

CPR & Basic First Aid



Wilderness Oriented Presentation #2

Mission Hills Christian School

WILDERNESS FIRST AID

- Provided where the arrival of emergency responders or the transport of an injured person may be delayed due to constraints of terrain, weather, and limited equipment make improvisation and resourcefulness essential.
- It may be necessary to care for an injured person for several hours or days.



Some Delayed-Help Activities

○ Hiking

○ Backpacking

○ Camping

○ Climbing

○ Horseback Packing/Riding

○ Spelunking/Caving

○ Skiing



○ Boating

○ Sailing

○ Canoeing

○ Kayaking

○ Rafting

○ Ballooning



Emergency Action Steps

Assess - *Arrival at Scene*

Scene: Is it safe? What happen?

Patient: How many?

Resources: bystanders/supplies

Alert

Plan what to do and who will do what

Get help: Call or send for help

Attend

Provide care as needed

Monitor the patient closely

Types of Bleeding

- **INTERNAL**
- **EXTERNAL**

Steps to Control Severe Bleeding

- Apply Direct pressure
- Apply Pressure bandage
- Apply Pressure Points
- Apply Tourniquet (Lose a limb; save a life)

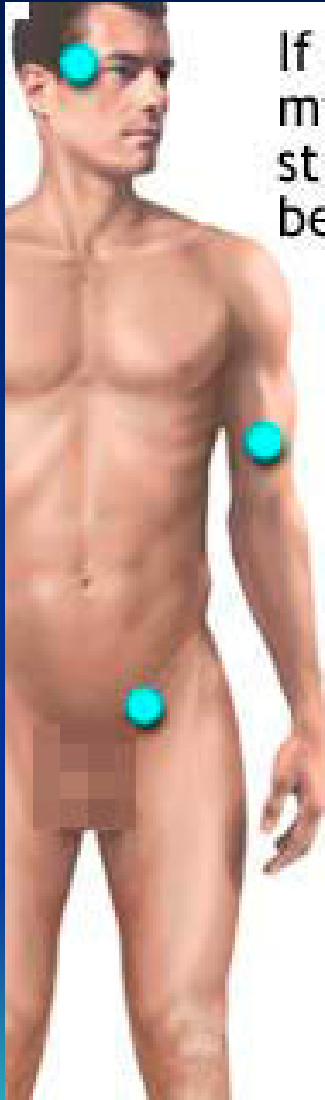
Do not become discouraged.

Controlling External Bleeding



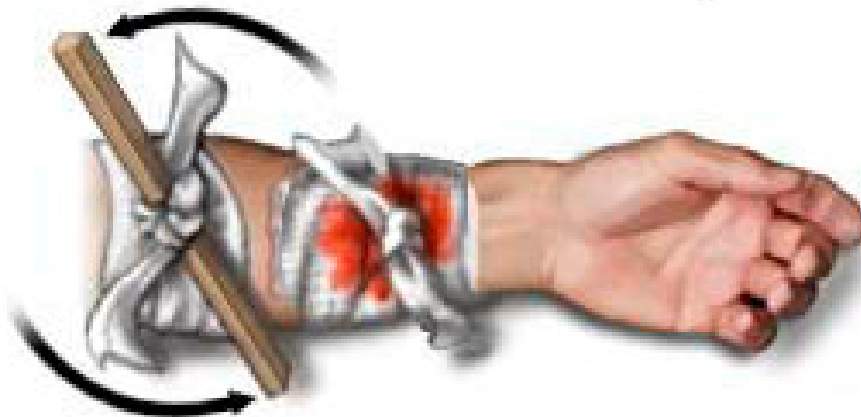
1. Wear disposable gloves
2. Apply direct pressure over the wound.
3. Apply Pressure Bandage
4. Check Circulation in fingers

Pressure Points and Tourniquet



If bleeding has not stopped after 15 minutes of direct pressure, apply strong pressure at one of these points between the wound and the heart

Use a tourniquet **ONLY AS A LAST RESORT**, if bleeding cannot be stopped and the situation is life-threatening



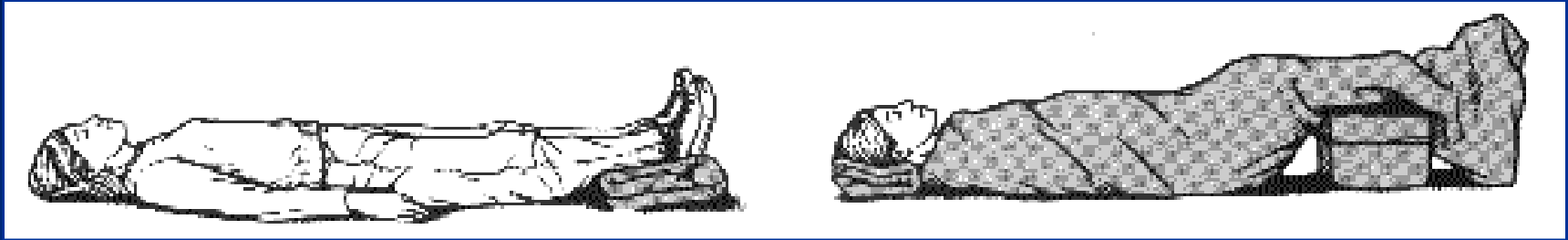
First Aid Goals: Treat for Shock

- **Ensure patient is breathing**
- **Stop any obvious cause of shock**
- **Maintain body temperature**
- **Treat patient gently**
- **Replace lost fluids**
- **Raise legs 12 inches if injury allows**
- **Monitor continuously**
- **Evacuate ASAP**

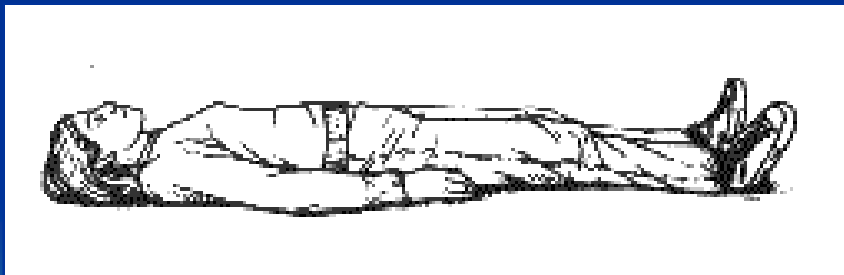
Shock in a Delayed Help Situation

- If victim will be at hospital within a few hours, do not give food or fluids
- If longer, give sips of fluid at rate of 4oz. (1/2 cup) to an adult over a 20-min period.
- Give a child 1/2 that much, infants 1/4
- **Do not give fluids if unconscious or if there is a head or abdominal injury**

Positioning Victim for Shock

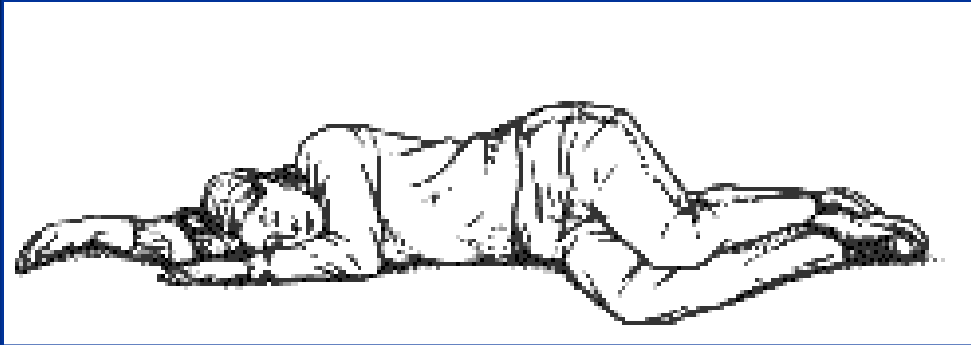


- Elevate the leg 6-12 inches (unless fracture is suspected; if needed, cover with blanket to maintain body warmth)



- If you suspect possible head, neck or back injuries, keep the victim flat.

Positioning Victim for Shock



•If the victim is unconscious, place her on her side in the *recovery position*.



•If the victim has difficulty breathing, raise the head and shoulders.

Eye Injuries

- **Lodged objects**
 - Clean water rinse from nose to ear
 - Lift object out gently with corner of gauze
- **Embedded objects**
 - Stabilize object
 - Do not attempt to wash out
 - Evacuate patient on stretcher



Abdominal Injuries

- **Open injury**
 - Possibly protruding intestines
 - Care as for other wounds except use an occlusive dressing on organs
- **Closed injury**
 - Bruising, rigidity or tenderness of the abdomen, shock symptoms
 - Care by monitoring closely, treat for shock, evacuate as soon as possible

Burns

- **What are burns?**
Burns are caused by thermal, electrical, chemical, or radioactive agents.
- Flame is the leading cause of burn injury for adults, while scalding is the leading cause of burn injury for children. Both infants and the elderly are at the greatest risk for burn injury.



Burns

- **When Is a Burn Serious?**

When they're partial or full thickness and involve more than 20 percent of an adult's body or 10-15 percent of a child's body.

If the victim is very young or very old, even a small burn can be life-threatening.

In addition, burns of the face, hands, feet, genitals or an inhalation injury can be considered serious.

Burns

- **What are the different causes of burns?**

A burn injury usually results from an energy transfer from a heat source to the body.

- **Thermal burns** - burns due to external heat sources which raise the temperature of the skin and tissues and cause tissue cell death or charring. Hot metals, scalding liquids, steam, and flames, coming in contact with the skin, can cause thermal burns.
- **Radiation burns**- burns due to prolonged exposure to ultraviolet rays of the sun, or to other sources of radiation

Burns – causes (cont.)

- **Chemical burns** - burns due to strong acids or alkaloids coming into contact with the skin and/or eyes.
- **Electrical burns** - burns due to a contact with an alternating current, such as open wiring or being struck by lightning.

Classification of Burns

Various factors are used to determine the severity of a burn injury, including a patient's age, the size and depth of a burn and the location of the burn. Types of burns include:

- First degree burns
- Second degree burns
- Third degree burns
- Inhalation injuries

Burns



Superficial: Is the least severe. The skin reddens and it can be painful, but it's not life-threatening.

First degree burns can result from:

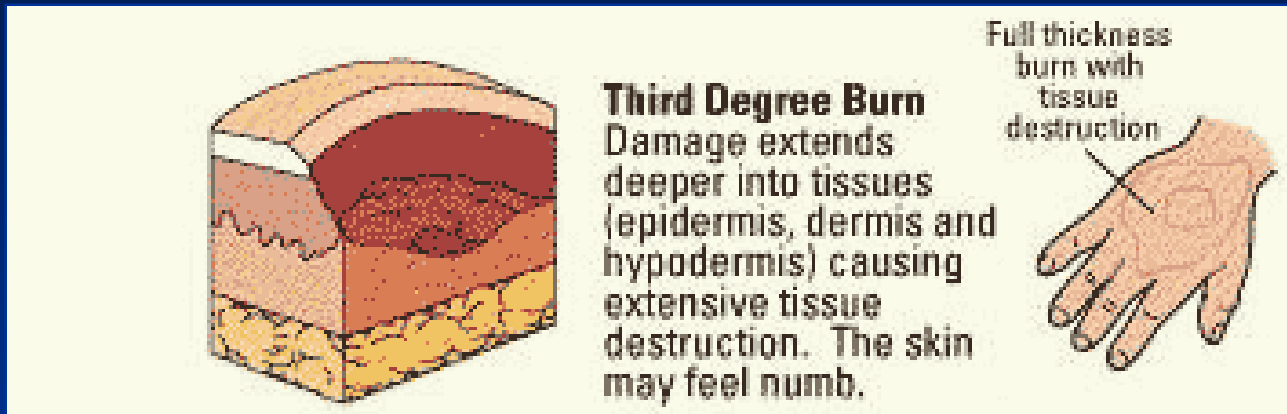
- **Sunburn**
- **Hot liquids**

Burns



- **Partial-thickness burns affect both the outer-layer (epidermis) and the underlying layer of skin (dermis) causing redness, pain, swelling and blisters.**
- **These burns often affect sweat glands, and hair follicles.**

Burns

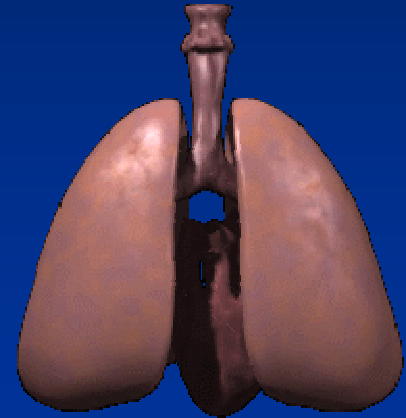


- Full-thickness burns affect the epidermis, dermis and hypodermis, causing charring of skin or a translucent white color, with coagulated vessels visible just below the skin surface.
- These burn areas may be numb, but the person may complain of pain.

Burns

- **Inhalation Injuries**

More than a hundred known toxic substances are present in fire smoke. When inhalation injuries are combined with external burns the chance of death can increase significantly.



American Safety and Health Institute



Proceed to Presentation #3

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