



COVER STORY

20 New Year resolutions

It's that time of the year when you start thinking about all the things that you were going to do and all the things you should be doing next. We asked the *H&H* team what their New Year resolutions would be. Here's 20 we felt we could share...

1 Take up a relevant first-aid course

WE sent writer *Janet Menzies* to experience first aid with the paramedics:

Sid Vicious was a point-to-pointer who lived up to his name. When a youngster on a pony tried to overtake him, he kicked so hard that the girl's knee was split vertically, leaving a wound deep enough to see the layers of jodhpur, skin, subcutaneous fat, muscle and bone. The shame of being unable to offer more than the most basic first aid that day made me jump at the chance to attend a two-day First Aid Rural Medicine (FARM) course held at the Royal Agricultural College Rural Skills centre by ?MST, a group of ex-military paramedics.

Can it really take a bunch of highly trained soldiers to deliver the level of emergency care we horse riders need when things go wrong?

As chief instructor Steve Benbow comments: "It's a case of battlefield to cattlefield with a lot of the trauma we are training people to deal with."

So Steve encourages trainees to approach these traumatic situations with military-style calmness and method.

He reminds us that the first thing to do is assess the situation. Is the incident still in progress? That could mean high risk for you, and you're not going to be any use if you also get run over or kicked. Next, get that call into the emergency services immediately. The quicker a casualty gets medical attention, the better.

Getting your thoughts in order

TALKING to the ambulance dispatcher also gives you a chance to make your plans. The dispatcher will want to know the exact location of the casualty; the type of incident; what hazards exist at the scene; what the access there is; the number of casualties, and what equipment may be needed. Remember this by using the mnemonic *ETHANE*. Remember also that the dispatcher isn't asking for your diagnosis of the injuries – a common mistake.

The FARM course was attended by people in all types of rural activities, both work



“ A life-threatening bleed takes priority even over the standard ABC procedure, and must be stopped ”

and leisure. Charlie White, director of fishing for Roxton's sporting agents, wanted to know how to look after clients fishing in wild, remote parts of Russia, Iceland and Alaska. Craig Tumelty, a forestry expert, needed to be able to deal with the severe injuries common in that industry. We all agreed in the chaos of an emergency, it is hard to keep a clear head and

get your priorities right. The realistic scenarios created by Steve and his team pushed us to improve our skills.

For example, if there's more than one of you on the scene, start delegating tasks immediately, rather than all clustering round the casualty. One person can phone the ambulance, another check out the scene to reduce risk of further accidents and improve access for the ambulance.

This means that one person – whoever has first-aid training – can concentrate totally on the casualty.

Blood and pain

CONFRONTED by someone who has somehow severed a limb or been injured by a shotgun, it is hard to think clearly with blood everywhere and a casualty screaming in pain, or worse still, fading fast.

I was plunged into a scenario of a farmer who had fallen from a barn roof on to a

concrete floor. Even with no medical training, it was obvious that he had a fractured pelvis, as well as probable head and spinal injuries.

After sorting the ambulance and the scene and sending a bystander for blankets and a first-aid kit, I was faced with the fact that the casualty wasn't getting any better and, frighteningly, I had no idea what to do next.

Another trainee, Angharad Evans, recognised the feeling – though she has a bachelor of medical sciences degree.

"It's all very well when you have an ambulance full of kit, but what do you do without it?" she asks. "And how do you cope knowing professional help could be hours away?"

Steve and his colleagues from 7MST designed the course with exactly these issues in mind.

"Standard first aid training relies on a quick response from the emergency services," he explains. "In remote rural areas, this just isn't going to happen. Yet the need for fast action is every bit as urgent as in accessible urban areas – perhaps more so, given the dangers of exposure outdoors.

"So our training actually assumes a delayed NHS response due to the terrain or poor communications."

What next?

SO there you are, alone with your casualty, and the ambulance not due to arrive for a couple of hours. The first-aid procedure of checking "ABC" – airway, breathing, circulation – is a must. Is the casualty conscious? Is there major bleeding from an artery for instance? The answers to these questions will dictate what you do next.

A life-threatening bleed takes priority even over the standard ABC procedure, and must be stopped. If you can apply a makeshift pressure bandage or have a blood-clotting powder (see panel, right), use them, and a tourniquet if necessary.

If the casualty is unconscious you will need to find out if he is breathing and has a pulse and then take the decision whether or not to start cardio-pulmonary resuscitation (CPR). Remember to notice what time it is and remember the casualty's breathing and pulse rate when first checked – this will give you a benchmark when you next check it.

For broken or suspected broken bones, you should try to stabilise the break – especially if it is in the cervical spine (neck) – although you should always be aware that moving someone with such an injury could be dangerous.

But as Angharad points out, none of this is easy if you are in the middle of nowhere with little more than the clothes you are wearing. This is where the FARM course, with its military background, really shone, showing us all how to become a cross between Ray Mears and the Flying Doctor, using whatever means are available to help preserve the life of the casualty.

So a tampon became an ideal swab to pack a wound, or alternatively provided dry, flammable material to get a fire started.

The FARM trainees are taught to delegate tasks to all present at the scene of an accident



Standard first-aid training relies on a quick response from the emergency services. In remote rural areas this just isn't going to happen

I was taken back to Pony Club days when we all learnt how to use our hunting stock as a bandage or combine it with our hunting crops to make a splint or a tourniquet.

Dealing with hypothermia

CRAIG TUMELTY was particularly impressed with the techniques used to combat the risks of exposure.

"I'm well aware of the dangers of hypothermia, but the course stressed how easily it can set in and how to prevent it," he says.

Casualties rapidly lose body heat from lying still on cold, damp ground, and once the immediate traumas are stabilised, hypothermia becomes the biggest risk.

We learnt how to roll the injured person on to any kind of mat, ground-sheet, or even dry vegetation. The course encourages everyone to carry

some kind of emergency kit and one of the most important items is a thermal bag or blanket small enough to carry in a pocket – but failing that, a bin liner or even silage bale wrapping is better than nothing.

Warmth and food

ON the first evening of the course, all these skills were put to the test as we conducted a night search and rescue of a casualty, even learning how to make a fire to keep us warm while waiting for the ambulance.

"Delayed evacuation and prolonged field care – keeping the casualty warm, fed and watered if need be – is something we face as soldiers all the time in Afghanistan or Iraq," Steve explains. "Yet it is just as relevant for people who participate in activities like riding, which take them out into remote areas."

When we had found, stabilised, warmed and rescued our casualty, we all sat down to a meal of army survival rations, heated on a campfire lit by ourselves using the trusty tampon.

FARM RECOMMENDS THE FOLLOWING FIRST-AID KITS

For the saddle bag:

All these are contained in the First Aid Rural Medicine FARM pack £55: "Israeli" field trauma dressing to be used as bandage, pressure dressing, sling, mild tourniquet, neck support; C-A-T tourniquet; Celox haemostat blood coagulant powder to stop major bleeds (available from www.7mst.co.uk, email to register your interest).

Also try to find space for a thermal survival bag or blanket (mini-packed from www.evaq8.co.uk); tampons, to be used for packing wounds or as

kindling for starting a fire (or a Spark-Lite fire-starting kit); insulating tape/duck tape, and a pocket knife.



For the horsebox or tackroom:

"SAM" splint, can also be used as a c-spine support collar (available from www.sammedical.com); torch; light sticks (the party ones work fine!); yoga mat to prevent ground chill or use as makeshift stretcher or roll up to use in splinting; blanket or sleeping bag; protective gloves; scissors; spare FARM pack; antiseptic wipes; bin liners (useful in many ways); hand-cleaning gel; dressings and bandages; cohesive bandages, and detailed map of the area.



WANT TO KNOW MORE?

First Aid Rural Medicine (FARM) courses last two days, leading to a first person on scene (FPOS) qualification, and cost £275. Groups of four or more can have the course delivered on site.

More details from Steve Benbow, email training@7mst.co.uk or visit the website at www.7mst.co.uk