) in New Zealand all stressed the importance of pre-emergency planning, training and drills. In the schools they examined, Lee et al (2008) and Barclay (2004) both found that school emergency plans were incomplete and outdated or did not exist, staff training was poor, and no emergency drills had been carried out (Heinen et al (2007) did not examine these questions). Barclay (2004) and Heinen (2007) stressed the importance of building good working relationships with outside agencies, not least which agency would perform what task. Barclay (2004) and Barrios et al (2003) stressed the importance of preparing for the possibility that school staff may be involved in the emergency for a long time, and needed to take steps against being overwhelmed. Barclay (2004) emphasised the importance of specific training of staff so that they can deal with the emotional impact of someone in your care having been hurt or killed, for example. Finally, Morrison (2007) examines a model for helping support a school in the midst of a crisis, involving external staff coming in to help. She stresses the difficulty of assessing whether one has done a good or a bad job intervening in a crisis because each crisis is so different and contains so many different factors that it is difficult to say whether the intervention was more or less successful using one intervention model than it would have been using a different intervention model.

Barclay (2004) talks about the need for emotional resilience. She also mentions that some staff on exercise felt a fear of failure and found themselves reluctant to ask for help when they were struggling. Lee et al (2004) mention that schools in their emergency plans paid scant attention to the possible sustained nature of an emergency, and found that the least effective part of emergency planning was responding to an incident of great breadth, intensity and duration.

Literature review: violence in schools as an example of emergency

Having found very little examination of “emergencies” within the academic literature within education, I decided to examine violence in schools as a subset of emergencies within schools. I began with the premise that any act of violence at school is an emergency. Violence at school is unplanned, unwelcome, carries harm or the risk of harm, and a response will often involve taking action out of the ordinary (i.e. changing the rules of social interaction). Compared to other means of harm, violence can have a significantly greater psychological and emotional impact on all those

involved because the harm is done with intent (Grossman, 1994). There is an academic journal devoted to this topic: the Journal of School Violence. This is a peer-reviewed journal published by Taylor and Francis. So I examined all published issues of the journal from Volume 1 Issue 1 (2002) to Volume 16 Issue 1 (2017). This comprised 60 issues containing a total of 343 peer reviewed articles.

Of these 343 articles, only 3 looked at violent incidents in detail. One looked at preparing teachers to deal with violence, and this focussed on the introduction and improvement of CCTV (Heinen et al, 2007). This left only two articles examining the teacher's experience of confronting violence, and that very minor violence (pushing, shoving, slapping etc). Gill and Stenlund (2006) described an instance of bullying in a very small school in rural Sweden (which was tackled by enrolling three other students as peer police), and Blain-Arcaro et al (2012) carried out a major survey into the factors that influence a teacher's decision to intervene in indirect bullying. Yet Gill and Stenlund (2006) suggest that far more serious violence is rife and cite a study in the USA that found 12% of primary school children had been threatened with a gun or a knife in the past week, and another study in the USA which found 58% of a sample of primary school children had engaged in physical fighting or had carried a gun or knife in the last year. Yet the Journal of School Violence contains no examination of the experiences of the teachers who encounter such serious events, nor any examination of what preparation the teachers receive to aid them in responding should they be faced with such serious incidents.

4.3 Literature review: joint leadership of expeditions, joint teaching.

One of the interesting aspects of school expeditions is the leadership dynamic between the expedition leader and the school teacher(s). At school, the most common model is the teacher is in charge of a class, and they work alone. Sometimes they may have an assistant. If there is a school trip to a museum, my teacher friends tell me that the museum education staff usually take on responsibility for all teaching, and the school teacher either sits in the background or goes for a coffee until the session is over. But on all school expeditions I have been on, the burden of leadership is officially shared between expedition leader and school teacher(s). In the literature search described above, I also looked for mention of corporate or joint leadership of outdoor activities.

In all the outdoor education literature I examined, only Vernon (2011) and Vernon and Seaman (2012) examined the corporate nature of leadership. They found that outdoor leadership is almost universally discussed as an individual task where individual skills and attributes are key, and yet the vast majority of expeditions involving young people have more than one leader, and the interactions between the leadership team is very important. In the literature on emergencies examined above, only Heinen et al (2007), Lee et al (2008) and Barclay (2004) discussed responding to an emergency as a team, and they all emphasised the importance of drills in helping the different staff learn to work together.

Given the time constraints of my thesis, this aspect of dealing with an emergency was not something I could analyse in any detail. However I have mentioned times when the working relationship between me and the teachers felt productive, and the times when I had difficulties. My narratives all record whether I had one or two teachers accompanying me, so I hope I have

left data rich enough to be of value to any future researcher who wishes to examine joint leadership in more detail than I was able to.

4.4 Literature review: popular literature

Coverage of emergencies on expeditions in popular media is extensive and includes films, tv programmes and books. Stories that are frequently revisited include Scott and Shackleton's Antarctic expeditions (see for example Hurley 2004, Shackleton 1919, Worsley 1940, Cherry-Garrard 1922, Fiennes 2003, Crane 2005, Barczewski 2007), Franklin's attempt at the North West Passage (Savours 1999, Alvarado 2013, Cookman 2000, Beardsley 2002), the Everest disaster of 1996 (Krakauer 1997, Weathers and Michaud 2000, Boukreev and DeWalt 1997), the 2008 K2 tragedy (Bowley 2010). Expeditions that would otherwise have gone unnoticed by the wider public are popularised by the quality of the writing and by films of the book, for example the films "Touching the Void" and "127 Hours" based on autobiographical accounts of surviving serious incidents by Simpson (1998) and Ralston (2004) respectively. I have found no popular discussion of emergencies involving groups of school students on expeditions.

In the popular works cited above there seem to be common themes such as the emergency may last a long time. The importance of being able to make and then implement plans whilst in pain and distress and under pressure. Ingenuity and collaborative efforts are also regarded as important in many situations. There are nuanced discussions of changing or adhering to plans. On the one hand, changing a plan just in order to do what you want to do is generally regarded as dangerous when the conditions are not given sufficient weight, for example ignoring the turn-around time on an attempt on Everest. On the other hand, flexibility and the ability to continually change existing plans according to a changing situation was regarded as important, for example in the Shackleton expedition and in the survival of Joe Simpson.

4.5 Literature review: How emergencies within education are viewed by the emergency and disaster research community

I wondered how emergencies within education were viewed by academics whose main focus is on disasters and emergencies. To this end I searched two peer-reviewed academic journals: *Disaster* volumes 1:1 (March 1977) to 38:2 (April 2014) and *Disaster Prevention and Management* volumes 1:1 (1992) to 23:2 (2014). I searched both journals using the publishers' own search engines looking for every article with the word "teacher" or "school" in the abstract. This gave 27 and 24 articles respectively. I then read the abstracts of all 51 articles and rejected those that were clearly of no interest to this thesis (for example, articles about health effects on *school*-age children, or the siting of *school* buildings to minimise flood risk). Where the abstract suggested the article would be of interest, I read the article. This gave three and eight articles from the respective magazines. The findings of these articles selected from the journals *Disasters* and *Disaster Prevention and Management* are summarised below.

Sahin et al (2009) examined the debriefing of teachers after the Marmara earthquake in Turkey in 1999 and found that the teachers who were debriefed recovered from their experiences more quickly than those who were not debriefed, though the effects varied between individuals. Ng (2014) found that in China, getting students back into full-time education after their school was destroyed was a very positive move for their well-being, with students cheering at this experience of a partial return to normality. Gratton et al (1987) examined the recovery of a particular school after the 1985 earthquake in Mexico City. They made general points about the importance of taking into account the physical, psychological and social effects of the disaster, and that recovery should address these three aspects. The authors argued strongly in favour of schools having a recovery plan. The school examined did not have a recovery plan, and yet the school recovered well. The authors concluded that the effective recovery was because of the strong social cohesion and commitment of staff, students and parents that had been nurtured for many years previously and because of the school's particular of management and communication structures. Chen and Lee (2012) examined the effects of Typhoon Morakot in 2009 on schools in Taiwan. They made observations about what preparations were effective: the development of wider (i.e. beyond the individual school) operation and support mechanisms for after the disaster and the use of popular (not confined to the classroom) education in disaster awareness. They also made recommendations for the future: that disaster preparedness be integrated formally into the school curriculum, that safety/vulnerability assessments take account of climate change, and that attention is paid to psychological recovery after the impact. Momani and Salmi (2012) examined the preparedness of schools in Jeddah, Saudi Arabia to deal with earthquake risks and found there was no preparedness. Ozmen (2006) examined disaster preparedness among school principals in Turkey and found this to be very low, despite Turkey being seismically active. Öcal and Topkaya (2011) examined 181 schools in a particular area of Turkey with a high seismic risk. They pointed out that hazard education has been part of the official curriculum of Turkish schools since 2004. However, they found that fewer than two thirds of schools had a disaster plan. Closer scrutiny revealed that most of the school disaster plans were generic plans and not tailored to the specific school, and that the school plans were not regularly updated. The situation in Armenia was quite different, according to Shiwaku (2014), who compared training for school disaster management in Armenia with that in the Hyogo area of Japan, scene of the 1995 Kobe earthquake and found the Armenian preparations for disasters to be very thorough. All school teachers should have at least 18 hours training, with school directors and deputy directors receiving 34 hours and each school with at least one specialist teacher receiving 78 hours training. There were regular drills, and plans

were in place for post-impact normalisation of the school. Plans for post-impact included psychological care. Shiwaku and Shaw (2008) note that disaster preparedness in Maiko, Japan is integrated into the school curriculum. Education managers, reviewing previous work that suggested social capital increased the chance of survival, devised disaster preparedness training that is designed to increase social resilience and improve the social response, rather than simply focussing on individual skills and responses. A further deliberate aim was to narrow the gap between intention and action when it comes to preparedness. Attention is given to pre- trans- and post- impact events. O'Connor examined school staff and student responses to the 2011 Christchurch earthquake (O'Connor and Takahashi, 2014). His work stressed the importance of love and care in helping both staff and students to recover. He discovered a consensus that much had been learned, but in the 18 months since the earthquake there had been no changes made to disaster response plans or other response resources because people had not taken the time to make any changes.

In the course of this review of the literature, four other articles caught my attention as being pertinent, and they all touched on the common phenomenon of a delayed response to an emergency. Lindell (2013) gave an overview of disaster studies from a sociological perspective. He codifies the three phases: pre- trans- and post- impact, but makes clear that the boundaries between these phases may be blurred, e.g. an earthquake may cause a chemical spillage. He describes four functions: hazard mitigation, disaster preparedness, emergency response and disaster recovery, but says they may be concurrent and that definitions are not always consistent between countries. However, from the wider literature accessed above, there does seem to be a consensus about the distinction between response (keep people alive) and recovery (rebuild their lives) though again the boundaries may be blurred. With respect to emergency response, Lindell's (2013, p 806) echoes some of my own experience: "most people respond adaptively albeit somewhat delayed because *normalcy bias* stimulates confirmation (*milling*) before initiating protective action." Another observation of pertinence to emergencies on expeditions is that most people respond to emergencies in their customary social units. Thus, expeditions would benefit from building a cohesive and appropriate social structure before facing an emergency, a view also expressed by O'Connor and Takahashi (2014) and Gratton et al (1987).

Liu et al (2014) investigated people's perception of environmental risks that lay in the future. They found that people tended to give greater weight to certain hazards (i.e. the hazard is certain to occur) with increasing proximity in time, and gave less weight to hazards that were perceived to be far off in time. This may have relevance on expeditions with respect to emergency avoidance and the willingness to take pre-emptive impact-reduction measures. Duclos et al (1987) examined those who evacuated their homes to an emergency shelter as a result of a chlorine spill. There were a number of observations of interest to this thesis and that echo my experience as an expedition leader. Evacuation from the chemical spill contained risk, and people were hurt in the evacuation. The evacuation was slower than the emergency services thought wise. Delays in evacuation were sometimes rational (fear of looting, lack of a place to go, lack of understanding of the risk, the presence of those with low mobility, pets). The authors suggested dealing with these rational fears through better communications. Delays in evacuation were sometimes irrational: the warning itself sometimes caused those who were warned to panic, and this delayed their evacuation. Finally, the response of those warned seemed to vary according to who gave the warning, with official warnings (e.g. from the police) resulting in greater and swifter compliance. From a more individual and less social perspective, Leach (2004) examined why people often

freeze in an emergency, focussing primarily on the Manchester Airport fire of 1985 and the sinking of the ferry *Estonia* in 1994. Of people freezing in an emergency, he concluded "so common were the reports that it can be argued that the classic response to danger should be restated as, 'fight, flight, or freeze.'" (Leach, 2004, p.542) He considered this from a cognitive perspective. It takes many seconds at least to process a new situation, and the more complex the situation the longer this takes. However, if one has learned certain responses to certain situations, then the brain can retrieve these responses far faster than it can devise new responses to novel situations (as quickly as one tenth of a second). He notes "In a developing disaster, events move fast and success will often go to those who can respond quickly and appropriately" (Leach, 2004, p.541) and recites several case studies where survivors made their escape past other who merely sat until they were killed by flames in the case of the Manchester Airport fire or were swamped by the inflowing water in the case of the *Estonia* sinking. He also suggests that an attitude of denial can prevent the learning of appropriate emergency skills (either because people don't invest in training because they don't believe the risk is real, or people refusing to participate meaningfully in the training because it would make them accept the reality of the risk). He then made a series of recommendations for training. He finds the formal training as given to the military and to personnel in the maritime and aviation industries to be effective, but he accepts this may be impossible for the wider public. For the non-professional he advocates "indirect training and marketing of survival concepts" (Leach, 2004, p.541) and that the preparation and training of those professionals who work with the public in emergencies should take account of the propensity of many people to freeze, and to devise their own training and provision of safety materials accordingly. Finally, Leach insists that "children should be acknowledged as functionally different from adults due to their neurological and cognitive development" and be given age-appropriate training before and age-appropriate support during an emergency, but also that children present a unique opportunity to be inducted into "a self-rescue culture." (Leach, 2004, p.542)

These findings, that institutions can be slow to react to emergencies, and be reluctant to change in the light of experiencing emergencies, are echoed in the stories 5 (page 128), 11 (page 146), 15 (page 159), 19 (page 170).

5 Example narratives

5.1 An example of the development of a narrative

This is an example of the progression I made in writing narratives for this thesis. I include this to give an example of how I developed the narratives over time. I also deemed it valuable to the reader to have an example of an emergency in the main body of the text.

I begin with a copy of the formal post expedition report.

Then there is the journal entry I wrote a few months after the expedition as part of my reflective practice.

Finally is the first draft of this story as I wrote it for this thesis.

The first two narratives are taken verbatim from the documents described. Any detail that might identify any of the participants has been removed in order to preserve their anonymity. The deleted text has been replaced with as brief a summary of events as possible in order to give a broad outline of what happened. The inserted text is in italics.

Caroline's abdominal illness: Extract from my official post-expedition report:

Caroline was one of many on the team who had an upset stomach for part of the expedition. However, on the evening of *Monday* Caroline appeared to get worse. Detailed examination revealed nausea, stomach cramps, aches in all her limbs, fever, and elevated pulse. I was concerned not just by the symptoms but also by the way she had got worse over the previous few hours. Looking at the expedition company's medical handbook she had many of the symptoms that suggested the possibility of malaria, and the handbook said in bold that evacuation and medical assessment are absolute priorities. Simultaneously I started trying to arrange transport from *our remote village* to the hospital in *a nearby city* and trying to contact *the expedition company*. Three hours after my detailed examination, Caroline was in hospital in the nearby city. She was accompanied by a friend (Leah) and myself. Leah shared a private room with Caroline, and I had a room up the corridor. Caroline was diagnosed with *a serious abdominal illness* on *Tuesday* and had surgery 6pm that day. Caroline stayed in hospital until *Thursday*, when members of her family were able to join her from *their home country*. She stayed in the city until she was declared fit to fly, then flew home. Of course, the 24 hours before her operation and the 24 hours after were hectic. Caroline was of course upset, and her situation was complicated by her fear of needles. Her friends amongst the team were great. She was never alone, and the cheery banter from her mates was a huge benefit. The doctors spoke little or no English, and my *understanding of the local language* is very poor. However, medical terminology is very similar in both languages, so this plus Google translate meant that communication worked well.

Caroline's abdominal illness: extract from my journal written approximately a month after the expedition:

The post expedition report makes it all so clear and simple, but in reality things were more complex. I knew from before the start of the expedition that Caroline had a chronic abdominal problems. On the day in question, Caroline had complained of abdominal pains all day, but earlier in the expedition several people had had gut infections and there was nothing to make this particular sore abdomen stand out. It was only after dinner that Caroline complained the pain was

increasing and that she now had joint pain, and it was these symptoms that caused alarm. If we had acted sooner there would have been no quandary over driving at night.

Once I reached the point of being seriously concerned I had a two big decisions to make and I found neither of them straightforward. The first was whether Caroline go to hospital immediately or instead we observe her overnight and see how she was in the morning. A factor not mentioned in the official report was that the expedition company's formal Risk Assessment for the country expressly forbade road travel after dark: her symptoms took time to become severe enough to cause concern and by the time I decided she was in the medical risk category it was almost 2 hours after sunset. So which procedure should take precedence: the medical procedure saying she should go to hospital or the risk management procedure that said to avoid travel after dark?

If Caroline were to go to the hospital, should I accompany her or should one of the teachers? Factors in my consideration included the knowledge that travel to the hospital after dark might not be easy. I had significantly greater skills and experience than the teachers in managing casualties in remote settings, and in interacting with hospitals in countries where we were unfamiliar with processes and where language might be a barrier. If one of the teachers accompanied Caroline, would the teacher have the skills to manage her health until they got to hospital? What if there were to be any problems on the journey? Would the teacher be able to manage or facilitate Caroline's contact with medical staff who may or may not speak English?

But if I were to go with Caroline, this would mean the rest of the team would remain overnight in a remote location with two teachers of less skill and experience than myself. The whole team would then have to make the journey to the city the following day without me there.

I consulted with the teachers over both these questions. They did not make any suggestions, but they did agree with my decisions and supported them. With hindsight I cannot be sure whether this was because they fully agreed with me or whether they were bowing to my experience. Certainly they had the option of vetoing the plans and did not do so.

Weighing all this up, I felt in my bones that Caroline's condition was potentially serious and it would be better for her to see a doctor sooner rather than later. I also felt that the rest of the team could manage just fine without me – there were no other obvious health risks at the moment, and teachers and students were both getting well into expedition life and should manage the exigencies well.

Part of the protocol of these expeditions is that I should let the expedition company know as soon as possible if there are any emergencies. If necessary, I should discuss matters with them.

The expedition company gave us 2 telephone numbers: one for administrative matters and one for emergencies. I called the emergency number. The person who took the call asked: "Is this an emergency?" At this point there was no immediate or obvious threat to life. Was this an emergency?

I answered: "Yes."

At this point the incident became "an emergency." It became an emergency because I decided it was an emergency, I acted as if it was an emergency, and I chivied everyone I spoke to into acting as if it was an emergency. In John Austen's terminology, I accomplished a "speech act." (Austen, 1962) I spoke, and as a result of my words the world changed. Also, my phone call to *the expedition company* caused the staff there to create an official "incident."

I asked for help from everyone I could think of – *the expedition company*, our in-country agent and the local community. One of the local families drove us in a pickup to hospital, where we were met by the assistant to the in-country agent. She acted as interpreter for the booking in, and was most helpful. Overnight Caroline was attached to a drip and was given pain relief and 3 litres of fluid intravenously. I was very glad we had taken the decision to go to hospital.

The next morning, our in-country agent came into the hospital. *He* “knew” what was wrong – it was yet another case of westerners not adapting to the environment. Just a bit of rest and rehydration and she would be fine. He tried to take control of the relationship with the medical staff and to influence the direction of treatment according to his “diagnosis”. Both I and the medical staff resisted this, and he left.

As the day progressed and as the doctors treated Caroline the nature of her symptoms changed. In the afternoon the physician diagnosed *a serious abdominal illness*. This disease is defined as a “medical emergency,” so once the doctors arrived at this diagnosis we had a clear emergency rather than my vague-but-strong sense that all was not well and that we should get this person to a doctor. The treatment was surgery, but before any surgery was attempted, the surgical team wished to make their own diagnosis. Once they confirmed the diagnosis, they scheduled surgery immediately, and less than an hour later Caroline was in theatre. Throughout all this I was in contact with *the expedition company* hourly or when there was some significant news to report.

By the time she was in hospital, was the emergency over? Certainly, it felt more comfortable, in the sense of being better equipped to respond to what was going on: we were “in the right place.” My relationship to the emergency changed significantly once we were in the hospital: responsibility for her well-being was now shared with the attending physician. But Caroline was clearly still unwell, and was clearly not getting better. With a specific diagnosis the nature of the emergency changed: Caroline's *abdominal illness* was officially a “medical emergency” and the medical staff acted with drive and vigour, with neither hesitation nor rushing. Of course, surgery under general anaesthetic contains risk. Because she was under 18 and her parents were in a different continent, I had to sign the consent forms in loco parentis. I did this after speaking to *the expedition company* and to Caroline's *family*, but even so I felt my signing of the consent forms changed my relationship with the emergency yet again.

After the operation was over the doctors told us that there were no complications during surgery, and they had found no *complications* which meant that her prognosis was good. But Caroline was quite woozy and a bit distressed for a few hours after the operation, so it did not feel that we were out of the woods. At 2am after the operation I was called upon to mediate between her and the medical staff after 4 failed attempts to give her intravenous medication. I prevailed upon the staff to consult a doctor as to whether she could have the drugs orally (she could, to everyone's relief).

By lunchtime of the day after her operation, Caroline was walking about. It seemed the immediate threat was over. I felt that we were no longer in “an emergency.”

By that evening I was happy to leave her in hospital with one of the teachers along the corridor, and the following morning I went on a trek.

One day after this, *members of Caroline's family* arrived from *their home country*. With the arrival

of her family I felt my relationship with the incident had changed: her *family were* now responsible for her safety *and* looked after Caroline. I felt I did not need to supervise them, but I strongly felt that I should hold myself ready should anything further happen. Indeed *Caroline's family* wanted to talk to me about what had happened, and it felt that this was more a way of coping with the situation than an exercise in finding out what had happened.

I met them all on our return from our trek, as they were waiting for medical clearance as being fit to fly. By this point Caroline was up and chatting and laughing. It seemed the **emergency** was well over. But it felt that the **incident** was not over until Caroline plus family were back home.

As for my concern about the teachers' abilities to deal with the situation: it later became clear that one teacher had a fear of hospitals, and she got very distressed visiting Caroline. The other teacher took over as point of contact between me leaving for the trek and Caroline's *family members* arriving from *their home country*, and they found communication with the local staff far more difficult than I had. But fortunately there were no difficulties when they were supervising her care.

Caroline's abdominal illness: My writing of the story as a first draft for my thesis, several years after the event

I was leading a school expedition. In our group we had between 12 and 20 students.... There were two teachers with the group.... All were from the same school, which was in a wealthy, western nation where English was the first language. We were spending approximately four weeks in a country with a low level of medical provision, a low level of economic development, and where there was very little English spoken.

Among the group I had the best first aid and the best medical skills and knowledge, by a significant margin. In practice this meant I took the role of chief medical officer as well as overall expedition leader. The following are some of the people on the expedition:

Caroline (not her real name) was a ... female with no disclosed health problems.

Early events

The report spends some time describing earlier incidents affecting the health and wellbeing of members of our group.

Although these incidents ... were potentially serious I did not feel they constituted an emergency. However, these events did lead us to change our plans and expend effort in order to prevent something bad from happening.

Medical emergency: Caroline gets abdominal illness

We were two thirds of the way through a four week expedition. We were *spending several days* in a small village. We were staying at *premises* which had one power socket, 2 electric lights and a tap. We were sleeping on floors. There was no internet, but we did have mobile phone reception.

The village was about 1½ to 2 hours up a dirt road from the nearest town. This town was a university town with two hospitals.

Extract from Post Expedition Report:

This first draft contained verbatim the report written immediately above. I have not repeated it here for sake of brevity.

When did the emergency begin?

In reality, I had a some internal debates before making any decision. Should Caroline go to hospital immediately or would it be better to observe her overnight and see how she was in the morning. If Caroline were to go to the hospital, should I accompany her or should one of the teachers? Factors in my consideration included the knowledge that getting to the hospital might not be easy: by the time I examined her closely it was almost 2 hours after sunset. There were strict safety guidance against travelling after dark. The longer we waited, the more difficult it would be to get transport as people went to bed. Also, if she got worse, it might become dangerous to move her. On the other hand, if we travelled to hospital after dark and had an accident, that too would be bad.

As to who should accompany her to hospital: I had significantly greater skills and experience than the teachers in managing casualties in remote settings, and also skills in interacting with people with whom I did not share a language, and I had experience into how health care systems worked in other cultures.

If one of the teachers accompanied Caroline, would the teacher have the skills to manage her health until they got to hospital? What if there were to be any problems on the journey? Would the teacher be able to manage or facilitate Caroline's contact with medical staff who may or may not speak English?

But if I were to go with Caroline, this would mean the rest of the team would remain overnight in a remote location with two teachers of less skill and experience than myself. The whole team would then have to make the journey to the city the following day without me there.

Weighing all this up, I felt in my bones that Caroline's condition was potentially serious and it would be better for her to see a doctor sooner rather than later. I also felt that the rest of the team could manage just fine without me – there were no other obvious health risks at the moment, and teachers and students were both getting well into expedition life and should manage the exigencies well.

Part of the protocol of these expeditions is that I should let *the expedition company* know as soon as possible if there are any emergencies. If necessary, I should discuss matters with them. *The expedition company* gives us 2 telephone numbers: one for administrative matters and one for emergencies.

I called the emergency number. The person who took the call asked: "Is this an emergency?" At this point there was no immediate or obvious threat to life. Was this an emergency?

I had an initial flash of anger at being asked this question - why else was I using it? I repressed the urge to give an angry or sarcastic answer.

I simply answered: "Yes."

At this point the incident became "an emergency." It became an emergency because I decided it was an emergency, I acted as if it was an emergency, and I chivied everyone I spoke to into acting as if it was an emergency. Also, my phone call to *the expedition company* caused the staff there to create an official "incident."

I spoke, and as a result of my words the world changed. Not just people's perceptions of the world, but we now had an official "incident" that was an "emergency".

One of the things I discussed with *the expedition company* with the aim of getting transport to a hospital. The hospital we decided to go to was regarded as the best hospital in the nearest city. Other medical facilities were too far away. *The expedition company* also had an in-country agent who lived in the nearby city, "Paul", so I phoned him as well. When he discovered that I had spoken to *the expedition company* directly and not just relied upon him he became annoyed.

Within an hour we had a vehicle and driver. Before departing, the teachers and I planned what to do the next day. Whilst I went to the hospital that night with Caroline and a friend, everyone else would go into the city the following day as already planned. We arranged to meet up at a certain place at 1.30pm.

I went to the hospital with Caroline, and we were accompanied by one of Caroline's friends.

When I arrived at the hospital, I was met by "Sam" who worked for "Paul" the in country agent. Sam acted as interpreter, and was very useful, and stayed until we were all settled in.

I reported to *the expedition company* that we were at the hospital.

At the hospital. Changes in my relationship with the emergency.

By the time she was in hospital, was the emergency over?

Certainly, my levels of stress reduced. Although I was still in loco parentis and was still the overall expedition leader, I was no longer the most skilled medical person present. I was no longer the person making the diagnoses upon which decisions could be made.

I also felt relieved that we had made the journey to the hospital in safety. And felt that things were safer for Caroline in the hospital than in the village.

However, Caroline was still in a great deal of pain and we did not know what was wrong with her. I had duty of care over someone who was legally a child who might be seriously ill. Also, there was still the matter of the rest of the group whom I had left in a remote location.

I was further relieved when the malaria tests came back negative - Caroline did not have malaria. Of course, this relief in my mind was soon replaced by the question of what was wrong with her. Again, I reported this information to *the expedition company* as soon as I was able, and said that Caroline was still unwell and would be kept in hospital.

Overnight Caroline deteriorated. She received *invasive medical treatment*. She was in a great deal

of pain, and received strong pain medication.

I felt very pleased that we had come to the hospital. My pleasure was not just that Caroline was in the best place. I was also pleased that I had taken the "right" decision - our highly disruptive trip to the hospital was vindicated.

Each time I woke, I called *the expedition company* to inform them of how Caroline was.

As the night and then the morning progressed the doctors treated Caroline's symptoms and carried out further tests, and the nature of Caroline's symptoms changed. *The original report contains details of the symptoms and how they changed.* For the whole day I called the expedition company whenever there was any new development. If there was no big development, I called every hour. I was aware that Caroline's parents were being informed, and were keen to hear how she was doing.

While this was going on Sam's boss, "Paul", came into the hospital. Paul "knew" what was wrong – it was yet another case of westerners not adapting to the environment. Just a bit of rest and rehydration and Caroline would be fine. Paul tried to take control of the relationship between the student and the medical staff. Both I and the medical staff resisted this. I did not want to complicate the relationships with the medical staff. The medical staff and I did not want to complicate the set of working relationships. Also, his clear desire to take control of the situation was inappropriate: he was not in a position of loco parentis to the student, I was; and he had less medical knowledge than the doctors. His assumption that he knew what was going on would have been dangerous if he had had authority, because he might have acted upon a false diagnosis. Indeed, the doctors and I had already decided that this was a serious matter that was unlikely to be solved by rest and rehydration.

Also, I was in a position of duty of care, and did not feel it was appropriate to share medical information about Caroline, especially at this stage when it was all speculative. It all felt awkward.

Paul did not want to remain to help with translation.

Paul left.

The doctor said he wanted to take Caroline for *medical tests*. Again, I communicated this back to the expedition company.

At approximately noon the physician diagnosed *a specific abdominal illness* that is defined as a "medical emergency," so once the doctors arrived at this diagnosis we had a clear, official emergency rather than my vague-but-strong sense that all was not well and that we should get this person to a doctor. The treatment for her *abdominal illness* was surgery, so a surgical team was called.

Again, I contacted the expedition company straight away, who contacted Caroline's parents.

With this diagnosis the nature of the emergency changed: the medical staff acted with drive and vigour, with neither hesitation nor rushing. Surgery under general anaesthetic contains risk. Because she was under 18 and her parents were in a different continent, I had to sign the consent forms *in loco parentis*. I did this after speaking to the expedition company who had spoken to Caroline's parents, and I was told that her parents were happy to go ahead. Nevertheless, this felt

a big thing I was doing. I felt this changed my relationship with the emergency yet again. In a modern Western hospital *treatment of this condition* would leave little or no lasting scarring. This was not an option in the hospital we were in, and so Caroline would have a large scar after the procedure.

I then went to meet with the rest of the expedition team as arranged. I was in a rush, because I had to get back in time to meet with the surgeons. I did not wish to trigger a discussion in the street, so I merely met them and led them to the hospital. It was clear that the teacher had expected that Caroline would be fine and was quite taken aback that Caroline was still in hospital. Once at the hospital (where I held myself ready for when the surgical team arrived) I explained that Caroline had *an abdominal illness* that would require an operation. Caroline's friends gathered round her and gave a great deal of moral support.

Shortly afterwards I received a phone call from the expedition company, saying Caroline's *family member* would like to speak to her. We arranged a suitable time, and Caroline's *family member* got to speak to *her*.

The surgical team arrived in the mid afternoon and they carried out their own examination. Once they confirmed the diagnosis, the surgeon scheduled surgery immediately. By 5pm Caroline was in theatre. One of her friends accompanied her as far as was possible.

After the operation was over the doctors told us that there were no complications during surgery, and they had found no sign of *medical complications* which meant that her prognosis was good. But Caroline was quite woozy and a bit distressed for a few hours after the operation, so I felt the situation was not over - I still felt tense.

It did not feel that the emergency was "over".

The next day we were due to begin a trek. I did not feel comfortable beginning a trek when Caroline's condition was uncertain, so I postponed the trek by one day, and informed the expedition company of my decision, which they ratified.

That night I again slept at the hospital. At 2am I was wakened and asked to mediate between Caroline and the medical staff after 4 failed attempts to give her intravenous antibiotics. I prevailed upon the staff to consult a doctor as to whether she could have the drugs orally. She could, to everyone's relief.

The next morning some of the other students arrived with snacks, treats and good cheer. *The original report details some of the students and the help they provided.*

By lunchtime of the day after her operation, Caroline was walking about. It seemed the immediate threat was over. I felt that we were no longer in "an emergency." Throughout the day I gave frequent news updates by telephone to the expedition company, who passed the information on to Caroline's parents.

By that evening I was happy to leave her in hospital with one of the teachers with a plan on beginning the trek the next day. Given *other confidential considerations*, the teachers and I decided it was best if teacher John remained with Caroline.

I leave Caroline in hospital to trek with the others. <redacted>

The following morning (36 hours after Caroline's operation) I began a four day trek with the rest of the students.

Whilst on the trek we had another medical incident that required an emergency response.

By this time I had heard from the expedition company that Caroline's *family members* were due to arrive that night (i.e. two days after Caroline's operation). Her *family members* could assume care of her, and John could rejoin the rest of us at our camp the following night. *The original report details another medical incident that required an emergency response, and we were joined by John at the camp site that evening.*

When I had confirmation that Caroline's *family members* had arrived, I was very relieved. It felt that my relationship with this particular emergency had changed again - I still had a duty of care, but I was no longer in loco parentis.

On the return from our trek Caroline was up and alert and laughing. She was waiting for medical clearance to fly home. I spoke at length to *her family members*. Most of the time I just *listened as Caroline's family members talked about what had happened and expressed great appreciation for the frequent updates they had received about Caroline's condition.*

At this point I felt that Caroline's emergency really was over, which is interesting, because I had felt the emergency was over when Caroline was able to walk about after her operation. The "incident" would not be over until she and her *family members* were home again.

There was then another incident on the expedition.

One day later I heard that Caroline and her parents got home safe and well.

Another incident.

The report then goes on to describe a further incident that happened after Caroline had got home safely.

Final thoughts.

It seems obvious but may be worth saying explicitly that the different actors in the above narrative may have different perspectives from me. Differences in perspective would arise because of the individual people they were, their character if you will, but also according to their knowledge and experience, and according to the role they played. *The report at this point describes events from the particular perspective of others in the group.* There were of course many other people involved whom I have not described, for example our hosts in the small village and the other students. They, too, would have their own perspectives.

Caroline's abdominal illness – final version.

What happened

There were students, two teachers and myself. We were two thirds of the way through a long expedition in a tropical area, and were in a small village in a rural area. The nearest medical

facility was a hospital in the town about 1½ to 2 hours along a dirt road. There was no internet in the village, but we did have mobile phone reception. Our plan had been to leave this village on Wednesday for the town.

Like several of the other students, Caroline had had abdominal pain during the expedition. On Tuesday evening Caroline appeared to get worse. She had nausea, stomach cramps, fever, and elevated pulse. I was concerned not just by these symptoms, but also by the fact that the symptoms were worsening. Our official medical handbook suggested that these symptoms might indicate malaria, and said in bold that evacuation and medical assessment were absolute priorities. Our official risk assessment said we should not travel by road after dark, and it was now two hours after sunset. I decided the balance of risk was that we should get Caroline to the hospital. I discussed this with the teachers, and they agreed. We also discussed who should accompany Caroline to the hospital, and decided I should go. The rest of the group would travel to the town the next day as planned, and we would meet up there.

Part of the protocol with this particular expedition was that I should let the expedition company know as soon as possible if there are any emergencies. The expedition company gave us 2 telephone numbers: one for administrative matters and one for emergencies. I called the emergency number and discussed plans with the expedition company. One of the things we discussed was getting transport to a hospital – we decided to use the one in the town. The expedition company also had an in-country agent who lived in the nearby city, "Paul", so I phoned him as well. When he discovered that I had spoken to the expedition company directly and not just relied upon him he became annoyed. Within an hour we had a vehicle and driver. Before departing, the teachers and I planned what to do the next day. Whilst I went to the hospital that night with Caroline and a friend, everyone else would go into the city the following day as already planned. We arranged to meet up at a certain place at 1.30pm.

Caroline, her friend, and I were driven to the hospital in a pickup owned by one of the villagers. We were met at the hospital by Sam, one of Paul's assistants. Sam acted as interpreter and got us booked in, and was very helpful. She left us late at night. The hospital put Caroline in a room with her friend, and also gave me a bed. Very quickly the hospital gave Caroline a test for malaria, and found she did not have this. But her condition deteriorated and overnight she was given a lot of medical attention. That evening Caroline was very unwell and needed a lot of medical attention to manage her symptoms, including intravenous medication.

The next morning, Wednesday, our in-country agent Paul came into the hospital. He "knew" what was wrong – it was yet another case of westerners not adapting to the environment. Just a bit of rest and rehydration and she would be fine. He tried to take control of the relationship with the medical staff and to influence the direction of treatment according to his "diagnosis". Both I and the medical staff resisted this, and he left.

As the day progressed the doctors treated Caroline and carried out a series of investigations. I gave the expedition company regular reports by phone, and they had been passing this information on to Caroline's family. In the afternoon the physician diagnosed a specific abdominal illness. He called in a surgical team, and as we waited for their arrival I found the rest of the group and told them what was happening. We decided to cancel our plans to go on a trek the next day and spend an extra night in town. I then went back to the hospital in time to meet the surgeons, who confirmed the diagnosis, and asked me to sign the consent form for surgery because Caroline was a minor. I phoned the expedition company and was patched through to Caroline's family, who gave verbal assent, so I signed the paperwork. Less than an hour later Caroline was in theatre.

After the operation was over the doctors told us that there were no complications during surgery and her prognosis was good. Caroline was a bit woozy and distressed after the operation, but some of the students came to see Caroline which cheered her up. She was also able to speak to her family on the phone. That night Caroline remained in the hospital, as did I. At 2am on Thursday I was called upon to mediate between her and the medical staff after 4 failed attempts to give her intravenous medication. I prevailed upon the staff to consult a doctor as to whether she could have the drugs orally, which was agreed, to Caroline's great relief.

By lunchtime on Thursday Caroline was up and walking about, but not discharged. Members of her family had flights booked. The teachers and I decided that on Friday the group would go on our planned trek with one of the teachers remaining with Caroline. On Saturday Caroline's parents arrived, the expedition company having arranged transport and accommodation for them. On Tuesday evening we completed the trek and returned to town. I met with Caroline's family, who wanted to talk everything over with me. Caroline was fully recovered, discharged from hospital, chatting and laughing. On Wednesday she was declared fit to travel, and she flew home with her family, whilst the rest of us continued with the remainder of the expedition.

What it felt like

We had other serious incidents on this same expedition. Some of them are related elsewhere in this thesis. So this expedition was hard work.

The narrative makes it sound clear and simple, but in reality things were more complex and uncertain. On the Tuesday Caroline had complained of stomach pains all day, but several people had had gut infections and there was nothing to make this particular sore stomach stand out. It was only after dinner that Caroline complained the pain was increasing and that she now had joint pain, and it was these symptoms that caused me alarm. I had to work hard to ignore the internal recrimination that if we had acted sooner there would have been no quandary over driving at night, and that her pain and distress would have been less.

Once I reached the point of being seriously concerned I had a two big decisions to make and I found neither of them straightforward. The first was whether Caroline go to hospital immediately or instead we observe her overnight and see how she was in the morning. A factor not mentioned in the official report was that the expedition company's formal Risk Assessment for the country expressly forbade road travel after dark: her symptoms took time to become severe enough to cause concern and by the time I decided she was in the medical risk category it was almost 2 hours after sunset. So which procedure should take precedence: the medical procedure saying she should go to hospital or the risk management procedure that said to avoid travel after dark?

If Caroline were to go to the hospital, should I accompany her or should one of the teachers? Factors in my consideration included the knowledge that travel to the hospital after dark might not be easy. I had significantly greater skills and experience than the teachers in managing casualties in remote settings, and in interacting with hospitals in countries where we were unfamiliar with processes and where language might be a barrier. If one of the teachers accompanied Caroline, would the teacher have the skills to manage her health until they got to hospital? What if there were to be any problems on the journey? Would the teacher be able to manage or facilitate Caroline contact with medical staff who may or may not speak English?

But if I were to go with Caroline, this would mean the rest of the team would remain overnight in a remote location with two teachers of less skill and experience than myself. The whole team

would then have to make the journey to the city the following day without me there. I consulted with the teachers over both these questions. They did not make any suggestions, but they did agree with my decisions and supported them. With hindsight I cannot be sure whether this was because they fully agreed. Certainly they had the option of vetoing the plans and did not do so.

Weighing all this up, I felt in my bones that Caroline's condition was potentially serious and it would be better for her to see a doctor sooner rather than later. I also felt that the rest of the team could manage just fine without me – there were no other obvious health risks at the moment, and teachers and students were both getting well into expedition life and should manage the exigencies well.

The expedition company gives us 2 telephone numbers: one for administrative matters and one for emergencies. I called the emergency number. The person who took the call asked: "Is this an emergency?" I got a bit cross at the question – surely they knew it was an emergency because I had dialled the emergency number. But a niggling of doubt remained in my mind: at this point there was no immediate or obvious threat to life. Was this really an emergency? I knew that my answer would shape what happened next. I answered: "Yes." and things started to happen. Though when I was questioned about it really being an emergency, I felt a bit cross and impatient – why else was I calling the emergency number?

Regarding the local people we interacted with: everyone was most helpful, and now I regret I was unable to thank them better, but at the time I was very task-focussed. The exception was our agent, Paul, who bordered on the obstructive.

My relationship with the emergency changed as the situation developed, as did the nature of the emergency. I certainly felt a great sense of relief when we got Caroline to the hospital, and then a growing sense of dread as she continued to get worse. When she was given a diagnosis that was a further weight off my mind, but then I had to get involved in a different way when I was asked to sign the consent form. Being asked to sign the consent form for surgery on someone else's child – that really made me pause. This is a big thing, was my thought, and I took a kind of virtual gulp before signing. There was a further easing of the pressure when Caroline came out of surgery and I was told the operation was successful, and a yet further easing when her family arrived.

I only felt the emergency was really over when she flew home.

Reflections

I kept asking myself: what is the right thing to do? Am I doing the right thing? Did I do the right thing? When Caroline was admitted to hospital and needed all that medication overnight, I realised I had made the correct decision. Looking back now, I realise that I was judging my decisions based upon how accurately I predicted the outcome, even though I had neither the equipment nor the skills to make a diagnosis or any other sort of prediction as to whether Caroline would get better or get worse. Now I have come to seek other ways of judging my decisions, because I recognise there are times I need to take emergency action even when I am not sure what is going on. Waiting until I am certain may mean waiting until it is too late.

Looking beyond my own actions, I am very impressed at how swiftly and efficiently the expedition company got Caroline's family to her.

Influence on my practice

It was made clear to me how much Caroline's family valued the information they received. Even if all I said was that there was no change, they valued that information. In subsequent emergencies I have thus tried to think about the family back home, and tried to keep a stream of communication to the expedition company so that they can keep the family abreast of the situation.

Having access to Google Translate made a huge difference in managing Caroline's care. Recognising that I often go to places where there is no phone signal and no internet, I have now downloaded a translator app downloaded onto my phone and my tablet so that I can communicate even when there is no network connection. I have never needed this facility in emergencies, but having a translator app has proven to be useful in many day-to-day situations.

5.2 An example of an event that was not an emergency: Danny and John and the collapsed bed.

We were in a hostel in a town, part way through our expedition.

John and Danny were male students. There was a bit of down time. John plonked himself on his bed (a bottom bunk) to read his book. Danny decided to dance. He danced on his bunk, which was the top bunk above John.

The top bunk broke, and a large bit of wood struck John's shoulder. I was concerned about the student's arm, but John said it was ok, just a bit sore. The teacher said it was nothing serious. I decided that John should see a doctor as soon as possible, so off we went.

The doctor said the shoulder was bruised, nothing more, and John would be fine. No further action was needed.

What it felt like

I thought – Oh no, here we go again, another student gets injured whilst messing about.

I was very aware of the possibility of serious injury given what had happened in my recent expeditions when we had had serious casualties.

Reflections

Looking back, I realise I treated this as if it was an emergency, but now I think it wasn't one.

That said, I am glad we went to see the doctor. We were in a town where there were good medical facilities, so there was little or no disruption in going to the doctor.

Influence on my practice

This made me realise I had become hyper-sensitive to the possibility of emergencies and serious injuries. I needed to recalibrate my decision-making.

5.3 An example of an event where my colleagues and I still debate as to whether or not it was an emergency: Maisie and the boat.

We were at a tropical beach. Although this is part of my work that triggers most envy, it is the setting that I find most stressful given the variety of the risks and the attitudes of the clients. So it proved this time.

There were students, one teacher, and myself. We were in the last few days of a three week expedition to a tropical country. We went for a swim in a tidal inlet that appeared safe: no currents, no waves, relatively narrow, just over a metre deep. I was stood on the bank, which was raised over 50cm above the level of the water. I had a throw line.

I noticed a motor boat heading towards the inlet from the bay. I estimated that in a few minutes it would be passing through the area where the students were swimming. I told them to get out of the water. Everyone got out of the water except for Maisie, a student. Maisie said she saw no boat, and so there was no point in getting out of the water. The boat got closer. I told her again to come out, again she refused. I considered throwing the line to her, but could see no benefit to this. I considered going in, but even in the water, what could I do in the time available, other than be another casualty. Again I told her to come ashore. By this time the boat had slowed down. Then Maisie saw the boat, and swam for the shore. She showed no recognition that her actions had put her at risk.

What it felt like

My main feeling was powerlessness.

I was doing everything I could think of. And yet I was just watching one of my students calmly and happily remaining in a situation that was getting more dangerous by the second. Was I going to watch her be injured or killed before my eyes?

Reflections.

Was this an emergency? In the end nobody was hurt, but it was sudden, unexpected, and had the potential to cause harm.

I did not discuss this incident with Maisie. In the immediate aftermath I was too cross to have a calm discussion, and thereafter I was fully occupied with keeping people safe and getting ready for our return journey. It was clear that Maisie did not perceive any danger when I first told everyone to get out. I do not know what she thought I was doing, saying there was a boat coming when she was convinced no boat was coming. Perhaps she gave no thought to what I was saying or why I was saying it.

One other thing, upon reflection. Could I have enrolled some of the other students to help tell Maisie to get out of the water. Would she have believed them more than she believed me? It is not obvious to me whether such an action would have increased her desire to come out of the water, or increased her conviction that there was no need to get out (she might have perceived it as just a big prank).

Influence on my practice

Since this incident I have included a new element to my pre-expedition training. I use the example of a fire alarm. When the fire alarm in the school goes off, I say, everyone leaves. We leave the building whether or not we are aware of any actual fire. The place to discuss whether or not there is actually a fire is in the assembly area. We discuss after we have evacuated, we do not discuss whether or not to evacuate. Likewise, I tell my students, they should treat my safety instructions like they would fire alarms. We act upon them, we go to a place of safety, and then we discuss whether or not I was wise to give the safety instructions.

I haven't carried out enough expeditions since then to see if this change in my briefings has had any effect on the behaviour of my clients.

6 Analysis of emergencies using Wittgenstein's ideas on ostensive definitions and family resemblances.

6.1 The two aspects of saying "This is an emergency"

Something that I realised in my experience with Caroline's abdominal illness (narrative 1 page 114) was that when I said it was an emergency I was not simply been making an observation. Saying *this is an emergency* is qualitatively different from a statement that simply imparts information, like "These are prescription sunglasses" or "The blue rucksack belongs to Hilary." Yes, I was making a statement that imparted information, but when I said it was an emergency I was also saying it in the expectation that things would happen. Saying *this is an emergency* is a declarative act as well as a categorisation. It is not simply saying that this event or situation belongs to the category we know as emergency. Instead, to recognise that we are in an emergency and to explicitly call it such is to change the world we inhabit, or at the very least to attempt to change it (see John Austin, 1962).

I shall begin by looking at the family resemblances (see methodology chapter) of emergencies with respect to what saying that this is an emergency is attempting to achieve, or the functions of an emergency. I shall then examine the family resemblances from a categorisation perspective.

6.2 Family resemblances of emergencies: what saying "this is an emergency" will do.

Functions of saying "this is an emergency" revealed in the story of Caroline

In the story of Caroline, although I did not explicitly realising it at the time, there were several things that I wanted to happen when I said it was an emergency. And there were other consequences that came once other people treated the situation as an emergency. For example, we changed the rules: travelling at night was prohibited, but we ignored that rule and travelled at night to get to the hospital. We changed our own plans about starting the trek the next day. Once at the hospital the doctor changed the plans of some other medical staff by calling in a surgical team to carry out an unscheduled operation. The expedition company encouraged Caroline's mother and aunt to leave home and all their plans to fly flew half way round the world. Caroline went home earlier than planned. We paid more money than was in our budget: we hired a vehicle and driver, we paid medical bills, the flight costs for the family were steep. The bulk of the extra expenditure came after we had Caroline in a place of safety. We involved other people and other resources: we found someone with a car to drive us to the hospital; the people at the expedition company did a lot of work communicating and coordinating with Caroline's family back home; someone booked flights, taxis, hotels for the family; we had help from a local representative; there was of course the hospital and all their staff; there was extra accommodation when we delayed our trek, and all sorts of logistical consequences. People helped out because they knew it was an emergency.

In addition to these changes in function, saying that it was an emergency also changed our approach, changed the tone of our actions. The fact that we agreed it was an emergency imparted a sense of urgency and focus even to all the little things: Caroline packed up quickly in order to go to the hospital. The corollary of this increased focus on Caroline's care meant that there was less

attention paid to other things, for example to budgets. The emergency also led to changes in our communication: I used a different telephone number; I gave regular updates to the expedition company; the expedition company was in regular contact with Caroline's family. It felt that agreeing "this is an emergency" made all of the above easier, or even possible, and maybe even mandatory.

Other things were happening as a result of Caroline's illness: she was frightened, she missed her family, her family were worried. Other people on the expedition were frightened because she was in hospital, some of us were tired as a result of getting her to the hospital. These things were not the intended result of declaring the situation to be an emergency. I do recognise, though, that the act of saying *this is an emergency* may have unwanted effects: some people may become frightened, others may relish the excitement, and so on (see Duclos et al, 1987).

Functions evident in other events

I went through all my narratives and all the analyses of each narrative (these are recorded in the appendices), and I can find eight things that I might want to happen when I say "This is an emergency." Below is a list of each of these eight functions with examples from the narratives in which they can be found.

Function – Inject urgency

In the storm in the desert (Appendix 1) there was no sudden onset of problems. We just started getting colder and wetter. When it reached the point that I decided that we needed to do something about it, I got everyone to act with urgency: we got into the emergency shelter and put on extra clothes. This was similar with Parmprit's rash in the airport departure lounge (narrative 5, page 128), Sharifa's suspected neurological problem (narrative 7, page 133), when we had multiple casualties on the same day (narrative 13, page 153), when I became the casualty (narrative 14, page 157), Jane's anxiety (narrative 15, page 159), Alice's depression (narrative 16, page 163), Francis's threatening behaviour (narrative 19, page 170), Stella's altitude problems (narrative 20, page 172): in all these cases there was no sudden onset. Rather, things just gradually got worse until at some point we decided to treat the situation as an emergency. And in all cases, once we had decided it was an emergency, we acted with urgency.

In almost all of the other narratives there was a sudden onset of a problem and we responded with urgency: Hannah's heat injury (narrative 3, page 122), Sam's seizure (narrative 6, page 131), Stephen's suicide attempt (narrative 8, page 135), Ade's dislocated kneecap (narrative 11, page 146), Isla's heat injury (narrative 12, page 151), Phil's paralysis (narrative 17, page 165), Julietta's claim of sexual assault (narrative 22, page 176), the charging elephant (narrative 23, page 179), Hector's auditory hallucinations (narrative 24, page 185).

However, with the civil disorder (narrative 11, page 146) the teacher and I acted by removing urgency. We were in a safe place, but there was danger outside, so we calmed the mood down. This was the clearest example I can think of where we acted in a state of emergency.

Function – Change plans

This is present in most narratives.

Sometimes the changes are large, for example several times we abandoned our trek: due to a storm (narrative 2, page 118), or due to a suspected neurological problem (narrative 7, page 133), or because we had multiple casualties (narrative 13, page 153), or because Phil suffered temporary paralysis (narrative 17, page 165). Other significant changes included refusing to let Parmprit get on the plane to go on expedition due to suspected allergic reaction (narrative 5, page 128). We abandoned our planned community project due to significant civil disturbance (narrative 11, page 146). We repatriated Jane (narrative 15, page 159), Stella (narrative 20, page 172) and Hector (narrative 24, page 181) due to ill health, and repatriated Francis due to threatening behaviour (narrative 19, page 170). We repatriated Addison as a result of a family emergency back home (narrative 25, page 185). We asked a local member of staff to leave our trek after claims of sexual assault (narrative 22, page 176).

Sometimes it was simply a trick of timing that meant we did not have to make significant changes to our plans. Stephen attempted to kill himself 12 hours before we were due to fly home and so he flew home on his planned flight, but under sedation (appendix 8, page 135). If on the other hand he had tried to kill himself with three weeks of the expedition remaining, then he would have been repatriated on medical grounds.

Other times the changes were very short term, for example curtailing a day walk due to heat injury (narrative 3 page 122, narrative 12 page 151, narrative 21 page 175). A very short term change of plan was abandoning our activity and running away from a charging elephant (narrative 23 page 179). Some changes were minor and did not affect all of the group, for example I missed out on a particular activity because I was unwell (narrative 14, page 157).

On some occasions we devised contingency plans that in the event we never used, for example when Sam had a seizure / fit 24 hours before we were due to come home, and we were not sure if he would be declared medically fit to travel (narrative 6, page 131), and so made contingency plans for him to remain in country.

At other times the emergency was over before we had time to change our plans (Maisie refusing to get out of the water when a boat was approaching (narrative 4 page 126); Claire running into the jungle (narrative 18 page 168)), although there was always at the very least the beginnings of a contingency plan should bad things happen.

We also had some longer term states of emergency where we needed to implement control measures to managed a heightened risk (the extended civil disorder (narrative 11, page 146), Jane suffering from anxiety (narrative 15, page 159), Alice suffering from depression (narrative 16, page 163)).

Function – Change our focus so we pay more attention to the emergency

This is present in all narratives.

Function – Ask other people to assist

Sometimes we resolved the emergencies on our own. Maisie got out of the water eventually (narrative 4 page 126). We got Isla to safety after her heat injury (narrative 12 page 151). We got

back safely when we had multiple casualties on a trek (narrative 13 page 153). I was well cared for when I had sickness and diarrhoea (narrative 14 page 157). We got Phil back to safety after his paralysis (narrative 17 page 165). Claire came back to the camp (narrative 18 page 168).

Sometimes we managed the situation on our own, but had advice from the expedition company: in dealing with Alice's depression and suicidal thoughts (narrative 16 page 163), regarding Julietta's claim of sexual assault (narrative 22 page 176), and with Hector's auditory hallucinations (narrative 24 page 181).

In the other emergencies we sought practical assistance. With Caroline's abdominal illness someone from the village drove us to the hospital (narrative 1 page 114). A different situation and a different village, but again with Stella's altitude problems (narrative 20 page 172) we arranged for a local person to drive her to the hospital. When we had a storm on our trek and became very cold (narrative 2 page 118), we bought lots of soup when we got back to the camp site. The woman who ran the camp site gave blankets to all the students, and let us shelter in her room until the rain stopped and the sun came out. Someone at a hotel came in his 4x4 to help us get Hannah to safety when she collapsed from heat on a day walk (narrative 3 page 122). With Parmprit's suspected allergic reaction, the airline staff were very helpful in getting her to the transport to hospital (narrative 5 page 128). The police helped contain Stephen's suicide attempt (narrative 8 page 135). Our hotel kept us safe and well fed as we hid there during the civil disturbance (narrative 11 page 146). We had a great deal of practical assistance during the repatriations referred to above.

The expedition company were of considerable help in many of these situations, especially those involving repatriations.

We also of course benefited greatly from medical staff in various emergencies: Parmprit's allergic reaction (narrative 5 page 128), Sam's seizure (narrative 6 page 131), Sharifa's suspected neurological problem (narrative 7 page 133), the psychiatrist who stabilised Stephen so he could get home safely (narrative 8 page 135), the doctors who treated Ade's dislocated kneecap (narrative 11 page 146), the doctor who examined Phil after his paralysis (narrative 17 page 165), the various doctors involved in treating Stella's altitude illnesses (narrative 20 page 172), the psychiatrists who examined Hector (narrative 24 page 181).

Function – Seeking professional assistance during the impact.

Where appropriate, mandating payment for professional help.

A key function of declaring that we were in an emergency seems to have been an imperative to seek professional help. This felt more than just being given permission to seek the assistance of doctors, for example. Rather, it felt like an obligation or an imperative to seek the best and most skilled help we could. It felt more than a professional matter, more of a moral obligation to get the best help we could.

Unlike in the UK where ambulance and other medical help is provided free, it felt that declaring we are in an emergency enabled us to spend extra money.

Sometimes we asked for transport, and people just helped us. For example the man who drove Hannah (and a teacher) to a place of safety when she collapsed (narrative 3 page 122).

Sometimes we paid for transport, for example getting people to hospital: Caroline (narrative 1 page 113) in cars we just hired from local people because there were no taxis; Sam (narrative 6 page 131), Stephen (narrative 8 page 135), the four casualties on one trek (narrative 13 page

153) in taxis; and Hector (narrative 24 page 181) in a combination of boat, taxi, bus and aircraft.

We also sometimes incurred increased living expenses: repeated bowls of noodles to re-heat the students and guides after being soaked in the storm in the desert (narrative 2 page 118), food and accommodation as we were stuck in a hotel during three days of civil disorder (narrative 11 page 146).

An obvious extra expense and use of professional help arose when we took people to doctors or to hospital as described above.

Function – Spend time, effort, and money to regain “normalcy”

The fact that it was an emergency also appeared to authorise time, effort and money in the post-impact phase to help us get back to some kind of normality.

For example, after we abandoned our trek in the storm (narrative 2 page 118) and after we abandoned the trek due to multiple casualties (narrative 13 page 153) we hired vehicles and drivers to take us back to town, and then spent time in a hostel in town recovering and making new plans (because our old plan was now untenable). This required money for accommodation and food and medical expenses, and required effort effort in terms of care for the casualties, care for the rest of the group, and in planning our next steps. All this took time. It also took us all time just to get over the shock of it all.

With Parmprit's allergic reaction (narrative 5 page 128), there was more time, effort and money spent in getting her back to the expedition than there was in getting her to the hospital in the first place.

After the repatriation of Stella (narrative 20 page 172) and of Hector (narrative 24 page 181) we had to put in a fair bit of time, money and effort to get the group back together again, because each time one teacher had gone to the airport with the student, and in both cases the airport was over 24 hours travel from the rest of the group.

For many of the emergencies it took time for the group to regain an even keel emotionally and psychologically – some of the events were very upsetting.

Function – Change our rules

As I said above in the case of Caroline (narrative 1 page 113), I ignored the rules about not travelling by road after dark in order to get her to hospital as quickly as possible.

This principle of having different rules in an emergency is written into the formal processes of every expedition company I have worked for. The current working practice is that we should contact the expedition company office before changing our plans, unless we need to take emergency action, in which case we should tell the office what we have done as soon as is safe to do so. Here, it is not simply a matter of being allowed to use different rules: expedition leaders **should** use different rules in an emergency.

New rules applied also to our communication. I communicated more frequently. For example, in the case of Caroline, even if there was nothing to report I still called the expedition company every hour. In the case of the multiple casualties on one trek, we asked a local member of staff to run down the hill to a payphone and order a taxi.

This can be found in other stories. There are strict child protection policies that say adult leaders

should not share a room with students. Yet in the story of the civil disorder (narrative 11 page 146) the whole expedition group shared one bedroom for safety. And when Jim (teacher) was accompanying Hector (student) on the two day journey to the airport they shared a bedroom because we were under medical instructions not to leave Hector alone at any time because of the suicide risk (narrative 24 page 181).

Function – Do something new or different or unexpected.

There were times when we said or recognised that we were in an emergency, and then we did something novel. Something we had not anticipated. Something quite different from what had gone before, different from what we had expected.

For example, with Caroline, the drive through the dark was not a novel thing, but signing the consent forms as her guardian so she could undergo surgery was new for me. Although with hindsight this was an obvious step, at the time it felt very strange. I have never signed consent forms for anyone other than my own daughter before or since, but I did it for Caroline because it was an emergency.

Another experience that was quite *other* was when I was trying to prevent Stephen killing himself (narrative 8 page 135). This was something I had never anticipated doing. It was all improvisation. I was interposing my body between him and the place where he sought sudden and violent death. I was using my sense of space and his aversion to physical contact as tools to herd him away from a place of danger and towards a place of safety. Once the teachers came out I organised them, orchestrating their movements as if I was a goalkeeper organising the team's defence, or a commander manoeuvring forces against an enemy. Speaking to them afterwards, these circumstances were as unusual for the teachers as for me, yet they followed my instructions without question.

During the civil disorder (narrative 11 page 146) the teacher and I went into the streets to gain photographic evidence to persuade the expedition company to treat our situation as an emergency. Neither of us had tried to navigate such an environment before, nor try to take photographs during a tense stand-off, and do it all safely. Despite these risks and uncertainties we felt we had to go out and get photographs in order to enable us to get the support we believed we needed.

This is a similar phenomenon to changing the rules in that we are doing something different. But in this case we are not doing something that would in different circumstances be transgressive. Instead, we are doing something I can best describe as *other*.

Function – summary

It is clear from this that in terms of function, saying *this is an emergency* is very flexible in what it achieves. It always seems to inject urgency, shift the focus of our attention, and change our plans. What the focus shifts to and what the new plans are will vary according to the emergency. Saying *this is an emergency* also allows for other actions: there is usually an implicit if not an explicit request for assistance; there is the authorisation or request to devote more resources and to recruit or co-opt people with specialist skills; we may be given permission (or even be instructed) to change the rules; there is scope for novel actions and approaches. From the narratives it seems imprudent to be prescriptive about what to do in an emergency. It may be said that some

components in an emergency can have trained and routine responses, for example in the various stories of heat injury. However, even with this example it can be seen that what is appropriate may vary with circumstance, even with regard something as basic as lying the casualty down – sometimes the terrain does not allow for this. In the examples of heat injury, in one case it was possible to get a vehicle to the casualty, but in another instance we had to wait until the casualty had recovered and then walk out (narrative 3 page 122 compared to narrative 12 page 151). A strong recurring theme is particularity: each emergency has its unique characteristics that requires a unique emergency response.

6.3 When saying “this is an emergency” did not work smoothly.

Above I describe the things I wanted to achieve, and did achieve, when saying we were in an emergency. However, there were times when saying *this is an emergency* did not achieve the results I sought, or at least not without much additional effort. As I wrote in the section about the importance of emergencies, during the incident with Caroline (narrative 1 page 114) the call taker's first reaction was to ask if this was an emergency, even though I had called the emergency number. When we were trapped by civil disorder (narrative 11 page 146), the expedition company cast doubt on what I was reporting, and it took many calls before we received the financial support we needed. Maisie refused to get out of the water, despite my urgings, commands, and warnings of an oncoming boat (narrative 4 page 126). The expedition company took a long time to respond to our requests for help regarding Jane's dangerous behaviour that resulted from her withdrawing (narrative 15 page 159). The teacher did not want me to take any action over Parmprit's allergic reaction, and the expedition company was also initially reluctant to take action (narrative 5 page 128). When we tried to repatriate Stella, the expedition company initially told us there was no problem and did not act (narrative 20 page 172).

It was not always me who was trying to say *this is an emergency* and other people were not responding in the way I wanted. Sometimes it was me who was not responding. In the case of Francis's threatening behaviour it took several days before I recognised the emergency, even though the teachers had been trying to get me to act for some days. The urgency, the changes in plan, the additional resources that were entailed in Francis's repatriation: all these only happened once I recognised that people's safety was at risk and agreed we needed to make an emergency repatriation. Once I had recognised this, things changed relatively quickly (narrative 19 page 170).

In the cases of the rioting and extended civil disorder (narrative 11 page 146), of Jane's anxiety (narrative 15 page 159), and of Stella's altitude problems (narrative 20 page 172), the teachers and I agreed it was an emergency. We acted swiftly and effectively, changing our plans, devoting time and attention, and in the case of Stella getting medical help. All of the responses within the country went well. The problem came when the expedition company did not at first treat these situations as emergencies. In each case there were delays of one or more days from the time when myself and the teachers said there was an emergency and the time when the expedition company provided the extra funding we needed, and in the cases of Stella and of Jane organised their repatriation.

Regarding Parmprit's allergic reaction, there was an initial delay from both the teacher and the expedition company acting as if there was an emergency, but in this case I was able to trigger the urgency, the focus, the changes of plan that provided an emergency response for Parmprit

(narrative 5 page 128).

I think what this shows is that there are different levels of authorisation of emergencies on school expeditions. On expedition, as far as local responses are concerned it is the expedition leader who has the authority to declare the situation to be an emergency or not. The one exception to this was the time when I became ill and the teacher and students together declared me temporarily unfit. They overruled me, spoke with focus, and changed plans with immediate effect.

When it came to responses from the expedition company, people back in the expedition company office needed to make their own decision. It was not enough for me to say it was an emergency. As an expedition leader I could not authorise extra funding or devote additional resources simply because I said it was an emergency. The expedition company had to make their own decision before they would organise repatriation or release extra funds or get urgent medical advice.

I think part of my frustration at the time came from not knowing this. Part of my frustration during these incidents came from an untested and unexamined assumption within myself that it was enough for me to say "this is an emergency" for the expedition company to treat the situation as an emergency. After all, I was the person on the ground and the call taker was on a different continent, so surely they were in no position to second guess me.

This was made clear to me by the times when the expedition company clearly disagreed with me. If they had always agreed with me, I might never have discovered this layering of authority. As an analogy, I initially thought I was like a person pressing the fire alarm in a school: pressing the fire alarm in a school will automatically set off a loud alarm which will trigger the evacuation of the school, and it will also automatically cause the fire and rescue service to send specialist staff and equipment (fire engines). So I thought it was enough for me to say that we had an emergency for the expedition company to act as if it were an emergency. Instead, a more accurate analogy was that I was phoning the emergency services. In such cases the emergency services themselves decide whether or not a given situation is an emergency, and decide themselves whether or not to send an emergency response vehicle plus staff to the scene. As I discovered, when an expedition leader phones the expedition company, the call takers and other support staff make their own decision as to whether or not the situation is an emergency.

6.4 Appropriateness:

How does saying "This is an emergency" bring about these effects? And why does it sometimes "work" and sometimes "not work"

Recognising that when I say *this is an emergency* I want certain things to happen, and recognising that sometimes these things do happen and that in other occasions they do not, my next set of questions are around the matter of how this all "works". How is it that making a statement like *this is an emergency* can bring about certain effects? Is it possible to discern why these effects sometimes do not happen? These are interesting questions to me as an academic examining social interactions and examining philosophical questions around meaning and purpose. As an expedition leader, this is a very important question for the safety of those in my charge. Improving my understanding of this process could help me manage emergency situations on expeditions more effectively.

I have found John Austin's (1962) work "How to do things with words" to be very helpful in providing a structure to my inquiry. In this book Austin looks at what the use of words can achieve. To avoid potential confusion, I should first say that Austin's work has been used as a basis for two similar but distinct sets of work: the details of how language works, and how language has effects in a social setting. For anyone wishing to explore these two threads in more detail and follow the debate as to what is meant by a "speech act", I refer them in the first instance to Searle (1969), Derrida (1977), Bach (1998), Dörge (2004), Smith (1990).

For the purposes of my thesis I intend to focus on what Austin had to say about how language effects social interactions: to look at how we do things with words.

My reading of Austin is that he begins by examining utterances that appear to do things. He gives four examples. "'I do' - as uttered in the course of the marriage ceremony. 'I name this ship *Queen Elizabeth*' - as uttered when smashing the bottle against the stem. 'I give and bequeath my watch to my brother' - as occurring in a will. 'I bet you sixpence it will rain tomorrow.'" (Austin 1962, p 5). He states "In these examples it seems clear that to utter the sentence (in, of course, the appropriate circumstances) is not to *describe* my doing of what I should be said in so uttering to be doing or to state that I am doing it: it is to do it." (ibid., p7, emphasis in original).

Looking more closely at Austin's example of placing a bet, a bet is only valid if one party offers the bet and the other party takes the bet (ibid., p9). So the speech act here is not something one can do alone. It is true that one can make a bet without any overt communication with another person. For example you can bet by placing a coin in a gambling machine. Here, although there is no explicit communication with other people, there is a tacit acceptance the terms of the bet offered by the person who owns the machine (ibid., p8, 5). This appears to me to be analogous to the way you can sometimes say "this is an emergency" in words, but in other cases can say "this is an emergency" by pressing a fire alarm in a school or pulling an emergency lever on a train.

Austin discusses how we use language to bring about change, and argues that six conditions that must be met in order for this effect to be successful (ibid., pp 14,15):

(A. 1) There must exist an accepted conventional procedure having a certain conventional effect, that procedure to include the uttering of certain words by certain persons in certain circumstances, and further,

(A. 2) the particular persons and circumstances in a given case must be appropriate for the invocation of the particular procedure invoked.

(B. 1) The procedure must be executed by all participants both correctly and

(B. 2) completely.

(Γ. 1) Where, as often, the procedure is designed for use by persons having certain thoughts or feelings, or for the inauguration of certain consequential conduct on the part of any participant, then a person participating in and so invoking the procedure must intend so to conduct themselves, and further

(Γ. 2) must actually so conduct themselves.

Taking this structure of Austin's, saying "This is an emergency" seems to be what Austin calls a conventional procedure. This conventional procedure does the things I describe above: adds urgency; provides focus; changes plans; sometimes permits or commands a change to our rules, to the way we do things; sometimes devotes additional people, time, effort, expertise, money;

permitted the doing of things that are *other*.

In common discourse I have heard many examples of people offering very strong opinions about what should be done in response to a given emergency, so this reinforces my idea that there exists a conventional procedure.

Within the context of school expeditions, the presence of formal emergency procedures and a formal emergency contact number further reinforce my view that emergencies are conventional procedures (as Austin uses the term).

According to Austin, appropriateness centres around two axes: the appropriate person and the appropriate circumstances.

6.5 Appropriateness: The appropriate person to declare this to be an emergency

As I argue above, on a school expedition it appears that the expedition leader is the person with the authority to declare an emergency within the confines of the expedition group, and that the expedition company has its own internal person or persons who can authorise the taking of emergency action by the organisation more widely. I also observe that, within the confines of the expedition group, the teacher may assume the responsibility of declaring an emergency if the expedition leader is absent or indisposed. Indeed, as was the case when I was ill and did not recognise how ill I was, the teacher and the students deemed me unfit for my role, put me on "sick leave", and the teacher assumed the responsibilities of expedition leader, including the authority to take emergency action. I also have evidence that there are protocols and authority structures in place within the organisation to perform the emergency actions, e.g. arrange travel home, contact parents, and so on. In my conversations with expedition company staff back at the office, the call taker has sometimes told me they need to get authorisation from the "duty manager."

From a practitioner perspective, I take two things from this. First, as an expedition leader I appear to have a gatekeeper role with respect to it being an emergency. Nothing gets treated as an emergency within the expedition unless and until I say so. This realisation has changed my practice. I now make this part of my role explicit to my clients, both students and teachers. I encourage people to come to me with their concerns earlier rather than later. I admit my humanity, that I might not hear them correctly the first time. When people do come to me with concerns, I always thank them. Even if their concerns are groundless I do not dismiss them, because next time they may have something important to say: rather, I thank them, explain my decision making, and deliberately encourage them to keep coming forward.

Secondly, if I wish to get an emergency response from the expedition company, I will not obtain that response simply by stating that it is an emergency. I need to convince them that it is an emergency. I have become aware that some of the call takers have a high degree of reluctance to accept that it is an emergency, so my call or email needs to be convincing. The staff in the expedition company office are often busy, so my communication needs to grab attention quickly. I need to state very clearly that *this is an emergency*. With hindsight, regarding the incident with Jane and the slow response from the expedition company, I wonder if the teacher and I could have had a swifter response if we had explicitly said *this is an emergency*. That at least would

have forced the expedition company to give serious consideration to the possibility that it was an emergency.

6.6 Appropriateness: The appropriate circumstances in which to say: "This is an emergency"?

What class or classes of circumstance are "emergencies"?

If I apply Austin's (1962) analysis to emergencies, then emergency action will only be taken when:

"(A. 1) There must exist an accepted conventional procedure having a certain conventional effect, that procedure to include the uttering of certain words by certain persons in certain circumstances, and further,

(A. 2) the particular persons and circumstances in a given case must be appropriate for the invocation of the particular procedure invoked."

Given, as I have demonstrated, that there is an accepted procedure for emergencies, and accepting that I as expedition leader have the authority to take emergency action locally and that the people in the expedition company office have authority to take emergency action more widely, then the tensions I have experienced on expeditions regarding taking emergency action revolve around questions of circumstance: is this situation such that it is appropriate to take emergency action?

The first question I am asked in the narrative about Caroline's abdominal illness (and the title of this thesis) was asked by the expedition company call taker when I dialled the emergency number. They asked: "Is this an emergency?" (narrative 1 page 114).

When I describe my thesis to friends and colleagues, I am often asked: what is an emergency? Is there a difference between an emergency and an incident? How do you tell whether or not something is an emergency?

This ambiguity is present in many of my stories. I address this explicitly and at length in the narrative of Caroline's abdominal illness: the uncertainty at the beginning over whether we actually had an emergency to deal with; how the nature of the emergency changed, and with it my relationship to the emergency; and finally the lack of a clear boundary that said the emergency was now over.

This ambiguity over whether or not a given situation is an emergency seems to me to fit well with the aforementioned flexibility of function that seems to be required when we say *this is an emergency*.

However, the impression I got from people I spoke to was that they felt an ambiguous definition was not good enough. It was an inferior definition. Many people told me that a proper definition of an emergency would be a clear definition. There seemed to be a strong desire for a definition such that one could say without any ambiguity or uncertainty whether or not any given situation was, in fact, an "emergency". I struggled for a long time to find such a clear and watertight definition, to no avail. For every set of criteria I devised I could come up with an exception. To illustrate my difficulty, consider the example of a cardiac arrest. I thought it obvious that someone having cardiac arrest is an emergency, until life experience introduced me to "Do Not Attempt Cardiopulmonary Resuscitation" orders. Such orders may be created by people who are terminally

ill and want to die in peace. In such cases, a cardiac arrest is not regarded as an emergency, but rather as a natural ending.

In these conversations, even though we struggled to come up with a clear *definition* of emergencies, we still found it easy to find *examples* that we all agreed were emergencies: Caroline's abdominal illness in a remote area and Stephen's attempts to kill himself were universally agreed to be emergencies. There was equal agreement that Johnny's fussy eating (Narrative 3, page 122), whilst a matter of concern, never became an emergency. Other situations such as Claire's running away from camp (narrative 18, page 168) or Sharifa's neurological emergency (narrative 7, page 133) we agreed were serious and frightening, but were not sure if they would be classed as emergencies.

Eventually I realised that the problems in our conversations came when, unconsciously, we conflated the general idea of *definition* with what Cook (2009, p155) calls "intensional definitions". According to Cook, 'An intensional definition provides the meaning of an expression by specifying necessary and sufficient conditions for correct application of the expression. ... For example, we might provide an intensional definition of "bachelor" by specifying that bachelors are unmarried men. An extensional definition of bachelor, on the other hand, would consist merely of a list of those men.' Our difficulty in trying to define emergencies came, I believe, from trying to agree a set of "necessary and sufficient conditions" that must be met in order for an event or situation to be classed as an emergency.

My conversations took a quite different character when we discussed matters in terms of ostensive definitions, or "definition by pointing." This is where you convey the meaning of a term by pointing out examples. When we used this approach to defining what is and is not an emergency we were successful. On reflection, it is interesting how we did not consider an ostensive definition of an emergency to be a "definition". This tendency not to give sufficient consideration to ostensive definitions as "definitions" may be wider than my circle of friends and colleagues. Gupta (2015) comments that, when considering definitions, philosophers tend not to give as much attention to ostensive definitions and thus we have only a rudimentary level of understanding of them.

6.7 Thoughts from Wittgenstein: blurred boundaries and maybe-emergencies.

In his *Philosophical Investigations* (Wittgenstein, 1958), Wittgenstein devoted a lot of energy to an examination of what people mean by a "game," and then using this to explore different types of definitions. The idea of a game, like an emergency, seemed to be a concept that was hard to define intensionally. A game, like an emergency, seems to be a "concept with blurred edges" (*ibid.*, para 71). Just as I have struggled to find sharp, clear boundaries that define an emergency, Wittgenstein struggled to find a set of criteria that were a sufficient and complete definition that encompassed every game and excluded everything that was not a game (*ibid.*, para 54 to 64). Rather, there appeared to be "a complicated network of similarities overlapping and criss-crossing: sometimes overlapping similarities, sometimes similarities of detail." (*ibid.*, para 66) and "We do not know the boundaries because none have been drawn. To repeat, we can draw a boundary - for a special purpose. Does it take that to make the concept usable? Not at all (except for that special purpose)." (*ibid.*, para 69). Indeed, from my experience it seems that an emergency is a concept whose boundaries are deliberately and explicitly blurred. Regarding emergencies, I echo

Wittgenstein and say "If someone were to draw a sharp boundary I could not acknowledge it as the one I too wanted to draw, or had drawn in my mind. For I did not want to draw one at all. His concept can then be said to be not the same as mine, but akin to it." (ibid., para 76).

Applying this approach to emergencies: if I say that an "emergency" is an uncircumscribed concept, then any attempt by someone else to specify criteria that will define exactly what is and is not an "emergency" is an attempt to describe a concept that is akin to but different from what I am talking about when I discuss "emergencies". To be sure, any circumscribed concept may include events that I would agree are emergencies. But I contend that any sharp bounded definition of an "emergency" will misclassify and mislead from time to time.

This is a vital point Wittgenstein is making here. If this analysis is correct, then we expedition leaders need to not only work out how to respond to an "emergency", but we also need to be able to respond to something in that uncertain area between we-are-sure-it-really-is-an-emergency and we-are-sure-it-is-not-an-emergency. We need to be able to respond effectively to a *maybe-emergency*. All people involved (expedition leaders, teachers, students, expedition company call takers and other support staff) need to be prepared and equipped to act effectively in a maybe-emergency. A look at my narratives reveals how often we took action when we were not sure there actually was an emergency. Sometimes there was in fact nothing serious wrong, for example the student who had what turned out to be a minor rash. On the other hand there were many other occasions when we took emergency action before we knew whether anything was in fact seriously wrong, and we are glad to have done so: for example with Parmprit's rash (narrative 5, page 128).

The *maybe-emergency* can be seen many times in my narratives. Sometimes as the story unfolded we made decisions based on the information at the time, and events eventually resolved into situations that were clearly emergencies.

With Caroline's abdominal illness (narrative 1, page 114), there was a time when she was ok, and then there was a time 6 hours later when she had abdominal pain, and then 12 hours after that she was having surgery. The decision to take her to hospital was made when we were unsure – we evacuated her in a *maybe emergency*. Parmprit's allergic reaction (narrative 5, page 128) was another case when we evacuated before we knew for sure that there was a serious threat to her health. With Jane's anxiety (narrative 15, page 159): at the start of the expedition she was ok, towards the end she was at such risk we had an emergency repatriation, but the journey from one to the other was gradual: there was a lot of time when her situation could be described as a *maybe-emergency*. Similarly with Francis' behaviour: it went from fine to being repatriated because he was a danger to others, but the transition from one to the other took time (narrative 19 page 170).

With Phil's paralysis, he started the day well. When he reported feeling a tingling sensation on his face, I decided to stop the group in a flat, open area until we had everything resolved. Shortly afterwards he began losing control of his limbs until he was paralysed from the neck down. At this point it was certainly an emergency, but there is a fuzzy boundary between him being well and his being paralysed. In Stella's case I was not so prescient: in her transition from being well to suffering from severe altitude sickness I thought she was simply tired. I only became aware that something was wrong when we had a full blown medical emergency in a remote area (narrative 17 page 165).

Hector's situation was different again. His earlier "anxiety" during the expedition could be thought

of as a *maybe-emergency*, and then there was a sudden transition to a full-on emergency when he began experiencing auditory hallucinations (narrative 24 page 181).

And then there were the *maybe-emergencies* where it might have been an emergency, but it turned out not to be so: the collapsing bed (narrative 27 page 191) and the rash that was only a rash (narrative 28 page 192).

To add to the blurred nature of the boundaries between emergencies and non-emergencies, as discussed above there are events which, even when they were resolved, we were still not totally sure whether or not they were "emergencies" (see pages 7, 14, 20).

If we stick to intensional definitions (i.e. try to provide a sufficient and complete description) of emergencies, this encourages us to wait until we are certain that it is an emergency before taking emergency action, and thus miss out on the benefits of early intervention. And as the situation resolves, if we are asked whether or not we made the "right" decision, we will be tempted to judge a "right" decision as being one where we acted when there was a problem or we did not act and there was no problem. This can be seen working out in some of my stories, where people asked if it really was an emergency, or asked if I was "sure".

Whereas if we embrace the approach of using an ostensive definition of "emergency" with its concomitant blurred edges, we accept uncertainty. So a blurred definition of emergencies encourages us not to wait until we are certain there is a problem before we say "this is an emergency" - we are encouraged to be comfortable in acting when it we are uncertain. We do not feel any need to be "sure" before we act. Indeed, a characteristic found in many of my narratives of emergencies is that it is impossible to predict how things will develop. And after the situation is over, if we look back to judge whether we made the "right" decision as to whether or not to say "this is an emergency", our decision is neither validated nor invalidated by whether or not there is eventually a "problem".

A blurred definition of an "emergency" can also be useful to expedition leaders is allowing an emergency response to a hitherto unforeseen event. Many of the events I describe in the stories were surprises to me, events that I had not imagined beforehand. For example, I had never heard of someone gradually becoming paralysed, and then gradually recovering. There was an event that did not involve me so I have not included this in my narratives, but it illustrates the value of an open view of what is an emergency. A colleague of mine once received a phone call from the expedition company during his expedition: the parent of one of his students had discovered a suicide note stating the student planned to kill themselves during the expedition. This was completely unforeseen. People took emergency action to ensure the safety and wellbeing of the student (who in the event did not attempt to kill themselves on expedition).

So if we cannot provide a sufficient and complete description of what is and is not an emergency, how then do we decide whether or not the given situation in which we find ourselves is or is not "an emergency"?

Family resemblances of emergencies: circumstances where it is appropriate to say: "this is an emergency".

Rather than defining a rigid boundary definition of what is and is not a game, Wittgenstein came to the conclusion that "I can think of no better expression to characterize these similarities than

'family resemblances'...And I shall say: 'games' form a family" (Wittgenstein 1958, para 67).

I find this a useful concept. I find it powerful to consider emergencies as a 'family' of events or situations, and that emergencies have certain family resemblances. Emergencies seem to be situations we *recognise* rather than situations we *define*.

I examined the narratives to see if there are family resemblances that they seem to share. What were the things that led me to recognise that it was appropriate to say "this is an emergency"? Many emergencies will not have all of these characteristics, and that there may be events that have all the following characteristics but we do not consider them to be emergencies.

The family resemblances of emergency circumstances – blurred boundaries

It is worth reinforcing the attribute described above: an emergency is a concept whose boundaries are blurred. This open ended definition seems to be a key part of what an emergency is.

The blurred nature of the definition of an emergency is not restricted to questions of whether or not a particular incident is or is not an emergency. There may also be uncertainty over when an incident becomes an emergency, and when that emergency ends. This is illustrated in my example of Carolin'e abdominal illness: at the time it felt that the emergency had several different endings. Also, if I had acted sooner, I could have taken her to hospital in daylight. With hindsight it seems clear that she was in the early stages of abdominal illness for some time, but she did not feel so unwell that I felt the need to take any significant action.

I have already discussed above the idea of declaring a state of emergency in *anticipation* of an emergency that we expect to strike, and the uncertainties around this (the forecast storm may dissipate, or change course). It is also possible in some cases to take action to *forestall* the emergency. This is the concept of *avoiding action* and its associated concept *situational awareness*. Here the idea is that one is aware of the situation, and so takes early action to avoid the risk of harm.

So there may be circumstances where one takes urgent action to avoid the threat of harm, and thus one acts before the threat of harm is imminent. It becomes very difficult to say for sure whether avoiding action can be considered an emergency.

In the context of expeditions, situational awareness becomes a vital factor. In the case of Caroline who developed abdominal illness, if the same thing happened in the UK, I might have first phoned NHS-Direct, the non-emergency medical advice line, rather than deciding to go to the hospital when I did – the roads are better, the health care provision in terms of ambulances and hospitals is so much deeper.

In some situations, the need for avoiding action may be obvious, for example on one expedition in the desert, an unseasonal and unexpected rainstorm caused visible landslides ahead of us, so we swiftly exited the pass we were in (narrative 2 page 118). In other cases, such as Parmprit with what turned out to be an allergic reaction (narrative 5 page 128), the effect of the situation and the requirement for urgent avoiding action might not be so obvious. Certainly the teacher took a lot of convincing that we needed to act with urgency.

The family resemblances of emergency circumstances – out of the ordinary situations

Again it is obvious but worth mentioning that emergencies are situations out of the ordinary.

People do not ordinarily have abdominal illness, or dislocate their kneecaps, or take allergic reactions to anti-malarial drugs....

This characteristic seems to be present in all of the stories of emergencies.

The *family resemblances* of emergency circumstances – situations of limited duration

A corollary of emergencies being out of the ordinary is that emergencies are of limited duration. One cannot always be in an emergency, or the term loses meaning. Again, the exact duration of the emergency may be unclear, as we are not sure when it begins or when it ends.

This characteristic seems to be present in all of the stories of emergencies.

The *family resemblances* of emergency circumstances – a perception of harm being done, or of the imminent possibility of harm, or of the imminent threat of harm

As has been said above, the nature of the harm can vary. An emergency can include physical illness or injury, damage to one's reputation, an existential threat to an organisation.

This characteristic seems to be present in all of the stories of emergencies.

The *family resemblances* of emergency circumstances – something can and/or should be done to ameliorate the harm

I am not totally sure about this, but it does seem that in all of my stories of emergency there is the perception that something **can** be done to ameliorate the harm or the threatened harm, and that we **should** take this action to "help".

The wound can be bandaged; the pain eased; the rioters avoided; the suicide attempt thwarted; the swollen appendix removed; the cold people warmed up and the overheated people cooled down. There is a belief (or a hope?) that action can be taken to stop things getting worse and to start making things better.

The threat can be averted, the potential impact reduced.

This characteristic seems to be present in all of the stories of emergencies.

The *family resemblances* of emergency circumstances – people may be emotionally charged

My training from the Scottish Ambulance Service stresses that the people having a medical emergency may be emotionally charged, and teaches techniques to manage such situations. In many of the emergencies I have encountered on expeditions, people (including me) have been in a heightened emotional state. Sometimes with very powerful emotions.

Both during and after his attempts to kill himself, Stephen was extremely emotional, though the emotions were different during and after (narrative 8 page 136). When Julietta claimed she had been sexually assaulted by a local member of staff, the teacher was filled with rage (narrative 22 page 176). Caroline was full of fear at being in hospital (narrative 1 page 115). When Addison was told someone from their family was seriously ill back home, the emotions were writ large, both on Addison and on the students (narrative 25 page 185). With Stella's altitude problems, when I

heard she was in fact ok I burst into tears (narrative 20 page 172).

Not all emergencies were characterised by heightened emotional states. There was disagreement but not a great deal of emotion over Parmprit's allergic reaction: there was simply a disagreement, a decision, then acting upon that decision (narrative 5 page 128). I was not aware of any great emotion over Isla's heat injury (narrative 12 page 151) even though it was a potentially life threatening condition – we had great focus and attention and some disagreement, but the atmosphere was not emotionally charged. The same was true of Hannah's heat injury (narrative 3 page 122).

Heightened emotional states can increase the risk of the situation worsening, as people might act in ways that hinder and not help. If the leaders become emotional then we may make poor decisions or otherwise find it difficult to take the appropriate actions.

The *family resemblances* of emergency circumstances – emergencies are surprising. Unexpected. Unplanned.

Regarding abdominal illnesses. In one sense we know anybody *could* get a serious abdominal illness. We don't know what causes all abdominal illnesses, and we don't know how to prevent them. At an organisational level, a large expedition company (or a large educational authority) that has been in existence for a considerable period of time is aware that at some point one or more of their students will get illnesses requiring surgery whilst under their supervision and in their care. But coming down to the scale of an individual expedition, when Caroline went from having a sore tummy to having an operation in less than 24 hours everyone on the expedition was taken aback. Caroline's family were also shocked (narrative 1 page 114).

The same can be seen with Addison. In theory we are aware that friends and family back home could come to harm, but getting the call that you need to come home from expedition **now** is unexpected. Shocking. Not just to Addison, but to all of us on expedition (narrative 25 page 185).

When I think about it, it is obvious: the idea of planning to have an emergency sounds ridiculous.

This characteristic seems to be present in all of the stories of emergencies.

The *family resemblances* of emergency circumstances – emergencies are intrusive.

In parallel with emergencies being unplanned, they are also intrusive. They interrupt our plans, our schedules, our expectations. Emergencies demand our attention.

As discussed above, this appears to be one of the social functions of an emergency, that we interrupt or change our plans, that we devise a new course of action and way of being that helps us solve the emergency.

As well as being a characteristic we **create**, it appears also to be something we **recognise**.

This characteristic seems to be present in all of the stories of emergencies.

The *family resemblances* of emergency circumstances – uncertainty

I have already discussed the uncertainty that can exist over whether or not a particular event is or is not an emergency. However, another aspect of emergencies seems to be an uncertainty over what will happen next: will the particular situation get better or worse? how long will it last? will

anything else happen? when will it all be over?

With Caroline's illness, it took time before we knew what was wrong with her. Once we had a diagnosis, we did not know how effective the treatment would be, nor how long it would take her to recover (narrative 1 page 114).

With Maisie I did not know if she would respond and get out of the water, nor what would happen if she remained (narrative 5 page 128). With Parmprit we sent her to hospital not knowing whether she was seriously ill, and if so, not knowing whether or how quickly she would recover. As it happened, we were surprised by both how serious her condition was and by how quickly she recovered, joining us again only one day later (narrative 5 page 128). With the civil disorder, we did not know how long it would last, how bad it would become, and whether or not we would get caught up in it (narrative 11 page 146). And so on.

Emergencies seem to have many different levels of uncertainty.

This characteristic seems to be present in all of the stories of emergencies.

The *family resemblances* of emergency circumstances – urgency and focus

Emergencies seem to convey or encapsulate a sense of urgency. In an emergency we feel we need to pay attention to this problem **now**. We must hurry.

I have said above that urgency and focus are common responses to emergency, or common actions as a result of saying "this is an emergency". What I am getting at here, though, is the intuitive feeling one gets that this is serious. This requires attention.

In my experience this has sometimes been the first subliminal, unconscious hint that something is happening that I need to pay attention to.

I recognise there is a feedback link between feeling that sense of urgency and as a result of that feeling saying "this is an emergency" on the one hand, and on the other hand there is the sense of urgency that comes from saying "this is an emergency." And it is hard (both in hindsight and at the time) to tease these causes and effects apart.

Examining the situations I have been in, I believe it is worth mentioning both: urgency and focus appear to be characteristics we **recognise** as well as characteristics we **create**.

These characteristics seem to be present in all of the stories of emergencies.

6.8 Insights beyond Wittgenstein's ideas on ostensive definitions.

Whilst carrying out the analysis as described in the methodology chapter, I also had some serendipitous insights that were not related to any formal research methodology (Fine and Deegan, 1996, and Garrett, 1998). These insights are in two areas: the different "classes" of emergency, and the importance of the idea of emergency. These are described below.

Are there different "classes" of emergencies?

Obviously each emergency has its unique features: being surrounded by a major civil disturbance is a very different thing from being in a storm, and both are different from someone needing emergency surgery. By accepting that each emergency is particular, my analysis suggests four

different classes or types of situation where it may be appropriate to say “this is an emergency.” The boundaries between these different types of emergency may be blurred and a single situation may have all, some or only one of these types of emergency. These types of emergency I call: a state of emergency; avoiding action; impact; recovery. I shall cover each in turn.

A state of emergency.

A state of emergency is a situation where the threat of impact is heightened to the point where we are justified in taking emergency action. We accept the possibility or necessity of changing the rules under which we operate; we might need to change our focus; our plans may need to change; we may require extra assistance or expertise or money; we may need to do something new and unforeseen.

An analogy would be driving in bad weather, with icy roads and poor visibility.

A state of emergency can last for an extended period.

During the three days of civil disorder (narrative 11 page 146) we remained in a heightened state of alertness and caution. We were never actually in any immediate danger, though it felt like that could change very suddenly and with little warning. Rather than being **in** an emergency, it felt like we were **in a state of** emergency.

On the trek with the multiple casualties in one day (narrative 13 page 153), none of the individual's health difficulties alone would have felt like an emergency, though each one had the possibility of deteriorating into something far more serious. The problem here was with the multiple simultaneous health problems. This made it difficult to monitor each individual person, raising the risk of any one person deteriorating. With two people becoming seriously ill we as a group would have found it difficult to provide adequate care. If four people had become seriously ill it may have been impossible to keep all four from further deterioration into a very serious or even fatal situation. In this case, as with the riot, it felt that we were in a state of emergency all the way until everyone got to the doctor. We were hyper-vigilant. It was hard work.

In the incident with Jane's anxiety (narrative 15 page 159), that also felt like we were in a constant state of emergency. In Jane's case, the time when she went missing at night felt as if we had gone beyond a state of emergency and we were in full emergency mode until she returned. Francis's threatening behaviour (narrative 19 page 170) also seems to belong in this category: a sense of continual heightened risk that requires focus, attention and the changing of plans. In all these cases there was a sense of problem averted.

In the case of Hector's mental health difficulties (narrative 24 page 181), this seemed to be like the other “states of emergency” where we were working hard to keep everyone safe, but then it suddenly got worse. His condition deteriorated such that we went swiftly from monitoring to taking significant action. We went from a State of Emergency to Impact.

Of all types of emergency, the state of emergency is the one I have found most difficult to manage, for multiple reasons. Because there may be no sudden onset, it may be difficult to recognise that things have become so bad. This I believe was part of my problem with recognising the severity of Francis' threatening and destructive behaviour. This can also make it difficult to enrol external help – there may be no obvious trigger event. There are also the consequences of duration. If after a few days the state of emergency has not yet led to an impact, we can become complacent: nothing bad has actually happened and so vigilance may slip, or we/they decide there

is no need for additional help. A state of emergency that lasts for several days can lead to fatigue. It may be difficult to maintain the required state of heightened vigilance and focus for an extended period with the resources available. This was certainly the case with respect to our care for Jane – if we had been able to provide total and adequate supervision, she would not have been able to disappear late at night (narrative 15 page 159).

I found it easiest to get others to treat these incidents as emergencies when there was a sudden and qualitative change in circumstances. When the situation gradually got worse it was hard to say exactly when we had gone from this-is-hard-work-but-normal to the point where we needed emergency help. There was no specific trigger people could point to. Also, it is possible that some people do not consider this as an “emergency” and so refuse to take emergency action.

Avoiding action.

This is where you take emergency action in order to prevent an impact happening, or to lessen its effect.

An analogy from driving is making an emergency stop. We focus solely on braking in order to avoid hitting the object in front of us, or at least try lessen the damage and injury when the impact occurs.

The most explicit example of avoiding action was when Sharifa reported symptoms that might have been a neurological problem. We aborted our trek and returned swiftly to the nearest major hospital so Sharifa could be assessed, and it turned out she did not have an aneurysm (narrative 7 page 133).

Another obvious example from my stories is when we took Caroline to hospital before we knew for sure anything was seriously wrong with her. We did not wait to see if the pain would worsen or if she would develop further symptoms or until we knew for sure what was wrong with her, because by the time we had done that it may have been very difficult to get her to hospital (narrative 1 page 114).

With Parmprit we also took what I would call avoiding action. We saw we were approaching a potential problem (an allergic reaction on a long haul flight) and stopped making progress towards that problem. And in Parmprit's case, as with Caroline, we were very glad we had acted before her situation became serious (narrative 5 page 128). However, there was another occasions when I took students to the doctor on suspicion of them being in the early stages of an allergic reaction, and it turned out not to be the case (narrative 28 page 192).

Impact.

This is where something bad is happening or has just happened. The emergency action here is focussed on slowing down the escalation of harm, on taking actions that may prevent things getting worse, and on doing things that may speed recovery.

An analogy from driving is: a car suddenly catches fire with people still in it (this happened in front of me once, and friends were in the car – it was very shocking). Or there is a collision involving multiple vehicles.

It seems to me that this is the sort of thing that most people think of when they think of an emergency and of making an emergency response.

There are many examples from my narratives. Caroline being diagnosed with abdominal illness, and then getting her appendix removed (narrative 1 page 114). Hannah collapsing with a heat injury (narrative 3 page 122) (and Isla (narrative 12 page 151) and George (narrative 21 page 175)). Parmprit actually developing full blown allergic reaction on her way to hospital (narrative 5 page 128). Sam having a seizure (narrative 6 page 131). Stephen attempting to kill himself (narrative 8 page 135). Phil becoming paralysed (narrative 17 page 165). Stella with serious altitude problems (narrative 20 page 172). Hector with voices telling him to harm himself (narrative 24 page 181). All these were times when things are happening **now**.

My experience over the years has caused me to place ever greater emphasis on emergency avoiding action and on recognising we are in a state of emergency – I really really do not want to have further serious impact emergencies on expedition.

Recovery.

This is the process of getting the expedition, and your life, back on track. Or at least, as much back on track as is possible.

To use a driving analogy, it may simply involve taking a deep breath at the collision averted. Or it may involve your damaged car getting towed to the garage for repairs. If the damage is severe you may need to hire a car until yours is fixed, or even buy a new car. Worst case, the recovery process may also include medical intervention to heal broken bodies and minds. Clearly you should not drive again until you have a working vehicle and you yourself are fully recovered.

At first I underestimated this aspect of emergencies on expeditions and pressed on to “get back to normal” as soon as I could. I have now recognised that not going through an appropriate recovery process can lead to problems.

For example, Stella appeared to recover swiftly from her altitude problems and so the guide took her and the teacher for a walk in a nearby scenic area. This walk was at a high altitude, and Stella's condition worsened rapidly. She had not fully recovered, even though she felt well at rest. As a result, her condition became a lot worse and she had to be repatriated (narrative 20 page 175).

Also, recovery after an emergency can be complicated. After Hannah's collapse from heat injury (narrative 3 page 122) any walking she did for the rest of the expedition was at a slow pace. After Stephen's suicide attempt he was put on medication that left him disinhibited, and we had to supervise him closely until he got home. We had to guard against the possibility he would do something foolish or unwittingly hurt himself or others (narrative 8 page 135). Regarding Ade, we thought we would be ok managing with her on crutches, but never expected to be negotiating an extended period of rioting and disorder with someone on crutches (narrative 11 page 146).

Recovery can take time and effort, and often it takes money too.

This may be needed to get everyone's wellbeing back on an even keel: emotionally, mentally and physically. There may be extensive adjustments that are necessary to regain an equilibrium. The emergency action may have incurred direct costs, for example medical and transport bills. The emergency actions may have led people into a situation where it takes time, money and effort to get back to where everyone should have been: there are many examples in the narratives of groups being in towns when we should have been camping. In the case of Hector, once he was safely on his way home the emergency was “over”, but one of the teachers was still in a different

country from the rest of us: for him to rejoin the group took time, money and effort (narrative 24 page 181).

From my experience, this is a phase that has been easy to underestimate. There can be a temptation to assume that everything can carry on as normal once we have reached a place of safety. It is easy to underestimate or not even recognise the effects of fatigue and the risks that brings. Although, to complicate matters, carrying on as normal may in itself be an important part of the recovery process.

A part of the recovery process I personally find difficult is the administration. I struggle with the administrative effort, especially around accounting for costs and justifying my actions, because I feel that caring for the students should be my priority. Nevertheless, we need the fruits of the administrative work in order to provide the care and support that people need.

I have found that I need to manage my own energy and emotional state during this recovery process. I need to recover too, and it helps nobody if I burn myself out.

However, not every emergency has a noticeable recovery element. For example, even though Isla's heat injury was potentially life threatening, once we got her (and the rest of the group) to a place of safety she recovered from her heat injury quite quickly and we carried on with our expedition with no further interruption (narrative 12 page 151). With Alice, her depression gradually eased, and so it could be said we began with a state of emergency that was gradually relaxed until we were back to normal (narrative 16 page 163).

Ambiguity and blurred boundaries. Again.

It is clear that the above typology with its attempts to categorise emergencies is not an exact categorisation. There is a lot of ambiguity and uncertainty in emergencies. It is sometimes hard to classify a particular activity as purely impact, or avoiding action, or a state of emergency, or part of the recovery. The boundaries between these distinctions is blurred. Sometimes a particular incident might be said to belong to more than one category. As with the definition of emergency itself, a concept with blurred boundaries can still be useful..

Movement between classes of emergency

It should also be clear that any one situation will move between classes of emergency. An avoiding action may still end up with an impact (Parmprit going to hospital rather than board an international flight, which lessened but did not avoid the impact, see narrative 5 page 128). An impact may resolve itself into a state of emergency (as was the case with Stephen's suicide attempt, narrative 8 page 135). A state of emergency may develop into an impact (Jane's anxiety and then her temporary disappearance, narrative 15 page 159). And so on.

Emergency cascades

It is also clear that emergencies can cascade, and dealing with one emergency can make you more vulnerable to other emergencies.

The phenomenon of failure cascades has been studied within the realms of critical infrastructure supply. Here we have complex systems that interact with other complex systems, and the degree of mutual dependancy may be difficult to foresee. Thus, a failure in one node in one network can

lead to failures in other nodes of other networks, and the failures cascade.

People's minds and people's bodies are complex systems, and in the context of an expedition we have a high degree of interaction and a high and sometimes unexpected degree of inter-dependency. It is therefore possible for "failure" in one "system" (e.g. one person in the group becomes ill, or gets injured, or suffers a loss of judgement, or becomes extremely fatigued) to lead to another "failure" in another person in ways that are unexpected. An obvious example would be on a bus journey: one person vomits, and suddenly other people who had seemed all right suddenly start vomiting. Or when someone is seriously ill, the leaders (and indeed the whole group) may become so focussed on that one person who that they fail to notice another person in the group becoming unwell. More subtly, there are points where one has been managing to carry on and it suddenly gets too much. Or when you see someone who had hitherto been strong become ill, it can raise awareness of one's own vulnerability.

Examples include the student who dislocated her knee in a pillow fight and then took an allergic reaction to the painkillers given by the doctor. She was therefore in a weakened state and was on crutches when we found ourselves in the midst of a serious spell of civil disorder and extensive rioting. This made the whole team more vulnerable (narrative 11 page 146). Or the time when we had multiple casualties on the same trek: the teachers and I were focussed on the students with chest and abdominal pain and did not notice the other student getting dangerously sunburnt (narrative 13 page 153).

Going back to the driving analogies, a failure cascade within traffic might include: an accident on one side of a motorway can contribute to an accident on the opposite carriageway because drivers slow down to stare at the accident, and so may drive into each other; a collision in one place may lead to a chain of braking as people avoid the incident, leading to cars making emergency stops way out of sight of any problem leading to an inattentive driver driving into the back of the vehicle in front.

Much of the theoretical work on failure cascades within interconnected networks has been focussed on power supply. See for example Rosato et al (2008), Buldyrev et al (2010), Bashan et al (2013).

Analysis of emergencies: Importance.

Something that is obvious and clear: an emergency is an important event, and an emergency is an important concept. I believe this is clear from the stories themselves.

Further evidence of the importance of emergencies can be found in the formal procedures for my expeditions. On my school expeditions, the expedition company gives a contact card to all expedition leaders and school teachers, and a further contact card to be given to the student leader. The first line on this card is listed as "Emergency ONLY" followed by a telephone number. The second line is a telephone number listed as "Non emergency" with details about how to get in touch via SMS, Skype and e-mail. Two significant facts from this. The first bit of contact information is the phone number to use in an emergency. The second thing worth noting is that telephone calls are divided into two types: emergency and non-emergency. Despite there being many forms of call categorisation that could have been used (medical, administrative, logistics, personal/family, accommodation, transport), the only categorisation actually used is to say that telephone calls are either emergencies or non-emergencies. The presence or absence of emergency is clearly the key factor in any contacts with the expedition company.

What my anger and grievance suggests about emergencies.

There were emergencies where I got angry and I mention this in the narratives. Even when I have not explicitly mentioned that I was angry, it is possible to feel an anger and a sense of grievance in what I wrote. It is important to note that I no longer feel the anger and grievance I felt at the time. Nor do I make any claim as to whether my anger was justified. I am not writing this from any desire for revenge (Sikes, 2015). I devote effort to recording my emotional response because the strength and the nature of the emotion can reveal or illuminate aspects of emergencies. From a practitioner perspective, it is important to recognise that the people involved in an emergency may be in a heightened emotional state, and I discuss some of the implications on practice on pages 83 and 85. Here I want to focus on insights that emotional responses can give in exploring the nature of emergencies as social constructs.

During the incident with Caroline, I felt a flash of anger when the call taker asked if this was an emergency, even though I had called the emergency number (narrative 1 page 114). I became angry during the situation where we were trapped by civil disorder and the expedition company cast doubt on the veracity of my reporting (narrative 11 page 146). I was angry when I discovered that the school management had known of Jane's previous history of suicidal thoughts but had not told me, nor the expedition company, nor informed the teacher formally (narrative 15 page 159). I got cross that Phil had not mentioned his pattern of spontaneous paralysis (narrative 17 page 165). I felt anger at Alice for increasing her risk of serious mental illness on expedition by weaning herself of her anti-depressants, and for not telling me or the expedition company about this (narrative 16 page 163). I experienced a flash of anger when the call taker interrupted me when telling about Stephen's suicide bid by saying that trying to cut his hand was not an attempt to kill himself (narrative 8 page 135).

I believe that feeling angry when bad things are happening is not at all unusual. There are many factors in an emergency that can heighten one's emotional state, and anger is just one of many emotions one might feel. The anger may simply be one expression of those heightened emotions. It may be that I needed an outlet for all the emotions I had been keeping in check whilst dealing with the emergency. I have found that learning how to manage one's emotional state is a key

aspect of emergency preparedness. As an ex-army friend put it: you get trained so you don't let the red mist descend. Or as many climber friends express it: such situations are mind games, and the key thing is to keep control. And over time I would hope I have grown in maturity and so am less prone to the whims of emotion, but I know I can still feel strong emotions when faced with serious danger. I would also admit that my emotions have become less of *how dare they!* and more of *here we go again*.

However, if I look closely at the anger I felt and if I examine that feeling of *how dare they!*, then I believe the anger I felt is not simply or solely a referred expression of a heightened emotional state. I believe my anger was in part driven by exasperation that people were not behaving in a way I thought they ought to behave. This was not simply a desire for control: I was not angry at insubordination. My anger was driven in part by a kind of moral outrage that other people were not behaving in the *right way*. The presence of moral outrage suggests the presence of a moral standard, even if it is not consciously recognised or explicitly discussed.

This suggests that *emergency* becomes a kind of socially agreed power that we submit ourselves to. The power dynamic is not *I am the boss and you must obey* but rather *in this situation we all have a duty*.

Reduction in conflict during an emergency.

There is an almost total lack of conflict in my stories of emergencies, at least a lack of conflict once we all agreed to take emergency action. In my experience expeditions can be like any other school activity: sometimes you have a harmonious group, sometimes there is lots of discord; there may be cliques and resentments and jealousies... Yet during the emergency almost all of the discord and in-fighting was put on hold whilst we dealt with the emergency. It was as if we all agreed to submit to a special code of practice for the duration of the emergency.

In some ways, the emergencies were the least contentious parts of the expedition.

6.9 Summary of results of analysis

The first and most important thing is that emergencies are concepts with blurred boundaries. This uncertainty and flexibility is a key part of what makes an emergency such a useful concept: it allows for (and in some cases demands) action to be taken when we are uncertain as to what is happening or what will be the effects of events that are unfolding.

There can be no explicit set of criteria that provide a complete and sufficient definition as to when it is appropriate to take emergency action, nor of what that emergency action might be. However, emergencies tend to have what Wittgenstein calls "family likenesses".

Emergency action – what actions to take:

If people agree (or if someone in authority decides) that it is appropriate to take emergency action, then the social group is allowed or indeed expected to bring about urgent change, which may include the following:

- Inject urgency.
- Change our focus.

- Change our plans.
- Change the rules under which we operate. Or create new rules.
- Recruit people to help. Or co-opt them.
- Request or requisition resources.
- Do something new or out of the ordinary.

This process tends to create a truce over any inter-personal disputes or political agendas for the duration of the emergency.

Emergency action – under what circumstances to take action

Under many circumstances, emergency action can only be initiated by someone in some form of authority. An “ordinary” person can rarely authorise a police response, for example: this is done by the police dispatcher

When deciding whether or not to say that a particular situation requires emergency action, consider the following:

- It may be unclear as to when the emergency began, or when it is over. It may be obvious that the current situation is or is not an emergency. Or it may not be obvious. We need to be prepared to take emergency action during a time of maybe-emergency.
- Emergencies are out of the ordinary situations. They are unusual.
- Emergencies are of limited duration. We cannot live the whole of our lives in an emergency.
- Emergencies involve harm or the threat/possibility of harm. That harm may be to a person or people, or it may be to an organisation.
- There is emergency action that should and could be taken to aid those who have suffered harm, for example rendering first aid. In some cases emergency action could and should be taken to avoid the threat of harm, or to reduce its effects, for example aborting a trek early due to severe weather.
- People caught up in an emergency may be emotionally charged.
- Emergencies are intrusive.
- Emergencies are unplanned. They are often unexpected. Often surprising.
- Emergencies are situations of uncertainty. We may not know exactly (or even vaguely) what is going on. We are not sure what will happen next: will things improve or get worse? We may be uncertain as to the consequences of our actions, be uncertain as to what is the best course of action. Waiting until we are “sure” might be a poor choice of action.
- In an emergency, people tend to feel a sense of urgency and of focus.

Within this, there are four broad types of situation where one might decide to take emergency action:

- A state of emergency. This is where there is an unusually heightened background level of risk. This means it is appropriate to create new rules, change our focus, etc in order to maintain safety.

An analogy is driving more slowly in severe weather.

- Avoiding action. An analogy is emergency braking whilst driving. This is where we take emergency action to prevent an impact, or to reduce the effect of the impact when it comes.
- Impact. This is during the *now* of harm being done and the immediate aftermath. An analogy is a car catching fire with people inside.
- Recovery. This is when we try to get back on an even keel. An analogy would be calming oneself after a near miss before setting off again.

Note also that it is possible to move from one type of emergency to another, for example the state of emergency may fizzle out; someone who appeared to be recovering may have a relapse; we may have taken avoiding action but still have to face the consequences of the impact, even if the impact is not as severe as it might have been.

Dealing with one emergency can make a group more vulnerable to subsequent emergency in a kind of failure cascade.

7 Further thoughts: gender, age, attractiveness, height, race.

As I argue, an emergency is a social act, and for there to be an effective emergency response, people in the relevant social groups need to accept that emergency action is appropriate. Sometimes there is disagreement about whether or not to take emergency action, and this conflict is resolved in various ways. In addition to formal decision-making structures there are many informal power structures within human interactions that may come into play. In my stories I refer to times when I deliberately used language in order to persuade reluctant people to initiate an emergency response: sometimes I used technical terms, sometimes I included extensive numerical data; sometimes pictures and other evidence. My tone was calm, my language formal, my vocabulary extensive and deliberately technical. At other times I used a kind of command tone in order to expedite obedience. I am sure all those who have been taught by good teachers or been good teachers themselves will be familiar with the “teacher voice” that demands attention.

There are other factors that can increase or decrease the authority of an expedition leader in the eyes of those round them, and conversely there are characteristics about others that may influence the credence I give to their words. Things like age, gender, accent, ethnicity, height, attractiveness/ugliness, sexual orientation can all influence the authority we give to others, or that others give to us. Much of this happens subliminally, some of it is celebrated and championed. I am aware that these effects are not universal over time or between places, and am aware that norms vary also (for example, being fat is seen negatively in some cultures, and is seen very positively in others).

I have not discussed what effects these factors might have on emergencies on school expeditions. This is because I could not detect any effects of age, gender, accent, ethnicity, height, or attractiveness/ugliness on the emergencies I experienced, which are the events that form the core of this thesis.

I am aware that I have always been a white male, British born and a native English speaker with a Scottish accent. Since adulthood I have been approximately 180cm tall – slightly above average for a male in the UK, but extremely tall when I go to Bolivia, for example. I am 59 years old, but have a full head of hair, with just a few bits of grey.

For all of the expeditions I have been on, I have been the oldest person in the group. Most of the teachers I have been on have been white women who are native English speakers and who were shorter than me, though I have been on expedition with male teachers and with British Asian teachers. I have rarely found it difficult to have 27 year old teachers take my concerns seriously. I sometimes wonder if it would be the same if I were a 27 year old expedition leader trying to persuade a 59 year old teacher. I do know that one of my younger colleagues had difficulties with an older teacher, but this may have been a personality clash and nothing to do with age.

Would the emergencies I experienced have gone different if I had been a female expedition leader with male teachers? What if I had been unusually short? Or a woman with very dark skin?

These are questions I believe to be worth further study.

Although such factors have not been an issue in any of the emergencies I have been involved in, issues of gender, age and ethnicity have been factors on my expeditions in other ways that might have led to emergencies if the situations had developed differently. I shall relate some stories as

examples.

I was selected as an expedition leader for a group with a lot of girls (the term used by the female school teacher). Some time after having met the group, this female teacher was chatting with me, and said that she had been worried about having a male expedition leader. Some of the girls might have been impressionable, and might have taken a crush on me as the manly expedition leader. But, having met me, the teacher was convinced that was not going to be a problem. I thanked her for the compliment! However, this illustrates the perceived risks of sexual entanglements between male adults and female teenagers on expedition. Would there have been the same concerns about a female expedition leader with a group from a boys' school? If there had been accusations of improper sexual contact between an expedition leader (or teacher) and a student, then the expedition would have to make an emergency response.

Another incident involving gender happened when I was meeting a group for the first time. This was a group from a girls' school with female teachers. I was speaking to a teacher before meeting the students, and was saying what I planned to talk about with the group. One of the subjects I wanted to raise was dressing appropriately for the culture we were going to visit: we should dress such that our knees, shoulders and cleavage were covered. I had brought copies of the local version of Cosmopolitan magazine, various newspaper articles, and blogs from independent travellers so I could give contemporary examples of the situation on the ground. This included stories of sexual assaults against girls who dressed immodestly. The teacher refused to let me raise this topic with the students, and refused to look at any of the articles or magazines I had brought. She had travelled extensively herself, she told me, and had always worn shorts and it had never been a problem (though she admitted she had never been to the culture we were planning to visit that summer). I was never able to fully unpack her reaction, but I got a strong impression that she really did not like a middle-aged white male telling women what they could and could not wear. I wondered if she viewed me as part of the patriarchy, and if her reaction would have been different if it had been a female expedition leader making these statements about appropriate clothing. However, between that conversation and our departure, this teacher met some people from the country we were going to, and they made the same points I made. After this the teacher and I were able to present a joint briefing to the students about how they should dress. And when we arrived at the airport in country, we were met with a large notice asking people to dress such that their shoulders, knees and chest were covered. All of us complied (it was as offensive for a man to show his knees as for a woman). None of us were sexually hassled or assaulted on that expedition.

Regarding age, I was once on expedition and we had a local guide / fixer. His hair was grey, and his face even more wrinkled than mine. I had real difficulties with this guide. He would make decisions without consulting or informing me, and he would be resentful and argumentative whenever I asked him to arrange something for us. One day, with no context I was aware of, he asked when I was born. I then returned the question. Despite the absence of grey in my hair it transpired that I was a year older than him, and this surprised him. From then on he was a lot easier to work with. In his culture, it was important to defer to and give respect to one's elders. The guide had struggled with the idea of having to follow the instructions of a younger man, but once he realised that I had seniority, it all worked very well. Fortunately there were no emergencies whilst we had him as a guide. If there had been, then our emergency response would have been more straightforward if it had happened after he realised I was the elder rather than before.

Regarding ethnicity, this has never been a factor *within* any expedition group I have led, and I

have led several groups with a variety of ethnicities, both among the students and among the teachers. However, matters of ethnicity have sometimes been a hazard in our interactions with local communities. Some of the place I have visited harbour very strong anti-American, anti-British or anti-Western sentiments. We once found ourselves in a situation of civil disorder and some local people started directing anti-American comments at us as we passed (we were Scottish, but did not feel that was the time to explain the difference). We quickly got off the streets, mostly because we did not want to get caught up in the violence that was breaking out all over the city, but the racial comments certainly speeded us on our way.

8 Implications on practice for school expeditions arising from this thesis.

As I said at the beginning, I have already changed my personal practice as an expedition leader as a result of doing this thesis. Some of these changes to my practice may be of interest to other expedition leaders and other people involved in school expeditions.

For the sake of clarity and brevity, in this section I shall use the term "field staff" to mean any adult in a position of responsibility on the expedition: expedition leaders, expedition assistants and teachers. I shall use the term "home staff" to mean staff who have a professional involvement in the expedition but who are not in the field. This usually consists of people from the expedition company and from school management. I shall briefly summarise some of my key insights, then detail the working practices I have developed.

8.1 Key insights:

The following are some key insights into what emergencies are and how emergencies "work."

When we say "This is an emergency" we expect things to happen

When we say "This is an emergency" then the structure of the sentence suggests that we are making a descriptive statement along the lines of "This is a Perthshire strawberry", but in fact when someone says "This is an emergency" they expect things to **happen**.

The sort of things we might wish to happen include:

- Urgency.
- Change our plans.
- Change our focus.
- Ask for assistance in general.
- Ask for specialist assistance and extra resources.
- Devote time, effort, and money to help get everything back to normal.
- Change the rules under which we operate.
- If necessary, do something new and unusual.

Emergencies have blurred boundaries. Emergencies are times of uncertainty.

On expedition, if we wait until we are certain about what is going on we may find it too late to take the necessary action. Also, it may not be obvious when an emergency begins, how long the emergency will last, or when it is over. We might not be sure what is going on. Or we might not be sure that what is happening is a "real emergency."

It can be valuable to explicitly discuss the concept of *maybe-emergency*.

Different "types" of emergency, or different "emergency phases"

It is worth thinking about four different types or phases of an emergency. These are not rigid divisions, and some emergencies may not exhibit them all, but I have found this structure useful.

State of emergency – we are in an extended period of heightened risk. We may need to take emergency action to keep ourselves safe from an “impact”, including changing the rules under which we operate.

Avoiding action – we need to take emergency action in order to prevent an “impact.”

Impact – harm is being done. This is often what people mean by “an emergency.”

Recovery – the action we need to take before we can get “back to normal.” This may include changing the rules under which we operate.

Different levels of authority

A useful analogy here is to compare pressing a fire alarm in school and phoning the fire brigade. If you press a fire alarm, the fire and rescue service will come to the school – you have **authorised** the emergency response. If you dial 999 and ask for the fire brigade, the call taker will decide whether or not to send a fire engine – you have **requested** the emergency response.

It is important to have a clear understanding of what responses can be authorised by whom under which circumstances. Disagreements or ambiguities over levels of authority can cloud and delay an emergency response.

Distance helps you downplay seriousness.

The further you are from an emergency, the easier it is for you to downplay the seriousness of the incident. There may be many reasons why someone would want to downplay the seriousness of an incident: a parent may not wish to accept their child is ill, people may be reluctant to interrupt the plans they have invested so much in, or it could be a more hidden reason such as avoidance.

Whatever the reason, there are times when those more remote from the emergency have viewed the incident as being less serious than those in the midst of the situation. This has resulted in the emergency response being slower or otherwise less effective, allowing the situation to worsen. In severe situations this effect can lead to a “them and us” situation with antagonism between those in the field and those not in the field. If this occurs, clarity of communication suffers, with concomitant degradation in emergency response.

There are times when we are not rational, things happen that we cannot control, and we are unable to follow procedure.

We who work in education inhabit an environment that often assumes that everything can be controlled and should be controlled. An environment that often treats all workers as rational beings who will follow procedures. And if there is more effort required, then it is assumed we can work harder and get the job done.

On expedition (and in the classroom) we may be faced with emergencies where events are beyond our control. We may find ourselves in situations where those involved are not behaving rationally, and perhaps where we ourselves are not fully rational – we are upset or are overwhelmed. It may be that there is so much to do that we cannot follow all the procedures, or we may find that the procedures are no longer relevant.

We are more aware of emergencies wrongly declared than we are of emergencies wrongly not declared.

It is easy to notice requests for emergency assistance when it was not needed. It is difficult to notice the requests that didn't happen: the times when the expedition leader did not call headquarters, or the times a student did not voice their concerns.

This can easily lead to an attitude that is more focussed on filtering out the unwanted requests for emergency response rather than on encouraging the requests that did not happen. This can be an unconscious process. The people that should tell you about emergencies will pick up on this, and are likely to become reluctant to contact you during a maybe-emergency – they will wait until they are certain.

The net effect of your this may be to delay responses to emergencies.

8.2 New working practices

The above new insights were developed in parallel with developing new working practices. In some cases I started using the following practices before I had fully worked out why I had started to do this. In many cases I just started working this way without discussion with my managers, mostly because I could find no clear pathway for me to have such a discussion.

Case-based training

When I am providing training, I try to do as much as possible as case-based training. By this I mean not simply training in a skill (for example moving a casualty), but locating that training in a specific setting in a way that requires consideration of the specific context (e.g. terrain). In part because having a plausible situation in a realistic context seems to help my clients engage better with the training. In part because if we base training on a specific case rather than generic skills this familiarises everyone with the possibility that the specific situation we encounter may have particular aspects that are awkward to deal with.

Joint training with the various actors

I have always found it valuable to train with the teachers and students before we go on expedition, especially with the teachers, and when I have not had that opportunity then it is a lot harder to prevent emergencies, and harder to respond effectively to any emergency that arises.

I would greatly value the chance to carry out joint training with other actors – call takers, managers of the expedition company, in-country staff such as trekking guides – but I have never been able to arrange this.

I strongly suspect that a lot of the friction and uncertainty I note in my narratives would not have happened if we had trained together beforehand and ironed out any misunderstandings in a controlled environment.

Joint communication with the expedition company and other home staff.

If I want to communicate something of import to the expedition company or to any other home

staff, I now try to make this a joint communication from myself and the teacher(s) with me.

With phone calls, I will make the call with a teacher beside me, and I will tell the expedition company that the teacher is beside me. I will offer the expedition company the chance to speak with the teacher if they wish. With e-mails or with SMS text messages, I copy the teacher in on the message, and make it explicit that I am doing so. With serious incidents I encourage the teacher(s) and I to write contemporaneous notes of the events. I have photographed and emailed the teachers' notes to the expedition company.

I have found that this practice produces a number of benefits. It improves the communication between myself and the teacher(s). Before making such joint communications the teacher(s) and I need to be in agreement over what we are going to say, and so we talk about it. We need to agree what the problem is, and also agree on an action plan. There have been times when we thought we were in agreement until we started to discuss the practicalities of what we were going to say.

Another benefit is that a joint communication has more authority than a communication from just me. This is especially important in counteracting the tendency of those remote from an emergency to underestimate its seriousness. An agreed communication from two or three people is harder to ignore or to downplay than the communication from an individual.

Finally, in more serious incidents, it may be important to have multiple perspectives in order for those at a distance to build a more complete picture of what is happening.

I used these techniques when reporting on Stephen's attempt to kill himself (narrative 8 page 135), during the civil disorder (narrative 11 page 146), whilst managing Jane's anxiety (narrative 15 page 159), and during Francis' threatening behaviour (narrative 19 page 170). With Hector's auditory hallucinations I got someone else to initiate the call to the expedition company because I was dealing directly with Hector, but after a few minutes we swapped roles, and so the expedition company received two testimonies from field staff (narrative 24 page 181).

Keep an audit trail of serious news.

When communicating via e-mail I keep copies of sent and received messages on my own e-mail account. If I am communicating via SMS text messages on a temporary phone or on my phone with a temporary SIM, I transcribe copies of sent and received text messages. When communicating by phone, I make contemporaneous notes of the call as soon as it has ended. As soon as is practicable I send an email that lays out the key points of the phone call as I recollect it.

I make it clear that I am doing this.

This practice has been incredibly useful for the writing of this thesis and for my reflective practice. Having a clear record of what has been said has also been useful on the expedition: it is easy in the heat of the moment to think you have communicated certain information when in fact you have not. The presence of an audit trail helps clarify and manage the relationship with home staff.

Having a clear record also helps manage a situation: the clear record allows us to monitor progression. Are things getting worse, getting better, or staying the same? It can be hard to monitor change in long term situations without such records. This was useful for example in the cases where students had described suicidal thoughts or severe anxiety.

I have done this for all of the emergencies I record here. Indeed, the audit trails have formed an important set of source material for this thesis. Over time I have found my audit trail has become

more terse and at the same time contain more information – I have become less wordy, and I also take and record more measurements.

The use of advisory e-mails.

When the situation is such that I have concerns but not severe enough that I feel the need for extra help, I have found it useful to send advisory e-mails to the expedition company. These are explicitly not asking for help, but just keeping people informed. I write such advisory e-mails in collaboration with the teachers on expedition and copy them in on the emails. This has a number of benefits. It entails a structured discussion with the teachers, which allows for a shared understanding of the problem. It also allows the expedition company to initiate an emergency response if they think we have underestimated the problem. And if the situation worsens, then me asking for an emergency response is not coming out of the blue.

Advisory notes are also a useful strategy for dealing with maybe-emergencies.

Formal advisory notes can be a good way of communicating with students that you are taking their concerns seriously. Additionally, the presence of advisory notes provides a useful audit trail.

There was one expedition where there were two teams from the same school. We met half way through the expedition, and the teachers and I spoke with the leader and teachers of the other team. Both teams had a student who was behaving in ways that caused pain and upset to others. In our team, the teachers and I had a formal discussion with the student and sent an advisory e-mail to the expedition company. The student was very upset, and feared they would be sent home, but in the end no further action was taken beyond the email. The student's behaviour changed such that he no longer behaved in ways that hurt others. On the other team, when the student had behaved in ways that hurt people, the teachers and expedition leaders decided not to contact the home staff because they did not want to spoil the expedition for that student. That student's behaviour worsened, and was now causing hurt to several people. The expedition leader and teachers were now reluctant to contact the expedition company, because they feared they would be criticised for not having mentioned the initial problem.

There are two examples in my narratives where I spend a lot of time discussing this topic: Jane's anxiety (narrative 15 page 159) and Hector's auditory hallucinations (narrative 24 page 181). In the former I discuss why the expedition would have gone better if I had used such a technique, and in the latter I discuss using the technique to good effect.

Clarify authority structures

Clarify the levels of authority regarding the students, the field staff and the home staff. This is a training / awareness task. Ensure everyone shares the same understanding of who has the authority to declare that this is an emergency and who has the authority to generate an emergency response. Encourage the teachers to ensure that the expedition company and the school management both have the same understanding of who is authorised to declare the situation to be an emergency.

Assiduous listening and clear communication

To tackle the psychological process where distance helps you distort seriousness.

With students, this is not simply the danger that people remote from the problem may underestimate the seriousness of an emergency: their parents may exaggerate the seriousness of any incident.

To tackle this is first of all an awareness / training element. It is worth making everyone involved aware of this phenomenon.

For me personally, I work hard to hear what people are saying. I try not to be dismissive of people who tell me things I clearly know already. I try to always welcome input. I try to hear and see what is being said and done, and not what I am expecting.

This is an approach I model with the teachers also.

Where possible, I suggest the teachers minimise the risk of an exaggerated response from the parents by briefings before departure. Once we are on expedition, I encourage the teachers to control the narrative as much as possible: it is harder for a parent to respond to one negative comment from their child if they have seen many photographs of the same child having fun, and have heard reports from the teachers about all the good things we are doing.

In terms of reporting serious incidents and emergencies, there are a number of ways I can reduce the risk of being misinterpreted. I have already mentioned the tactic of joint communication. I try to include numerical data where possible, for example giving a person's temperature rather than simply saying they have a fever. I give as extensive a set of information as I can. Where possible and where there has been greatest doubt over my version of events, I have sent photographs (yes there is civil disturbance, and here are photographs of riot police and armoured cars and crowds of protestors, for example). Another time I read over the phone the warnings on the Patient Information Leaflet from medication a student was taking.

Saying: "We need an emergency response" rather than saying: "This is an emergency"

If it appears that it might be difficult or impossible to get all parties to agree that "this is an emergency", then the phrase "We need an emergency response" may be effective. Saying "This is an emergency" can sometimes lead to a disagreement over the situation, and the person you are speaking to may be reluctant to authorise any action if they are unsure what is happening. People can become focussed on getting an exact diagnosis. However, as can be seen in many of my narratives, there are many situations where waiting until there is certainty can lead to very bad consequences.

By focussing the discussion on whether or not "We need an emergency response" you are using the language to move away from a discussion that seeks an absolute diagnosis about what is going on, and moving the discussion towards what action we should be taking. This may be important if you need to act in a situation where it is not clear what is going on, for example in a maybe-emergency. This may also be important during the non-impact phases of an emergency.

This strategy be particularly useful in any post-incident discussions if it turns out that the casualty was in fact healthy. It takes the debate away from being questioned over why you thought the person was ill and takes the discussion towards whether you took appropriate action given the circumstances, including the uncertainty.

Emphasise that I am not perfect.

As part of my training / briefing of teachers and students, I emphasise that I am a flawed human being. I tell the story of the time I became ill, I tried to carry on regardless, and the teacher and students told me to rest. I tell this story in part to make it easier for the clients to admit they are struggling, but I also tell it to encourage other people to keep a look out for me.

Ask yourself: what would they say at the inquest or the inquiry?

I have sometimes been faced with a situation where I have been faced with a decision that may have a high impact. Sometimes I find myself having to make a decision when we do not have a certain diagnosis. A classic case in point was the situation we had on our way to the expedition, we had checked in and were waiting in the departure lounge for our flight which was due to depart in an hour. Then Parmprit told us she had a small rash on her arm. We knew she was wearing new socks. We knew she had started taking her malaria medicine that day. When we checked the patient information form for her medicine we saw a warning that said: "If you have an allergic reaction, **stop taking drug x and get medical help or contact a doctor straight away.** The signs may include... An itchy rash."

For Parmprit to get medical attention she would have to miss her flight. This was a big decision to make, especially when the rash was so small.

Asking myself: what would they say at the inquest? helped me decide what to do. I thought – supposing we get on the flight, and Parmprit goes into anaphylactic shock and becomes seriously ill or even dies. What would an inquiry or an inquest have to say about my actions? This brought clarity to my thinking. I decided to get Parmprit to a doctor.

I received a lot of resistance to this decision. The teacher and the person I phoned at the expedition company were both keen that Parmprit get on the flight. After all, it was only a small rash. I used the same device to get the teacher and the expedition company to implement an emergency transfer of Parmprit to the nearest hospital – I asked them what an inquiry or an inquest would say if Parmprit took seriously ill or died on the flight.

For the full story, see narrative 5, page 128.

Choosing a box of options.

This is another technique I used in the maybe-emergency involving Parmprit and her small rash, as described above.

We knew that she had a small rash. We knew that in a few hours the rash might develop into anaphylaxis, it might get slightly worse, it might remain the same, and it might disappear. The key question was whether or not the rash would develop into anaphylaxis.

We also knew that the main decision we could make at the moment was whether she got on the aircraft or went to hospital. We had to decide now, because the flight was leaving soon.

So we would not know whether the rash was the start of something serious until Parmprit was already in the air or in hospital.

The decision-making analogy is to imagine a game show where you choose a box. You do not know what is actually in each box, but you do know what might be in each box and what won't be

in each box. You are choosing a box of possible outcomes.

In this case, we were choosing between the flight box or the hospital box. We knew that each box contains the option of anaphylaxis or just a minor rash. The difference is in the consequences.

Consider the choice to put Parmprit on the flight. If it is anaphylaxis, we will have to deal with a medical emergency on an international flight where we are unlikely to have the medical skills or equipment to give Parmprit the best chance. If it is a mild rash, the expedition carries on and everyone is happy, and people make good-humoured jokes about Douglas being too cautious.

Consider the choice to take Parmprit to hospital. If it is anaphylaxis, Parmprit will face a medical emergency surrounded by expert staff with the skills and equipment to give her the best chance. If it is a mild rash, Parmprit has missed the start of the expedition, we face a lot of trouble and effort getting her to re-join us, and I might be on the receiving end of a great deal of criticism and animosity.

Which box contains the best options? Or is there any particular option which we really really do not want to happen?

With this analysis, Parmprit getting anaphylaxis on an international flight is a hideous prospect, and so it is clear we should take the choice of getting her to hospital, even though there may be negative consequences if it turns out to be a simple rash.

This was part of the argument I made to the teacher and to the call taker at the expedition company. They both replied with scepticism, claiming that I could not have made such analysis in the heat of the moment. Initially this analysis seemed to stiffen their resistance to the idea that Parmprit should go to hospital.

Eventually the expedition company agreed that Parmprit should go to hospital, and that was set in train just before we boarded the aircraft.

A few hours into the flight, the teacher had had time to consider the situation more, and told me that I had made a brave and correct decision in sending Parmprit to hospital.

This is the second advantage of "choosing a box of options" as an expedition tool. It is very useful in reviews after the event. The temptation otherwise is to judge whether a decision was a "good" decision or a "bad" decision based upon what happens. If Parmprit developed anaphylaxis, our decision to send her to hospital was a "good" decision. If Parmprit simply had a small rash which went away in an hour, our decision to send Parmprit to hospital was a "bad" decision. This approach to judgement places a high emphasis on correct diagnosis, and could easily lead to people deferring judgement until they had a sure diagnosis, which in this case would not have happened until Parmprit was on the aircraft and we were in the air. Instead, if we carry out our reviews based upon whether we had chosen the best box of options, then this inculcates an approach to decision making that allows for uncertainty. Indeed, in the case of Parmprit, choosing a box of options prevented us from waiting until we had a certain diagnosis. To wait until we had a sure diagnosis would have been to choose the box of options that getting on the aircraft entailed.

9 Suggestions for further research.

9.1 Other perspectives on emergencies on school expeditions

As I argue in the methodology section (page 14), there is very little written on emergencies on school expeditions. I have written this thesis from my perspective as an expedition leader. I would be particularly interested in the perspective of local staff. On the emergencies on my expeditions we have been helped by local guides and other support staff on treks, by hosts on project-based community work, and by “fixers”.

I would also be interested in hearing the perspectives of others involved, for example call takers in expedition companies, teachers, students, family members of those on expedition, managers of expedition companies, and school management. And the experiences of other expedition leaders.

Having found personal stories to be so powerful in my research, I would greatly value hearing or reading the stories of other people.

Something that I think would be difficult to do, but could be very insightful, is to carry out a debrief of one emergency, gaining the views and perspectives of all who were involved. If this was not possible, then as many as can be arranged, especially getting at least one representative of each role (expedition leader, call taker, student, local guide, etc.).

9.2 Decision making about safety on different types of expeditions

One key aspect of emergencies was making decisions. As I argue in the methodology section (page 14), there is little written about the complex relationships that can be involved in the leading of expeditions. I believe there is value in examining different types of expeditions to investigate how decisions are made, the role of various actors in making these decisions, the pressures that are present, and how much clarity or ambiguity exists in this area.

Other areas of practice that have been highlighted

During the course of writing my thesis I have become aware of a number of areas that have received very little academic attention within education in general and within outdoor education in particular. I think all of these areas are worth exploring.

Emergencies. One of the reasons for selecting this subject for a thesis is that there is very little written about emergencies within the literature of education in general or outdoor education in particular. I think emergencies are a fascinating area of research, and much can be learned. So I recommend more people to look at emergencies within their own educational specialism.

Interruptions. More generally, research into education (and outdoor education) appears to pay little attention to those things that interrupt our plans. This might be an emergency, or it might be something minor that we perceive as negative, for example a sudden argument flares up between some students. Some interruptions can be very positive, like an unexpectedly searching question, or an event that provides a great teaching opportunity. There appears to me a lot of richness in the subject of interruptions: what we mean by an interruption, how we respond when it happens, whether we have space to respond, and so on. In a way, this is antithetical to a managerialist view of education that favours planning and control, because an interruption is by its nature something

that means we are no longer following the plan.

School teaching by those who are not “teachers.” Within education research, it seems there is little attention given to teaching of school students under the aegis of the school, but which is carried out by people who are not teachers. Not just expedition leaders, but education facilitators in museums, sports coaches, rangers in country parks, and so on. Especially interesting to my mind are those situations where the teachers work in collaboration with non-teachers in non-classroom settings. Here you have an interplay between individuals who belong to different communities of practice, and who are responsible to different organisations, probably different types of organisation. All these interactions are rich and complex and interesting.

Joint leadership in outdoor education. Within the field of outdoor education, I am aware of no situation where one adult leader will be responsible on their own for a group of school students, yet the collaborative nature of outdoor leadership is something that is little examined. Again, joint leadership becomes even more interesting when the co-leaders are from different organisations.

The effects of age, gender, attractiveness, ethnicity and height on the authority of an expedition leader. As I say above, these are factors I did not investigate as part of my thesis on emergencies. However, my experiences as an expedition leader suggest these factors are worthy of further investigation.

9.3 Suggested theoretical approach: use Wittgenstein's ideas as a framework for other areas of educational research

Using the ideas of circumscribed and uncircumscribed concepts.

Early on in my thesis I recognised that most of my thinking about definitions was of intensional definitions. I had a mindset that viewed concepts as being circumscribed, and that my work responsibilities should have clear boundaries. I viewed our approach as educators as seeking certainty and predictability. My analysis showed that emergencies are a what Wittgenstein called an uncircumscribed concept, a type of event or situation that cannot be sharply defined, where the boundaries between emergencies and non-emergencies are blurred, where one must accept uncertainty and work effectively when we cannot say exactly what is going on, where the situation is fluid, and is outwith our control, where we can influence but not determine what happens. I then suggest some likely consequences of experiencing uncertainty and having to take on uncircumscribed tasks and having blurred responsibilities - in a context where people expect certainty and sharply defined tasks and distinct responsibilities. I found using Wittgenstein's ideas on ostensive definitions to be a very productive way of to examine emergencies. This entailed being alert to the difference between concepts that are sharply delineated and those with blurred boundaries; that some concepts resist intensional definitions; the value of seeking for family resemblances where most emergencies share most resemblances rather than seeking a sufficient and complete set of criteria that will define emergencies; using ostensive definitions, i.e. definitions by pointing out exemplars of incidents that are emergencies, incidents that are not emergencies, and incidents where it is difficult to be sure.

I think it would be interesting to apply this approach to other aspects of education. For example, look at what we mean by literacy, or curriculum development, or management of educational

institutions, or research, or the role of a teacher. Are there areas of education where we seek to impose clear boundaries and impose control on a task that we actually experience as one that is unpredictable, uncertain, and whose boundaries are blurred?

This approach has been used productively in other areas of social science research. Regarding the issue of management, Spicker (2012) examined leadership; Shotter (2005) and Cunliffe (2002) looked at what managers actually do and what the role of a manager is in practice; Braithwaite et al (2004) explored the role of clinician managers; Rafferty et al (2003) used Wittgenstein's ideas to develop a standard for clinical supervision of nurses and health visitors. For questions of identity, Lewis and Kertzner (2003) explored how African American male identity is constructed; Adelman (2000) looked at how we might regard ethnicities; Vehmas and Shakespeare (2014) examined the difficulties in classifying disabilities. Other work that might impinge on concerns of research within education are Park et al (2004) examining character and well-being; Ruane and Hayter (2008) discussing staff views of sexual relationships among patients; Ruane and Ramcharan (2006) discussing staff views of social relationships among patients; Henning (2008) interrogating what we mean by "white collar crime"; Casenheiser et al (2015) examining how people support children with autism.

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11 Appendix 1 – Emergencies in wider society.

We interact with the concept of emergencies in many ways in mainstream western society. Most people in the UK use the road and are aware of the Highway Code, most of us access mainstream media, and most of us are aware of the emergency services, so I have taken these three sources and examined what they have to say about emergencies.

What the UK Highway Code says about emergencies

The UK Highway Code (Driver and Vehicle Standards Agency, 2015) is a government-produced code of practice for all who use the road, be they pedestrians, cyclists, motorcyclists, horse riders or drivers. The universality of the Highway Code allows it to be a source of influence on the attitudes and behaviours of all those from the UK who go on school expeditions: we are all road users (pedestrians, cyclists, drivers, passengers) and have all been immersed in the rules and the concepts of this code.

The Highway Code mentions emergencies in 15 different places (in 13 Rules and in 2 Annexes). In 11 of these places, the emergency is neither described nor defined. In three of the remaining places, the Highway Code refers to actions to be taken in specific emergencies: Rule 228 (ibid.) recommends that if driving in icy or snowy weather you should take an "emergency kit" and "emergency food" "in case you get stuck or your vehicle breaks down." So being stuck in your car in winter may result in an emergency if you do not have these items (from the list of items, it would appear that becoming hypothermic in a remote setting is the emergency to be avoided). Rule 285 (ibid.) says you should call the emergency services if there is a collision or other incident involving a vehicle carrying dangerous goods. By implication a collision involving a vehicle carrying dangerous goods is an emergency. Rule 305 (ibid.) describes the potential consequences of a tram making an emergency stop in order to avoid a collision with the vehicle you are driving – "large numbers of standing passengers may be injured." Therefore a collision that causes a large number of injuries is an emergency to be avoided. The final mention of emergencies is in Annex 7 (ibid.). This Annex is entitled "First aid on the road" which covers what to do if you are on the scene of an incident on the road. This Annex includes a section "4. Provide emergency care" which describes how to care for someone who is unconscious, someone who is not breathing, someone who is bleeding and someone who is burned. Therefore, if there is a road traffic collision or other incident where someone is unconscious, not breathing, is bleeding or has been burned, then such an incident is likely to be an emergency.

The Highway Code does not prescribe a set of criteria which need to be met for there to be an emergency. The Highway Code defines emergencies ostensibly, or assumes the reader will make their own judgement as to whether or not they need to take emergency action. This triangulates with my theories that an emergency is a concept with blurred boundaries which is most easily defined ostensibly.

A recurring theme in the Highway Code is that emergencies are unusual events where you may have to ignore the standard rules and operate under different rules: (in the following quotes all emphases in original). Rule 6: "Pedestrians **MUST NOT** be on motorways or slip roads except in an emergency" Rule 130, talking about areas with chevrons painted on the road: "If the area is marked with chevrons and bordered by solid white lines you **MUST NOT** enter it except in an emergency."

Rule 145: "You **MUST NOT** drive on or over a pavement, footpath or bridleway except to gain lawful access to property, or in the case of an emergency.". Rule 149: "You **MUST NOT** use a hand-held mobile phone, or similar device, when driving or when supervising a learner driver, except to call 999 or 112 in a genuine emergency when it is unsafe or impractical to stop". Rule 269 "you **MUST NOT** drive on the hard shoulder except in an emergency or breakdown". Rule 270: "You **MUST NOT** stop on the carriageway, hard shoulder, slip road, central reservation or verge except in an emergency, or when told to do so by (a list of authorised persons)" Rule 271: "You **MUST NOT** pick up or set down anyone, or walk on a motorway, except in an emergency."

The Highway Code makes it clear that emergency vehicles responding to an emergency operate under different rules again. They do not need to comply to speed limits road signs and traffic lights. Emergency vehicles responding to an emergency have priority over other road users, who should get out of their way when it is at all safe to do so. This is communicated to other road users (including pedestrians) by "using flashing blue, red or green lights and sirens or flashing headlights" (Rules 31, 219). In the UK, only emergency vehicles are allowed to be fitted with blue lights (or even with things that look like blue lights) in order to make this distinction very clear to road users, which emphasises the "otherness" of an emergency.

The final rule I would like to point out is in the section on icy and snowy weather. Rule 228 (ibid.) says: "Take an emergency kit of de-icer and ice scraper, torch, warm clothing and boots, first aid kit, jump leads and a shovel, together with a warm drink and emergency food in case you get stuck or your vehicle breaks down." Emergencies in this instance are unplanned events that are intrusive, that interrupt plans, and that can be harmful.

Implicit in these rules are the following: Emergencies are important. Emergencies have authority – we are authorised to contravene certain rules in an emergency. Emergencies are easy to recognise but hard to define (at least, hard to define intensionally). Emergencies are unplanned events. We need to recognise and respond to emergencies. Emergencies can be harmful, and that we can and should prepare for emergencies in order to minimise their impact. We even have special vehicles and personnel whose job it is to respond to emergencies. All this triangulates well with the theories on emergencies I derived from my analysis of emergencies on school expeditions.

Calling the emergency services

The simple existence of the emergency services in all their complexity and reach says that we as a society think that emergencies are important enough to create and sustain an extensive infrastructure simply to respond to emergencies. For most of us, the official emergency contact we have in our daily life is making a phone call to the emergency number. In the UK, 999 is the official emergency telephone number. The UK was the first country to have a special telephone number simply for emergencies, with the service being introduced in London in 1937, and subsequently throughout the UK (Holland, 2010). The idea of a specific emergency phone number was written into the GSM standard for mobile phone networks in Europe: anywhere within the EU one can dial 112 on your mobile phone and you will be connected to the local emergency services. This has also been adopted as an emergency number on all telephone networks within the EU, fixed as well as mobile, so now anyone in the UK can call the emergency services using 112 as an alternative to 999. This international standardisation of an emergency number further illustrates what an important phenomenon an "emergency" is in our culture, triangulating with my theory that emergencies are regarded as important phenomena.

Within the UK, emergency calls are handled by a call centre that will then transfer the caller to a more specialist call centre depending upon the emergency. There are separate Emergency Call Centres for each of the police, ambulance, fire service and coastguard.

Dealing with *maybe-emergencies*.

Interestingly, two of the emergency services have non-emergency numbers in addition to the emergency number. On every page of the Police Scotland website there is a banner saying "In an emergency call 999 / For non-emergencies call 101". The Scottish Ambulance website has on every page a banner saying: "for emergencies always call 999". On their webpage "When to call us" they say:

"If it is not a life threatening or serious emergency you should consider other options before dialling 999.

These could include:

- NHS 24 - Tel 111
- Your local GP"

The police and the ambulance service are clear that they would rather you phoned them (and they make it easy for you to do this), rather than wait until you are sure it is "an emergency". In one incident involving a friend of mine, a woman fell and refused to call an ambulance because she didn't want to make a fuss. Her son persuaded her it was ok to call NHS24 on 111. After getting the details of the incident, the call handler decided that the situation did in fact warrant an ambulance, and despatched one.

Within the specialised environment of maritime and aeronautical radio communications there is an international emergency distress protocol.

The international protocol for mariners when there is "grave and imminent danger to a vessel or persons, such as fire, sinking, man overboard etc." is to make a radio call on the prescribed radio frequency, and begin the call with the phrase "Mayday. Mayday. Mayday." They should then provide the relevant details of the emergency: position and name of the craft, how many people on board, the nature of the problem, a formal request for assistance. This is for situations of grave and imminent danger. When the situation is "serious and there is an urgent need for help but, but there is no grave and imminent danger to the vessel or anyone on board" then the protocol is exactly the same, except this time the radio call begins "Pan-Pan. Pan-Pan. Pan-Pan". This is for situations where there is an urgent need for help. (RYA, 2017).

The Civil Aviation Authority (2005) defines two different type of emergencies:

"Distress: A condition of being threatened by serious and/or imminent danger and of requiring immediate assistance"

"Urgency: A condition concerning the safety of an aircraft or other vehicle, or of some person on board or within sight, but which does not require immediate assistance."

For Distress messages the call is MAYDAY, MAYDAY, MAYDAY

For Urgency messages the call is PAN PAN, PAN PAN, PAN PAN

So it appears that in our terrestrial emergency services, in the maritime environment and in the aviation environment there is accommodation made for the situations of *maybe-emergency*.

The emergency services: what they themselves say about emergencies

As for what the emergency services explicitly say about emergencies, for the purpose of this thesis I shall consider the three main emergency services in Scotland: Police Scotland, the Scottish Ambulance Service and the Scottish Fire and Rescue Service. Each of these bodies provides emergency services throughout the whole of Scotland.

What the Scottish Fire and Rescue Service says about emergencies

Rather than primarily responding to fires, as might be the public perception of their work, the Scottish Fire and Rescue Service (SFRS) devotes much of its energy towards harm prevention. According to the Scottish Government, "The overriding purpose of the SFRS remains to work in partnership with communities and with others in the public, private and third sectors to improve the safety and well-being of communities.

"The SFRS's delivery of its functions is focused on prevention (reducing the risk of, and changing people's perception and behaviour towards, fire and other risk factors within communities), protection (mitigating the effects of those risks) and developing a flexible response (dealing effectively with different types of incidents in different communities across Scotland)." (Scottish Government, 2016, p9).

"The SFRS has a statutory duty, under the 2005 Act, to make provisions in relation to fire fighting and a range of other emergencies including road traffic collisions, flooding, search and rescue, chemical, biological, radiological and nuclear incidents, as well as having the power to respond to other incidents at its discretion. The SFRS should plan its operational response to these incidents in a way which reflects national and local risk across Scotland and in doing so ensure that its arrangements for operational command are designed in the most efficient way. As part of this operational response, the SFRS must continue to make sure that specialist equipment, resources and skills will be made available where and when they are needed across Scotland." (Scottish Government, 2016, page 10). This Framework goes on to detail the changes to vehicles and other responses that are necessary to meet these changing and emerging threats.

This fits with a number of themes from my analysis of emergencies on school expeditions. There is no sharp boundary between what is and is not an emergency. Rather, emergencies are defined ostensibly. Emergencies involve harm or the threat of harm. Emergencies can be new, unexpected, unforeseen events. Indeed, there is explicit provision for new types of emergency. The changing nature of emergencies has led to a change in focus, changes in equipment, changes in staff training, and changes in operating procedures. We as a society devote extra and specialised resources to responding to these emergencies, and indeed we as a society feel an obligation to do so.

What the Scottish Ambulance Service says about emergencies

According to their website, the Scottish Ambulance Service (Scottish Ambulance Service, 2017a) has three main functions:

"Providing an emergency response

As the front line of NHS services in Scotland our key role is to respond to 999 calls as quickly as possible with the most appropriate skills and equipment.

Taking patients to hospital

Our Patient Transport Service is a core function that takes patients to and from their pre-arranged hospital appointments.

Dealing with major incidents

During large scale incidents we work closely with other emergency services, hospitals and relevant government departments to save lives.”

The website gives guidance about when to call 999, i.e. when to ask for an emergency response from the Scottish Ambulance Service: (Scottish Ambulance Service, 2017b):

“You should always call 999 if someone is seriously injured or their life is at risk

Some examples of medical emergencies include:

- chest pain
- breathing difficulty
- unconsciousness
- severe loss of blood
- severe burns or scalds
- fitting or concussion
- drowning
- severe allergic reactions
- choking
- a child with sudden unexpected symptoms

If it is not a life threatening or serious emergency you should consider other options before dialling 999. These could include:

- NHS 24 – Dial 111
- Your local GP”

This triangulates with a number of themes from my analysis of emergencies on school expeditions. Emergencies are not defined intensionally: there is no clear boundary between what is and is not an emergency. Rather, emergencies are defined ostensively, and provision is clearly made for times of uncertainty and almost-emergency. Emergencies involve harm or the threat of harm. The website uses the open term “major incidents” to give an open remit, to give the possibility and indeed obligation to respond to unspecified events.

The Scottish Ambulance Service is also making changes in its plans and procedures in order to better respond to changes in the threats from terrorism (Anon, 2017).

What Police Scotland says about emergencies

Like the Scottish Fire and Rescue Service, Police Scotland see changes in the demands upon their

services, and are making changes to their organisation to respond. Again, like SFRS, their priorities include prevention as well as response. The police emergency response is changing to reflect changes in the nature of emergencies they are called to. For example: "Only 1 in 5 incidents attended by police result in a crime being recorded. Many of the most time consuming incidents relate to concerns for persons, missing/ absconded persons and dealing with sudden deaths." (Scottish Police Authority 2017, p 22) The police are finding an increase in calls relating to crises involving people who are vulnerable or in crisis (e.g. mental health problems including age-related disorders such as dementia), investigating over 30,000 missing persons each year (ibid.). Changes in technology have also brought new types of crimes and new types of emergencies, from on-line stalking and "grooming" to computer fraud and identity theft. This technology has also brought new ways of analysing crimes allowing in some cases early intervention through intelligence from artificial intelligence systems (ibid., pp 24-27). Scotland's growth as a venue for major international events has also brought new demands on the police emergency planning (ibid., p22), for example protests at the G8 summit in Gleneagles in 2005 (BBC, 2005). The changing nature of the terrorist threat has also caused the police to review and change tactics and equipment, for example in response to terrorists wearing body armour, or driving vehicles into pedestrians (Anon., 2017).

This is consistent with a number of themes from my analysis of emergencies on school expeditions. Emergencies are not defined intensionally: there is no clear boundary between what is and is not an emergency. Rather, emergencies are defined ostensively. Indeed, in many cases the distinction is not even drawn, and provision is clearly made for times of uncertainty and almost-emergency. From the police perspective, emergencies clearly involve harm or the threat of harm, they are intrusive events. Some emergencies may be predictable to the Police Service in general terms (for example, there police force might expect to search for between 30,000 and 40,000 vulnerable people who have gone missing each year, but for the families involved these are big intrusions into their lives. And there are large-scale emergencies that may intrude into the plans of the police, for example a major terrorist incident or a civil disaster. The police, like the other emergency services, have a clear focus on reducing the harm suffered during an emergency, and in aiding recovery from an emergency.

What the mainstream media say regarding emergencies

In popular culture and the mainstream media, a great deal of attention is given to emergencies, frequently using stories to explore this subject. There are dramas specifically about emergencies and the emergency services, ranging from children's television shows like Fireman Sam to adult television shows such as Casualty and films like Backdraft. There are also very many documentaries and television documentary series about emergencies and the emergency services.

Within the mainstream media there are no intensional definitions of when one should call upon the emergency services, these dramas and documentaries all help clarify the question of what is or is not an emergency through examples: they use ostensive definitions.

Sometimes this is done explicitly. There are exemplar stories deliberately told in ways to encourage people to call the emergency services in certain situations (England 2017, Lloyd 2014). The popular media also presents many stories that give the opposite examples, events when someone asks for help from the emergency services when clearly (in the author's eyes) the situations were not emergencies (BBC (2015), CBC News (2015), Time (2015), Gray and Dodds (2012)). There are also reports of emergency-in-anticipation (Governor of Florida, 2016) that

eventually led to impact (Hanna et al, 2016, BBC, 2016).

Comparing this media output with my stories of emergencies on school expeditions, the first thing that seems clear is that the volume, nature, and diversity of output indicates the importance we as a wider society apply to "emergencies" as a concept, and in particular the importance we place upon "good" responses to an emergency, and the high regard with which we paint those people and institutions who respond to emergencies. This idea of the importance of emergencies tallies with my findings on emergencies on school expeditions.

None of these dramas or documentaries or news stories define what an emergency is or is not. These films and television shows all make the meaning of "an emergency" clear through examples. I find it especially interesting the boundary-defining work that is done in news stories telling us what is **not** an emergency – the concept of emergency is too powerful to be used lightly. So as with my analysis of emergencies on school expeditions, emergencies in these stories are defined ostensibly rather than intensionally. The boundaries between what is and is not an emergency is not made explicit, but it made clear that this distinction is important.

It is also clear that the idea of a "state of emergency" is one that is widely used in mainstream public discourse. The idea of taking urgent steps to avoid harm is also publicly accepted, or even expected.

12 Appendix 2 – Narratives

The following are the narratives of emergencies on school expeditions. As described in the methodology chapter (page 14) these narratives include some situations or events that I and my fellow expedition leaders agree were emergencies, some that we agree were not emergencies, and some where we could not decide or could not agree as to whether or not they were emergencies.

Please note that when I describe what it felt like at the time, I am simply recording my feelings at the time. I make no claim as to whether I was justified to feel that way. Also, my feelings at the time do not necessarily reflect my feelings now.

Narrative 1: Caroline's abdominal illness.

What happened

There were students, two teachers and myself. We were two thirds of the way through a long expedition in a tropical area, and were in a small village in a rural area. The nearest medical facility was a hospital in the town about 1½ to 2 hours along a dirt road. There was no internet in the village, but we did have mobile phone reception. Our plan had been to leave this village on Wednesday for the town.

Like several of the other students, Caroline had had abdominal pain during the expedition. On Tuesday evening Caroline appeared to get worse. She had nausea, stomach cramps, fever, and elevated pulse. I was concerned not just by these symptoms, but also by the fact that the symptoms were worsening. Our official medical handbook suggested that these symptoms might indicate malaria, and said in bold that evacuation and medical assessment were absolute priorities. Our official risk assessment said we should not travel by road after dark, and it was now two hours after sunset. I decided the balance of risk was that we should get Caroline to the hospital. I discussed this with the teachers, and they agreed. We also discussed who should accompany Caroline to the hospital, and decided I should go. The rest of the group would travel to the town the next day as planned, and we would meet up there.

Part of the protocol with this particular expedition was that I should let the expedition company know as soon as possible if there are any emergencies. The expedition company gave us 2 telephone numbers: one for administrative matters and one for emergencies. I called the emergency number and discussed plans with the expedition company. One of the things we discussed was getting transport to a hospital – we decided to use the one in the town. The company also had an in-country agent who lived in the nearby city, "Paul", so I phoned him as well. When he discovered that I had spoken to the expedition company directly and not just relied upon him he became annoyed. Within an hour we had a vehicle and driver. Before departing, the teachers and I planned what to do the next day. Whilst I went to the hospital that night with Caroline and a friend, everyone else would go into the city the following day as already planned. We arranged to meet up at a certain place at 1.30pm.

Caroline, her friend, and I were driven to the hospital in a pickup owned by one of the villagers. We were met at the hospital by Sam, one of Paul's assistants. Sam acted as interpreter and got us booked in, and was very helpful. She left us late at night. The hospital put Caroline in a room with her friend, and also gave me a bed. Very quickly the hospital gave Caroline a test for malaria, and

found she did not have this. Unfortunately her condition deteriorated and overnight she was given a lot of medical attention to manage her symptoms.

The next morning, Wednesday, our in-country agent Paul came into the hospital. He “knew” what was wrong – it was yet another case of westerners not adapting to the environment. Just a bit of rest and rehydration and she would be fine. He tried to take control of the relationship with the medical staff and to influence the direction of treatment according to his “diagnosis”. Both I and the medical staff resisted this, and he left.

As the day progressed the doctors treated Caroline and carried out a series of investigations. It became very clear that Caroline was very distressed at being in hospital, especially with no family round her. She also confessed to fear of hospitals in general, and needles in particular.

I gave the expedition company regular reports by phone, and they had been passing this information on to Caroline's family. In the afternoon the physician diagnosed a specific abdominal illness. He called in a surgical team, and as we waited for their arrival I found the rest of the group and told them what was happening. We decided to cancel our plans to go on a trek the next day and spend an extra night in town. I then went back to the hospital in time to meet the surgeons, who confirmed the diagnosis, and asked me to sign the consent form for surgery because Caroline was a minor. I phoned the expedition company and was patched through to Caroline's family, who gave verbal assent, so I signed the paperwork. Less than an hour later Caroline was in theatre.

After the operation was over the doctors told us that there were no complications during surgery and her prognosis was good. Caroline was a bit woozy and distressed after the operation, but some of the students came to see Caroline which cheered her up. She was also able to speak to her family on the phone. That night Caroline remained in the hospital, as did I. At 2am on Thursday I was called upon to mediate between her and the medical staff after 4 failed attempts to give her intravenous medication. I prevailed upon the staff to consult a doctor as to whether she could have the drugs orally, which was agreed, to Caroline's great relief.

By lunchtime on Thursday Caroline was up and walking about, but not discharged. Members of her family had flights booked. The teachers and I decided that on Friday the group would go on our planned trek with one of the teachers remaining with Caroline. On Saturday Caroline's parents arrived, the expedition company having arranged transport and accommodation for them. On Tuesday evening we completed the trek and returned to town. I met with Caroline's family, who wanted to talk everything over with me. Caroline was fully recovered, discharged from hospital, chatting and laughing. On Wednesday she was declared fit to travel, and she flew home with her family, whilst the rest of us continued with the remainder of the expedition.

What it felt like

We had other serious incidents on this same expedition. Some of them are related elsewhere in this thesis. So this expedition was hard work.

The narrative makes it sound clear and simple, but in reality things were more complex and uncertain. On the Tuesday Caroline had complained of stomach pains all day, but several people had had gut infections and there was nothing to make this particular sore stomach stand out. It was only after dinner that Caroline complained the pain was increasing and that she now had joint pain, and it was these symptoms that caused me alarm. I had to work hard to ignore the internal recrimination that if we had acted sooner there would have been no quandary over driving at night, and that her pain and distress would have been less.

Once I reached the point of being seriously concerned I had a two big decisions to make and I found neither of them straightforward. The first was whether Caroline go to hospital immediately or instead we observe her overnight and see how she was in the morning. A factor not mentioned in the official report was that the expedition company's formal Risk Assessment for the country expressly forbade road travel after dark: her symptoms took time to become severe enough to cause concern and by the time I decided she was in the medical risk category it was almost two hours after sunset. So which procedure should take precedence: the medical procedure saying she should go to hospital or the risk management procedure that said to avoid travel after dark?

If Caroline were to go to the hospital, should I accompany her or should one of the teachers? Factors in my consideration included the knowledge that travel to the hospital after dark might not be easy. I had significantly greater skills and experience than the teachers in managing casualties in remote settings, and in interacting with hospitals in countries where we were unfamiliar with processes and where language might be a barrier. If one of the teachers accompanied Caroline, would the teacher have the skills to manage her health until they got to hospital? What if there were to be any problems on the journey? Would the teacher be able to manage or facilitate Caroline's contact with medical staff who may or may not speak English?

On the other hand, if I were to go with Caroline, this would mean the rest of the team would remain overnight in a remote location with two teachers of less skill and experience than myself. The whole team would then have to make the journey to the city the following day without me there. I consulted with the teachers over both these questions. They did not make any suggestions, but they did agree with my decisions and supported them. With hindsight I cannot be sure whether this was because they fully agreed. Certainly they had the option of vetoing the plans and did not do so.

Weighing all this up, I felt in my bones that Caroline's condition was potentially serious and it would be better for her to see a doctor sooner rather than later. I also felt that the rest of the team could manage just fine without me – there were no other obvious health risks at the moment, and teachers and students were both getting well into expedition life and should manage the exigencies well.

The expedition company gives us 2 telephone numbers: one for administrative matters and one for emergencies. I called the emergency number. The person who took the call asked: "Is this an emergency?" I got a bit cross at the question – surely they knew it was an emergency because I had dialled the emergency number. Yet a niggling of doubt remained in my mind: at this point there was no immediate or obvious threat to life. Was this really an emergency? I knew that my answer would shape what happened next. I answered: "Yes." and things started to happen. Though when I was questioned about it really being an emergency, I felt a bit cross and impatient – why else was I calling the emergency number?

Regarding the local people we interacted with: everyone was most helpful, and now I regret I was unable to thank them better, but at the time I was very task-focussed. The exception was our agent, Paul, who bordered on the obstructive.

My relationship with the emergency changed as the situation developed, as did the nature of the emergency. I certainly felt a great sense of relief when we got Caroline to the hospital, and then a growing sense of dread as she continued to get worse. When she was given a diagnosis that was a further weight off my mind, but then I had to get involved in a different way when I was asked to sign the consent form. Being asked to sign the consent form for surgery on someone else's child – that really made me pause. This is a big thing, was my thought, and I took a kind of virtual gulp

before signing. There was a further easing of the pressure when Caroline came out of surgery and I was told the operation was successful, and a yet further easing when her family arrived.

I only felt the emergency was really over when she flew home.

Reflections

I kept asking myself: what is the right thing to do? Am I doing the right thing? Did I do the right thing? When Caroline was admitted to hospital and needed all that medication overnight, I realised I had made the correct decision. Looking back now, I realise that I was judging my decisions based upon how accurately I predicted the outcome, even though I had neither the equipment nor the skills to make a diagnosis or any other sort of prediction as to whether Caroline would get better or get worse. Now I have come to seek other ways of judging my decisions, because I recognise there are times I need to take emergency action even when I am not sure what is going on. Waiting until I am certain may mean waiting until it is too late.

Looking beyond my own actions, I am very impressed at how swiftly and efficiently the expedition company got Caroline's family to her.

Influence on my practice

It was made clear to me how much Caroline's family valued the information they received. Even if all I said was that there was no change, they valued that information. In subsequent emergencies I have thus tried to think about the family back home, and tried to keep a stream of communication to the expedition company so that they can keep the family abreast of the situation.

Having access to Google Translate made a huge difference in managing Caroline's care. Recognising that I often go to places where there is no phone signal and no internet, I have now downloaded a translator app downloaded onto my phone and my tablet so that I can communicate even when there is no network connection. I have never needed this facility in emergencies, but having a translator app has proven to be useful in many day-to-day situations.

Narrative 2: Storm in a desert – guides at risk of hypothermia

We were students, one teacher, plus myself. The school was in a part of the world renowned for its rain and cold. The expedition was in a high altitude mountainous desert.

We had earlier turned back from one trek because the trek was too severe for the group. We decided instead to do a shorter trek, with little altitude gain. The trek traversed the mountains, from one small village to another. Each campsite was on the outskirts of a small village. There was a rough road between the villages, and there were also shorter, more direct footpaths. Each campsite was about 3 hours drive from the nearest town with good medical facilities.

Our plan was to trek from one campsite to another carrying day bags. Our main bags plus cooks and cook tent would travel between campsites by truck. On this trek we had no means of communicating internationally. This was a result of political sensitivities of the host government towards foreigners in the area we were visiting. Our guides had mobile phones that could make local calls. The villages had payphones that could make local calls.

We drove to our first camp site. That night one of the students became unwell. We decided that the teacher would get a taxi to town and take the student to the doctor. If the student recovered, they would both get a taxi to our second night's campsite and join us there. If not, they would arrange for a vehicle to come and collect us from our second campsite and take us to town. This plan allowed the rest of the students to start their trek and meant that we would not find ourselves with only one leader and 11 students sleeping in a campsite.

Once the teacher and student were safely on their way, we began our trek. We were accompanied by two local male guides. As is common, the guides were fit, acclimatised to the altitude and acclimatised to the terrain. Our group had varying degrees of fitness, but were still acclimatising to the altitude, the terrain and the weather.

We walked down into a dry valley, then up a dry side valley. The sky darkened. The valley became narrower. It began to rain. We put on our waterproofs, and the rain became heavier. We saw rocks falling off the mountainside ahead of us.

I did not want to be in a dry river bed if there was a flash flood. Nor did I want to go into a narrow valley where rocks were falling off the side of the mountain. I had a hurried discussion with the guides. We decided to make for the road. We walked along the road for a bit further towards our destination. By this time we were all getting cold.

We stopped and deployed our emergency shelter. This is like a huge bag or a small parachute. We stood in a circle and draped it round us, using our bodies as tent poles. We took turns to go into the middle, take off our waterproof jackets, put on our jumpers or fleeces, and then put out waterproof jackets back on. The students injected some heat and some energy into themselves and into us leaders by having a dance-off in the shelter. Once we were changed, we walked back along the road, returning to our first campsite. This was a difficult decision, because we knew that all our tents, spare clothing and cooks had driven to the next camp site. However, the road to that campsite went through a narrow pass. I decided the risk of going on outweighed the problems of turning back with no tents or dry clothes to return to.

As we walked back down the road, the guides started to drop behind. This was unprecedented in my experience, that the guides would drop behind the students. It turned out the guides did not have waterproof jackets. Also, they lived in a desert, and had never walked in weather so cold and in such heavy rain. For the students, though, they regularly experienced similar weather just going

out on a Saturday night. Once the route was clear, I stayed back with the guides, making sure they were ok.

Back at the campsite, we were taken into the house of the woman who ran the site. This small single-roomed building also served as a tea house for the campsite. The lady who ran the tea shop quickly got the students settled, supplied plenty of warm blankets, and started serving instant noodles in a soup. The students were down beat at this point. Spirits dipped further when some of them realised their letters from home were damp. However, we soon got the letters drying off. The camaraderie of shared adventure and the heat from noodle soup worked their magic, and spirits started to rise.

Meanwhile, our two guides refused to come into the tea room. They were from a conservative culture, and could not countenance sharing a room with 17 and 18 year old females who had taken off their wet clothes. I explained the students were now under blankets, but this did not change their minds. By this time the guides had taken shelter in a large tent used for a tea room, but they were very cold and shivering badly. I plied them with "Maggi" noodle soup.

Within an hour of returning to the campsite, the rain stopped and the sun came out. Shortly after 1pm our truck came into the campsite. The driver had realised we would be caught in the rain, and had driven back along the road to see if he could give us a lift. The truck was missing its front bumper and had several dents in the body work. This was damage from a landslide that swept the road as the truck drove through the pass. So we were all glad we had not tried to walk through that pass – a rock strike powerful enough to rip the bumper from a truck would do serious damage to flesh and bone.

Given that we were soaking wet, and given the likely instability of the ground, we decided to return to the main town and spend the night there. So we arranged for vehicles to come and collect us.

As we drove to town we all noticed the scattering of rocks all over the road. Some rocks were fist sized, others the size of a large holdall. These rocks had all come down on the main road during the rain. We started to be concerned for the student and teacher who had travelled to town that morning.

We all met up in town and shared stories. The taxi taken that morning by the teacher and student had had an eventful drive. We heard that they often had to swerve to avoid rocks as they were coming onto the road. Fortunately the vehicle was not struck, and all made it safe to town.

The students decided this was the best day of their trip. The consensus was that it had been a "proper expedition" with adventure and risk.

The student who had gone to the doctor was quite ill, and need to have a few days rest. So the teacher and I devised plans that would keep the rest of the team active.

I spent the bulk of the following day on e-mail trying to persuade the expedition company to part with the funds to cover us for the extra expenditure we had incurred as a result of coming back early: the extra transport and the extra two nights in a hostel. One of the debates seemed to be that the insurance would cover costs arising from an emergency, and to the support staff in the expedition company this was not obviously "an emergency". Also, the official procedure was to get permission before incurring the extra expense. Eventually the expedition company decided to cover our extra expenses, but the effort took almost eight hours of work on my part. This at a time when the group was recovering from a series of impacts, we had one student who was unwell, and we had to devise new plans given that our trek was over.

What it felt like.

Whilst we were on the mountain, I was in a quandary: to go on or to turn round. Once I had decided to take the road back to camp, I felt a whole lot better. It felt the correct decision. It also felt the right decision to have got out of the valley, though I never did hear whether or not there was a flash flood. On our way back to camp I had a heightened sense of vigilance, especially against rockfall and against the guides becoming hypothermic.

Once we were at the campsite, I felt a weight come off me. I was kept busy, for sure, but it felt that the risks were passed.

When we saw the state of the truck and heard how it had been struck by rockfall, I felt vindicated in my decision to turn back. And then I felt a new tension about the two who had left camp by taxi. When we heard they were ok, well, that was even better.

I was really frustrated talking to the expedition company once we got back to town and I could use e-mail. It felt like I was being interrogated, judged. When what I felt I needed was support after a tough and dangerous day. Also, it was a big demand of my time when there were other tasks I felt I needed to get on with in the immediate aftermath of the incident.

However, they did give us the money we needed in the end.

Reflections

This was another case which appeared not to fit neatly into the category of "emergency", at least as far as the expedition company call taker was concerned. At least, not at first. I did eventually manage to convince them.

The people I spoke to appeared to see their role as gatekeepers. The default position seemed to be that it was not an emergency unless and until they were convinced: if in doubt, the assumption seemed to be that the expedition leader was wrong to say that it was an emergency.

The people I spoke to showed no evidence of care, interest, or insight into the leadership demands in the aftermath of an incident. Nor on the effects of an incident upon the expedition leader: I was very tired, I was a bit emotional, I was distracted by what I perceived to be the needs of the students.

I felt that I was trusted to use my initiative to look after students, but not to look after money.

This reluctance and interrogation I perceived was very different from the response I received once the support staff in the expedition company agreed there was indeed an emergency and that I had acted appropriately.

When the guides became unwell, suffering from the cold, I was unable to look after them and fully supervise the students – the cold and the wet had led to the students each being focussed on just getting to where they were wanting to go, and so were not really looking out to see that other people were ok.

Influence on my practice

The biggest impact has been on my approach to what I might call the post-impact phase of an emergency, that time when everyone is out of immediate danger. I have now come to expect an

interrogation from the expedition company. I have now come to expect resistance when I say we need to change plans or we need some more money.

Over the course of this and other incidents I have devised strategies and techniques to help me through these post-impact discussions with the expedition company. From this incident I have learned to get my data in order. Providing detailed numbers and clear reasoning for my decisions goes a long way to convincing the expedition company that, yes, there was an emergency and, yes, my actions make sense.

I have also come to expect this. Knowing it can take a long time, I include this effort in my post-impact planning. As a result things go more smoothly, and I no longer get quite so frustrated by having to spend hours saying the same thing in subtly different ways.

I have also become more active and more creative in my use of written procedures, whether this be the documentation issued by the expedition company or written documentation with prescription medicine. As the procedures have grown more complex, it is harder to get a clear idea of what one "should" do in any given situation: one aspect of the situation may be covered by procedure X, and another aspect of the situation may come under procedure Y. One consequence of this can be that someone with a shrewd mind and a good knowledge of the procedures can take control. I simply find the procedure that details the course of action I wish to take, and then present myself as following the expedition company's procedures. A busy call-taker rarely wishes to get into a detailed argument over whether procedure X or Y (or even Z) is in fact the most apt for this situation. The fact that I am following a procedure means that they, too, are following a procedure, and so their backs are covered.

Regarding splitting the group: after my experience on that trek, no longer am I happy to take a group on a big day's trekking as the only adult leader.

Narrative 3: Heat injury: Hannah. And eating well: Johnny.

We were on a school expedition with two teachers and students plus myself. Gregor was a school teacher who was very fit. He was a long distance runner. The other teacher was a woman of normal fitness. Hannah was a student. Johnny was a student. Right from the first day the teachers and I noticed that Johnny did not eat much. He described himself as a fussy eater, and did not want to eat unfamiliar food. For Johnny, breakfast cereal was unfamiliar food. We tried to persuade him to eat, but he refused to eat anything other than a narrow range of food that he ate at home.

We had been in country for three days. The climate was tropical, hot, and sunny. Our plan was to do a gentle walk to help with acclimatisation to the climate. Our walk was uphill through the forest to a big waterfall. The forest would give us shade. Once at the waterfall, there was a plunge pool where we could refresh ourselves. The walk was in a national park. At the entrance to the park (and the start of the walk) was a very nice hotel with a restaurant and a toilet block. We stopped at the toilet block before starting to walk.

We took frequent stops for rest and for drinking.

After about an hour of walking, Hannah was at the rear of the group. I asked one of the teachers to set the pace, and I stayed with Hannah, chatting. She seemed ok. After five minutes she complained of feeling sick. We were walking up a rough vehicle track. On either side of the track the vegetation was dense, but there were many big boulders. I asked Hannah to sit on one of the boulders and rest. At the same time I asked the rest of the group to wait. Hannah swiftly became hotter, and she became less lucid. She struggled to remain upright. Her speech became slurred. She started to feel warm to the touch.

I am aware that the standard treatment for overheating is to get the patient to lie down. However, the terrain did not allow for this except in the middle of a narrow, rough vehicle track, and I deemed this too dangerous. So I tasked two students to prevent Hannah from falling off the boulder on which she sat: one student to each side. I got students with large hats to fan her down. Hannah was already wearing a single layer, so there was little clothing to remove. Instead, I poured water on her until her clothing was saturated, and kept a relay of students fanning her. Despite this, I could feel her skin getting hotter.

I asked Gregor (the teacher who was a long distance runner) to run down to the hotel to arrange a vehicle to come up and collect Hannah. Meantime, I and some students tried to keep Hannah cool. Despite our best efforts, Hannah's temperature kept rising until her skin was hot to the touch. Through her wet shirt, her shoulder felt as warm as a hot meal. By this time she was incapable of speech, and was unable to remain sitting upright without support. The other teacher looked after the rest of the students. As this was going on, I heard some students complain about just sitting about – why could we not go on to the waterfall?

After about ten minutes of vigorous fanning and the continual pouring of water on her head and body, Hannah's temperature stabilised, then started to drop. After another ten minutes Hannah was able to have a conversation, and after another five minutes she was able to sit unaided, but not stand. At this point a large 4x4 vehicle came up the track with Gregor in the passenger seat. The driver spoke good English, and said that it was relatively common to pick people up on this track.

Gregor and I helped Hannah into the vehicle – she was still unable to walk unaided.

As they were about to leave, Johnny approached me and asked to also go in the car – he was struggling. So he went in the vehicle.

The rest of us descended by foot. There were several requests to carry on so we could see the waterfall. I gave two reasons for descending. The first and most important was that if Hannah had become so badly ill so quickly, there may have been someone else in the party who was almost at the same stage that Hannah was at when I was chatting to her. We had all come from the same climate. So if we carried on working hard in the heat, we may get further casualties. At the same time, one of our teachers had descended. So we only had two adult leaders to look after the remaining 10 students.

When we got down to the hotel, Hannah was lying in a hammock, drinking fresh lemonade. She seemed fully recovered.

Further discussion with Hannah revealed she had a pre-existing medical condition she had not disclosed. One of the consequences of her condition was that she was more vulnerable to heat illness. She said that when she was on family holidays to hot countries, she would either stay by the pool or remain in an air-conditioned room, and simply read a book. The heat was too much for her. This raised obvious questions as to why she had chosen to come on an expedition to the tropics in the hot season...

Hannah, the teachers and I continued to monitor her condition very carefully throughout the expedition. We tailored our activity level so that she took things very slowly. Hannah successfully completed the rest of the expedition, though she did spend several days resting whilst the rest of us were out enjoying and exploring. During these times of rest she was supervised by one of the teachers. The teachers did this professionally, but they did regret being unable to explore the country as much as they otherwise could have.

Meanwhile, as the expedition progressed, the teachers and I noticed that Johnny still did not eat very much. We informed with the expedition company. Johnny was a very confident young man who was very much into physical activity. He loved trekking and camping, and was assured of his ability to do anything that anyone else could do. His experience on the walk through the woods had shocked him. He was very surprised that he had needed to descend by vehicle when the rest of the group were able to carry on walking, "even the girls who were not very fit." The teachers and I explained that if he did not eat he would not have any energy. If he did not eat healthily, we would need to exclude him from the trek on safety grounds – if he struggled with a short walk, he would struggle even more with a big walk, and the longer he went with limited food intake the weaker he would become. Johnny was a slim young man, and had little fat on him. Eventually Johnny agreed to a food diary. Either I or one of the teachers would sign it after every meal, and would witness what he ate. In one shop Johnny found a large bottle of Heinz Ketchup. Liberal doses of ketchup made the local food acceptable to him. Rice with ketchup and ketchup sandwiches became staples. As the expedition progressed Johnny was able to try new food, some of which he enjoyed. Johnny completed the expedition successfully.

What it felt like

Regarding Hannah's heat injury. During the impact phase (the time from when she started feeling nauseous until we were all back together in safety), with hindsight I would say I entered a "flow state".

For the rest of the expedition I remained vigilant and alert to the specific risks of heat upon

Hannah. I also felt a jarring note, that Hannah would be aware of her prior experiences of heat (that she avoided it and did not cope well with hot weather), and yet should choose to come to a tropical country during the hot season, to a poor country where there would be little or no air conditioning.

Regarding Johnny, the main impact was that this was another aspect of the expedition that required constant vigilance.

Monitoring Hannah and Johnny took a significant amount of effort.

In this, I was well assisted by the teachers. The teachers were very alert to these issues, and took a very active part in the welfare of both students. Therefore there was no adverse effect on our ability to lead the expedition and to ensure the safety of the students.

Reflections

The situation with Hannah was a full-on emergency. After this, I was even more alert to the dangers of heat injuries. I was also struck by the speed of the change in Hannah's condition. I was very glad I had noted the hotel on our way in to the start of the walk, and was alert to the possibilities of emergency facilities. I now constantly take mini-inventories of resources throughout my expeditions.

The situation was also a reminder of the importance of getting a full medical disclosure before we go on expedition. Over the years, my questioning has changed. As well as asking if someone has any illness they are aware of, I now also ask when they last went to the doctors. This has proved its worth on several occasions when carrying out a pre-departure medical check. On each occasion, when I asked the person if they had any current illnesses or injuries they said no, but when I asked when they had last been to the doctor, they told me about their umpteen visits to a series of specialists, all trying to diagnose the condition that had been troubling them for some months. Each time, because they had not had a diagnosis, when I asked if they had any medical conditions they answered No. I will also ask if people are taking any pills or potions, or using any creams. Several times I have found out this way that students are on the contraceptive pill, even though they have said they aren't taking any medicine: in many people's eye the contraceptive pill does not count as "medicine". It is important to know when someone is on the pill because it is in fact a powerful drug, it can lead to complications when the person goes to a different climate, and it can interact with other medicines that may be appropriate in response to a health problem on expedition.

The situation with Johnny was never an emergency, but was hard, diligent preventative action. If Johnny had not had a lift down the hill, if we had not addressed his diet, then we may have faced an emergency on expedition. This was not the first time I have had a reluctant eater on expedition. It was impossible for me to determine whether or not Johnny had an "eating disorder." However, the fact that he wasn't eating enough was sufficient to cause a health risk in itself. The fact that he followed the plan regarding eating and the recovery in his energy levels both indicate that our management of his symptoms was sufficient for the duration of the expedition. Another reminder of the importance of managing symptoms even if we do not have a diagnosis.

These incidents also showed the strengths and benefits of having three adult leaders who were alert and capable. This is the only expedition where the running ability of a teacher was important, but in this case it made a big difference – an example of the importance of doing a full inventory of each others' abilities, and an example of us not knowing what might be a useful skill in an

emergency.

Influence on my practice

The incidents described above did not transform my understanding. Rather, they reinforced things I already knew; they gave experiential knowledge to go with my theoretical knowledge. The experience strengthened my conviction and ability to make early intervention, and more generally to work assiduously on the working relationship between the teachers and myself.

These experiences reinforced my beliefs in the importance of the teachers and the expedition leader working well together, of us knowing each other well, of us each being as capable as possible.

It also showed me how quickly someone's condition can change. The suddenness and severity of Hannah's change in condition was shocking.

My views on the importance and value of early intervention were also reinforced. If I had not asked Hannah to stop when I did, she may have carried on walking until she fell, risking injury. Also, her heat injury may have been worse if she had carried on walking and getting hotter until we started the process of cooling her down.

Narrative 4: I see no boat. Maisie

We were at a tropical beach. Although this is part of my work that triggers most envy, it is the setting that I find most stressful given the variety of the risks and the attitudes of the clients. So it proved this time.

There were students, one teacher, and myself. We were in the last few days of a three week expedition to a tropical country. We went for a swim in a tidal inlet that appeared safe: no currents, no waves, relatively narrow, just over a metre deep. I was stood on the bank, which was raised over 50cm above the level of the water. I had a throw line.

I noticed a motor boat heading towards the inlet from the bay. I estimated that in a few minutes it would be passing through the area where the students were swimming. I told them to get out of the water. Everyone got out of the water except for Maisie, a student. Maisie said she saw no boat, and so there was no point in getting out of the water. The boat got closer. I told her again to come out, again she refused. I considered throwing the line to her, but could see no benefit to this. I considered going in, but even in the water, what could I do in the time available, other than be another casualty. Again I told her to come ashore. By this time the boat had slowed down. Then Maisie saw the boat, and swam for the shore. She showed no recognition that her actions had put her at risk.

What it felt like

My main feeling was powerlessness.

I was doing everything I could think of. And yet I was just watching one of my students calmly and happily remaining in a situation that was getting more dangerous by the second. Was I going to watch her be injured or killed before my eyes?

Reflections.

Was this an emergency? In the end nobody was hurt, but it was sudden, unexpected, and had the potential to cause harm.

I did not discuss this incident with Maisie. In the immediate aftermath I was too cross to have a calm discussion, and thereafter I was fully occupied with keeping people safe and getting ready for our return journey. It was clear that Maisie did not perceive any danger when I first told everyone to get out. I do not know what she thought I was doing, saying there was a boat coming when she was convinced no boat was coming. Perhaps she gave no thought to what I was saying or why I was saying it.

One other thing, upon reflection. Could I have enrolled some of the other students to help tell Maisie to get out of the water. Would she have believed them more than she believed me? It is not obvious to me whether such an action would have increased her desire to come out of the water, or increased her conviction that there was no need to get out (she might have perceived it as just a big prank).

Influence on my practice

Since this incident I have included a new element to my pre-expedition training. I use the example

of a fire alarm. When the fire alarm in the school goes off, I say, everyone leaves. We leave the building whether or not we are aware of any actual fire. The place to discuss whether or not there is actually a fire is in the assembly area. We discuss after we have evacuated, we do not discuss whether or not to evacuate. Likewise, I tell my students, they should treat my safety instructions like they would fire alarms. We act upon them, we go to a place of safety, and then we discuss whether or not I was wise to give the safety instructions.

I haven't carried out enough expeditions since then to see if this change in my briefings has had any effect on the behaviour of my clients.

Narrative 5: Allergic reaction. Parmprit.

We were a group of students plus one teacher. Parmprit was a female student with no prior medical history. The teacher, the students, their family and friends, and I all met up at the airport prior to departure for our long haul flight to our expedition destination. After bidding family and friends farewell, the students, teacher and I checked in and went to the departure lounge. As we waited in the departure lounge for our flight to be called, Parmprit approached me and expressed concern about a rash that had appeared on her leg just at the top of her ankle socks. She said she had just begun to take anti-malaria medicine that morning, but she was also wearing new trekking socks for the first time, and the socks were a bit itchy. Was this rash serious?

I examined her lower leg at the sock line, and there was a small area of raised and discoloured skin, similar to a nettle rash.

The teacher said it would be fine and not to make a fuss. I then asked to look at the literature accompanying the anti-malaria medicine. This said that in the case of an allergic reaction, "**stop taking the drug and get medical help or contact your doctor straight away**" (emphasis in original). The literature said signs of allergic reaction "may include: An itchy rash (similar to nettle rash or hives)." I therefore decided it was important to get Parmprit to a doctor straight away. I believed that, regardless of whether we were in an emergency at the moment, we risked being in a serious medical emergency if we delayed.

The teacher took me aside and said that Parmprit had been raising money and preparing for this expedition for 18 months, so I could not stop her getting on the aeroplane. Besides, it was probably nothing. When I drew her attention to the leaflet and said Parmprit should get medical help straight away, the teacher suggested we ask round the departure lounge to see if there was a doctor. I thought this was a bad idea.

I phoned the expedition company's contact centre and explained the situation and requested their help in getting Parmprit to a doctor. The person who answered the call also questioned my decision, and said surely it wasn't a problem, we were just about to get on the plane, the rash was very small, why not wait and see how it goes? All the time I was aware that our departure time was approaching, and I decided in my head that I was not getting on the aircraft with Parmprit until this was resolved, even if this meant we all missed our flight. To the person taking my call I read the literature that came with the medicine, and told expedition call taker that we needed to get Parmprit to medical attention. The call taker then spoke to the expedition company's medical advisor, who decided that Parmprit should go to the nearest hospital accident and emergency unit.

Between us, the airport staff, the expedition company, the teacher and I arranged for Parmprit to go to the nearest hospital. The airport staff were very helpful in escorting Parmprit the wrong way through security and handing Parmprit over to the person who would take Parmprit to hospital. The last we heard before we boarded the aircraft was that Parmprit had met left the airport and was on her way to hospital. A few hours later, while we were still in the air, the teacher spoke to me and said that I had made a very brave decision, and she respected it. When we landed ten hours later and were able to use our phones again, we heard that after leaving us Parmprit had suddenly got worse. By the time she got to hospital the rash had spread over a considerable part of her body. The reaction then started to affect her airway. The allergic reaction was very serious and required intravenous medication to get under control. However, the allergic reaction was brought under control swiftly. We were told that Parmprit would be able to fly out and rejoin the expedition on the flight 24 hours after ours. Parmprit duly flew out and was able to take a full part

in the expedition.

Reflections

It is very difficult to lead an expedition when there are disagreements between the expedition leader and the teacher.

In this case I managed to override the objections of both the teacher and the expedition company call taker, which I find impresses me about myself. If one is allowed to say such things.

It was important that I stuck to my convictions and my sense of professionalism, otherwise we might have had to deal with Parmprit having a severe allergic reaction in the middle of a long haul flight. This would probably have had serious consequences, possibly fatal, as well as taking a huge amount of effort.

Sticking to the written warnings, emphasising the written warnings on the drugs, referring to these warnings repeatedly – this seemed to be a significant aid in getting the person answering the phone to take my requests seriously. However, once again I had to overcome inertia on the part of the expedition company call taker, once again I had to fight against an and unwillingness to accept the realities on the ground. If I had been tired, or been at all self-doubting, I would have been tempted to let the matter rest, and then we would almost certainly have had a medical emergency on board an international flight.

This experience has encouraged me to become even more stubborn, driven, more reliant upon my own judgement. I am still not sure whether this has been a positive development.

I am aware that this conflict and this timely action would not have happened if Parmprit had not come forward to express her concerns to me, and if I had not taken her concerns seriously.

Influence on my practice.

Above all, the importance of encouraging lines of communication. I work hard at helping people talk to me. Even if people tell me things I already know, I still thank them for speaking to me. I try to show no offence, even if I might feel I am being regarded as someone of low skill, knowledge or intelligence. I want people to tell me things, for I recognise that they might have noticed something I had not.

At the same time, as I said above, this experience has made me more determined, more stubborn. I have been more comfortable with making my own decisions based upon the information I have available.

This creates a tension – encouraging people to tell me their thoughts, ideas, and observations, and at the same time being able to come to conclusions that are different from other people's, and driving my ideas through to implementation.

I have become more comfortable with being firm on the phone.

I have also become less confident in the skills and awareness of the expedition company call takers. I have come to harbour serious doubts about the professionalism and skills of some of the people I speak to. Their approach to my phoning with problems seems to begin with the assumption that I am exaggerating or mistaken, and they need convinced that I am reporting things accurately. This grates. This contrasts with the way call takers at the emergency services behave. Here, people focus on gathering information, and take action based on the information

they have. There is a world of difference between being told "That doesn't sound that bad", being told "Are you sure?" and being told "Please give me more details.", especially during the stress of an unfolding emergency.

I have also become more aware of the ways to use written documentation to influence the decision making of others. I have learned the effectiveness of this approach.

Narrative 6: Seizure? Fit? Sam.

There were students, two teachers and myself. Sam was a male student with no known previous medical problems. We had been on expedition for almost four weeks. We were in the capital city, on the last full day before going home. We were meeting up at noon in our hotel, ready to go for lunch. As he approached the group, Sam just dropped, like a puppet whose strings had been cut. One of the teachers and I rushed to him. He was breathing, and within a few seconds he was able to sit up, but he wasn't "all there".

We took advice from the hotel and from the expedition company's briefing notes, and both agreed on which hospital to take Sam to. We got him to a taxi, and on the way he had another loss of motor control, and nearly fell. Fortunately a teacher and I were on either side, and we kept him upright. We got him safely to the hospital, where he was examined. All in all, he had been "absent" for about 30 minutes, and had no memory of the time between walking into the hotel lobby and then being in the hospital, including his two periods of loss of motor control. During his "absence" he was unable to answer simple questions such as what was his mother's name.

Once at the hospital, as we were waiting for Sam to be seen, I got in touch with the expedition company. There was no argument: the people at the call centre agreed this was a medical emergency, and agreed with the measures we were taking.

At hospital he was given all the tests the hospital could give, including a brain scan, an EEG, an ECG and an echo-cardiogram. He saw a neurologist, who thought it wasn't a neurological problem, and suggested it might be a vasovagal syncope (fainting due to heart problems). The cardiologist said it wasn't a heart problem, and suggested it might be a seizure (a change in behaviour caused by electrical activity in the brain). So we never got an answer as to what caused Sam to have a loss of motor control, to suddenly collapse, and be unable to communicate coherently for half an hour.

That evening Sam had a bout of diarrhoea and vomiting, and was kept in hospital overnight for observation.

The doctor declared Sam fit to travel at approximately three and a half hours before we were due to depart. We made it to the airport, and Sam got home safely.

I never discovered what had caused this episode.

What it felt like

Sam's collapse was sudden and completely unexpected.

When it happened, my training took over, and we made dispositions: one teacher came with me to take Sam to hospital, the other teacher remain with the rest of the students in and around the hotel.

Once he was at hospital, there were two sources of tension: was Sam ok, and would he be well enough to travel home? If he could not travel home, the question then would be who would remain with him either until his family arrived in country or until he was fit to travel home.

Once he was well, I felt a big relief.

Reflections

A reminder once again that it is impossible to keep people safe from all hazards, and a reminder that emergencies can strike at any time during an expedition: it isn't over until it is over.

A reminder again of the limitations of our knowledge and of our preparations.

This incident appeared to be a clear emergency, with no debate or interrogation from the expedition company. I suspect this was because it was a medical incident of the type that lay people could imagine and relate to: it fit a model of what an emergency was.

Influence on my practice

This incident acted as another reminder to retain vigilance right to the end of the expedition.

It has also reinforced in my mind the benefits that come from a good and clear working relationship between the teachers and the expedition leader.

Narrative 7: Neurological emergency? Sharifa.

There were students, two teachers and I. We were trekking in a remote area, at altitude. We were in the middle of our trek, at high altitude, and planning to go higher. We had mobile phone signal.

Sharifa was a female student. Before the expedition she mentioned that she got headaches, and said she treated these successfully with paracetamol.

Mid way through our ascent Sharifa was clearly suffering. At dinner that night I asked her what the problem was, and she said it was one of her headaches.

I asked her to describe the pain.

She said she experienced a great deal of pain on the left side of her head. On further questioning, she said that she also had some vision problems. Sharifa said that her headaches usually affected only one side of her head, and that her vision was often affected, but again, only on one side.

I was extremely concerned that the pain and the visual problems were only on one side of her head. I phoned the expedition company, passed on the information, and asked for an urgent medical opinion.

Within an hour I had an answer. The doctor, too, was very concerned about the asymmetry of the symptoms. The doctor feared Sharifa might be showing early symptoms of a serious neurological condition. The swifter Sharifa got a diagnosis, the swifter treatment could begin if needs be, and the better her prognosis.

To ensure Sharifa's safety, we were given the following instructions: We were to go no higher – the increased altitude could increase her blood pressure and cause further damage to her brain. We were to get Sharifa to a hospital as soon as possible. There, we should ensure she receives a brain scan and a consultation with a neurologist. On our trek to the road end, we should ensure that Sharifa did not exert herself to the extent her blood pressure was raised significantly. So we had to move swiftly but gently.

The expedition company then contacted Sharifa's parents and kept them informed.

As we descended, each day I checked in with the expedition company, who kept Sharifa's parents informed.

Four days later we were at a hospital with the appropriate facilities, and Sharifa received a brain scan. I and one of the teachers accompanied her to the hospital whilst the other teacher remained with the rest of the group at our hostel.

The scan showed that Sharifa did not have a brain tumour. The scan showed no urgent medical problem. This was a great relief. However, the scan did show some unusual structures around her brain. These were not immediately life threatening, but should be investigated with some urgency on her return home.

Sharifa completed the expedition safely, and had good fun.

I have not heard from Sharifa since.

What it felt like

When Sharifa explained her symptoms to me, I was concerned. It was a relief that the doctor at the expedition company shared my concerns. This made me feel I was not alone. The teachers

lacked the medical knowledge to be worried, until they heard the doctor's opinion. Then they became very concerned.

From then until we got to the hospital, it was a matter of vigilance. Monitoring Sharifa's condition. Making gentle but steady progress. I was greatly helped in this process by the teachers.

Once we heard the diagnosis, we all felt a sense of relief. Perhaps we could have carried on and completed the trek, but we did not regret turning back when we did. We all felt we had made the correct decision with the evidence we had. That feeling was shared by all of the students.

Influence on my practice

One influence has been that I now give students (and teachers) a more detailed questioning before the expedition. If they say they get headaches or have a weak ankle, and they assure me it is ok, I still ask for more details about the nature of the problem, and whether they have sought medical help.

Again, writing a detailed description of the situation before the phone call, and then making sure I made the points I felt I had to make – these were all very useful practices, and I continue to do this.

Narrative 8: Suicide attempt. Stephen.

There were two teachers and students. Stephen was a male student. He had a diagnosis of anxiety and ADHD. He managed his anxiety by finding a place to be alone. Before the expedition the teachers and I discussed this strategy with Stephen. We explained that there may be times and places where it would be difficult to be alone. We would discuss with him each day, and agree places he could find refuge. We also agreed with him that he should discuss his need for solitude with either the teachers or myself.

One evening after dark early in the expedition things suddenly got too much for Stephen. He left the compound where we were staying and walked off down the road. We were in a remote area, with a large river quite near the road, and Stephen had no torch. I noticed, spoke briefly to one of the teachers, and followed him. I was concerned for his safety. He turned and insisted I leave him alone. I replied that it was dark, he had no torch, it was a hazardous environment, my job required that I ensure his safety. He did not wish to engage in any conversation, so he turned away and kept walking down the road. I followed at a distance of a few metres. He again insisted I leave him alone and again I said I had to keep him in sight for safety reasons. Eventually he left the road, walked through the bush a short way and sat near the river. After ten minutes or so he walked back to our compound. I remained within 10 metres throughout, but made no effort to engage him in conversation. He was angry with me for having followed him.

Afterwards I spoke to the teachers about this. We agreed that it had been safest for one of us to go with Stephen due to the nature of the hazards and Stephen's agitated state.

We had other incidents on the expedition that did not involve Stephen. In the interests of preserving anonymity I will not say what these incidents were, except to say that at least one of these incidents is also related in this thesis. By the end of the expedition, this had had two effects: the teachers and the students and I were tired, but we were also practiced in responding to emergencies.

On our last night on expedition (the expedition had lasted a month) we went out for a final meal to a restaurant by a road overlooking a spectacular gorge. This was a busy tourist spot. Once we sat down, one of the teachers told me Stephen had cut himself back at our hostel. From the language used by the teacher, I was not sure if the injury was accidental or deliberate. I went over and asked to look at his injury. He hid his hand, became very agitated and told me to f**k off. I asked again, and he became even more agitated and angry, and again told me to f**k off.

I went back to the teachers to discuss how to proceed. As the teachers and I watched, he stuck a knife into his hand, and stared at us as he did so. He then grasped the knife handle in one hand, the blade in the other, and sawed the knife blade up and down his palm. The other students moved away from him.

Stephen's actions rocked me.

The teachers and I started to discuss what we could do to keep everyone safe.

Stephen then went outside to the road, which edged the gorge. Remembering experiences in other situations where people would suddenly flee without taking heed of their surroundings, I went outside to position myself such that if Stephen ran away from me he would run along the road and not off the road and into the gorge. Stephen ran for the gorge. I got in his way and barred his movement but did not attempt to restrain him. His face was contorted, his breathing rapid. He tried several times to jump to his death, and each time I barred his way. After a couple

of minutes I was joined by the teachers. Again and again Stephen tried to kill himself. Repeatedly he berated us for stopping him. He said he wanted to jump over the cliff and die, and we were only stopping him because we were worried about our careers. This went on for what felt like ages and must at least have been several minutes. At one point he put his hand in his pocket, and I feared he was going for a knife. But in fact he pulled out a tissue and wiped his nose. On hindsight, I think that was the start of a transition – he was caring for himself. I was aware that Stephen avoided human touch and had a strong sense of personal space. So I positioned the teachers and myself and we kept slowly moving in such a way that he was edged back from the gorge and towards the wall of the restaurant.

We flagged down two passing police officers and sought their help in keeping Stephen safe. It turned out the police did not speak English, but one went to a nearby restaurant queue and found someone who could translate. I explained the situation. At this point Stephen had started to calm down.

The police suggested we take Stephen to hospital. We used some escort techniques to get him into a taxi – a careful orchestration of our body positions so he could not flee, and one of the teachers got into the back seat before Stephen to ensure he could not simply jump out the opposite door. We drove to the hospital with Stephen between me and the other teacher. The other teacher remained with the rest of the group. Again, when we got to the hospital we positioned ourselves such that Stephen could not easily run away or jump in front of the traffic.

Once we were at the hospital Stephen calmed down. He seemed to suddenly realise what he had done. He apologised to me and to the teacher with me. He said that this was the biggest f**k up of his life. We saw a doctor who then asked the on-call psychiatrist to come in. As we waited for the psychiatrist, I asked the teacher to write a report of the incident in my notebook.

I then phoned the expedition company's emergency number to give a full verbal report to the expedition company. I said that I was at the hospital with Stephen, that Stephen had tried to kill himself. From the conversation, this seemed to shock the person taking the calls. So I started telling the story, describing the incident over the phone much as I described above, got as far as describing Stephen sticking a knife in his hand, and the person on the phone said, "That is not a suicide attempt." I told them I had not finished, and continued. By the time I had described the whole incident, the person on the phone agreed that it was very serious. I then sent a photo of the teacher's written report so the expedition company would have two perspectives.

The expedition company then informed the school and Stephen's parents. A few minutes after my call, one of the school managers phoned the teacher. Shortly after that the teacher received a phone call from Stephen's father. The teacher had a brief conversation, then passed the phone to Stephen. Father and son spoke for several minutes.

As we waited, I discussed financial matters with the expedition company. The company did not give insurance details to expedition leaders, preferring to pay smaller medical bills directly. The problem was, there was no company money left: this was our last day. The expedition company asked me to pay the bill, and claim for the expense afterwards. I was concerned about the state of my finances, but given the pressure of the situation, I did not feel I could argue this point.

When the psychiatrist arrived, we were very relieved when it became instantly clear that she spoke good English. She had an extensive interview with Stephen. The teacher and I were present.

Among the things Stephen said, some stand out. He said that he had felt like killing himself in the past, but today was the worst. He said he was bullied at school, but his tormentors were easy to

avoid. Unfortunately, his tormentors were on expedition and he had had no escape. The pain had increased and increased until breaking point.

The psychiatrist's preliminary diagnosis was attempted suicide as a result of bullying. Having assessed him, she decided that Stephen was out of danger and was safe to travel home the next day. The psychiatrist prescribed a benzodiazepine for Stephen to take until he got home. We got back to our hostel at about 11pm. (NOTE: benzodiazepines are a class of psychoactive drugs, including diazepam a.k.a. Valium, temazepam)

At 4am the next morning we got up and travelled to the airport for our flight home. Stephen was calm. Indeed, he was so calm under the influence of the benzodiazepine that he wandered off in the airport. For about quarter of an hour we had no idea where he was. The teachers and I had a minor panic: had he gone off to harm himself? No. He had just wandered around looking at stuff in a very calm, detached manner, and had lost track of time.

Stephen got home safely, though he had to be closely monitored: with the benzodiazepine he was slightly disinhibited and his judgement was impaired.

As we were making the journey home, I discussed the incident with the teachers. They said they were unaware Stephen was being bullied at school. Indeed, nobody at the school was aware of this problem. The teachers also said that the school had a very strong anti-bullying policy, and so there should not have been any bullying.

What it felt like?

When Stephen was cutting at his hand with his knife, I felt lost for a long moment. This was beyond my experience. What to do? How to keep him safe and how to keep others safe, without putting myself in danger from someone in mania with a knife?

Once out on the road, I was trying to calm Stephen, and also to place myself in a way that would deter him from running near the edge of the gorge if he were to flee from me. When he tried to run past me and over the edge, it happened too quickly for me to think about it. I stopped him a few times before my brain caught up and I eventually realised he was trying to kill himself. Trying to kill himself with a fair degree of determination. Then his words confirmed this.

On that road, I did not think much beyond the task of keeping him safe and at the same time not endangering anyone else. I entered a kind of flow state. For me, that period on the road was totally immersive, intense, and in a way euphoric. Once he was safe, a reaction set in. It was a great relief when we got Stephen to the hospital, and he started to calm down.

Initially I was frustrated when the person answering the phone said it didn't sound like a suicide attempt. By this time in my career I had come to almost expect such comments, and drove on with the call. Once the call taker grasped all that had happened, I was pleased and impressed at how swiftly the expedition company got in touch with Stephen's school and with his parents. That contact seemed to "close" the episode for Stephen and he stopped being agitated about things. Although that sense of calm acceptance and tranquility could as easily have been the result of the benzodiazepine the psychiatrist gave him...

When I was home, I reclaimed the cost of treatment. Unfortunately, I had become overdrawn as a result of making the payment up front, and incurred some banking charges. I found it too difficult to reclaim these costs, as I did not get the bank statement until later, by which time the trauma of

the event had set in, and I found it psychologically difficult to approach this question. Once I got home a kind of reaction set in. With hindsight I wonder if I had a degree of post traumatic stress. I had disturbed sleep, recurring thoughts, and had a strong need to tell the story over and over. The experience preyed on my mind. After two to three months my sleep patterns returned to normal, and I was able to go for a whole day without thinking about the event. After about six months I was at peace, and could look back at the event with a large degree of professional satisfaction.

I received no follow-up communication at all from the expedition company relating to this incident.

Reflections

If the teacher had informed me of Stephen's self-cutting as soon as they were aware, we might never have gone to the restaurant, and would have had an opportunity to de-escalated Stephen's mental state before it got to such straits. So I should continue to work hard at encouraging people to tell me things sooner rather than later, and act in such a way that people's concerns are always welcome and never a nuisance.

What if we had been in a more remote setting? I feel the need to find an answer to the question of both immediate intervention and long-term care for a mental health emergency in a remote setting.

The expedition is not over until it is over. We left the hospital ten hours before our flight was due to depart for home.

People can be very good at masking. Stephen wanted to appear "normal." He wanted to cope with life on his own. Was this have a factor in things getting to such a state? I have had people on expedition who are physically "fine!" and who keep going by willpower alone, until willpower alone is suddenly not enough (one with altitude sickness, one with what was eventually diagnosed as Giardia).

Further reflection leads me to consider that some people have unpleasant lives at home, whether that be in school or in their actual home itself. For some people, the expedition may be a refuge, and leaving the expedition to go home might be an additional source of stress. I am reminded of another expedition where a student bought a great deal of beer on the second last night because they could not face going home. Perhaps this was a factor in Stephen's case. Certainly, he had remarked on how well he had got on with so many people, which was in contrast to life at home where he had very few friends.

I was struck by the person on the phone who tried tell me it was not an emergency. There are a number of things about this. First of all, it was clearly important for the person on the phone that only "real" emergencies get an emergency response. It was also important for the person on the phone that they make a decision as to whether or not a particular situation gets an emergency response. And they were very quick to make that decision, even though they were on a different continent from the incident. They seemed to have very strong ideas of what was and was not an emergency, and I had not met the criteria. Upon reflection, if the person taking the call does not think the situation is an emergency and the person making the call does think it is an emergency, then a more useful response could be to ask if there is any more information, or to ask what it is that makes this situation an emergency.

Another thing that strikes me about the comment from the call taker that it didn't sound like suicide: I am aware of the strength of my response to one sentence. Perhaps this was a conditioned response to earlier interrogations, being second-guessed by people who were not able to observe for themselves what was happening. Perhaps this was because I was so focussed on dealing with the emergency that I would brook no divergence: perhaps I was so focussed on getting the message across that I would brook no interruption.

Influence on my practice

I discussed this incident with some friends of mine who work in mental health medicine including a psychiatrist who specialises in adolescent mental health. They asked if we carried any benzodiazepines or similar psychoactive or sedative medication. Just in case a similar incident were to happen when we were far from a hospital or even a pharmacy.

I raised this matter with the expedition company. We already carry other prescription only medicine to deal with emergencies in remote areas: should we not also carry some benzodiazepines? They said they had decided not to include such medicines in our standard medical kit because such medicines are often abused as recreational drugs. It might be difficult to cross borders with such medicines in our bags. Also, such medicines would present temptations to leaders, teachers and students.

I carried out further investigations, and discovered that our standard medical kit included chlorphenamine (a.k.a. Piriton). This is sold as an anti-histamine, but it also has secondary effects as a psychoactive drug and has a sedative effect. This knowledge was useful in a mental health situation in a later expedition, when we were in a remote area far from any hospital, doctor or even pharmacy.

I have also come to regard the last day or two on expedition as high-risk days, and brief the teachers and students accordingly. I explain that some people have very hard lives at home, but they may not talk about it. Perhaps nobody knows quite how bad it is. The thought of going home can trigger a crisis, which may lead to behaviours that put themselves and others at risk. I ask people to be aware of this risk, and to watch for any changes in mood or in behaviour, and to tell the teachers or I about this.

Narrative 9: That doesn't happen here – response to my being assaulted.

I led an expedition that was targetted at a group of students with a record of behavioural problems. We were in isolated accommodation, with a ratio of one member of staff per two students staff. At one point I was in the kitchen with one other adult and some teenagers. The kitchen was small – there was little room to move. One teenager entered the kitchen, stood in a place that blocked me in, grabbed at my nipple through my jumper, and twisted (this was a “thing” at the time called a “nipple twist” that teenagers in that school would do to each other). It hurt. I told him to stop and not do it again. He grinned, and grabbed my nipple again and gave another hard twist. I grabbed his arm and pulled his hand off my chest. I put him into an arm lock that was a mechanical advantage control hold: such holds are distinct from pain-compliance holds, in that the subject is in no pain or discomfort, but it is simply the positioning of their body relative to mine means they cannot move (and so is quite different from twisting someone's arm behind their back, for example). Holding him in this mechanical advantage control hold, I told him not to do such things again. At this point I one of my colleagues came into the room. She asked what I was doing, and I told her.

A few days later I was summoned to a disciplinary meeting with one of the expedition company directors. He asked why I had assaulted one of the young people. I asked for more details, and it became clear that my colleague had reported the events to him in such a way that he concluded I had assaulted a young person. I gave my version of events: I had been assaulted twice in a very short period of time, and the second time I was assaulted I defended myself. I suggested he could speak to some of the other people who had seen the whole incident. He said that would not be necessary. I then asked what else I could or should have done: did he suggest I simply stand still and allow myself to be assaulted? He said no. I asked for alternative responses I could have made, and he offered none.

At this point I said I had asked many times previously for training and formal guidance on what to do during a violent incident, especially seeing as we were working with students with a history of behavioural problems. Again I asked for formal guidance and training on what to do during a violent incident. The director said this was unnecessary, because there was no violence on our expeditions. Then he checked himself, and said, well, I had been assaulted, but still: there is no violence in our area of work. I left the meeting with no disciplinary action against me.

What it felt like

At the first “nipple twist” I was taken aback more than anything. I quickly sought ways to get out of the situation, but could see none. At the second nipple twist, I decided I did not want this to continue, and I certainly did not want this to escalate, whether that be increasing violence against me or violence against someone else. So I took advantage of the subject's outstretched arm and swiftly placed them in a mechanical advantage control hold.

At the disciplinary hearing I felt let down by the organisation. Very let down. Betrayed and abandoned would be a way to describe my feelings. Also, I was dismayed that my colleagues had come to such a conclusion without discussing the matter with me.

Reflections

It seemed to me that there were people at this organisation who were living in denial. They did not want to face the reality of the threat of violence. I am not sure whether this was down to their view of the area of work – expeditions are “safe” places and so could not be host to violence. I am not sure to what extent it was a desire to simply avoid a difficult question. Whatever the cause, the management refused to address the question. This despite the expedition being designed and planned for young people who were victims of violence or who had a history of being violent or aggressive. It was as if it was ok to deal with the consequences of violence, ok to take steps to reduce the possibility of violence, but there was a hiding away from the violent acts themselves.

Influence on my practice

I have since become very defensive in my behaviour. If something out of the ordinary has happened, I now try to be the first to report it, thus attempting to control the narrative. By painting that event as myself as a victim and where was my support, I may have avoided the whole disciplinary meeting in the first place.

I am now also very keen to record my requests. So if I have made requests for training, I can produce times and dates, along with any responses I have achieved. Again, this is an attempt to control the narrative, to ensure that the first version of events is my version.

It saddens me greatly that I feel the need to do this. It displays at best a doubt that the organisations I work for will look after me. It displays a belief that, in the event of bad publicity, many organisations will sacrifice junior members of staff in order to preserve the equanimity of the managers.

Side note: Violence at an educational establishment

This happened not an expedition, but at an educational establishment. I mention it here because it touches on the question of avoidance. Within the space of a few weeks, I was involved in three incidents involving violence or the threat of violence towards students.

The first was when one of my students was assaulted when going to the toilet. She had asked to be excused from the class in order to go to the toilet. Shortly afterwards one of her friends in the class told me she had just received a text from the student, saying she had been attacked in the college corridor, and had gone home. It later became clear that she had been assaulted by another female student to the extent that her nose was broken. The police interviewed me, but I had nothing to add beyond what I have already said. This incident posed a question: what would I or could I have done had I witnessed the assault?

The second incident was when I was teaching a small group of students in a class set up for those who were having difficulty in their normal school setting. I was told that several of them had “difficult behaviour.” Among the group was a couple, John and Fiona. One day, John appeared agitated. Suddenly he pulled out a folding knife, opened the blade, and started brandishing it around the room. As he was brandishing the knife he was yelling things I could not understand. I managed to calm him down and get him to put the knife away, and found out what was wrong. According to John and Fiona, John was being threatened by Frank, Fiona’s ex boyfriend. Frank was also an ex-student of mine, and had been excluded because of threatening behaviour. Frank was a large, solidly built young man, with lots of muscle and lots of aggression. I ascertained that Frank

was, indeed, waiting at the front of the college. I quickly spoke to Susan, the head of Human Resources, and got approval to pay for a taxi to take John home. We got the taxi to meet us at a back door, and I escorted John safely to the taxi.

After this incident, I asked Susan (the head of Human Resources) what policies the educational institution had for dealing with violent incidents. She said there were none. If there was any fighting in reception (where Frank was waiting for John), then the receptionists just cleaned it up. I asked if the receptionists had had any training in cleaning body fluids that might be spilled in a violent assault, such as blood or vomit. Susan said there were no such guidelines or training. Susan and I agreed to meet again to suggest some policies, guidelines and training for how to respond during a violent incident.

Before I met with Susan for this discussion, I was present when there was another violent incident. In this case, I was walking between classes and came upon two students fighting. I used my "teacher's voice" to command them to stop, and was very relieved when they took this as a cue to stop fighting and run away. I took this experience to Susan for our discussion on guidelines for what to do in the event of violence.

Even after all of this, in all the time I worked there, I was given no guidelines, no training and no procedures for how to respond during a violent incident.

What it felt like

During the incident with the knife, I again felt like what Csikszentmihalyi calls "*flow* – the state in which people are so involved in an activity that nothing else seems to matter; the experience itself is so enjoyable that people will do it even at great cost, for the sheer sake of doing it." (Csikszentmihalyi, 2000, p5, emphasis in original). I felt a sense of mastery, that I had resolved a very dangerous situation in such a way as produced no injuries, and that left most participants feeling better.

In my various discussions about policies regarding violence, I felt a sense of abandonment. The college management were aware the problem existed, but were refusing to give guidance. This led to a feeling of vulnerability, both in terms of my physical vulnerability to assault, but also an increased sense of vulnerability to blame.

Reflections

I am struck by the refusal to acknowledge incidents of violence. The working life in formal education is rich in procedures and processes. It feels there are detailed guidelines for almost every aspect of the teaching staff's work. It can feel very micro-managed. Given this context, the absence of guidelines in the area of violence is even more stark.

Influence on my practice

Again, the main influence has been to take action to reduce the possibility of being the person blamed. A defensive approach to professional practice.

I have also taken steps to gain insight into productive ways of responding within a violent situation. To this end I have spoken with police officers and marital artists. I have attended martial arts classes, choosing the approaches that are not based on rigidly formal structures and scoring

systems, and more upon those that emphasis a more free-flowing approach. I have read widely on the subject. I have attended seminars. My studies have included examining the effects of violence, and the means of treating injuries arising from violence. All of this has increased my caution. My desire to avoid or prevent violence has steadily increased.

Narrative 10: First aid course – comments on emergencies

Before we go on a school expedition, all expedition leaders and all teachers must go on a first aid course. I was on a First Aid training course designed and run for this purpose, focussing on first aid in remote settings.

As we were waiting for the course to begin, I got chatting with the other delegates. One of them was a bit resentful of being there. She said she didn't see the point of going on a first aid course. Her reasoning was: first aid is only needed if someone becomes ill or is injured; people only get ill or injured if somebody does something wrong; she was confident she would do nothing wrong on expedition; therefore she would have no illnesses or injuries to deal with; therefore attending the first aid course was a waste of her time. As I heard her expound her views I was appalled. Especially given some of my experiences. I challenged her opinions by giving the example of appendicitis, that nobody knows what causes it and so it is impossible to prevent it. I strongly suggested that there were many other things that could happen that were impossible to prevent. She gave no sign that I had in any way dented her certainty that illnesses and injuries were all preventable if one was competent, and that she had the competence to achieve this.

My fellow delegate is not the only one to hold such views. In their 1994 guidance on safety in outdoor education, Grampian Regional Council state that "Accidents happen through failure to exercise control" (Grampian, 1994, p77), thus conforming to the managerialist world view that all activities within education are controllable, and therefore anything bad that happens is because of the incompetence of the staff. This interpretation of events being far safer (psychologically) than dealing with the implications of an unpredictable and uncertain world.

What it felt like

When I heard these comments, I was greatly concerned for the people who would be under the care of someone who thought injury and illness only happened because someone made a mistake. I was also concerned for the consequences for that individual if something did happen.

Reflections

I keep coming back to this incident. I am struck by the denial inherent in this view. It seems to be a wilful ignoring or distortion of reality. Many of the medical incidents I have encountered over the years have been due to unknown causes – for example the doctors were unable to diagnose the cause of Sam's seizure. Other incidents have arisen due to unseasonal weather or other events outwith the control of the expeditioners. Additionally, the idea that everyone can go through a four week expedition without anybody making a mistake seems ludicrous to me, and so we need to make plans and devise processes that allow for human error.

Influence on my practice

I need to be aware that teachers, students, parents, school management may be expecting perfect behaviour from me and from their teachers.

Nobody is perfect.

It appears to me that a powerful dose of humility is necessary in an expedition leader: I need to

be aware that I do not know everything that is happening, that I get tired, that I have blind spots, that I make mistakes. Therefore I need to prepare and plan and run an expedition that takes account of my human fallibility and weaknesses, and need to encourage the teachers also to accept their own fallibility and weaknesses. We can then build a modus operandi that is resilient.

As a result, when I am training groups that I am as part of our training together I tell a story of the time I became ill. We were trekking. The day before our local guide had provided food that he said was gluten free. I had explained at length the nature of my illness (I have coeliac disease) and the consequences of me eating gluten. The food was not gluten free. I since discovered that the local guide held me in contempt, he thought I was a weakling, he thought I was being overly fussy (I know this because he made a complaint against me along those lines). That evening I became very ill, with stomach cramps, diarrhoea and vomiting. I was still trying to be the expedition leader, organising the evening and making plans for the next day. Suddenly I found myself facing all the students and the teacher. They had arrayed themselves in a semi-circle, all staring at me. The teacher said that if any one of them had been as ill as I was, I would be telling them to rest. And so they were telling me: I was unwell and I should rest! I felt chagrined and very cared for: it was both embarrassing and very comforting. By the middle of the following day I had recovered fully.

I tell this story for a number of reasons. If I admit my weakness and how I let others care for me, I hope to make it easier for others to admit their weaknesses and let others care for them. I also make it clear to the teachers and students that they have a duty of care for each other and for me: they should not rely solely upon me.

I am also making a statement that even the expedition leader can become ill. I hope that this helps dent any sense of invulnerability they might feel – if I can become ill, surely they can too. Therefore they should act with caution and not recklessness.

This acceptance that I am imperfect and can make mistakes has also affected how I respond to emergencies. I no longer spend any time wondering what I did wrong (if anything). I no longer feel guilt. I find that I am now able to devote more time and energy to dealing with the situation, to trying to prevent things getting worse and to start making things better. I also find I am less traumatised by incidents after the expedition is over.

Narrative 11: Civil disorder? There is no riot.

There were students, one teacher and myself on expedition.

We began our expedition in the country's capital city, then we went to City A to do a number of adventurous activities in the surrounding area. Many good times were had, but some bad times too. One thing that happened was one of our students needed to be repatriated on health grounds. It took a long time to arrange this. When I asked the expedition company about the delay, they said it was because they could not buy any tickets. I went round the corner from our hotel, found a travel agent, and enquired about tickets for the student's journey home. I was given a price for the next day. I then informed the expedition company of this, but they said they still were unable to buy tickets. So I asked if I should buy tickets, and then they would reimburse me. So that is what we did. This lowered my confidence in the expedition company: that a company whose business it was to arrange international travel for school groups should be unable to find an airline ticket from their headquarters (where they had phones and internet), but I could buy a ticket just by walking round the corner – this seemed very strange.

From here our plan was to travel to City B for a community project. Then on to City C for some sightseeing, and back to the capital for our flight home. On the afternoon before we were due to leave for City B I was in the hostel when someone rushed into my room to get me. I went with them to one of the rooms and found two students. Student Ade was in great pain and swearing loudly. Student Devon was standing nearby looking sheepish. Ade and Devon had been having a pillow fight, and now Ade was in great pain.

It was easy to see that Ade's kneecap was dislocated. Ade kept swearing, and then apologising for swearing. Which made us all laugh, as is sometimes the way in stressful situations. Fortunately we were in a large city, so we called a doctor, and then called the expedition company to appraise them of the situation. The doctor came within twenty minutes, administered a pain killer, and fixed Ade's knee. The doctor gave Ade a pair of crutches, and said they would need to use the crutches for the next week, and avoid putting any weight on the injured leg. The doctor then noticed a rash on Ade. The rash already covered a large portion of Ade's body, and was spreading rapidly. Diagnosing an allergic reaction to the painkillers (which Ade had never had before), the doctor took Ade into hospital. Once there, a course of intravenous antihistamines and steroids got the allergic reaction under control.

The next day Ade was released from hospital – Ade could now walk, but only with the aid of crutches. We were now able to continue our expedition. In addition to Ade, we had two other students who were now ill with suspected tonsillitis

We had a long bus journey to City B. Our plan was to spend the night in that city, then next day travel for two hours outside the city where we would take part in a community project. On the bus journey into City B we noticed some barricades and protestors. The bus driver told us there was a transport strike scheduled for the next day. We wondered if this would affect our community project.

On the day we were due to go on the community project I woke early and went for a walk. The city was silent. There were no engines running anywhere. At one point I saw a man on a bicycle. Some middle aged women rushed up and started stoning him for having broken the strike by using his bicycle. I went back to the hotel as swiftly as I could.

I spoke to the hotel staff and to our local contact and was told, yes, there was indeed a transport strike. Our local contact suggested we walk to the outskirts of town and then get transport from there. Having seen the cyclist getting stoned, I was reluctant to take a group of teenagers through the town, especially carrying our bags and with one person on crutches. As we were discussing what to do, we became aware of the noise of people shouting. The teacher and I instructed the students to remain in the hotel whilst we went and investigated. The streets were deserted, the shops all had steel shutters in place. Then we turned a corner and saw a large and noisy crowd waving banners and coming down the street towards us. We did an about turn and headed away from the crowd, only to see a different crowd with different banners come round a different corner. The two crowds were noisy, on a collision course, and we were the meat in the sandwich. Fortunately we found a small lane off to one side, ducked down it, and waded our way swiftly back to the hotel.

Decision made – we were not leaving the hotel!

We were told it was to be a three day strike.

In the afternoon we managed to find a quiet spell on the streets and the teacher and I took our ill students to the nearest doctor for a check-up. Ade was improving, and the doctor gave us some medicine for the students with tonsillitis. I reported this to the expedition company, and gave them a full update on our situation. On our way to and from the doctor we saw much evidence of violence, with lots of broken glass on the streets.

Because we were such a small group, for the sake of security we asked the hotel if we could all move into the one room. The hotel gave us a dormitory room just for us. This was on the fourth floor, where we hoped we would be safe from thrown bottles and rocks. The formal expedition guidelines were that adults do not share a room with students, and males do not share rooms with females, but the teacher and I decided that concerns about safety took precedence.

Day 2 of the strike. When we looked out of the hotel windows in the morning, the whole street was covered in broken glass. I stepped outside for a brief look. I was unable to find a glass-free bit of street. Every step I took, I stood on at least one glass fragment.

When we decided it was safe enough, the whole group of us travelled 20 metres up the street to an internet cafe. Even crossing that short distance, we passed some young adults who made racist anti-western comments as we passed them. So maybe it wasn't as safe as we had thought. The owners of the internet cafe opened the shutters to let us in, and closed them behind us. We were able to speak to the local people and to access local news media and gain a wider picture of what was happening. The information was that the strikers had caused landslides, blocking all roads into and out of City B. The station and the airport of City B had both been wrecked.

I informed the expedition company of what was happening. I said we could not do our planned community project because of the strike. I explained we had transport problems, and were unsure when or how we would be able to leave City B.

The expedition company said that there were other groups in the country and none of them had reported any disturbances or any transport difficulties. They were also questioning whether or not we did need the extra funds we were requesting. The expedition company asked to speak to the teacher independently, to see whether my reports were accurate.

At this the teacher and I became very angry with the expedition company.

We got the students safely back to the hotel and went exploring. The teacher took some photos of big crowds of protesters facing off against lines of police in riot gear supported by armoured cars. We took these photos to the internet cafe and posted them to the expedition company. We also posted a report we found on the BBC of a foreign tourist being killed in the protests. The teacher and I were raging. The teacher spoke to the expedition company. There was a full and frank exchange of views.

After this, the expedition company became more supportive.

Day 3 of the strike. There was still no traffic, but the tension had notched down. People were on the street. We were able to walk round the city centre, and found a nice place for lunch. It was actually very pleasant to be in a major city centre with no motorised traffic. It was quieter. As pedestrians we felt a whole lot more freedom to move, and just to be.

We took some time to assess transport options.

The information we had was that our planned next stop, City C, was still off limits to traffic. Vehicles were being stopped outside the city boundaries and passengers were walking to town. Given that we had one person on crutches and two recovering from tonsillitis, we decided this was a bad plan. We heard that City A was peaceful. This was a major tourist centre, and had hardly been affected by the strikes. We decided therefore to retrace our steps and go back to City A and thence to the Capital for our flight home.

The next day the transport strike was officially over. Our latest information was that there was still disruption in City C and no transport was able to enter or leave City C, so we decided to go to City A as we had discussed the day before. It took some time for the buses to become operational, and the first bus we could get was an overnight bus. In the middle of the night I was awakened by shaking. I looked out the front of the bus (I was upstairs in the front seat) and saw we were driving over a dirt road. This was not the nice tarmac road we had used on our outbound journey from City A to City B – we should have been simply retracing our steps. I wondered if we had taken a diversion. After about three quarters of an hour of driving on the dirt road, the tarmac suddenly appeared under our wheels. What I had thought was a dirt road had in fact been the tarmac road, buried in rubble by deliberate landslides, and then that rubble had been smoothed in order to make the road passable. This gave me an insight into the extent of the disruption around City B as a result of the transport strike.

The rest of the expedition passed without incident. The two students with tonsillitis made full recoveries. For the last couple of days of the expedition Ade was able to walk without the crutches. Ade took the crutches home as a souvenir.

What it felt like

By the time we were in the middle of the riot, the teacher and I were already tired from the events before. We had a good rapport with each other and with the students. Our relationship with the expedition company was poor. We had the additional complexities of managing a student on crutches and two students who were lacking in energy and feeling unwell due to tonsillitis. So our workload was extremely high.

The teacher and I kept it together within the expedition, but we were quick to interpret comments from the expedition company as expressions of disbelief and lack of trust in us. The relationship between the teacher and I was so powerful by this point that she felt very strongly on my behalf:

the expedition company's doubts of my reports struck her very deeply. The expedition company's expressed doubts of the severity of the situation contrasted so sharply with our experience that it eroded what confidence we still had in the capability, competence and skill of the expedition company support staff. We felt on our own. There was a feedback loop that strengthened the relationship between the teacher and I, and weakened the relationship between us and the expedition company. The actions of the expedition company added power to both processes.

At no time did I or the teacher feel overwhelmed. We were tried and tested, that was for sure, but we never felt that we were coming close to losing it.

During the time of civil disturbance, there was one time we felt directly threatened – when some young adults made racist anti-western comments at us. Other than this one incident, it felt that we were bystanders. The violence and the anger was directed against other targets. We felt that as long as we stayed out of the firing line we would be ok: nobody would specifically seek us out, though we were well aware of the danger of being caught up in the violence if we happened to be in the wrong place at the wrong time. So it proved. What we saw on the ground and in the media, the stories we heard in country, all convinced us that we could have been badly hurt or even killed if we had been in an area where violence and destruction was happening. And even when we thought it was all over and we were driving back to City A, in reality the effects of the civil disturbance were still present on the roads, and driving was more hazardous as a result.

Reflections

Some stereotypes are true – shared adversity can bring you together.

I was struck by the number of different emergencies and threats we had on the same expedition, and such different natures or types of incident: illness, accidental injury, civil disorder, violence. I was aware then and am even more aware now of the cumulative effects of these incidents upon the students, the teacher and myself. This emphasised the value of our taking time to “get our breath back” after each incident. The recovery time we allowed ourselves enabled us to better deal with the next thing.

I realise now that I expected people in the expedition company to believe me when I reported what was going on. After all, I was there and they were on a different continent. I had been appointed to a position where I was expected to exercise a great deal of autonomy and responsibility and care for those who were children in the eyes of the law, often in places where communication with the outside world was difficult or impossible, and so I must therefore be regarded as a person of responsibility, skill, and insight.

This was neither the first nor the last time I had difficulty convincing the expedition company of the accuracy of my news. Interestingly, I have never had the expedition company express doubts and questions when I relate good news. I only ever get interrogated or asked for confirmation or disregarded if I am telling bad news. I find this interesting, because an inaccurate report that things are ok has more potential to cause harm (it may lead to people blithely attempting something that is unsafe) than an inaccurate report that things are going badly (which may lead to an overly cautious avoidance of something that is in fact safe). On the other hand, saying that things are ok allows the expedition to proceed as planned, whereas admitting that there are problems may mean that plans will need to be changed.

Influence on my practice.

I no longer assume I will be believed when I report any "bad news." In fact, I make plans on the assumption that I will at the least be doubted.

So now if I find myself having to convey bad news to the expedition company, I first of all discuss the situation with the teacher(s). I then incorporate them in my communication some way. If I am phoning the expedition company, where possible I will have the teacher next to me. I will then tell the expedition company at the beginning of the phone call that the teacher is sat next to me and can hear the call, and tell the expedition company they can speak to the teacher if they wish. The call taker at the expedition company rarely asks to speak to the teacher: the offer is usually enough to give validity and authority to my reports.

If communicating via e-mail, I will copy the e-mail to the teacher, and refer to this explicitly in the text. This way I wish to communicate to the expedition company that the teacher is aware of the situation, and the teacher has the chance to repudiate my e-mail if they so desire.

Where the situation was very serious or was particularly unusual, I have in the past asked the teacher to write their own version of events in my notebook, then I photographed this and sent it to the expedition company. Once when it was a matter where the teachers feel very strongly about something, I urged them to voice their concerns directly to the expedition company rather than me passing their views on.

This practice has brought a huge improvement in the quality of my relationships with the expedition company. It has also made the expedition company's response to emergencies faster and more effective, as they do not spend time seeking authentication: I have supplied this with the original communication.

Another influence is on pace, and on allowing time for recovery. There is a temptation on expedition to fall under the tyranny of the plan. To rush onto the next scheduled event even when people have not fully recovered from the consequences of the previous event. This can include tiredness and emotional shock as well as the direct physical consequences of illness or injury. I now ask myself: what are the pre-requisites for the safe execution of the next part of the plan, and are these preconditions met? And so I may seek more recovery time before going on a trek than for going on a bus. I may seek more recovery time before going to a remote area than for going to a city.

Narrative 12: Heat injury? Or just a stroppy teenager? Isla.

There were students, one teacher and myself. Some of the students had pre-existing medical conditions, but not Isla, a female student who appeared strong and healthy.

We had been in country for three days. The climate was tropical, hot, and sunny. The school was from a temperate climate. We had not been in country long enough to be fully acclimatised to the heat. Our plan was to do a gentle walk to help with acclimatisation to the climate. Our walk was uphill through the forest to a big waterfall. The forest would give us shade. Once at the waterfall, there was a plunge pool where we could refresh ourselves. The walk was in a national park. At the entrance to the park (and the start of the walk) was a very nice hotel with a restaurant and a toilet block. We stopped at the toilet block before starting to walk.

This was in fact the same route at the same stage of an expedition where Hannah had suffered serious heat injury as described above. So I was sensitised to the possibility of heat injuries. I also was very diligent and thorough in my safety briefing in general and about heat injuries in particular.

We set off. As we were walking uphill, we took frequent stops for rest and a drink. Eventually we came to the end of the vehicle track. The route continued up a near-dry river bed, which was unsuitable for vehicles.

At one rest stop when we were within 1km of the waterfall I noticed that Isla was sat down staring blankly into space. I went over and spoke to her and she did not acknowledge my presence. The best way I can describe it is that she sat like a china doll. I said her name in a "command voice", and she did not respond at all. I moved until I was less than a meter from her and said her name in a command voice again, but still no response. I paused and said her name again, and again. I was just about to go to the next test for consciousness and ascertain whether or not she would respond to pain, when she slowly turned and looked in my general direction. I asked if she knew where she was, and she gave a vague answer. I asked her for her mother's name and she looked confused, and was unable to give an answer. I measured her temperature and pulse, and both were higher than normal. Fearing heat stroke I initiated some cooling actions, including getting some of her friends to fan her with their hats, and getting Isla to sip some water. Over the next ten minutes she gradually became more alert. At one point the teacher took me aside and asked me why I was making such a fuss over Isla. The teacher told me Isla was clearly ignoring me because she was being defiant: she was just being stroppy and by giving her attention I was just making things worse: I should just ignore her. I explained to the teacher my concerns about heat stroke, and explained some of the symptoms and dangers associated with heat stroke. I said I was particularly concerned about Isla's reduced level of consciousness.

After a few more minutes Isla was able to stand unaided, and I told the group we would begin to descend. Some of the students said we could just leave Isla there, and the rest could go on. I decided against this for two reasons. First, Isla's condition may have been indicative of the general condition of the group, and others might be close to suffering a heat injury, so to go on might lead to further casualties. Secondly, if Isla's condition was to suddenly deteriorate, we would benefit from having the whole group on hand to assist with a casualty extraction down a steep path. We got back to the road safely, we did not in fact need extra help in getting Isla down safely, and Isla made a full recovery.

What it felt like

When I first noticed Isla's stare and doll-like stillness, I thought: "Here we go again. Another heat injury." I was puzzled that this should have happened given the preventative measures we had taken, but I did not waste time in speculation then, and have insufficient data to make any speculation worthwhile now. Of course there may have been an underlying health problem that we never discovered. As I say, I never spent any time asking why this had happened, but instead focussed on getting Isla's condition stable, and then expediting an improvement in her condition and a safe restoration of health.

It was satisfying to have spotted the condition before it got too serious.

I was perplexed by the teacher's initial reaction, that Isla was just being stroppy, and that I should not be giving her attention.

Reflections

I struggled to comprehend the teacher's reaction for a long time afterwards. I knew the training programme that is mandatory for teachers, and that this included a two day first aid course which would cover heat injuries, and a one day expedition preparation conference which included a medical section that covered heat injuries. Teachers are all issued with a Leader Manual that includes sections on heat injuries, teachers are given a medical handbook that devotes two pages to heat injuries. I had given a specific briefing about heat injuries before the trek. Despite all of this, the teacher had interpreted Isla's symptoms as defiance, and had not considered the possibility that Isla was unwell.

The teacher and I never had the opportunity to have a full debrief of this incident, but I wonder: did the teacher believe deep down that nothing bad would happen, like the person at the first aid course mentioned above, and so all events were interpreted in that light? Was there a prior history of defiant behaviour from Isla? Is there simply too much information for teachers to absorb? This latter one might be true in terms of written documentation, but then there was my specific briefing before the trek on heat injury, which included a specific mention of a prior incident on this very trek.

I am content with my decision to come down and not to continue to the waterfall.

Influence on my practice

I have learned that you can give people all manner of training but when it comes time for that training to be used, they may not act according to that training. Other factors may come into play. And it may be that this only becomes apparent when faced with an incident for real. Therefore I no longer assume the teachers or the students will help in the event of an incident. However, once we have successfully overcome one incident together, we usually feel a stronger degree of trust in each other.

So when faced with an incident, I quickly assess who else in the vicinity is aware of what is happening, and select from among them people to be my helpers. I recognise that in the heart of the impact I may not have time to persuade or convince people. Instead, I may need to give orders. If I cannot ensure comprehension, I can at least try to ensure compliance.

Narrative 13: Multiple casualties on one day whilst on a remote trek.

We were a group of students, one teacher and myself.

Keira was a female student with very bad hearing. She had to wear high quality hearing aids in both ears in order to be able to hear anything. The other members of the party had no pre-existing medical conditions. For all of the time covered in this narrative, we were in an area where there was no mobile phone coverage. We had no satellite phones. Our only access to telecommunications was payphones in villages. These payphones were only capable of making local calls.

We spent a few days acclimatising to the altitude, then we did a short community project at very high altitude. This project lasted for five days and went well. After this project we began a trek at very high altitude.

Our first day's walking was relatively short, and we got to our first campsite just after lunchtime. That afternoon, Sarah (a student) decided to have a nap on the ground. She was wearing a halter neck top with a shawl over her shoulders. That evening Sam and Pat (female students) complained of sore chests and difficulty breathing, and Sonja (female student) complained of abdominal pain.

With abdominal pain and with chest pain coupled with breathing difficulties, my first aid training suggests that a full history be taken, and possibly a physical examination be performed. For example, was there evidence of broken ribs, or fluid on the lungs? (a known problem at altitude is people coughing so severely they break their ribs) Is there evidence of bleeding internally or externally, which may show as bruising or discolouration of the skin? Is there tenderness, and if so, of what nature? Such an examination may lead to a greater or lesser urgency in getting hospital treatment, or may suggest certain medication to ease the symptoms.

The three patients were teenage females. We were in a traditional culture accompanied by adult male members of local staff. My medical expertise was far greater than that of the (female) teacher. The question was how to perform an examination in a way that maximised safety and also maximised decency.

Our camp had a dining tent. So we turned the dining tent into a clinic. Told the male staff what we were doing, and to keep out. I examined the students in the presence of the teacher. The students were given the offer of being examined with a friend or on their own. For a proper examination there was no need for them to remove any clothing, but I did have to touch them. For example, a simple way to test for broken ribs is to compress the chest from each side, and if there is a fractured rib, the patient will let you know! My preliminary conclusion was that Sam and Pat had chest infections, and Sonja had constipation. We decided to continue our trek the next day.

The following morning we set off. After about an hour's gentle walking uphill, Sonja's abdominal pain was getting worse, to the point where she struggled to walk. I decided we would turn round and descend back to the road. As we walked, Sarah complained of a sore back. I looked, and she had a very bad burn about the size of the palm of my hand, centred more or less on her left shoulder blade. She explained that she had woken up the previous afternoon and noticed her shawl had slipped off her shoulders, but had not mentioned anything at the time. We tried cooling her burn with water, and this helped greatly, but we could not do this often: we were in a desert, and had to carefully manage our water supplies for drinking.

Shortly afterwards Sam and Pat began to struggle with walking. Their chest pains had become more severe, and breathing was getting harder. At the same time, Sonja's abdominal pain was worsening.

We had a reasonable large set of local staff: we had two guides, a cook with four assistant cooks, and we had five pony men looking after our ponies. One of the ponies had a riding saddle for use in emergencies. I discussed matters with our guides and the teacher. We decided to use the saddle horse to carry a student, and we would rotate the ill students on the horse to maximise overall pace: the slowest student would go on the horse for half an hour and then start walking again, whereupon the current slowest student would go on the horse, and so on down the mountain. At the same time, we asked one of the local staff to go down the mountain at a good pace (rather than wait for us). We gave him money and a note, with instructions to organise a taxi to come and meet us. The aim would be to take a teacher and our four casualties back to town where they could see a doctor.

We carried on. Then Keira told me she was only able to wear one hearing aid because the heat, the dry air and the sand had inflamed her ears. She could not cope with a hearing aid in her ears all the time, but would wear one in one ear for a bit, then take it out, and use a hearing aid in her other ear for a bit, and so on. This was bearable.

By the time we got to the road, Sam and Pat and Sonja were all moving very slowly and with pain, and Sarah's sunburn was very severe. At the road Keira told me that her eyes were now becoming inflamed, her eyelids were puffing up. She could still see out of her eyes, but it was not normal, and she was concerned that it was getting worse. I examined her and indeed her eyelids were puffy.

There was space in the taxi for five passengers. The teacher and I decided that Sam, Pat, Sonja and Sarah head back to town with the teacher. Given the time, if we asked for another vehicle to come and collect us, we would have to drive down dangerous roads in the dark, and I was reluctant to travel these roads at night if there was no urgent need to do so.

Once the small group reached town, the teacher took the four students to a doctor, arranged accommodation for the five of them for that night and for the rest of us from the next day, and arranged for transport to come and collect the rest of us. By this time Keira (who was with me in the main group) was still finding it difficult to use her hearing aid and the swelling on her eyes was slightly worse, but she was still able to see and still able to hear.

Once we were back together in the town, we took Keira to the doctor.

It took a few days for Sam, Pat and Sarah to recover. Sam and Pat did indeed have chest infections which were treated by antibiotics. Sarah's sunburn recovered at the pace that bad sunburn normally takes to heal. She was in a deal of pain for a few days. Someone took a photograph of her burn and showed it to her: she was shocked. It looked really bad. Sonja did indeed have constipation, and the doctor gave her some medicine that got things moving, and she recovered swiftly and fully. The doctor gave Keira some cream for her eyes and ears, and she too made a speedy recovery. Though I am not sure to what degree this was due to the cream or to the fact that we were back in a hostel and away from all the dust, and also due to being at a lower altitude.

In addition to these medical issues, the teacher and I had a number of other tasks. We had to pay for our extra expenses of unplanned travel, unplanned accommodation in a hostel, eating in cafes

rather than eating the food we had bought for the cooks to prepare. We had to come up with new plans for the further week when we had planned to be trekking.

During our first day back in town I spent approximately four hours on communications with the expedition company. It transpired that nobody had spoken to the expedition company, despite my requests. So the first they knew there was a problem was now. Most of my time on the phone was spent not on the wellbeing of the students, but on answering questions on budgetary details: how much money did we spend on taxis, how much on food, why were we not cooking the food we had bought for the trek (no kitchen facilities) how much on accommodation, the accommodation sounds expensive could I not have found somewhere cheaper (we were in a hurry and had ill students and the teacher did not have the time to shop around; when we split the party the per head cost increased because we did not get a group discount). The company did not release the extra funds until we had answered all their questions, and we could not implement a new plan until we knew we had funds. In fact, we did not have enough funds to pay for where we were staying!

Eventually the company agreed that we needed extra funds, and transferred the money out.

What it felt like

Before the trek I felt we were as prepared as possible. The students seemed to be healthy, fit, and got along well with each other. The teacher and I had a good working relationship. We had spent a significant time at altitude before we began trekking. The terrain was well within the abilities of the group. Yet all these things happened.

Once we were in the middle of the multiple incidents I was totally focussed on the task in hand. In a way, I did not feel anything.

Once we were back together again in town I felt a sense of relief. I felt more relieved as my diagnoses were confirmed. I felt professional satisfaction too. I felt that I had handled a difficult and dangerous situation well.

I found the conversation with the expedition company extremely frustrating. Given that we had five casualties and that we had to come up with a new plan about what to do next, it felt that four hours arguing to and fro about the budget was an inappropriate use of my time. And yet we needed the money. If only we could manage the financial and administrative aspects of the expedition better! It also felt that the company cared more about money than about the health and safety of the students and staff.

After the expedition I tried to discuss this matter with the expedition company: how do we expedite our communication during and immediately after an emergency? How do problems arise, and how can we smooth things over? Despite several attempts to have this discussion, nobody wanted to talk to me about this.

Reflections

Regarding Sonja's constipation. At our community project we had the use of a drop toilet in a what looked like a shed. At our camp, the toilet was a toilet tent above a hole in the ground. Once back at the hostel, we had the use of western style flush toilets. Looking back, I wonder to what extent the poor toilets on the project played a part. I have known other people who do not wish to defecate in drop toilets or into holes in the ground, and so just "hold it in." After several days of this,

the faecal matter can become compacted and hard, very difficult to come out, and this leads to great pain. I wonder if this was what was happening with Sonja.

I also wonder to what extent the attention of the teacher and I was focussed on Sonja, Pat, and Sam, to the point where we missed the fact that Sarah had fallen asleep outside under the sun at high altitude, and that part of her skin was exposed. It is certainly true that a person can only do so much, and the more time you spend on one casualty, the less time you have to spend on other casualties, or on preventative measures. Given the complexity and number of casualties, I think the teacher and I did a good job.

I have wondered whether or not we were wise to continue our trek for an hour after the first night, rather than descending. If we had returned straight away, we could perhaps have got back to town all together. On balance I think carrying on for that first hour was the right decision with what we knew at the time. We did not know until we started walking just how unwell Sam and Pat and Sonja were. It was easier to persuade the the whole group to turn back when it became obvious just how unwell Sam and Pat and Sonja were. It was only as we descended that Sarah told us about her sunburned back, and later yet that Kiera told us of her difficulties, and Kiera's difficulties were initially manageable. However, I am very glad that we did turn around when we did, which enabled us to get to the road in enough time to get our four urgent cases to a hostel and to a doctor.

This was my first experience of having a post-emergency conversation with the expedition company that lasted for hours. I reflected on this for a long time, but came to no conclusions.

On further reflection, I am more or less happy with my performance during this trek, other than not noticing Sarah's sunbathing in time to prevent the injury. The large jarring note has been the delays and difficulties over my conversations with the expedition company about money.

Influence on my practice

This expedition started me on the process of reviewing how I relate to the expedition company. My practice did not change after this incident, but this experience did contribute to changing my practice after I had similar experiences on other expeditions. These experiences combined convinced me that something systemic was at play: the long post-emergency interrogation was not a one-off event, and so I should manage my time and energy to allow for this.

Narrative 14: When I became the casualty.

There were students, one teacher and me. We were two thirds of the way through the expedition. We had had a number of students become ill with diarrhoea. I had had to be forceful in their care: they were such a keen bunch that nobody was willing to rest and recuperate. Fearing that people would just get worse and worse, I had to be quite direct in getting people to rest until they were well.

We then went on a three day trek. For lunch on the second day our local guide had provided food that he said was gluten free. I had explained at length the nature of my illness (I have coeliac disease) and the consequences of me eating gluten. The food was not gluten free. I later heard from other people that our local guide had told them he had a very low opinion of me: he thought I was a weakling, he thought I was being overly fussy with my food. That evening I became very ill, with stomach cramps, diarrhoea and vomiting. At our evening meeting we were planning the following day's activities, and I was pressing on like a good little hero. The teacher and the students stood in a semi-circle facing me and told me that if one of them was as ill as I was, then I would be ordering them to rest until they got better. So I should follow my own rules and rest until I was better!!! Then they laid out the plan for the next day that they had come up with, made sure I was well hydrated, and sent me to bed. Chagrined and yet feeling very supported, I slept for the next 14 hours, took the next day carefully, and felt a lot better.

After another night's sleep I was fully recovered.

What it felt like

As the day progressed and I became more and more ill, I felt terrible. It wasn't just that I felt bad in the way I would feel bad anywhere with a bad case of diarrhoea and vomiting. I felt bad because I was struggling to fulfil my responsibilities as an expedition leader. The fear of failure loomed large in my mind.

Then when the teacher and the students confronted me and told me to rest, I felt found out. I felt bad. But I also felt cared for. I felt that I had been noticed as a person and not just as a role. The way they worded their comments also fed my sense of irony – my own words and my own standards were being used against me. Then I changed my perspective and recognised my own words and my own standards were being used *for* me.

I did not feel positive thoughts towards our guide, both regarding what he did in giving me food containing gluten, and for how he spoke of me afterwards.

Reflections

It has been useful to be reminded that I am mortal. All of us can become ill, and that includes me.

It was also interesting to see the hero complex work out in my own practice: that need to carry on regardless, to not admit weakness. And interesting to see how a fear of admitting weakness could have led to me collapsing, which would have been far worse: I reckon things would have been bad for me and bad for others if I had not rested when I did. Worst case would have been me collapsing in a remote area, needing to be carried out to the road.

Influence on my practice

This has become a key story I tell as part of the training I give before expeditions.

I tell this story for a number of reasons. If I admit my weakness and how I let others care for me, I hope to make it easier for others to admit their weaknesses and let others care for them. I also make it clear to the teachers and students that they have a duty of care for each other and for me: they should not rely solely upon me.

I am also making a statement that even the expedition leader can become ill. I hope that this helps dent any sense of invulnerability they might feel – if I can become ill, surely they can too. So they should act with caution and not recklessness.

This acceptance that I am imperfect and can make mistakes has also affected how I respond to emergencies. I no longer spend any time wondering what I did wrong (if anything). I no longer feel guilt. I find that I am now able to devote more time and energy to dealing with the situation, to trying to prevent things getting worse and to start making things better. I also find I am less traumatised by incidents after the expedition is over.

As well as providing a good story, this experience has convinced me of the importance of pacing myself. I will now have discussions with the teacher(s) on expedition with me, and we try to schedule time outs for each other. Perhaps an hour on an afternoon when one of us can have a nap, or maybe a visit to a cafe. I also try to arrange times when the students can be supervised remotely, and create a place where the teachers and I are interruptible, where the students can easily find us if there is need, but actually we can just chat, or read a book, or generally recharge our batteries.

I am also very aware of the importance of the students pacing themselves. I am alert to the possibility that they, too, might burn out. So I continue to be vigilant, to try to catch things early.

Narrative 15: Anxiety and “withdrawing.” Jane

By this time in my career I had had to care for students with mental health problems on previous expeditions. I had completed a mental health first aid course. I had experience of working with people with mental health problems within the Further Education sector. I had had discussions with psychiatrists on how managing mental health problems in a remote setting.

There were students and one teacher on expedition.

Before the expedition, Jane (a student) mentioned that she had she suffered from anxiety, but that it was fine now, and the doctor had cleared her to go on expedition. I asked for more details but did not get much more than this, neither from the student nor from the school.

A few days into the expedition a teacher and I had noticed Jane was not doing well. At one point we were on a long bus journey. We had to change buses at a particular town. We would have to wait in this town for two or three hours for our next bus, it was the middle of the day, so we walked to the main square and let the students go and find some food whilst the teacher and I chilled in the gardens of the main square. At least, that was what I thought was happening.

In fact, the teacher had sought a chance to speak to me in private. She disclosed that the school had formally recorded that Jane had had suicidal thoughts within the last six months. Nobody from the school had informed the expedition company or me. The teacher had not been given this information formally: rather, a school pastoral carer “accidentally” let the teacher see the report shortly before we left for the expedition. So the teacher had had that knowledge but did not feel able to pass it on to me. The teacher was now concerned about Jane's safety. The teacher said she had had no training and no experience of dealing with a mental health problem, she was starting to get worried, and so she was now informing me. I had to take some deep breaths at this point. After I calmed down, I said to the teacher that we should speak to Jane.

The teacher and I found Jane sitting alone at a different part of the square (we had several times given clear instructions that people should stay in groups of at least four). I asked her some questions based upon what the teacher had told me. Jane admitted that, yes, she had in the past had suicidal thoughts. On a scale of 1 to 10, where 1 is happy and 10 is wanting to kill herself, she said she was currently about 5. Jane then made a disclosure that she had never mentioned to anyone before: there was violence at home and it made her afraid. The violence was usually preceded by raised voices. Now Jane found that raised voices made her upset and afraid and anxious.

We were on expedition with a loud group of teenagers. The other teenagers were not abnormally loud, but they were a lively bunch who occasionally got upset with situations and with each other. They were often loud. This behaviour really distressed Jane, and she struggled to cope.

We informed the expedition company, came up with a plan to monitor Jane, and to keep the expedition company informed. Because of the teacher's lack of experience, she referred to me a great deal.

Over the next several days Jane's depression eased but her anxiety deepened. Her eating habits changed, and for some days she only ate when supervised by myself or by the teacher. Jane's response to the noisiness of the other teenagers was to plug her headphones in, listen to loud music, and withdraw to be on her own where she could stare at nothing until she regained her equilibrium. She would sometimes reach this point suddenly, and try to get away from everyone *right now*. In the context of our expedition this behaviour was often dangerous. We were either

camping when students were two or three per tent, or we were staying in hostels with no single rooms – Jane never had her own private space. Any common areas we had were usually busy and active. The teacher and I tried to create spaces for Jane to be alone, but it was never alone enough for her. In a city, therefore, when it got too much for her, Jane would suddenly yet quietly leave the building, put her headphones in, and find a quiet place in the street or a doorway to stand, staring into nothing. Often after dark. The teacher and I felt this made her very vulnerable to assault or other crime.

The teacher and I tried to control this behaviour by monitoring Jane's movements and getting her to let us know when she had to get some space. We were successful most of the time, but there was one night in a city when we suddenly realised at 11pm that we did not know where Jane was, and we were quite concerned until she turned up again just before midnight.

We gradually became more and more convinced that we could not keep Jane safe within the structure of the expedition. We emphatically asked the expedition company for help. I phoned two or three times each day. Each time when the person taking the call found the file, they were primarily concerned about Jane's depression and her suicidal thoughts. So each time I had to explain that the depression was not a problem at the moment, but Jane's anxiety was. In particular, we had serious concerns about her behaviour when anxious and how it put her in danger. Each time I had to explain that the teacher and I were finding it ever more difficult to keep Jane safe.

I became cross. Eventually I phoned and became very stern. I said I was making a formal warning about Jane's safety and I wished this to be recorded. So if anything did happen to Jane, there would be a record that I had said she was at risk and that the teacher and I could not ensure her safety on the expedition.

At this point the expedition company started to take our concerns seriously. They said to me that they had not contacted social services about Jane's earlier disclosure of violence at home, but they would do this now. They also said they would try to find appropriate mental health facilities within the country. I had done this already and found none, but the expedition company had facilities I did not.

Several hours later the expedition company called back. They said there were no mental health facilities within the country. Also, because Jane had disclosed violence at home and this had not been fully investigated, we could not ask her parents to come out and then escort her home. Nor could she go to her family home if she was to return to her home country, at least not until the situation at home was deemed to be safe.

The decision was made to repatriate Jane. If there had been two teachers on expedition, one could have returned with her. As it was, we could not have a group of teenagers under the supervision of just one adult, so neither I nor the teacher could escort Jane back to her home country. Instead, a member of staff from the expedition company would come out to meet us, and then escort Jane home. The teacher and I would therefore need to continue to supervise Jane for another few days: it would be a day or two until there was a seat free on a flight, and the duration of the flight was almost 24 hours.

Once we communicated this plan to Jane, she calmed down. Her anxiety attacks ceased. Probably the fact that she was going home felt easier than continuing until the end of the expedition, and so she relaxed.

When the member of staff came out to join us, I was able to talk to her in some depth about the

incident and how it was handled. Some key points remain with me.

First, most staff who take calls are in fact administrative office staff who are seconded to the call centre for a few weeks during the busy expedition season. They get some training, but they are not experts. One of the problems the call taking staff faced was their lack of training in dealing with emotionally charged incidents. Phoning parents during or after a serious incident was very traumatic, and they sometimes felt overwhelmed. Also, the continuity from one call taker to another was not always smooth. Especially during a shift change, there may not be adequate briefing of the new shift about current incidents, which may have explained why I felt I kept having to say the same things again and again.

Once Jane left, the rest of the expedition went by with no further emergencies.

After the expedition I formally requested a de-brief to discuss matters around Jane's health and our handling of the situation. I made a particular effort in this case because it was a complicated situation and because there were communication difficulties. The expedition company never replied to my request for a debrief.

What it felt like

I am still dismayed and for a long time I was angry that the school knew that a student had had suicidal thoughts but didn't tell the expedition company. I was also astonished, but have come to have more understanding that the teacher did not tell me for the first few days. At the time, however, when the teacher told me, I really needed to take time out to calm down. After that, the teacher and I worked well together.

On further reflection I came to realise the difficult situation the teacher had been placed in, and appreciated her predicament.

The rest of the expedition was very tense for me. I felt I could not relax my watchfulness. I feel my work with the other students suffered because I did not have the energy or time that I would have liked.

I was frustrated by the difficulty I had in communicating with the expedition company, and how long it took them to recognise the severity of the situation.

Reflections

I have since had a debrief with the teacher, even though the expedition company did not wish to have one. The teacher and I plan to go on a further school expedition together.

It is really important to be made aware of any known health risks of those in your care. This is stating the obvious. This expedition was not the first time a school or a teacher has withheld information about a student going on one of my expeditions, nor was it the last. I wonder if some schools have a view of confidentiality that prevents them from telling the expedition leader. Is this because those schools do not consider the expedition leader to be the primary health care provider? I have had conversations with health care workers in the UK where they have said they have had similar problems with schools not telling health care workers important information pertaining to the health of their pupils, and when this has been discovered, the schools cited confidentiality as the reason.

Should I (and the teacher?) have taken it into my (our) own hands to ignore the expedition

company and seek local psychiatric help? This would have incurred costs: who would have paid? Would it even have been possible? We were in fact unable to find such care. Given her home situation, the teacher and I could not have taken Jane home without the co-operation of another agency, whether that be the expedition company, social services, or the school. The teacher and I did not consider talking to social services or to the school about this. Regarding talking to the school, the fact that the school deliberately withheld important information on Jane's health would have been a major discouragement to us trying to coordinate with them remotely.

Situations can deteriorate slowly and you don't always recognise just how bad it has become. This wasn't a sudden emergency, but the dangers were real.

The support staff at the expedition company seemed more concerned about the risks from active self injury than from injury through self-neglect. Was I correct to deduce this, or did I just think that? How can I in the field communicate the risks better to those back in the office?

If there is something important to communicate, do not trust to a phone call. Follow it up in writing via email so things do not so easily get forgotten. If things go bad, then there is a clear audit trail.

Long term care is draining! It is hard work. It is distracting.

And it is one thing to *weiss* that you may find yourself in a situation where there is no appropriate health care provision in the entire country you are in, it is another thing to *kenn* it.

Influence on my practice

Regarding communications with the expedition company. Most of my communications were by telephone. I thus had no control over what was written down. I wonder now whether there was a difference between what I was saying and what was being recorded, and I wonder how much this contributed to the slow response to Jane's needs, and to the needs of the teacher and I for support. Now, if I have a significant phone conversation with the expedition company, as soon as possible I send what I believe to be the key points in an e-mail. This way I know that the points I wanted to make are on record. Having done this on subsequent expeditions, I have found this helpful. It helps to prevent details being overlooked. It provides an audit trail that the expedition company and I can both refer to when deciding what to do next. It helps prevent me from acting on misunderstandings – the expedition company can correct me if my e-mail record does not match their understanding of the phone call.

I have also got into the habit of making more frequent formal reports on matters of concern. Rather than wait until the situation is serious, and then having to explain the problem when I am at the time of peak workload, what I do is send *advisory* e-mails. I will say that there is such and such a situation, and I am responding by taking such and such an action. I am not asking for help at this time: I am just keeping the expedition company informed. I shall inform them again if the situation deteriorates. I have found this approach to be productive. When something does get serious, the expedition company responds more swiftly if there is already an idea that things might be developing. There is less of a surprise, I think. There is a context. I have not discussed this with the expedition company, and my experience over the last few years of doing this has been mixed.

Narrative 16: Depression. Alice

What happened

Before the expedition, Alice (a student) had disclosed that she had depression. I received a copy of her medical report, which said she had suffered serious depression, was receiving counselling but no medication, and was declared fit to go on expedition. I asked for further clarification and for an action plan should the student have a bad episode, but I received neither before the expedition started.

At one point on expedition Alice appeared distressed and so I and the teacher talked with her. Alice disclosed that she believed that someone on anti-depressants would not have been allowed on expedition, and she believed that someone who had had suicidal thoughts would not be allowed on expedition. So she had deliberately not mentioned that she had previously had suicidal thoughts and had asked her doctor not to mention this to the school or to the expedition company, and the doctor complied. When Alice applied to join the expedition (18 months before departure) she was taking antidepressants. With the doctor's assistance, she had gradually reduced the dose until she stopped taking anti-depressants some months before the expedition. Neither Alice, her family nor her doctor mentioned this. Since she had stopped taking the medicine, Alice's "moods" were often "down" and "every day is a struggle." She had not mentioned this to the school or the expedition company either.

At the point of our conversation I asked how she was feeling on a scale of 1-10 where 1 is happy and 10 is wanting to kill herself. Alice said her mood was currently 7 or 8. Things were worst when she was on her own. She also said she was telling us things she had not mentioned to her counsellor in the last 2 years.

Together, the three of us came up with a plan to keep Alice occupied and physically active, but not to put too much pressure on her.

The teacher and I had to take a deep breath after this. We then contacted the expedition company for advice. We were told there was no local mental health provision. The expedition company then sought medical advice back home, and contacted us later.

The plan was to have a regular health check with Alice and see how her mood was. The expedition company told us that if we had any concerns about her safety or about our ability to manage, the student would be repatriated. Fortunately, by the time the company had got back to us the student had started to improve. We checked twice daily for her mood on the 1-10 scale, asked her specific questions and gave her space to talk, and all things were improving. We kept her occupied and gradually she was able to take on responsibility within the group. The student went on to have a successful expedition.

What was it like for me?

When we spoke to her I had several reactions all mixed together. There was that moment of recognition, when things seemed to make more sense, which was a feel-good thing. This brought a sense of control. Then there was annoyance, even anger, that she had put herself (and us) into such a position. Especially when I knew that people had been on expedition successfully under medication for depression. Why had she made the depression worse for herself? Why had she put herself and the rest of us in this risky predicament? Then there was the feeling that the situation was an order of magnitude more serious than we had thought. Her mention of suicidal thoughts

had altered my perception of the hazard context. We were in a new level of danger, and the feeling of mastery dropped. There was also a sense of professional pride that she disclosed her suicidal thoughts to whereas she had not disclosed this to her counsellor.

As the expedition progressed and Alice's condition improved, I derived a great deal of professional satisfaction from the way we had handled things. I became more confident of my ability to respond to a mental well-being incident. An increase in my sense of mastery.

Reflections

I subsequently attended a mental health first aid course, and discovered that I had more or less followed the guidelines. This too brought professional satisfaction.

Helping resolve Alice's situation took a lot of effort and time. Which had an effect on the rest of the expedition.

Further reflection reinforced my sense that people may not tell you everything you need to know. People mask things. So it is worth making an extra effort to get people to disclose as much as possible. I have become creative and diligent in trying to get people to disclose matters.

Narrative 17: Paralysis. Phil.

We were a group with one teacher and students.

Phil was a male student with no known health issues. He was sometimes very intense, sometimes great fun. He really entered into the spirit of the expedition, took on responsibility within the group, demonstrated great progress in leadership. Phil was very slim, with a high level of energy in all he did.

Earlier in the expedition, Phil had mentioned that he was generally concerned about his weight and at home he rigidly controlled his calorific intake. The teachers and I discussed this with Phil, and he agreed that he would try to eat more than normal so he could withstand the demands of an expedition.

Towards the end of our expedition, we were on a four day trek through dense tropical forest. Mobile phone coverage in the jungle was patchy. Our first day was carrying full packs (clothing, tents, food, cooking gear for four days) into a jungle lodge, where we spent two nights. This trek included multiple river crossings. The lodge was in a lovely setting, with a small river below where it was safe to swim. The jungle lodge had a telephone (no international calls), electricity, a television, a gas cooker, and toilets. As long as the river levels were low, it was possible to get quad bikes to the lodge, which was how it was supplied.

Our second day was a day trek in the jungle round the lodge, where we slept for a second night. On the third day of our planned four day trek we set off with full packs, aiming to set up a camp in the middle of the jungle. After an hour or so of gradual ascent we came to a section with a steep, muddy ascent. A few of the students struggled badly on this section, including Phil. Phil started to complain of a feeling like pins and needles round his mouth. One of the guides and I carried the packs of the struggling students to the top of the rise where there was a flat area and where the trees were more spread out, giving us a place to sit and rest. We then went back and assisted the students to this open area. Everyone had a rest. Phil sat with his back against a tree.

When it was time to get going again, Phil said he was unable to stand. Then, as I was talking to him, it became apparent that he was unable to move his arms or legs. Then he started to struggle to remain sitting upright on his own. Some of the students recognised there was a problem and offered to help. I thought it best for his breathing if he were to remain in a sitting position as long as he was conscious, and so I instructed two students to support him, one at each side (his back being against a tree). I asked a third student to take notes: I dictated to him throughout. These notes formed a key part of our management of Phil's condition, and have been a key source for this report.

Phil's head started to loll. He remained alert. He was obviously tired, but he answer complex questions accurately and lucidly. His temperature and breathing rate were normal. I was unable to find a pulse.

I discussed the situation with the accompanying teacher and with our guides. We could not be sure what was going on. It was not heat exhaustion, because his temperature was normal. We wondered if Phil was suffering from dehydration, over hydration (aka toxic hydration), or hypoglycaemia (his thin build raised the possibility of very low stores of energy in his body). We thought toxic hydration was unlikely. We believed that giving him water plus sugar plus electrolytes would help if it were hypoglycaemia or dehydration, so we gave him water with gatorade in it. Phil's situation gradually stabilised: he was lucid and breathing well, but had no

voluntary control over his torso or limbs and he felt weakness in his neck and head. We had to help him drink.

At the same time the guides and I discussed evacuation options. Fortunately there was mobile phone signal, but the network did not allow international calls. The forest was too dense to allow for a helicopter evacuation. The guides phoned their contacts nearby to see if it was possible to get a vehicle in, but recent rains had rendered the tracks impassible, even for quad bikes. So it was looking like our best option was a manual evacuation of Phil back down the track we had ascended, to the jungle lodge. This would have been a tricky proposition. Nobody had been down this trail for a while, and it had become overgrown. The guides had had to cut our way through the trail, which had been overgrown in places by new growth. The path was steep and muddy and narrow.

We had spent twenty minutes or so trying to firm up plans for an evacuation, and then Phil gradually began to improve. As he improved, Phil related that he had had two or three similar episodes in the past. Twice when he had travelled abroad he had suffered similar episodes of paralysis from the neck down, and had just lain in bed for a few hours until he recovered. Phil said he had been led to believe this was a normal part of life, and had never spoken of this to anyone outside his family, and had never sought medical advice for his occasional spontaneous paralysis. Within an hour Phil was able to walk slowly, with assistance. We started to descend towards the jungle lodge, with Phil's equipment divided between the group. When we reached the jungle lodge Phil was much improved, but exhausted. The following day Phil was able to walk out to the town unaided, with most of his personal equipment on a quad bike.

Once back in town I informed the expedition company about what had happened. They were very supportive, and arranged the transfer of funds to cover our additional expenses.

Local medical facilities were limited to a GP clinic. We took Phil to this doctor, who could find nothing physically wrong with him using the diagnostic tools available. The doctor recommended we take Phil for a heart examination once we got to the city. We did so. The cardiologist there found nothing physically wrong with Phil.

Phil was able to complete the expedition with no further health problems.

What it felt like

As the event unfolded, there was a strong question in my mind: how far would this paralysis spread? Would he lose the ability to breathe? Would his heart fail? Basically, would he die? I managed not to let this question dominate my thinking. I remained focussed on responding to the symptoms, making Phil comfortable, and trying to arrest the progress of whatever was going on. All the time in the back of my mind I was preparing myself for the likely consequences of a fatality on expedition, in particular the immediate repercussions on the rest of the group and the trauma of communicating such news to Phil's parents.

I was also aware that certain individuals were "there". Certain individuals were well aware of the seriousness of the situation and not panicking, but rather they were alert and attentive. This included some students, some guides, and the teacher. I used these people. I got them involved in caring for Phil, or in caring for the rest of the group, or in working out evacuation options.

At the same time I was greatly perplexed. What could be causing this? I had never come across this before.

I was intensely relieved when Phil started to improve. The descent required total focus on my part, assisting Phil down steep, muddy slopes when he was unsteady on his feet. As his condition continued to improve and as he needed less and less support, I felt more and more relieved. I felt myself relax, and my focus was able to spread beyond the immediate concerns of Phil's safety.

I was also very angry that Phil had never mentioned his history of spontaneously becoming paralysed. Angry and shocked and disbelieving. Why would anyone not think this was an important thing to mention? I remember in the days following I kept coming back to this sense of outrage and amazement that Phil had never mentioned his propensity to spontaneously become paralysed for a while, and then to get better.

Later reflections

On my own initiative I sought a medical debrief on the health related incidents on this expedition. The doctor who debriefed me suggested conditions that might fit my descriptions of the symptoms, but to make a diagnosis of Phil the doctor would have had to examine the patient at the time. Nevertheless I came away from that debrief with a greater understanding of the human body; a better insight into the difficulties doctors sometimes have in making a diagnosis even with the benefit of years of medical experience and a fully equipped hospital; and a view that on the expedition we had taken prudent actions given the situation.

Influence on my practice

This experience has led to a significant change in my perception of the difficulty in diagnosing illness, and the importance of taking symptoms seriously even when we cannot determine a cause of those symptoms.

It has made me even more careful when I ask people questions about pre-existing medical conditions. I now ask specifically if they have had times when they have felt unwell.

Narrative 18: Running "out of the room." Claire

There is a common theme on tv shows for adolescents: teenager is misunderstood and so storms out of the room, slamming the door behind them. But if there is no bedroom...

There were students, two teachers and I on expedition. Claire was a female student with no known pre-existing health problems.

For almost the entire month of the expedition we camped in remote locations where there was a threat from large animals, both from potentially aggressive herbivores and from predators.

One night early in our expedition we were camped in an open forest near a river. We were accompanied by one local guide. We were one day into a four day trek in the bush. The guide gave us a specific briefing the dangers of the nearby river, and this warning included the account of a recent fatality.

It was after dark and we had a large camp fire. An argument broke out among the students. It very quickly escalated, Claire became visibly and audibly upset, and her comments further inflamed the situation. Suddenly Claire burst into tears and ran away into the dark forest. The teachers and I sat stunned for a long moment. I began thinking about whether and how we could safely search for Claire. Before I could formulate any coherent plan, Claire reappeared at our camp site. The teachers and I calmed down, and then talked to Claire. Claire found it very hard to hear us, or hear our concerns. To the teachers and I, the risks in this behaviour were clear: she might trip and get injured, she might run into a tree, she might fall in the river and drown.

A few days later we were camped in a village. The village was in the middle of the bush and there were large wild animals nearby. Again an argument broke out. Again Claire quickly became upset, and made comments that further inflamed the situation. Suddenly Claire ran off into the darkness. And then returned within a minute. This time when the teachers and I spoke to her, Claire recognised the danger she was placing herself in by running out of the camp site. She said she often behaved this way at home, and back home there had never been a problem with her suddenly withdrawing in tears. She now recognised that the expedition context was different from home. This pattern of behaviour was not safe on this expedition. From this point on, Claire never became quite so upset, and she never ran off into the darkness. Her whole demeanour changed. Her approach to disagreement was far more measured, calm and reasonable. I found the extent of this transformation surprising, and a good outcome.

What was it like?

I was struck by the incongruity: these are not the sort of incidents that spring to mind when thinking about emergencies on expedition, but both these incidents were very scary and in both I perceived there to be a sudden and serious risk to Claire's health and indeed to her life. Especially the first incident, as we had no warning that it would happen and we were in a more hazardous area (a river nearby).

In the first incident, I was taken aback. I had to gather myself for a bit before I could come up with a coherent plan. I am glad I took that moment and did not rush into action without thought. The question in my mind was first, how to prevent things getting worse, and second, how to improve the situation.

When Claire returned, I was livid I tried not to show that. Our first conversation felt a bit difficult.

The second time it happened our conversation felt far more constructive, and it had the desired outcome – no more sudden running away.

I wondered: was this a mental health problem? Claire was temporarily not able to hear reasonable instructions and was behaving in a way that put her at risk. The consensus of the doctors with whom I have discussed this is that this was not a mental health emergency: she was "being a teenager."

This story helps illustrate the blurred boundaries between what might be considered "normal" and "safe" behaviour and behaviour that is "dangerous", and the importance of context in making that distinction.

In safety discussions with my fellow expedition leaders, we could not reach unanimous agreement as to whether it was an emergency: the majority view was that this was not an emergency.

Effects on my practice

One key lesson I learned about the risk of someone in an agitated state suddenly running away: they can be so focussed on what they are running away from that they pay insufficient attention to what they are running towards. These lessons led me to be in a position to save Stephen's life when he tried to kill himself in a subsequent expedition (the story of Stephen is recounted elsewhere in this thesis).

Another key lesson was the suddenness in which a situation can go from being calm to being one of great danger.

Although not a mental health emergency as such, reflecting on this incident was one of the factors that led to me take a Mental Health First Aid course.

Narrative 19: Threatening and destructive behaviour. Francis

The expedition comprised students, two teachers and myself.

Francis was a male student, and had disclosed no health problems. We spent almost the entire expedition in rural and remote areas with few or no medical facilities.

Francis started the expedition well, but his mood quickly deteriorated over the first few days. He was often agitated with exaggerated and tense body movements. He was threatening. Several times the teachers feared they would be assaulted by Francis or that Francis would assault someone else. Several times Francis ignored important safety instructions. When challenged about his unsafe behaviour Francis was brusque and dismissive. Often Francis would disrupt the communal life inherent in an expedition. Occasionally Francis was calm and talkative. During these times Francis gradually disclosed that back home he had a very heavy and regular cannabis habit. He also described several instances where he resolved situations (as he saw it) by using extreme violence on other people. He portrayed these episodes of violence positively, as being a generous or selfless act on his part to protect someone or something or some principal he thought important. He portrayed himself as a hero who uses violence to rescue people.

Early in the expedition I focussed on how to manage the expedition with Francis as a part of it.

The teachers came to feel that we were unable to ensure Francis's safety on expedition, nor did we feel we were able to ensure our own safety or the safety of other students. For a time I disagreed, but eventually I realised they were correct. Indeed, I became very concerned for the safety of the other students, and for the teachers and myself. Francis also behaved in ways that threatened harm to the local community. So the teachers and I initiated the process of sending him home early. This was complex and time consuming, as it involved coordination with Francis's parents, the school, and the expedition company. All the time I was thinking: what if Francis refuses to go home? What do we do if Francis attacks someone? The teachers and I discussed our safety fears and eventually decided that if the threat from Francis increased we would call the police and accept the complications that would arise from this.

The day before he was due to go, many of the students loudly complained to the teachers and myself about what we were doing, sending Francis home.

In the event, Francis went home without any fuss. The expedition company told me his mother was surprised he had lasted so long before being sent home. She had thought he would not last two weeks.

After he had gone, the atmosphere changed. All but two of the students who had protested his departure now said they were very glad he had gone. They said it quietly, more quietly than they had protested the fact that he was going, but it was clear they meant it.

Once Francis had departed, some of the other students informed the teachers that he had sometimes bought cannabis from locals. This appeared to tie in with the times when Francis was relaxed and talkative.

What it felt like

We had other incidents on this same expedition. Some of them are related elsewhere in this thesis. So this expedition was hard work. It was also a beautiful expedition and I had some fantastic experiences.

Prior to going on this expedition I had spent many years working with teenagers with behavioural problems. In this role, the emphasis is on encouraging participation, and all the staff are trained in working with people who exhibit threatening behaviour. So when Francis became threatening, I just switched into the mode of trying to include the young person no matter what. On reflection, I did not give sufficient attention to the fact that the teachers had not had the same training and experience I had had. My colleagues were therefore less comfortable and more vulnerable than I was used to. I had forgotten that this expedition was not set up as an expedition-as-therapy for teenagers with behavioural problems. One key difference was staff ratios: if we had been expecting the need to manage threatening or dangerous behaviour, we would have had a higher staff ratio, and probably a smaller number of students.

Initially I felt that I was the expedition leader, I had to cope, I had to make it work. Over time I learned a bit of humility as I realised that I could not manage this situation, nor could the teachers.

Once I recognised the extent of the problem I was at a loss as to what to do. I became uncertain, but tried to present an outward show of confidence and command. I was particularly worried about the possibility of Francis becoming violent. Once the teachers and I had agreed that we should ask for Francis to go home, the delay as we went through the approval process was very frustrating.

I was very relieved when Francis went home. The teachers felt even more relief.

Reflections.

Humility – the teachers and I can only do so much. I cannot fix everything. I cannot prevent everything.

Sometimes the wisest and most professional thing is to ask for help, or to send someone home. This was the expedition when that lesson really hit me.

The effects of a high workload incident on me as a person and on the teachers as people. The effects on the other students – we cannot devote the same attention to them.

After the expedition I had discussions with mental health professionals who said that Francis's behaviour was consistent with cannabis use, and in particular withdrawal from cannabis use.

Influence on my practice

I spent lots of time after the expedition discussing the question of what to do if a student becomes violent or in other ways becomes dangerously out of control. I carried out multiple thought experiments for a variety of scenarios.

My conclusion: seek help from the local police.

This conclusion came in useful in the incident with Stephen discussed elsewhere.

I have also become more aware of the effects of withdrawal. Therefore part of my pre-expedition briefing usually covers the topic of dependency and withdrawal, and that people might not realise they have become dependant upon a substance until they stop getting it. I also emphasise that an expedition may be a dangerous place to go through withdrawal. I say that people can become dependant upon all matter of substances, including illegal drugs, tobacco, alcohol, legal highs. And I make the point that cannabis is not a "safe" drug, even though it is often discussed as if it were.

Narrative 20: Serious altitude problems. Stella.

NOTE: This expedition had several difficulties and emergencies. At least one other emergency we had on this expedition is related as a separate narrative in this thesis.

We were a mixed group students with one male and one female teacher. Stella was a female student and a long distance runner, and had the typical physique of a distance athlete: very slim.

We had been on expedition for just over a week. The first six days were spent at sea level. The next two days were at an altitude of just over 2,000m. We ate at restaurants. Then we took an overnight bus journey to a small town at an altitude of approximately 3,500m.

Eight people in our group were sick on the bus to the point where we ran out of sick bags. It was horrible. Fortunately, the teachers and I were unaffected. Our first night at this high altitude town was miserable. The next day we decided to take it easy. After a late start, some people wanted to explore the town, but others just wanted to rest. So we divided the team, and reunited at our camp in late afternoon, when we met our guides for the short trek we were starting the next day. I helped organise the cooking of dinner. I noticed Stella was still dozing. I went and spoke to her. She was very woozy. She spoke a bit like a drunk person, but there was no evidence she had been drinking or taking drugs. I did an examination and her resting pulse was just over 90 and her breathing rate was 24 breaths per minute, temperature was normal. For a long distance runner at rest, these were alarming numbers. She said she needed to go to the toilet. She was unable to walk unaided. When I commented to one of the teachers that Stella was still suffering from being sick, the teacher reminded me that Stella was not one of those who had been sick.

Within half an hour her pulse had increased to 108, her breathing rate to 32 breaths per minute. Her speech was confused. With these and other symptoms I was concerned that she might die.

By this time it was dark and there was a large town celebration in full swing. I convened an emergency meeting with the two guides and the two teachers. We had no telecommunications. I decided we needed to get Stella to a lower altitude as quickly as possible. The guides said there was a clinic in the village and we should first seek medical help there. They went to the clinic and found it empty. After half an hour they found someone who was sober and who had a small minibus and who was willing to help. We decided the following: Stella should go in the vehicle and should descend to the place we had left the night before, because at this altitude Stella had been well; Stella should be accompanied by one of the guides to help with any translations or logistics; Stella should be accompanied by the male teacher (leaving me and a female teacher with a mixed-sex group of students); one of Stella's friends said she would accompany her. I was aware that the journey out was long and that the car would first have to drive over a very high pass. I was very aware that Stella still might die from the altitude sickness on the journey, and gave the teacher some additional medication to give Stella if she become worse. I was also aware that driving on these roads at night was hazardous.

The rest of us continued our trek the next day.

The trek lasted two nights and three days. There were no roads. We had no telecommunications. I did not know whether or not Stella had survived (in my opinion she was very unwell, and I suspected she had both cerebral and pulmonary oedema).

On our return to the town we were met by the guide who had descended with Stella. The guide told us Stella was well. I burst into tears with the relief.

The next day we descended to the town where Stella was. I was very concerned by her condition.

She was very weak, very tired, she struggled to get out of bed, and she was not as alert as she normally was.

I spoke to the guide. He said that Stella, her friend, and the teacher had been well, so he had taken them for a little walk. Unfortunately that "little walk" started at an altitude higher than that at which Stella had become ill; they travelled to the start point by bus; and then started walking uphill. I called a doctor, who said that Stella was suffering from altitude sickness and needed to descend. The rest of our expedition would be at altitudes greater than we were now at.

The teachers and I discussed the situation amongst ourselves, and with Stella, and then with all the students. We decided that the next day Stella should descend to sea level with a friend and with a teacher whilst the rest of us continued. I contacted the expedition company and explained the situation. They agreed to begin planning Stella's repatriation. A nurse would fly out to meet Stella, and then accompany her on the flight home. We implemented the plan.

The next day I contacted the expedition company to ask about progress. They told me that the repatriation had been cancelled because Stella's parents said she could not be suffering from altitude sickness. Stella had previously been at altitude and had been ok, and so she could not be ill now. I made some points very forcefully: neither Stella's parents nor anyone in the expedition company office had seen Stella, and so they had no observations on which to base their diagnosis; both teachers and I had seen Stella; Stella had been examined by a doctor, and he had made the diagnosis that Stella should descend to sea level and not reascend. The expedition company agreed to resume planning Stella's repatriation. This process of cancellation and resumption delayed Stella's departure by one day, and added a day to the time the group was split.

After Stella went home, some of the students disclosed that they had noticed Stella was not eating her food. She was pretending to eat, moving food round her plate, but much of the time she was not eating. This had been the case for the whole expedition, so was not a result of the altitude. I do not know why she had not been eating, nor I do not know whether her limited eating was in any way linked to her altitude problems.

What it was like for me.

This was a very stressful experience and a very upsetting experience. The stress and the emotion had multiple sources. First, there was the simple situation of a student in my care becoming seriously ill. Then there was the time when I did not know whether our actions had helped her – I was aware that she might have died as we were trekking. I got upset that our guide in the city had initiated a course of action that had probably caused Stella to have a relapse. I also got very cross that people who had not seen Stella should be overriding the opinions and diagnosis of a doctor, two teachers and an expedition leader who had seen her.

This experience was so traumatic that it was three years before I felt able to lead another expedition.

Reflections.

I feel that overall my decision making was reasonably sound, and the execution of my plans was effective. There were ways I think I could have done things better. For example, I discovered after the event that there was a route from the village back to the city that did not cross the high pass. It would have taken longer, but would have been safer for Stella. I did not think to ask if there

was another way down, and the guide and driver just took the normal route.

It appeared that Stella's parents and the expedition company refused to accept information that goes against what they wanted to be true. As a result, in subsequent expeditions I endeavoured to make my initial emergency contact as comprehensive and convincing as possible. I have for example reported first what the teachers and doctors say and then presented my views as a response to the evidence; I have taken exact notes of any patient's vital signs and communicated these; sometimes I have sent emails which are copied to the teachers with me, so the expedition company knows that the teachers are in agreement; on some occasions I have encouraged the teachers to communicate independently and in their own words; I have obtained written statements, photographed them, and then emailed them to the expedition company. These tactics have mostly been effective.

I learned that it is not over until it is over.

A big lesson I learned was that people might be reluctant to report their fears and suspicions to their teachers and expedition leaders (nobody mentioned that Stella was not eating well). Since this expedition I have put extra effort into encouraging people to report their concerns, and to explain that it is not "telling tales" but that it is in fact looking after the wellbeing of your friends. On some expeditions this has happened, and it has been very useful. On other expeditions I have faced the situation where students do not report matters, for example in the case of Francis and his use of cannabis on expedition.

Effects on my practice

I think the biggest effect on my practice is that my experience of this (and other) emergency on this expedition meant I stopped working as an expedition leader for three years.

Once I resumed my career, I did so accepting that Bad Things might happen. I accepted that I might be the person in charge when someone becomes seriously ill or is seriously injured, or even if someone dies. I believe that this acceptance has helped me respond more capably when faced with incidents in subsequent expeditions.

Narrative 21: Heat injury. George

George was a male student.

We were on expedition in a country with a wide range of habitats. For the first three weeks we had been in cool or cold weather. We were now moving to a hot environment.

We moved to a large town. In this place we had no telecommunications. The next day the group had planned to go to a lodge in a remote location, but I had to stay in town with a student for an extra day because we were both unwell with diarrhoea, and we planned to rejoin the rest of the group the next day.

When we arrived in the lodge where the others were, I discovered George was lying in bed, dozing. One of the teachers explained what had happened. They had all gone for a walk. George walked into a tree. One of the teachers asked why George had walked into a tree. George answered "I can't see" and then collapsed unconscious. He eventually came round and the group got George back to the lodge. Since then he had been resting, eating and drinking.

This seemed indicative of a serious heat injury. I ensured that George was drinking plenty of fluids. He recovered enough to get out of bed and walk about, but he remained very lethargic.

Our plan had been to spend two further nights in the lodge. I decided George was well enough to remain.

At the scheduled time we left the lodge back to town, and then travelled to a cooler part of the country. As soon as we landed in the cool weather, George made a full recovery to his normal self. All his lethargy disappeared.

What it was like for me.

At the time I felt: what has happened when I was away from the group? Should I have let the main group go ahead without me? But once I accepted that what had happened had happened, the whole incident felt very straightforward.

Reflections

Was I correct in allowing the majority of the group to go into a more remote area without me? There was no urgent imperative for us to proceed: we could all have comfortably waited an extra day. This incident illustrates the mortality of expedition leaders. Expedition leaders, too, can become ill. When suffering from diarrhoea my decision making and my observation skills may become impaired. In an ideal world we would contact the expedition company before deciding to split the group, but this option was not available to us.

I now view heat injuries as being more serious than I did then. Because George had become blind and then lost consciousness to the point of being completely unresponsive, I now think it would have been far better to have George seen by a doctor on the day he lost consciousness. Of course, I was not there to make that decision. I now think it would have been prudent for me to have had George seen by a doctor as soon as I heard the story of his loss of consciousness. Fortunately George's condition did not deteriorate, he made a full recovery when we got back to cooler climes, and as far as I can tell no harm was done.

Narrative 22: Claim of sexual assault. Julietta.

Julietta was a female student. She was a smoker, but had asked us not to tell her family that she smoked. There was much family history that meant it was unacceptable to smoke in her family. She would get into so much trouble if her family knew she smoked.

We were on expedition that included a trek. This trek began and ended in a major town. We had received specific warnings for this town of risks of sexual assault against female tourists. The students had been fully briefed about these risks.

The trek was through the mountains. The longest day of the trek included crossing a high pass. This was physically a tough day. Shortly before reaching camp, Julietta tripped and twisted her ankle. Mike, one of the local staff had a lot of medical skill and attended her. Julietta made the remainder of the journey into camp on horseback (we had a spare saddle horse with us).

We reached the campsite, erected our tents, cooked and ate our meal. By this time it was dark. We had a final briefing on plans for the next day. By 8.30pm everyone was in their tents and in their our sleeping bags. I went to bed.

I was wakened at 11.30pm by one of the teachers, who said that Julietta had been sexually assaulted. The teacher was livid. I quickly got dressed and spoke to the teacher, who said that Julietta said the paramedic had touched her inappropriately. I got up, roused all the local staff, and had an impromptu set of meetings. I interviewed Julietta in the company of the teacher. It took some time, but eventually the story we got from Julietta was: at about 10.30pm she was outside of her tent having a cigarette. Mike came out of his tent to have a cigarette. He invited her into his tent. She had gone into his tent, and had touched her "down there" (she pointed to the area between the top of her thighs). I interviewed the paramedic and his story was similar to that of Julietta, except he said that Julietta had asked him to examine her, and he had done nothing wrong. He denied any inappropriate touching. The teacher was still livid, and made lurid suggestions about what we should do to him.

We made the following plans. It was dark, we were high in the mountains, nobody could go anywhere. Mike would move his tent far from the rest of the camp. In the morning he would leave the group. I then phoned the expedition company and reported all this.

In the morning we executed the plan, and I phoned again to confirm Mike had left the camp. We carried on with the trek.

Until we got back to town, we only had intermittent telecommunications, which added to the stress and workload. During this time the teacher and I made very many notes.

After the trek we went back to town. Once there we were visited by a representative of the expedition company, who was most helpful. On our return, Mike also sought me out and asked me to help restore his reputation. I said I had no power to do anything. He repeated that he was innocent. I said he was unwise to take a girl into his tent alone when everyone else was asleep.

The teacher was very keen to have Mike prosecuted. With the assistance of the expedition company representative, we took Julietta to the police station and registered a complaint. On our way back to the hostel, Julietta mentioned some details that she had hitherto kept quiet. She now said that when the paramedic came out of his tent for a cigarette, Julietta had approached him and complained about a groin strain. She had asked him to examine her. She agreed to going into

his tent. It was there that she felt uncomfortable at his examination of her injury, and at that point she had left the tent and complained to the teacher.

These comments made the teacher and I uneasy.

That evening, back at the hotel, all the students were in bed by about 10pm. The teacher and I stayed up talking. One of the things we were concerned about was the risk to our own careers. At about 11.30pm we decided it was time for us too to get some sleep. We checked on the students before retiring, and the teacher discovered Julietta was not in her room. Eventually I found Julietta. She was standing in the street outside the hotel, wearing very skimpy shorts and a low-cut top, smoking a cigarette, leaning against a wall. I reminded her of our briefing about risks of sexual assault (particularly in this town), about the safety protocols we had agreed upon, and how her behaviour was putting her at risk. She showed no sign of being perturbed, but complied with my demand that she come inside and go to bed.

On our last day of expedition the teacher approached me and told me of a conversation she had just had with a male colleague. This male teacher had said he would have refused to go on expedition with Julietta because he feared Julietta would make unfounded-but-plausible complaints of sexual harassment against him, and that she would attempt to entrap him in behaviour that could be construed as inappropriate. The teacher and I were both of the opinion that we really really would have liked to have been told this before the expedition.

After we got home I received a call from the expedition company. They had received a complaint from Julietta's father. He was insisting the story was false because he knew Julietta did not smoke. When he spoke to Julietta's friend from the expedition, the friend said that Julietta did not smoke. I asked the expedition company to speak to the teacher for independent verification. These complaints rumbled on for several weeks after the end of the expedition.

Reflections

This was an intense and frightening experience. The teacher and I had concerns for Julietta, but we also had concerns for ourselves. There were at least two different types of harm or threat of harm: there was the sexual assault (or otherwise) and there was the threat to our careers. Was either of these an emergency? I include this story partly because it illustrates the different types of threat one can be exposed to when leading school group on an extended trip. I also include the story because of the very ambiguity over whether the threat to the student and/or the threat to our careers constituted an emergency. Certainly, the behaviour of the teacher and I in the aftermath shared many of the family resemblances of an emergency: there was a threat, we acted with urgency, we garnered extra help, we changed what we were doing and how we did it.

It is also a useful story in that it illustrates the inconvenience and intrusiveness that some emergencies entail: it would have been much easier to deal with the situation if we were in a hotel, if it had been daylight, if we had had good telecommunications, and if we were not all tired from a very hard day's walk. And it was an illustration that, even at the end of the expedition, we still were unsure as to what had actually happened.

One big lesson I took from this is to try to husband my own personal reserves. Never tire myself out totally during the day, because I may have to deal with a complex problem in the middle of the night.

I also learned the value of having good child protection policies and in following them, not least for

my own protection. If Mike had refused to see a young woman alone in his tent when everyone else was asleep, then he would not have been vulnerable to those accusations, and Julietta would not have been vulnerable to assault (whichever story was true).

Since then I have tried to get the teachers to write their own independent record of what happened and pass this on with my report at the time. Or at the very least copy them in on my reports so they have the chance to comment. This helps prevent a situation where it is simply my word against someone else's.

Not for the first time, nor the last, someone withheld information from the teacher and I that they later told us because we would find it useful. The impression I get is that people perceive that they will in some way be transgressing against "the rules" by passing such information over. I think this problem would be eased if there was some formal process and a formal explanation for handing sensitive information over. In this way, passing information might be perceived as being what "the rules" say they should do, and that to withhold sensitive information would be to transgress against "the rules." (By "the rules" I mean the world view that can lead one to a strong perception that formal processes are the most important processes, and that it is worse to do nothing than to risk breaking a rule, even if you are not sure that a rule actually exists.)

Influence on my practice

Since this incident I have been very careful to follow the guidelines on the protection of vulnerable groups. I have also been very vigilant about the principles of protecting people from assault, and protecting people from claims of assault.

Narrative 23: Charging elephant

There were students, one teacher and I.

We had been on expedition just over a week when we visited an elephant sanctuary. In the middle of the elephant sanctuary were some very sturdy buildings made with very large logs. These buildings had strong log roofs, small windows, and narrow doors. On arrival we were briefed to quickly enter these buildings if an elephant ran wild.

One of the students was feeling a bit unwell, so sat down for a rest. I remained with them, and the other students carried on with the teacher. They walked on for another 30m or so, and stopped to take photographs.

About 50m ahead of the group with the teacher there was an elephant enclosure with a very low wall. As we watched, a bull elephant just appeared to materialise out of the forest, and walk over the short wall into the enclosure. One of the local staff said that this was the father of the elephant calf who was chained in the enclosure, and the father made frequent visits.

There were two tourists between the teacher's group and the bull elephant. They started to throw stones at the elephant. I never found out why: perhaps they wanted a better photograph. The bull elephant turned to them, raised its trunk, and spread its ears wide – classic threat signals. The two tourists threw more stones.

The elephant charged.

Because of the way people were laid out, if the elephant trampled these tourists and kept going, he would reach us. All the local staff fled at great speed for the big strong buildings.

I made a split decision. To reach the bulk of the group I would need to move towards the elephant. The student beside me was unwell, and was moving slowly. I decided to let the teacher look after the other students, grabbed the ill student beside me, and dragged them as quick as I could to the refuge buildings.

The elephant stopped charging before it reached the tourists, who had fled. It paused, then turned and walked back into the forest. I was surprised how quickly it disappeared from sight – I had never considered elephants to be camouflaged.

The student and I then rejoined the rest of our group and shared experiences. The teacher confessed that she had not run. She had been taking photographs, and was looking through her camera's viewfinder. Because she was looking through the viewfinder, she said, the elephant charge did not seem real. She seemed embarrassed at this, and very glad nobody had been hurt.

What it felt like

The elephant charge was too quick to feel anything. I just acted.

Afterwards, I felt very pleased the elephant had decided to stop when he did. I am glad that none of our party was hurt, indeed that nobody got hurt.

Reflections

Having reviewed the events, did I made the correct decision in letting the teacher look after her group? Possibly. I was certainly influenced by past experience of the dangers in trying to do

everything myself.

Influence on my practice

Always listen to the safety briefings. Even if you think nothing could go wrong.

Never assume that people will not do something that is really obviously stupid, just because it is obviously stupid and dangerous. And that is without taking into account the influence of alcohol.

Narrative 24: Auditory hallucinations – Hector.

NOTE: In addition to the complex situations involving Hector, this expedition had a number of other incidents affecting other students. None of these other incidents was life threatening, but they were unpleasant, sometimes upsetting. These other incidents took a significant amount of time and effort to resolve. This narrative focusses solely on Hector's situation.

There were the students, two teachers, and myself. One of the teachers, Pat, had formal medical qualifications.

We were on expedition in a country with very poor healthcare provision.

Hector was a male student.

Before the expedition, Hector had disclosed he suffered from anxiety. He was cleared fit to travel.

During the first 17 days of the expedition, we had multiple incidents and discussions with Hector about his mental health. Sometimes he said he wanted to leave the expedition, sometimes he said he feared he would be asked to go home. At one point we took Hector to a counsellor, who said he did not have time to make a full diagnosis, but was concerned about the possibility of depression, and we should not leave Hector unsupervised for any length of time. There was a lot of communication back and forward between us and the expedition company, and between the expedition company and Hector's family.

On day 17 we arrived in a very small village in a very remote area, where local circumstances meant that overnight transport was very dangerous. Facilities in the village were limited. On day 18 we met Ffion. Ffion was an employee of the expedition company who was on a reconnaissance trip to this area, carrying out risk assessments for adventure tourism providers in that area. Ffion found it useful to meet groups who were on expedition – it helped her calibrate her risk assessments, and she also enjoyed working with the teenagers. It was also very welcome for the teachers and myself to be able to chat to an English-speaking adult and just chill for a few minutes.

That evening most of the students wanted to go to a waterside area. Hector decided he wanted to stay at the hotel, so one teacher remained behind with him and I went with the other teacher to supervise the students at the waterside. At about 5pm, Hector came to the waterside, seeking me out. He said he needed to speak to me urgently, but not in public. I returned to the hotel with him whilst the teacher with me got the students back for dinner as planned.

Hector told me he had already spoken to the other teacher, and told her that he was hearing voices. When we got to the hostel, Hector was very distressed. He told me he had pain all over his head. The pain was physical and mental. The physical pain was not that bad, but the mental pain was severe. He was hearing a voice in his head. It was telling him to do things. The voice was telling him to harm himself. Hector did not want to tell me in any detail what the voices were saying.

My phone did not make international calls. I asked Pat the teacher to phone Ffion, and ask her to come here.

At 5.20pm Ffion arrived and sat with us. Hector looked in great distress. I explained the situation and asked Ffion to phone the expedition company on her phone. She asked if she should use the emergency number. I said yes. Once she got through to the call taker at the expedition company, Ffion handed the phone to me.

I asked Ffion to chat to Hector whilst I dealt with the wider implications.

Ffion did a fantastic job of speaking to Hector. Initially the conversation was painful and stilted. By 5.40pm they were chatting freely. By 6pm the voices in Hector's head were silent.

Meantime the teachers took the rest of the students to the restaurant for dinner. At about 5.45pm the expedition company initiated a conference call with myself and a psychiatrist. The psychiatrist then interviewed Hector. In the course of this interview Hector disclosed that he had harmed himself for an extended period in the past. He had had previous suicidal thoughts which he had never disclosed. Two months ago things had been so bad that he had planned to kill himself. He had decided upon a method, but never actually made a serious attempt in the end. He had no current suicidal thoughts.

The doctor asked if we had or had access to any benzodiazepines. I said no: we had nothing in our kit, and there were no doctors or pharmacies on the island. However we did have other drugs in our kit. I went through the list of drugs we had, and the doctor suggested we give Hector a course of one of these drugs.

The doctor gave the following instructions: We should remove all sharp objects, all medication and all potential ligatures from Hector; we should ensure Hector is never left alone; and we should get Hector to some form of professional psychiatric care as swiftly as possible.

By this time it was dark. Transport out of the village was incredibly dangerous. I deemed it unsafe to attempt that journey at night, especially now that Hector had calmed down.

The nearest appropriate medical facility was two days travel away.

The teachers and I devised a plan. Pat had the best medical experience of the three of us. So the next morning Pat would accompany Hector to the nearest appropriate medical facility. We consulted the itinerary, and agreed various options for Pat to rejoin us if this were possible. Hector's condition meant we ignored the usual policy of adults not sharing a bedroom with students: Pat would share a bedroom with Hector for the journey to hospital in order to ensure he did no serious harm to himself.

Pat and I removed all sharp objects etc from Hector, from his luggage, and from his room. Hector was very keen to help. The experience of hearing voices had distressed him greatly. He was no longer resistant to getting medical help. Rather, he was very very keen. He was worried about his health, his sanity, his very life.

Day 19. Pat set off with Hector. As they were en route, Pat got in contact with us: if Hector was spending all this time getting to a hospital, and given that the hospital was only a few miles from the international airport, would it not be as well for him to return home. There were direct flights home from this airport. The other teacher and I discussed this, and it seemed a most excellent idea. I got in contact to the expedition company, and they also agreed. They said they would fly someone out to meet Hector and Pat at the airport. Hector and Pat stayed that night in a town mid way.

Day 20. At breakfast, Hector suddenly paused and then pushed the cutlery across the table to Jim: the voices were back, telling him to use the cutlery to harm himself.

The evening, someone from the expedition company met up with Jim and Hector at the airport. That night Hector boarded a flight home with his escort from the expedition company.

Meanwhile the rest of us travelled to a small, remote village from which we would begin our trek. Our plan was to set off the next day on a three day trek. We changed our plan to incorporate Pat's

return.

Day 21. We had a lovely day walk and returned to the village. That afternoon Pat rejoined us after some very complex travel arrangements.

We then had a series of other medical problems involving other students, some of which were complications arising from pre-existing conditions we had known about. We got more money from the expedition company to cover all the expenses relating to Hector's illness and repatriation.

What it felt like

I was very glad I had such capable teachers with me. The workload was often intense. In addition to supporting Hector, we had another situation that meant a teacher and student had to separate from the rest of the team for 24 hours. At one point we had four ongoing medical incidents, all with widely differing causes, in addition to Hector. And the expedition itself was complex, with multiple movements – we only once stayed in the same place for more than three days. All of these transport links and all of these changes in accommodation had to be made by the students, and they often needed a lot of support from me or from the teachers: for example, the first time you phone someone whose English is poor is an intimidating thing.

Despite the strengths of the leadership team, there were times on the expedition when we were exhausted.

Regarding Hector, as might be imagined, my feelings about the situation changed over the course of the expedition. At first I felt there was more going on than he was saying, and this feeling was niggling, and frustrating. Turns out this feeling was correct. I started off being frustrated that he had been so resistant for so long to seeing professional help, but in the end my frustration melted away, leaving only sadness that he was facing such a difficult time.

Mostly, however, I did not "feel" very much. I was very mission-focussed: there was a job to do, and so I got on with it. I was helped in this equanimity by my previous training and experience in resolving complex situations. Although I was often weary, I was never close to being overwhelmed. I think the support I received helped greatly in this.

I felt my relationship with the expedition company was smoother, as well. I felt no great times of irritation or anger.

Reflections

I think my use of frequent communications by e-mail helped my relationship with the expedition company and with the teachers (i.e., letting the expedition company what was going on without actually asking for help). These added to our workload, yes, but writing these e-mails had benefits. The expedition company had fewer surprises. The e-mails provide a record of situations developing. Also, I think writing these advisory emails were of great benefit during the expedition. It forced me to get my own thoughts straight, and provided a focus for the teachers and I to share ideas and to agree on courses of action. Finally, these advisory e-mails have provided a great audit trail, and were most useful for constructing the narratives in this thesis.

Regarding the situation with Hector, I have wondered whether or not we should have sent him home earlier. However, sending him home when he did not want to go home may have provoked a different kind of mental health emergency, so I think it was good that he remained as long as he

did. Also, I am content with the decisions we made with the information we had available at the time. However, I could see the arguments for an earlier repatriation too, and this might have been better in the end. Or not.

The expedition company did a great deal of communication with the families of the students during medical incidents. Sometimes this added to our workload, for example a request for an additional update. Most of the time it was clearly beneficial. Some students said they did not want their parents to be told "because they'll just worry and make a fuss." Despite their protestations before we made the calls, by and large the students were pleased that parents were kept informed and parents were asking after them. Sometimes we offered to arrange phone calls with their parents, and sometimes that offer was accepted.

The students made effective use of social media to communicate with their families during times of illness. I suspect the asynchronous nature of messaging, emails and Facebook allow for communication to be free of a lot of the emotional intensity of speaking to each other, and in emotive circumstances, this buffer appeared to benefit the students. It was usually their preferred way so communicating with family. Taking time to write a message also allowed for a reduction in emotional intensity.

Though there were times when it was important to "hear their voice" during a phone call.

Influence on my practice

This experience really showed me the value of advisory emails, even if I have already made phone calls. I have used them on subsequent expeditions to good effect.

The writing of advisory emails has also had benefits in managing relationships with students. They have provided reassurance that we are taking things seriously. They have also acted powerfully to correct dangerous behaviour: again, by showing that we are taking the matter seriously.

I have become more in favour of the use of social media during expedition. In part as a way of communication during difficult times, but mostly because social media seemed to provide a support to people. Being in an on-line world that was familiar and where you have control appeared to bolster morale and help people cope.

Narrative 25: Family emergency back home - Addison

There were two teachers, the students and I. One of the teachers was called Addison.

We had been on expedition just about ten days. We were carrying out a community project in a primary school in a city. One of the tasks the students engaged in was giving some class lessons. It was harder than they had expected. A couple of the students said they were disturbed by the experience: they were starting to look at their own teachers as if they were actually people. Whilst we were working at this school I got a phone call from the expedition company. They asked me if I could talk to them without being overheard or interrupted. I found a suitable place. They told me that a very close family member of Addison's spouse was in hospital. The situation was very serious. They said the hospital was recommending that Addison return home as soon as possible to be with their family member because they might die very soon. They asked me to tell Addison as soon as possible, as clearly as possible, and as kindly as possible. They offered to arrange Addison's travel home.

With the expedition company still on the phone I took a deep breath, found Addison, and asked to have a quiet word. I think Addison could tell from my demeanour that something was wrong. I gave the news as simply and as clearly as I could. I said that we would do everything we could to help. I then gave Addison the phone to allow for any further questions. As Addison spoke on the phone, I went and informed the other teacher. We then quickly spoke with our local contact who was on site, and they immediately offered to accompany Addison to the airport. I was back with Addison whilst the call was still in progress.

Addison finished the call, returned my phone, and hurried off to pack. I asked whether Addison would like to say goodbye to the students: No was the firm answer. Addison didn't want to talk with me or with anyone. Addison just wanted to get packed and get to the airport.

Within half an hour of me receiving the call a taxi arrived, and Addison hurriedly got into the vehicle with our local representative, and drove off. Addison was visibly upset.

Some of the students noticed this.

As soon as Addison left, I called the students together and explained the situation. At Addison's request we had not informed the students until now. The students were shocked. The other teacher and I decided to give the students some time alone to process this news.

It took 24 hours to get Addison on a flight home.

We heard later during the expedition that the condition of Addison's family member had started to improve after a few days.

Because the other teacher was female and I am male, this meant that we still had one female and one male adult leader for our mixed group of students. Even with only the two of us the new expedition's staff ratio was still within recommended limits. So we continued the expedition without getting a replacement leader.

If the other teacher had been male, or if the staff ratio had exceeded 8 students per adult leader, then the expedition company would have sent out an additional leader.

What it felt like

It was a shock, to be sure.

Possibly a bigger shock for the students than for me. I am old enough and have enough life experience to recognise how fragile life is, and how suddenly death can come knocking at the door, but many students had not had such a close encounter with mortality. Also, the students had only just begun to view the teachers as people. They had never expected to see a teacher so vulnerable.

It was very pleasing to experience the way our local contacts and the expedition company worked so quickly and so effectively to get Addison home.

Reflections

A sobering reminder of the fragility of life.

Influence on my practice

This story frequently features (in an edited form) in my pre-expedition training and briefings, especially for parents of the students. It emphasises the importance of the family members being aware of the emergency contact details for the expedition, in case something arose outwith normal office hours. I use it to emphasise the efforts the expedition company will take should there be a family emergency that would require their child to return home. I also use it as an example of the importance of preparedness: on expedition we cannot control everything, and events back home can reach out to us on expedition, and we need to be able to respond. I also use this story with the teachers to emphasise the mortality of myself and the teachers, and that the teachers may find themselves having more responsibility than they had anticipated.

Narrative 26: When I reported unexpected hazards: once my warning was welcome, once unwelcome.

Part of the expressed benefit of working for a large organisation that runs many expeditions is the ability to swap information between other expeditions. Part of the explicit role of an expedition leader is to recognise an unusual occurrence or a near miss. These are circumstances where nobody came to harm, but under slightly different circumstances could have resulted in an incident or injury. As part of the formal operating procedures

All the expedition companies I have worked for have formal operating procedures for their expedition leaders, and these have all included some form of formal requirement for expedition leaders to report an unusual occurrence or a near miss. These are circumstances where nobody came to harm, but under slightly different circumstances could have resulted in an incident or injury. There are also formal requirements to report significant hazards that are encountered but which were not present in the formal risk assessment.

I was on a school expedition that lasted a month. The expedition included an multi-day trek through high mountains, and it also included some time visiting well-known tourist attractions in cities. On this expedition we twice encountered unexpected hazards and had to take avoiding action. Both times I reported these to the expedition company.

The first incident.

The first incident was on the trek. This was an multi-day trek that crossed a very high altitude mountain pass. The trek had been used for many years by the expedition company. There was a detailed briefing for the trek with day-by-day listings of what that day's trekking would entail, with a special focus on hazards. On the last two days of walking we encountered several hazards that were not documented. Each time I carried out a dynamic risk assessment and decided that the risk was well within the capabilities of the group, taking into account the skills and experience of the students, teachers, guides and myself, and also bearing in mind the equipment we had. But the last hazard was different. A few kilometres from the end of the trek we were traversing along the side of the mountain, with steep and unstable slopes up hill to our left and a sheer drop to our right. Here we encountered an ice field that crossed our route, descending from the steep ground on our left and ending at the edge of the cliff. If someone slipped on this ice, there was a high risk they would slide down slope and over the cliff. Given the nature of the terrain we were unable to safely go round this ice field. The only way to safely avoid this ice field would have been to retrace our steps, and the team lacked the energy and the food to safely walk back over the high pass we had crossed earlier. To add to the pressure we could see a storm moving up the valley towards us. The ice field was dangerous because of its location and also because it was decaying. It was slowly melting, and as it did it released occasional rockfalls down onto our path. It is impossible to make a group safe from random rockfall onto the path. All one can do is manage the group in such a way as to minimise one's time in the area of hazard.

Seeing no possible alternative, the guides and I used rope and ice axes to cut a level path and set up a system for traversing the ice field in as safe a way as possible. We arrived at our campsite at the road at the end of the trek within 40 minutes of crossing the ice field. Light rain started before we reached our camp, and so we immediately put our tents up. The rain became extremely heavy about fifteen minutes later, fortunately after we had our tents up, so we could shelter from the storm.

Once we were all safe I sent a text to the expedition company to inform them of this unexpected

hazard (we were in an area where text messages were the only form of communication). The expedition company texted back asking me to take a photo if I could. The road was on the opposite side of the valley from our path (with a large and fast river in between), and next morning we drove down that road. We stopped opposite the ice field and I was able to take a photograph. That evening we were able to make phone calls, and I had a 45 minute conversation with the expedition company about this ice field. The expedition company asked me repeatedly if I thought it would be safe for other groups to do the trek after us, and each time I answered that I lacked the skills to predict the conditions of the ice in several days time, but that I was in a position to give an accurate record of its current condition. The expedition company also asked several times if I could get in touch with the leader of another expedition who had just started this trek and were therefore heading towards this hazardous ice field, but I said I did not have their telephone number information, and besides, I was in an area where I could only make phone calls for short and unpredictable times. Also, if there was another group actually on the trek, there was no way I could physically meet them until they had completed their trek.

The following day we passed along the same road again, and I noticed that large sections of ice field had moved over the intervening 24 hours. I stopped at the same point as before and was able to take another set of photos showing that movement. Seeing just how unstable the ice field had become, I sent another text to the expedition company with this latest information on the instability of the ice and hence the seriousness of the hazard. I then received further text messages asking for more information. Once we arrived back in town I was met by the local expedition company representative who gave me and the guide what felt like an interrogation about this ice field. I exchanged several e-mails with the expedition company, and spent almost an hour trying to download my photographs and emailing them. I then had a further long phone call with the expedition company. I felt very pressurised by these conversations. It felt as if the company wanted me to say that the trek would be safe for future groups. My response was to keep saying that I could report on the current condition but could make no predictions as to what things would be like in a few days.

The local expedition company representative and the expedition company call taker both said to me that they had found it difficult to contact the expedition leader of the group that was currently on this trek, to which I had nothing useful to say.

During the course of this set of intense conversations, the guide who had been with us said that he had been with a previous expedition leader about ten years ago, and this expedition leader had said this trek was a serious trek, and not a "medium grade" trek as the risk assessment had said, and for a year or two afterwards teams tackling this trek carried extra equipment to help deal with ice and snow hazards. Over time the amount of equipment allocated to groups on this trek had gradually declined because for a few years there were no serious ice fields to cross.

Eventually, almost 48 hours after I first reported the hazard, the expedition company decided to attempt to contact the other team and tell them to abort the trek before they crossed the high pass.

In the end, that team had abandoned the trek before the high pass. This was due to illness amongst the students. So in the event they did not need to hear of the undocumented hazard.

The second incident

Later on in the expedition, we were staying in a city near some tourist attractions. We booked into

a hostel recommended by other groups. We arrived just before dark. Later that evening, some of the students reported that the electrical sockets had fallen out of the walls. I looked, and, sure enough, the electrical sockets had fallen out of the walls. I got them moved to a room where the plug sockets were all in the walls. Closer examination of the rooms we had showed that many of the plug sockets were loose. I decided it was unsafe to remain in this hostel. However, by this time it was well after dark, the team was tired, and we were in a city with a reputation for crime after dark. I decided it was least dangerous to remain where we were and to move out the next morning.

I informed the expedition company of this unexpected hazard. They thanked me for my information and said they would pass it on. We said we were moving to another hotel, and the expedition company agreed with my decision.

What it felt like

As I said above, when I was reporting the hazard on the trek, it felt like I was on the receiving end of a hostile interrogation. I was repeatedly asked if I was sure about what I was saying. The phone calls and face-to-face conversations felt very high intensity. People had serious faces and serious voices, and were constantly asking me if I was sure. Also, it took a lot of time. On an expedition there is often a great deal of work to be done, and I estimate that over a 48 hour period I spent between 5 and 7 hours in communications with the expedition company about this topic. The conversation about the unsafe accommodation was completely different: my report was accepted without question, and we easily agreed a course of action, with the whole phone call taking less than five minutes. I was struck by the extreme contrast between these attempts to inform the expedition company of an unexpected hazard.

The whole experience left me feeling that I don't want to report anything "bad" ever again. It was such hard work at a time when I was tired from the trek and also had a lot to do with looking after my clients.

Reflections

Looking at these two incidents from the perspective of the support staff back at the expedition company, it is clear that the decision to tell people not to use *hostel X* is an easy thing to do. There are many other hostels in that city to choose from. The cost of making this happen is low.

However, if you tell people not to do *trek Y*, then there may not be many other similar treks to choose from. Does this mean that people do not do any trekking? There is a big gap in their schedule to fill. Also, people are unlikely to have gone on expedition with the express purpose of staying in *hostel X*, but in contrast *trek Y* is likely to have featured strongly in people's preparations and aspirations. So there may be a high degree of disappointment in not doing *trek Y*.

It becomes even more complicated if people have already begun the trek. It may be impossible for them to do anything other than retrace their steps. The group may even have reached a point where retreating from the trek would take more time than continuing, and this could have complicated logistical implications. The emotional impact of pulling back when you are well on your way can also be high.

Finally, the cost to the expedition company of finding an alternative trek for subsequent groups

might be far higher than the cost of finding alternative accommodation.

Having said all of that, the consequences of ignoring a safety warning can be severe. There may be multiple casualties in a remote area where rescue is complex and expensive. In addition to the risks of injury there are also risks to the careers of individuals and to the commercial future of the organisation. Given these risks, I was surprised at the multiple interactions I had with the expedition company.

On further reflection, I realised my views have never been subject to scrutiny when I have said that all is well. On many expeditions I have been asked if this project or that trek has gone well, and I have never been asked for evidence to show that the project or the trek were safe. And yet from a safety standpoint, is it not more dangerous to mistakenly say that things are safe than to mistakenly say things are dangerous?

Influence on my practice

If I suspect the news I give will be unwelcome, then I take pains to gather evidence. I speak reasonably and without heat. I say what I know, and try my best to avoid being drawn into speculation beyond the evidence or beyond my skills. I brace myself for a rough reception. I accept that there may be a high cost in terms of my time, but accept that this price may be worth paying in the longer run, either for my group or for others. I try to write everything down so there is an audit trail. If I have a conversation in person, on the phone, or via SMS: I make contemporaneous notes. As soon as I have opportunity I send a confirmatory e-mail detailing what I understand the key points to be.

Narrative 27: Danny and John and the collapsed bed.

We were in a hostel in a town, part way through our expedition.

John and Danny were male students. There was a bit of down time. John plonked himself on his bed (a bottom bunk) to read his book. Danny decided to dance. He danced on his bunk, which was the top bunk above John.

The top bunk broke, and a large bit of wood struck John's shoulder. I was concerned about the student's arm, but John said it was ok, just a bit sore. The teacher said it was nothing serious. I decided that John should see a doctor as soon as possible, so off we went.

The doctor said the shoulder was bruised, nothing more, and John would be fine. No further action was needed.

What it felt like

I thought – Oh no, here we go again, another student gets injured whilst messing about.

I was very aware of the possibility of serious injury given what had happened in my recent expeditions when we had had serious casualties.

Reflections

Looking back, I realise I treated this as if it was an emergency, but now I think it wasn't one.

That said, I am glad we went to see the doctor. We were in a town where there were good medical facilities, so there was little or no disruption in going to the doctor.

Influence on my practice

This made me realise I had become hyper-sensitive to the possibility of emergencies and serious injuries. I needed to recalibrate my decision-making.

Narrative 28: Sarah's rash.

We were in a town with reasonable medical facilities. We planned to be there for the next couple of days.

Sarah, a female student, came to me and said she had a rash on her back. She had no other symptoms.

It was possible to examine her rash without her taking off her shirt, so I found a place where I could examine Sarah in the presence of a female member of staff, but where Sarah was out of sight of passers by. I examined the rash, took a photo of it, and decided I would like to take her to a doctor.

I phoned the expedition company, who said I should wait for a few hours. If the rash got bigger, I should take Sarah to the doctor, but otherwise, just wait. I argued a bit, but decided to comply. I took a photo of the rash on Sarah's back.

After an hour, I examined her back again with the same precautions regarding child protection, and took another photo. It seemed the rash had not changed size. I asked Sarah about other symptoms, and she had none. After a second hour I repeated the exercise, and still no change, or perhaps the rash had settled down a bit. That evening, I told Sarah to come and get me or the teacher if she felt unwell during the night.

The next day I examined her again, and this time the rash had clearly got smaller, and Sarah was still feeling ok.

What it felt like

This event happened after I the expedition where Parmprit allergic reaction, and after the expedition where Ade had an allergic reaction, and so I was very sensitised to the possibility of serious allergic reactions.

I was worried this might be happening again, and I found it hard to wait.

However, the rational part of me knew there was a hospital nearby, so there was no need to take emergency action *now*.

Reflections

This made me realise I had become hyper-sensitive to the possibility of emergencies and serious injuries.

Influence on my practice

This event reminded me of the importance of context: unlike with Parmprit, the fact that we planned to remain near a hospital for the next few days meant there was no urgency to take Sarah to a hospital.