

5.1 General Safety for the Leader and Participants

Physiological changes do take place with ageing and these need to be considered when undertaking a physical activity¹².

- Before commencing the walking program walkers are encouraged to consult their GP for advice, particularly if they have been inactive or have a medical condition.
- Start gradually.
- Always warm up, stretch and cool down (See *pages 32–37* for stretching and balance exercises).
- Drink plenty of water before, during and after physical activity.
- Walkers shouldn't participate if unwell or injured¹².
- Wait at least 45 minutes after a meal before commencing physical activity.
- For outdoor walks; protect yourself from the sun with appropriate clothing, hat and sunscreen.
- Avoid walking in the hottest part of the day.
- Be aware of your environment when walking.
 - For outdoor walkers e.g. busy roads, on coming traffic, other walkers, dual path users on bikes and rollerblades etc.
 - For mall walkers e.g. cleaners and slippery floors, trolleys, shop displays in different locations, signs.
- Encourage participants to be realistic about their abilities and fitness level, set gradual goals and gradually build up their levels of walking.
- Be aware of your group and ensure all participants complete the walk or inform you if they are leaving the walk before it concludes.
- Encourage participants to buddy up with others of similar walking pace. This can be highly beneficial for the less fit who need to take rest breaks or short cuts.
- Take a mobile phone with you or know the locations of the nearest public phones.
- ALWAYS carry the First Aid Kit provided.
- Stop exercising if you experience chest pain, discomfort or pressure, dizziness, light headedness, nausea¹².

Injury First Aid

Extracted from *Hamstrung by Hamstring Injuries — A practical guide to prevent and manage hamstring injuries* and *Rolled over by an ankle sprain — A practical guide to prevent and manage ankle sprains*, Sport Medicine Australia (WA).

5.2 R.I.C.E.R and H.A.R.M Injury Management

The first course of action in the event of an ankle injury, hamstring strain or soft tissue injury should be the R.I.C.E.R method and **avoidance** of the H.A.R.M method of injury management. Both methods are listed below. Remember that the first 48 to 72 hours are important for the effective management of any ankle, hamstring or soft tissue injury.

R.I.C.E.R Regime

- REST** Stop the walker from continuing and get them to lie down.
- ICE** Methods include:
- Crushed ice/commercial cold packs or frozen peas wrapped in a wet towel/ plastic bag; or
 - Cold water from a tap is better than nothing.
- For the first 48 hours, apply ice for 20 minutes every 2 hours with rest and compression between applications.
- COMPRESSION** Apply a firm, wide compression bandage over a large area, making sure to cover the injured area as well as above and below the injured area.
- ELEVATION** In a comfortable position, raise the injured area above the level of the heart.
- REFERRAL** Seek advice from a suitably qualified health professional, such as a sports physician or physiotherapist, for specific and ongoing care.

Notes



Remember to avoid the following H.A.R.M factors


- HEAT** Saunas, spas and hot water bottles all increase bleeding to the injury site.
- ALCOHOL** Alcohol increases swelling.
- RUNNING** Any form of exercise can make the injury worse as blood flow is increased.
- MASSAGE** Massage to the injury site in the first 72 hours increases internal bleeding.

Hamstring Strains and Ankle Sprains

The immediate management of a hamstring injury or ankle sprain should follow the **R.I.C.E.R** and NOT the **H.A.R.M** regime (see above).

Be sure to apply a firm, wide compression bandage over a large area, making sure to cover the injured area as well as above and below the affected area. The compression will provide support for the injured muscle, minimise any bleeding at the site and reduces swelling.

To obtain further information on injury treatment and prevention contact Sports Medicine Australia (WA) on (08) 9285 8066 or via the website: www.smawa.asn.au

Notes 

5.3 First Aid – Emergency

Guidelines for Basic First Aid as per St John Ambulance Australia Guidelines

D.R.A.B.C Action Plan

This Action Plan is a vital aid to the first aider in assessing whether the casualty has any life-threatening conditions and if any immediate first aid is necessary.

D – check for **DANGER**

- To you.
- To bystanders.
- To the casualty.

R – check **RESPONSE**

- Is casualty conscious or unconscious?
(shout loudly, then shake firmly, but gently at the shoulders).

A – check **AIRWAY**

- Clear airway then open (if on their back turn casualty onto side, clear mouth, tilt head back and support jaw to open airway). If in an upright position and head slumped forward, clear mouth, gently tilt head back ensuring head is supported.

B – check for **BREATHING**

- Check for up to 10 seconds.
- Look for chest rise and fall.
- Listening for sounds of breathing.
- Feeling for breath, chest rise and fall.

C – check for **CIRCULATION**

- Look for movement, including swallowing or breathing.
- Observe colour of skin on face.
- Check if carotid pulse is present (located on side of neck).

Any unconscious person needs to be put in the Alternative Recovery Position, as it maintains airway, provides drainage and is a stable side position.

5.4 First Aid – Asthma

* Extracted from Asthma Foundation of WA website – www.asthmawa.org.au

What are the symptoms of an asthma attack?

- Wheezing – a high pitched raspy sound on breathing.
- Coughing.
- Shortness of breath.
- Tightness in the chest.

These symptoms vary from person to person, and from time to time within the same person. Some people have all the symptoms, while some may only have a cough or wheeze. Symptoms can also vary considerably in intensity.

Asthma attack – What to do?

STEP 1

Sit the person comfortably upright. Be calm and reassuring.


STEP 2

Give four puffs of a blue reliever inhaler — Ventolin, Airomir, Bricanyl*, or Asmol.

- Use the person's own inhaler if possible. If not, use the First Aid Kit inhaler or borrow one from someone.
- Relievers are best given through a spacer, if available. Use one puff at a time and ask the person to take four breaths from the spacer after each puff.

STEP 3

Wait four minutes. If there is no improvement, give another four puffs.

Notes 

STEP 4

If little or no improvement — **CALL AN AMBULANCE IMMEDIATELY — DIAL 000**


(* if you cannot get any reception on a mobile phone when using 000 try dialling 112 instead)

and state that the person is having an asthma attack. Keep giving four puffs every four minutes until the ambulance arrives.

- Children: 4 puffs each time is a safe dose.
- Adults: up to 6–8 puffs every 5 minutes may be given for a severe attack while waiting for the ambulance.

What if this is the FIRST ATTACK of asthma?

- If someone collapses and appears to have difficulty breathing, **CALL AN AMBULANCE IMMEDIATELY**, whether or not the person is known to have asthma.
- Give 4 puffs of a reliever and repeat if no improvement. Keep giving 4 puffs every 4 minutes until the ambulance arrives.
- No harm is likely to result from giving a reliever to someone who does not have asthma.

Notes 

5.5 First Aid – Dehydration and Heat Exhaustion

Extracted from *Beat the Heat – Playing Safely in Hot Weather* (Sports Medicine, Western Australia) and *Smart Play – Drink Up* (Sports Medicine, Victoria)

Dehydration and heat exhaustion during physical activity are not conditions that should be taken lightly – both can pose a serious risk to health. Factors such as a high air temperature, solar radiation, humidity and inadequate hydration can all increase the likelihood of dehydration or heat exhaustion occurring during physical activity – even walking. Dehydration and heat injury can be prevented and should be part of every participant’s pre-activity plan.

Signs that someone has become dehydrated?

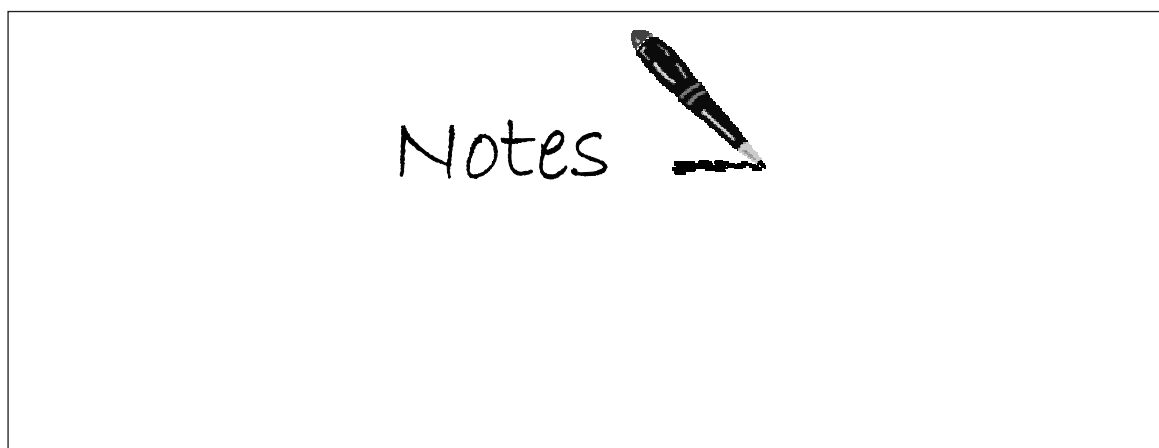
The participant may experience one or several of the following:

- Fatigue.
- Severe thirst.
- Nausea.
- Headache.
- Confusion.
- Light-headedness.

What to do if someone becomes dehydrated?

- Get the participant to stop the activity immediately.
- Drink more fluids – cool water is best.
- Take them somewhere they can cool down and recuperate.

If dehydration is not quickly brought under control it can easily lead to heat exhaustion, which can pose a very serious risk to someone’s health. In addition to the above symptoms heat exhaustion is marked by dizziness, loss of endurance/skill, muscle cramps and a high heart rate.



What to do if the participant's condition does not improve quickly?

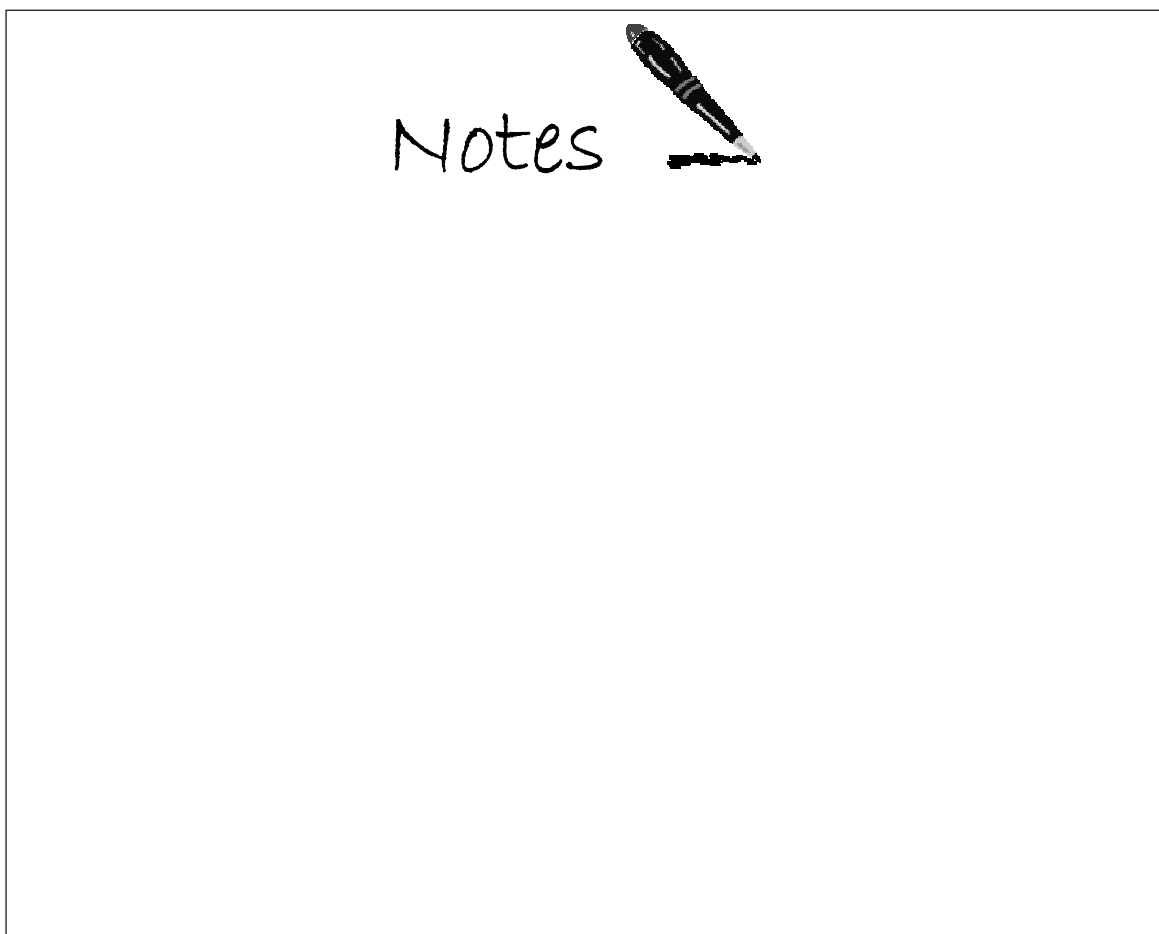
- SEEK MEDICAL HELP IMMEDIATELY – call a doctor or an ambulance.
- Lie the victim down.
- Loosen and remove excessive clothing.
- Cool by fanning.
- Give cool water to drink if conscious – small amounts.
- Apply wrapped ice packs to groin and armpits.

What can I do to prevent dehydration/heat exhaustion?

Timing of a walk – Exercising in hot weather can dramatically increase the risk of dehydration and heat exhaustion. Where possible, particularly in the summer months, walks should be scheduled in the early morning or late afternoon to avoid being outside during the hottest part of the day.

Hydration – The more you sweat during exercise, the more fluid you must consume. Drink water (cool water is the best) before, during and after you walk. Do not wait until you feel thirsty before you start drinking – it is a sign that you have already begun to dehydrate.

Clothing – Wear light clothing – light in colour and light in weight. A hat or visor is also a good idea.



5.6 First Aid – Hypothermia


Hypothermia – lowered core body temperature due to exposure or immersion.

DANGER SIGNS:

- Unreasonable behaviour.
- Stumbling.
- Slurring of speech.
- Slowing down of mental and physical responses.

MANAGEMENT:

- Follow DRABC.
- Shelter from the environment.
- Warm the casualty – warm clothing, wrap in blankets or sleeping bag.
- Give warm drinks if conscious.
- Give oxygen if available.
- If hypothermia is severe seek urgent medical aid.

Notes 

5.7 First Aid – Diabetes

Diabetes – A disturbance in the blood sugar level.

LOW BLOOD SUGAR – not enough sugar in the blood because:

- Too much insulin.
- Not enough food.
- Excessive exercise.

Signs and symptoms:

- Moist skin.
- Disorientation.
- Rapid pulse.
- Shallow breathing.
- Unconsciousness.

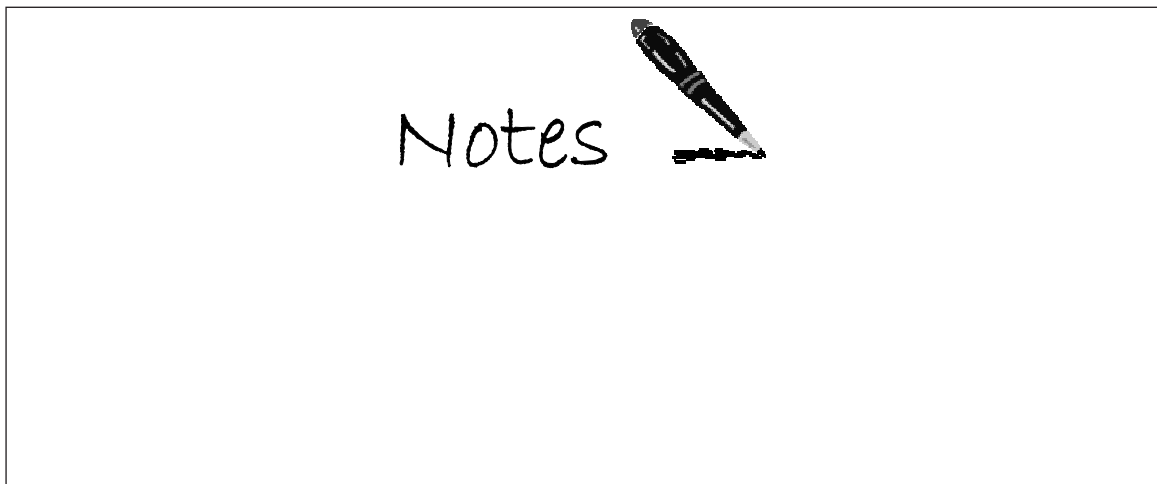
Management if *conscious*:

- Give something sweet or a sweet drink (not artificially sweetened) every 15 minutes until recovered.

Management if *unconscious*:

- DRABC – Alternative Recovery Position.
- Give oxygen if available.
- Seek urgent medical attention.

*** *Low Blood Sugar is potentially fatal***



HIGH BLOOD SUGAR – too much sugar in the blood because:

- Not enough Insulin.
- Undiagnosed diabetes.

Signs and Symptoms:

- Dry skin.
- Excessive thirst.
- Acetone breath.
- Change in conscious level.

Management if *conscious*:

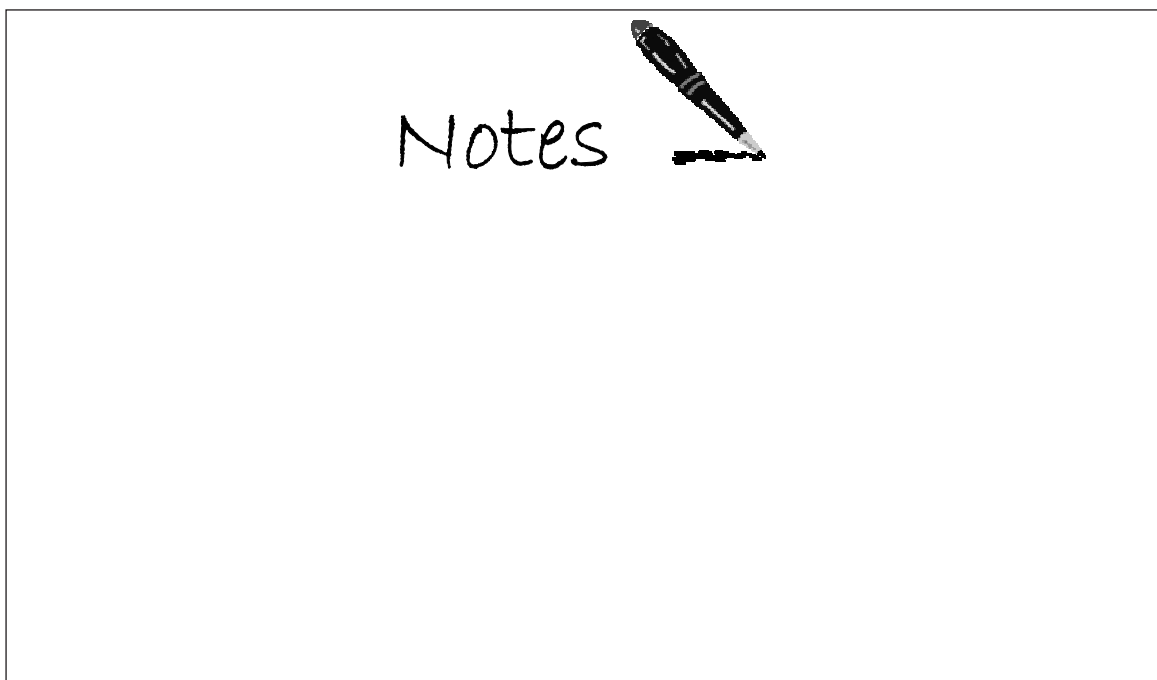
- Give oxygen if available.
- Seek medical aid.

Management if *unconscious*:

- Follow DRABC – Alternative Recovery Position.
- Give oxygen if available.
- Seek urgent medical aid.

Never assist a drowsy casualty to give insulin

It is safe to give any conscious person with diabetes sugar.



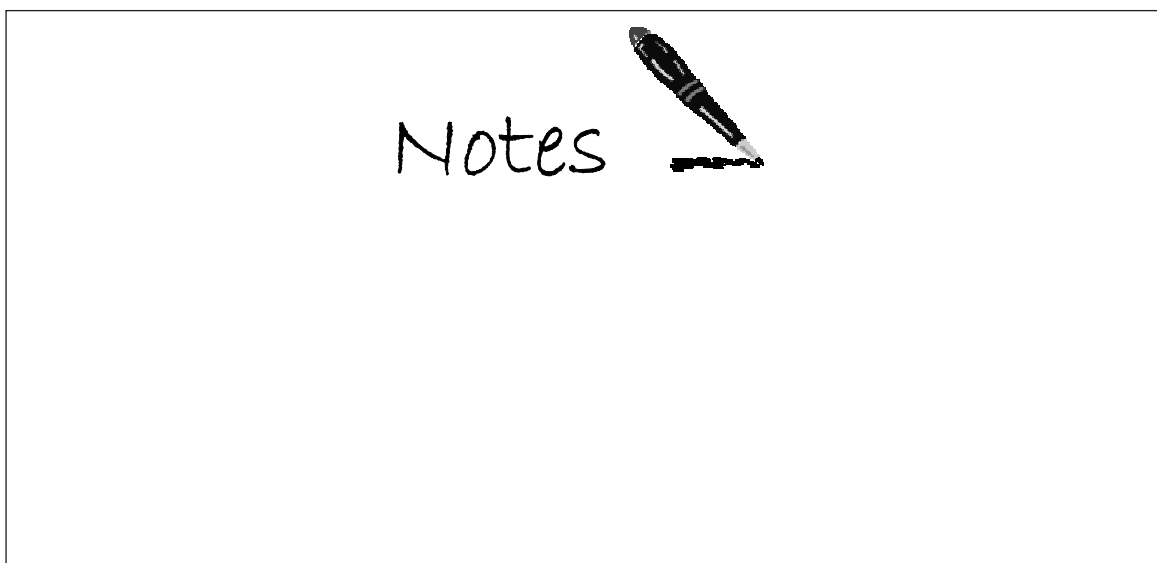
5.8 First Aid – Fractures

Signs and symptoms

- Pain, especially if moved.
- Swelling or bruising.
- Loss of function.
- Deformity – it looks wrong.
- Shortening of a limb.
- Sounds as bone ends 'grate' against each other.
- Broken bone penetrating the skin.

Management:

- Follow DRABC.
- Take care of unconscious casualty.
- Control of bleeding.
- Rest and reassure.
- Handle gently.
- Immobilise in the most comfortable position.
- Check circulation.
- Give oxygen if available.
- Seek medical aid.



5.9 First Aid – Angina – Chest Pain

Signs and Symptoms


- Pain – may radiate to jaws and arms, may mimic indigestion.
- Breathlessness.
- Apprehension.
- Rapid pulse.

They may also have:

- Cold, pale, clammy skin.
- May collapse.

Management if conscious:

- Rest and Reassure (sit up).
- Heart medications – casualty self-administers.
- Give oxygen if available.
- Medical aid if pain or discomfort persists for longer than 10 minutes after rest and/or medication, or earlier if condition deteriorates.

Notes 

5.10 Bleeding

Managing an External Bleed

- Wear gloves if available for your own safety and the casualty's safety.
- Control the bleed:
 - Direct pressure over the wound.
 - Elevation.
 - Rest/reassure.
 - Apply clean bandage.
 - Check circulation.

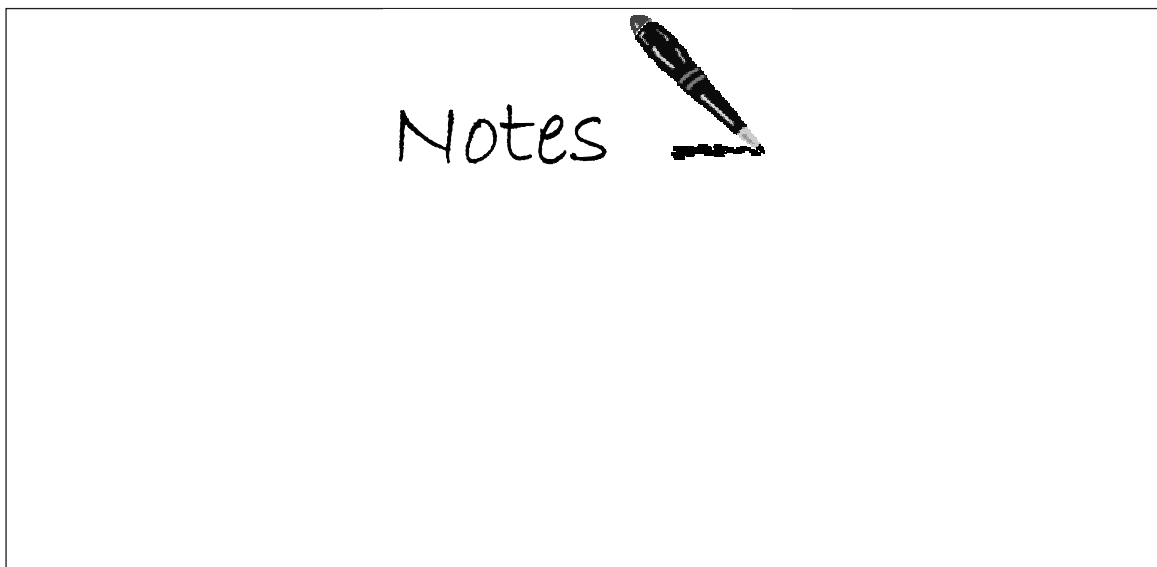
**** Do not put ice on open wounds***

Managing a Nose Bleed

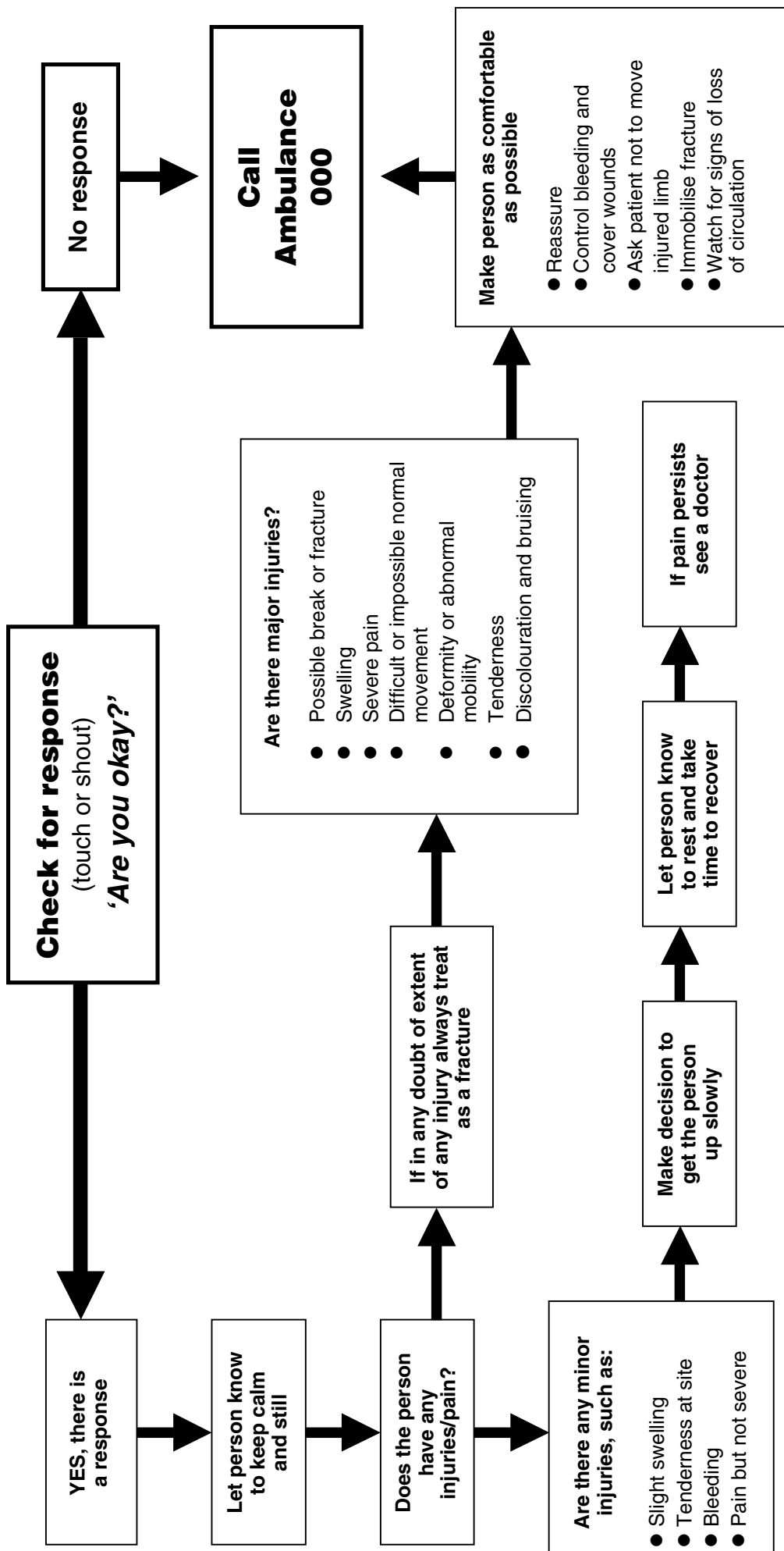
- Apply firm pressure with thumb and index finger over lower half of nose for 10 minutes.
- Sit person up and lean head forward and make casualty comfortable.
- Instruct them to breathe through their mouth.
- **DO NOT** blow nose.
- Seek medical aid if bleeding is not controlled after 10 minutes.

Management of Soft Tissue Injuries

The immediate management of a soft tissue injury should follow the **R.I.C.E.R.** and No **H.A.R.M.** injury method (see above).



5.1 What to do if someone falls



5.12 Accident Guidelines

- Know the locations of public telephones or carry a mobile phone with you as you may need to call an ambulance.
- It is recommended that you attend basic first aid training appropriate to walking. The leader may choose to participate in more advanced first aid training in their own time.
- In the unlikely event of an accident that results in injury to one of your walkers ensure that you remain calm, that the injured person and other walkers are not in further danger and assess the situation. Follow basic first aid principles of **DRABC** (see above).
- If medical assistance is not required encourage the person to relax and recover in a safe place and to seek follow up medical attention if necessary.
- If medical assistance is required do not attempt to move the person. Keep them safe, warm and away from harm. Ensure someone remains with the injured person and call for medical assistance.
- If an accident occurs, ensure that you take appropriate action; assist the person using the DRABC method, call for emergency assistance if necessary; complete the Accident Report Form as soon as the incident has been dealt with and inform the Program Co-ordinator for record purposes.

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