

Victorian Rogaining Association First Aid Sheet



Please note: There is a qualified first aider, a comprehensive first aid kit and stretcher at the Hash House.

Ankle sprain

Sprains and dislocations are often associated with fractures. If there is any doubt about the injury, treat as if there is a fracture present.

- Apply a firm compression bandage starting at the foot and progressively working up the leg to 5-10 cm above the ankle.
- Elevate the affected ankle
- If significant pain and swelling persists, send members back to the HH for a vehicle and stretcher

Blisters or 'hot spots'

To assist in prevention of blisters, apply tape (or similar) to susceptible areas before the rogaine commences. If blisters form, apply tape directly over the blister. Do not burst the blister as this often leads to infection.

Open wounds

- Control bleeding by applying immediate and direct pressure to the area
- If possible, elevate the affected area
- In the event of a deep laceration, apply a sterile dressing if possible and apply a firm bandage over the top. If blood continues to soak through the bandage apply another bandage over the top. Do not remove the original bandage.
- If significant blood loss occurs watch for signs of shock.
- Anyone with a deep wound should return to the HH or members should be sent to the HH for assistance.

Hypothermia

Signs of hypothermia include confusion, behavioural changes, irritability, altered speech or vision, shivering, clumsiness, cold pale skin and apathy.

- Shelter from the wind, wet, and cold air where possible
- Wear extra clothing and huddle for warmth
- Snack on small amounts of high energy food/drink.
- Do not rub the skin or sit in front of a fire if hypothermia is severe

Dehydration

Warm temperatures, prolonged physical activity and inadequate fluid intake can lead to dehydration. Signs include pale clammy skin, profuse sweating, nausea, cramps (particularly calf muscles) and altered mental state. Severe dehydration can be life threatening; signs include hot, dry, flushed skin, visual disturbances, altered mental state, convulsions and coma.

- Seek shade
- Encourage drinking of water unless conscious state is compromised
- Cool the person by wetting clothing and fanning with maps
- Send members to the HH for assistance

Eye injury

If a wound to the eye is severe do not examine the eye as this may lead to the content of the eye herniating out of the wound.

- Lie casualty on their back and instruct casualty not to move their eyes
- Wrap a bandage or apply eye pads to BOTH eyes and secure lightly.
- Ensure there is no pressure on the eye
- Obtain assistance from HH. Where possible avoid walking the casualty

Snake bite

Assume all bites are from venomous snakes.

- Immediately apply a firm bandage to the limb. Do not prevent blood supply to the limb. Check there is still a blood supply to the limb.
- Slint the limb and advise the casualty to lie completely still
- Send for assistance ASAP
- Do not apply a tourniquet or walk the casualty back to the HH

Fractures

A fractured limb may or may not be deformed.

- Seek assistance from HH
- Immobilise the limb by bandaging a padded splint to the limb (or one leg can be splinted to the other)
- For open fractures (where the bone has punctured the skin) treat as you would for wounds and then immobilise the limb.
- Watch for signs of shock developing (warm casualty and lie them down)

If someone is injured.....



1. STOP. Remain calm.
2. Safety first. The safety of your team is the first priority.
3. Assess the casualty using DRABC
 - Danger: What are the dangers to your team and the casualty.
 - Response: Is the casualty responding to your voice? If not try rubbing your knuckles on the casualty's breast bone.
 - Airway: Is the casualty's mouth and throat clear. Is the tongue out of the way? Do not move on to "Breathing" if you cannot clear the airway.
 - Breathing: Is the casualty breathing? Look, listen and feel.
 - Circulation: Does the casualty have a pulse?
4. Use the instructions on the other side of this sheet for managing specific conditions.
5. Control major bleeding.
6. Consider your location and the location of the casualty.
7. If the casualty can walk without risk of worsening the injury:
 - Consider continuing only if the injury is minor
 - Consider walking to an area accessible by road for evacuation
 - Avoid difficult or thick terrain. Don't make it harder to be rescued in case you have to stop.
8. If the casualty should not be moved, plan to seek help:
 - Identify your location on the map as precisely as possible
 - If your team is 4 or more, send 2 for help. If your team is fewer than 4, send the first team that responds to your distress call (3 consecutive whistle blasts every minute).
 - When you send for help ensure they are aware of your exact location and the condition of the casualty.
9. Make the casualty as comfortable as possible
 - Protect them from sun, heat, cold and rain
 - Continuously monitor the casualty to ensure their condition does not deteriorate.
10. Make it easy for rescuers to find you.
 - Stay where you are if safe
 - Keep using your whistle to aid rescuers trying to locate you
 - Only if it is safe to do so, consider lighting a small signal fire.