

SCOUTS-L

**WILDERNESS FIRST
AID DEBATE**

Date: Mon, 12 May 1997 05:46:12 -0700
From: "Timothy J O'Leary" <tjo@CPTCHR.AFIP.MIL>
Subject: Re: Wilderness First Aid

Note that I am not an ER-doc or a surgeon, but I think Jon has mostly a very reasonable approach. Let us think about the possible injuries and what we can or cannot do:

1. Intracranial hemorrhage - this is very bad, and I cannot do a thing about it. I'm not going to carry high-dose steroids, which might help, plus the IV kit to deliver them in, and I am not going to be able to neurosurgically decompress on the trail. Remedy: Evacuate.
2. Vertebral injury, spinal cord at risk. Very bad, but worse if I move inappropriately. I don't have a trained team, even if I had a backboard, which I don't, and I don't want to have a bunch of 12 and 14 year olds learning for the first time on a real injury. Remedy: Get in a team that knows what they are doing, and evacuate.
3. Internal hemorrhage. Very bad. I don't have an OR handy, and I'm not competent to use it. Remedy: Evacuation.

The basic message is that in this day and age, if there is the possibility of serious injury, you need to get a trained team of EMT's in, and get the patient out. There are only a few exceptions, such as drowning - even if there is a spinal column injury, it won't do to leave someone under the water.

There is probably no point to the splinting exercise, though, since manipulation increases the possibility of injury. And, since shock WILL SET IN at some point, you should be prepared to do what little we can in a first aid situation.

Now the real question: what are your Scouts doing "bouldering." This sounds to me like a preventable accident. Pardon the shouting, but **THE BEST FIRST AID IS THE FIRST AID YOU DON'T HAVE TO GIVE BECAUSE YOU PREVENTED THE INJURY FROM HAPPENING IN THE FIRST PLACE!!!!**

I have never seen an injury occur in Scouting which was not the result of somebody doing something stupid. The major reason for having the adults around in the first place is to keep an eye out for safety. One of the

reasons I started the troop my son is in is because the adults of his previous troop weren't doing a very good job of this, and they didn't seem to be trainable when problems were pointed out....

Timothy J. O'Leary, MD etc
CC Troop 772, Post 769, etc. NCAC

On Mon, 12 May 1997, Jonathan Dixon wrote:

> From: Steven Featherkile <madwolf@EARTHLINK.NET>

>>

> > Here's the situation. You are 2 days from the trail head, over Hell for
> > Sure Pass (it really exists) and 10 map miles from the nearest
> > backcountry ranger station.... Two of your experienced
> > scouts are bouldering, and one falls 15 feet, sustaining multiple
> > injuries....

>

> I send two people to the nearest point of "civilization" to get help
> as quickly as they can

Date: Mon, 12 May 1997 00:27:35 MDT
From: Jonathan Dixon <dixonj@ROCOCO.COLORADO.EDU>
Subject: Re: Wilderness First Aid

From: Steven Featherkile <madwolf@EARTHLINK.NET>

>

> Here's the situation. You are 2 days from the trail head, over Hell for
> Sure Pass (it really exists) and 10 map miles from the nearest
> backcountry ranger station. For some reason, the batteries on your
> communicators died, and they were your spare set to boot (I know, be
> prepared, and all that, but some times those pesky things just don't
> work, and this is one of those times ;^)). Two of your experienced
> scouts are bouldering, and one falls 15 feet, sustaining multiple
> injuries (busted arm, squashed pumpkin, it doesn't matter). Are you
> prepared to cope with this? What courses did you take to become
> prepared?

I send two people to the nearest point of "civilization" to get help as quickly as they can without putting themselves at higher risk for injury (probably go for the ranger station if I can be pretty sure that there will be something there to allow help to be called in -- figuring 4-5 hours travel time). Then I do what I can to make the

person comfortable and keep the injuries from becoming more severe. Since I'm not likely to have a backboard, I'll splint what I can without moving the scout and keep track of whatever vital signs I can with the equipment on hand.

Realistically, even if I was a certified medical doctor there wouldn't be much else I could do since I wouldn't be interested in carrying all of the equipment into the woods. About the only supply they might carry in which they could use and I couldn't would be an IV to replace blood that might be lost due to internal bleeding.

I'd be interested to hear what sorts of things that the Wilderness Medicine courses cover that the ARC First Responder training (which I am now taking) doesn't. I don't see where there is much anyone can do outside a hospital for severe cases except to treat bleeding, splint breaks, and perform rescue breathing/CPR. There isn't even much need for extended carry training anymore, since in any situation I can think of you're better off sending people to get help and having the medics come to you (in a helicopter, generally). Also, in many places even if you have the training to do certain things, you need direct physician authorization to actually do them. So here we are back to the need for fast, reliable communications.

Jon

--

Jon Dixon

dixonj@colorado.edu

<http://spot.colorado.edu/~dixonj/>

Date: Mon, 12 May 1997 07:00:03 -0700

From: Steven Featherkile <madwolf@EARTHLINK.NET>

Subject: Re: Wilderness First Aid

Jonathan Dixon wrote:

>

> From: Steven Featherkile <madwolf@EARTHLINK.NET>

>>

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>> Sure Pass (it really exists) and 10 map miles from the nearest
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>> communicators died, and they were your spare set to boot (I know, be
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>> work, and this is one of those times ;^)). Two of your experienced

> > scouts are bouldering, and one falls 15 feet, sustaining multiple
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> injury (probably go for the ranger station if I can be pretty sure
> that there will be something there to allow help to be called in --
> figuring 4-5 hours travel time). Then I do what I can to make the
> person comfortable and keep the injuries from becoming more severe.
> Since I'm not likely to have a backboard, I'll splint what I can
> without moving the scout and keep track of whatever vital signs I can
> with the equipment on hand.

1. Good so far. Now, realistically, what is the backcountry ranger going to be able to do, that you cannot do for yourself? What are the chances that the ranger is even there? Chances are that the injury did not happen next to a decent LZ for the helo. How do you plan to transport the patient to the LZ. Do you know what a decent LZ is? What ethics are involved in sending a helo into a wilderness area that bans all forms of mechanical devices? What if it starts to rain and the temperature drops to 40 degrees with a 20 knot wind? What if you do call for a helo, how does the helo know where to come, assuming that you found a decent LZ, and that you know how to direct a helo into the LZ? Helo MEDEVACS are dangerous, both to the crew and to the patient. They are also prohibitively expensive. What if during the 4 or 5 hours you mentioned (a more realistic time estimate is 3-4 days), what if the patient gets better? What if his condition is not as serious as you first thought. Who pays for the helicopter? You called it in. You are responsible. I don't have that kind of money. Before I call for a helo, I must be certain that the benefits far exceed the risks.

>

> Realistically, even if I was a certified medical doctor there wouldn't
> be much else I could do since I wouldn't be interested in carrying all
> of the equipment into the woods. About the only supply they might
> carry in which they could use and I couldn't would be an IV to replace
> blood that might be lost due to internal bleeding.

2. There is much that you could do. You have eyes two hands and two legs, and a very versatile computer with a great operating system called the Mark 1 Mod A Human Brain. In the wilderness, that is about all the physician is going to have. Most physicians are not trained to work

away from their tools. You have a wonderful first aid kit right there in your pack. Just about everything you carry on your back can be pressed into service when you need to improvise a splint or stretcher or whatever. Most First Responder and ARC first aid courses say to splint a fracture as you find it. This may not be the best thing to do in the bush. Do you know how to straighten an angulated fracture? Carrying someone out with a fracture "splinted in place" will do great damage to the soft tissue, severing arteries, veins and nerves, not to mention making hamburger out of the muscle tissue.

>

> I'd be interested to hear what sorts of things that the Wilderness
> Medicine courses cover that the ARC First Responder training (which I
> am now taking) doesn't. I don't see where there is much anyone can do
> outside a hospital for severe cases except to treat bleeding, splint
> breaks, and perform rescue breathing/CPR. There isn't even much need
> for extended carry training anymore, since in any situation I can
> think of you're better off sending people to get help and having the
> medics come to you (in a helicopter, generally). Also, in many places
> even if you have the training to do certain things, you need direct
> physician authorization to actually do them. So here we are back to
> the need for fast, reliable communications.

3. These are only some of the items that a Wilderness First Aid course teaches. Most First Responder and other courses have treatment plans that call for "evacuation to medical care," as if it were as easy as catching a bus. In reality, it is everything but easy, especially when the patient is no longer able to walk. The problem is compounded by the relative unavailability of trained and experienced wilderness rescue teams in much of this country. To enter into the wilderness requires us to accept a much greater degree of responsibility for our actions. We must be able to get ourselves out of trouble whenever possible. If we are prepared, then that one time when a rescue works like its supposed to, having been prepared makes it all that much more smooth. Let's face it, where we go, the 911 guys aren't coming. That's why we go there in the first place.

Steve Featherkile
SM T319 AA P319
La Mesa, CA

>

>

Date: Mon, 12 May 1997 11:27:46 -0400

From: "Lawrence E. Faust" <lfaust@ATLANTIC.NET>
Subject: Re: Wilderness First Aid

Ho, Steve, all---

Hear are some online resources for Wilderness First Aid:

Wilderness Emergency Medical Services Inst.-
<http://www.wemsi.on.ca/>
Wilderness Medical Associates- <http://wildmed.com/index.html>
Wilderness Medicine Outfitters- <http://www.netaffect.com/wmo/>
Stonehearth Open Learning Opportunities-
<http://www.stonehearth.com/>
Rescue Specialists, Inc.- <http://www.resspec.com/>

Scouting is a way of life,

Larry ;-)
Cub Scout Pack 303
Gulf Ridge Council
(visit us at <http://rio.atlantic.net/~lfaust/pack303/index.html>)
UIN: 657022

Date: Mon, 12 May 1997 08:45:39 -0400
From: "Derleth, Michael" <mderleth@ELI.NET>
Subject: Re: Wilderness First Aid

Scouters:

I think there are degrees of preparedness that should be considered. For troops that will be planning their own trips, the deeper into the wilds you go, the higher your preparedness should be.

With respect to Mr. Featherkile's comments, -I- do not plan the helicopter LZ, -I- do not worry about the ethics of disturbing nature with the whirlybird, etc. I also do not administer IVs, transport suspected spine injuries etc. I do what I have been trained to do, starting with GET PROFESSIONAL HELP. I am not a doctor, EMT or paramedic. I'm a simple volunteer doing the best I can with the training I have (probably more than 80% of the people I meet) It may be a few hours or even overnight, but even in the wide open state of California, I have to believe the pros would find a way to assist somehow.

I'm told that a doctor's first rule (the Hippocratic Oath) is "First do no harm". I am concerned that the highly advanced techniques being discussed may cause some of our newer members to overreach their training. (It was discussed, it must be the standard of care).

Michael Derleth ASM T14, Vancouver WA MDerleth@ELI.NET

Date: Mon, 12 May 1997 13:58:12 MDT
From: Jonathan Dixon <dixonj@ROCOCO.COLORADO.EDU>
Subject: Re: Wilderness First Aid

From: Steven Featherkile <madwolf@earthlink.net>

>

> 1. Good so far. Now, realistically, what is the backcountry ranger
> going to be able to do, that you cannot do for yourself? What are the
> chances that the ranger is even there?

The way I worded my answer I intended that I only go for the ranger station if I am pretty sure that there is someone there. Otherwise the choice is to go back over the pass (or with a large enough group, send people both places). The backcountry ranger will have some means of calling for medical resources, which is what I didn't have.

> Chances are that the injury did
> not happen next to a decent LZ for the helo. How do you plan to
> transport the patient to the LZ.

I plan to wait for someone with a backboard to show up. I am not going to move a person who has fallen 15 feet without a backboard unless I am absolutely sure that there is no chance he has spinal injuries.

> Do you know what a decent LZ is?
> What ethics are involved in sending a helo into a wilderness area that
> bans all forms of mechanical devices? What if it starts to rain and the
> temperature drops to 40 degrees with a 20 knot wind? What if you do
> call for a helo, how does the helo know where to come, assuming that you
> found a decent LZ, and that you know how to direct a helo into the LZ?

I would find the most wide-open area I could, and have them make a first pass to deliver the backboard (and hopefully a medic or two).

Then I would strap the person to a backboard and carry them down to the designated LZ. The LZ would be chosen before sending off the people to get help, and preferably marked on the maps each of them will carry out. If the weather becomes unsuitable for the helo to come, I would set up shelter for the injured person and keep them comfortable, then have the rest of the crew set up camp. And frankly, I don't think I'd be too concerned about the ethics of having the helicopter in a wilderness area.

> Helo MEDEVACS are dangerous, both to the crew and to the patient. They
> are also prohibitively expensive. What if during the 4 or 5 hours you
> mentioned (a more realistic time estimate is 3-4 days), what if the
> patient gets better? What if his condition is not as serious as you
> first thought. Who pays for the helicopter? You called it in. You are
> responsible. I don't have that kind of money. Before I call for a
> helo, I must be certain that the benefits far exceed the risks.

Carrying out an injured person is also dangerous to the crew and the patient. Especially in the backcountry, where the trails are not as good so it is not unlikely that a carrier could lose footing and fall (possibly breaking/spraining an ankle, as well as dropping the patient). Unless I can be absolutely certain that there is no spinal, cranial, or other internal injuries, the patient needs to go to a hospital. It doesn't matter how good they are feeling (I've heard enough stories on how fast a person can go from feeling fine to practically dead). The helo will either be paid for from public funds for such rescues, by specific backcountry medical insurance, by the injured party's medical insurance, by my own insurance, or by BSA trip insurance, depending on the particular local laws that apply. When the risk is the death of a person (even if that isn't very likely), then I'm not really that concerned about the costs.

> Do you know how to straighten an angulated fracture? Carrying
> someone out with a fracture "splinted in place" will do great damage to
> the soft tissue, severing arteries, veins and nerves, not to mention
> making hamburger out of the muscle tissue.

I would think that without proper equipment and a LOT of training, straightening a fracture is likely to do considerably more damage (since you are moving the sharp ends around through those tissues again). The point of splinting is to immobilize the bone ends so that they don't do further damage. And I don't plan on carrying much of anyone out unless it is absolutely necessary (since that is quite

risky).

If a wilderness rescue team comes in with sufficient equipment and decides that extrication by carrying is the most appropriate, then that is fine. But I don't have the equipment (and MacGuyver notwithstanding, jury-rigged equipment isn't what I want to trust someone's life to if there is any way to avoid it) with me when I am backpacking so apart from basic first aid and a bit of TLC there is not much I can do before others arrive.

Jon

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Jon Dixon

dixonj@colorado.edu

<http://spot.colorado.edu/~dixonj/>

Date: Mon, 12 May 1997 18:55:58 -0600

From: Amick Robert <amick@SPOT.COLORADO.EDU>

Subject: Re: Wilderness First Aid ("Load and Go" saves lives in the wilderness)

For those who are interested, I have addressed many of these questions in a post which can be viewed through the courtesy of Gary Hendra at the MacScouter website:

<http://www.macscouter.com/Survival/WildPrep.html>

In addition to the above post, I will add a few thoughts concerning the current discussion on wilderness first aid:

Essentially, there are several basic concepts involved in the question of providing wilderness first aid. These are axiomatic to patient survival:

1. In serious injuries, the "golden hour" for trauma patients is defined as the maximum time limit for optimal survival of a critically injured patient. That is, from the time the injury occurs, until the patient is in surgery at a level I or II trauma center, where highly trained and experienced trauma surgeons, neurosurgeons, et al, are attending and providing the best possible definitive care. Statistically, folks who are critically injured that go beyond the "golden hour" begin losing the fight for life at an almost exponential rate, and first aid measures are minimally effective in reversing that progression. This concept was initially discovered by the Military in Vietnam and Korea where rapid

helicopter evacuation from remote, isolated areas was largely responsible for saving many critically injured soldiers.

2. All prehospital emergency medicine is being re-evaluated with the idea that "load and go" is far more likely to minimize morbidity and mortality of critically injured patients whether on main street, or in a remote wilderness area, than any limited "first aid" or "wilderness first aid" efforts can provide.

3. Thus, accessibility to rapid aeromedical helicopter or ground evacuation of critically injured patients is highly dependent on well-considered prior planning and failsafe resource development. You have to carefully evaluate where you are going, what the evacuation and rescue/pre-hospital EMS response resources are, how to quickly access them, and how to anticipate and prepare for most potential hazards in the wild.

4. There are lots of skills and talents you can bring to a field situation with proper emergency medical training and preparation, which can be initially life-saving, but you must remember that these only "buy time" until the patient can be definitively treated in a high level trauma center. A physician stated in another post, that no matter how well trained you are, even an MD cannot perform neurosurgery effectively in the field, because he has none of the tools, drugs and equipment required for definitive treatment. Similarly, we can only "hold off" traumatic shock for a short time, or temporarily relieve a pneumothorax, if authorized and trained to do so, and CPR is marginally effective for the first few minutes and becomes increasingly less effective as time goes on...

5. Certainly everyone participating in "high risk" wilderness experiences should have as much training as they can before they go. However, bear in mind that most Scouting trips to the Wilderness seldom have the luxury of having a highly trained and more important, experienced, first responder, EMT, Paramedic or physician as part of their crew. Those that do are certainly in a better situation. And, you have to anticipate that maybe your medic will become a victim and someone will have to know how to treat their injuries or illness. So anticipate that by having more folks trained.

Although most Scouts and leaders should take as much first aid training as they can before they go on a "high risk" wilderness trip, they are still

going to have only limited knowledge and experience for dealing with critical injuries or illness. However, no matter how much training and experience you have in actually treating critically injured patients, when the "golden hour" runs out, you start fighting a losing battle for your patient.

The new Red Cross Emergency Response Class is probably one of the best courses to train Scouts/Explorers and Leaders who plan to do wilderness high adventure. It has been designed to provide the primary skills needed for pre-hospital care, but also allows for modifications and additions such as Wilderness first aid, and there is now a separate course text for the wilderness module that can be appended onto the regular first responder course. The whole course is about 50 hours and includes a CPR for the Professional Rescuer certification (equivalent to AHA level C). I teach this course to my Explorers, Older Scouts and Scout Leaders each Spring and they are highly proficient with the training. It is a Nationally recognized training course meeting DOT First Responder standards and is approved by State EMS certification divisions throughout the nation.

6. So with this in mind, how do we approach the problem?

A. Make sure you have reliable communications equipment and know how to

use it. Have several levels of "failsafes" in the form of multiple "ham" radios in the two-meter band, as well as multiple spare batteries, cell phones, etc. If possible, take a pre-trip to the area and confirm that the equipment works, or at least get in contact with folks who know the area and verify with them what does and doesn't work.

B. Take several GPS receivers so you can verify the exact location where rescue is needed, and precious time is not lost trying to "find you."

C. Take enough first aid gear to deal with most situations, as recommended in Wilderness First Aid courses, or in Dr. William Forgey's excellent text on Wilderness First Aid available at most mountaineering/outdoor stores.

D. Have Scouts/Explorers and Leaders take as much first aid training as they can get before their trip.

E. Do a "tabletop" brainstorm on what the most likely hazards are, and how you would deal with them, and involve everyone who is going on the

trip since they are the "first responders" who will be providing care. Get input from local rangers or folks familiar with the trip area.

F. Remember that in spite of the best preparation, there are some things that you cannot fully prepare for, or even worse, do a lot about; so anticipate that "worst case scenario" as a possibility so if it does happen, you are not totally devastated by the impact and can still draw on reserves to respond as best you can.

G. Be sure to communicate with local rangers, EMS/Rescue providers, inform them of your trip route, anticipated campsites, and as much about your group as you can, so if something does happen, they are already up to speed on where you are, what your resources are, and how to reach you quickly.

H. Emphasize injury/illness prevention: Scouting Safety procedures will forestall nearly all injuries and illness if they are carefully followed.

For example:, folks who are bouldering need to be belayed and wear helmets. Thus, no "closed head injuries" are likely to occur.

Folks who are on flowing water need to be in approved PFD's at all times. NO EXCEPTIONS. On very rough water, helmets are a must.

Proper camping sanitation and water treatment prevents illness from ruining an otherwise great outdoors experience...and so the list goes on.

And, as one poster so aptly stated, "Plan for the Worst, and Expect the Best, and you will surely not be disappointed.." Have a great and safe trip!

Best wishes,

Bob Amick, EMT-B, Explorer Advisor, High Adventure Explorer Post 72, Boulder, CO.; Red Cross Emergency Response Instructor

Date: Tue, 13 May 1997 12:32:59 -0700
From: CHUCK BRAMLET <chuckb@AZTEC.ASU.EDU>
Subject: Re: Wilderness First Aid

In reply to Jonathan Dixon, Steven Featherkile writes...

>Now, realistically, what is the backcountry ranger going to be able

>to do, that you cannot do for yourself? What are the chances that
>the ranger is even there? Chances are that the injury did not happen
>next to a decent LZ for the helo. How do you plan to transport the
>patient to the LZ. Do you know what a decent LZ is? What ethics

Anymore, the chance of a ranger being there are probably less than 50-50. If there is a station there, and a phone, I will use that.

Assuming, OC, that the phone is operational. As far as the LZ issue, I would assume that the EMTs can be lowered in, and prepare the victim for evac as well as recognizing areas where they might be able to evac from. As non-EMT/non-helo schooled, I might overlook an LZ that could be used. They know - I don't.

>are involved in sending a helo into a wilderness area that bans all
>forms of mechanical devices? What if it starts to rain and the

If the rules are so restrictive that an air-evac helo can't be taken in to evac a critical injury, we have serious problems. If the Forest Service and the Sierra Club won't understand, I'm sure that bears and badgers couldn't care less. And if it was my son, and he ended up severely disabled or dead because the rules wouldn't let a helo in to do an air evac, there would be hell to pay. I would hound my congressmen and everyone else until the matter was resolved. Mechanical devices for rebuilding historic cabins and the like are one thing. Helos to remove an injured boy are another entirely.

>temperature drops to 40 degrees with a 20 knot wind? What if you do
>call for a helo, how does the helo know where to come, assuming that
>you found a decent LZ, and that you know how to direct a helo into
>the LZ?

WADR, we can "What if" this issue to death, here.

>Helo MEDEVACS are dangerous, both to the crew and to the patient.
>They are also prohibitively expensive. What if during the 4 or 5
>hours you mentioned (a more realistic time estimate is 3-4 days),
>what if the patient gets better? What if his condition is not as
>serious as you first thought. Who pays for the helicopter? You
>called it in. You are responsible. I don't have that kind of money.
>Before I call for a helo, I must be certain that the benefits far
>exceed the risks.

Is a medevac more dangerous than leaving a critically hurt patient

waiting for help coming in by foot? Is the boy's family going to blame me for calling in a medevac that looked "at the time" to be necessary! And I'm talking reasonably here, not overreacting.

Several years ago, I fpassed out outside my house, falling and slicing my chin open. My NDN called the ambulance. Was it my neighbor's responsibility? No way. I got the bill. No one else.

All we can do is our best. If we have done that, that's all that can be asked of us. Otherwise, we may as well all climb in our bubbles and seal ourselves off from the world.

YiS,

Chuck Bramlet, ASM Troop 323
Thunderbird District, Grand Canyon Council, Phoenix, Az.

I "used to be" an Antelope! (and a good ol' Antelope, too...) WEM-10-95
Please E-mail any replies to: >> chuckb@aztec.asu.edu <<
Member DNRC

"It's easy to say no when there is a deeper yes burning within." --
Dr. Stephen R. Covey

Date: Wed, 14 May 1997 09:01:07 EDT
From: "blaine a. jackson" <blainej@JUNO.COM>
Subject: Re: Wilderness First Aid

On Mon, 12 May 1997 05:46:12 -0700 "Timothy J O'Leary"
<tjo@CPTCHR.AFIP.MIL> writes:
>Note that I am not an ER-doc or a surgeon, but I think Jon has mostly
>a very reasonable approach.

I certainly agree with Timothy and Jon about actions to take in the event of such an injury.

I disagree, however, with a post which I believe implied that there was no reason to get advanced training because there was nothing you could do anyway.

I am not an EMT, Paramedic or MD. The "Doctor" part of my degree only

allows me to doctor with laws. I am rather proud of the fact that I am a WFR, however. If you are not familiar with the abbreviation, it is often pronounced "woofer", and stands for Wilderness First Responder. I am certified by Wilderness Medical Associates and by the National Association of Search and Rescue.

While in many cases, I may not be able to do any more that was described, I believe that I am better trained to determine what is appropriate, and to implement the proper action. I have studied how to deal with the most common backcountry problems as well as the most severe. I may not have seen it in real life, but I have probably dealt with it in very realistic scenarios.

As an example, in my final practical problem in my WFR course, I correctly performed primary and secondary surveys of my "patient", stabilized him, made a correct assessment of the fact that he probably had a partially detached aorta, and implemented proper protocols until the time of his "death".

Prior to taking the WFR course, I completed the Red Cross First Responder class. It was a very good class, and very complete as long as I am in an urban setting. It basically served, however, as only a preliminary course for WFR. The WFR course began assuming that I already knew everything I had covered in the Red Cross class. It did not, for instance, deal with multiple lightning strike victims, diabetic coma in the backcountry, removing a patient with a spinal injury from 6 feet up in a tree, assembling a hypothermia pack, making a litter from a coil of rope, etc.

In addition, the WFR course has varying protocols from a typical First Aid class; these are designed to deal with wilderness problems.. A WFR graduate is trained to make decisions and take some actions not covered in an urban setting. A statement in one book we used said (paraphrased), "In a wilderness medicine setting, a team of sled dogs is more valuable than a team of surgeons."

I know that I am somewhat prejudiced, but I do believe that a fully trained WFR will be more valuable in a Wilderness setting than an EMT or Paramedic without his/her toys. In some cases, this may well apply to an M.D. (No offense intended to Bates Noble, etc.) I know that I am certainly better prepared to take care of scouts on an outing than I was after the Red Cross course.

YIS,

Blaine Jackson, blainej@juno.com
SM T-450, 1st SA Jambo T-1807
I used to be a Bodacious Bobwhite
I am a Razorback
I am raising Eagles

Date: Mon, 12 May 1997 23:22:02 -0700
From: Steven Featherkile <madwolf@EARTHLINK.NET>
Subject: Re: Wilderness First Aid

Robert Lewis wrote, in part:

> Problem:

>

> I have had a friend experience a canoe trip where someone was cooking
> pasta, the stove and water was knocked over on the cook. 2nd degree
> burns. They were in the middle of a lake, a long ways away from help.
> The boy was in pain and very seriously in danger... What would you do
> without any cell phones / cb / hams??

>

Robert,

It depends. Please remember that this missive is worth what you pay for it. If the 2nd degree burn you describe was small, say less than 4% of body surface area (about half an arm or so) and not circumferential and not on the head, hands, feet or genitals, you could probably provide supportive care after cooling the burn in the lake, and do a self rescue. Anything more, and I would call him a litter patient, and start hauling him out. There are many ways to improvise a stretcher. This assumes that you have enough people to effect the rescue. Hauling a stretcher is hard work. You probably would want to use the canoe, at least part of the way, depending on location, portage, etc. In either case, send at least 4 people (if you have them) out for help. Give them a good position, and intended route of travel. Give them a good description of how it happened, what you observed during your exam, what

you think is the extent of his injuries as well as your best estimate of the "worst case scenario," and what treatment you have done, and what you think needs to be done. Give your best estimate of the nature of the situation. If it is a bonifide emergency, he probably rates a helo. If it is Urgent, a horse or motor boat will do nicely, and is much safer. What gear do you think the SAR Team should bring? Obviously you will do

the "band-aid stuff" to protect the skin. Tylenol or Ibuprophen for pain, providing THE PATIENT has some and wants to take it. No narcotics, they create more problems than they are worth. Remember, we are not physicians, liscenced to practice medicine. The key in either situation is to stabilize the patient, and begin the self rescue, keeping your safety, as well as that of the patient and any rescuers, foremost in your mind.

Hope this helps,

Steve

Date: Mon, 12 May 1997 23:31:27 -0700

From: Steven Featherkile <madwolf@EARTHLINK.NET>

Subject: Re: Wilderness First Aid

Steven Featherkile wrote:

>

> Gustavo,

> I agree with all of what you said. However, you are still relying on

> someone to come bail you out.

>

> eagle911 wrote:

>

> The idea of a first responder is to stabilize the victim while additional

> help arrives. Nobody is God, not even the EMTs. A severely damaged

> backpacker cannot be moved unless advanced trauma life support
arrives via

> a helicopter, for example.

1. What happens if the guy gets better. Take this senario, for instance. You are 3 days from the trail head. One of the scouts is knocked out from a blow to the head. He is responsive only to command only. Because of the mechanism of injury, you stabalize the spine, bandage the wound, and treat for shock. The accident happened at 1600 local time. You elect to wait until the next morning to send for help. This is a reasonable decision in a wilderness situation, the last thing you need is for a adrenaline hyped team to push on throught the night. You need them to get there, not become casualties themselves. Now remember, he is responsive to command only, so he has started to slip down the AVPU scale (Alert, Verbal stimulus, Paniful stimulus, Unresponsive). And he has a suspected C-spine injury. However, during the night, he gets better, and by morning, he is left only with a slight headache. He is fully alert, and oriented to person, place, time and situation. He denies any numbness or tingling in his extremities, has full sensation (sharp/dull, 2 point, light touch). His muscle strength

is 5/5 in all groups, and he has no neck pain. In a wilderness situation, do we do like we would in the city, and leave him packaged for transport, and send the team out for help? I would not, and here is why. He has gotten almost well. Helicopters are expensive, and MEDEVAC's are DANGEROUS to the helo's crew. I cannot justify risking the crew's safety, not to mention the expense, for someone who has a headache. I would cancel the rest of the trip, send the team out for help, but not for emergency help. I would request that someone meet us at the trail head with an ambulance, maybe send in a ranger with a horse or two, but that is it. I would also send a treatment note detailing everything that has occurred, along with a topo map with our position and route of intended travel. Spread the guy's gear out among the rest of the crew, and walk him out at his best pace.

- > Nevertheless, basic stabilization is essential
- > or else the patient will enter in shock and die, no matter how fast you can
- > manage to carry him with a group of scouts while ensuring proper
- > head-neck-spinal immobilization.

2. Remember, your patient is not going to stay the same. He will get better, or he will get worse, but he will not stay the same. Keep reevaluating him to catch those changes.

- > The first responder course is designed to
- > teach how to transport a victim, but nobody relies on their own ability.

We

- > always look for additional help.

3. Granted, but in the bush, we have to provide the transport. The ambulance is just not coming. How do you plan to package him for transport using the stuff you have in your packs? Almost all of that gear can be used to improvise splints, stretchers, dressings, etc.

- > If there is any doubt on this, it isn't
- > the course's fault by itself. The primal objective is to stabilize the
- > victim on-site and wait for support to move it,

4. The helo is not coming. It is raining, has been for the last 2 days, the area is fogged in, with icing conditions. You cannot wait there.

- > or else the patient will
- > suffer the consequences, no matter if the personnel is a scout, a first
- > responder, a leader, a paramedic, or a doctor. What do you think?

5. This is the kind of course that I want for scouts, one that forces the leader to think beyond the usual. Almost all of the others rely on the Emergency Medical System. The EMS just does not extend where I want

to go backpacking.

You asked what I think. There it is. We cannot afford to stay within

the old paradigme. Gustavo, I've been reading your posts, and I have been impressed. Keep up the good work. BTW, what do you think?
Steve Featherkile

Date: Thu, 15 May 1997 14:17:39 -0400
From: "Steven G. Tyler" <sgtyler@EROLS.COM>
Subject: Re: Wilderness First Aid

blaine a. jackson wrote, in part:

> I know that I am somewhat prejudiced, but I do believe that a fully
> trained WFR will be more valuable in a Wilderness setting than an EMT
> or
> Paramedic without his/her toys. In some cases, this may well apply to
>
> an
> M.D. (No offense intended to Bates Noble, etc.) I know that I am
> certainly better prepared to take care of scouts on an outing than I
> was
> after the Red Cross course.
>

I would tend to agree, Blaine. My only quibble is with your earlier statement that some had posted saying, in effect, that there's no use in being trained. I haven't seen that said or implied. Better training (and in the case you cite, more situation-specific training) is ALWAYS better.

What I (and others) have objected to is the attitude expressed in some of the posts that a unit is being rash and foolhardy to venture into the wilderness without every conceivable form of training and medical appliance (and, yes, I'm overstating for emphasis ... but only a little). IMHO, determining that wilderness evacuation can be reasonably and swiftly accomplished if an injury is beyond the help of simple first aid is as - or MORE - important than training to the teeth and dragging along extensive post-First Aid medical appliances.

The key, I believe, is appropriateness; the appropriate preparation standard would be much higher if you'll be out of contact with civilization for a week or so in the High Sierras, than it would for a couple of days hiking on the Appalachian Trail, for example. Frankly, there's a human tendency to view every problem as a nail, if all you have is a bright, shiny hammer. That applies equally to the Scouter with a cellphone and the number for helo evacuation, and to the Scouter

with a bag of medical toys and a new training certificate.

Review: did I say that advanced training is NOT important? No. Did I say that, with appropriate preparation and backup, advanced training is not a prerequisite for every wilderness activity? Yes.

--

YIS

Steve on Cattail Creek

sgtyler@erols.com

Date: Wed, 14 May 1997 11:04:28 -0500
From: Michael J Pagelkopf <mjpgagel@SPARC.ISL.NET>
Subject: Wilderness First Aid

The American Red Cross offers a program which builds on basic Red Cross first aid training entitled "First Aid - When Help is Delayed". The intent of the training is to build on current first aid training in situations of delayed help (30 minutes or more). The program was introduced in 1996.

Date: Thu, 15 May 1997 16:05:54 -0600
From: Amick Robert <amick@SPOT.COLORADO.EDU>
Subject: Re: Wilderness First Aid (helicopter response to isolated areas)

I would have to respectfully disagree with Steve, re regarding access to helicopters. In Colorado, (and many other Western States), there is a good network of EMS/Rescue Helicopters coordinated through Provenant/St.

Anthony's who can get airborne in minutes 24/7 upon a "chopper go" order

which can be initiated by an EMT or any public safety person. These folks fly high altitude Alouette or Bell High ALtitude choppers with appropriate paramedic/flight nurses. Often they will also stop at the base camp and bring in a mountain rescue person with them to assist with any technical rescues or loading. They can pretty much fly to any isolated mountainous area in the Rockies, except in extreme weather conditions, and have been responsible for medical evacuation of many seriously injured folks in isolated areas. In many cases they come pretty close to making an evac at or near the "golden hour" or not a whole lot beyond that, plus they have lots of ALS gear on board to "buy more time" if need be.

I agree that in some cases, such as bad weather, you can't get a

chopper right away, and certainly if your only choice is doing the best you can until rescue gets there, then by all means do what you can. just bear in mind that in critical injuries, you may be fighting a losing battle after the "hour" has elapsed...

The biggest problem, to reiterate the earlier post, is rapid notification of the need for a chopper which can best be facilitated with radio communications (e.g. two meter ham band, cell phone, et al) and the use of a GPS to pinpoint exact lat/lon coordinates and an LZ.

Best wishes,

Bob Amick, EMT-B, Explorer Advisor, High Adventure Explorer Post
72 Boulder, CO

On Wed, 14 May 1997, Steven Featherkile wrote:

I would not hesitate to call a
> helo in those rare instances where it might be needed. The problem is,
> by the time the helo got there, the sacred "Golden Hour" would have long
> since elapsed. For those of you who want to wait for the pros to get
> there before you do anything, THEY AREN'T COMING!!! At least not in
> time to do you any good. Nowhere in this great land of ours can you
> come up on your PRC-25, call Battalion and request the Jolly Green for a
> dust-off, unless you happen to be on a military base with access to
> their net. > a "Golden couple or three days."

Find the course and get the training.

Date: Fri, 16 May 1997 07:58:24 -0700
From: "Timothy J O'Leary" <tjo@CPTCHR.AFIP.MIL>
Subject: Re: Wilderness First Aid

I would like to echo Blaine Jackson's comments, and an emotion expressed by many.

It is good to be as well trained as you can. I honestly do not much care if you can reduce a fracture or not, and I DO want you to activate the EMS (bring in the helos) when necessary. You don't always have the "golden hour" though. The "golden hour" concept - used in the military since the civil war - applies to people who have good help in the field. You can bleed to death in a few minutes, after all.

The well trained think through the problems better.

**The well trained don't panic.
The well trained treat the serious injuries first.
The well trained don't do stupid things as often as the poorly trained.
The well trained call for help.**

So, while I don't want to see someone trying to pack out my son if he has fallen and has a broken neck, I do want him out with someone who is well-enough trained to recognize the possibilities, make sure he is dry and warm (minimizing secondary damage), keeps him from bleeding out before the EMT's show up.

I want leaders who think clearly, learn what they need to know, and know their limitations.

Many thanks to all who have contributed to this discussion both publically and privately. I think it has helped all of us think a little more clearly.

Timothy J. O'Leary, M.D.

**Date: Tue, 13 May 1997 22:44:58 -0400
From: Peter Farnham <pfarnham@CAPACCESS.ORG>
Subject: forwarding - wild. first aid note (fwd)**

Hi all,

Since the issue of wilderness first aid courses has come up, I thought I'd post some info about one I took on May 3-4. The course is called "Basic Wilderness First Aid." It is 16 hours long (two full days from 8 - 5, with an hour for lunch). It costs \$125. One receives the excellent instruction, a 2-year certification, a bandana with the basic steps for dealing with a wilderness casualty printed on it, and a thick paperback book called Medicine in the Back Country. The course is put on by an outfit called Stonehearth Outdoor Learning Opportunities (SOLO), out of Conway, NH. Trainers from SOLO will come to your district to teach the course if you can provide a certain minimum of students (I think it's 15 or so). SOLO also offers a 10-day "Wilderness First Responder" course, and a 30-day "Wilderness EMT" course, as well as a variety of other courses in outdoor leadership, treks to places like Nepal, etc.

The course concentrates on patient assessment and diagnosis, accurate record-keeping, splinting, wound care, and how to protect the patient from

the environment. I learned how to make a traction splint (used for a broken femur); how to relocate a dislocated shoulder; how to prepare a SOAP note; and a few other skills I didn't already have. The course does not teach CPR. The course is not all classroom; it sets up different scenarios involving casualties with injuries which you have to diagnose and treat (sometimes the "patients" are conscious; other times not).

One of the great things about the course was the emphasis on improvisation in splinting. You learn to make splints with what you have available, such as tent poles, walking sticks, ice axes, etc, and to use clothes and other cloth items for padding. The course also acquaints you with the differences between caring for a casualty in the backcountry (defined as 1 mile from the trailhead, or 1 hour from an emergency room) and a casualty only a phonecall away from an ambulance. Of course, the environment is a huge worry--for example, the ground is pretty much a constant 55 degrees year round, so a casualty on the ground without protection begins to lose body heat very quickly. Getting them on a pad is the first thing you do after the immediate life threats are dealt with.

All in all, I found this to be an excellent course. I can provide info on how to contact SOLO if any of you are interested. This course is highly recommended by our district's Venture scout hierarchy.

A related question for the group-- a scout going into anaphylectic shock as the result of a bee sting is a constantly recurring nightmare for me. I wonder if any SMs out there have been able to obtain ANA kits to keep in their troop first aid kits against such a frightening possibility? Since these are prescription items, I'm wondering how I could obtain one. Has any unit leader out there been able to get one legally, and how did you do it?