



charity number 1086112

Guidelines for the Conduct of Work Parties

Introduction

The aims of CCT's work parties are primarily 1) to keep the Navigation as free from Floating American Pennywort as possible in order to maintain water quality and enable the Navigation to operate properly and 2) to remove litter which is not only unsightly but also has a negative impact on the environment 3) to undertake such other relevant tasks along the Navigation and its environs that are in line with the Trust's Charitable Objectives.

These guidelines are intended to support those participating in Work Parties and those coordinating and running in them. They are intended to ensure that Work Parties are run appropriately, and with due regard to:

- the valuing of volunteers' contributions
- the safety of volunteers
- the preservation of the environment and the importance of biosecurity
- the reputation of the Chelmer Canal Trust and its partners
- the safe use of all equipment
- the correct use of safety equipment
- the minimisation of risk to the Trust and/or the Trustees
- the adherence to the requirements of the Trust's insurers.

Volunteers give their time freely and their contributions to the maintenance of the Navigation and its environs contribute to the aims and objectives of the Chelmer Canal Trust. The Trust wishes to place the minimum number of requirements on the way volunteers participate, ensuring that participating in a Work Party is enjoyable and fulfilling. To ensure that Work Parties are conducted appropriately the following minimum requirements for the conduct of Work Parties have been agreed by the Board and only participants willing to adhere to them should take part in Chelmer Canal Trust Work Parties.

1. Participants in Work Parties

- a) You are expected to listen carefully to safety briefings, the procedure in case of an accident, and the 'plan of action' at the start of the Work Party. You should ask if anything is unclear, and ensure that the task you are requested to carry out is within your capability.
- b) When working on the bank care should be taken of ill-defined edges, vegetation disguising mud and water, etc.
- c) Participants should normally work in pairs or groups. Exceptions might be, for example, while litter-picking along a towpath.

- d) Participants should ensure that they work within their own capabilities. Care should be taken to avoid heavy lifting. Work must be done in such a way that the safety of other participants is always considered.
- e) All tasks undertaken should respect the importance of the natural environment and ensure our impact is as minimal as possible. For example, only such cutting back of vegetation as is needed to gain access should be carried out.
- f) Care should be taken not to obstruct members of the public, or in any other way diminish, their enjoyment.
- g) Equipment brought by participants or provided by the Trust should be used in such a way that it does not endanger other participants in Work Parties or members of the public.
- h) Lifejackets should be worn by anyone working on the water for whatever reason (e.g. working in a canoe, a coracle or a work boat). Lifejackets are not required during 'ferry trips' enabling land-based participants to access other areas of land. The work boat skipper will advise where passengers should stand or sit.
- i) Protective gloves should be worn where appropriate.
- j) Any open cuts or sores, either pre-existing or contracted during the Work Party, should be washed in clean water and covered with a waterproof plaster. When working on or near river banks there is always a risk of Weil's Disease (see Appendix 1) and because of working amongst vegetation the possibility of contracting Lyme Disease should also be considered (see Appendix 2), although the likelihood of either being contracted is very low.
- k) Clothing should be appropriate to the prevailing conditions. Strong non-slip water proof shoes or boots should normally be worn. Water proof trousers can be of benefit and warm clothing and a water proof top is advisable. In summer months clothing that provides adequate cover and protection against nettles and brambles, insects and the sun should be considered.
- l) Especially as much of the work involves removing non-native invasive species biosecurity is important. Participants should ensure that they observe the 'Check, Clean, Dry' principles for both clothing and equipment they arrive with, and before they leave. (see <http://www.nonnativespecies.org/checkcleandry/>).
- m) If leaving the work party before the end you should make the organiser aware that you are leaving.

2. Coordinators of Work Parties

- a. Risk assessments for all Trust activities will have been carried out and those responsible for coordinating Work Parties will have any particular or unusual risks, with ways of minimising them, drawn to their attention.
- b. All volunteers taking part in a Work Party should meet together at the start of the work party and be made aware of these Procedures.
- c. At the start of the session the 'health and safety' aspects should be explained to participants along with the tasks expected to be carried out, and the area in which they are to be done. Their attention should be drawn to any safety issues at that particular site or matters which might lead to unnecessary risk.

Introductory and Health and Safety Briefings should include:

- A welcome to all, and thanks for them attending.
 - Introductions, so that new members know who others are
 - Suggestions that new members should accompany more experienced participants
 - A description of what work will be done during the session, along with suggestions/negotiations of which participants will do what work
 - A description of what Floating American Pennywort is
 - Warnings about careful use of equipment and the risks associated with working along ill-defined edges of the waterway, working within own capability, etc.
 - Mention of the slim possibility of contracting Weil's or Lyme disease and the action to be taken
 - The need to respect and value the environment and keep any damage to, or cutting back of, vegetation, etc. to a minimum.
 - An explanation of the expected time and place for the Refreshment Break.
 - Procedures in case of accident or emergency (participants should be aware of the fact that there are locations where mobile phones are inoperative).
- d. While working on the water care should be exercised about allowing participants to work alone. There must always be at least one other person in the vicinity available to assist in the case of accident or emergency.
- e. Only participants who have undertaken a RYA Powerboat Level 1 Certificate, or equivalent, should operate any work boat.
- f. Lifejackets should be worn by all volunteers working on the water.
- g. When working from work boats safe working practices should be employed including only having on board those participants that are needed for the task.
- h. All tasks undertaken by participants must be within their own capability and not expose them, or others, to undue risk.
- i. A small First Aid Kit will be provided with each set of refreshments. All cuts and scratches should be washed immediately (with fresh, not river, water) and covered with a waterproof plaster. Advice should be given about the subsequent signs and symptoms of Weil's Disease and Lyme Disease (see comprehensive notes in Appendices 1 & 2).
- j. Young people over the age of 13, but under the age of 18, may take part in work parties as long as they are accompanied by, and under the direct supervision of, their parent or guardian at all times. Young people must adhere to the same guidance as other participants.
- k. Young people over the age of 13, but under the age of 18, who are members of other organisations (e.g Scouts, participating in Duke of Edinburgh's Award, etc.) may take part in Work Parties as long as it has been agreed in advance and they are accompanied by, and under the direct supervision of, their own staff at all times. Young people must adhere to the same guidance as other participants.
- l. Work Parties are intended to support the maintenance of the Navigation, mainly through the removal of Floating American Pennywort and litter; the work to be undertaken must be the work that has been planned.

- m. In general land on the towpath side of the Navigation is the responsibility of Essex Waterways Ltd. Land on the opposite side of the Navigation is private land. There is no right of access to this land, and trees, etc. are the property of the landowner. Any trimming back of overhanging vegetation should respect this.
- n. Care should be taken to ensure that the activities and conduct of Work Parties do not detrimentally affect the reputation of the Chelmer Canal Trust or its partners (e.g. Essex Waterways Ltd.)
- o. At the conclusion of a session the person responsible for the Work Party should ensure that all participants have returned and that all equipment is accounted for. 'Check, clean, dry' principles should be observed, where possible with all footwear and equipment being cleaned onsite before leaving. Anyone who stays behind after the end of the Work Party should be made aware that they are now responsible for themselves. The date of the next Work Party should be announced, as should any CCT events that will take place before the next Work Party.

3. Appendices

Appendix 1

Weil's Disease. See: <http://www.nhs.uk/Conditions/Leptospirosis/Pages/Introduction.aspx>

Appendix 2

Lyme Disease. See: <http://www.nhs.uk/Conditions/Lyme-disease/Pages/Introduction.aspx>

Appendix 1

Information relating to Weil's Disease (source: NHS Direct. <http://www.nhsdirect.nhs.uk/>)

Leptospirosis

Introduction

The disease leptospirosis is caused by leptospira bacteria. It is transmitted to humans by contact with the urine of rats, cattle, foxes, rodents and other wild animals, usually by contact with contaminated soil or water. There are many different types of leptospira bacteria, each tends to be associated with a specific animal species.

The most common bacteria in the UK is *Leptospira hardjo*, which is found in cattle and *Leptospira icterohaemorrhagiae*, which is associated with rats.

The bacteria enters the body via cuts to the skin, or via the nose, mouth or other mucous membranes. In most cases the infection causes a flu-like illness and severe headaches. The severe form of the disease (Weil's disease) causes jaundice and liver damage and carries a reported death rate anywhere between 4-40%. Only about 10-15% of affected people suffer this more dangerous form.

Leptospirosis is rare in the UK, and Weil's disease is extremely rare. However, Weil's Disease is a very serious illness, and must be swiftly diagnosed and treated.

Symptoms

Leptospirosis starts about 10 days (it can vary between 7-12 days) after infection with the bacteria, and may be so mild as to be unsuspected. In more severe cases it starts suddenly with:

- headache,
- fever,
- chills,
- severe muscle aches and tenderness,
- redness of the eyes,
- loss of appetite,
- vomiting, and
- sometimes a skin rash.

Many cases settle after a week or two, but in some people the liver, kidneys, heart muscle and brain linings (meninges) are affected. Jaundice occurs in only about 10% of cases. Jaundice, heart failure and meningitis are danger signs.

Other symptoms and signs include:

- diarrhoea,
- joint pain (arthralgia),
- bone pain,
- cough,
- sore throat,
- enlargement of the spleen (splenomegaly),

- lymph node enlargement (lymphadenopathy),
- enlargement of the liver (hepatomegaly),
- heart beat irregularities, and
- internal bleeding.

The pain and tenderness in the muscles can be very severe and is an aid to diagnosis. The headache is usually intense, sometimes throbbing, and is associated with severe eye-ache. If persistent, the headache may indicate leptospiral meningitis.

Some affected people suffer mental disturbances such as delirium, hallucinations, and even psychotic behaviour.

Diagnosis

The diagnosis is by history of exposure and clinical suspicion. Blood tests rarely confirm the illness in time to affect treatment but they may subsequently confirm it. Treatment with appropriate antibiotics should be initiated as early as possible. Untreated cases can progress to a more severe and potentially fatal stage. The Public Health Laboratory Service or hospital consultant microbiologist can offer advice and testing.

Leptospirosis is a notifiable illness in the UK, which means that the doctor who makes the diagnosis must notify those responsible for public health in their area.

Treatment

Leptospirosis is treated with antibiotics such as penicillin, streptomycin, tetracycline, and erythromycin. Treatment with these medicines is effective if given within four to seven days of the onset of the illness. For this reason, the diagnosis may often have to be made on the history and clinical signs.

Once organ damage has occurred, antibiotics are less effective and may even be undesirable. They may cause a severe reaction due to the release of toxic substances from the killed or dying bacteria. This is called a Jarisch-Herxheimer reaction and the symptoms include chills, headache and muscle pain.

Prevention

Leptospirosis can be prevented by avoiding water environments that may be contaminated with rat's urine or the urine of other animals.

If you are involved in farm work or veterinary work, or you are a water sport or caving enthusiast, you should take extra care (wearing protective clothing, for example) and be aware of the symptoms.

Appendix 2.

Information relating to Lyme Disease

What is Lyme disease?

Lyme disease, also known as Lyme borreliosis, is an infectious disease caused by the bacterium *Borrelia burgdorferi*. The disease is classified by the World Health Organisation as an infectious or parasitic disease. *B burgdorferi* belongs to the bacterial genus 'Borrelia'. These in turn are members of a larger family of bacteria called Spirochaetes.

How does Lyme disease infection occur?

In nearly all recorded cases it is transmitted to humans by the bite of a tick infected with these bacteria. [1] In a population of ticks, only some will carry the infection. LDA has raised concern and highlighted [the need for further research](#) in this area, to resolve ongoing uncertainty concerning the possibility of alternative means of transmission such as congenital or via sexual contact.

What is Borreliosis?

The disease resulting from infection with *Borrelia burgdorferi* is referred to as Lyme disease or Lyme borreliosis. There are many species of Borrelia bacteria worldwide, not all of them cause disease. Four species known to cause disease are present in UK ticks. They are *B burgdorferi* (sensu stricto), *Borrelia afzelii*, *Borrelia garinii* and *Borrelia miyamotoi*. [2] The first three are very closely related and all cause a broadly similar disease process; *B miyamotoi* is more closely related to the relapsing fever group of Borrelia. An infection caused by Borrelia bacteria can be termed a 'Borreliosis.'

How does Lyme disease start?

A clinical case of Lyme disease occurs when a person is infected by a tick bite. Symptoms appear on average 14 days after the tick bite. However the incubation period may last between two days and 3 1/2 months. [3] The bacteria can enter a phase in which they do not cause symptoms but are still present. They may still have the potential to cause active disease at a later stage. [4]

Is Lyme disease a new illness?

Studies of the DNA taken from ticks in the Natural History Museum show Borrelia bacteria were in the UK in Victorian times. However, although known in mainland Europe for more than a century, the first recorded case of an [erythema migrans](#) in the UK was in 1977 and the number of Lyme disease cases has been rising since then. [5]

Symptoms

What are the symptoms of Lyme disease?

Lyme disease can affect any part of the body and cause many different symptoms. The commonest symptoms relate to the person feeling unwell, having flu-like symptoms, extreme tiredness, muscle pain, muscle weakness, joint pain, upset digestive system, headache, disturbances of the central nervous system and a poor sleep pattern. In some cases an expanding 'bull's eye' rash appears on the skin. However, a rash in any form is not a universal symptom. If the rash does occur, it is termed [erythema migrans](#) or EM rash. It may manifest in a chronic form and be known as erythema chronicum migrans or ECM rash. The list of symptoms known to be associated with Lyme disease is long and diverse. The symptom pattern varies from person to person.[1]

What are the commonest symptoms at onset?

Early symptoms can include feeling unwell or 'flu-like', EM rash, headache, stiff neck, muscle pain, tender glands and sensitivity to temperature, sound and light levels.[1]

Does Lyme disease affect mental functioning?

Like some other diseases caused by spirochaetes, there is a possibility that the infection can cross into the central nervous system. If the infection proceeds along this course then symptoms that affect mental function may occur.[2]

Treatment

What is the treatment for Lyme disease?

Treatment is with antibiotics and is most effective if started as early as possible in the disease. Those treated promptly usually make a complete recovery. There is growing scientific and anecdotal evidence that suggests re-treatment, longer courses of antibiotics and possibly combinations of antibiotics may be necessary in some cases. [6,7] Treatment is aimed at reduction and elimination of the bacteria. If there is delay before treatment begins, there may be less chance of a full recovery. The outlook varies from person to person. Whilst it is extremely unusual for the illness to be fatal, symptoms can range from mild to very severe. It is not in a patient's best interests for the disease to remain untreated.

Will my doctor treat me for Lyme disease?

If you have this diagnosis your doctor should treat you. However, many doctors are not familiar with treating Lyme disease patients. Always try to keep your GP involved and informed. See the page [Resources/For patients](#) for information to give to your doctor. A worsening of symptoms called a [Jarisch-Herxheimer reaction](#) may complicate the start of treatment. This does not occur in every case but if it does further medical advice should be sought. Lyme disease is an infectious disease and the primary aim of treatment is eliminating the infection with the help of antibiotics. Other medicines may also have a place in treatment. Response to treatment varies from patient to patient.

Diagnosis

Is there a test for Lyme disease?

There are several [laboratory tests](#) that aim to detect this infection, however, none of them can be guaranteed to rule out Lyme disease. If positive they can be used to support the diagnosis.

How do I know if I've got Lyme disease?

Lyme disease is not an easy diagnosis to make. This is especially so if the patient has no rash and does not recall a tick bite. If a patient remembers a tick bite and then becomes unwell, Lyme disease is a possibility. Negative test results do not necessarily exclude a diagnosis of Lyme disease and the diagnosis may sometimes be made on clinical grounds alone. See our [Self Help](#) page.

Lyme in the UK

How prevalent is Lyme disease in the UK?

[The number of cases](#) confirmed by laboratory testing in the UK has risen from 346 in 2003 to about 1000 in 2015. Public Health England (PHE) acknowledges that confirmed cases do not necessarily reflect all the cases of the disease. PHE official estimates suggest there could be up to 3,000 new cases occurring in the UK every year. The true number of cases is not known, and is probably much higher. Since full recovery may not take place in many cases, the total number of people affected is accumulating.

Who gets Lyme disease and why?

In the United Kingdom, Lyme disease is known to be carried by the sheep tick, *Ixodes ricinus*, the hedgehog tick *I hexagonus* and the fox or English dog tick *I canisuga*. Ticks can also feed on deer, other small mammals such as mice and on birds. The sheep tick prefers to live in long grass, woods and moorland, although it does not occur exclusively in these habitats. The other two species of tick live mainly in the homes of their hosts (hedgehogs, foxes and badgers) but can be found wherever these animals travel. People who live or work in the parts of the country where the ticks are prevalent are likely to be at greater risk, as are those in urban areas with overgrown gardens or with extensive parks. However, cases of the disease are widespread and it is possible that the full picture of tick distribution is not yet fully understood. Anyone can get Lyme disease if a tick that is carrying the infection has bitten them.

Do other diseases accompany Lyme disease?

Several other infections can sometimes be found in tick saliva. These can also be transmitted as the tick feeds and may complicate the symptoms and outlook.

Can Lyme disease be prevented?

There are many measures you can take to protect yourself from contracting this infection.[8] There is however, no vaccine available at present. Prevention relies on people being aware of the risk that ticks present and using sensible measures to avoid being bitten. These measures include wearing suitable clothing and checking the skin for ticks. It is also essential to know how to remove a tick properly if it is still present and to go promptly for medical advice if you notice any symptoms.

References

1. Stanek G, Wormser GP, Gray J, Strle F. [Lyme borreliosis. Lancet. 2011 Sep 6;6736\(11\):1–13.](#)
2. Williams F, Ginsberg L, Brenner R, Cohen A. An exotic cause for confusion in the garden. [Pract Neurol. 2008 Aug;8\(4\):256–9.](#)
3. Logar M, Ruzić-Sabljić E, Maraspin V, Lotric-Furlan S, Cimperman J, Jurca T, et al. Comparison of [erythema migrans](#) caused by *Borrelia afzelii* and *Borrelia garinii*. [Infection. 2004 Feb;32\(1\):15–9](#)
4. Matera G, Labate A, Quirino A, Lamberti AG, Borzì G, Barreca GS, et al. Chronic neuroborreliosis by *B garinii*: an unusual case presenting with epilepsy and multifocal brain MRI lesions. [New Microbiol. 2014;37:393–7.](#)
5. Obasi O. Erythema chronicum migrans. *Br J Dermatol.* 1977;97:459.
6. Dillon R, O’Connell S, Wright S. Lyme disease in the U.K.: clinical and laboratory features and response to treatment. [Clin Med. 2010 Oct;10\(5\):454–7.](#)
7. Feng J, Auwaerter PG, Zhang Y. Drug Combinations against [Borrelia burgdorferi](#) Persists In Vitro : Eradication Achieved by Using Daptomycin , Cefoperazone and Doxycycline. [PLoS One. 2015;1–15.](#)
8. Goodyer LI, Croft AM, Frances SP, Hill N, Moore SJ, Onyango SP, et al. Expert review of the evidence base for arthropod bite avoidance. [J Travel Med. 2010;17\(3\):182–92.](#)