

Draft - Minimum Guidelines and Scope of Practice for Wilderness First Aid (WFA)

Introduction

People who live, work, travel and recreate in the outdoors have specialized medical training needs not adequately met by traditional first aid programs. They need to care for patients in remote locations, in challenging weather, with questionable communication and support, limited equipment and the need to make independent decisions on patient care and transport. As a result, medical and outdoor specialists developed wilderness medicine courses in an attempt to meet these needs. Initially they were written independently and were opinion-based. Subsequently, they have evolved based on shared evidence and experience. This process has led to a de facto consensus about content and scope amongst the leading training organization and several professional outdoor organizations. In an attempt to clarify what this means, a number of the organizations have engaged in a more formal conversation that has resulted in what we hope will be the first of several Scope of Practice (SOP) documents for different training and practice levels.

Our intention is to assist the lay public, outdoor program administrators, individuals and any other major consumers of wilderness medicine courses in their choice of an appropriate course and credential level for their programs. Each SOP will describe the intended audience, what graduates at each level of credential should know, what decisions they should make and what skills they should, and should not be able to perform. Because student and/or organizational needs can vary by location, population and experience, some SOP documents may provide for a minimum or core requirement and acceptable elective topics and skills. Ultimately it is the responsibility of each organization choosing medical training to understand its own individual institutional needs.

While we have strong opinions that these programs are best taught by skilled educators and experienced outdoors people using hands-on practice, case studies, and realistic simulations as the prominent style, we are intentionally not commenting on specific teaching methodologies. These should remain the discretion of the individual program training institution, course provider and sponsoring agency. Likewise, this document is not intended to speak to questions of organizational accreditation or instructor training or qualification. This document cannot be used to imply any type of endorsement of content or quality for a course provider.

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Wilderness First Aid Overview

A Wilderness First Aid (WFA) Course is intended for non-medical professionals:

- for whom first aid delivery is a secondary responsibility,
- people acting as a second rescuer for a higher trained person,
- people with the outdoor skills needed to participate and/or lead the trip and who have an effective emergency action plan,
- individuals traveling alone, with family, and/or friends.

In the context of:

- people in locations where evacuations are primarily walkouts or carryout with the assistance of local resources and where local EMS access is expected in a timely manner (< 8 hours),
- short trips relatively close to help; day trips/camps, stationary wilderness camps, weekend family activities, front-country outdoor recreation

Additional certification recommended to have a valid WFA

- CPR for adults, children > age 8.
- AED (automatic external defibrillator)

Definitions:

- Core: Expected skills and topics which are within the WFA SOP.
- Elective: Skills and topics which are within the WFA SOP, but can be included or excluded at the discretion of the training provider.

Focus and Content Overview

- Minimum 16 hour course (exclusive of CPR) with an emphasis on practical skills and drills
- Focus is on:
 - performing a basic physical exam to identify obvious injuries or abnormalities, assessing basic and obvious signs, symptoms, and vital sign patterns, along with obtaining a simple relevant medical history (e.g., SAMPLE),
 - prevention of medical problems anticipated by the activity and environment,
 - treatment focused on stabilization of emergencies, initiation of specific and appropriate medical treatments (basic splints, wound care, spine immobilization, managing heat and cold) and assistance to patients utilizing their personal medications,
 - conservative decisions on the need for, urgency of and appropriate type of evacuation and for interventions appropriate for this level of training.

Does not include:

- traction splints
- wound closing with sutures
- use of prescription medications other than epinephrine by auto-injector for anaphylaxis
- needle decompression
- invasive or mechanical airway adjuncts
- immobilization on backboard or litter
- building improvised litters
- releasing tourniquets in the field
- complex medical assessment or diagnosis
- passive reduction of shoulder and patella dislocation (elective skill)
- spine clearing (elective skill)

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Core Skills

Patient Assessment and BLS

- Evaluate the scene – assess for safety and causes, emphasizing personal and team protection
- Perform an Initial Assessment/Primary Survey (Identify and treat life threats)
 - Respiratory System
 - Manually open, maintain and protect an airway with standard BLS technique and the recovery position.
 - Provide adequate ventilations by mouth to mask
 - Circulatory System
 - Assess for pulse and signs of life, administer chest compressions, and use AED
 - Control serious bleeding with well-aimed direct pressure, pressure/clot enhancing bandage or tourniquet
 - Nervous System
 - assess LOC/LOR, identify a potential mechanism for spine injury, protect the spine and minimize movement
 - monitor and maintain airway control and breathing for people with an impaired LOC/LOR
- Perform a Secondary Survey/Focused History and Physical Exam
 - Perform a basic physical exam to identify obvious injuries or abnormalities
 - Measure and monitor vital signs (LOC/LOR, P, RR, Skin signs)
 - Take a basic patient history (SAMPLE)
 - Monitor a patient for changes over time
 - Document findings and ongoing assessments and treatments
- Plan and conduct evacuation or contact with outside resources

Does not include:

- Assessing blood pressure
- Assessing lung sounds
- Assessing pupils
- Assessing or evaluating complex illnesses
- Invasive or mechanical airway adjuncts
- Needle decompression

Circulatory System

- Identify common causes of volume shock (vomiting/diarrhea, bleeding)
- Recognize signs and symptoms of volume shock (vital sign patterns) and differentiate from an acute stress reaction.
- Initiate appropriate treatment to include:
 - Oral fluids for patient's with normal mental status.
 - Stabilize injuries.
 - Control external bleeding with well-aimed direct pressure, pressure/clot enhancing bandage or tourniquet.
 - Protect from adverse environmental conditions.
- Initiate evacuation when faced with high risk problems associated with volume shock
 - Cannot stop fluid loss or losses exceed ability to restore volume
 - Persistently abnormal or worsening vital signs
 - Inability to maintain core body temperature

Acute Coronary Syndrome

- Recognize signs and symptoms
- Initiate appropriate treatment to include:
 - Stop activity
 - Support a reliable patient with their personal medications (e.g. prescribed nitro and aspirin)
- Initiate evacuation and access EMS/SAR

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Respiratory System

- Recognize the most common causes and signs and symptoms of respiratory distress and respiratory failure (asthma, airway obstruction, trauma)
- Initiate appropriate treatment to include:
 - Maintain appropriate and comfortable position.
 - Maintain patent airway and ventilation as needed.
 - Support the patient using their personal medications (e.g. prescribed inhaler)
- Initiate evacuation when faced with high risk problems associated with respiratory compromise
 - Cannot improve respiratory status
 - Worsening symptoms despite treatment
 - Persistently abnormal mental status

Does not include:

- Use of epinephrine to treat asthma

Nervous System

- Identify the most common causes of abnormal mental status (trauma, extremes of temperature, inadequate oxygen, low blood sugar, seizure)
- Recognize signs and symptoms of head injury/altered mental status
 - Alteration of mental status
 - Loss of consciousness
 - Confusion, disorientation
- Initiate appropriate treatment: head injury
 - Protect the airway
 - Protect the spine.
 - Protect the patient from environmental extremes.
- Initiate appropriate treatment: non-traumatic causes of abnormal mental status
 - Administer oral sugar as needed
 - Cooling in the presence of heat stroke
 - External warming in the presence of mild hypothermia
 - Ventilate a hypoxic patient
 - Protect the patient's (airway, spine, environmental extremes)
- Initiate evacuation when faced with a high risk nervous system problem from any cause
 - Persistently altered mental status/disorientation
 - Decreased level of consciousness
 - No improvement despite treatment

Spine Injury

- Identify high risk mechanism of injury for spine
 - Fall associated with loss of consciousness
 - Trauma resulting from high velocity impact (e.g., MVA, climbing falls, high speed skier/biker)
 - Falls from greater than 3 ft (1 meter)
 - Landing on head or buttocks (axial loading)
- Recognize signs and symptoms of possible spine injury
 - Spine tenderness
 - Loss or impaired motor or sensory function
 - Unconsciousness or abnormal mental state
- Initiate appropriate treatment
 - Initiate patient protection including spine stabilization.
 - Perform simple rolls, lifts and extrication to facilitate patient examination and protection
- Initiate evacuation: Access assistance for transport/evacuation for all high risk mechanisms or positive signs and symptoms

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Does not include:

- Immobilization on a litter or backboard
- Improvised litters or stretchers
- Selective Spine Assessment (see electives)

Wounds

- Recognize life-threatening bleeding.
- Identify simple versus high risk (grossly contaminated, marine, crushing, open joint spaces, animal bites) wounds
- Initiate appropriate treatment
 - Control bleeding with well-aimed direct pressure, pressure/clot enhancing bandage or tourniquet
 - Clean wounds by removing debris and irrigating (potable water under pressure, dilute povidone-iodine solution)
 - Bandage wounds
 - Manage blisters (prevention and treatment)
 - Manage impaled objects (more than a fishhook or splinter)
 - Remove airway obstructions
 - Remove objects impaled from limbs only if: unable to stabilize, will easily fall out, prevents transport, unable to control bleeding because of the object
- Recognize signs and symptoms of an infection, both local and systemic
 - Treatment Local – warm compresses, promote drainage, monitor
 - Treatment Systemic – same, and evacuate
- Prevention: MRSA awareness, camp hygiene

Burns

- Recognize superficial, partial and full-thickness burns.
 - Depth: Superficial, Partial, Full
 - Approximate extent
 - Identify high risk areas (palms and soles, face/airway, genitals)
- Initiate appropriate treatment
 - Cool, protect with clean, non-adherent bandage
 - Make evacuation decision
- Prevention: for sunburn and spilled hot water burns.
- Initiate evacuation for high risk problems associated with wounds/burns. Most burns are evacuated due to patient comfort, inability to travel or participate or lack of dressing.

Does not include:

- Closing wounds with sutures
- Releasing tourniquets placed to control life-threatening bleeding
- Administering prescription antibiotics

Musculoskeletal Injuries

- Recognize signs and symptoms of musculoskeletal injury and differentiate between stable and unstable injuries
- Identify high risk problems associated with musculoskeletal injuries:
 - Fractures of the femur or pelvis
 - Open fractures
 - Persistently impaired CSM
 - Involvement with a critical system
- Initiate appropriate treatment
 - Treat stable injuries using RICE and a brace/tape as needed
 - Treat unstable injuries with:
 - Gentle traction into position for angulated long bones
 - Traction into position joints only if there is impaired CSM or splinting in position is impossible

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- Splints that provide adequate stabilization, are comfortable for extended care situations and allow for ongoing monitoring of perfusion

- Initiate evacuation for unusable/unstable musculoskeletal injury.

Does not include:

- Traction splints for the femur
- Reducing dislocations (see elective topics)

Allergic Reactions

- Recognize signs and symptoms of local and mild allergic reactions
- Recognize signs and symptoms of anaphylaxis
- Initiate appropriate treatment
 - Local – cool compresses, topical corticosteroid
 - Mild allergic reactions with oral antihistamine

Anaphylaxis

- Recognize s/s of anaphylaxis
 - Treat anaphylaxis with epinephrine via auto-injector, oral antihistamine and evacuation.
- Decide on need and urgency of evacuation

Does not include:

- Epinephrine from ampoules or vials
- Corticosteroids, other than topical

Heat Illness

- Recognize signs and symptoms of heat exhaustion/dehydration and heat stroke
- Initiate appropriate treatment
 - Heat exhaustion/dehydration
 - Oral Fluids and electrolytes
 - Evacuate if not improving
 - Heat stroke
 - Aggressive, immediate cooling
 - Evacuate
- Prevention: identify predisposing environmental conditions and preventive strategies
 - Hydration/avoidance of over-hydration

Hypothermia

- Recognize signs and symptoms of mild and severe hypothermia
- Initiate appropriate treatment
 - Mild hypothermia
 - Oral fluid, calories, protect from the environment
 - Evacuate if not improving
 - Severe hypothermia
 - Prevent heat loss (hypo wrap with added heat)
 - Handle gently, Evacuate
- Prevention: identify predisposing environmental conditions and preventive strategies

Lightning

- Prevention: Recognize high risk conditions and preventive strategies
 - Know local weather patterns, leave the scene and/or seek adequate shelter
- Initiate appropriate treatment:
 - Treat what you find and initiate evacuation

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Submersion

- Initiate Appropriate treatment
 - Treat what you find; emphasis on:
 - Respiratory arrest
 - Spine injury potential
 - Hypothermia
- Evacuate everyone with a loss of consciousness or persistent respiratory distress
- Prevention: Identify high risk conditions and preventive strategies with an emphasis on personal safety when planning rescue.

Common Medical Problems

- Recognize red flag signs and symptoms necessitating evacuation
 - Abdominal pain (local tenderness, fever, persistent vomiting, getting worse over 12 hrs)
 - Vomiting and diarrhea (blood, fever, tenderness, what goes out exceeds intake)
 - Any noticeable blood in stool, urine, or vomit
 - Cough/URI (respiratory distress, fever, coughing up colored phlegm)
 - UTI (fever, back pain/tenderness, vomiting)
 - ENT (visual problems more than blurring, fever, airway compromise)
 - Fever (abnormal mental state, headache, other as above)
- Prevention: camp hygiene (handwashing, kitchen sanitation), water disinfection

Does not include

- Detailed discussion of pathophysiology, signs, symptoms and treatment of common medical conditions.

Medications

WFA graduates should not be making decisions on whether a patient should or should not take their personal Rx medications (unless it's an obvious situation of abuse or harm). WFA graduates may assist trip participants in the administration of Rx medications and may offer OTC medications according to the package label.

Elective Topics

A percentage of the 16 hours (approximately 2 hrs or 10%) can be dedicated to program, activity and environmentally relevant topics; local cold injury, altitude, snakebite, marine toxins, arthropod envenomation and dislocation reduction, or additional practice time on assessment and practical skills.

Dislocations

- Elective skill with program specific parameters
- Passive reduction of shoulder dislocations (simple hanging arm/Stimson)
- Passive reduction of patella dislocations
- Reduction of obvious digit dislocations

Does not include

- Reduction of the hip, elbow, ankle, wrist or knee.

Spine Assessment

- Elective skill with program specific parameters for spine assessment protocols (e.g. NEXUS, modified NEXUS or Canadian Rule)

Local Cold Injury (Frostbite and Non-Freezing Cold Injury)

- Recognize signs and symptoms of Frostbite and Non-Freezing Cold Injury
- Initiate appropriate treatment
 - If not frozen, warm the injury.
 - If frozen, warm water bath (99-102°F)
 - Protect from re-freeze, do not use radiant heat or massage.

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- Evacuate if blisters form, patient is unable to use the injury or you cannot protect from re-freeze.
- Prevention: identify predisposing environmental conditions and preventive strategies

Altitude

- Recognize signs and symptoms of Acute Mountain Sickness (AMS) and key indicators of serious altitude illness (HACE and HAPE)
- Initiate appropriate treatment:
 - Stop ascent if symptomatic
 - Descend if no improvement
 - Descend immediately in presence of shortness of breath (HAPE) and ataxia and/or mental status changes (HACE)
- Evacuate altitude illness with shortness of breath (HAPE) and ataxia and/or mental status changes (HACE)
- Prevention: Identify predisposing environmental conditions and preventive strategies

Does not include

- Prescription altitude medications

Poisoning

- Know common sources of poisons in the wilderness
- Initiate appropriate treatment
 - Ingested Poisons: If poison is non-corrosive, non-petroleum based and the patient is fully responsive: Induce vomiting. Otherwise dilute with water (If normal LOR, patient can swallow).
 - Inhaled Poisons: (commonly CO) Scene safety. Remove from exposure. Administer O2, if available.
- Prevention

Toxins: Snake bite

- Initiate appropriate treatment
 - Immobilize the limb (avoid compression/constriction)
 - Avoid unproven or discredited treatments that may harm (ice, incision and suction, electricity, tourniquets, compression, meat tenderizer, etc)
 - Transport to a physician/hospital
 - Monitor for signs and symptoms of envenomation
- Prevention: Identify common human behaviors that are factors in snakebite incidents.

Does not include

- Unproven or potentially harmful interventions (e.g. suction, constriction, ice, etc)

Arthropods (insects, arachnids e.g. scorpions, spiders)

- Prevention strategies (clothing, netting, repellents, insecticides)
- Symptomatic treatment
- Evacuate if rash, fever, headache appear secondary to a bite
- Evacuate symptomatic scorpion stings to medical care and possible antivenin administration

Toxins: Marine

- Initiate appropriate treatment
- Treat Nematocysts (jelly fish, corals, anemones)
 - Saltwater rinse to remove loose nematocysts, soak in alcohol or vinegar (first test a small area of the sting for adverse effects), scrape off remaining nematocysts
- Treat Marine Spine Injury:
 - Soak in hot water until pain relieved or 30-90 minutes, standard wound care
- Evac to supportive care: If pain persists, rash worsens, a red streak develops between swollen lymph nodes and the sting, or if either area becomes red, warm and tender

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