



ABN 59 610 662 297

# WA Rogaining Association

## Safety Manual

Safety, Search & Rescue, and First Aid

Version 1



## **Acknowledgements**

Major extracts from the Victorian Rogaining Association 1994 manual are acknowledged with thanks.

See also the IRF Organiser's Manual

## **ABOUT THIS MANUAL**

All event setting and administration members should read this manual.

The WARA Committee should ensure that they have access to this manual as part of event preparation. The WARA Committee should be familiar with the manual's contents.

The short summary "WARA SAFETY PRECAUTIONS - ORGANISERS SUMMARY" (Appendix 1) should be widely distributed, and must be in organiser's manuals and instructions as a short check list and reminder of the full Manual.

The WARA COMPETITORS SAFETY AND FIRST AID SHEET (Appendix 2) should also be widely distributed.



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## APPENDICES

Appendix 1	Organiser's Summary
Appendix 2	WARA Competitors Safety and First Aid Sheet
Appendix 3	WA Health Department Health Providers Directory (for Hospital Locations)
Appendix 4	Accident/Illness Report Sheet



## **1. SAFETY**

### **1.1 SAFETY IN COURSE SETTING**

#### **1.1.1 General**

Consider general course safety when selecting a rogain site. An area should have access for patrol roads and water drops. There should be some natural boundaries to the area.

If there is information relating to safety that competitors need before they plan a course then this should be provided to the competitors in written form when they register.

#### **1.1.2 Access to the site**

When planning an event, consider road access in the worst possible weather. There could be in excess of 200 vehicles using the access road, including a heavy truck, and potentially several coaster-style buses and caravans. The roads selected for patrolled roads (see 1.2.4) must be trafficable during poor weather conditions at night by vehicles to which the setters/vetters have access (this may be 2WD only). Many control collectors will also only have 2WD vehicles

#### **1.1.3 Checkpoint Placement**

Checkpoints shall not be placed on or near a feature that could jeopardise a competitor's safety. Beware that what seems safe during daylight hours may present problems at night. If in doubt, put a warning on the control description sheet of any dangers at or near controls.

Hazardous features include:

- cliffs or mineshafts,
- electric fences and paddocks with bulls or cows with calves,
- unstable features and fast or deep water. - not all competitors can swim, and
- any other features that the setter or vetter deems hazardous to competitor safety

#### **1.1.4 Flagging Hazards Near Controls**

Flagging is secondary to avoiding hazardous areas.

As a guide, there should be at least 10m minimum distance between the control placement and a hazardous feature. Hazardous features, such as mineshafts, in the vicinity of a checkpoint should be flagged with durable tape/plastic for the duration of the event.

Preferably hazardous features in the vicinity of a control should be shown on pre-marked maps and control description sheets.

#### **1.1.5 Out-of-Bounds**

Out-of-Bounds areas are usually used to show areas to which competitors do not have access (eg if a landowner has not given permission to enter). But they can also be used to assist in managing safety on the course:



- Some landowners may have potentially dangerous stock, such as water buffalo or bulls – setters should check with landowners, and if possible mark the paddocks where these animals are as OOB.
- If an area is filled with dangerous features such as many mine shafts, the whole area should be restricted

### 1.1.6 Water Drops

Dehydration is one of the biggest risks to rogainers during an event, especially during the hotter months. 5 or 6 water drops are required on all events, including 6 hour events. They must be sited in locations such that they can be checked on a regular basis, so easy access is essential (water drops are also used as collection points for injured competitors).

A minimum of 80 litres should be placed at each water drop, and preferably 120 litres. Water drops should be checked at least every three hours, regardless of weather conditions. Some courses have “obvious” routes, which result in many competitors following a similar route. Consequently, a significant number of competitors can move through a water drop within a fairly short period of time. If two such “processions” cross, a water drop can be depleted very quickly.

## 1.2 SAFETY DURING THE EVENT

### 1.2.1 Safety Rules of Rogaining

Competitors should be reminded of some of the safety rules of rogaining at the pre-event briefing. This can be done by the President or by the Setters. The items to be covered should include

- Teams are to remain in voice contact at all times
- The requirement to carry a whistle
- The signal to be used if help is needed
- The obligation of teams to respond to a distress signal
- The requirement that intention sheets be filled in
- That help can be obtained at water drops or on patrolled roads
- How to recognize a WARA patrol vehicle
- The need to carry plenty of water, especially in warm conditions
- Any other event specific advice (note section 1.1.1 above).

### 1.2.2 In the event of being Seriously Lost or Needing Rescue

Any competitor being seriously lost or injured should

- Take a rest to help clarify the thought processes, and to determine the most appropriate remedial action,
- Make repeated blasts on a whistle, to attract attention from nearby teams, and wait for a reply, and
- If possible head for a driveable track, preferably a patrolled road, one likely to be used by searchers. The nearest water drop is best.

### 1.2.3 Signage

Most areas used for rogaining are also used by other organisations and individuals. Hazards presented by these include



- vehicles travelling at speed on public access roads present a hazard to walkers, especially at night, and
- pig and kangaroo shooters may mistake walkers for potential targets.

To advise these other users that an event is in progress, two signs have been developed, namely

- Danger No Shooting for next 15 km 400 Walkers in Bush Day and Night
- Caution Bushwalkers Ahead

These signs are to be placed on the outer limits of the map on every public access road.

#### 1.2.4 Patrolled Roads

A number of roads will be marked on the course map as Patrolled Roads. Typically these will lead from the Hash House to the water drops, but should be extended where possible to cover the majority of the map. Try to have, if possible, all parts of the map within three (3) kilometres of a patrolled road (this is still up to 1 hours walk for an uninjured competitor seeking help, and longer for an injured competitor).

In the event of injury to any competitor, or simply exhaustion, the affected team is to make its way to the nearest patrolled road, and wait for a patrol vehicle.

Each patrolled road will be patrolled at a minimum of every three (3) hours.

Ensure that if any road selected as a patrolled road requires 4WD or high clearance, that suitable vehicles are available for use during the event. It would be preferable for all patrolled roads to be 2WD accessible, in case an emergency vehicle, such as an ambulance, is required.

A roster should be developed to cover the patrols for the entire event, to ensure that no one setter/vetter carries too much of the load, and/or spends too long behind the wheel late and night. "Don't Drive Tired" applies to the setters/vetters as well.

#### 1.2.5 Patrol Vehicles

To identify patrol vehicles from other general road users, each patrol vehicle will be equipped with

- A red-on-white "ROGAINE" sign, displayed prominently on the vehicle,
- A green rotating flashing light, and
- A two-way radio for communicating back to Administration.

#### 1.2.6 Communications

WARA has a set of UHF CB radios for communication between the Administration team of the setter/vetters in the patrol cars. Whilst these do have limited effectiveness in forested or hilly terrain, they do form a vital part of the safety management process during the event, and are essential to the Search and Rescue process.

Each vehicle to be used for patrolling the roads must be fitted with a CB radio prior to commencing patrols.



## 1.2.7 Fire

### 1.2.7.1 Permitting

The only permitted fire on the event is the Hash House fire, and this is under the strict control of the event organisers. There will be no Hash House fire if the event falls within the Total Fire Ban season for that area. A Hash House fire will only be lit if

- During the “fire with permit” season
  - a. Landowner permission has been obtained,
  - b. A fire permit has been obtained, covering both Friday and Saturday nights,
  - c. An area around the fire up to 2 metres is cleared of flammable material, and
  - d. The appropriate fire fighting equipment (such as a fire trailer), as requested by the permitting officer, is on site. (It is usually possible to obtain access to a fire trailer from the local volunteer fire brigade at the cost of a small donation – don’t try to hire one as this introduces problems with FESA and the hire of government equipment)
- During the “no permit required” season
  - a. Landowner permission has been obtained, and
  - b. An area around the fire up to 2 metres is cleared of flammable material.

A brazier is often lit on the Friday night. This should be set up at the site of the fire trench if during the permit season, so that it is covered by the fire permit obtained.

### 1.2.7.2 Fire Management

It is considered good management practise to excavate a trench for the fire – this

- Provides a shelter for the coals from wind, reducing the risk of embers being blown from the fire into nearby vegetation
- Can be covered over after the event,
  - a. to ensure that any coals still alive are not stirred up after all rogainers have left the site, and become a potential fire hazard, and
  - b. to prevent leaving a scar at the site indicating where the event had been
- any low/dry vegetation near the trench should be cleared, up to a distance of 2m in all directions. Piling the dirt from the trench on both sides automatically provides a level of protection

Dimensions of the fire pit should be a minimum of 50cm wide and 15cm deep. Length will be dependant on the setters, and availability of firewood. The fire should be no closer to the Hash tent than 10m.

When siting the fire, be aware of the prevailing winds, and the proposed location of the Hash tent (the fire trench is often dug before the Hash tent is erected).





### 1.2.7.3 Lighting the fire

The fire can only be lit on the night of the rogaine. On the Friday night before the event, the only fire permitted is one that is lit within the WARA brazier.

The main fire will normally be lit around 4pm, so that sufficient coals have been generated by dark to provide a reasonable heat with having to maintain a strong flame.

On a 12 hour event, no fresh wood should be placed on the fire after 10:00pm, for a 24 hour event, after 8:00am. This is to provide sufficient time for the coals to burn down so as to make the task of extinguishing the fire easier.

## 1.3 SAFETY AFTER THE EVENT

### 1.3.1 Control Collection

After the event, a number of competitors will volunteer to collect controls. It must be noted that a number of these competitors will be tired from the event, and potentially prone to lapses in concentration. The setters/vetters must put in place a system to monitor which teams are out on the course collecting controls. This system should contain, as a minimum

- Control collectors “signing out” immediately prior to going out to collect controls – this is best done by the control collection map being issued at this point in time, and the setters/vetters noting the team number, departure time, and car rego
- Setters/vetters signing off each team as they return with the controls collected
- If a team cannot locate a control, then it should be re-allocated to another team (usually the setters/vetters themselves), and the process repeated

At least two setters/vetters are to remain at the Hash site until all control collectors have returned.

### 1.3.2 Site Closure

The setters/vetters should be the last teams to leave site, thereby ensuring that all competitors have left safely. In some circumstances competitors may elect to sleep after a full 24 hour event – the setters need to confirm that if any tents are still on site when they leave, that the competitors are actually in the tents asleep, and not still out on the course.

## 1.4 COURSE SAFETY IN EVENT OF NATURAL DISASTER

### 1.4.1 Event Cancellation due to threat of Fire or Flood

An event should be cancelled before it starts if a sufficient portion of the course is rendered

- Unusable (eg. A fire burns part of the course),
- Unsafe (eg. A fire has been through, and is still burning), or



- Inaccessible (eg. A river cutting the course becomes swollen due to heavy rains, and cannot be crossed safely)

so as to make the remainder of the course too small to run an effective competition.

Event organisers and helpers should at all times be prepared to help evacuate the course and to cancel the event should a threat such as bushfire or flash flood occur.

#### 1.4.1.1 Cancellation prior to an event commencing – Greater than 1 week

If an event has to be cancelled more than a week before the event is due to commence:

- Use the WARA group email to send a global message cancelling the event - the President, web master and volunteer coordinator can do this,
- Print a note explaining the cancellation, and post to all registered team entries, using the envelopes submitted for directions – request that team leaders notify all team members of the cancellation,
- Advise the Hash House leader to cancel the food order, and
- Put a cancellation note on the WARA website Home page

#### 1.4.1.2 Cancellation prior to an event commencing – Less than 1 week

If an event has to be cancelled less than a week before the event is due to commence:

- Use the WARA group email to send a global message cancelling the event - the President, web master and volunteer coordinator can do this,
- Put a cancellation note on the WARA website Home page,
- Notify, by phone, the key organisers
  - Event Co-ordinator
  - Truck driver
  - Admin Co-ordinator
  - Hash House Co-ordinator

#### 1.4.1.3 Cancellation prior to an event commencing – the day before/ day of

A number of competitors take the day off prior to an event so that they can travel out there during daylight hours. Consequently, it must be assumed that some competitors will already be on the way to the site.

- Use the WARA group email to send a global message cancelling the event (some competitors will not leave till the morning of the event) - the President, web master and volunteer coordinator can do this;
- Notify, by phone, the key organisers;
  - Event Co-ordinator
  - Truck driver
  - Admin Co-ordinator



- Hash House Co-ordinator
- Organise a phone group ring-around, to try to contact as many teams as possible before they leave for the event
  - Initially phone the team contact from the entry form. If they cannot be contacted, phone the next person on the list,
  - Ask each person contacted to get in touch with the rest of their team,
  - Keep a list of all teams contacted
- Intercept rogainers travelling to the site by
  - Set out the first Rogaine turn signs, as per directions (there may need to be 2 points, if directions from Bunbury are markedly different to those from Perth);
  - Set up a vehicle 100m past the turn signs, with flashing green light, and wave down all vehicles;
  - Create a Rogaine Cancelled sign, and display prominently;
  - Place a Rogaine Cancelled sign as close to Hash as safely possible – preferably at the last “single point of entry”;
- Send a car as close to the hash site as is practicable/safe, to see if any competitors have preceded the setters/vetters.

#### 1.4.1.4 Cancellation during the event

The main reason for cancelling an event after it has commenced is the presence of fire.

- Contact emergency services 000 Police, DEC, possibly using admin radios. Report if possible the area of fire, extent of fire, wind direction, smoke patterns. Inform of predicament with approximate number of competitors out on the course. Appropriate manpower, vehicles, communication and equipment can then be sent
- When they notice the presence of a nearby fire, teams should make their way to the nearest road, 2wd or 4wd track, as travel will be a lot quicker on track than through bush. Also emergency service workers will be able to collect teams more easily.
- Administration should remain at the Hash House site and be prepared to quickly and efficiently mark off incoming teams and keep count of how many teams are still on the course. Incoming teams can be directed by emergency services to exit the area via a safe road route. The emergency services will do road patrols for rogainers who haven't returned to the Hash House. The emergency services will have very good communications, vehicles and safety equipment as well as experience in dealing with emergencies and searches.
- It is unlikely that members will be expected to search for competitors during a bushfire, but may be required to provide the following:
  - maps for emergency personnel
  - advice on numbers still out on course
  - advice on team constitution XNJ = 4 novice juniors, age 14-16, 2F, 2M
  - food and water for emergency service personnel
  - navigation information such as likely team routes.



- information on road conditions, new tracks, unmarked tracks, overgrown tracks, blocked tracks
- first aid

## 1.4.2 Bushfire

What kills people in bushfires?

- panic : uses extra energy and clouds judgement
- radiant heat leads to heat stroke
- asphyxiation severe smoke inhalation
- dehydration
- flames
- fallen power lines

### 1.4.2.1 Special First Aid in Bushfires

First Aid may be taken over by Emergency Services but in the meantime, be prepared to assist with any first aid treatment such as smoke in eyes, sore throat, burns, asphyxiation, smoke inhalation, heat cramps, heat exhaustion, heat stroke, dehydration and shock.

The first aid kit should have sufficient stock of gauze, eye pads, and sterile water, fluid and energy replacements e.g.: Staminade and Gastrolyte, scissors, adhesive strapping and Butesin Pictrate for superficial burns only. If unfamiliar with treating burns, cool clean water is best, and watch for signs of overcooling the casualty.

Smoke in eyes may cause temporary blindness and ulceration. Irrigate with sterile water until pain is relieved, and depending on severity, cover eyes with eye pads to prevent further damage.

### 1.4.2.2 Competitor Action

Competitors are instructed to

- If a fire is seen, return to the Hash House if safe, via a vehicular track and report fire to administration immediately.
- If fire is between the competitor and the Hash House, seek alternative shelter
- Once the competitor is safe, register with officials.

## 1.4.3 Flood

Floods can be caused by heavy rainfall in the upper catchments feeding the rogain course area. Flash flooding may occur with heavy rainfall in the days leading up to the rogain.

If flooding threatens the following procedures apply:

- Admin to notify emergency services of flash floods.
- competitors make their way to the Hash House via high ground and/or tracks
- competitors leave (evacuate) area as requested by emergency service personnel
- WARA admin remain on site as requested
- pack up the Hash House tents, especially if in flood prone area, and have event crew ready to evacuate if advised to do so by emergency personnel



When planning for an event, ensure the Hash House is on high ground, or ground unlikely to be waterlogged with heavy rains or broken river banks.

#### **1.4.4 Extremes of Weather**

**HEAT:** Rogaines can be held in hot weather. Competitors are more at risk from heat exhaustion and possibly heat stroke. The event co-ordinator must ensure there are adequate number of and well maintained water drops on course, and pre-event, advise competitors to take 1L - 2L of water each.

**COLD:** Rogaines can be held in cold weather. Hypothermia is always a risk for rogainers, particularly young, inexperienced competitors who have insufficient clothing and who stay out for the night. If weather is very cold, administration can choose to step up course patrolling to see if any teams are in trouble.

## **2. SEARCH AND RESCUE**

### **2.1 INTRODUCTION**

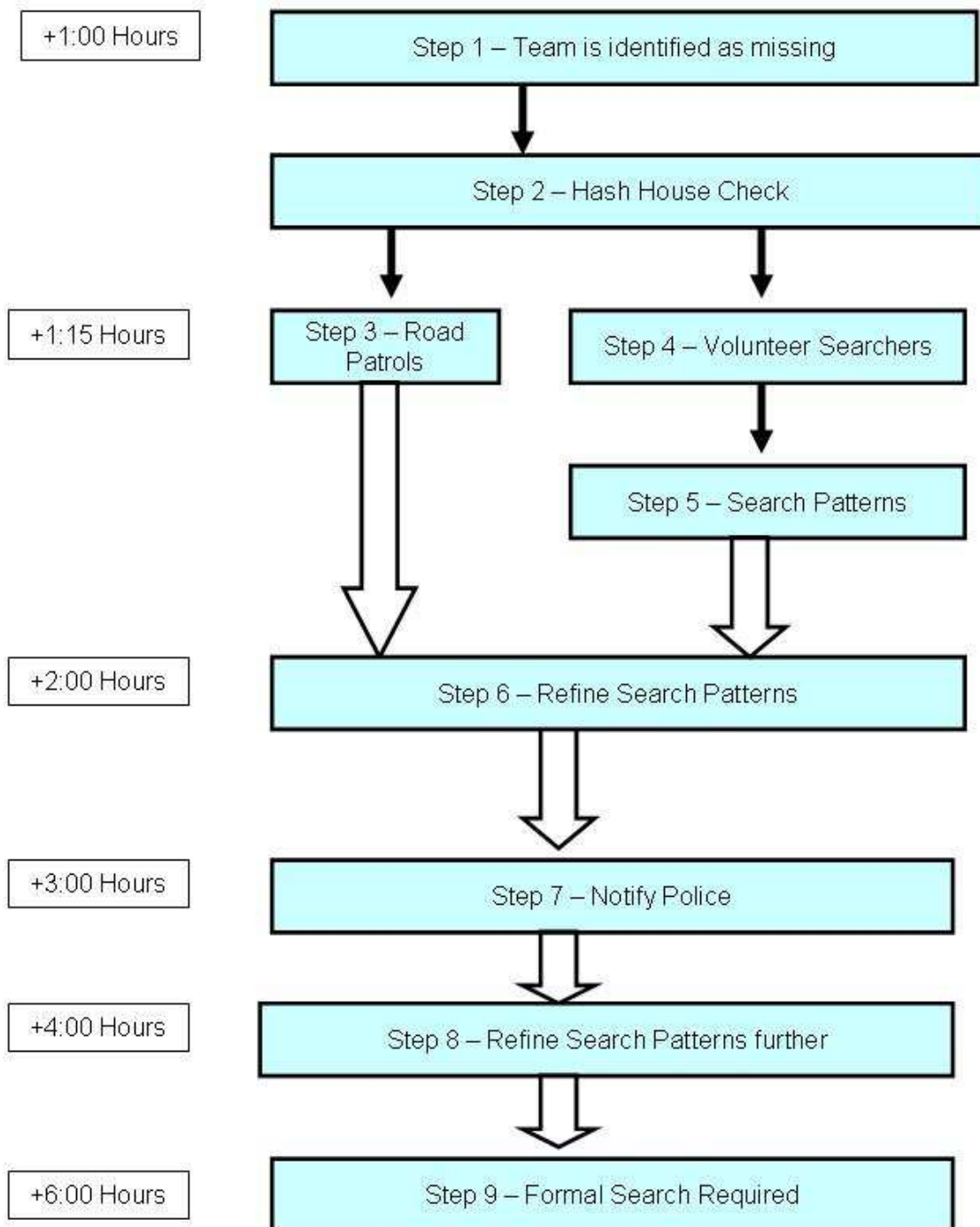
Teams who have not returned to the Hash House within 30 minutes after the event are disqualified. There may be simple reasons for lateness such as overestimating travel time and distance, or a team member may become excessively fatigued and has decided to wait at a water drop and be collected by event helpers.

Late teams, however, could be late for a more serious reason such as injury to one or more team-members, the team is lost on the course, or the team has strayed from the course map and have no contours to assist them in re-orientating themselves.

It is important to start searching for missing teams as soon as possible, and to do so in a thorough and logical manner.

### **2.2 PROCEDURE IF TEAM IS LATE**

The flow chart below shows the sequence of steps used to search for a missing team. The time clock starts at the official conclusion of the event (12:00 noon for a 24 hour event, 10:00pm for a 12 hour event)





### 2.2.1 Step 1: A team is identified as potentially missing

A team will be identified as potentially missing through if either of the following occurs:

- An hour has passed since the event finished, and the team has not checked in to Admin. Teams are often late, though usually not more than a few minutes. However, there are occasions when a team will be more than 30 minutes late, and, knowing that they will have been disqualified, will slow down their return to a comfortable walking pace. It is unlikely that even in these circumstances a team will be more than 45 minutes late, so the hour late is used as a good guide as the maximum time after end of the event that a search should commence.
- Another team notifies Admin that a team that was due back at a certain time has not returned (for example, a team was due in at 6:00pm, but has failed to turn up by 8:00pm).

Admin will check that the missing team's scorecard has not been misplaced. If not, Admin raises the "Alert" to a senior present organiser (Setter, Admin, Committee member, or expert rogainer) who takes control as Co-ordinator. The member should have excellent communication skills and organisational skills. He/she will appreciate the limitations of time and manpower

### 2.2.2 Step 2: Hash House Check

To commence at a maximum of 1 hour after end of event.

It must be identified that the team has not returned to Hash, and simply not handed in their control card. The Co-ordinator will:

- Put a halt to the control collection process, until such time as Step 3 commences, to ensure that control collectors play a role in the search process.
- Arrange a check of the Hash House environs
- Arrange an announcement for the missing team to determine if they have been seen at the Hash House
- Check the camp site of the missing team, if they are known to have camped
- Identify the car number plates from the event registration form
- if the car cannot be found, then phone team contact if possible, to see if team has returned home
- print a list of controls already visited by the missing team, if they had previously handed in their control card (and have since gone back out again)
- check the intention sheets of any controls that may have already been returned, to help target the search area

### 2.2.3 Step 3: Road Patrols

To commence at a maximum of 1:15 hour after end of event.

Co-ordinator arranges first Road Patrol

- Call upon rogainers with car-based CB radios to assist with the search
- 2WD and 4WD road patrol, preferably with radio vehicles. Clearly arrange vehicle routes and return arrangements.



- Make sure that the first road patrols cover all "patrolled" roads and water drops. It is preferable to use multiple vehicles to cover the patrolled roads and water drops as quickly as possible, as information gained from these will help to quickly narrow the search area
- maintain road patrol and check intention sheets at strategic checkpoints for the missing team
- depending on weather conditions, if the team is not found after all patrolled roads and water drops have been checked, then commence searching the course on foot using the intention sheets as a guide
- check and log intention sheets, if collectors are returning them
- if in a hilly area, it may be necessary to send one vehicle with a radio to a high position to act as a relay.

#### 2.2.4 Step 4: Arrange Volunteer Searchers

To commence at a maximum of 1:15 hour after end of event.

Co-ordinator prepares volunteers for course search, asking experienced teams not to leave the event site.

Volunteers will

- pair up
- be fit and alert
- be well fed before commencing search
- be well equipped with clothing and equipment such as torch, whistle, first aid, survival blanket, extra food & water, radio, if available
- be good navigators.
- Be able to spare the time to search either until missing team is found or other searchers relieve them
- be prepared to carry out search co-ordinator's allocated tasks and report back

It should be remembered WARA searchers are probably very tired already if they have just completed a rogaine, or if they have been helping for many hours without sleep. If weather conditions are bad, e.g.: heavy fog, nightfall, the search may need to be escalated to Police earlier than elapsed times suggested.

#### 2.2.5 Step 5: Commence Search patterns

To commence once the first road patrols have been completed, and information gathered from all collected intention sheets can be used in defining the search area.

Co-ordinator investigates possible route choices

- check intention sheets to detect possible route, send searchers in cars to visit controls near the Hash House and then branch out north, south, east and west of Hash House. This may overlap control collection by others, which can continue. Allow 1 hour for this 'quick' checking of controls/intention sheets, then all searchers report back.
- pinpoint last known visit to checkpoint and concentrate search in this area, but realise
  - team may have not written on intention sheet
  - team may not have found control





The search co-ordinator shall keep a record of all searchers and their allocated area. All searchers must be accounted for at all times until the search is officially called off.

### 2.2.6 Step 6: Refine Search patterns

To commence at a maximum of 2:00 hours after end of event.

Co-ordinator has the last area of the course the team was reported in identified from intention sheets and concentrates the search there. Co-ordinator starts a FEATURE SEARCH radiating from last known location. A FEATURE SEARCH is a search that covers areas and lines of high probability. Teams moving along well-defined terrain features such as ridges and creeks usually perform it. The team members are usually separated across the terrain feature and blow whistles as they go, to keep in touch, as well as to attract the lost team.

When refining the search pattern using the intention sheets, it must be considered that the team may have:

- had several route choices to the next control
- not found that control and gone on to another control
- decided to not get that control and headed to another nearby control, or towards a track or Hash House.
- had an accident on the way that impeded progress to control
- not recorded visits to any more controls (problem!)
- strayed off the map (Is search area close to map edge?)

Co-ordinator selects a rendezvous place and time for search teams to meet after the feature search. Consider moving an advance base camp nearer to the action. A reasonable road near the last known control or the next intended control would be ideal.

### 2.2.7 Step 7: Notify Police

To commence at a maximum of 3:00 hours after end of event.

Co-ordinator arranges for police to be called (telephone 000). Whether an immediate response is obtained or not, WARA will continue to narrow the search area down. The impact of weather needs to be considered – very cold and/or wet weather will have an impact on both lost teams and the searchers.

Event	Duration	Initial call
12hr event	10am-10pm	call police by 1.00am
24hr event	12pm-12pm	call police by 3.00pm

### 2.2.8 Step 8: Refine Search patterns further

To commence at a maximum of 4:00 hours after end of event.

At this stage, if the search has been going for more than 4 hours the Co-ordinator is faced with the decision to do one or more of.

- extending the feature search
- commencing a LINE SEARCH if no better alternative is apparent



- calling off the WARA effort, and again contacting police and emergency services for assistance
- giving WARA searchers a rest and then continuing

Repeat the steps involved in 2.2.6 above.

### **2.2.9 Step 9: Formal Search required**

To commence at a maximum of 6:00 hours after end of event.

WARA searchers should be relieved after 4-6 hrs of searching because:

- WARA searchers have poor communication with each other and base which can make searching inefficient
- road patrols have been continuing for 4-6 hours and will eventually run out of petrol
- WARA manpower can be insufficient to conduct line searching properly
- WARA search members will be getting tired after 4-6 hours

If lost team is not found after elapsed time of 6 hours, police should be contacted again and requested to organise a formal search in the area. Again the lost team's contact phone numbers should be called to ensure they have not returned home. Police may call in SES. Police can provide excellent HF communications, 4wds, search & rescue equipment such as special stretchers, ropes and helicopters for aerial reconnaissance of the course area and area adjacent to the map.

The WARA searchers should remain at the Hash House or in the field until instructed to leave by Police (or if exhausted or injured). Once Police arrive they take over search responsibilities and may restructure the organisation of the search.

The WARA searchers will provide

- all information on the search conducted to date,
- the composition and experience of the team,
- maps for police, SES and other searchers,
- likely route choices,
- dangers in the area (e.g.: mineshafts),
- and any known medical problem.

If not already done, the search 'base' may be shifted from the Hash House site into the field. Hash House equipment should be packed and moved as per usual for finale of events, with the exception of water, food and first aid kit.

### **2.2.10 When the team is found**

- immediately whistle to attract nearby search teams
- note what condition members are in & whether they require evacuation by helicopter, stretcher or professional foot rescue team. Look especially for signs of hypothermia and exhaustion, amid more obvious injuries
- arrange report to base that the team has been found,
- render first aid, reassurance, and if group are fit & well, walk them out to nearest vehicle for return to Hash House /search base camp.



If severe injury or worse, look after other team member(s). Try to gather some information as to what happened, but don't probe too deeply if it is too distressing for other team member(s). Seek police and medical help. Police and medical crews can advise on counselling if necessary, for team members or searchers.

### **2.2.11 Calling off the search**

When a team has been found, it is necessary to recall all searching teams as soon as possible, without losing any of them. Remember that the searchers will be tired. In both the initial search (Step 5) and in the more detailed searches (Steps 6 and 8) the searchers will have been provided with rendezvous places and times. Retrieval teams should be sent to these rendezvous, preferably by patrol cars, and use their whistles (and car horns???) to attract the search teams.

The Co-ordinator will declare the search over when the missing team and all search teams are accounted for.



### 3. FIRST AID

#### 3.1 WARA PROVISION OF FIRST AIDERS

WARA should finance and encourage First Aid training of members, with a view to having designated event First Aiders. These may also be involved in tasks other than First Aid, unless a first aid situation arises.

Details of closest doctor or hospital must be clearly available at Administration. See Appendix.

#### 3.2 COMPETITOR SAFETY AND FIRST AID SHEET

Competitors are issued with a waterproof safety and first aid sheet. A copy of the sheet is in Appendix 2 of this manual.

Each team should have a minimum first aid kit with them, and each competitor must carry a whistle.

#### 3.3 FIRST AID KIT STOCK

The WARA First kit or box should contain the equivalent stock of the St John Ambulance First Aid kits for Outdoor Activities Kit and Sports Kit, and any other stock as deemed necessary.

- 1 gastrolyte 10x4.9g sachets (fluid & electrolyte replacement- not for diabetics)
- 2 20cm x 7.5cm wound dressings, non-adherent and double sided
- 4 10cm x 7.5cm wound dressings, non-adherent and double sided
- 1 7.5 cm elastic dressing
- 1 pkt 50 adhesive strips
- 1 pkt 10 knuckle strips
- 1 pkt 6 wound closures
- 1 burns dressing
- 4 eye pads
- 4+ 10cm heavy crepe bandage (soft tissue injury, snake bite)
- 1 2.5cm adhesive tape
- 1 5cm leukosilk adhesive tape
- 2 9cmx10cm combine dressings (for large wounds)
- 2 20cmx20cm combine dressings (for large wounds)
- 1 7.5cm adhesive elastic strapping (rigid strapping, joint strapping)
- 1 sports tape
- 1 underwrap (used under elastic strapping)
- 3 triangular bandages
- 1 savlon liquid 250ml (wound cleaning)
- 5 10cm x 10cm x 5cm gauze swabs (wound cleaning)
- 1 plastic forceps (to hold swabs)
- 1pr stainless steel forceps (removing fine foreign bodies)
- 1 splinter probe (removing fine foreign bodies)
- 1 kidney dish
- 1 gallipot (wound cleaning & to hold diluted antiseptic)



- 1 antiseptic soap (cleaning hands before and after treatment)
- 1 disposable towels (6) general cleaning other than wounds
- 1 nail brush
- 1 15cm conforming bandage
- 2 10 cm conforming bandages
- 1 pr lister strapping scissors (to remove strapping)
- 1 scissors sharp/blunt (to cut dressings/bandages)
- 12 safety pins in container
- 1 509 cotton wool (padding for splinting)
- 1 foam pad (for cushioning and blister protection)
- 1 re-useable cold pack (reduce bruising and swelling)
- 1 pen light torch (check pupil reaction)
- 16 alcohol swabs (cleaning areas surrounding wounds)
- 1 disposable gloves (assists preventing cross infection)
- 1 pkt paracetamol 500mg
- 1 thermo blanket (to prevent loss of body heat)
- 1 note pad and pencil (for casualty notes)
- 1 first aid manual
- 1 30ml saline (eye irrigation)
- 1 betadine 25ml
- 1 dermocaine cream or stingose (for itchy bites, stings, hives)
- 1 oil of cloves 5ml + zinc oxide powder (toothaches & cavities)
- 1 friars balsam 15ml (for blisters, leech bites)
- 1 Vaseline (small jar)
- 1 SPF 15+ water/perspiration repellent
- 1 pkt sore throat lozenges e.g.: strepsil
- 1 folding stretcher and straps
- accident/illness report sheets

\* recommended addition to WARA First Aid Kit

- 1 adult size leg air splint (in stretcher box)
- 1 adult standard size stiff neck cervical collar

The First Aid Officer should give to the Admin Co-ordinator

- o a list of any stock used and the quantity
- o a list of first aid treatment given (to keep track of what first aid is given during events)
- o requirements to replace any missing or date expired material.
- o an accident/illness report sheet.
- o The first aid officer may only offer drugs such as paracetamol at the recommended dose, if the casualty requests them.

### 3.4 FIRST AID 'STRETCHER'/ HELICOPTER CASES

The illnesses/injuries listed below should be regarded as serious with evacuation by stretcher (WARA) to awaiting vehicle or by a professional rescue team (Ambulance, Police, SES,) to the nearest hospital or doctor or by Air Ambulance Helicopter. Many of the conditions below are life threatening. Evacuation should be as rapid as feasible without worsening the problem (for example, do not get a snakebite victim to walk to road transport).



- spinal/neck injuries, especially with suspected fracture
- head injuries, especially with loss of consciousness (L.O.C.)
- pelvic injuries (suspected fracture)
- lower limb injuries (which prevent walking)
- abdominal injuries/emergencies
- chest injuries (esp. Those which compromise breathing, respiratory arrest)
- hypothermia
- suspected cardiac conditions
- diabetic emergencies
- severe exhaustion (may be mistaken for hypothermia, and can precede hypothermia)
- following an epileptic seizure (casualty gets very tired)
- eye injuries
- shock - seen as abnormal vital signs: pulse, respiration, skin colour, temperature, pupils, and conscious state
  - - hypovolaemic shock - loss of fluid: blood, plasma, perspiration, diarrhoea, vomiting
  - - anaphalactic shock - allergic reaction e.g.: bees, toadstools
  - - neurogenic shock - head or spinal injury, hypoglycaemia

Those listed below are time critical patients as identified in the "Patient selection criteria from the Health Department Policy and Procedure Document" and would be evacuated to the nearest trauma centre by air ambulance.

- casualty falling from heights greater than 3-4m
- casualties with penetrating injury to head, neck, chest, abdomen, pelvis or groin
- casualties with significant injuries to head, neck, chest, abdomen or pelvis
- casualties with injuries in at least 2 of the regions mentioned above
- casualties with two or more long bone fractures
- snakebite
- hyperthermia
- severe asthma attack

### 3.5 STRETCHER EVACUATION

If a WARA stretcher is not available, the First Aid Officer should consider waiting for a professional rescue team to arrive. An alternative would be to make a bush stretcher, however this is not a preferred option for rogaines.

Casualties must be correctly immobilised with any bleeding controlled before loading on to the stretcher. Head, spine, pelvic and neck injuries must be very well immobilised, either with a correctly fitting cervical collar or with an improvised apparatus. Casualties with non-traumatic chest pain such as suspected angina or respiratory distress might be more comfortable sitting up or semi reclining, rather than lying flat.

#### 3.5.1 PRE-LOAD

- test stretcher strength and security
- position casualty as determined by injuries and condition
- arms against body, legs straight together



- remove objects under casualty e.g.: compass, keys
- unconscious and vomiting casualties are placed on their side
- position stretcher close to patient
- prepare stretcher with blanket(s), sleeping bag

### 3.5.2 LOADING

- lift casualty with 4-6 people supporting shoulders, hips, knees, ankles. One person is allocated the task of firmly but gently securing the casualty's head during the lift by supporting underneath and at the sides of the head. The head must be kept in line with the casualty's neck and spine.
- count " 123 LIFT" to synchronise lifting
- place casualty on to stretcher and check their comfort
- cover with blankets and protect from the weather and twigs, scrub
- secure casualty to the stretcher with belts (supplied with stretcher) or improvise. Secure at the chest (not too tight), hips and ankles. The head may be kept still by tying a broad bandage over the forehead and to the stretcher sides.

### 3.5.3 LIFTING

- lift with thigh muscles, not back muscles
- stronger lifters are placed at the torso and head
- over rough terrain a lifting team should comprise of no less than 6-8 per lift with a further 8-16 relief lifters depending on the terrain and distance to cover

### 3.5.4 CARRYING

- walk slowly, average travel time through open bush with a stretcher is 2 km/hr
- rotate lifting teams regularly
- maintain regular casualty observations
- send scout(s) ahead to find a good path for lifters to follow
- on steep or slippery sections use as many people to assist as possible. Use ropes if necessary to secure stretcher or to act as a pulley

### 3.5.5 TRANSPORT

- transport is preferable by an ambulance or helicopter (air ambulance)
- if WARA are responsible for transport, a wagon, 4wd or van will be needed with reclining seats to form a flat surface to fit the full length of the casualty on the stretcher
- the driver should drive carefully, and not rush.

## 3.6 FIRST AID 'WALK-OUT'CASES

Casualty may walk out with assistance to awaiting vehicle and then be transferred back to the Hash House and/or to hospital or doctor.

Typical injuries are:

- fractures/sprains to upper limb (casualty will let you know whether they feel like a walk or carry)
- minor abrasions, lacerations - minimal bleeding
- minor head injuries. (take vital signs)



It is important to remember that some injuries/illnesses may alter nervous system functioning without too many external signs and symptoms being available to the first aider. Some casualties will insist they feel fine and can walk, but in fact when put to the test, they cannot, for example casualties with hypothermia, head injury or spinal injury (altered sensations).

### 3.7 SPECIFIC INJURIES AND FIELD TREATMENT

DRABC (taught by St John Ambulance, Australia) stands for

- D**anger (to self, bystanders, casualty)
- R**esponse (make sure casualty is not just asleep)
- A**irway (clear vomitus, keep tongue from rolling back)
- B**reathing (Are they breathing? Is it regular or irregular breathing?)
- C**irculation (Do they have a pulse? Are they bleeding severely anywhere?)

#### 3.7.1 HEAD INJURIES

- a serious head injury may cause any of the following symptoms: altered consciousness, vomiting & nausea, unequal pupils, flushed skin (face), blurred vision, irritability, drowsiness, confusion, amnesia, bleeding & swelling, clear fluid from ears or nose, change in breathing, altered sensation in the limbs.

- ❖ DRABC
- ❖ Immobilise neck (cervical spine)
- ❖ Assess vitals every 10 minutes until relieved by professional help OR until vital signs become stable and 'normal'
- ❖ evacuate by stretcher, or wait for professional rescue team to arrive

#### 3.7.2 SPINAL INJURIES

- injury to the cervical, thoracic, lumbar or sacral spine, history of injury which involves compression (e.g. Fall from height onto feet), extension, flexion or rotation of spine. Signs of spinal injury include:

severe pain, altered sensations, numbness, laboured breathing, paralysis of limbs and muscles in abdomino-pelvic regions.

- ❖ DRABC
- ❖ immobilise neck and keep casualty as still as possible but do not compromise an open airway
- ❖ treat other injuries without moving the casualty
- ❖ reassure casualty
- ❖ evacuate, preferably by professional rescue team, who will have special stretchers and immobilisation devices for the casualty

#### 3.7.3 PELVIC INJURIES

Treat as above. Force sufficient to fracture a pelvis can also damage the spine. Look for signs of shock, as there may be internal bleeding in the abdomino-pelvic regions.





### 3.7.4 SHOCK

In First Aid, shock does not mean 'scary'; it describes a life-threatening condition often where the cardiovascular system fails to provide sufficient circulation to all body tissues. Shock can develop rapidly in adults, and very rapidly in children. Signs and symptoms may include: weakness, nausea, thirst, dizziness, initially increased pulse leading to weak rapid pulse and then weak pulse, increased respiration leading to laboured breathing and then weakened respiration's, fearfulness, pale and clammy skin, changes in conscious state, coolness and feeling of impending doom. Exposure to allergen may lead to shock.

- ❖ DRABC
- ❖ position patient with legs raised (Do NOT do if casualty has spine, neck, pelvic, abdominal injuries, chest injury or hip dislocation)
- ❖ monitor vitals every 5 minutes and record them on paper treat other injuries
- ❖ keep casualty warm, reassure
- ❖ give nil by mouth (If casualty complains of thirst very small sips of water are OK. If casualty vomits after water, ensure clear airway).
- ❖ evacuate or send for professional rescue team (who can bring life saving equipment such as IV fluid and oxygen)

### 3.7.5 HEAT EXHAUSTION

In many cases heat exhaustion follows on from exercise in hot or humid conditions and/or dehydration. It may quite easily affect any rogainer in hot weather. Unchecked heat exhaustion leads to life threatening heat stroke, where body temperature can rise at one degree every five minutes. Signs of Heat Exhaustion: pale, cool, clammy skin, weak pulse, and heavy perspiration. Signs of Heat Stroke: flushed, dry, hot skin; full rapid pulse; virtually no perspiration; and Loss of consciousness.

- ❖ DRABC
- ❖ cool casualties in shade, fan, wet towels, remove excess clothing
- ❖ give cool water if casualty is fully conscious
- ❖ rest and prevent further exercise or return to hot conditions
- ❖ evacuate to the Hash House or hospital (if suspecting heat stroke, or if heat exhaustion fails to improve)

### 3.7.6 HYPOTHERMIA

Signs and symptoms include shivering, slurred speech, stumbling, cold extremities and later cold limbs, reduced body temperature, pale, dry skin; later: spasmodic shivering then no shivering, gross muscle unco-ordination, inability to walk or stand, altered mental state, unreasonable or surprising behaviour, altered conscious state, vision problems, reduced pulse and respiration; end stage: coma, dilated pupils, barely detectable pulse or respiration. It is imperative that rogainers recognise the early signs of hypothermia, because the worse it gets, the harder it is to reverse, especially in the field.

- ❖ DRABC
- ❖ shelter from elements: cold, wind, water
- ❖ only remove wet garments if in a controlled environment
- ❖ if not in a controlled environment (e.g.: still outside), commence treatment using the Vapour Barrier Principle. This principle is used for moderately to severely hypothermic casualties.
  - ensure casualty has head and neck covered
  - place plastic bag over casualty (wet clothes still on)



- place in sleeping bag
- place second plastic bag over sleeping bag
- ❖ take vital signs every 10 minutes and record them on paper.
- ❖ if casualty is fully conscious, give warm sweet fluids
- ❖ evacuate by stretcher to awaiting vehicle or the Hash House and rewarm patient there. If casualty is severely hypothermic and is not making any improvement, send for professional medical team.

DO NOT give alcohol, nicotine or caffeine

DO NOT massage the casualty's skin

DO NOT exercise the casualty until body temp has been stable at 37° for at least 4 hours

DO NOT return the casualty to a cold environment until temp is stable and 24 hours have passed

DO NOT handle severely hypothermic casualty with roughness or sudden movements

\* \* Standard thermometers are not suitable for recording severely hypothermic body temp.

### 3.7.7 SNAKEBITE

Site will be reddened with one or more puncture marks or scrapes. Hopefully, teammate has immediately applied firm (not tight) pressure immobilisation before the first aider arrives.

- ❖ DRABC
- ❖ pressure immobilisation bandage (if not already done). Do not release existing bandage unless you are absolutely certain that it is so tight that circulation is impaired - then swiftly reapply correct bandage.
- ❖ reassure
- ❖ keep casualty lying down at total rest
- ❖ watch for signs of paralysis to the respiratory muscles and be prepared to begin EAR or CPR
- ❖ evacuate by stretcher to awaiting vehicle and notify hospital or send for a Doctor/professional medical team who may administer antivenom in the field (unlikely though).

### 3.7.8 HEART ATTACK

A heart attack will range from discomfort to severe pain in the centre of the chest and possibly radiating up to the neck and arm and jaw. Angina medication and complete rest for 5- 10 minutes does not usually ease pain of a heart attack as it can for an angina attack. Casualty will be anxious, have pale, cold clammy skin, feel nauseous, may be short of breath and may develop shock. They may have no pulse, a pulse and be unconscious, or be fully conscious. A heart attack is different to a cardiac syncope brought on by exertion, where the person 'faints' during a heavy bout of exercise such as uphill running. Heart Attack angina and cardiac syncope should all be managed as below:

- ❖ DRABC
- ❖ place casualty on side if unconscious or suffering from shock.
- ❖ can sit casualty up if conscious (may be more comfortable and easier to gain breath).
- ❖ keep casualty at complete rest, reassure and keep comfortable.
- ❖ seek medical attention ASAP by WARA stretcher to waiting vehicle or professional rescue team.

**APPENDIX 1**  
**ORGANISER'S SUMMARY**



# WARA SAFETY PRECAUTIONS - ORGANISERS SUMMARY

This summary is extracted from the WARA Safety Manual. It should be widely distributed, and included in organiser's manuals as a short checklist and reminder of the full Manual.

## 1 General

Rogaining has a good safety record. Illnesses, injuries and searches are rare. However, dangers exist, and organisers and competitors must consciously consider them at all times, and take reasonable precautions.

## 2 The Rules

Competition rules require that team members remain in voice contact, and team members must not leave injured or tired members unattended. Any other competitors must assist if needed.

Written and pre-start briefing must cover:

- Teams must remain within voice contact at all times
- Helping teams in distress
- Any event specific safety advice
- The mandatory whistle and emergency repeated blasts signal
- Filling in intention sheets is essential – spare pencil or biro should be carried.
- Teams seeing other competitors apparently alone, or not filling in intention sheets, have an obligation to politely query the matter. (“Are you OK? - I can't see your partner”; “Is the pencil broken?”)
- Fire and smoking bans

## 3 Setters - Pre Event

- Setters must consider safety carefully:
- Select site access roads that will be trafficable in bad weather and after heavy use
- Road access for search and rescue, easy water drops.
- Course dangers, which can not be adequately mapped and avoided, must eliminate that site.
- Consider long distance driving by tired competitors, and advise pooling, buses etc.
- Any special fire bans or fire risks.
- Identify the roads to be used for patrolled roads, and ensure that suitable vehicles are available (they may require high clearance or 4WD)

## 4 Setters - Before the Start

- Arrange more than adequate water at the water drops before competitors can get there.
- Use “No Shooting - Walkers Day and Night Signs” on all public access roads
- See pre-start briefing under “Rules” above.
- Know nearest doctor/hospital, emergency phone, and advise Admin.
- Tell control collectors to leave a depart time with Admin, so that we know who is on the course and when. This is a good time for extra briefing of collectors
- Develop a roster for patrolling the roads that ensures everyone gets sufficient sleep

## 5 **Setters - During the Event**

- Look for distressed teams while checking water drops, especially at night. A safety drive at least every four hours is recommended.
- Ensure one setter or vetter with good knowledge of the course is available at the admin area for emergencies.
- Be familiar with radio use if available.

## 6 **Administration**

- Insist on recording team car number plates.
- Hand out safety sheet with map
- See all team members at each movement through the Admin Site.
- Know where First Aid kit is and any available experts.
- Ensure that Fire Extinguishers are at Admin and the Hash House. Check for fire risks at Event site before and during event.
- Directions to nearest medical help must be clearly available at Admin (see Manual Appendix)

## 7 **Search and Emergency Action**

- See the full advice in the WARA Safety Manual.
- Advise any possible search or emergency problem at the Admin area, creating "Alert" status.
- This means that "Alert" is to be advised to a senior present organiser (Setter, Admin, Committee member, or expert rognier) who takes control, as Co-ordinator.
- The Co-ordinator's role is to arrange the best actions, concentrating on thinking, directing and communicating calmly.

### **For an advised injury, or lost team or member, the Co-ordinator must arrange the following:**

- Send for any available people likely to be needed.
- Collect all readily available information
- Decide what action is best
- Clearly brief who is to do what, and make sure all standby people know what is being arranged.
- Check the full Safety Manual, especially Section 2, for any actions that might be required.

### **For any team not checked in within one hour after finish time:**

- Admin raises Alert as above
- Co-ordinator arranges helpers to check registrations and to ask other teams for information. Admin meanwhile prints list of controls visited by team if available.
- If no evidence that the team has returned, Co-ordinator arranges the first road search, preferably with radio vehicles, and clearly arranges vehicle return plan. Searchers in vehicles should check intention sheets near roads.
- Co-ordinator progressively intensifies search if required, asking experienced teams not to leave the Event Site, and sending teams to specific controls looking for the team on intention sheets. Use this information to predict and track intentions, until the last entry. The Co-ordinator must know where all searchers are, and keep them informed.
- Three hours after the finish, or earlier if there are special concerns, the Co-ordinator sends someone to advise Police.

### **For Control Collectors:**

- Be at Admin to brief collectors as they go out, and write down team details.
- Record control collectors when they return
- Adapt search procedures as required if collectors are overdue.

## **APPENDIX 2**

### **WARA COMPETITORS SAFETY AND FIRST AID SHEET**





# WARA Competitors Safety and First Aid Sheet

## Take this sheet with you when out on the rogaine course.

Rogaining has a good safety record. Illnesses, injuries and searches for lost teams are rare. However, as in all physical activities, untoward events can happen and competitors must consider them and take reasonable precautions.

The following rules are designed to create a safe sport.

- All team members are to remain in voice contact at all times
- Intention sheets must be filled in
- All competitors must carry a whistle
- Control cards must be returned to administration when a team is at the rogaine camp and when they leave for home
- All teams must help a team that signals it is in distress

A competitor can become fatigued, ill or be injured and require help to return to the rogaine camp. If the distressed competitor can make it to a water drop or a patrolled road they will be picked up by a patrol. Following a rest and by moving slowly this will often be possible. Patrols are carried out at intervals of about three hours.

What do you do if a member of your team is so distressed or injured that they can't move? **An injured team member must never be left on their own.** Commence regular distress signals (three or more blasts on your whistle) for help. Other teams that hear your distress signal will come to help. If the team consists of three or more members someone can go for help. WARA has procedures in place to find any team that does not return to the camp site at the end of the rogaine. This procedure relies on teams filling out the intention sheet at each control they visit. The search can be escalated to include the police and other services.

Teams that do not have a distressed member, but are lost should always head in a direction that will cause them to meet a patrolled road. Here they can either relocate or wait for a patrol.

All teams that have not made it back to the hash house by the end of the 30 minute penalty period should relocate to the nearest patrolled road and wait to be picked up. Traversing across country will make it difficult for search teams to locate you.

Administration need to know which teams are out on the rogaine course. It is assumed a team is out on the course if their control card is not at administration. A search will commence for teams that have not handed in their control card by the end of the event. For this reason it is essential that all teams return their controls cards to administration before leaving the event.

Bushfires are a serious risk if the weather is hot and there are strong winds. (The event may be cancelled in these conditions) Smoke from fires can often be seen over great distances and will not always pose a risk. However if you see a fire or there is thick smoke or falling ash head for a safe location. Return to the rogaine camp if possible so that administration will know you are safe. If you need to escape from an approaching fire head at 90 degrees to the direction of the wind.

It is strongly recommended that your team carry a first aid kit. At a minimum it should contain one linear compression bandage, one triangular bandage and any personal medications you may require.

Other items that could be useful are:

- A roll of elastoplast tape
- Tweezers, bandaids, Vaseline, antiseptic cream and sun cream
- A "space" blanket made of aluminium foil for cold-weather events

A trained first aid officer is always on duty at the rogaine hash house site. They have access to a comprehensive first aid kit. Administration can contact, and arrange transport to, the nearest hospital.

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The following section gives some guidelines on what to do in certain circumstances. Refer to this sheet if you are unsure what action to take. **In a crisis a cool, careful response is always best.**

**Sprained ankle** : Sprains or dislocations are often associated with fractures. If there is any doubt about the injury, it should be treated as a fracture.

*Treatment*

Apply a firm roller bandage to the injured joint.

Depending on the severity of the injury the competitor may:

- Continue to compete
- Move to a water drop or patrolled road to obtain a lift back to the rogaine camp
- Need evacuation with outside assistance from other teams. In this case signal for help.

**Blisters or 'hot spots'** : To avoid blisters, apply tape (leukoplast or similar waterproof tape) to trouble areas before the rogaine starts.

*Treatment* (once blisters have formed)

1. Do not pop the blisters. Apply a piece of tape over affected area. (If using a bandaid use only the sticky part, as the gauze will continue to rub on the blister). Popping blisters during a rogaine may lead to infection.

**Wounds** : This treatment is applicable for minor cuts to deep lacerations.

*Treatment*

1. Control bleeding by applying immediate pressure to the area, and elevate the area
2. Clean the wound as well as possible
3. In the case of a deep laceration, apply a sterile dressing firm enough just to stop the bleeding. If blood soaks through the dressing, add more dressings over the existing one and/or apply more pressure
4. If blood loss is extensive, watch for signs of shock developing
5. If the laceration is deep, either return to hash house to receive further medical attention or signal for assistance

**Hypothermia** : The most effective way of detecting cold related problems is by observation, that is, by watching and talking to other team members. Signs of hypothermia include unreasonable behaviour, irritability, difficulties with speech and vision, shivering, difficulties with co-ordination, stumbling, lagging behind the group, making navigation errors or leaving the navigation to someone else (apathy) or cold skin and pale skin.

*Treatment*

1. Take shelter from the wind, rain and cold air temperature
2. Put on extra clothing, huddle for warmth
3. Wrap the person in a Thermal Emergency Blanket
4. Eat high energy foods, drink
5. If person fails to warm up, signal for assistance

**Heat exhaustion** : Warm temperatures, prolonged physical activity and inadequate fluid intake can lead to heat exhaustion. Signs include pale, clammy skin, profuse sweating, nausea, cramps (particularly calf muscles), altered mental state. Heat stroke is life threatening and occurs with untreated heat exhaustion. Signs include hot, dry, flushed skin, visual disturbances, altered mental state, collapse and unconsciousness. Heat stroke can cause permanent damage.

*Treatment*

1. Shelter in a cool place (shade)
2. Give frequent drinks (cool water)
3. Cool person down with water on skin, wet clothes, fan, rest
4. If person stays overheated in spite of efforts 1-3, signal for assistance

**Eye injury** : If a wound to the eye is severe DO NOT examine the eye as this may lead to the contents of the eye being squeezed out through any cuts.

*Treatment*

1. Lie casualty on their back
2. Wrap a bandage or apply eye pads to **both** eyes and secure it lightly. Ensure there is no pressure on the eye
3. Instruct casualty not to move their eyes
4. Do not try to lead the casualty. Signal for assistance.

**Fractured limbs** : In the event of a fracture, intense pain and swelling will take place in the area of the fracture. The limb may or may not be deformed. Seek assistance ASAP.

*Treatment*

1. Immobilise the affected limb by bandaging a padded splint to the limb (a jumper covered tree branch will do). In the case of a leg fracture, the other leg may be used as a splint.
2. For open fractures where the skin is broken, cover the wound with a clean / sterile dressing and then immobilise the limb.
3. Watch for signs of shock developing (if so keep person warm and lying down with head low).
4. Seek assistance immediately.

**Snake bite** : Assume all bites are from venomous snakes. The bite may be one or more puncture marks or scrapes on the skin.

*Treatment*

1. Immediately apply a pressure immobilisation bandage over the limb. Bandage from the extremity toes or fingers to the groin or armpit. Bandage firmly to compress tissue, but not to stop blood supply. Check that circulation to extremity has not been cut.
  2. Splint the limb and keep casualty at **total rest**.
  3. Reassure casualty and signal for assistance ASAP.
- DO NOT apply a tourniquet.  
DO NOT excise the area.  
DO NOT walk the casualty back to the HH.  
Do bring help to the casualty.

**Remember: Your safety is our concern, but it is your responsibility.**

**Version February 2008**

## **APPENDIX 3**

### **WA HEALTH DEPARTMENT HEALTH PROVIDERS DIRECTORY (FOR HOSPITAL LOCATIONS)**



<b>Hospital</b>	<b>Address</b>	<b>Phone</b>
Albany Hospital	Warden Avenue, Albany WA 6330	9892 2222
Armadale-Kelmscott Memorial Hospital	3056 Albany Highway, Mount Nasura WA 6112	9391 2000
Attadale Hospital	21-31 Hislop Road, Attadale WA 6156	9330 1000
Augusta Hospital	Donovan Street, Augusta WA 6290	9758 3222
Bentley Hospital	Mills Street, Bentley WA 6102	9334 3600
Bethesda Hospital	25 Queenslea Drive, Claremont WA 6010	9340 6300
Beverley Hospital	Sewell Street, Beverley WA 6304	9646 3200
Boddington Hospital	Hotham Avenue, Boddington WA 6390	9883 4444
Boyup Brook Soldiers Memorial Hospital	Hospital Drive, Boyup Brook WA 6244	9765 0222
Bridgetown Hospital	Peninsula Road, Bridgetown WA 6255	9782 1222
Broome Hospital	Robinson Street, Broome WA 6725	9194 2222
Bruce Rock Memorial Hospital	35 Dunstall Street, Bruce Rock WA 6418	9061 1311
Busselton Hospital	Mill Road, Busselton WA 6280	9754 0333
Cambridge Private Hospital	187 Cambridge Street, Wembley WA 6014	9380 4999
Carnarvon Hospital	Cleaver Street, Carnarvon WA 6701	9941 0555
Collie Hospital	Deakin Street, Collie WA 6225	9735 1333
Corrigin Hospital	49 Kirkwood Street, Corrigin WA 6375	9063 2300
Cunderdin Hospital	Cubbine Street, Cunderdin WA 6407	9635 2222
Dalwallinu Hospital	Myers Street, Dalwallinu WA 6609	9661 0200
Denmark Hospital and Health Service	Strickland Street, Denmark WA 6333	9848 0600
Derby Hospital	Clarendon Street, Derby WA 6728	9193 3333
Donnybrook Hospital	Bentley Street, Donnybrook WA 6239	9780 4333
Dumbleyung Memorial Hospital	McIntyre Street, Dumbleyung WA 6350	9863 4022
Esperance Hospital	Hicks Street, Esperance WA 6450	9071 0888
Exmouth Hospital	Lyons Street, Exmouth WA 6707	9949 3666
Fitzroy Crossing Hospital	Fallon Road, Fitzroy Crossing WA 6765	9166 1777
Fremantle Hospital	Alma Street, Fremantle WA 6160	9431 3333
Geraldton Hospital	Shenton Street, Geraldton WA 6530	9956 2222
Glengarry Private Hospital	53 Arnisdale Road, Duncraig WA 6053	9447 0111
Gnowangerup Hospital	Yougenup Road, Gnowangerup WA 6335	9827 2222
Goomalling Hospital	Forrest Street, Goomalling WA 6460	9629 0100
Halls Creek Hospital	70 Roberta Avenue, Halls Creek WA 6770	9168 9222
Harvey Hospital	45 Hayward Street, Harvey WA 6220	9782 2222
Kalamunda Hospital Campus	Elizabeth Street, Kalamunda WA 6076	9293 2122
Kalgoorlie Hospital	Piccadilly Street, Kalgoorlie WA 6430	9080 5888
Katanning Hospital	Clive Street, Katanning WA 6317	9821 6222
Kellerberrin Memorial Hospital	51-63 Gregory Street, Kellerberrin WA 6410	9045 6222
Kojonup Hospital	Spring Street, Kojonup WA 6395	9831 2222
Kununurra Hospital	96 Coolibah Drive, Kununurra WA 6743	9166 4222
Lake Grace Hospital	Stubbs Street, Lake Grace WA 6353	9890 2222
Laverton Hospital	Beria Road, Laverton WA 6440	9088 2600
Leonora Hospital	Sadie Canning Drive, Leonora WA 6438	9080 4300
Margaret River Hospital	Farrelly Street, Margaret River WA 6285	9757 0400
Meekatharra Hospital	Savage Street, Meekatharra WA 6642	9981 0600
Moora Hospital	Dandaragan Road, Moora WA 6510	9651 0222
Mount Hospital	150 Mounts Bay Road, West Perth WA 6005	9481 1822
Murray Hospital	McKay Street, Pinjarra WA 6208	9531 7222
Nannup Hospital	Carey Street, Nannup WA 6275	9756 3800
Narembeen Memorial Hospital	Ada Street, Narembeen WA 6369	9064 7234
Narrogin Hospital	Williams Road, Narrogin WA 6312	9881 0333
Newman Hospital	Mindarra Drive, Newman WA 6753	9175 8333
Nickol Bay Hospital	Millstream Road, Karratha WA 6714	9143 2333
Norseman Hospital	Talbot Street, Norseman WA 6443	9039 9200
Northam Hospital	Robinson Street, Northam WA 6401	9690 1300
Onslow Hospital	Second Avenue, Onslow WA 6710	9184 3200
Osborne Park Hospital	Osborne Place, Stirling WA 6021	9346 8000
Paraburdoo Hospital	Rocklea Road, Paraburdoo WA 6754	9159 8222

<b>Hospital</b>	<b>Address</b>	<b>Phone</b>
Pemberton Hospital	Railway Crescent, Pemberton WA 6260	9776 4000
Pingelly Hospital	38 Stratford Street, Pingelly WA 6308	9887 2222
Plantagenet Hospital	Langton Road, Mount Barker WA 6324	9892 1222
Port Hedland Hospital	Kingsmill Street, Port Hedland WA 6721	9158 1666
Quairading Hospital	Harris Street, Quairading WA 6383	9645 1100
Rockingham-Kwinana District Hospital	Elanora Drive, Cooloongup WA 6168	9592 0600
Roebourne Hospital	42-44 Hampton Street, Roebourne WA 6718	9182 0200
Royal Perth Hospital	Wellington Street, Perth WA 6000	9224 2244
Sir Charles Gairdner Hospital	Hospital Avenue, Nedlands WA 6009	9346 3333
South Perth Hospital Inc.	76 South Terrace, South Perth WA 6152	9367 7966
Southern Cross Hospital	Coolgardie Road, Southern Cross WA 6426	9081 2222
Swan District Hospital Campus	Eveline Road, Middle Swan WA 6056	9347 5244
Tom Price Hospital	Mine Road, Tom Price WA 6751	9159 5222
Wagin Hospital	Warwick Street, Wagin WA 6315	9861 3444
Warren Hospital	Hospital Avenue, Manjimup WA 6258	9777 0300
Wongan Hills Hospital	Ackland Street, Wongan Hills WA 6603	9691 1222
Wyalkatchem-Koorda and Districts Hospital	Honour Avenue, Wyalkatchem WA 6485	9692 1222
Wyndham Hospital	Minderoo Road, Wyndham WA 6740	9161 0222
Yarloop Hospital	Barrington-Knight Road, Yarloop WA 6218	9782 2351
York Hospital	Trews Road, York WA 6302	9641 1200

**APPENDIX 4**  
**INCIDENT REPORT SHEET**





# WESTERN AUSTRALIAN ROGAINING ASSOCIATION

## ACCIDENT/ILLNESS REPORT

*Private and confidential – to be forwarded to WARA President then WARA Secretary for archiving*

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time of incident: \_\_\_\_\_ am/pm Patient's name: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: Female/Male Patient phone n° for follow up:(\_\_\_\_)\_\_\_\_\_

Name and location of rogaine: \_\_\_\_\_

Person administering treatment, and phone number: \_\_\_\_\_

Exact location of incident (eg give distance and bearing from nearest known point such as a control or road intersection): \_\_\_\_\_

**ASSESSMENT AND CONDITION**

Type of condition: TRAUMA/MEDICAL/ENVIRONMENTAL

Patient's condition: STABLE/DETERIORATING/IMPROVING

Last meal: \_\_\_\_\_ am/pm

Describe exact nature and anatomical location of injury or condition:

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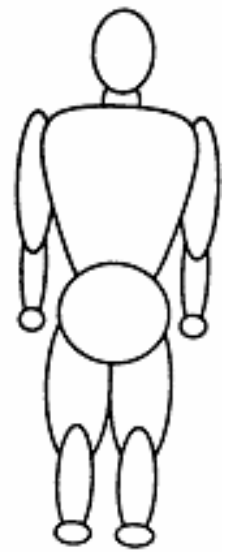
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**LOCATION OF INJURY**

ANTERIOR VIEW

POSTERIOR VIEW



**BACKGROUND AND HISTORY** ie Events leading to occurrence of accident/illness and how it happened:

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**FACTORS THAT CONTRIBUTED TO THE INCIDENT**

**1. EQUIPMENT RELATED**

- Poor maintenance       Electrical failure       Wrong/faulty tools
- Deficiency of design/layout       Mechanical failure       Other (specify) \_\_\_\_\_

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**2. ENVIRONMENT RELATED**

- Poor housekeeping       Weather conditions       Terrain
- Darkness       Other (specify) \_\_\_\_\_

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**3. HUMAN ELEMENT**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Inadequate instructions given    | <input type="checkbox"/> Instructions misread   | <input type="checkbox"/> Poor planning     |
| <input type="checkbox"/> Not following instructions       | <input type="checkbox"/> Inadequate supervision | <input type="checkbox"/> Poor route choice |
| <input type="checkbox"/> Not wearing protective equipment | <input type="checkbox"/> Fatigue                | <input type="checkbox"/> Speeding/haste    |
| <input type="checkbox"/> Wearing unsuitable clothing      | <input type="checkbox"/> Overestimating ability | <input type="checkbox"/> Other (specify)   |

**TREATMENT ADMINISTERED** Include times, doses and names of any medication given:

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**POST-TREATMENT ACTION** ie What happened with the patient after our first aid treatment?:

- Patient continued to participate in rogaine.       Patient withdrew from rogaine but stayed at venue.
- Patient withdrew from rogaine and left venue. Where to? \_\_\_\_\_
- If patient taken to hospital, which hospital? \_\_\_\_\_
- Mode of transport:  Ambulance  Own transport: \_\_\_\_\_  Other transport: \_\_\_\_\_
- Other: \_\_\_\_\_

**ADDITIONAL INFORMATION** Include any information that will be useful in reviewing the accident/illness, and recommendations to prevent recurrence:

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**REPORT COMPLETED BY:** \_\_\_\_\_ **Role:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**WITNESS' NAME:** \_\_\_\_\_ **Witness's Address:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**WARA PRESIDENT:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**COMMITTEE COMMENTS:** \_\_\_\_\_

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**Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Followup action by (name):** \_\_\_\_\_