



# Health, Safety and Wellbeing - Field Activity Guidance for the Alpine Environment

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*Alpine Safety guidance for all users*

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# Introduction

Field activities undertaken in an alpine environment are inherently high **risk** due to the changeability of the weather, the dangers of the terrain and the physical and mental demands on **participants**. The University takes a risk-based approach to the management of such activities, expecting that planning is thorough and robust, appropriate procedures and equipment are used, and participants are fully briefed and trained in advance.

## 1 PLANNING

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As required by the Field Activity Health and Safety Standard, you will need to prepare a **field activity plan** that includes a **risk assessment** and an emergency response process: use the University's field activity plan template or an equivalent form to help you assess the risk(s) and apply appropriate **control** measures. If the residual risk remains high after these measures have been applied, the activity must not be undertaken. For more information about hazard identification and risk assessment, see:

Field Activity Health and Safety Standard  
Field Activity Guidance Tier One - Planning

Factors to take into account when writing your plan include:

- The purpose of the field activity: specifics of the teaching or research project or expedition. Ask yourself: Does this activity really need to be conducted in mountainous terrain?
- If so, consider an alpine environment that is easy to get to, where the route is well-trodden and medical assistance is accessible. The more remote the area, the higher the risk if something goes wrong
- Time your trip for the best chance of good weather, but be aware that conditions can be hostile at any time of year in alpine and sub-alpine regions
- Plan your itinerary and allow plenty of time for acclimatisation
- Consider the age, gender, experience and any disabilities/medical conditions of participants: hiking in mountainous terrain requires a high level of fitness
- Do you have the skills and experience to lead such an expedition? If not, arrange for a licensed and experienced guide to accompany the group
- How are you going to communicate with the University and/or local contact points? You can't rely on GPS coverage in the mountains
- Where are you going to stay overnight? Avoid having to carry tents if you can. If the location is within New Zealand, check the availability of huts/campsites on the DOC website: [www.doc.govt.nz](http://www.doc.govt.nz). (Book in advance). Popular routes through alpine regions overseas, e.g. Nepal, have accommodation ranging from basic huts to comfortable lodges. Again, book in advance
- Can participants carry enough food, clothing, equipment and emergency rations for the worst case scenario (e.g. being stranded by bad weather)?

Your emergency response plan should include the following control measures:

- Communications devices suitable for the location (e.g. satellite phones, personal locator beacons, tracking devices). In addition, everyone should carry a whistle:

the international help signal is six blasts repeated at one minute intervals. For more information

- Comprehensive first aid kit(s), including additional non-standard first aid equipment if the location is in a remote area. **See Field Activity Operations Guidance: Appendix 1: First aid equipment and medications**
- Survival bags, designed to keep the body warm if trapped or injured
- Other survival essentials such as maps, compass, waterproof fire-lighting equipment, torch and batteries, rope, sharp knife, emergency rations
- Contact details for the field activity leader
- Contact details for the University contact person
- Contact details for next of kin/partners of each participant
- Evacuation/exit strategy in case of storm/flooding/avalanche or other natural disaster
- Financial plan for emergencies
- Medical emergency process – contact details of nearest medical assistance
- Trained first aider(s) in the participant group

## 2 IDENTIFY HAZARDS AND APPLY CONTROL MEASURES

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### 2.1 Weather and conditions

You need to be prepared for bad weather at any time of year in alpine and sub-alpine environments.

- Take plenty of warm and waterproof clothing: a raincoat with a secure fitting hood, over pants, hat and gloves, warm and fast-drying tops and trousers, thermal underwear, thick socks and sturdy walking boots
- Check the weather and conditions before you set out each day: [www.metservice.co.nz](http://www.metservice.co.nz) in New Zealand, or the local weather forecasting site
- Or, if you don't have access to the Internet, phone NZ Weather Service on 0900 999 + the local area code, or the local weather service if overseas
- Or carry a mountain radio to hear regular mountain weather reports
- Strong winds, soft snow or high rivers may make a planned route impassable. If the forecast is for bad weather, stay put at your accommodation until it is safe to continue the trek
- Avoid crossing streams and rivers after heavy rain or snow thaw
- Never attempt to cross a flooded river
- If you are heading into avalanche-prone terrain, check on avalanche risk levels. Within New Zealand, you can find this at [www.avalanche.net.nz](http://www.avalanche.net.nz). Remember that avalanches can happen at any time of year
- Learn to observe the weather: full details on cloud patterns and signs of approaching bad weather are at: [www.mountainsafety.org.nz](http://www.mountainsafety.org.nz)

## **2.2 Health hazards**

### *2.2.1 Altitude sickness*

The symptoms of this illness range from a mild headache, fatigue, disturbed sleep patterns, nausea and dizziness to a life-threatening build-up of fluids in the lungs or brain. Sensible control measures to prevent altitude sickness include:

- Allowing adequate time to acclimatise to the rarefied air
- A slow, steady ascent during the day (not more than 300m per day past 3000m altitude)
- Drinking enough water to maintain a clear and abundant urine output
- Eating foods high in carbohydrates
- Descending to lower altitudes to sleep
- Avoiding alcohol, sleeping pills, narcotic pain medication and tobacco

In mild altitude sickness, delaying further ascent and administering oxygen (2-4 litres per minute) and/or paracetamol may be sufficient to treat the symptoms. However, if symptoms are debilitating, help the victim to descend as quickly as possible to an altitude where they last felt well, and then they should rest until symptoms subside.

There are two forms of serious altitude sickness.

High altitude pulmonary oedema (HAPE) causes the following progression of symptoms:

- Shortness of breath at rest
- Gurgling when breathing
- Pallor
- Sweating
- A wet, frothy cough
- Possible fever
- Respiratory failure

High altitude cerebral oedema (HACE) causes the following progression of symptoms:

- Confusion
- Difficulty keeping up with the group
- Impaired mobility and coordination
- Difficulty speaking
- Vomiting
- Lethargy
- Hallucinations
- Blindness
- Paralysis
- Seizure
- Coma

Either of these conditions can cause death if left untreated. Contact Emergency Services (**111** in New Zealand, or the local emergency contact identified in your emergency response plan) immediately, and notify the University contact. It may be necessary to abort the trip, especially if more than one person is experiencing altitude sickness.

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### 2.2.2 Hypothermia

Hypothermia occurs when the body loses heat faster than it can produce heat and body temperature falls below 35 C. Left untreated, it can be life-threatening.

Signs and symptoms of hypothermia usually develop slowly and may include:

- Shivering, though this may stop as body temperature drops
- Slurred speech or mumbling
- Slow, shallow breathing
- Weak pulse
- Clumsiness or lack of coordination
- Drowsiness or very low energy
- Confusion or memory loss
- Loss of consciousness

If you suspect someone has hypothermia, call Emergency Services (**111**) or the local emergency contact identified in your emergency response plan. Then immediately take these steps:

- Gently move the person out of the cold. If going indoors isn't possible, protect the person from the wind, especially around the neck and head
- Gently remove wet clothing. Replace wet things with warm, dry coats or blankets
- If further warming is needed, do so gradually. For example, apply warm, dry compresses to the centre of the body — neck, chest and groin. If you use hot water bottles or a chemical hot pack, wrap it in a towel before applying
- Offer the person warm, sweet, non-alcoholic drinks
- Begin CPR if the person shows no signs of life, such as breathing, coughing or movement
- Do not rewarm the person too quickly, such as with a heating lamp or hot bath
- Don't attempt to warm the arms and legs. Heating or massaging the limbs of someone in this condition can stress the heart and lungs
- Don't give the person alcohol, which hinders the rewarming process

### 2.2.3 Unconsciousness

Remember your “**DRS ABCS**”

**Danger:** Check the scene for danger to yourself, the group and the patient

**Responsiveness:** Check for responsiveness: Shout "Are you alright?" and tap the patient on the shoulder

**Send for help:** Activate your emergency response plan

**Airway:** Open the airway using a head tilt and chin lift, or a jaw thrust (if you suspect a spinal injury)

**Breathing:** Check for breathing for no longer than ten seconds. Look, listen and feel for breath

**Circulation:** If there is no sign of life, give 30 chest compressions to two breaths. If you are unable to do mouth to mouth, do chest compressions

**Severe Bleeding:** Do a visual check and control obvious bleeding

#### 2.2.4 Frostbite

Frostbite sets in when the body is exposed to temperatures of, or below, 0 deg. C / 32 deg. F. The effects can be seen most commonly in the fingers, toes, chin, cheeks, nose and earlobes, but it is actually the skin tissue and blood vessels of these extremities that are damaged.

Frostbite has three stages, and can progress rapidly from one to the next:

- Frost nip, the primary stage, causes the skin to turn white, become soft to the touch, and the person will feel a pins and needles type sensation. These symptoms can be relieved by flexing the fingers and toes, stamping the feet, clapping hands, placing them in the armpits or groin, breathing warm air on the affected area, or in more extreme cases by immersing in warm water
- The second stage, superficial frostbite, can include blistering. The area will be a yellowish-grey in colour and will feel waxy or leathery as the skin is still flexible despite the microscopic ice particles forming in the skin cells. It also causes severe pain when the affected area is re-warmed
- Deep frostbite sets in at around -10 deg. C / 14deg. F and is far more serious, with the risk of permanent damage, including blood clots, gangrene, and loss of limbs. The tissue will be hard and white, and look like frozen chicken

Seek medical attention if you spot any of the following signs:

- Skin swelling
- Skin colour change
- Skin texture change
- Blisters
- Loss of limb movement
- Loss of limb feeling
- Loss of memory

If a victim cannot be taken to a hospital immediately, you can try the following measures:

- Move the individual to a lower altitude where help is easier to reach and the temperature is higher
- Bring him or her inside and cover the area in warm water for sessions of 20 minutes
- Alternatively, soak a piece of cloth in warm water and gently place it on the area.
- Do not use dry heat, such as a fire or heat pads, because without sensation the area is likely to burn causing more damage
- It is imperative that hot water is not used, that the area is not knocked or rubbed and that any blisters are left alone

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- Keep the area raised and well away from any heat or sharp objects; because feeling is reduced the area may be injured further
- Thawing may be excruciating, but perseverance is paramount. Once this is done, wrap carefully in clean bandages, ensuring that fingers and toes are separated. Those around the affected person may need to feed and clothe them to ensure the area is not used
- Above 5000m oxygen should be given

Preventing frostbite is easier than treating it, and this can be done in a few ways:

- Wear several layers of clothing (wool or polyester) in order to trap air between them. This will help to maintain heat around your body and allow perspiration to evaporate, reducing the risk of frostbite
- Ensure that clothing is not too tight as it may decrease warming blood flow to frostbite-vulnerable areas
- Bring spare gloves and dry socks. Wear two pairs of socks at a time – wool is preferable
- Ensure boots are not too tight and if using plastic boots, carry spare inners. Make sure the boot is high enough to cover the ankles
- Limit or avoid alcohol and tobacco. Alcohol triggers an internal rise in body temperature, causing the body's temperature regulator to dilate blood vessels in order to cool it down. Tobacco constricts blood vessels, particularly the tiny capillaries which take blood to the body's extremities, and so increases the risk of frostbite
- While you are outside, cover up with protective clothing such as scarves, hats and gloves. The areas you cannot cover can still be protected using a waterproof moisturizer
- Keep the skin clean after re-warming to avoid any infection
- Do not thaw an area if you cannot guarantee that it will not re-freeze

### 2.2.5 Fractures

- Keep open fractures as clean as possible. Cover with clean plastic or other non-stick dressing
- Immobilise the broken limb, ensuring that you immobilise the joints above and below the break
- Improvise splints from suitable well-padded items, e.g. a sleeping mat, walking poles
- Use broad ties to hold the splint in place, ensuring that you don't impede circulation. Don't use rope or boot laces
- Give the person pain relief medication if they don't have any in their own supplies
- Arrange for the person to be transported to the nearest medical facility.

### 2.2.6 Sprains and strains

- Apply RICE:  
**Rest** – stop walking  
**Ice** – apply cold (not freezing) water for 20 minutes  
**Compression** – bandage firmly with elastic bandage  
**Elevation** – raise the affected limb (above heart level) to reduce swelling
- If the incapacitated person cannot continue with the activity, arrange for them to be transported back to base, or, in severe cases, to the nearest medical facility.

### *2.2.7 Bee and wasp stings*

The effects of a sting will be at their worst 15-20 minutes after the incident.

- **Cool** the affected area to reduce the effect of venom
- **Administer** an antihistamine tablet to help reduce reaction
- **Monitor** for the signs of a severe allergic reaction

Participants who are at risk of severe allergic reaction to bee and wasp stings (anaphylaxis) must carry an adrenaline auto-injector such as an EpiPen with them. They must also inform the field activity leader of their particular triggers and what medication they need in the event of an allergic reaction, in case they become incapacitated. It must be pre-arranged where an adrenaline auto-injector will be stored (ideally in a waterproof container if operating in outdoor environment). Where possible the victim should administer the adrenaline auto-injector, but if they are incapacitated another person can do this.

### *2.2.8 Dehydration*

Becoming dehydrated is always a possibility during strenuous activity such as hiking in mountainous terrain. Remember that thirst isn't always a reliable gauge of the body's need for water. A better indicator is the colour of your urine: clear, light-coloured urine means you are well hydrated, whereas dark yellow or orange urine usually indicates dehydration. Everyone should carry at least a day's supply of potable water: if you suspect the purity of the water supply at your accommodation, treat it by boiling or purifying (see 3.2 below) before drinking.

We recommend also carrying some electrolyte replacement products (such as Gastrolyte) or sports drinks (such as Gatorade) to restore the balance of mineral salts and fluid that may be upset due to excessive sweating or vomiting/diarrhoea.

### *2.2.9 Exposure to sunlight*

Most New Zealanders are aware of the dangers of ultraviolet (UV) radiation during summer. But in alpine regions (summer and winter), UV radiation is more intense than at sea level because the atmosphere is thinner at higher altitude. Snow is also very efficient at reflecting UV radiation, making exposed areas of skin vulnerable to sunburn. Even if the weather is cold or cloudy, you can still get sunburnt. Cover up with hats, sunglasses and sunscreen.

### *2.2.10 Blisters*

If a blister has formed as a result of chafing while walking, cover it with gauze or gel dressing and tape. If the blister is enlarged with fluid, drain the fluid by piercing, and then cover it to prevent infection.

## 3 FOOD AND WATER

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### 3.1 What to take

All participants need to carry their own food on the trek from base camp to the activity location(s). Remove unnecessary packaging, pack in Ziplock bags and place in the top of your pack.

- Think lightweight – freeze-dried, dehydrated meals, dried vegetables, milk powder, nuts and seeds, dried fruit, crackers, biscuits, chocolate, muesli bars
- High energy value – your daily intake should include proteins, fats and carbohydrates in the proportion 1:1:4. Bagel or baguette sandwiches with processed meat or cheese and a spread such as hummus or pesto will keep reasonably well in your pack if the outdoor temperature is cold
- Emergency food – take packet soups, rice, pasta, sardines, dried fruit, cheese, biscuits etc., making sure you have some food that doesn't need to be cooked
- Drinks – tea, coffee, a chocolate drink and sachets of powdered fruit drink
- Carry water if you won't be able to find any on your route. You need to drink water regularly. If you suspect the water is unsafe you should treat it by boiling, purifying or using a water filter

### 3.2 How to purify water

When you are travelling in mountainous terrain, it is vital that you stay hydrated and that you only drink safe water. Unless you are 100% sure that the source water supply is pure, it is best to purify your own drinking water.

#### 3.2.1 Boiling

The general advice is to boil all water for 5-10 minutes plus 1 minute for every 300m above sea level, up to around 5500m where boiling becomes ineffective. The relationship between time and temperature is inverse when it comes to water disinfection. The higher the temperature, the less time is required. Here are the boiling temperatures for altitude:

- Sea level: 100°C/212°F
- 5,000ft/1,525m: 95°C/203°F
- 10,000ft/3,050m: 90°C/194°F
- 14,000 ft./4,270: 86°C/187°F

Boiling water will eradicate a good proportion of all parasites, and is often the easiest way to purify water, although it should be noted that the hepatitis A virus needs a full minute of boiling to eradicate. Boiling can also be used as a stage prior to other methods for extra precaution. Tea, coffee and hot water are all safe to drink as long as the water has been boiled before drinking.

#### 3.2.2 Iodine-based methods

- *Iodine tablets*: Their active ingredient is tetra glycine hydroperiodide. You should allow 30 minutes rather than the usual 10 if the water is cold, and it is possible to double the dose if the water is cloudy, which denotes more organic material

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- *Polar Pure*: This is a glass bottle with iodine crystals in, teamed with a filter to prevent the crystals escaping. The temperature strip and instructions determine the required dose. This method works by dissolving small amounts of iodine in the water. It is effective and cheap
- *Iodine Solution*: One of the most common methods, but messy. Another problem is that concentrations differ between iodine products and you can end up consuming far more iodine than is necessary. For a 2% solution use 5 drops per litre of water. Leave to stand for 15 minutes before drinking. If the water is very cold or cloudy then leave it for 30 minutes, or alternatively use double the amount of drops

*Note: If you are pregnant, suffer from a thyroid disease or have an iodine allergy, consult a doctor before using any iodine water disinfection methods.*

### 3.2.3 Chlorine-based methods

- Super-chlorination: This uses a high dose of chlorine but later neutralises it using hydrogen peroxide, and it is very effective
- Chlorine tablets: Used alone these won't protect against Giardia. Instead use a fine filter and half a tablet

### 3.2.4 Water filters

There are so many water filters suitable for altitude on the market that it is impossible to give general advice. Make sure to follow manufacturer's instructions, especially when cleaning. Although effective, many people opt for other methods as filters are bulky and heavy.

### 3.2.5 Bottled water

Bottled water is heavy, expensive and is unlikely to be as clean as is necessary. This is not a practical option.

## 4 EQUIPMENT

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Climbing equipment, sleeping bags, and survival essentials:

See <http://www.climbing-high.com/essential-survival-kit.html>

## 5 ACCIDENT/INCIDENT REPORTING

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As required by the Field Activity Health and Safety Standard:

- *"If any participant(s) is missing or overdue, this must be reported to the school or department and to the University's Health, Safety and Wellbeing Service*

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*immediately.”*

- *“Any incidents (including near misses) during field activity must be reported to the school or department for inclusion in health and safety reporting.”*
- *“If a fatality, hospitalisation or serious injury/illness occurs, this must be reported to the University immediately, as these are **notifiable events**.”*

The University contact needs to know how to activate the agreed emergency response plan if an accident/incident has resulted in a **notifiable event\***, and know who else in the University to notify: head of school/department, dean/director of service division and the Health, Safety and Wellbeing Service.

As soon as possible after the incident, the field activity leader (or delegate) is to report the accident/incident, using the University’s online accident/incident reporting system.

**\*Note:** More information is on the Staff Intranet: [Notifiable events](#)

## DEFINITIONS

The following definitions apply to this document:

**Accident** refers to an incident which has given rise to injury, ill-health or fatality.

**Expert review** is an appointed individual or group with the qualifications and experience to provide advice and support for the planning and assessment of field activity for the University.

**Field activity** is any work carried out by staff, students and contractors for the purposes of teaching, research or representing the University off-site (where health and safety is not managed by other host institutions). This may be a taught course, research project or collaborative expedition. See Appendix 2 for a list of specific field activities undertaken by the University.

**Field activity leader** is an academic leader of teaching and research, professional staff manager or contractor who has the authority and responsibility to make decisions on all aspects of the field activity. This person has the capability, qualifications and experience to be responsible for the planning and operation of the field activity, as designated by the dean or head of school/department. If a participant is working alone in the field, then they are the activity leader.

**Field activity participant** is anyone taking part in field activities, including volunteers (defined as "pre-recognised" people willing to participate in the fieldwork activities, who are offering their time and services for no remuneration). A participant may work independently, without direct supervision (as an activity leader) or under direct supervision by the field activity leader.

**Field activity plan** answers the why, what, where, who, and how of the activities to be undertaken, with consideration of the risks and plans for minimisation of those risks at a management level.

**Incident** refers to any unplanned event resulting in, or having a potential for injury, ill health, damage or other loss. (An incident may also be termed a "**near-miss**", "close call" or "dangerous occurrence".)

**Near miss** is an incident that could have resulted in injury or illness.

**Notifiable event** is an event in the workplace that WorkSafe must be notified about. This includes the death of a person, a notifiable injury or illness (requiring immediate treatment or hospitalisation) and a notifiable incident (exposing people to a serious risk to their health and safety). This function is undertaken by the Health, Safety and Wellbeing Service.

**Remote area** field activity is work that is carried out in locations where it is difficult to summon help and/or where emergency assistance is expected to be more than one hour away.

**Risk assessment** is the process of evaluating the risk(s) arising from the hazard(s), taking into account the adequacy of any existing control measures, deciding whether or not the risk(s) is acceptable, and taking further action as required.

**Shall, are/is to and must** are used in health, safety and wellbeing guidance in places where there is a legal requirement to achieve the desired result.

**Should** is used in health, safety and wellbeing guidance as a way of indicating a preference. It does not indicate a mandatory requirement as other alternatives may achieve an equivalent result.

**University** means the University of Auckland and includes all subsidiaries.

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## **APPENDIX 1: FIRST AID MEDICATIONS AND EQUIPMENT**

### **1. Pain relief medication**

Pain relief medications are not considered standard contents for workplace first aid kits. However, standard over-the-counter pain relief medications (aspirin and paracetamol) may be included in first aid kits for group field activities, particularly in remote areas.

The field activity leader or designated first aider(s) of the group will be the person(s) responsible for administering such medication. This person needs to ensure that the recipient:

- Has read and understood instructions on how and when to take the medication.
- Is aware of any possible side effects or adverse reactions e.g. drowsiness or reaction with other medication.
- Has been advised to consult a doctor or pharmacist if pain/discomfort persists.

The responsible person should record in a register which medication was issued, when and to whom. If there are any doubts or concerns about the person's pain or discomfort, the person should be directed to a pharmacy or doctor rather than given the pain relief medication.

If the person's condition becomes acute, contact Emergency Services.

### **2. Anaphylaxis**

Participants who are at risk of severe allergic reaction to bee and wasp stings or certain foods (anaphylaxis) must carry an adrenaline auto-injector such as an EpiPen with them for all field activities. They must also inform the field activity leader of their particular triggers and what medication they need in the event of an allergic reaction, in case they become incapacitated. It must be pre-arranged where an adrenaline auto-injector will be stored (ideally in a waterproof container if operating in outdoor environment). Where possible the victim should administer the adrenaline auto-injector, but if they are incapacitated another person can do this.

#### **2.1 Administration of an adrenaline auto-injector**

It is reasonable for a person without specific first aid training in anaphylaxis to administer an adrenaline auto-injector in an emergency if there is no other person nearby who has had basic training in how to use it.

Symptoms and signs of anaphylaxis are shown on the ASCIA Action Plan for Anaphylaxis (general), which should be stored with an adrenaline auto-injector for general use.

Instructions for giving an adrenaline auto-injector are shown on the barrel of the device, package insert and the device specific (EpiPen or Anapen) ASCIA Action Plan for Anaphylaxis.

If in doubt, administer an adrenaline auto-injector, as outlined on the ASCIA Action Plan for Anaphylaxis. There are no absolute contraindications (factors which make it unwise to give treatment) for use of an adrenaline auto-injector in an individual who is experiencing

anaphylaxis. No serious or permanent harm is likely to occur from mistakenly administering adrenaline to an individual who is not experiencing anaphylaxis.

Transient (temporary) side effects of adrenaline such as increased heart rate, trembling and paleness are to be expected. However there are no published reports of death or serious injury resulting from use of adrenaline auto-injectors.

In all cases of anaphylaxis, an ambulance must be called urgently or the victim must be transported to the nearest medical facility immediately.

### 3. **First aid kit contents**

Contents should be carried in waterproof containers. If you are going on a long trip or to a very isolated area, you should consider a more comprehensive first aid kit. Discuss your requirements with a pharmacist.

#### **Standard group first aid kit**

- Alcohol wipes (10)
- Tweezers
- Betadine for grazes
- Low-reading clinical thermometer
- Crepe bandages (1x10 cm; 1x15 cm)
- Saline (30 ml)
- Triangular bandages cloth (2) (sterile)
- Pain relief (e.g. Paracetamol)
- Plastic strip dressing (10–12 Band-aids)
- Antihistamine cream (10)
- Dressing strip
- Diarrhoea treatment (e.g. Diastop/ Imodium)
- Non-adherent sterile dressings (3 large)
- Gastrolyte sachets (4) (for replacing salts lost from diarrhoea or vomiting)
- Gauze dressings (6)
- Chemical cooling/warming packs Wound dressing (size 14)
- Fine, strong thread for removing rings
- Wound dressing (size 15, sanitary pad)
- Disposable CPR face shield
- Sticking tape (1 roll)
- Safety pins
- Butterfly closures (1 pouch)
- Needle
- Scissors
- Notebook
- Pencil
- Disposable gloves

#### **Standard individual first aid kit**

- Crepe bandage (100mm0)
- Pain relief (e.g. Paracetamol)
- Triangular bandage cloth (sterile)
- Antihistamine tablets (3–6)
- Plastic strip dressing (6–10 band-aids)
- Sunscreen
- Dressing strip
- Lip balm
- Non-adherent sterile dressings (2 or 3 of various sizes)
- Disposable CPR face shield
- Gauze dressings (2 or 3)
- Notebook

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- Sticking tape (1 roll)
- Pencil
- Safety pins
- Insect repellent
- Scissors
- Personal medication
- Disposable gloves

### First aid kit for groups of up to 30 persons

• Aeroplast Fabric Dressing Strip	1
• Aeroplast Plastic Plasters	2
• Antiseptic Wipes, Alcohol Free	10
• Clothing Shears	1
• Combine Dressing 200mm x 200mm	2
• Combine Dressing 200mm x 90mm	2
• Crepe Bandages	2
• Crepe Bandages	2
• Crepe Bandages	2
• CPR Face Shield	1
• Dressing (Sterile) - 75mm x 100mm	2
• Eye Pad 60mm x 75mm	2
• Gauze Swabs 75mm x 75mm, Packet of 2	10
• Kit Contents List, Sports Kit	1
• Microporous Tape	1
• Minigrip Bag	1
• Rescue/Thermal Blanket	1
• Retention Bandage, Gauze 80mm x 4M	1
• Saline Solution 30ml	12
• Skin Closures	1
• Splinter Probes	1
• Splinter Tweezers, Stainless Steel 8cm	1
• St John First Aid Tips Guide	1
• Sterile Dressing 75mm x 50mm	2
• Tape, Transparent 25mm x 5M	1
• Triangular Bandage 110cm x 110cm	2