

WWBA

Safety and Sanitation Plan

We will hold 2 pretrip meetings at which safety and sanitation issues will be addressed. The first will be a “general meeting” covering overall goals, procedures and gear involved. The second will be a ‘shakedown’ of all equipment as well as a chance to address any final concerns. A big part of both meetings will be to address “leave no trace” backpacking etiquette.

First Aid :

All of our trip leaders are Wilderness First Aid certified and will be dealing with all manageable first aid in the field. We will familiarize all participants and parents with our first aid kits and experience. We will discuss the most common backpacking injuries.

Hazard Awareness :

Participants will be made aware of the hazards associated with backpacking. Common sense will be stressed. We will discuss what to do if lost. We will discuss specific hazards associated with the particular area we will be visiting.

Communications :

Trip leaders will be equipped with 2 satellite phones. We will discuss procedures involved in communication during an emergency situation.

Area Familiarization :

During our pretrip meetings, we will display maps of where we will be hiking. All parents of participants will be given directions to the trailhead and any applicable phone numbers. Parents will be informed that they must be available for the duration of their participant’s trip for possible pick up at the course area.

Bear Precautions:

We will familiarize all our participants on proper use of bear cans. Using bear proof canisters will be our primary means of protecting food from bears.

Sanitation :

We will be carrying a Katadyn Guide water filter + refill cartridge as well as enough iodine tablets for emergency breakdowns. All trip leaders are familiar with maintenance of our water filter.

Our code on human waste will be to follow whatever guidelines are described for the particular area we visit. Leave no trace ethics will be stressed.

All garbage will be packed out.

Injured or Lost person protocol :

Sick or Injured participant (non emergency, mobile victim):

If they are less than a day to a wilderness exit, and the participant can hike on their own, one leader and one other participant should hike the sick participant out while the other leader stays with the group in the same spot. The leader who hikes the sick participant out should phone the WWBA 'point person' and have them arrange a pickup either with the parents or a Walden West vehicle. That leader must stay with that participant until their parents, guardians or Walden West staff person arrives and takes over responsibility.

If they are more than a day to a wilderness exit, the whole group must stay together until a point at which one leader, one other participant and the sick or injured participant can hike out in less than a day. The rest would be the same as above.

Sick or Injured participant (emergency or non emergency, immobile victim):

Should a participant become incapacitated due to sickness or injury, an evacuation will be required. There are two possible methods of evacuation and it will be up to the trip leaders to decide which is fastest for their situation. In either case, EMS and the Walden West 'point person' should be called on the SAT phone. (1) If the group is within one day of a wilderness exit, the group can stay together and use appropriate techniques to carry the victim to safety (assuming their spine has been properly cleared). (2) If the group is more than a day from a wilderness exit and/or a head or neck injury is suspected, EMS should be called on the SAT phone and a helicopter evacuation or other type, should be arranged. In the event that the phone is not working, one leader and two other participants should head for the nearest possible wilderness exit with a map of the injured persons approx. position and call EMS to arrange for the evacuation. The other leader should stay with the group and tend to the injured

or sick individual and have other participants help to find ways to signal EMS when they arrive, i.e. large fire, bright colors in a clearing, etc.

Sick or Injured Leader (non emergency, mobile victim):

The whole group must stay together and hike the injured or sick leader to safety. The 'point person' at Walden West should be called and a pickup and replacement leader should be arranged. This is the case no matter where in the trip they happen to be.

Sick or Injured Leader (emergency or non emergency, immobile victim):

If there is no assumption of head or neck injury, and the group is no more than a day from a wilderness exit, a carry-out evacuation can be attempted. EMS should be called as soon as possible if required. If there is an assumption of a head or neck injury and/or the group is more than a day from a wilderness exit, EMS should be called on the SAT phone and an evacuation of some type arranged. In the event the phone doesn't work, the other leader and two other participants should hike to the nearest possible wilderness exit and notify EMS for an evacuation. The rest of the group will stay with the injured leader until help arrives.

Lost Person

In the event of a lost person, we will make the fastest effort possible to involve the appropriate authorities to assist in the search, usually by means of a call from our SAT phone. Participants will be instructed to, if lost, not move unless absolutely necessary. All participants will be equipped with a whistle to be used as a distress call.

Evacuation Guidelines (WMI sanctioned)

Spine Injury

Evacuate any patient being treated for possible spinal injury.
Rapidly evacuate any patient with signs or symptoms of spinal cord injury

Head Injury

Conservative treatment with close observation for 24 hours in the field can be done if:

- The patient was awake and alert (A/O X 3 or 4) or was only momentarily dazed or stunned, but recovers appropriately.
- The patient remains awake and alert without negative change in mental status.
- The patient has only transient nausea or vomiting.

Evacuate if the patient has:

- Significant mental status change (the patient was assessed as V, P or U on the AVPU scale).

Rapidly evacuate if the patient has:

- Distinct changes in mental status (disoriented, irritable, combative).
- Persistent vomiting, lethargy, excessive sleepiness, seizures, worsening headache, vision disturbances.
- Signs of skull fracture.

Shock

Evacuate any patient whose vital signs do not stabilize or improve over time. Rapidly evacuate any patient with decreased mental status or worsening vital signs.

Wounds

Evacuate any patient with an infection and without improvement within 12-24 hours and/or with systemic signs (fever, chills). Antibiotic therapy should be continued during evacuation.

Rapidly evacuate any patient with signs or symptoms of serious/systemic infection.

Evac. Any patient with a wound that cannot be closed in the field.

Rapidly evac. A wound that: is heavily contaminated, opens a joint space, involves underlying tendons or ligaments, was caused by an animal bite, is on the face, has an impaled/imbedded object, was caused by a crushing mechanism, or show evidence of serious infection.

Burns

Evac. all full thickness burns. Consider evacuating partial thickness burns, especially to the hands, feet, face, armpits, or groin for pain management and wound care.

Rapidly evac any patient with partial and/or full thickness burns covering more than 15% TBSA; any patient with partial or full thickness circumferential burns and any patient with signs and symptoms of airway burns.

Musculoskeletal

Evac. all unusable musculoskeletal injuries and any first time dislocation except distal joints of the fingers or toes.

Rapidly evac. all open fractures and any musculoskeletal injury with altered CSM.

Hypothermia

Evac. rapidly and gently any patient with severe hypothermia.

Frostbite and Non-freezing cold injury

Isolated, small (less than quarter sized) blisters can be kept in the field if infection and subsequent freezing can be prevented. In general, larger blisters, blood filled blisters, partial, or full-thickness cold injuries should be evacuated. The pain from non-freezing cold injury usually dictates evacuation.

Heat Injury

Evac all patients who have an altered LOC.

Altitude Illness

Severe AMS can develop quickly and is life threatening, therefore it is recommended that you immediately descend (2000 to 4000 feet) with any patient exhibiting: ataxia (loss of balance), shortness of breath at rest, pale or cyanotic skin, extreme fatigue, elevated HR and RR at rest, wet lung sounds and productive cough, LOC changes, severe headache unrelieved by rest or medication, or seizures.

Unconscious Patient

Evac. any patient with an altered mental status...

Anaphylaxis

Evacuate patients with severe allergic reactions. Secondary reactions can occur within 12 to 24 hours.

Abdominal Pain

Evac any patient with abdominal pain who also has:

- signs and symptoms of shock
- blood in the vomit, feces or urine
- pain persisting greater than 12-24 hours
- localized pain especially with guarding, tenderness, distension or rigidity
- persistent vomiting or diarrhea greater than 24-72 hours
- fever above 102 F
- signs and symptoms of pregnancy