HEALTH AND SAFETY GUIDELINES FOR REXBURG NORTH STAKE TREK 2017

PROTOCOL FOR INCIDENT MANAGEMENT (When Medical Staff Assistance is Needed)

1. Ensure safety of patient and the group
2. Administer first aid
3. Notify Company Leader
4. Gather and report pertinent information:
   - Name, age, health history
   - Nature of the injury or medical issue
   - How did the incident happen
   - What first aid has been administered
   - Progression of signs and symptoms
   - Location of the patient
5. Company Leader will report to Trail Boss
6. Trail Boss and Medical Director will instruct Company Leader how to proceed.

BLISTERS/FOOT PROBLEMS (The most common and most easily preventable problem)

PREVENTION

1. Wear a thin sock liner (nylon, polypropylene, etc.)
2. Wear wool or synthetic socks – NO COTTON SOCKS
3. Ensure proper fit for shoes. Shoes should be well worn in before Trek.
4. Ask frequently about “hot spots”. Stop after the first ten minutes of hiking and place Moleskin on any spots that are rubbing. Leaders should do a visual inspection of trekkers feet once a day – preferably early in the day. (Have them take off shoes and air out their feet and shoes)
5. Instruct trekkers to trim toenails before the trek (have them do it before the first day of walking on trek if they did not do it at home)
6. Do not allow trekkers to walk barefoot.
7. Instruct trekkers to step securely over objects rather than jumping onto rocks, logs, over streams, etc. to prevent ankle injuries.

TREATMENT FOR HOT SPOTS

1. Place Moleskin, Blist-o-Ban or duct tape over any hot spots.

TREATMENT FOR BLISTERS

1. Clean the blister and surrounding skin with soap and water to prevent infection.
2. If the blister is likely to burst use a sterilized needle to poke a hole near the base of the blister to drain.
3. Bandage an open blister with a Moleskin donut hole (cut a hole for the blister to poke through the Moleskin). Fill the donut hole with 2nd Skin or antibiotic ointment.
4. Cover a closed blister with 2nd Skin or Blist-o-Ban.
5. Cover open or closed bandaged blister with Moleskin or duct tape.

SUNBURN

PREVENTION

1. Protect the skin from sun especially between the hours of 9:00 AM to 3:00 PM
2. Wear protective clothing (broad brimmed hats, long sleeved shirts and long pants)
3. Apply generous amounts of sunscreen with SPF of 15 or greater that block UVA and UVB 30 minutes before exposure. Reapply every 2-3 hours during the day, especially if sweating or in water.

TREATMENT

1. Cool the burn by applying cool water soaked gauze pads onto the burn.
2. Consider using calamine lotion for relief of pain.
3. Use oral pain medications if needed. (Ibuprofen – 600 mg - administered early is recommended)
5. Avoid further sun exposure.
6. Refer to medical staff for severe burn.

WATER BORNE ILLNESS

PREVENTION

1. Do not use water from any wilderness source. Use only the bottled water from home or water provided by the Trek leaders.

TREATMENT

1. Trekkers that exhibit gastrointestinal pain, cramping, nausea, vomiting or diarrhea should be referred to the medical staff.
2. Until seen by the medical staff – hydrate with water or electrolyte solutions like Gatorade.
3. Allow them to eat only a bland diet.
4. The medical staff should determine if they should take an anti-nausea or anti-diarrheal medication.

FOOD BORNE ILLNESS

PREVENTION

1. Follow good camp hygiene
2. Wash hands well after going to the bathroom and before cooking or eating food.
3. Provide plenty of water and soap for thorough hand washing.
4. Teach and model proper hand washing technique. (Do not assume that everyone knows proper hand washing technique – teach it.)
5. Wet hands thoroughly with flowing water (preferably hot), soap up until a good lather is attained, work the lather over all surfaces of the hands - between fingers and under fingernails, rinse thoroughly, re-soap and lather, rinse, dry the hands (very important).
6. When water and soap is not readily available use alcohol based hand sanitizer by applying the sanitizer liberally.
7. Do not share water bottles, lip balm and personal utensils.
8. Avoid eating leftovers unless they have been stored at less than 40 degrees F and reheated thoroughly.
9. Clean cooking and eating utensils well by using a four step method: A water tub to pre rinse all dishes and utensils, a hot water tub with dishwashing soap (biodegradable best in the backcountry) and a hot water rinse tub. End with a sanitizing tub with steramine tablets or 1 tsp of chlorine bleach per gallon. Allow dishes and utensils to air dry – hang in mesh bags.

**TREATMENT**

1. Trekkers that exhibit gastrointestinal pain, cramping, nausea, vomiting or diarrhea should be referred to the medical staff.
2. Until see by the medical staff – hydrate with water or electrolyte solutions like Gatorade.
3. Allow them to eat only a bland diet.
4. The medical staff should determine if they should take an anti-nausea or anti-diarrheal medication.

**HEAT ILLNESS AND DEHYDRATION**

**PREVENTION**

1. Stay hydrated, avoid over hydration. Urine should be a light yellow in color.
2. A good guideline is 1 quart per hour when hiking in warm weather. Eat snacks when drinking to avoid hyponatremia (excessive water intake that dilutes blood sodium).
3. Wear well-ventilated, open weave clothing, cover your head and wear sunglasses.
4. Rest often in the shade. Provide a tarp with poles and line to set up shade with your handcart. (See photo below for an example – your handcart could be the truck – place the handcart tipped up to gain some height.)
TREATMENT

1. Trekkers experiencing fatigue, weakness, nausea, headache, lightheadedness, irritability, loss of appetite, etc. especially after exertion in hot weather could be suffering from heat illness or dehydration. Refer to medical staff if there is a change in mental status.
2. Rest in a cool environment.
3. Hydrate.
4. Aggressive cooling may be appropriate (spray or sponge cool water on skin, fan, massage extremities, immersion in cool water).

COLD (HYPOTHERMIA)

PREVENTION

1. Wear wind and rain gear with fabrics that keep you warm when wet (NOT COTTON) in cold weather. See this link for information about fabrics and layering of clothing https://www.rei.com/learn/expert-advice/layering-basics.html
2. Be attentive to your own condition and that of your fellow trek members. Watch for the “UMBLES” – stumbling and fumbling (loss of muscle coordination), grumbling and mumbling (loss of brain function).
3. Maintain adequate nutrition and hydration. – Keep the fuel tank full to produce energy.
4. Stay dry. Pace yourself and instruct other trekkers to avoid sweating and overexertion.
5. Avoid tight clothing and footwear.
6. Do not tolerate numbness in extremities – Stop and fix.

**TREATMENT**

1. Find shelter out of windy and wet weather.
2. Insulate the patient by removing wet clothing and putting on layers.
3. Add calories by encouraging the patient to eat.
4. Encourage alert patients to exercise.
5. Apply heat packs to torso or take to a warm environment.
6. Refer to medical staff if mental status is deteriorating.

**SEVERE WEATHER (LIGHTNING)**

**PREVENTION**

1. Recognize that there is no safe place outdoors in a lightning storm but some places are safer than others. (Leaders will have a lightning detector and notify group if precautions need to be taken).
2. Thunder is a clear sign of danger - can be heard for 10 miles in calm air and much less in stormy air. Lightning can strike miles ahead of a storm.
3. When lightning is present avoid dangerous locations: peaks, ridges, hills, isolated tall objects like a rock or tree, open meadows, large bodies of water, shallow overhangs or caves, places showing evidence of previous lightning strikes, pipes, wires, fences, wet ropes, fishing rods, tent poles, etc.
4. Spread the group out, assume lightning position on something like a pack to insulate yourself from the ground. See illustration below for proper lightning position.
TREATMENT

1. Ensure safety of others in the group.
2. CPR for cardiopulmonary failure.
3. Patient may experience burns, eye injury, ear injury, trauma from being thrown.
4. Evacuate to medical staff as soon as possible.

TICKS BORNE ILLNESS

PREVENTION

1. Perform tick checks twice a day when ticks are present in the environment.
2. Wear light colored long pants and shirts.
3. Use insect repellant containing DEET on skin and clothing. Consider treating clothing with Permethrin before trek.
4. Educate trekkers about possible transmission of Rocky Mountain Spotted Fever, Lyme Disease or Tularemia from a tick.

TREATMENT

1. Remove all embedded ticks immediately by grasping them close to the skin with a pair of tweezers and pulling gently in a straight line.
2. Wash the bite site and monitor for signs and symptoms of infection – fever, rash or flu like symptoms (May occur days or weeks after trek).

MOSQUITOES

PREVENTION

1. Wear loose long pants and long sleeved shirts.
2. Seek screened areas if possible during peak times of mosquito activity (dawn, dusk, cool weather)
3. Use DEET, permethrin or picardin-based repellants. Consider treating clothing with permethrin before trek.
4. Educate trekkers about possible transmission of West Nile Virus from mosquito bites.

TREATMENT

1. Monitor for allergic reaction.
2. Refer to medical staff for antihistamine cream or oral medication if reaction is severe.

SNAKE BITE

PREVENTION

1. Educate trekkers about the possibility of an encounter with a rattlesnake.
2. Look where stepping and reaching hands.
3. Avoid walking around at night without a light.

TREATMENT

1. Calm the patient and the group.
2. Ensure safety of the rest of the group.
3. Take a picture of the snake if possible.
4. Immobilize the limb without compression or constriction.
5. Transport to medical staff for evacuation.

TRAUMA

PREVENTION

1. Educate trekkers about safe behavior while trekking and in camp. Horse play can end up not being fun!
2. Walk in front and behind the handcart to avoid injury from the handcart wheels.
3. Communicate clearly with each other on hills – especially when controlling speed on the downhill.
4. Do not run with the handcarts.
5. Step securely over obstacles – do not jump on rocks, logs or over streams.
6. Do not walk on trail or around camp barefoot.
7. Use caution with fire. Do not play with burning materials. Use leather gloves.
8. Teach and model safe use of knives.
   Always handle your knife with care!
   Cut away from your body, not toward it.
   If you drop your knife, let it fall. Don’t attempt to catch it.
   Never run with a knife.
   Don’t throw a knife to anyone. Hand it to them, handle first.
   Never point a knife at anyone.
   Do not use a locking blade if the lock will not lock open.
   Keep your knife folded or sheathed when carrying or storing.
9. Teach and model safe use of an axe.
   Wear boots or covered shoes
   Remove anything that could get tangled, like a scarf.
   Never use an axe or saw with a loose head or blade.
   Ensure that there are no overhanging trees or bushes.
   Make sure that no one is closer than 3 axe lengths.
   Always use a firm chopping block.
   Do not use a knife, axe, or saw when you are tired.
   Always mask the axe or saw and put away when not needed.
   Always keep tools clean and sharp.
   Carry axes with the blade down and facing back (sheathed if possible)

TREATMENT

2. Apply direct pressure with bulky dressing for bleeding.
3. Elevate a limb.
4. Immobilize injury.
5. Transport to medical staff for evaluation.

LOST TREKKER

PREVENTION

1. Establish a buddy system.
2. Determine that all trekkers are present at the start, end, lunch and every rest stop.
3. Be aware of emotional state of all participants. Watch for trekkers that may need some extra attention.

SEARCH PROTOCOL

1. Determine the point and time the trekker was last seen.
2. Gather information about weather conditions, lost person's experience, health concerns, equipment and clothing they have with them. Identify colors.
3. Place responsible individuals at points of containment: Geographic boundaries that may stop or direct the lost person – roads, trail junctions, streams, ridges.

4. Thoughtfully and promptly search the most likely locations to find the lost trekker looking for clues – tracks, dropped clothing, gear, broken branches, etc. Return with any clues.

5. Use attractions: fires, whistles, bright clothes, vocal calls, notes at trail junctions to get the attention of the lost trekker.

6. Consider “Lost Person Behavior” principles: Will often follow trails or easier terrain, often climb to the highest point to see where they are or to get cell coverage, many travel downhill or downstream, will often travel at night even without a light.

7. After one hour the search area will be 12 square miles (based on a lost person traveling 2 miles per hour). After two hours the search area will be 48 square miles and after three hours the search area will be 108 square miles. Do not wait too long to enlist the local Emergency Response Team.