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## FIRST AID

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All Club activities involve some level of risk. While accidents are rare, and medical issues are usually of a minor nature, there are instances where people require medical treatment, and transportation by ambulance. In some cases, transportation by helicopter may be necessary.

To minimise risks, participants in Club activities should always:

- Be suitably clothed and equipped.
- Bring adequate food, snacks, and drinking water.
- Carry basic navigation equipment, such as map and compass – and possibly a GPS,
- Carry basic safety equipment, such as a whistle, and possibly a small mirror. (At least one member of the party should have a mobile phone, and a PLB should be taken on activities in rugged and/or remote locations).
- Carry personal medications (especially if they have asthma, diabetes, severe allergic reactions, heart condition, etc).
- Carry a first aid kit.

Participants must advise the leader in advance if they have any condition which might affect their ability to safely complete the activity, including:

- Medical conditions, such as asthma, epilepsy, diabetes, severe allergic reactions, heart condition, etc.
- Physical problems, such as weak knees or ankles, bad back etc, or
- Other conditions, such as fear of heights or inability to swim.

All Club members (and in particular Leaders) are encouraged to have a current First Aid qualification, such as *Simply First Aid*. Leaders and regular participants in activities in rugged and/or remote locations should also consider maintaining a *Remote Area First Aid* qualification.

These qualifications may be obtained through organisations such as *St. Johns Ambulance*, the *Red Cross College*, the *Bushwalkers Wilderness Rescue Squad*, and some private training organisations.

The Club will organise courses from time to time. Subsidies are available for Club members (especially Leaders) who undertake these courses.

All Club members are strongly advised to have an Ambulance insurance policy - even if they do not maintain other forms of private medical insurance.

Leaders should ensure that they have first aid skills and equipment to deal with typical medical issues or emergencies that may occur on their activity. If this is not possible, they should ensure that at least one member of the party has appropriate first aid skills and equipment.

First Aid should not be given without the consent of the recipient. If a person is unconscious, they are deemed to have implied consent. First Aiders should be sensitive to the privacy, modesty, dignity and cultural sensitivities of the recipient.

First Aiders (“*Good Samaritans*”) need not fear litigation if they come to the aid of someone in need. All Australian States and Territories have legislation to protect *Good Samaritans*, however First Aiders must act in “*good faith*”, without recklessness, and provide a standard of care appropriate to their training (or lack of training).

## FIRST-AID KIT

Every Club member should carry a first aid kit.

It should always include:

- Any personal medications that you require,
- Materials to deal with common problems – such as blisters, scratches and grazes, splinters, or a sprained ankle,
- Materials for use in the event of snake, leech or tick bite,
- Materials to deal with common symptoms – such as headache, pain, etc

Members should also carry appropriate preventative medications (such as sun block and insect repellent), and be suitably dressed and equipped for the likely environmental conditions – heat, cold, wind, rain, snow, etc.

People participating in multi-day activities, or activities in rugged terrain, should consider being prepared for a more diverse range of problems such as burns, broken bones, unsafe drinking water, etc.

Leaders (and other Club members with comprehensive first aid training) should consider whether they are equipped to deal with other medical emergencies resulting from asthma, allergic reactions, severe wounds, etc., and to deal with relevant risks such as hyperthermia, hypothermia, falls or drowning.

A first aid kit should be packed in a lightweight, sturdy, water-resistant bag. Commercially available first aid kits are usually unsuitable, however they can often be modified to suit your needs. Only small quantities of most things are required, so a number of small leakproof containers are useful.

Your first aid kit should be renewed after each use, and checked regularly – particularly before any major Club activity.

### **Typical components of a basic personal first-aid kit:**

- Compression bandage (for strains, sprains, snakebite, etc) – 7.5 cm wide
- Adhesive bandages in a range of sizes, and/or strip adhesive bandage,
- Scissors
- Needle or disposable splinter probe
- Your preferred pain relief tablets or capsules
- Sterile dressings
- Antiseptic (eg Betadine) swabs and/or antiseptic cream
- Sunscreen
- Insect repellent (preferably containing DEET or Picardin)
- Anti-inflammatory tablets and/or cream
- A small quantity of salt (for leech bites)

### **Possible components of a comprehensive bushwalkers first-aid kit:**

The final selection from this long list should be based upon your first aid knowledge, the types of medical issues that you are likely to encounter on the activity you are participating in, and weight and bulk considerations.

- A compact wilderness first aid book
- Asprin
- Your preferred pain relief tablets or capsules
- Strong pain relief tablets if you have them (...Forte)
- Anti-inflammatory tablets

- Antiseptic wipes or gel - for cleaning your hands before touching open wounds
- Antibiotic Ointment or powder
- Antihistamine tablets and cream to control mild allergic reactions
- EpiPen (if you have one)
- Antiseptic (eg Betadine) individually wrapped swabs
- Hydro-cortisone cream for skin inflammation and rashes
- Stings and Bites cream - with a local anaesthetic.
- Cold sore cream - if you are prone to cold sores sunlight and sunburn can trigger them
- Disposable gloves
- Adhesive bandages - a variety of shapes and sizes and/or strip adhesive bandage
- Strapping tape – both white & brown
- Non-stretch adhesive Tape (eg Micropore)
- Steri-strips (Butter-fly sutures, Adhesive Sutures, Adhesive Closures) - used to pull a small gapping cut together (or use adhesive tape)
- Gauze and non-adherent dressing pads - preferably sterile – in a range of sizes
- Elastic and crepe bandages - a few different widths - eg 6, 7.5 & 10 cm.
- Triangular Bandage (a low priority as a temporary sling can easily be improvised with clothing and a safety pin)
- Single-use eye drop capsules (eg Viscotears)
- Sterile eye pad
- Salt (small quantity)
- Tweezers
- Tick tool (available from pet shops)
- Scissors - curved medical ones are great!
- Splinter probe/remover
- Instant Cold Pack/s - useful with bruising, swelling and sprains.
- Emergency blanket - for use in an emergency to reduce heat loss from a person's body.
- Torch - wind up or shake type so you do not need to carry batteries.
- Pocket knife - a multi-purpose must-have tool!
- Insect repellent (preferably containing DEET or Picardin).
- Safety Pins
- Duct tape (also known as “duck” tape) - a small roll is all you will need!
- Moleskin - great for blisters and chaffing skin. Moleskin is artificial skin that you can cut to shape and stick to your own skin. It can be purchased in most pharmacies in a variety of brands and features.
- Sunscreen
- Lip protector - to provide moisture and protection from chapped lips.
- Clip-lock bags - in a range of sizes.
- Ventolin
- A few high energy lollies (eg Jelly Beans)
- Notebook and pencil

### **Don't forget your First Aid Acronyms:**

- DRABCD
- RICE

## DEALING WITH TYPICAL MEDICAL ISSUES IN THE BUSH

### Blisters

Prevention is the best cure! Ideally, new shoes and boots should be broken in and tested before you go on a bushwalk. If wearing new shoes, and in hot &/or humid conditions check your feet every few hours for signs of rubbing. Protect any irritated areas with tape, "moleskin", or adhesive bandages.

Some walkers find blisters are best prevented by wearing two pairs of socks, others pre-tape areas of the foot that are sensitive to rubbing.

There are several "artificial skin" preparations available to treat blisters. If fluid in a blister needs to be released, use a needle sterilized in a flame and cover with antiseptic and a dressing.

### Bites, Stings and other Annoying Things

**Leeches** are an unpleasant nuisance rather than a danger. They are generally only found in wet or damp forest areas. In leech infested areas wear clothing to minimize exposed skin and wear gaiters or pull socks over trouser legs. Spray footwear and lower trouser legs with an insect repellent spray containing DEET. Inspect for leeches at rest stops. Leeches can be readily removed with a little salt or strong saline solution. Profuse bleeding may occur but can be easily stopped. There may be irritation or itching a day or two later.

**Ticks** can be more of a problem, depending on the variety, but are not commonly found in the Blue Mountains. If walking in scrub in areas known to have ticks, spray footwear and lower trouser legs with an insect repellent spray containing DEET or Picardin (such as *RID*, *Tropical Rid*, *Tropical Aerogard*, or *Bushmans*). Inspect for ticks at rest stops. Don't touch or disturb a tick, but spray it with one of the preparations listed above, wait a minute, then spray a second time. As an alternative to insect spray you can apply *Lyclear* cream, which can be purchased over the counter at pharmacies. Dab on carefully, wait a minute, then reapply. You can either leave the tick until it falls off, or remove it with a 'tick tool' (available from pet shops), or fine (preferably curved) tweezers, or a piece of fine thread (such as dental floss) as close as possible to the skin to ease out the tick. Take care not to crush or squeeze the body during removal. The affected area may swell a little and itch for a number of days or even weeks.

People who are allergic to ticks should use an ether-containing aerosol spray such as *Aerostart*, *Wart-Off Freeze*, or *Elastoplast Cold Spray* instead of an insect repellent spray or *Lyclear*.

Repellents and anaesthetic creams are useful to minimize the impact of the irritation of bites or stings from ants, sandflies, march flies, mosquitoes, wasps or bees which may be encountered whilst walking in the bush.

Individuals who are allergic to particular insects should carry antihistamines or prescribed drugs for their treatment.

### Strains and Sprains

A *sprain* occurs when a joint is forced beyond its normal movement. The chance of a sprain can be reduced by wearing boots with good ankle support. Tiredness can be a contributing factor, so avoiding walking when tired, or stopping for sustenance will reduce the risk. Adjustable walking poles are becoming increasingly popular, particularly amongst older walkers, to minimize the stress on knee joints particularly during steep descents.

A sprain can be very painful but is not as disabling as a fracture or dislocation. If possible, cool and elevate the injured joint and apply a firm crepe bandage before continuing the walk after a

rest. Lighten the load of the injured party, ensure they are using a walking pole or improvised stick, and do not rush their progress.

A *strain* is caused by over-stretching a muscle or tendon and is indicated by pain and a loss of power in the injured area. Treat as for a sprain. A routine of stretching muscles prior to commencing exercise is recommended to help prevent strain.

## **Cramp**

*Cramp* is a sudden and painful involuntary tightening of a muscle. It is relieved by manually stretching the affected muscle, and then gently massaging the area while keeping it warm. When bushwalking in hot weather, failure to replace body salts lost through perspiration can result in heat cramps, but are avoided by making sure that when you are drinking a lot of fluid that you maintain an equivalent increase in food intake.

## **Minor Burns**

Cool the burn area immediately in cold water (wet cloth if not possible) and continue treatment for at least 10 minutes. Do not apply cream or ointment. Cover with a clean dry dressing. Any blisters which form should not be deliberately broken.

## **Snakebite**

Snakebite is more a fear than a reality. While estimates of the incidence of snakebite throughout Australia is several thousand a year, of these only about 300 require antivenom treatment and on average 1-2 cases a year result in death. Bushwalkers are not identified in the statistics as a high-risk group.

Unprovoked, snakes rarely attack humans. Therefore, do not disturb a snake in your pathway, simply alert the other members of your party to give it a wide berth. Always wear stout footwear and be observant. Take particular care in warm weather, long grass, hollow logs, near water or rocks in sunny positions.

In areas where snakes are prevalent it is wise to wear long trousers and/or gaiters. Although snakes cannot hear they can detect vibrations in the ground, so walk heavily to encourage them to instinctively flee from your path. When camping, use a tent with an integral floor and always zip up the doors. Use a torch at night.

Victims usually know they have been bitten. Symptoms may appear 15 minutes to 2 hours after the bite and may be mild or severe, depending on the species and the bite. Symptoms include: double vision, headache, nausea and vomiting, sweating, faintness, diarrhoea, chest pain, difficulty swallowing or breathing, swollen lymph glands in groin or armpit, drowsiness.

The principle of the treatment of snakebite is to reduce the amount of venom that reaches the blood stream by applying firm pressure over the bitten area and minimizing movement by the victim. The lower leg is the most vulnerable to snakebite when bushwalking. If a member of the party is bitten:

- Immediately apply firm pressure over the bite site.
- Lay the victim down and keep them calm and at complete rest.
- Apply a broad firm bandage to the bitten area and around as much of the limb as possible, without removing clothing if this means moving the limb. Bandage as tightly as for a sprain and work up the limb to include the joint above the bite site.
- Immobilize the limb with a makeshift splint.
- Constantly observe the patient for shock and respiratory failure.

- Dispatch other member/s of the party with knowledge of your location to bring outside help to transport the patient.

#### DO NOT:

- Deliberately disturb a snake.
- Walk in sandals or thongs.
- Cut or wash a bite - venom on bandages can be used to identify the snake, which is required to ensure the correct anti-venom is used.
- Apply an arterial tourniquet.

## Hyperthermia

Bushwalking in hot and humid weather interferes with the normal body cooling process of evaporation from the lungs and skin, and may lead to heat exhaustion. If this state is not recognized and treated promptly it may progress to the more serious and potentially fatal condition of heat stroke in which the body temperature rises due to failure of the heat regulating centre in the brain.

Guidelines to minimise the risk of hyperthermia:

- When walking in hot weather, drink plenty of water.
- Avoid activity in the hottest part of the day by planning to rise early, take a midday siesta or reduce the distance to be covered during the day.
- Plan mid-summer trips near watercourses and do not overextend the party.
- Wear a hat and avoid sunburn.
- Drink plenty of water before commencing the day's walking.

Early symptoms are thirst, muscle cramps and weakness, headache, feeling hot, faint, giddy and nauseous. The victim develops rapid pulse and breathing accompanied by excessive sweating. As the dehydration becomes more severe, the skin becomes hot and dry, with headache, nausea, vomiting and mental disturbance common prior to collapse and unconsciousness.

If a member of the party shows signs of hyperthermia:

- Assist the victim to rest in a cool and shaded area.
- Remove unnecessary clothing, sponge with cool water and fan the victim.
- In extreme cases immerse the victim in water or if this is not possible, cover with a wet sheet or tent.
- Give frequent cool drinks.
- Gently stretch any cramped muscles.

## Hypothermia

The gradual onset of the effect of exposure to extreme cold may be easily overlooked in the early stages. When the body loses heat faster than it can create it and the core temperature is lowered, the condition is known as hypothermia. It is responsible for several deaths each year in Australia.

Guidelines to minimise the risk of hypothermia:

- Carry and wear suitable clothing to ensure you always have adequate protection from the cold particularly when combined with wet and windy conditions.
- Ensure a regular intake of food (high calorie) and drink.
- Do not drink alcohol which accelerates heat loss.

- On overnight walks be self-sufficient and do not rely on reaching mountain huts for shelter.
- Avoid physical exhaustion by walking within your party's capabilities.
- Take particular care when walking with more susceptible people, such as young children, slightly built, weak or less fit individuals.
- Take into account that long stops or immobilisation due to injury increase susceptibility.

The early warning signs of tiredness, shivering and lagging behind and stumbling are a signal to assess the situation and take preventative action with respect to clothing, food, drink and rest. Difficulty unwrapping a sweet such as a barley sugar is a simple test for loss of usual co-ordination.

As body temperature continues to fall, mental and physical performance declines rapidly, often unbeknown to the victim. The danger signs requiring prompt action to prevent a potential fatality are uncontrollable shivering or a cessation of shivering, pain in the limbs, unusual or irrational behaviour, poor judgement, apathy, lack of co-ordination, exhaustion, confusion, hallucinations, slurred speech and blurred vision. The victim will feel cold to touch and is usually pale. Untreated they will collapse, pass into a stupor, unconsciousness and death.

If a member of the party shows signs of hyperthermia:

- Stop immediately.
- Protect the victim from the cold environment by finding a nearby or improvised shelter from the wind and the wet, and insulating the body from the ground.
- Put on extra layers of clothing and a sleeping bag if available, remembering to cover the head.
- Enclose in a waterproof layer, such as a large plastic garbage bag pack liner, bivvy bag, ground sheet or safety blanket.
- Huddle together to warm the victim by body heat from other party members.
- DO NOT attempt to restore body heat by massage, warming beside a fire or hot water bottles. External heating that is too rapid may actually cause the core temperature of the victim to drop.
- Give warm sweet drinks and easily digestible food if conscious.
- DO NOT give victim alcohol, cigarettes, coffee, tea or other hot drinks.
- Ensure other party members are adequately clothed and not in similar danger.

## **Prescription Medications**

Please note that prescription medications should never be given to anyone other than the person for whom they were prescribed.