

Adapted from NC Hunter Safety Course; Ruth Hoffman contributor.

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Hypothermia

Hypothermia occurs when your body loses heat faster than it can produce it, causing your core body temperature to fall. Hypothermia is often induced by cold, wet conditions, such as rain, snow, sleet, or immersion in water.

Moisture from perspiration, humidity, and dew or rain on bushes and trees also can soak your clothing over time, putting you at risk in cold weather. Wet or damp clothes will draw heat out of your body more rapidly than cold air. Wind lowers your body temperature as it evaporates moisture from your body. Resting against cold surfaces also will draw heat from your body.

Prevention of Hypothermia

- Hypothermia can be prevented by dressing properly, by avoiding potentially dangerous weather conditions, and by drying out as quickly as possible when you get wet.
- High-calorie foods, such as chocolate, peanuts, or raisins, provide quick energy that helps your body produce heat.

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Symptoms of Hypothermia

- Uncontrolled shivering—usually the first obvious symptom, but ceases as hypothermia progresses
- Slow, slurred speech
- Memory loss
- Irrational behavior, such as removing clothing
- Lack of body movement
- Sleepiness
- Unconsciousness, which could lead to death

Treatment of Hypothermia

- Find shelter for the victim.
- Remove wet clothing, and replace with dry clothing and other protective covering. If there is no dry clothing, use a fire to dry one layer at a time.
- Give warm liquids to rehydrate and warm, but never give the victim alcohol to drink.

Quick-energy foods also produce inner body heat.

- For mild cases, use fire, blankets, or another person's body heat to warm the victim.
- In more advanced stages, warm the victim slowly by placing one or more persons in body contact with the victim. Place canteens of hot water insulated with socks or towels on the groin, armpits, and sides of the neck of the victim.
- A victim at or near unconsciousness must be handled gently, and not immersed in a warm bath or exposed to a large fire, which can lead to traumatic shock or death. Immediately contact emergency medical personnel to evacuate the victim to a hospital for treatment.

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Heat Exhaustion

Heat exhaustion is the opposite of hypothermia—the core body temperature increases, usually as a result of hot and humid conditions, plus a lack of water.

Prevention of Heat Exhaustion

- Drink plenty of water.
- Take frequent breaks if you're hiking to or from your hunting spot, especially when carrying a large load.
- Dress in layers, and shed layers as physical activity increases.

Symptoms of Heat Exhaustion

- Pale and clammy skin
- Weakness
- Nausea
- Headache
- Muscle cramps

Treatment of Heat Exhaustion

- Move to a cooler place and drink water.
- Fan to lower body temperature, but don't over-chill.

Heat Stroke

Heat stroke should be treated as a medical emergency—it can be fatal.

Symptoms of Heat Stroke

- Dry, hot, and flushed skin—dark or purple in color
- Dilated pupils
- Slow, weak pulse
- Shallow breathing
- High temperature—may be in excess of 106° Fahrenheit

Treatment of Heat Stroke

- Wrap in a sheet and soak with cool—not cold—water.
- Fan, but don't over-chill.
- Get to a hospital immediately.

Basic First Aid

Every hunter should take a first-aid course to learn what to do in case of injuries. Below are some common injuries that could occur while hunting.

Bleeding

Severe bleeding is a life-threatening medical emergency. The rapid loss of just two pints of blood can result in shock and loss of consciousness. A victim can bleed to death in a short time.

To stop bleeding:

- Apply direct pressure on the wound.
- Cover with a sterile gauze pad—or the cleanest cloth readily available. Concerns about infection are secondary when it comes to preventing massive blood loss.
- Press the pad firmly over the wound using the palm of your hand. Don't lift the pad to check the wound—it will only renew bleeding.
- When a pad becomes soaked, put a fresh one directly over the old pad.
- If the wound is on a limb and there's no fracture, raise the limb above the level of the heart. Gravity will reduce the blood pressure in the limb.

Direct pressure and elevation are usually sufficient to stop bleeding. If profuse bleeding continues, try shutting off circulation in the artery that supplies blood to the injured limb.

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Broken Bones

You can assume someone has a broken bone if pain lasts more than a few minutes, moving the injured area is difficult, or there is swelling in the injured area.

If you have to transport the victim a long distance, it's best to immobilize the joint above and below the break to prevent further injury and relieve pain. Don't try to straighten the limb—splint it the way you found it.

For a broken foot, remove the shoe and tie a pillow or thick padding around the foot.

To splint a broken leg:

- Place a blanket or some other type of thick padding between the legs.
- Bind the injured leg to the uninjured one with strips of cloth.
- Bind the legs together snugly at several places above and below the painful area.

Moving an Injured Person

Moving a victim with a back or neck injury should be left to paramedics or other professionals since permanent damage could result from improper handling. If a victim must be pulled to safety, move him or her lengthwise and headfirst, supporting the head and neck. Keep the spine in alignment.

Burns

First- and second-degree burns with closed blisters are best treated with cold water.

- Immerse the burned area, or cover it with cloths that have been soaked in cold water—don't use ice water.
- Avoid using butter or any type of greasy ointment because they can interfere with healing and cause an allergic reaction.

Second- and third-degree burns with open blisters should be wrapped with a loose, dry dressing.

Shock

Shock can result from any serious injury. Symptoms include pale, cold, clammy skin; rapid pulse; shallow breathing; and fear in the victim.

To treat shock:

- Keep the victim lying on his or her back. In some cases, shock victims improve by raising their feet 8-10 inches.
- If the victim is having trouble breathing, raise the victim's head and shoulders about 10 inches rather than raising the feet.
- Maintain normal body temperature, and loosen any restrictive clothing.
- Try to keep the victim calm and comfortable, and get medical help as quickly as possible.

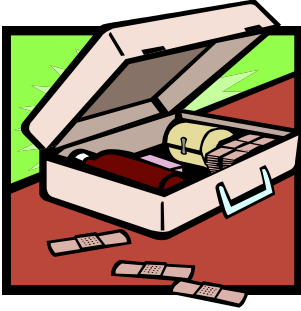
Snakebite

Most doctors agree that the best response is to rush the victim to a hospital emergency room. Do not try to remove poison from snakebites. Cutting and suctioning the bite can do more harm than good.

Fear and panic aggravate snakebite reactions. Calm the victim as much as possible. Keep the victim in a reclining position to slow the spread of venom. If the bite is on a limb, keep the wound at or below the level of the heart.

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First Aid Kit



Suggested contents for a first-aid kit include:

- Adhesive strip bandages - assorted sizes
- Adhesive waterproof, hypoallergenic bandage tape
- Alcohol wipes
- Allergy medicine – diphenhydramine (Benadryl)
- Antacid – ranitidine (Zantac) - can also be used for allergies, esp. hives
- Antibiotic ointment
- Butterfly bandages
- Chemical ice packs
- Chemical hot packs
- Cotton balls & swabs
- Decongestant
- Diarrhea medication
- Disposable latex or vinyl gloves
- Elastic bandages – ace bandages
- Eye dropper
- Eye wash
- Face mask for CPR
- First aid guide
- Flashlight
- Gauze pads regular and non-adhering dressings [Telfa] - various sizes
- Hydrocortisone cream .5%
- Insect repellent
- Insect sting swabs
- Matches
- Meat tenderizer (for insect bites)
- Moleskin
- Needles – for getting splinters out
- Over-the-counter pain medication [aspirin, Aleve]
- Paper & pencil
- Paper drinking cups
- Petroleum jelly
- Roller gauze - self adhering
- Safety pins
- Salt or something for heat exhaustion- k there are packets you can add to water bottles
- Scissors
- Single edge razor blades
- Soap – antibiotic hand sanitizer
- Sterile eyewash
- Space blanket
- Sugar or glucose solution
- Sun Screen
- Syrup of Ipecac
- Thermometer
- Triangular bandages - if you need a sling you should probably see a doctor ... not stay at the hunt site
- Tweezers