

FIRST AID OUTDOORS



The symbol  in this document means dial 999/112.

(See also end of document re. dialling 999/112 and Mountain Rescue.)

In any instance where self-evacuation or assisted evacuation is not possible, the rescue services will need to be called. Your decision to do this will depend on both the severity of the injury/illness and the distance from help/civilisation. If a case is sufficiently urgent for this, you will need to stay with the casualty, monitoring them until help arrives (remember the Casualty Report Form). The words 'monitor closely' in this document refer to monitoring vital signs, as in the Primary Survey.

If 999/112 evacuation is likely to be followed by an anaesthetic, the casualty should avoid food and drink (but they can wet their lips with water, if needed). However, those who probably SHOULD have food and drink are your hypothermic and exhausted casualties, and of course your diabetic emergency.

Even if self-evacuation is possible, in many cases the casualty should also be advised to seek medical advice afterwards.

Where possible, use disposable medical gloves before giving first aid, especially where blood is involved.

If dressing an arm or leg wound, remember to monitor circulation at the end of that limb (try to keep fingers /toes exposed).

In most cases, the casualty should be kept insulated from the ground, and sheltered.

If any medication is given (such as ibuprofen, paracetamol, aspirin), pass that information on.

This table largely summarises only what to do; for the most part symptoms are not given, except for a small number of less obvious conditions.

<p>PRIMARY SURVEY (looking for life-threatening issues)</p>	<p>Remember the mnemonic: Dr. ABC</p> <p>Danger</p> <p>Response level (AVPU) - Alert, Voice, Pain, Unresponsive</p> <p>Airway (make sure it's clear and open) ; if not, or problem > </p> <p>Breathing</p> <p>If conscious but with airway or breathing problem > </p> <p>If unconscious AND breathing >  > put in safe airway (recovery) position </p> <p>If unconscious and NOT breathing >  > (send for AED if available) > start CPR (30 compressions : 2 breaths)</p> <p>Circulation (priority is to identify any life-threatening bleeding)</p> <p>If any life-threatening bleeding > </p> <p><i>Monitoring vital signs: response level, breathing, pulse, skin colour, temperature</i></p> <p><i>Normal adult breathing: <10 – 30> Normal adult pulse: 60 – 80/100</i></p>
<p>SECONDARY SURVEY</p>	<p>(This to be done with a conscious casualty, and only when any life-threatening conditions have been stabilised.)</p> <p>History, Signs & Symptoms</p> <p>SAMPLE : Signs & Symptoms / Allergies / Medications / Previous medical history / Last meal / Event history)</p> <p>When assessing pain, remember 'pain score scale' 0 (no pain) – 10 (worst ever)</p> <p>Treat any injuries</p> <p>Include a head-to-toe examination, if appropriate</p>

SHOCK	<p><i>Symptoms: rapid pulse, cold clammy skin, sweating. Develops to: rapid shallow breathing, weak pulse, cyanosis (esp. inside lips), weakness & dizziness, nausea.</i></p> <p>☎ ; Reassure and comfort ; treat cause, if possible ; loosen any tight clothing at neck, chest & waist ; raise legs, if uninjured (head level or lower than rest of body) ; keep warm ; nil by mouth, and discourage smoking</p> <ul style="list-style-type: none"> • Monitor closely as in Primary Survey (shock can lead to unconsciousness)
BLISTER	<ul style="list-style-type: none"> • Blister plaster or sterile dressing ; if broken, clean area with sterile wipe first
FRACTURE	<ul style="list-style-type: none"> • It's hard to distinguish between a severe sprain and a fracture ; if casualty is unable to move or bear weight on the injury, then treat it as a fracture > ☎ • In summary, aim to immobilise (which will reduce pain) and splint • If an <u>open fracture</u>, firstly dress wound with sterile dressing and roller bandage (not too tight) – do not press on any protruding bone, nor clean (unless it's full of sheep poo in which case use saline solution, if available) • If necessary, painkiller can be offered (e.g. ibuprofen or paracetamol) • <u>Arm</u>: immobilise in position found, supporting with arm bandage and splint, if possible ; can use padding and additional broad-fold bandage round chest • <u>Leg</u>: immobilise and secure to good leg with padding and broad-fold bandage • <u>Pelvic and long bone fractures</u> (thigh and upper arm): this can lead to shock ; ☎ and evacuate urgently ; monitor closely ; nil by mouth if being evacuated
ANKLE SPRAIN / STRAIN	<ul style="list-style-type: none"> • (Rest - Ice - Compression - Elevation) Make comfortable ; cold compress ; soft padding, then bandage up ankle and part of lower leg ; elevate and support injured limb • If self-evacuation not possible > ☎ ; nil by mouth if being evacuated • If sprain is severe, treat as a fracture
FOOT / TOE INJURY	<ul style="list-style-type: none"> • Make comfortable ; dress any wound ; cold compress ; use padding and roller bandage ; keep elevated ; probable ☎ ; nil by mouth if being evacuated
LOWER LEG INJURY	<ul style="list-style-type: none"> • Lie casualty and make them comfortable ; dress any wound ; elevate, if possible ; if necessary > ☎ ; nil by mouth if being evacuated • If serious, splint injured leg to other while awaiting help, and monitor
KNEE INJURY	<ul style="list-style-type: none"> • Lie and make comfortable ; do not attempt to straighten knee ; use soft padding round knee, then roller bandage ; probable ☎ ; nil by mouth if being evacuated
HIP / THIGH INJURY	<ul style="list-style-type: none"> • If fracture > ☎ ; immobilize by padding knees and tying legs ; control any external bleeding ; monitor closely ; may need to treat for shock (but don't raise legs as may cause more damage) ; nil by mouth if being evacuated
FOREARM / WRIST INJURY	<ul style="list-style-type: none"> • <u>Wrist</u>: (Rest - Ice - Compression - Elev.) Treat any sprain as a possible fracture • Support forearm in arm sling (with splint, if available) ; for extra support can surround with padding and secure with broad-fold bandage round chest • If self-evacuation not possible > ☎ ; nil by mouth if being evacuated
ELBOW INJURY	<ul style="list-style-type: none"> • Immobilise with arm sling, plus probably padding around elbow, and secure with broad-fold bandage round chest ; if self-evacuation not possible > ☎

HAND / FINGER INJURY	<ul style="list-style-type: none"> Swelling likely, so remove jewellery ; apply sterile dressing to any open wound ; put arm in elevated sling with padding ; can also secure with broad-fold bandage round chest ; if self-evacuation not possible > ☎ If finger injury, pad between fingers, and tape to neighbouring finger
UPPER ARM INJURY	<ul style="list-style-type: none"> Support arm/elbow in arm sling, with extra padding between arm and body ; also probably broad-fold bandage round chest ; probable ☎
SHOULDER INJURY	<ul style="list-style-type: none"> Support arm in arm sling ; extra support can be supplied by broad-fold bandage round chest ; probable ☎
COLLAR BONE INJURY	<ul style="list-style-type: none"> Immobilise arm in sling ; can provide extra support with broad-fold bandage round chest with padding ; if skin-tenting or open fracture, or serious > ☎

DISLOCATED JOINT	<ul style="list-style-type: none"> <u>Elbow & shoulder</u>: support limb in comfortable condition (ideally the position you find it in) ; immobilize with arm sling (pad between arm and chest if necessary) ; probable ☎ <u>Finger</u>: protect with padding ; put in elevated sling <u>Knee</u>: if trained, and casualty will allow you, you may wish to put it back in (but it will probably swell so unlikely the casualty will be able to walk) ; otherwise make casualty comfortable > ☎
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HEAD / SCALP INJURY or WOUND	<ul style="list-style-type: none"> Use AVPU response scale to guide your treatment: <u>Mild head injury</u> (A = Alert, and the brain is functioning properly) Possible to walk them out, but monitor carefully <u>Moderate/Severe head injury</u> (V, P, U) ☎ ; make the casualty comfortable, usually with head slightly elevated ; If unconscious > put in safe airway (recovery) position If suspected concussion, compression or any worsening symptoms > ☎ <i>Symptoms: (some or all) headache, dizziness, memory loss, confusion, increasingly unresponsive, unequal pupil size, nausea, slow strong pulse</i> Continue to monitor levels of response (AVPU) while holding cold compress to any injury ; treat injury with sterile dressing and pressure (a scalp wound can be closed by tying hair) ; roller bandage round top of head (avoid nose/mouth) to keep any dressing in place ; sit or lie down with feet raised Painkillers are best avoided as they can mask other symptoms Be aware of a casualty complaining of neck pain as could indicate spinal injury ; maintain head/neck in neutral position > ☎
FACIAL INJURY	<ul style="list-style-type: none"> Unless clearly superficial, assume there is also damage to head or neck > ☎ ; place cold compress on injury to reduce swelling ; don't place any bandaging on lower part of face as may restrict breathing ; monitor closely

SPINAL INJURY	<ul style="list-style-type: none"> ☎ ; Casualty should not move or be moved unless in danger ; use padding or hands to keep head in neutral position until help arrives ; monitor closely If unconscious, priority remains with the Primary Survey, then place casualty in a modified spinal safe airway (recovery) position
RIB INJURY	<ul style="list-style-type: none"> Sit down ; place arm on injured side in sling or elevated sling ; casualty will benefit from some kind of pain killer (e.g. paracetamol or ibuprofen) ; probable ☎ ; nil by mouth if being evacuated ; don't let them carry a rucksack

COLLAPSED LUNG from broken ribs	<ul style="list-style-type: none"> • <i>May be the result of a chest injury</i> <i>Symptoms: shortness of breath, pale and clammy skin</i> • Sit them down ; OK to take painkillers ; depending on seriousness casualty may be able to walk, but probable 📞 ; insulate/shelter and monitor closely
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BLEEDING	<ul style="list-style-type: none"> • ABC – airway/breathing problems must be dealt with before treating wounds • Remember hygiene ; be aware that any severe bleeding can lead to shock, necessitating close monitoring ; keep head lower or level than rest of body • In summary, any serious bleeding > 📞 ; direct pressure and elevate (unless injury makes this impractical) ; keep warm ; monitor closely
MINOR BLEEDING - CUTS & GRAZES	<ul style="list-style-type: none"> • Clean wound with alcohol-free wipe, and try to remove any foreign objects ; dry surrounding skin ; use sterile dressing (and further dressing if necessary) ; elevate wound
SEVERE EXTERNAL BLEEDING	<ul style="list-style-type: none"> • Urgently 📞 ; lie them down, insulate from the ground ; apply direct pressure on the wound, dress with trauma dressing and treat for shock.
INTERNAL BLEEDING	<ul style="list-style-type: none"> • Urgently 📞 ; this may follow a fracture or blow ; often signs of shock without obvious blood loss (there may be bleeding from any orifice) ; treat for shock
BRUISING	<ul style="list-style-type: none"> • Cold water immersion, or cold compress for 10+ mins ; elevate to reduce swelling
BLEEDING VARICOSE VEIN	<ul style="list-style-type: none"> • Lie casualty down with leg elevated ; apply direct pressure with sterile dressing until controlled ; bandage firmly ; if the casualty is taking blood-thinning meds monitor for signs of shock ; if necessary > 📞
NOSE BLEED	<ul style="list-style-type: none"> • Sit quietly with head tilted forwards ; pinch end of nose ; up to 3 periods of 10 minutes, if necessary ; if severe, or lasts longer than 30 mins, probable 📞

ANGINA	<ul style="list-style-type: none"> • <i>Symptoms (which come on with exercise, BUT get better with rest): chest pain - may spread to jaw & arm(s), shortness of breath, tired</i> • Sit casualty down and make comfortable ; reassure ; (encourage casualty to take their angina medicine, if carried) ; if pain subsides after 10 mins of rest/medication, OK to continue ; otherwise suspect heart attack > 📞
HEART ATTACK	<ul style="list-style-type: none"> • <i>Symptoms: as for angina (above), but doesn't ease with rest</i> • <i>In addition (many symptoms may be missing, and can vary from person to person, and even by gender): abdominal discomfort, faintness/dizziness, may collapse, ashen skin, weak/rapid pulse, sweating, shortness of breath, general unwellness/feeling sick, anxiety (similar to panic attack)</i> • If suspected > urgent 📞 ; rest and make comfortable – a half-sitting 'W' position is good ; (take angina medication, if any) ; chew 300mg aspirin tablet (thins blood) ; monitor very closely until help arrives
CARDIAC ARREST	<ul style="list-style-type: none"> • <i>Symptoms include: loss of consciousness and abnormal/absent breathing, seizure-like movements ; this may be preceded by chest pain, shortness of breath, or nausea</i> • Urgent 📞 ; (attempt to locate nearest AED) > CPR (see Primary Survey)
STROKE	<ul style="list-style-type: none"> • <i>Symptoms & action: (Face - Arms - Speech - Time) maybe blurred vision, confused</i> • If suspected > 📞 ; rest, with raised head and shoulders ; loosen any tight clothing ; continue to monitor closely ; nil by mouth (as may have difficulty swallowing)

SEIZURE / EPILEPSY	<ul style="list-style-type: none"> • Don't restrain at all (you may wish to loosen neck wear) ; protect casualty from injury during the seizure • <u>afterwards</u>: care/reassure ; place in safe airway (recovery) position ; monitor ; if injured or the seizures continue, or casualty becomes unresponsive > 📞
DIABETES	<ul style="list-style-type: none"> • Can result in unconsciousness ; casualty may wear a warning bracelet • <u>Hypoglycaemia</u> (low blood sugar): • <i>Symptoms may include: a history of diabetes, weakness, faintness, confusion, sweating with cold clammy skin, rapid pulse, deteriorating response</i> • Aim to raise sugar level in blood ; casualty may carry own medication to use (glucose gel, glucose testing kit) ; otherwise give sugary drink (150ml) or food (unless they're losing consciousness) ; if condition improves, can drink/eat more ; if does not improve, suspect something else > 📞 • <u>Hyperglycaemia</u> (high blood sugar): • <i>Symptoms: warm dry skin, rapid pulse & breathing, sweet breath, drowsiness</i> • 📞 and monitor closely
FAINTING	<ul style="list-style-type: none"> • If <u>feeling faint</u>: (do not get casualty to sit on anything with head between knees, as they may fall) ; lie down, legs raised ; fresh air ; reassure and make comfortable ; they should only sit up/get up slowly • If <u>fainted</u>: Raise legs and wait for recovery ; if not fully responsive, but breathing > put in safe airway (recovery) position > consider 📞
CRAMP	<ul style="list-style-type: none"> • Usually relieved by stretching and massaging the affected muscles

HYPERVENTILATION (PANIC ATTACK)	<ul style="list-style-type: none"> • Reassure, in kind firm manner ; is there a history of this? ; remove from cause of distress to a quiet(er) place ; encourage to breathe more slowly ; if they fail to recover or you suspect something else > 📞
ASTHMA	<ul style="list-style-type: none"> • <i>Symptoms: tight chest, wheezing, shortness of breath, difficulty in speaking ; a severe attack may lead to cyanosis, confusion, even unconsciousness</i> • Reassure ; get comfortable (not lying) ; encourage casualty to use inhaler, as required. If no effect, or getting worse > 📞 ; monitor closely
ALLERGIC REACTION	<ul style="list-style-type: none"> • <i>Symptoms: may include red, itchy rash/eyes ; swelling of hands, feet and/or face ; abdominal pain, vomiting, wheezing & breathing difficulty. If severe, may also include pale or flushed skin, swelling of tongue/throat, confusion, signs of shock</i> • <u>Mild</u>: remove allergen, if possible ; offer antihistamines (if you are carrying them) ; place cold wet cloth on skin reactions • <u>Severe</u> (anaphylaxis): remove allergen, if possible ; if a known allergy sufferer, the casualty will use their own auto-injector ; if first time, you can offer antihistamines and urgently 📞 ; monitor closely and for shock
INSECT STING	<ul style="list-style-type: none"> • Reassure ; if stinger is visible, scrape off with credit card or nail (not tweezers) ; cold compress for 10 mins. and elevate limb ; OK to take pain relief (e.g. ibuprofen or paracetamol) ; watch for signs of allergic reaction
SNAKE BITE	<ul style="list-style-type: none"> • 📞 ; Lie/sit casualty down with head/shoulders raised ; reassure ; don't move casualty ; don't bandage, but immobilize limb ; can loosen clothes, but don't remove any clothes ; if necessary, remove jewellery ; if necessary as a painkiller, paracetamol is OK, <u>not</u> ibuprofen • Monitor vital signs, and for possible allergic reaction, leading to lowered level of response, and breathing/heart can stop ; (if possible, identify the snake)

TICK BITE	<ul style="list-style-type: none"> Use tweezers to grasp head close to skin and gently pull (don't jerk) upwards ; if no tweezers available, use fingers close to tick's head and gently twist to pull it out
DEHYDRATION	<ul style="list-style-type: none"> Reassure ; make comfortable ; drink plenty of fluids
SUNBURN	<ul style="list-style-type: none"> Remove from sun, if possible ; cool the area with cold/wet material ; keep hydrated ; if mild, apply after-sun ; if extensive blistering, seek medical advice
HYPERTHERMIA (HEAT EXHAUSTION & HEAT STROKE)	<ul style="list-style-type: none"> <u>Heat Exhaustion</u> – <i>Symptoms may include: headache, confusion, nausea, sweating, pale clammy skin, rapid weakening pulse, muscle cramps</i> Remove to a cool/shady place ; remove excess clothing and make comfortable ; best to lie with legs raised a little ; cool the arm pits, groin and wrists with cold/wet material ; drink water (plus rehydration salts or isotonic sports drink, if available) N.B. this condition can develop into heat stroke <u>Heat Stroke</u> - <i>Symptoms: headache, confusion, hot/flushed and dry skin, deteriorating response, full rapid pulse, high body temp (40°C / 104°F)</i> ☎ (casualty may lapse into unconsciousness) ; treat as for heat exhaustion ; remove clothing as much as possible ; wet skin/clothes to cool casualty ; monitor closely (if it leads to unconsciousness > ABC)
HYPOTHERMIA	<ul style="list-style-type: none"> <u>Mild</u>: Aim to gently re-warm ; seek shelter from elements ; remove/replace wet clothing, if possible ; insulate from ground ; make use of a survival bag ; give high energy food and drink ; aim to walk casualty out <u>Moderate</u>: As for mild ; if re-warming is successful, consider walking them out ; if unable to re-warm casualty and stop shivering ; probable ☎ <i>Symptoms memory aid: starting to mumble, fumble, stumble and grumble</i> <u>Severe</u>: urgent ☎ ; shelter/insulate the casualty as much as possible ; move them as little as possible ; place in a safe airway (recovery) position while awaiting help ; monitor closely
FROSTNIP	<ul style="list-style-type: none"> Seek shelter from elements, if possible ; flex fingers, clap hands, stamp feet ; breathe warm air onto affected parts ; place fingers/hands in armpits or groin (avoid rubbing) ; casualty should recover within 30 mins
FROSTBITE	<ul style="list-style-type: none"> Treat for hypothermia first, as this can kill ; if after 30 minutes of passive rewarming (see frostnip) the injured part does not feel normal, protect the injury by dressing with plenty of dry padding (e.g. can include a spare fleece) ; offer painkiller – e.g. aspirin or ibuprofen 400mg (ibuprofen is best) It may be possible to walk the casualty out ; suggest they seek further medical attention If both feet are frozen > probable ☎
FATIGUE / GENERAL EXHAUSTION	<ul style="list-style-type: none"> If the casualty is simply exhausted from exertion, they need to rest for a while, and would be recommended to eat and drink before continuing (high energy food/drink is best) In winter they will need additional warmth and shelter ; winter or poor weather conditions are more likely to lead to external help being needed
OBJECT IN EYE	<ul style="list-style-type: none"> Sit casualty down ; examine eye, separating eyelids ; flush eye, or use moist swab on the white of the eye (do not touch the coloured part of the eye)

CHOKING	<ul style="list-style-type: none"> • Encourage coughing ; remove any obvious obstruction • If coughing fails, give up to 5 sharp back blows ; if this fails, give up to 5 abdominal thrusts ; check mouth ; repeat cycle up to 3 times ; if no success >  and continue cycle ; monitor closely as they may become unconscious (in which case ABC, and if not breathing start CPR) • (If seemingly not caused by anything – probably just swallowed saliva – the spasm will ease in a moment or two ; give calm reassurance and gentle back rubbing – not whacking – in riding out the spasm)
DROWNING	<ul style="list-style-type: none"> •  ; remove casualty from water without endangering life ; shelter/insulate (may develop to hypothermia) ; monitor closely with Primary Survey • If unconscious and CPR necessary, start with 5 initial breaths
LIGHTNING	<ul style="list-style-type: none"> •  ; follow Primary Survey ; if possible, evacuate and seek further medical advice
BURNS & SCALDS	<ul style="list-style-type: none"> • Immerse wound in water (or other cold liquid) for 10 mins ; remove any jewellery ; leave any blisters intact ; apply cling-film (lengthways – in case of swelling) or clean plastic bag or sterile dressing (non-adherent, non-fluffy) ; secure it, then bandage loosely • If severe >  ; Primary Survey and monitor ; nil by mouth if being evacuated

	<p>If your location is such that you will need Mountain Rescue, dial 999/112 (ask for Police, then Mountain Rescue)</p> <p>In any request for help, be ready to give:</p> <p style="padding-left: 40px;">Your name (and role, if any)</p> <p style="padding-left: 40px;">Your telephone number</p> <p style="padding-left: 40px;">Details of the incident:</p> <p style="padding-left: 80px;">the nature and seriousness of the injury/emergency</p> <p style="padding-left: 80px;">the exact location, as far as possible</p> <p style="padding-left: 80px;">the name, gender and age of casualties</p> <p style="padding-left: 40px;">Details of any hazards</p> <p>While waiting for help to arrive, you can fill in a Casualty Report Form, which will further encourage monitoring of the casualty.</p> <p>Any Casualty Report Form should stay with the casualty at all times.</p>
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(Sources: 'Outdoor First Aid' by Katherine Wills, and 'First Aid Manual' by St John Ambulance & British Red Cross)

“It’s not Rocket Science ...
 Keep them breathing.
 Stop them bleeding.
 Keep them warm.”

Katherine Wills, Active First Aid www.activefirstaid.co.uk
 (And thanks for your help with this document.)