

## Prepare for emergencies

**Do you know what to do if you are stung by a jellyfish? Or how to reduce your chances of contracting malaria? Ann Noon had no idea until she went on a travel medicine course**

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It was day two of a seven-month trip of a lifetime around South-east Asia and I was already in trouble. The lure of Bali's Kuta beach had won against the jet lag and we lay comatose in the midday sun, factor 30 smeared everywhere. Except for one very important place. Four hours and two coconut thirst-quenchers later, I was the not-so-proud owner of matching second-degree burns on the tops of both feet. Red-raw and badly blistered, they proceeded to swell to twice their normal size and I spent the whole of the next day standing in a bucket of water while my companions whooped it up on Kuta's neon bar strip. Camomile lotion, after-sun cream; you name it, I tried it. Anything to soothe the pain. I even tried puncturing the blisters with one of the needles from our first aid kit.

Ten years on and I now know that I broke every rule in the medical book, except perhaps for standing in the bucket. At an illuminating one-day Explorer Medicine course run by the Aldershot-based Adventure Lifesigns group, we were told never to apply creams to burns, or to burst blisters. We were then told that in Madagascar, burns are sometimes treated by rubbing faeces into the skin - just one of many, er, helpful tips that we picked up.

According to Adventure Lifesigns' founder, Alistair Cole, it's safer to take part in a far-flung expedition than it is to go on Scout camp. With 32 overseas missions under his belt, you would hope that he knows what he's talking about, but he does greet us with the cheery statistic that during the second trans-African expedition led by Stanley, over two-thirds of the party didn't make it back (although one-third were eaten by cannibals and another third died of opium abuse).

Cole's company runs expedition care programmes that teach the basics of first aid in a wilderness environment - ideal for anyone about to embark on a long overland trip, for gap-year students heading for jungles and deserts or for those who simply want to keep safe during their travels. The Royal Geographical Society's *Expedition Medicine* handbook says "people trained in first aid are more safety conscious than untrained people".

Our group had eight hours in which to learn how to carry out cardio-pulmonary resuscitation, deal with fractures, burns and open wounds and learn the essentials of expedition hygiene. Not to mention the finer techniques of plugging a gunshot wound with a tampon and making a traction splint out of a bootlace.

But first things first. The course is designed to point out the real risks when it comes to visiting foreign climes rather than the perceived dangers. Top of many people's list of fears are attacks by large animals, snakebites, being taken hostage and cannibalism. "If a snake exceeds 20 feet in length," says Alistair, "it probably has the capacity to eat you. But will it swallow you whole?" The class laughs, nervously. There's an audible sigh of relief when he goes on to say that you're far likelier to come down with a gastro-intestinal complaint. For the real risks, think road traffic collisions, infections and drowning - "when it comes to a river crossing, there are three main rules: don't do them, don't do them, don't do them. Use a bridge!"

After ascertaining that the sum total of most of the course participants' medical knowledge is derived from *Casualty* and *ER*, Alistair asks us if we know what's in our first aid kits. I'm not the only one to hang my head in shame. Mine has been with me to Senegal, Guatemala, Mexico and Japan, but I wouldn't be able to tell you what's inside it, other than the small pair of scissors I occasionally use to cut my nails. Lesson number one: knowing how to use your first aid kit is key.

Lesson number two: get stuck in during the first 10 minutes, as simple things like opening up an airway can save a life. Come again? *Simple*? Remember this is the girl who forgot to put sun cream on her feet. It's when learning how to carry out an initial assessment of a casualty that we come across the first of the day's acronyms - DRAB. Assess for Danger, check Response, Airway and Breathing. Never one for charades, I take to the floor for the classroom role-play reluctantly. First, look up to make sure there's no deadfall from the pretend rainforest trees above, then see if the dummy on the floor in front responds and feel for a pulse, tilt the head back and make sure the mouth is free of foreign objects, and finally listen for breath sounds. No Academy Award® for me; I'm wide of the mark when it comes to the pulse.

The mnemonic LIONEL causes even greater problems as I have difficulty remembering what the N stands for. It turns out to be Number of casualties and is one of several vital pieces of information to give the emergency services when summoning help. RICE proves easier to commit to memory. Treat soft tissue injuries with Rest, Ice, Compression and Elevation.

As well as a fondness for acronyms, Alistair has a habit of asking unsettling questions. "How quickly can you bleed to death?" is one. He's also a pub-quiz dream. Triage was invented by Napoleon's doctor; falling coconuts are the biggest hazard on beaches; you've more chance of someone coming to your assistance in London if you shout "fire" rather than "help". The coffee break is filled with tales of survival and derring-do, until we're called unceremoniously away from our digestive biscuits to rescue Chris who's "fallen" 15 feet down a cliff and has a nasty leg wound to boot. Time to put what we've learned so far into action.

Once past the initial stage fright - leaving the medical kit behind, forgetting to call for an ambulance - we don't fare too badly. One of us supports the casualty's head while another constructs a splint. Someone else whips off her jacket to keep Chris warm and talks reassuringly to him. What a pity time out was called before we could practise a pre-cordial thump to the heart.

Concentrating on first aid procedures in the morning, the Explorer Medicine course moves on to hygiene and infection in the afternoon. This is the part that anyone travelling to slightly adventurous terrain will find invaluable. It turns out that insects kill more people than all other creatures combined. Enemy number one? Mosquitoes. From malaria, spread by female mosquito bites, to dengue fever, transmitted by daytime feeding mosquitoes and yellow fever, mossies have a lot to answer for. The course advises straightforward ways to ward off unwanted visitors, most of which are

common sense but they're useful if you're going anywhere exotic. By coating nets with permethrin, covering up exposed areas and using repellents, you're far less likely to get bitten, which will "stop you from picking up any weird and wonderfuls" to quote Alistair verbatim.

And there certainly are some weird and wonderfuls out there. I'd never come across the skin disease leishmaniasis, which is passed on by sand flies, but you'll be relieved to know that not only is it treatable but also that the best way to avoid being infected is to sleep high because sand flies find it hard to jump. They're also attracted to the colour blue - you have been warned. Want to know how to remove a tick? Forget the old wives' tale of twisting it out anti-clockwise. Instead, suffocate it with Vaseline. For a jellyfish sting, apply vinegar (or urine); if bitten by a poisonous critter, keep the bite lower than the line of the heart; deal with stingray venom by immersing the affected area in hot, but not boiling, water. Chances are that you'd never need to do any of the above when travelling, but forewarned is forearmed and I for one am very happy to know how to act in the event of acute mountain sickness or being struck by lightning.

I had visions of coming away from the course with all sorts of Ray Mears-style advice to pass on to my friends, and it's true that we learned how to filter water through an old pair of socks, preferably two, one inside the other, as well as how to seal a chest wound with a credit card and roll of masking tape. But we also learned how to care for partial burns which is something I wish I'd known a decade ago before boarding the plane to Bali.

## **Survival Kit**

## **Course Details**

Adventure Lifesigns (01252 326555; [www.expeditioncareprogram.com](http://www.expeditioncareprogram.com)) operates one-, two- and four-day courses at Tournai Hall in Aldershot. In 2005, the Explorer Medicine one-day course runs on 15 January, 12 February, 19 March, 16 April, 14 May, 4 and 25 June, 9 and 23 July, 10 September, 8 October and 12 November. It costs £70.50 per person with discounts for students and charities. After completion, participants are awarded a Health and Safety Executive-approved certificate.

## **Related Websites:**

[www.traveldoctor.co.uk](http://www.traveldoctor.co.uk)

[www.nomadtravel.co.uk](http://www.nomadtravel.co.uk)

[www.fco.gov.uk](http://www.fco.gov.uk)

[www.dh.gov.uk/PolicyAndGuidance/HealthAdviceForTravellers/fs/en](http://www.dh.gov.uk/PolicyAndGuidance/HealthAdviceForTravellers/fs/en)