# REVIEW of more COMMON FIRST AID EVENTS OFTC NOVEMBER 2024

The following notes cover cuts, bruises, breaks, sprains, wasp stings, allergies and choking.

## CUTS

Cuts and grazes are the most common injuries that happen to us trampers – usually from prickly vegetation, sharp rocks etc. Most are minor and require little more than a bandaid.
If the cut is more severe-

Control bleeding : Apply direct pressure over the wound. Place a small dressing over the area, and use your fingers (or the patient's fingers, if practicable) to apply firm continuous pressure for 2 minutes. If you have a glove use this on your hand, or put your hand inside a plastic bag if available.
Once any bleeding is under control, next step -

Clean the wound : Using what you have available, water from drink bottle, or saline, remove as much dirt and grit as possible to prevent infection occurring.

Dress and bandage the wound : Apply a sterile (preferably non stick) dressing and some extra padding, for protection over the wound, and bandage firmly.
Ensure it is not too tight by checking the circulation to the extremities below the wound.
If on the lower arm, a sling to elevate may make it more comfortable and reduce swelling.

Check for infection : If it is a multi-day tramp, look out for signs of infection – increased redness around the wound, increased swelling and pain, discharge.

In most cases, cuts can be managed adequately on a tramp.

Reasons for Evacuation : These mostly apply to multi day tramps, but in a case where the person's ability to continue the tramp is not possible, evacuation may be necessary.
Medical treatment needs to be sought if -
The wound is long and/or deep and it is obviously apparent that it needs surgical treatment.
The wound contains obvious excessive dirt or contamination
The injury is caused by an animal bite.
The wound exposes a a bone or joint space (such as a knuckle).
Signs of a serious infection (fever, chills, swollen lymph nodes or faint red streaks) develop. This could develop into a general septicaemia.

## BRUISES

These are caused by a knock to soft tissues which results in bleeding under the skin. Most bruises that occur on tramps are minor and of no real concern and will resolve in a fairly short time.
If more severe, ICE – ice – compression- elevation is the standard treatment to help reduce swelling and pain.
Paracetamol to help with pain.
Check for any further injury under the bruise.

## LIMB FRACTURES

On tramps these are the most common types of fracture.

Can be open – where bone protrudes through the skin, known as compound, or closed- skin remains intact above the fracture.
Sometimes, a deformity can be seen, or the person felt a 'snap'. In other instances, if the bone is broken, but not out of alignment, there may be no visible signs of a fracture.

Control bleeding : (If open fracture) Apply direct pressure over the wound. Place a dressing over the area, and apply firm continuous pressure for 2 minutes. If you have a glove use this on your hand, or put your hand inside a plastic bag if

available.
Once any bleeding is under control, next step -

Immobilise : Remove any rings on fingers. If fracture is open, keep as clean as possible by covering with a preferably non stick dressing, or clean plastic.
Improvise a splint, extending it above and below the fracture. Secure splint in place with a firm bandage above and below the fracture. Check the circulation of extremities. e.g. Is there any discolouration in fingers, any tingling in the fingers? If there are signs of nerve supply impairment, gentle traction on the limb, provided the patient can tolerate it, may be helpful before splinting.
Elevate : Once immobilised, elevate. A sling is useful for arms.

Treat for Shock : Keep patient warm, insulate from the ground. Provide reassurance and pain relief.

Evacuate or not ? :
A common sense assessment will determine whether an evacuation is required. If there is uncontrollable bleeding, then this is an emergency and evacuation to medical care is vital. If there is compromise to the circulation, or the fractured bone is protruding, this also indicates medical intervention is urgent to prevent permanent damage to extremities or infection. If the fracture is to an upper limb and the patient is reasonably comfortable and the track is such that the person is able to walk the required distance to the track end, then this is a reasonable decision.
If the fracture is to a lower limb, then any weight bearing can cause further damage, including bleeding, nerve and tissue damage. So, in this case, make the patient as comfortable as possible and arrange evacuation.

## SPINAL FRACTURES

Not common in our tramping activities, but could occur if a person fell awkwardly on head or back, or perhaps if a heavy rock fell across their back.

Look for:

- Any pain in the neck or back at the site of injury
- Any irregular shape or twist in the normal curve of the spine
- Loss of movement or sensation in the limbs.

If there is any suspicion of a neck injury, do not move the patient unless absolutely necessary. Reassure patient, and ask the them to keep their head still. Support the head neck and spine in alignment. Rolled up clothing on either side of the head can help with this. If moving is required, to insulate from the ground, or if vomiting occurs, this must be done with at least 3 people to ensure that support and alignment is maintained.
Urgent evacuation is required.

## SPRAINS and STRAINS

A sprain - injury to a ligament; a strain – injury to a muscle
A common tramping injury is a sprained ankle, occurring when the person rolls the ankle or twists it abnormally.
There is-
Pain, tenderness, swelling. Sometimes discolouration and bruising.
Depending on how the injury occurred, it is often difficult to assess whether the injury is a sprain or a fracture.
Initially,-

- Elevate
- Give pain relief
- Assess : by removing boot and sock, you can see if there is any deformity present, and any degree of swelling or discolouration.

If the person is able to put the ankle through the normal range of movements and is able to bear weight without too much discomfort, then, depending on the terrain and length of tramp, patient will most likely be able to walk out.
Support ankle with a brace, if available, tape or firm bandage.
If unable to bear weight, then the injury should be treated as a fracture, and person evacuated.

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## WASP STINGS

(more severe than bees as can sting multiple times, and a whole colony can join in the attack.)
Wasps often make their nests in dead fallen logs or tree root hollows. Some things to bear in mind to avoid disturbing a wasp nest :They are most aggressive in late summer and early Autumn.
Pay close attention to where you are placing your feet as you walk. Be particularly vigilant when stepping on, or over, tree roots.
Watch for wasps entering and exiting from holes/gaps in the ground.
When stopping for a break, or comfort stop, check the ground before taking off your pack or sitting down.
It is also worth thinking about tramping in a long-sleeved top, and wearing pants, when in areas with high wasp populations. Mt Grey over the summer months is the worst of areas around Christchurch. Any forest areas where there is a lot of honeydew, are also susceptible to wasps. Covering your skin will provide some protection. Wasps and bees appear to be attracted to the colour blue and can also be attracted to some perfumes.

If you do get stung-

Move away, 100 metres, as quickly as possible. Brush off wasps. Remove pack and clothing as necessary to make sure you have got rid of all the wasps.
Wash stung areas with water, if possible.
If practicable, make a cold water compress and hold it over the sting for 15minutes
Take anti histamine medication
Apply antihistamine cream to the stings
Observe the sting sites for worsening reactions – increased redness, swelling.
Look out for any signs of a possible severe anaphylactic reaction – swelling, particularly around mouth and throat, difficulty breathing, nausea, vomiting, rapid pulse, faintness, cramps.
An anaphylactic reaction may not occur immediately, it could be an hour or so later.
If a severe reaction becomes apparent, administer adrenaline via Epipen – epipen is a single dose of adrenaline and is injected into the thigh muscle.
Call for urgent help - locator beacon.

A bee sting is generally a single sting and the sting needs to be removed and localised symptoms treated as above. If severe allergic reaction occurs, treat as above.

## NETTLES

Wash with water to remove prickles. Apply antihistamine cream. Rubbing dock leaves over area may help.

## CHOKING

If the person can breathe, ask them if they are choking. Encourage them to cough, but do not hit them on the back. Reassure and stay with them until they have dislodged the obstruction and have recovered.

If they are conscious and can't breathe at all :
Give up to 5 back blows: With the person leaning forward, either sitting or standing, hit the patient between their shoulder blades using the heel of your hand. Check between each hit to see if the item has moved and the airway is unblocked.

If unsuccessful, give up to 5 chest thrusts:
With the person either sitting or standing, get behind them and wrap both your arms around their chest.
Place the thumb side of your fist in the middle of the person's chest.
Grab that fist with your other hand and pull sharply inwards and upwards.
Check between each thrust to see if the item has moved and the airway is unblocked.
If the airway remains blocked continue with back blows and chest thrusts.
Alternate between back blows and chest thrusts until obstruction is released.

If person becomes unconscious, call for help. Tilt head back and attempt to remove obstruction from airway. Commence CPR, regularly checking airway for dislodgement of obstruction.

References:

*Nols Wilderness Medicine -Tod Schimelpfenig*
*webmd.com/firstaid/fractures*
*Mountainsafety.org.nz*
*www.rei.com/learn/expert-advice*
*Peak safety and emergency management*

## Video Links

Lower Arm Splint

Upper Arm and Elbow Splint

Lower Leg Splint

Ankle Sprain

Use of an Epipen

Choking

Upper Leg Splint

This site has a good range of first aid videos:
Fundamentals of Wilderness First Aid

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## First Aid Kit

(as suggested on OFTC website – under R*esources / Equipment*) USE AS A GUIDE ONLY
Check at least once each year that use-by dates have not expired and other items are still useable.

- 2 disposable latex gloves
- 3 small skin cleaning swabs
- 1 Elastoplast dressing strip (7.5cm x 1m)
- 4 non adherent sterile dressing squares (50 – 100mm)
- crepe bandage (50 – 100mm x 1.5m), or Coban bandage
- scissors, tweezers, needle, safety pins
- 6 Bandaids, assorted sizes
- 8 Paracetamol tablets
- antihistamine tablets for stings
- personal medication
- notebook and pencil (not ball-point)
- a roll of strapping tape
- cramp medication, eg salt or cramp stop
- wound pressure dressing, eg small sanitary pad
- soluble aspirin (for chest pain)
- antiseptic (eg Savlon cream or Betadine)

It is a Club rule that a first aid kit be carried in your pack at all times.

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## Red Cross Smartphone App

Search the App Store or Google Play for “First Aid IFRC” to find it.

Press the Learn button to learn basic first aid and the Provide Help button for an emergency assessment procedure.