

CATAMOUNT TRAIL TOURS

Safety Planning Guidelines for Tour Leader

This is a quick reference guide for Tour Leaders and should not be considered a substitute for formal First Aid Training.

BEFORE YOU HEAD OUT

Carry These Essentials In Your Pack:

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| <ol style="list-style-type: none">1. Map & compass2. Headlamp & extra batteries3. Extra clothing4. Sunglasses/Goggles5. Extra food and water6. Knife & Whistle | <ol style="list-style-type: none">7. Waterproof matches8. Candle & fire starter9. First aid kit10. Space blanket11. DUCT TAPE!12. Phone number of local Emergency Rescue Agencies |
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Consider Carrying a Cell Phone and Two-Way Radios. Reception is not dependable on the Trail, but there are areas where your cell phone may work. It is also helpful to carry a two-way radio, allowing leaders and sweepers to communicate on the trail.

Know The Access Points For Incoming Rescue Help. Be able to describe locations to someone not familiar with the area. Know the local snowmobile trail system as they are likely to be used in the event of a rescue.

BE AWARE OF THESE POTENTIAL PROBLEMS

Review with skiers as you see fit before commencing tour.

Blister Prevention:

1. Describe what a “hot spot” is and encourage participants to recognize and treat these early, before they become blisters.
2. Stop group so skier(s) can apply tape, moleskin. Often if one person needs to stop, others do too, but have not spoken up.

Signs and Symptoms of hypothermia:

1. Shivering
2. Decreased co-ordination (stumbling)
3. Decreased level of consciousness (mumbling)
4. Hallucinations

If You Become Lost:

1. Stay put!
2. Blow whistle - continue to blow whistle - sets of 3 blows.
3. Stay Warm and Dry
 - a. Remove wet base layers
 - b. Add warm layers, cover head, etc.
 - c. Exercise in place to stay warm
 - d. Shelter yourself from wind, consider digging a shelter or building a fire
 - e. Stay fueled and hydrated—both help you produce heat.

IN THE EVENT OF AN INJURY OR EMERGENCY

Take a deep breath and stay calm.

Carefully evaluate and document the situation (Refer to the SOAP note for help with this)

1. Assess what happened.
2. Identify the type of injury - is it life threatening, is the patient ambulatory, is their medical care available?
3. Note the name, age, gender of patient/s.
4. Note your location (hrs. from start point, GPS coordinates, significant landmarks)

Determine whether or not you need assistance for an evacuation

If you do need additional help to get the patient to medical care, Call 911

If you can't call (no cell reception or phone):

Send a group of your strongest skiers familiar with the area to notify State Police (911). The skiers must:

1. Travel in groups of 2 or more.
2. Take a clearly marked map.
3. Flag the route from the patient's location to exit point.
4. Carry a copy of the SOAP note
5. Carry the 12 essentials listed above.

Continue to treat the patient (delegate to group member with most first aid knowledge):

1. Stop bleeding, treat soft tissue injuries, splint musculoskeletal injuries
2. Insulate patient from the ground with foam pad
3. Shelter patient from elements
4. Reassure injured
5. Remove wet base layers
6. Add warm layers, cover head, etc.-insulate on all sides
7. Keep fueled and hydrated—both help you produce heat.
8. Add hand-warmers/hot water bottles to neck, armpits, groin.
9. Build a shelter to shed wind for injured and helpers.
10. Continue to assess the injured.

If necessary, prepare the trail and/or a make-shift sled to facilitate moving the patient (delegate to other appropriate group members)

If patient can be moved, get to closest trailhead or snowmobile corridor. Make sure the skiers that have gone for help know where you are going.

SOAP NOTE

The SOAP note is a straightforward way to plan and document patient care. It is organized into Subjective data, Objective data, the Assessment, and the Plan. Keep one in your first aid kit to guide you should you need it. You may not use all the categories, but use this form to remind you of things you may not have considered. Send a copy out with skiers that leave the group to secure additional help with an evacuation.

Subjective:

Age:

Sex:

Mechanism of injury (MOI):

Chief complaint (C/C), i.e., what they are complaining of:

Objective:

The objective data consists of vital signs, the patient exam, and the AMPLE history.

Vital signs

Time the vitals signs are taken:

Respiratory Rate & Effort:

Heart Rate & Effort:

Level of Consciousness:

Skin: Color/Temp/Moisture:

Patient exam - Describe locations of pain, tenderness & injuries:

AMPLE history

Allergies:

Medications:

Past pertinent medical history:

Last intake & output:

Events leading up to accident:

A – Assessment: (problem list)

P – Plan: (plan for each problem on the problem list)

MONITOR - SOAP your patient every 5 – 15 minutes, depending upon their condition