Wilderness First Aid Fundamentals

The period between the World Wars saw an increased awareness in personal first aid training. To cover all eventualities, from accidents at work to travel in foreign lands. The aim of these write-ups is to place additional knowledge on first aid and the application of first aid to the bushcraft community. A lot of the treatments that I will list are adapted from mainstream first aid to fit within the bushcraft life style, to assist with injuries which may be sustained during your Bushcraft treks.

I have set this write-up out so that it can be hopefully, followed easily. Starting off with the fundamentals then progressing onto to more detailed first aid for the Bushcrafter.

The following subjects will be covered over the coming weeks.

1. **FUNDAMENTALS** Aims, Emergency action plan

2.This section will move into the Airway Management, Rescue Breaths & Cardiopulmonary Resuscitation (CPR).

3. **TRAUMA TREATMENT** Internal & External bleeding, Shock, Burns & Scalds, Facial injuries,Head injuries, Spinal injuries, Chest injuries, Abdominal injuries, Fractures & Soft tissue injuries.

4. This section will go into improvised first aid using bushcraft materials & natural treatments.

SO WHAT IS FIRST AID?

First aid is the initial assistance or care of a person who becomes suddenly sick or injured. It is the care administered by normally the first person to arrive at the situation, the first line of attack in the treatment required to stabilise a patient?s condition this sometimes means the difference between life and death, or between a full or partial recovery.

THE AIMS

To preserve life, not just the life of the casualty, but also your own.
To protect the casualty from further harm, minimise any factors which will cause more harm to the casualty.
To relieve pain, keep the casualty comfortable. Remember pain will indicate the alertness of a casualty, but it will also cause anger and frustration, which in-turn can cause the casualty to come to additional harm.
To promote recovery, assist in the repair & rehabilitation.

EMERGENCY ACTION PLAN

In a first aid situation it is essential to formulate an "Emergency Action Plan" , this allow the first aider to treat injuries in priority and provide maximum attention to life threatening injuries, while continuing to give assistance to minor injuries.
The emergency action plan that we are going to look at has been tailored to fit within the Bushcraft world and not for general application within our commercial environments. This consists of five steps, *Safety, Response, Airway, Breathing, and Circulation*. These steps are commonly known as SRABC, and are the major consideration for everyone involved in the care and treatment of casualties within a bushcraft environment.

SAFETY

Once an emergency has occurred you need to ensure the safety of all those at the scene. The groups that you need to consider are: **YOURSELF , BY-STANDERS & THE CASUALTY.**

Take time to conduct an initial recce of the area looking for:

Bio-Hazards	Fire	Flammable Materials
Gases	Electricity	Unstable Structures
Fumes	Slippery Surfaces	Sharp metal edges
Smoke	Chemicals	Oncoming traffic
Risk of Explosion	Fallen Power lines	Fast flowing Water
Bombs or Bullets	Cross infection	Falling Masonry

All dangerous situations should be left to the emergency services, however if you have to tackle the situation yourself, only do so, if you can assure your safety and if it is the only way to prevent the casualty's condition from becoming worst.

RESPONSE
Check the casualty for a response by gently shaking the shoulders and asking loudly "Are you all right??" This is known as the Shake & Shout technique.

There is no need to aggressively shake a casualty to gain a response, just gently shaking the shoulder and talking loudly is an effective method and will awaken a sleeping person, or trigger a reaction in someone who is inebriated or sick. A casualty that does not react should be considered unconscious.

There are three levels of consciousness:

fully conscious - the casualty is responsive and alert and aware of time and place

semi-conscious - the casualty is drowsy or confused
unconscious - the casualty is unresponsive

If the casualty responds:

If the casualty responds by answering and appears conscious, leave them in the position in which you find them (provided they are not in further danger).

- Check the Casaulty's condition and get help if needed.
- Send someone for help, if you have assistance.
- If you are on your own, you may need to leave the casualty and go for help, but only if you can raise the alarm quickly and your actions will not put the casualty in further danger.
- Observe and reassess the casualty's vital signs regularly (skin colour, pulse, breathing and level of consciousness).

If the casualty does not respond:

- Check the airway.
  AIRWAYS

  Ensuring a clear airway is essential to allow the casualty to breathe.
- Check the airway is "Open & Clear"
- Place your hand on the forehead and gently tilt the head back to support and lift the chin to open the airway, lift the jaw forward to open the mouth.
  Try to avoid excessive head tilt if injury to the neck is suspected. If head tilt is necessary, tilt the head just enough to open the airway.

- *Airway Clear* - check breathing
- *Airway Obstructed* - roll casualty onto side remove any visible obstruction from the casualty?s mouth remove dislodged or loose dentures leave well fitting dentures in place.
- *Check breathing.*

BREATHING

Keep the airway open and check for normal breathing.

In the first few minutes of a casualty's cardiac arrest, sounds of gurgling, sighing or coughing may be evident, as well as movements of the chest and stomach. This type of breathing is ineffective, as it does not move air in or out of the lungs, and this will be confirmed by your look, listen and feel check.

Place your ear above the mouth and nose, listen & feel, look down the body for the rise and fall of the chest, but do this for no more than 10 seconds.
Look to see if the chest rises.
Listen for the sound of breathing from the casualty's mouth or nose.
Feel for the rise of the chest or for air against your cheek.

If Breathing Present:

- Roll into the recovery position.
- Check the casualty's condition and get help if needed.
- Send someone for help.
- If you are on your own, you may need to leave the casualty and go for help, but only if can raise the alarm quickly and your actions will not put the casualty in further danger.
- Observe and reassess the casualty's vital signs regularly.

If Breathing Absent:

Send someone for help if you have not already done so

- If you are on your own, give 2 slow effective rescue breaths, ensure the chest rises with each breath.
- Make up to 5 attempts to achieve 2 effective breaths, check for signs of circulation (even if breaths have been unsuccessful).
- Check circulation.

CIRCULATION

Finding a pulse can be very difficult, and is not always a reliable indicator of circulation in a collapsed casualty, so looking for other signs of circulation such as normal breathing, swallowing, movement, coughing, warmth or skin colour is essential.

- Check for signs of circulation.
- Look, listen and feel for normal breathing, coughing or movement from the casualty
- Check for carotid pulse only if trained to do so, otherwise use the radial, which can be found in the wrist.
- Take no more than 10 seconds to check for circulation

If Circulation Present:

- Continue rescue breaths until the casualty starts breathing on their own.
- If the casualty starts to breathe normally on their own but remains unconscious, turn them into the recovery position.
- Observe and reassess the casualty's vital signs regularly.

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If Circulation Absent:

If there are no signs of circulation, start chest compressions.

- Compress at a rate of 100 per minute
- Adult and older children - 15 compressions : 2 breaths
- Younger children and infants - 5 compressions : 1 breath
- Stop to re-check for signs of a circulation after 1 minute, and then every 2 minutes.
- Also stop to check if the casualty makes a movement or takes a spontaneous breath.

Only Stop CPR If:

- If the scene becomes unsafe.
- Another trained first aider arrives and takes over.
- Qualified help arrives and takes over.
- The casualty shows signs of recovery.
- You become physically unable to continue**.**