

# WARA Competitors Safety and First Aid Sheet

## Take this sheet with you when out on the rogain 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 rogain 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 rogain 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 rogain. 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 rogain 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 rogain 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 rogain 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 rogain 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 rogain 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 rogain 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.**

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