

Blisters

Prevention is better than cure. Make sure you break your boots in before setting off for expedition and try different combinations of hiking/sports/thin socks until you know the best combination for you.

When on expedition:

- ◇ Wear clean socks everyday and lace your boots tightly and regularly.
- ◇ Remove any stones immediately.
- ◇ Wear trainers for long road walking
- ◇ Take your boots off at the campsite to air your feet.

At the first signs of discomfort apply blister plasters as soon as possible.

If a blister forms, cover with blister plaster, if the blister is large and you have a long walk ahead you will need to burst the blister. Use a sterile needle to pierce the skin on either side of the blister and allow to drain. Cover the drained blister with a sterile dressing and uncover again at the campsite to air. Inform the WSEG staff when you see them. Keep the area clean and covered.



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Injuries

Deep cuts should have pressure applied to them and a dressing applied. If possible, raise the injured part of the body higher than the level of the heart. Do not remove any stuck objects from the wound. If the injury bleeds through the dressing apply two further dressings, if the injury bleeds through the three dressings then this is a serious emergency and an ambulance called and WSEG staff informed.



Minor cuts and grazes should be self treated by the injured person where possible. The injury should be cleaned gently, antiseptic cream applied (injured party's own), and covered with a dressing/plaster. If treating someone else's injury do not use any creams and check for allergies before applying dressings.

Burns and scalds should be held under cold running water for a minimum of 10 minutes. If the injured area is larger than a £2 coin inform the WSEG staff ASAP.

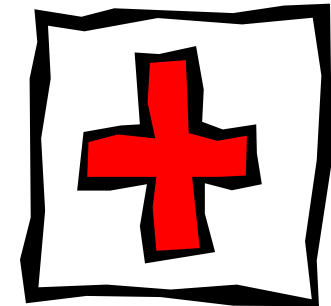


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Wirral Scouts Expedition Group



Basic First Aid for Expeditions

www.wseg.org.uk

● Designed and published by PJ :o)

Important Rules

Always remember the following simple rules when thinking about First Aid on expedition.

- Keep a record of any treatment you give to someone other than yourself. Include date, time, who, what happened and keep packages of any equipment used!
- Always apply the **D.R.A.B.C.** principle to First Aid situations.
- ◇ Check the area for further **D**anger to yourself, the casualty or others around
- ◇ Does the casualty **R**espond to stimulus?
- ◇ Check the casualty's **A**irway, if blocked then clear any debris.
- ◇ Check the casualty's **B**reathing, if no signs of breathing give two rescue breaths.
- ◇ Check **C**irculation by feeling for carotid pulse, if no pulse or you are unsure commence **CPR**.

CPR

A. If you are confident that you have detected signs of a circulation:

- Continue rescue breathing until the victim starts breathing on his own
- About every 10 breaths (or about every minute) recheck for signs of a circulation; take no more than 10 seconds each time
- If the victim starts to breathe normally on his own but remains unconscious, turn him into the recovery position. Be ready to turn him on to his back and re-start rescue breathing if he stops breathing

B. If there are no signs of a circulation, or you are at all unsure, start chest compressions:

- With your hand that is nearest the victim's feet, locate the lower half of the sternum (breastbone):
(Using your index and middle fingers, identify the lower rib edge nearest to you. Keeping your fingers together, slide them upwards to the point where the ribs join the sternum. With your middle finger on this point, place your index finger on the sternum itself)
- Slide the heel of your other hand down the sternum until it reaches your index finger; this should be the middle of the lower half of the sternum
- Place the heel of the other hand on top of the first

- Extend or interlock the fingers of both hands and lift them to ensure that pressure is not applied over the victim's ribs. Do not apply any pressure over the upper abdomen or bottom tip of the sternum
- Position yourself vertically above the victim's chest and, with your arms straight, press down on the sternum to depress it between 4 - 5 cms
- Release all the pressure without losing contact between the hand and sternum, then repeat at a rate of about 100 times a minute (a little less than 2 compressions a second); it may be helpful to count aloud. Compression and release should take an equal amount of time
- Combine rescue breathing and chest compression:
- After 15 compressions tilt the head, lift the chin, and give 2 effective breaths
- Return your hands without delay to the correct position on the sternum and give 15 further compressions, continuing compressions and breaths in a ratio of 15:2
- Only stop to recheck for signs of a circulation if the victim makes a movement or takes a spontaneous breath; otherwise resuscitation should not be interrupted.

Continue resuscitation until:

- Qualified help arrives and takes over;
- The victim shows signs of life;
- You become exhausted

When to go for help:

It is vital for rescuers to get help as quickly as possible.

- When **more than one rescuer** is available, one should start resuscitation while another rescuer goes for help immediately it has been established that the victim is not breathing
- A **single** rescuer will have to decide whether to start resuscitation or to go for help first. If the victim is an **adult**, the single rescuer should normally assume that he has a heart problem and go for help immediately it has been established that he is not breathing. This decision may be influenced by the availability of emergency medical services However, if the likely cause of unconsciousness is a breathing problem, as in:
 - **trauma (injury)**
 - **drowning**
 - **choking**
 - **drug or alcohol intoxication**
 - **or if the victim is an infant or a child**the rescuer should perform resuscitation for **about 1 minute** before going for help.

Hypothermia

Hypothermia is caused by being ill prepared for the weather. If you are properly equipped you should have no problems. These are the symptoms to look out for:- Feeling cold; Cramp; Change of character; Distant or vague; Uncontrollable shiver.

To prevent these symptoms the group needs to stick together, keep up morale, eat a good hot breakfast and eat plenty whilst walking, but above all be aware of the weather and have the appropriate clothing and equipment.



If any of the symptoms occur then you should find shelter from the elements and warm up gradually, consider making a hot drink and having something to eat. If symptoms are severe, use sleeping bags and bivvy bags to keep warm and contact expedition staff. If semi-conscious or unconscious then the emergency plan must be put into operation. Do not try rubbing the body as this takes blood away from the vital organs.

Hyperthermia/Heat Exhaustion

Heat exhaustion is caused by not respecting the heat of the day and being ill prepared to cope. To prevent getting heat exhaustion you should be aware of the weather, wear light clothing, keep your head covered and take all breaks in the shade. Take plenty of fluids and food and do not be tempted to sunbathe.

Symptoms of heat exhaustion include headache, feeling sick, faint or dizzy, a racing pulse and tiredness. To treat these symptoms you must get into the shade and try to cool down slowly, take plenty of fluids with a little salt if possible. If recovery takes a long time then contact the expedition staff ASAP.

