



**Left to Right**  
Falls are common but seldom serious. CTC runs first aid courses – see overleaf for details. A shelter can be used as a makeshift stretcher



PHOTOS ISTOCKPHOTO.COM, DAN COOK, DAN JOYCE

# TRAILSIDE FIRST AID

Serious incidents are rare while mountain biking, but it pays to know what to do if they occur. CTC Trail Leader instructor **Dan Cook** has some suggestions

**W**e all fall off occasionally. For the most part, we brush ourselves down, inhale deeply, and get back on the bike. Sometimes it's more serious: I write this one-handed due to a broken collarbone and ribs caused by a fluke fall from my road bike.

Serious injuries like this are uncommon. Yet it's worth knowing what to do in case something happens to you, a riding buddy, or just someone you meet on the trail or road.

The best way to be prepared is to attend a first aid course. A magazine article is *not* a substitute. Some general principles are worth knowing all the same.

## YOUR ROLE

Unless you are a medical professional, your role is simple: to provide immediate,

temporary care. You're trying to prevent any worsening of the casualty, the situation, and anyone else. You're not mending people so much as managing the situation. The key safety priorities in any incident are:

- **You.** Before commencing first aid, make sure that you are not in any danger. You are the first aider. If you end up injured, it's bad news for everyone. Before you dive into the road or along that cliff, make sure it's safe.
- **Others.** Having one casualty is bad enough. You don't want any more. Make sure that others are safe. They can probably help too – by warning traffic or other riders or by getting a fix on your location, to help the emergency services.
- **The casualty.** Finally, it's time to apply first aid. Make sure that you keep the casualty warm (especially from the

ground) and constantly reassure them.

Don't depend on getting any information from the casualty, who may be confused or concussed. Carry your next of kin details with you, along with any medical requirements you have, and encourage others to do the same. Put an ICE (In Case of Emergency) telephone number in your mobile phone. If anyone has severe conditions, they should also have a medical alert bracelet or necklace.

## WHAT TO DO FOR...

A lot of first aid is common sense, but that's easy to forget in a crisis – especially if it hasn't been drilled into you on a first aid course.

- **Bleeding.** Blood distributes itself widely, so bleeding often looks worse than it is. Avoid infection and cross contamination ➤

## “YOUR JOB IS TO PROVIDE IMMEDIATE, TEMPORARY CARE, TO PREVENT THE SITUATION WORSENING”

by wearing clean gloves, using sterile dressings, or an ‘as clean as you can find’ barrier like the inside of a waterproof. Reduce any bleeding with direct pressure and by elevating the injury, putting it above the heart – or the heart below it, by lying the casualty down. Treat for shock.

- **Fractures, sprains and strains.**

Problems are indicated by pain, swelling, bruising, deformity or unnatural movement range. The casualty will generally hold upper body injuries in the most comfortable position automatically; leg injuries may need your help to align them. Strap the injured area to prevent further movement but not too tight to prevent blood flow; always leave a finger or toe accessible to check this. Strap around the injury rather than over it.

- **Asthma.** Calm the sufferer and get them to sit down where they are comfortable. Others should move away and provide lots of space. Get the sufferer to copy your long, deep breaths. Where available, use a blue inhaler. If the casualty doesn't recover in a few minutes, seek medical help.

- **Head injury and concussion.** Head injuries are potentially life threatening and should also be treated as a potential spinal injury (i.e. unnecessary movement could result in paralysis). Evaluate the casualty's level of consciousness by checking responses on the AVPU scale. Are they fully *Alert* (can talk and respond normally)? Responsive only to *Vocal* stimulus (shout 'open your eyes')? React only to *Pain* (pinch the shoulders)? Or are they *Unresponsive*? Casualties who are not fully conscious (i.e. anything less than *Alert*) will need attention from medical experts even if they come round. If the casualty is breathing, monitor them to ensure this doesn't change, and carefully try to get something underneath them to reduce the cold from the ground. If they are not breathing, you have only minutes to help them: focus on this. Check there is nothing obvious blocking their airway (i.e. in their mouth), and then start CPR. This is too complex to outline here. Be guided by your first aid course or the 999 help team. Only move the casualty if they are in more danger from something else, like not breathing or lying on an airport runway!

- **Shock.** Shock is the body's reaction to trauma, and can also occur in those who have observed an accident. Remember



**Clockwise from top:** Phone the experts: this air ambulance arrived minutes after Carl broke his shoulder. To learn first aid properly, take a course. The St John Ambulance app

that the casualty is a person, confused and uncomfortable, and not a series of symptoms. Talk to them. Reassure them. If the casualty is movable, lie them down with legs raised to ensure blood supply to the head.

### GETTING HELP

Sometimes you can get a casualty to hospital yourself. But do not hesitate to call the emergency services. They're the experts; your job is only to provide immediate, temporary care.

When you phone 999 (or 112), you will be asked 'police, fire or ambulance' Usually you'll want 'ambulance', but if you need a mountain rescue team, then you will need 'police' as it is their responsibility to co-ordinate the mountain rescue and ambulance services.

If you can walk to an ambulance-accessible location, like a track or road, this is a good idea, as long as the injury level permits it and there is no evidence of any level of unconsciousness. ☺

## COURSES AND KITS

**CTC runs first aid courses for cyclists and mountain bikers.** See [www.promtb.net/firstaid.htm](http://www.promtb.net/firstaid.htm). If CTC's courses aren't where or when you want them (not forgetting that we will come to a group of you), Google 'first aid in the outdoors' to find suitable alternatives.

If you have an iPhone, the St John Ambulance First Aid app is very useful. It's £1.99 from the iTunes store.

Whatever phone you have, make sure it's always charged up and protected in a plastic/waterproof bag or case. Carry a map so you can tell help where you are.

A first aid kit that includes antiseptic

wipes, sterile dressings, eyewashes, bandages etc. is always useful, but you can improvise too.

- Rolled up clothing, innertubes and even zip-ties make good straps. Don't over-tighten.

- Padded pumps, empty rucksacks, or removable rucksack back padding can be great for splints, supporting arms or legs.

- Group shelters can be used as makeshift stretchers to carry (or carefully drag) a casualty a short way to shelter, like out of the wind behind a wall.

- Bottles or bladders of clean water, though not sterile, can help clean out very dirty wounds where help is going to be a long time coming.