

Wilderness Awareness (Non-First Aid Certified Outdoorists)



This is ONLY a guide to help create awareness about the many emergency situation that can occur in the wilderness. To be properly prepared, please complete a Wilderness First Aid Training Course.

FIRST AID KIT BASICS

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| <input checked="" type="checkbox"/> Gauze | <input checked="" type="checkbox"/> Sugar or Frosting (for Diabetic Attacks) |
| <input checked="" type="checkbox"/> Bandages | <input checked="" type="checkbox"/> Duct Tape |
| <input checked="" type="checkbox"/> Triple Antibiotic | <input checked="" type="checkbox"/> Scissors or Picket Knife |
| <input checked="" type="checkbox"/> Latex Free Gloves | <input checked="" type="checkbox"/> Matches |
| <input checked="" type="checkbox"/> First Aid Response Forms | <input checked="" type="checkbox"/> Nylon Rope |
| <input checked="" type="checkbox"/> Sharpie Pens (To right information on skin) | <input checked="" type="checkbox"/> Emergency Blanket |
| <input checked="" type="checkbox"/> Saline Solution | <input checked="" type="checkbox"/> Triangle Bandages |

PREPARATION

Anytime you enter into an outdoor adventure where rescue assistance is hours or days away, you must prepare mentally that you may encounter a first aid situation, or you may become part of a first aid situation. The first step is having a plan. Be aware of the various situations you may encounter and pack the basic needs to overcome possible life threatening situations.

The most important role in a wilderness first aid situation is the follower. Before heading out on a trip, your group should establish who will be the “leader” in an emergency situation, who will be the caregiver, and who will be the communicator. All others need to be willing followers, available and willing to do the tasks that are assigned.

Leader: The leader is the person who will direct the overall scene and make the difficult decisions. If there are multiple victims, who needs immediate care first? Which followers should perform which necessary tasks? Which limited supplies should be used for which injuries? Should someone leave to contact help, or should the group stay together until the victims are well enough to evacuate themselves?

- The leader should be confident, calm, directive, and aware of the tasks that need to be performed in an emergency situation.
- The leader will most likely be the one writing down vital signs for the victims, as reported by the caregivers

Caregiver: A caregiver should be assigned to each victim, should not directly communicate with the victim (unless necessary), and should be wilderness first aid certified, or at least knowledgeable of appropriate treatments and how to take vital signs.

- The caregiver should always wear vinyl gloves, both to protect themselves from fluid borne diseases, and to protect the victim from further infection
- One caregiver should be assigned per victim unless there is not enough help to go around. If the caregiver must care for multiple victims, fresh gloves should be put on each time going from one victim to the other.

Communicator: The communicator's only purpose is to talk to the victim, and should speak in a friendly, calm, but assertive voice. No other people should be speaking directly to the victim. This is to comfort and minimize confusion for the victim who may be in pain and frustrated. The communicator is the emotional support.

- The communicator should take the SAMPLE history from the victim
 - S: Symptoms (what is wrong with the victim)
 - A: Allergies (all known allergies)
 - M: Medications (is the victim currently taking, or need to take prescription medications to help their situation?)
 - P: Pertinent history (what in the victim's medical history, in any way, relates to the incident?)
 - L: Last digestive intake (when is the last time the victim ate or drank? What is the last thing the victim ate or drank?)
 - E: Events leading up to the incident
- If the victim is in and out of consciousness, groggy or even unconscious, the communicator still needs to communicate with the victim. The calm but stern voice (reciting the alphabet, poems, telling random stories) will help reduce the onset of shock, which is a life threatening situation.
- The communicator should never say "you're going to be OK" (because you can't make that promise). Instead, tell the victim what steps are being taken to help in the situation, and be realistic about how long it'll take (rather than "help is coming shortly" let them know "we are X-miles away from the trailhead, someone is going for help, it may be X-hours before professional help will arrive.")

Followers: The followers are all other non-injured parties at the scene who can help out the situation. This includes sterilizing water, finding resources that can be used to help the victims, helping to move the victims if necessary, building shelters to protect the victims, creating emergency signals or trying to reach an emergency contact via cell phone/radio, being on the watch out for potential danger approaching, calming down any non-injured participants who may be hysterical, and more importantly being available to help when help is needed.

APPROACHING AN INCIDENT

The first thing to do, if you do come upon an emergency situation in the wilderness is to follow the three C's

- Check-**
- Check the scene for safety, for yourself
 - Check for conditions surrounding the victim
 - Inclement weather
 - Dangerous animals
 - Falling rocks or rising water
 - Check for resources
 - Does the cell phone or radio work?
 - Materials to shelter or move the victim
 - Water sources
 - Check the victim for life threatening symptoms
 - Unconsciousness
 - Breathing (check for at least 10 seconds)
 - Pulse
 - Open wounds the size of a quarter or larger
- Call-**
- Develop a call plan
 - Stay with victim (set up camp around them)
 - Call on phone or radio
 - Smoke signal/flares/whistles
 - Leave directional signs if the victim needs to be moved from the original location of the emergency signal (so responders can find you)
 - Send for help (2 people)
 - Do not send anyone away until all vital signs are recorded and full understanding of situation is established
 - Transport the victim (less serious injuries, short distance)
 - Who needs to be contacted
 - Know the emergency responder number for the area
- Care-**
- What first aid treatment needs to take place?
 - Which victims, if multiple, need the most immediate assistance?
 - Set up shelters around unconscious victims, rather than moving them
 - Get victims out of water and out of wet clothing
 - Make sure that unconscious victims are positioned in a way to allow breathing

PERSONAL FIRST AID KIT (Minimum)

- Triple Antibiotic
- Travel Bottle of Hydrogen Peroxide and/or Rubbing Alcohol
- Gauze and Bandage
- Duct Tape/Athletic Tape
- Latex Free Gloves and Zip Lock Bags
- Personal Medications (Team Green cannot provide medication for our participants)

15 COMMON INJURIES

This section outlines common injuries that may be encountered in the wilderness, and how to properly respond. This does not cover “how” to perform the wilderness first aid treatments, which is why a Wilderness First Aid Course is strongly encouraged.

Sterilizing water: boil for at least one minute, cool while covered until needed

Splints, Bandages & Transporting Victims: Take a Wilderness First Aid Course to learn how to properly transport or move a victim, and to apply splints and pressure bandages

Altitude Sickness

- Symptoms: Difficulty sleeping, unusual breathing, headache, swelling of hands and face, fatigue, nausea, dizziness, lack of appetite, vomiting, gassiness
- Notes: To prevent altitude sickness drink lots of water several days before the trip. Stay hydrated while gaining elevation, and avoid alcohol until you are acclimated. At higher altitudes the oxygen levels in the air thins, so your body is not able to intake enough oxygen with normal breathes.
- Treatment: Breathe deeply, and sleep at the lowest elevation possible (sleep less than 3000ft in elevation gain from the night before). If accessible, breathe from an oxygen tank until you are able to evacuate to lower elevation.

Bites (Snake & Spider)

- Symptoms: One or more fang marks, localized pain, swelling, nausea, slurred speech
- Notes: Individuals react to snake bites differently. Some snake bites may not contain venom. Be sure to get a good description of what the snake looked like, as this will determine how emergency responders will treat the victim. Do not try to “squeeze out” the venom as this will create further damage to the skin.
- Treatment: Clean the wound with sterile water, apply sterile dressing around the wound, immobilize the bitten area, keep the bite lower than the heart, evacuate immediately.

Bites (Tick)

- Symptoms: Tick will often still be attached
- Notes: When removing the tick, do not squeeze the body of the tick. Many tick borne diseases are caused by micro-organisms inside the ticks belly.
- Treatment: Using tweezers, clasp the ticks head as close to the skin as possible. Lift the tick from the skin directly perpendicular from the body part.

Blisters

- Symptoms: Redness around area of friction, looseness of skin, swelling with fluid
- Notes: Do not pop blisters! The fluid inside the blister contains helpful nutrients to protect the skin underneath. Blisters are caused by improperly sized shoes, creating friction on key parts of the foot. Wearing two pair of socks helps reduce direct friction on the skin.
- Treatment: Stop as soon as you start to feel a hot spot on the foot. Using moleskin, cut a hole in the middle of the strip the size of the blister. Place the moleskin over the blister so the blister is still exposed.

Broken Bones

- Treatment: Apply splint to immobilize the damaged area and prevent further damage.

Burns

- Treatment: Stop the burning and reduce the heat of the burnt area. Do so by applying cool, sterile water to the burnt area of skin, and remove all burnt clothing. Remove rings and watches as they may cause problems when the skin begins to swell. Apply antibiotic ointment and wrap in a dry, sterile dressing. Elevate the burnt area. Evacuate immediately.

Life Threatening Burns

Take Wilderness First Aid to learn the percentages of the body

1. Burns causing difficulty breathing, damage to nose and mouth
2. Partial thickness burns covering >15% of the body
3. Full thickness burns covering >5% of the body
4. Burns to head, neck, hands, feet, and genitals
5. Burns caused by chemicals, explosion, electricity or lightning
6. Partial or full thickness burns to a child or elderly person

Dehydration

- Symptoms: Thirsty, irritated, dizzy, headache
- Notes: A person is already 20 minutes into the cycle of dehydrations when they start to feel thirsty. To prevent dehydration, drink continually, before you feel the need to drink.
- Treatment: Drink water

Head/Neck/Back Injuries

- Notes: Any victim who is unconscious when you find them, was unconscious for more than 5 minutes, falls from a height greater than their own, has puss or fluid leaking from eyes/ears/nose/mouth, has indentation or bleeding from the skull, unequally dilated pupils, or has bruises behind ears or around eyes must be treated as a head/neck/back injury victim.
- Treatment: Stabilize the head, neck, and back to prevent any movement along the spinal column.

Heat Stroke

- Symptoms: Cool damp or red dry skin, difficulty walking, irrational confused behavior, elevated pulse rate, dizziness, thirst, headache, core temperature >105 degrees (F), symptoms continue even after treatment has begun
- Treatment: Decrease body temperature, remove or loosen tight clothing, place victim in cool, shady environment, apply cool wet cloths to skin (stop if shivering begins), give small sips of water, get victim to stay very still, evacuate victim by stretcher

Hypothermia

- Symptoms: Complaints of cold, shivering, difficulty using hands, core temp below 95 degrees (F), lethargy, confusion, slurred speech, stumbling, cessation of shivering
- Notes: Fleece and wools will retain body heat even when wet. If in the water, get the victim out of the water as much as possible (water conducts heat away from the body more rapidly than wind).
- Treatment: End exposure to the cold, replace wet clothing with dry clothing, wrap in a blanket or sleeping bag, protect skin from the wind. Start active rewarming (through body heat or holding something warm to the skin). Check for signs of shock

Open Wounds

- Treatment: Open wounds the size of a quarter or greater are considered serious injuries. In the case of all bleeding wounds, apply pressure until bleeding stops. If blood is free flowing, do not worry about cleansing. If blood is slow or has ceased to flow, cleanse with sterile water and dress with sterile bandages to prevent infection. Keep wounded area above the heart. If the wounded area is the head, have the victim lay down and elevate the feet.

Protruding Wounds

- Note: Do not remove the protruding object. The object itself may be blocking blood flow from a major vein or artery. Apply dressing around the protruding object. If the object is very long, cut the object down in size, but do not disturb location of object. If the protrusion is in the **eye**, bandage the damaged area, but also bandage the other eye (to prevent victim from moving both eyes)

Shock

- Symptoms: Restlessness, pale skin (inside of the lip), very rapid pulse at first followed by very slow pulse, cool damp skin, shallow breathing, pupils dilated regardless of light exposure
- Notes: Shock results from a trauma. It is the body's response by restricting blood flow to all areas of the body except for the vitals (brain, kidney, liver). If a person going into shock is not calmed down, the body will over exhaust and eventually shut off blood flow to even the vital areas.
- Stages: Shock is a process that will become fatal. Below are the immediate effects of shock instantly following a traumatic experience
1. Burst of adrenaline (lasts 2 minutes)
 2. Flooding of oxygen to the brain (creates uncontrollable laughter in a scary situation, irritability, anger, anxiousness)
 3. Paleness of skin (decreased body temperature and shivering)
 4. Removal of bowel contents (profuse sweating is a sign the kidneys are starting to fail)
 5. Thirst- Do not give victim food or water as it will cause vomiting, which will then lead to cardiac arrest. Wait at least 20 minutes and only provide enough water at a time to "wet the mouth" (1 tablespoon every few minutes)
- Treatment: Get the victim to sit or lay down (before they fall down), elevate the legs above the head, constantly talk with this person (distracting them from the seriousness of the situation will help calm them and restore proper blood flow to all areas of the body)

Stings

- Symptoms: Swelling at the site of the sting, stinger may still be intact
- Notes: Check if the victim is aware of any allergies to stings, and do they have proper medication for their allergy
- Treatment: Rake or scrape the skin to remove the stinger. Do no squeeze.

Unconsciousness

- Symptoms: Victim does not respond to verbal commands nor pain
- Note: Anytime you encounter an unconscious victim in which you do not know the events leading up to the unconsciousness, treat them as a head/neck/back injury victim
- Treatment: Check for breathing and pulse. Make sure airways are not blocked. Move victim away from water or falling rocks. Place victim in the modified Haines recovery position (*take Wilderness First Aid to learn how to properly move a victim into this position*). Create shelter around victim in case of rain or sun exposure.

RECOMMENDED COURSES:

American Red Cross

National Outdoor Leadership School (NOLS)