

## First Aid on Ski

*In view of the many serious ski-ing accidents occurring last winter in the Laurentians the Quebec Provincial Council of the St. John Ambulance Association, Montreal, have been consulted with the idea of having them establish at important ski-ing*

**F**ROM a summary of minor and major accidents reported through the Press, it is found that injuries sustained by skiers last winter resulted in fractured spine, fractured ribs, fractured forearm and leg, sprained ankles, numerous wounds and bruises. Many of these injuries were aggravated due to careless handling by well meaning friends who, in their anxiety to assist, and not knowing the dangers of disturbing a limb which was broken, either assisted the injured to their feet or placed them in an automobile to be transported to the city without making the injured limb rigid.

In order to take care of these injuries, it is not necessary to arm oneself with a medical kit as the appliances necessary for improvisation are in every skier's possession, e.g.:—ski bound together can be utilized as a means of transportation (stretcher); ski poles—limbs torn from trees or fence rails, can be utilized as splints; scarves, straps, belts, etc., can be used for securing splints and limbs together; sweater turned upwards, or coat, or handkerchief or scarf can be used as sling for supporting upper limbs. Therefore to be fully protected the only additional articles necessary are:—safety pins, tincture of iodine, band aids (these are prepared sterile dressings on adhesive tape) plus the experience.

When a skier is injured either through a fall, striking some object, etc., do not attempt to disturb the patient's position until assured no bones are broken. Ask where the pain is, look for swelling, note if the limb is in its regular position or if there is any difference in the bone itself. Also ascertain if he suffers loss of power.

These are sure signs of fracture. If there is a fracture, place a splint on the outside of the limb long enough to hold the joint above and the joint below the fracture mobile. If the lower limb, use the other leg for inside splint and tie splint and both limbs securely together making sure that the ankles and feet and both knees are secured. If the upper limb tie securely to the body.

If any bleeding is noticed and the wound is over the fracture, apply clean dressing but only tie same lightly so as not to aggravate the injury. If bleeding is profuse and issues from the side of the wound nearest the heart, then pressure should be applied (on pressure point) on heart side of the wound. If bleeding flows steadily from side of wound furthest from the heart, then tie a con-

*points in the north country emergency stations where First Aid treatment may be given by those properly qualified. It is hoped that next winter will see the move made and in the meantime the following article has been prepared by the St. John Ambulance Association.*

striction below the wound. Any other bleeding will be curtailed by the direct pressure over the dressing. What and where are the various pressure points? Such information as this is most essential to everyone. Emergencies frequently arise and on the experience of those nearby may depend the life of a human being.

A fractured spine requires very special care and attention as the slightest disturbance might prove fatal. The signs and symptoms are pain, irregularity, loss of sensation and power below seat of the fracture. With all the help available turn the patient gently on the back. Cover with all the extra clothing available to keep warm. Encourage the patient to lie very still and if a doctor can be obtained within a reasonable time keep the patient encouraged but do not have him move. If medical aid is not readily available, remove the patient to shelter as follows: lay a blanket or rug folded smoothly on a shutter, door or board of at least the same length and width as the patient. Failing this, the entire bed of a stretcher must be boarded (stiffened with a series of short transverse boards). Without moving the patient, and by utilizing the natural hollows of the body under the neck, loins and knees, pass broad bandages under the head, shoulder-blades, buttocks, thighs and calves; working them into position without jerking. Tie the free ends of the bandages on each side to a long pole, pitch-fork handle, etc. Place the patient on the stretcher, ease and comfort being dependable on the number of those available to lift the injured person by means of the pole. On arrival at the shelter nothing further is to be attempted until the arrival of a doctor, except to give the patient water, tea, etc., if conscious. While the emergency treatment of other types of injuries is so lengthy that it is impossible to explain them in our limited space, it is hoped that the above brief summary of First Aid treatment of some of the more common skiing accidents will be of value.

The Quebec Provincial Council of the St. John Ambulance Association is responsible for the conducting of classes in First Aid and the passing on to others knowledge in carrying out First Aid practices. Skiers are urged to communicate with the Association in Montreal so they may become equipped with the knowledge of First Aid treatment which may be instrumental in not only saving their own lives but those of others.