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USING THE ACCIDENT, ILLNESS AND INCIDENT REPORT FORM

The Traditional Mountaineering Accident/Incident Report Form and the (two ounce, 3X5 inches, \$5.95) booklet Backcountry First Aid and Extended Care, should be in every Wilderness traveler's pack. Buck Tilton, Director of the Wilderness Medicine Institute of NOLS, writes the Booklet in its fifth edition, 2007.

The Report Form is designed to provide a template for emergency response and requests for assistance more than one-hour distant from the 911 EMS safety net. The Booklet provides detailed responses to common backcountry accident and illness conditions that cannot be remembered in detail by the average person.

The Report Form follows examples from other mountaineering clubs and organizations. Carried in duplicate as suggested, one copy can be carried out to the trailhead by the (two) messengers. The other copy remains with the patient(s) to be evacuated to the hospital.

First, look at the safety of the patient(s) and rescuers at the scene! Stop, look and think! Make sure the scene and you are safe (gloves?). What might have been the MOI (method of injury)? Must you get the patient out of immediate danger? Are there other patients not obvious or in view, who are injured?

Then do a Primary Survey: airway, breathing, bleeding, stabilization of the spine and neck, and protection from the environment – A, B, C, D (disability) and E. Stop and fix any immediate problems.

Then do a Secondary Survey - find everything that is not in working order: What is the patient's LOC (level of consciousness): ask who he/she is, what, when, where and how it happened. If not alert and oriented (A&O x 4: who he/she is, where, when and what happened), is the patient responsive to verbal or painful stimuli or unresponsive? What was the MOI (method of injury)? Note his skin condition, heart rate, and respirations according to the explanations in the Booklet. Note them on the Report. Do a Hands-on Head-to-toe Exam (see the Booklet). Take a SAMPLE history (see the Booklet). "Clear the spine" (again, see the explanations in the Booklet) before assisting the patient to move to a better location or walk out.

Now sit down and take a rest. Relax, plan what to do. Consider treatment and evacuation options. If SAR help is needed, complete the rest of the Report Form. Note the individual patient assessments, plan of action for care and number of patients. Note the location, on-scene plans, weather on-scene, personnel on-scene and the evacuation plans suggested to SAR.

Now make your cell phone call to 911. Can't call out? Send your messenger(s) with a copy of the Report Form, toward the Trail Head and ask them to call from better locations on the way.

Help your patient(s) in accordance with the descriptions in the Booklet. Prepare to spend the time waiting as comfortably and safely as possible. "Enjoy the experience: a good rescue is worth much more than a summit!"
On Belay! --Bob Speik*

Use any extra space for notes in the field!

Hands-Only™ CPR, April 23, 2010

"When an adult has a sudden cardiac arrest, his or her survival depends greatly on immediately getting CPR from someone nearby. Unfortunately, less than 1/3 of those people who experience a cardiac arrest at home, work or in a public location get that help. Most bystanders are worried that they might do something wrong or make things worse. That's why the AHA has simplified things.

Don't be afraid. Your actions can only help. It's not normal to see an adult suddenly collapse, but if you do, call 911 and push hard and fast in the center of the chest. Take a minute and look around this site and invite your friends! Increasing the number of people who know about Hands-Only™ CPR will increase the chance that someone can help when an adult suddenly collapses, and more lives can be saved."

<http://handsonlycpr.org>

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ACCIDENT, ILLNESS and INCIDENT REPORT

Copies of this, or a similar form, should be carried by Wilderness travelers and mountaineers at all times, two copies to be completed at the scene with one to be carried out by the messengers requesting EMS Search and Rescue services. *

SAFETY of the PATIENT(S) and RESCUERS at the SCENE! STOP, LOOK and THINK! EMS over an hour away? Take universal precautions! Refer to *Backcountry First Aid and Extended Care*, Wilderness Medicine Institute of NOLS

OVERALL SUBJECTIVE DESCRIPTION of the INCIDENT: (Look for MOI? and Alert & Oriented x 1,2,3,4?)

1. What happened? _____
 2. When did it happen? Date _____ Day _____ Time _____
 3. Where did it happen? _____
 4. To whom did it happen? _____
- Witness(s): 1. _____ 2. _____

PRIMARY SURVEY "STOP and FIX" CHECK LIST done?: (A,B,C,D,E)

Airway _____ **Breathing** _____ **Circulation (bleeding)** _____ **Disability (spine)** _____ **Environment** _____

SYMPTOMS or DESCRIPTION of INJURIES or ILLNESS asked? Method of Injury (MOI) considered?

Patient symptoms: _____
Witnesses description: _____

OBJECTIVE SECONDARY SURVEY done?: (VITAL Signs, Head-to-Toe EXAM and SAMPLE HISTORY)

Level of Consciousness: LOC AVPU Alert _____ Verbal _____ Painful _____ Unresponsive _____

Skin? pink/pale, hot/cold, dry/clammy; HRate? # _____ pounding/weak; RRate? # _____ easy/labored

Hands-on Head-to-Toe Exam done? _____; **Spinal injury** cleared? _____ (There are 8 points to clear! See book.)

SAMPLE Patient History taken? Y ___ N ___ (see check list next line) **Time(s)** completed? _____/_____/_____
(Symptoms, Allergies, Medications, Past relevant history, Last oral intake, Events leading to -)

ASSESSMENT by INCIDENT LEADER of SUSPECTED INJURIES or ILLNESSES to PATIENT #1 (You can't diagnose!)

1. _____
2. _____

PLAN OF ACTION for EACH PROBLEM ASSESSED for PATIENT #1 (Problem solutions are in *Backcountry First Aid!*)

1. _____
2. _____

INJURED or ILL PATIENT #1: (Describe additional patients on separate forms or on back)

Name: _____ Address: _____
Age _____ Sex _____ Phone (____) _____
Who to notify _____ Relationship _____ Phone (____) _____

GENERAL ASSESSMENT of TOTAL # of PATIENTS: (Show number of people - 1,2 or 6, etc.)

Good ___ Fair ___ Serious ___ Unconscious ___/Deceased ___

ON-SCENE PLANS :

Will stay put _____ Will evacuate to trail _____/road _____/shelter _____

WEATHER ON-SCENE:

Temperature: Warm ___ Moderate ___ Cold ___ **Moisture:** Fog ___ Rain ___ Snow ___

Wind: None ___ Moderate ___ Strong ___ **Conditions:** Improving ___ Worsening ___

NUMBER of PERSONNEL ON-SCENE: (Show number of people - 2 or 6 or 1, etc.)

Beginners ___ Intermediate ___ Advanced ___

Capability for overnight _____

TYPE of EVACUATION SUGGESTED BY LEADERS:

Walking ___ Lowering ___ Carrying ___ Helicopter ___ None before EMS approval _____

LOCATION OF PATIENT:

UTM Coordinates from GPS or Map (include marked map) _____ E _____ N

Narrative Description of Location (Describe here and on the back) _____

Footing: Glacier ___ Snow ___ Scree ___ Talus ___ Brush ___ Timber ___ Rock ___ Trail ___ Other ___

Terrain: Easy ___ Moderate ___ Steep ___

INCIDENT LEADER: 1. _____ WFR/WFA? Cell Phone (____) _____

TRIP LEADERS: 1. _____ 2. _____ Cell Phone (____) _____

MESSENGERS: 1. _____ 2. _____ Cell Phone (____) _____

USE MARGIN SPACES FOR DIRECTIONS, MAP, MORE PATIENTS, AND ADDITIONAL SECONDARY SURVEYS: