

First Aid

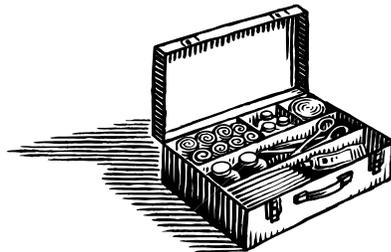
Wilderness First Aid Supplies

The ideal first aid kit should have multifunctional components to reduce the cost, bulk, weight and simplify usage.

The following list is designed as a *guideline* for wilderness first aid kits. The quantities of supplies which you pack will depend upon the length of your trip and the number of people.

- Assorted adhesive bandages (hypo-allergenic & waterproof)
- Steri-strips (for deep cuts)
- Gauze pads 2"x2" and 3"x3"
- Surgi-pads 6"x6"
- Roller gauze
- Pressure bandages, large and medium (bulky gauze pads and roller gauze)
- Gauze eye pads
- Triangular bandages
- Elastic bandages – 3"
- Moleskin (protection of friction blisters)
- Waterproof tape ½" x 10 metres (preferably hypo-allergenic)
- Second Skin (or other burn dressing, also useful for blisters)
- Iris scissors (very delicate for removing small slivers)
- Bandage scissors (one blunt end, the other with a smooth snag-free knob to allow easy sliding under a tight bandage)
- One pair of tweezers
- Hydrogen peroxide
- Latex gloves
- Hand cleanser
- Antibiotic ointment
- Antifungal cream/powder/spray
- Calamine lotion
- Tylenol
- Antihistamines
- Laxative
- Anti-diarrheal agent
- Pocket face mask
- First Aid Manual
- Foil and plastic bags
- Space blanket
- Sunscreen
- Emergency water purification tablets
- EPIPEN
- Sugar
- Re-hydration salts
- ASA (Aspirin)

WARNING: St. John Ambulance does not encourage the use of any over the counter medications without knowing the affects of those medications. Consult your physician or pharmacist.



First Aid – HealthWorld Online

NOTE: The following information was gathered from HealthWorld Online. For more information go to: www.healthy.net/scr/Mainlinks.asp?Id=170

Cuts, Scrapes, and Punctures

Cuts, scrapes, and punctures can all result in bleeding.

- Cuts slice the skin open. Close a cut so it won't get infected.
- Scrapes hurt only the top part of your skin. They can hurt more than cuts, but they heal quicker.
- Punctures stab deep. Leave punctures open so they won't get infected.

You can treat most cuts, scrapes, and punctures yourself. But you should get emergency care if you are bleeding a lot, or if you are hurt very badly. Blood gets thicker after bleeding for a few minutes. This is called clotting. Clotting slows down bleeding. Press on the cut to help slow down the bleeding. You may have to apply pressure for 10 minutes or more for a bad cut. Sometimes a cut needs stitches. Stitches help the cut heal.

- Leave the bandage on for 24 hours. Change the bandage every day or two or more often if you need to. Be careful when you take the bandage off. You don't want to make the cut bleed again. If you have used gauze, wet it before you pull it off.
- Take aspirin, acetaminophen, ibuprofen or naproxen sodium for pain. Don't take aspirin every day unless your doctor tells you to, because taking it too much can keep the blood from clotting. *[Note: Do not give aspirin or any medication containing salicylates to anyone 19 years of age or younger, unless directed by a physician, due to its association with Reye's Syndrome, a potentially fatal condition.]*
- Call your doctor or local health department if you have not had a tetanus shot in the last 10 years. (5 years for a deep puncture.)

For punctures that cause minor bleeding:

- Let the wound bleed to clean itself out.
- Remove the object that caused the puncture. Use clean tweezers. Hold a lit match to the ends of the tweezers to sterilize them. *[Note: Don't pull anything out of a puncture wound if blood gushes from it, or if it has been bleeding badly. Get emergency care.]*
- Wash the wound with warm water and soap, or take a bath or shower to clean it.
- Leave the wound open. Cover it with a bandage if it is big or still bleeds a little.
- Soak the wound in warm, soapy water 2 to 3 times a day.

Head Injuries

Any blow to the head can result in a head injury. Head injuries can cause damage to the:

- Scalp - such as a minor bump on the head or scalp wound that bleeds
- Skull - such as a skull fracture (a break or crack in the bone that surrounds the brain)
- Spinal fluid in the brain
- Brain itself such as: a concussion, a contusion (the brain tissue is bruised), or a haematoma (blood collects in an area of the brain from a broken blood vessel)

Blood from broken vessels may seep into the brain even though you may not be able to see any bumps, cuts or bruises. The blood has nowhere to go because skull bones don't expand. This puts pressure on the vital areas of the brain. This can cause serious problems.

Bleeding in the brain often starts within the first 24 hours after a head injury and can last for three days or longer. It is very important that you watch for signs and symptoms of a serious head injury during the first 24 hours.

Note: Also, suspect a neck injury when there is a blow to the head. (See "Neck and Spine Injury" at www.healthy.net/scr/Mainlinks.asp?Id=170)

Signs and Symptoms of head injuries that alert the need for medical care include:

- Loss of consciousness, confusion, drowsiness
- Inability to move any part of the body or weakness in an arm or leg
- Dent, bruise, cut or blood on the scalp
- Severe headache
- Stiff neck
- Vomiting
- Blood or fluid that comes from the mouth, nose or ear
- Loss of vision, blurred or double vision, pupils of unequal size
- Convulsions

Note: Some of these signs can happen at the time of the injury. Other times they come later.

First Aid

- Apply an ice pack to the injured area to reduce swelling or bruising. Change it every 15 to 20 minutes for an hour or two. Do not put ice directly on the skin. To make an ice pack:
 - Put ice cubes into a plastic bag with a little cold water and seal it. Wrap it in a clean towel and apply to the bump or bruise.
 - Cover a bag of frozen vegetables with a towel and place on the injured area.
- Cover an open cut with gauze and first aid tape or a band-aid.
- Take only clear liquids until vomiting has stopped for six hours.
- Resume normal activities once you know there is no serious head injury.
- Take aspirin, acetaminophen, ibuprofen or naproxen sodium for pain.

NOTE: Do not give aspirin or any medication that has salicylates to anyone 19 years of age or younger unless a doctor tells you to.

Sprains, Strains, and Sports Injuries

Common causes for sprains and strains are falls, twisting a limb, sports injuries and over-exertion. A sprain results from overstretching or tearing a ligament (fibrous tissue that connects bones), a tendon (tissue that attaches a muscle to a bone) or a muscle. A strain occurs when a muscle or tendon is overstretching or overexerted. Both sprains and strains result in pain and swelling. The amount of pain and swelling depends on the extent of damage.

Treatment for sprains and strains will depend on the extent of damage done to the muscle, ligament or tendon. Self-help measures may be all that are needed for mild injuries. Severe sprains may require medical treatment. Some sprains require a cast. Others may need surgery if the tissue affected is torn.

Self-Care/First Aid

- Stop what you're doing. Then use **R.I.C.E.** Take aspirin, ibuprofen or naproxen sodium as directed on the product label for pain and inflammation. (Take with food or milk to prevent stomach irritation.) [**Note:** Do not give aspirin or any medication that has salicylates to anyone 19 years of age or younger unless a doctor tells you to.] Acetaminophen will help pain, but not inflammation.

Also note for specific areas of the body:

- Remove rings right away if you have sprained a finger or other part of your hand. (If swelling occurs, the rings may have to be cut off.)
- Use crutches for a badly sprained ankle. Crutches keep you from putting weight on the ankle which could cause further damage. Using them will help speed healing.

At the first sign of serious discomfort or pain, stop what you're doing and apply R.I.C.E. - rest, ice, compression and elevation. By following this easy-to-remember formula, you can avoid further injury and speed recovery.

- **R** - Rest the injured area for 24 to 48 hours.
- **I** - Ice the area for 5 to 20 minutes every hour for the first 48 to 72 hours or until the area no longer looks or feels hot.
- **C** - Compress the area by wrapping it tightly with an elastic bandage for 30 minutes, then unwrap it for 15 minutes. Begin wrapping from the point farthest from the heart and wrap toward the center of the body. Repeat several times.
- **E** - Elevate the area to reduce swelling. Prop it up to keep it elevated while you sleep.

Take aspirin, ibuprofen or naproxen sodium to reduce inflammation and pain. (Take these with food or milk to prevent stomach irritation.) [**Note:** Do not give aspirin or any medication that has salicylates to anyone 19 years of age or younger unless a doctor tells you to.] Acetaminophen will help the pain, but not the inflammation.

Once the injured area begins to heal, do **M.S.A.** techniques. **M.S.A.** stands for **movement, strength** and **alternate activities**.

- **M** - Movement - Work at establishing a full range of motion as soon as possible after an injury. This will help maintain flexibility during healing and prevent the scar tissue formed by the injury from limiting future performance.
- **S** - Strength - Gradually strengthen the injured area once the inflammation is controlled and a range of motion is re-established.
- **A** - Alternate Activities - Do regular exercise using activities that do not strain the injured part. This should be started a few days after the injury, even though the injured part is still healing.

Unconscious Victims

Someone who is unconscious is not sleeping. Rather, an unconscious person is hard to rouse or can't be made aware of his or her surroundings. Unconsciousness is caused by illness, injury or emotional shock.

Signs and Symptoms

There are many levels of unconsciousness. Some are more serious than others. Levels include unconscious episodes that are:

- Brief - examples are fainting or blacking out
- Longer - the victim is incoherent when roused
- Prolonged - A person in a coma, for example, can be motionless and not at all aware of his or her surroundings for a very long time

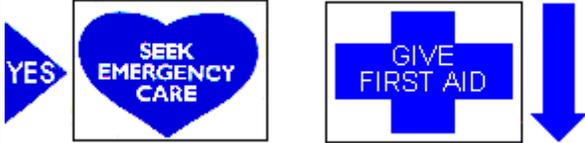
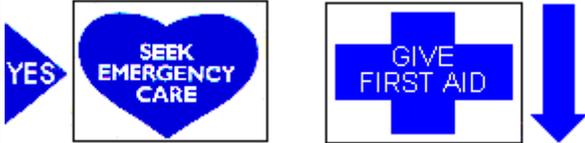
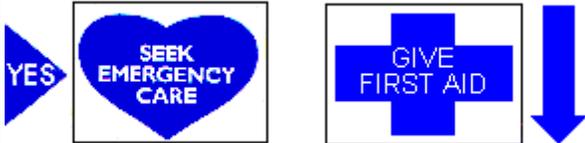
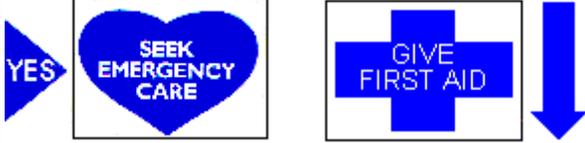
Causes of Unconsciousness

- Carbon monoxide poisoning
- Hypothermia (low body temperature usually caused by over-exposure to cold temperatures or cold water)
- Stroke
- Shock
- Epilepsy
- Heat exhaustion
- Diabetic coma
- Excessive bleeding
- Alcohol abuse
- Drug overdose
- Poisoning
- Head injury/concussion
- Low blood sugar
- Too fast, too slow and/or irregular heartbeats
- Heart attack
- Medications
- Hypothermia (very low body temperature)
- Heart valve disease

Look for any Medic Alert information if you find a person unconscious. It could be on a bracelet or a neck chain. It could be in his or her wallet on a card or on a sticker on the back of his or her driver's license. Each of these can identify the person's medical condition.

Questions to Ask:

Is the person not breathing and has no pulse?	
	Do CPR (see "CPR") and Seek Emergency Care. (Note: If the person also has a head, neck or spinal injury, keep the head, neck and back perfectly still. Do not tilt the head back

	to clear the airway. Lift the chin forward instead. See "Head Injury", "Neck/Spine Injury".)
Has the person stopped breathing?	
NO	Do Rescue Breathing. See "Airway and Breathing" and Get Emergency Care. (Note: If the person also has a head, neck or spinal injury, keep the head, neck and back perfectly still. Do not tilt the head back to clear the airway. Lift the chin forward instead. See "Head Injury", "Neck/Spine Injury".)
Does the person have a head or neck injury?	
NO	Get Emergency Care and give first aid for head injury and/or neck/spine injury. (See "Head Injury", "Neck/Spine Injury".)
Is the person bleeding a lot?	
NO	Get Emergency Care and give first aid before emergency care. (See "Cuts, Scrapes and Punctures".)
Did the person show these signs of an insulin reaction or low blood sugar before unconsciousness?	
<ul style="list-style-type: none"> • Lack of coordination • Bad temper, angry outburst • Confusion • Pale skin • Sweating • Trembling • Seizure 	
NO	Get Emergency Care and give first aid before emergency care: <ul style="list-style-type: none"> • Place a small amount of sugar under the victim's tongue. Check the victim's pocket or purse for something sweet. He or she may have a tube of a sweet source (glucose paste) for emergencies. If so,

	<p>squeeze some under his or her tongue.</p> <ul style="list-style-type: none"> • Keep the victim's airway open. • Place victim on his or her side. • Do not give liquids.
<p>With or without a medic alert tag for diabetes:</p> <p>Did the person have these signs of a diabetic coma?</p> <ul style="list-style-type: none"> • Fast and weak pulse • Rapid, deep breathing • Red, dry, warm skin • Fruity breath odor (can smell like grape juice or nail polish remover (acetone)) • Vomiting 	<p>YES </p>
<p>NO </p>	
<p>Has the person been stung by an insect?</p>	<p>YES   </p>
<p>NO </p>	<p>Give shot from emergency insect sting kit, if available. Follow other instructions in kit and Get Emergency Care.</p>
<p>When you shake the person, does he or she not respond after 2 minutes, but is still breathing and has not been seriously injured?</p>	<p>YES   </p>
<p>NO </p>	<p>Get Emergency Care and give first aid before emergency care. Put the victim in the "Recovery Position".</p>
<p>Has the person fainted or blacked out?</p>	<p>YES   </p>
	<p>Give first aid for fainting (See "Fainting") and Seek Emergency Care.</p>

St. John Ambulance First Aid and Survival Tips

For more information call your local St. John Ambulance

Or visit their website at www.sja.ca

Artificial Respiration (AR)

When breathing has stopped start artificial respiration immediately. Seconds count!



OPEN THE AIRWAY



BREATHE INTO CASUALTY



TAKE THE PULSE

Brain damage and/or death occurs within minutes.

Tilt the head back by pressing down on the forehead with one hand, place the fingers of the other hand under the chin on the bony part of the jaw and lift forward. This will lift the tongue away from the back of the throat and will open the airway, allowing air to reach the lungs. Assess breathing; opening the airway may restore breathing spontaneously. If breathing does not resume, attempt to ventilate the casualty with two slow breaths. Pinch the nostrils, take a deep breath, place your open mouth over the casualty's mouth making a tight seal, and blow slowly into the mouth. If the chest rises, give another slow breath with enough force to make the chest rise. Remove your mouth and let the air escape. If the chest does not rise after your first attempt to get air into the lungs, reposition the casualty's head, assure good seals at the nose and mouth and try to ventilate again. Check for a pulse in the neck for 5 to 10 seconds. If a pulse is present, resume ventilation, breathing for the casualty, 8 years and over, at a rate of one breath every 5 seconds. (If there is no pulse, start CPR if you are trained, otherwise continue AR). *St. John Ambulance recommends the use of a face mask or shield with a one-way valve when giving AR of CPR.*

Burns

Lessen swelling and blistering, and relieve pain by immediately immersing the burned area in cool water or by applying cloths soaked in cool water. Do not place a burn under extreme water pressure, like a strong-running tap, since it may further damage the tissues. Remove rings or other jewelry and constrictive clothing before swelling or blistering occurs. Do not remove clothing that is stuck to the burned area. Do not apply butter, ointments or oil dressings. Cover the burned area with a dry, sterile dressing if possible otherwise use a clean cloth.



Hypothermia

Immersion in cold water or exposure to cool air while wearing wet clothing can lead to hypothermia – the generalized cooling of the body. Shivering, slurred speech, stumbling and drowsiness after exposure to cold are indications of hypothermia. The condition is severe when shivering has stopped. Unconsciousness and stopped breathing may follow. The goals of first aid are to prevent further loss of body heat and to get medical help quickly. Gently move the casualty to shelter. When moving, keep a hypothermic person in a horizontal position, if possible, until rewarmed. Sudden movement or rough handling could upset the heart rhythm. Remove wet clothing and wrap in



PROTECT FROM COLD

warm covers. Give warm, sweet drinks if the casualty is conscious (no alcohol or coffee). Monitor breathing and pulse. Give artificial respiration if needed. If there is no pulse give CPR if you are trained, otherwise continue AR.

Sunburn

For minor sunburn, place the casualty in the shade and apply cool water or cloths soaked in cool water. Commercial ointment or cream may be used. (Caution: an allergic reaction might occur). Reaction to extreme sun exposure may be swelling and blistering. Such cases should be treated as a severe burn (see Burns).

Heat Exhaustion

Heat exhaustion is caused by exposure to excessive heat. Heat exhaustion is often accompanied by nausea and vomiting. Some of the following signs and symptoms may be presents: muscular cramps; headache; dizziness; exhaustion; cold, clammy, pale skin; weak and rapid pulse; and rapid shallow breathing. Place the person at rest in a cool place with feet and legs elevated, loosen constrictive clothing and remove excess clothing. Give a fully conscious casualty as much water as he is able to drink. If unconscious, do not give anything by mouth. Put the unconscious person into the recovery position, monitor airway, breathing and circulation closely.

Heatstroke

Heatstroke, a life-threatening condition, is caused by exposure to high temperatures and hot, dry winds or high humidity and poor circulation. Signs and symptoms include: a flushed face and hot skin which may be either wet or dry; temperature of 40C (104F) or higher; rapid, full, pulse; noisy breathing; restlessness; headache and dizziness. Unconsciousness may develop quickly and convulsions may occur. The casualty may die unless the body temperature is reduced quickly. To do so, remove the casualty's clothing and bathe him in cool water or wrap him in a wet, cool sheet. Keep the sheet wet. If unconscious, put the casualty into the recovery position. When the body temperature is lowered to 38C (slightly above normal), cover the casualty with a dry sheet and keep as cool as possible.

Bleeding

Severe bleeding can be life threatening.

- 1) Direct pressure applied to the wound will stop blood flow.
- 2) Elevate the limb to reduce blood flow.
- 3) Rest to slow circulation.

To control bleeding, first apply direct pressure with a gloved hand over a pad of dressings. Elevate the limb and place the casualty at rest. Do not remove blood soaked dressings; add another pad and continue pressure. When bleeding is controlled, secure dressings with a bandage. Check circulation below the injury before and after bandaging. Maintain elevation and immobilize the injured limb. *When dealing with a bleeding wound St. John Ambulance recommends that first aiders wear vinyl gloves.*



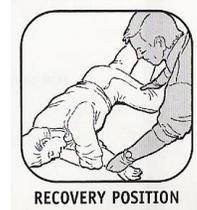
Insect Bites and Stings

Signs of an allergic reaction include: swelling around the eyes, severe nausea or vomiting, and difficulty in breathing. Get medical help immediately. Assist in administering any prescribed medication. Start artificial respiration if necessary and take precautions to minimize shock (reassure casualty, keep warm). If the sting is on a limb, keep that limb below heart level. Place the casualty at rest. Remove the stinger by scraping it from the skin. Do not use tweezers since squeezing the stinger will inject more venom. To relieve irritation, rubbing alcohol, a weak ammonia solution or a paste of baking soda and water may be applied. If the sting is in the mouth, give a mouthwash of 5 ml (1 tsp) of baking soda to a glass of water or give ice to suck on.

Unconsciousness

Unconsciousness can be caused by many conditions such as a blow to the head, shock, stroke or diabetes. When you find a casualty unresponsive send or go for medical help immediately. If injuries permit, put the casualty into the recovery position before you leave.

Upon return, assess airway, breathing and circulation. If the person is not breathing, begin artificial respiration immediately. Control severe bleeding if present. Give ongoing care. Place the casualty into the recovery position if not done already. Loosen constrictive clothing at the person's neck, chest and waist. Give nothing by mouth and keep the casualty warm. Anyone who has been unconscious should be seen by a physician.



Fractures and Sprains

Do not move the casualty unless he is in danger. Ask someone to steady and support the injured limb. Dress any wounds to stop bleeding and prevent further contamination. Protect any protruding bones with a dressing and bulky padding lengthwise on both sides of the fracture. Do not force bones back into the wound. If medical help will be delayed, splint the injured limb. Secure the limb to a padded splint ensuring the joints above and below the injury have been immobilized. Check for circulation beyond the injury before and after splinting by comparing the skin temperature and colour with the uninjured side. Treat all sprains as fractures with the following addition: apply gentle pressure with a bandage. With both sprains and closed fractures, apply an ice pack to reduce pain and control swelling (15 minutes on, 15 minutes off). Keep checking that the bandage is not cutting off circulation. Elevate the limb, if possible. Take measures to minimize shock.

Leeches and Ticks

Once a leech has taken hold, any attempt to dislodge it by force will do more harm than good. Apply either a lighted match, a burning cigarette, common salt, a drop of kerosene or turpentine to its body – it will release its hold and drop off. For imbedded ticks, using covered fingers or tweezers, grasp as close to the skin as possible and pull the tick away with even steady pressure until it is dislodged (try not to squash the tick when removing it). Keep the dislodged tick for later identification by medical personnel. In both cases cleanse the area with rubbing alcohol. Relieve irritation with a weak solution of water and baking soda or ammonia. Apply a clean, dry dressing.

Eye Injuries

Eye injuries must be treated with extreme care. Lacerated eyelids usually bleed profusely. Pressure should not be applied. Keep the casualty at rest. Cover the injured eye with a soft pad, gauze or other dressing and arrange for immediate medical help. If an object is embedded in the eye, do not attempt to remove the object. Place dressings around the object and cover the eye with a paper cup or cardboard cone bandaged in place, to prevent the object from being driven further into the eye.



Fish Hooks

Cut the fishing line but do not attempt to pull out the hook. Stabilize the embedded hook.

Priorities of Survival

What Can You Do in the Event of a Mishap?

1. **Take charge:** Sit down; calm down; assess the situation; get your bearings; evaluate your resources; decide on a plan; reassure others. Call out for help if you're alone.
2. **Assess hazards:** Remove the danger or get the injured and others away from the danger to prevent further injury.
3. **First Aid:** Give first aid to anyone who has been injured, including yourself.
4. **Fire:** Gather, cut and shelter a supply of tinder and firewood. Build a fire; it gives heat, light and comfort. It dries clothes and signals your position. Never stand too close to a fire and never let a fire get out of control.
5. **Shelter:** Protect yourself from the elements – take, or if necessary make, a shelter. A shelter could take priority over a fire in extreme weather conditions. Watch for signs or symptoms of hypothermia or heatstroke.
6. **Signal:** Make smoke, put out brightly coloured clothing, or use your mirror to attract attention. Make tracks in the snow in an open area.
7. **Water:** Find a supply of pure water or boil water for 10 minutes and allow it to cool before drinking.
8. **Food:** Look for sources of food, only when all other steps have been completed. Do not wander too far.
9. **Stay Put:** Unless you know exactly where you are and you are positive you can travel to a known road or settlements, don't go for help. Your chances of survival are better if you stay where you are.

First Aid and Survival Tips is a guide to what you can do until you can get medical help.

These tips do not take place of first aid or CPR training.

IN ANY EMERGENCY SITUATION GET MEDICAL HELP A.S.A.P.

20 Common Wilderness Injuries

1. **MINOR SOFT TISSUE INJURIES** – 97% of injuries. You know how to treat these. If not, read ‘Cuts, Scrapes, and Punctures.’
2. **MINOR MUSCULOSKELETAL INJURIES** – Strains and sprains. Use R.I.C.E. as soon as possible. See ‘Strains and Sprains.’
3. **BLISTERS** – Best if they heal on their own. Use moleskin and/or Second Skin to reduce friction. To prevent blisters change socks frequently. Ensure footwear is broken in before heading out on your Adventurous Journey.
4. **SUNBURN** – Prevent by using sunscreen with an SPF of 15 or higher. Be sure to re-apply as directed.
5. **MINOR HYPOTHERMIA** – Remove from environment, remove wet clothing, put on dry clothing. Drink warm, sweet liquids. Light exercise can be helpful if the casualty is up to it. Apply heat packs to core areas of the body if necessary.
6. **DIARRHEA** – (with associated electrolyte depletion). The body is trying to flush out whatever is causing the problem. Lets help it. Keep the person well hydrated. Watch for increased nausea, fever, vomiting, etc. It generally corrects itself within 12-24 hours. If not, something else may be happening. **EVACUATE IF NECESSARY.**
7. **BURNS** – Cool burnt area for 15-20 minutes. You may need to remove charred clothing or other burnt material from the wound. Keep hydrated. Watch for shock and infection. For serious burns seek medical attention.
8. **HEADACHE** – Headaches can often be caused from dehydration. Try re-hydrating before using medication.
9. **COLDS/COUGH** – May be allergy related. May need allergy medication (if applicable) or simply rest.
10. **POISON IVY/OAK and SKIN ALLERGIES** – Wash the affected area with cool water and mild soap. Sores are not contagious once the plant oil has been washed from the area. Severe reactions may require medication. **EVACUATE IF NECESSARY.**
11. **URINARY TRACT INFECTION (UTI)** – UTIs are more prevalent in women. Can be severe if the infection travels to the kidneys. Keep well hydrated to flush the urinary tract. Cranberry juice works well. **EVACUATE IF NECESSARY.**
12. **ALLERGIES** – Either remove the problem or remove the person from the problem. Severe allergies may require medication.

13. **INSECT BITES** – Watch for anaphylaxis (swelling and of the airway). See ‘Insect Bites and Stings.’
14. **OBJECTS IN THE EYE** – Flush the eye thoroughly with cool, clean water. Check for eye injuries.
15. **HEAT EXHAUSTION** – Mild heat exhaustion is common. Make sure to rest and re-hydrate. Slow down and drink lots of water.
16. **SMALL IMPALED OBJECTS (SPLINTERS, FISHHOOKS, etc.)** – If it looks possible, remove the object. Wash the area with soap and water. Watch for signs of infection. Use your judgment. Sometimes attempting to remove larger items can do more damage (ie: barbed fishhooks). If you are unable to remove the impaled object, stabilize the object with clean gauze and seek medical attention.
17. **RASHES (ATHLETES FOOT/JOCK ITCH)** – Wash the affected area with soap and water. Keep clean and dry. Powder may help keep the area dry.
18. **MINOR FRACTURES** – Splint. Seek medical attention as soon as possible.
19. **DEHYDRATION** – Prevention! Always drink lots of water.
20. **FROSTBITE** – Prevention! Skin to skin contact will help with first and second degree frostbite. For third degree frostbite seek medical attention.

More Serious Problems

Remember, in the event of an emergency or serious accident:

- Avoid further injury to the victim, the group, or the First Aider
- Maintain or restore breathing and circulation
- Control bleeding
- Guard against shock and reassure the victim
- Position the victim correctly, but avoid any unnecessary movement
- Treat the condition to the best of your ability and within the limits of First Aid
- Obtain help
- Arrange for the victim to be evacuated

The Duke of Edinburgh’s Award strongly recommends Award participants to take a recognized First Aid course.

For more information on First Aid courses in your area contact your local
St. John Ambulance (www.sja.com)
or Red Cross (www.redcross.ca).