

First Aid for Fishermen

PASGAP 7, December 1973—Reprinted by permission from an insert to the February 1971 issue of *Australian Fisheries*, this chart was published for the Pacific Sea Grant Advisory Program by Oregon State University Extension Service, Marine Advisory Program. Printed in the U.S.A. 2nd Printing 9-74/27M



In case of an accident or illness radio/telephone

Doctor

Telephone

Druggist

Telephone

Compiled by **Australian Fisheries** with the assistance of the St. John Ambulance Association and the Commonwealth Department of Health for the guidance of fishermen in case

of emergency or injury at sea or in port.

First aid treatment listed is for injuries most likely to be suffered on board a fishing

boat. If there is the slightest indication that an accident or illness is serious obtain medical advice immediately. If at sea use the radio/telephone.

Every fishing boat should carry a well-stocked first aid kit, and the skipper or one of the crew should be trained in first aid.

Knowledge of first aid could save YOUR life or the life of a fellow fisherman.

Survival in water



One of the dangers faced by fishermen is falling into the sea or being swept overboard by a wave, particularly at night. If you fall into the sea, air trapped in your clothes will keep you afloat for a short time. But as air bubbles dissipate the weight of your clothes will drag you down deeper into the water making it

difficult to keep afloat and breathe.

- Discard your seaboots or shoes and outer garments as quickly as possible. Footwear is best removed in a face-under-water position, one knee at a time being drawn up nearly to the nose so each boot or shoe can be removed.

- Clothes should be removed while you are treading water or in a floating position. If you are wearing a heavy overcoat shed it first, then remove lower garments. Clothes that have to be pulled over the head should first be gathered up under the armpits then taken off with the head tipped forward. Alternatively withdraw one arm

from the garment, then the head, then the other arm.

- If a person is rescued from the water unconscious, artificial respiration must be applied immediately.

See section on artificial respiration on reverse side

Burns and scalds



Knowing how to treat burns and scalds quickly and effectively can save a lot of pain and can reduce the danger of later infection.

For superficial burns there is reddening of the skin and minor blister formation:

Treatment

- Wash copiously with cold water for up to 20 minutes. Sea water will do if fresh is not readily available.
- Apply ice if it is available.
- Apply a sterile dressing or the cleanest material available and bandage firmly to exclude air and reduce risk of infection. Burnt tissue swells so be prepared to loosen the bandage if it becomes uncomfortable.

Deep burns

- Remove or cut away clothing over the burned area but leave clothing that is stuck.
- Wash liberally with cold water.
- Cover burned area with sterile cloth or cleanest material available and bandage firmly, loosening if it becomes uncomfortable.
- Cover large burns with sheet or towel.
- Do not apply any lotions, ointments or oil dressings.
- Do not prick blisters.

Obtain medical assistance immediately.

If the casualty is thirsty or if there is a long delay getting medical help give him small

amounts of tea, providing he is conscious. When medical aid is not readily available, treat patient for shock.

Sunburn

Prolonged exposure to the sun can result in painful burning. The most simple treatment is to apply clean cloths soaked in cold water.

Treatment

- Rest in a cool place.
- Give plenty to drink.
- If sunburn is serious and there is severe blistering seek medical help.

Sunburn is best prevented by gradual exposure to the sun. Creams or lotions with ultra-

violet screening oil may be helpful as preventive measure.

Chemical or corrosive burns

Treatment

- Wash off chemical immediately with large volume of water. Plunge head in bucket of water if necessary.
- Remove contaminated clothing, but avoid contaminating yourself.
- Obtain medical help immediately.

Eye injuries caused by chemicals should be flushed with water for 20 minutes or up to one hour if medical care is not readily available.

Bleeding

A severe gash can result in a haemorrhage. There are several types of haemorrhage:

ARTERIAL: Bleeding from an artery. This comes in spurts associated with the heart beats and the blood is red.

CAPILLARY: Bleeding from the capillaries. Small in amount and flows with a gentle ooze.

VENOUS: Bleeding from the veins. There is a continuous flow and the blood is dark in colour.

Treatment of serious cases

- If bleeding is profuse or a dressing is not readily available grasp the sides of the wound and firmly squeeze them together.
- Apply firm pressure with hand or fingers to the bleeding point. This method will tend to increase risk of infection but is justified when the haemorrhage is severe. Watch for shock and do not apply warmth.

Normal treatment

- Apply pressure to wound by placing large thick dressing over it, then bandage firmly. Do not remove dressing as this will dislodge blood clot which will form and lead to further haemorrhaging.

A tourniquet must not be used.

- Rest patient.
- Elevate bleeding part if necessary with patient lying down.

- If bleeding continues, do not remove first dressing and bandage. Place additional ones on top.

Wounds and infection

Infection cannot be prevented at time of injury but keep a wound as clean as possible afterwards.

Treatment

- Clean and dress the wound using maximum care to avoid infection. Avoid use of antiseptics except those specially recommended.
- Wash the wounds outwards; do not swab from side to side. To do so will carry bacteria from skin to wound.
- Handle all wounds gently.
- Watch for and treat any signs of fainting.

Fainting

This can be caused by a nervous shock, an injury, standing still for a long time or sudden change in position, or from a haemorrhage.

Treatment

- If the casualty is in a sitting position and cannot lie flat, press his head down between his knees.
- If he can lie down, raise his legs and lower his head.
- Encourage deep breathing if he is conscious.
- Loosen clothing around neck, chest and waist.
- Ensure plenty of fresh air.
- Reassure the patient.
- If the patient is unconscious ensure breathing by keeping airway open (tilt head back).

Shock

This is brought about when a state of collapse occurs. It can result in death if left uncontrolled. It can be caused by loss of blood, loss of serum following burns or through heart failure.

Treatment

- Start first aid immediately.
- Ensure plenty of fresh air.
- Control any bleeding.
- Relieve pain by —
 - covering wounds
 - splinting fractures

Do not give fluids to the patient if he is unconscious, or if there is a risk of immediate operation; he feels sick; or there is an internal injury.

Do not give alcohol or attempt to warm body up (that can cause shock to worsen). Seek immediate medical care.

Shark attack

Treatment

- Immediate control of the haemorrhage. Attempt this in the water if practical by pressing hard right into or just above the spurting point with the fingers.
- As soon as the casualty is ashore or on board lie him flat with head down. Pack the wound with any available clothing.
- Maintain pressure until a firm bandage is applied.
- Elevate the injured part if possible.
- Summon medical aid.
- Do not move the casualty without medical advice.
- Transport and handling must be gentle to avoid worsening the shock.

Marine stings

Marine creatures may inflict their stings by: injection of venom through puncture wounds; contact with tentacles bearing stinging cells.

Treatment

- Clean the wound with water.
- Remove any foreign bodies.
- Immerse the part in hot water.
- Treat for shock.

Stings from tentacles

- Pour methylated spirits or other alcoholic spirits over the area of the sting. This destroys undischarged sting cells. If no alcohol is available spread dry sand over the sting.
- Scrape off remaining tentacles
- Do not rub the area . . . this causes more venom to be absorbed.

Severe stings

- Keep the casualty at rest.
- Treat for shock.
- Sustain respiration.
- Sustain circulation.
- Send for medical aid.

Sprains

A sprained ankle or wrist is another occupational hazard for fishermen.

Treatment

- Rest the joint in the most comfortable position.
- Apply ice packs or cold compresses to the joint.
- In the case of an ankle, remove socks. Firmly bandage the joint.

Remember that a sprain can easily be confused with a fracture. If a fracture or dislocation is suspected get medical help immediately.

Fumes and gases

A fisherman can be overcome by fumes or gas aboard his vessel.

Treatment

- Make sure the rescuer does not become the next casualty. Put on protective equipment immediately.
- Rescue must be carried out with extreme care, preferably by a person trained in rescue procedure.
- Get the casualty into the fresh air.
- If breathing is failing or has stopped start artificial respiration.
- Remove any contaminated clothing.
- Wash contaminated skin thoroughly.
- Treat for shock.
- Seek medical aid.

Coral cuts

Treatment

- Clean cuts and scratches thoroughly with fresh water or open sea water (rather than lagoon).
- Cover with clean dressing and avoid exposure. Seek medical help if they do not heal quickly.

Salt water boils

Treatment

- Clean thoroughly with fresh plain water.
- Apply a non-soluble cream and protect from sun and exposure.

See section on artificial respiration on reverse side

To keep the chart dry and clean wrap in clear plastic or coat with clear varnish. Hang in a conspicuous place in the wheelhouse of your fishing vessel.

First Aid for Fishermen



**Pacific
Sea
Grant
Advisory
Program**

PASGAP 7, December 1973—Reprinted by permission from an insert to the February 1971 issue of *Australian Fisheries*, this chart was published for the Pacific Sea Grant Advisory Program by Oregon State University Extension Service, Marine Advisory Program. Printed in the U.S.A. 2nd Printing 9-74/27M

To keep the chart dry and clean wrap in clear plastic or coat with clear varnish. Hang in a conspicuous place in the wheelhouse of your fishing vessel.

Artificial respiration

Mouth-to-mouth treatment

- Lie casualty on his back, kneel beside head.
- Check mouth and throat and make sure they are clear of foreign matter. Remove false teeth.
- Hold head in both hands, one hand pressing head downwards

- and backwards, the other pushing lower jaw upwards and forwards.
- Open your mouth wide and take a deep breath.
- Seal your lips around casualty's mouth.
- Pinch nostrils between your thumb and forefinger.

- Breathe out firmly into casualty's mouth and watch the chest rise. It should be similar to that in normal inspiration.
- Then remove your mouth.
- Allow chest to collapse.

Decide quickly the method of artificial respiration. Those who have been taught the Schafer, Holger-Nielsen or Silvester methods of resuscitation will know what to do. The easiest and best known method, is the mouth-to-mouth system.

- If the victim is an infant inflation should be gentle and at the rate of 20 times a minute. Time is vital, the first three or four inflations should be given as quickly as possible.

For continued artificial respiration, inflations should be at the rate of 10 per minute..

If chest does not fill with air, check the airway and check air seal of your mouth over that of patient.



Mouth-to-nose treatment

Where the mouth-to-mouth system cannot be used because of an obstruction or damage to the mouth—mouth-to-nose should be used. This method is often used in drowning cases.

- With the casualty on his back, kneel beside him.
- Position the head as for mouth-to-mouth.
- Take a deep breath and seal your lips widely on the casualty's face around his nose.
- Make sure your lips don't obstruct the nostrils.
- Close the casualty's mouth by placing your thumb on the lower lip.
- Breathe out and watch the chest rise.
- Remove your thumb, part the casualty's lips and allow the chest to collapse.

Rate of inflation is the same as mouth-to-mouth.

POINTS TO NOTE

- Air must pass in and out of the casualty's lungs.
- The chest must be seen to rise and fall or the expiration be heard.
- The head must be positioned correctly throughout.
- An airtight seal should be maintained during the operator's exhalation into the casualty's nose and mouth.
- The operator must turn his face away from the casualty's

face to watch the chest and to take in fresh air for the next application.

When the casualty starts to breathe again, the operator should continue with assisted breathing but he should try to keep in time with the patient's own attempts

Recovery is often accompanied by vomiting. Turn casualty on side with one arm underneath going through to the back, and face resting on the other. This assists with the breathing

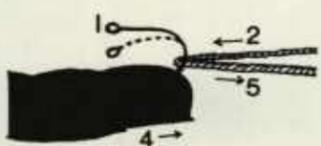
and allows any discharge to be easier.

When the patient has recovered:

- Obtain medical assistance.
- Remove wet or contaminated clothing.
- Promote warmth by blanket cover to prevent pneumonia.

In certain emergencies breath can be given to a casualty who is still in the water, provided you can open an airway.

Removing embedded fish hooks



Hooks embedded in the hand are one of the many occupational hazards faced by fishermen.

Treatment

- The most common method is to force the hook onwards until the point pierces the skin again. Then break or file off the barb and draw the curved part of the hook along the track of entry.

This method can be extremely painful unless a local anaesthetic is administered, but this is not normally within reach of the first aider.

ANOTHER METHOD (illustrated) is to flick the embedded hook out with a piece of string. String is made into a loop (2 & 5), the ends are wrapped firmly around the manipulator's right index finger, and the loop, some 18 inches long, is placed over the shank of the embedded hook. The fish-hooked finger is placed upon a firm surface, the eye (1) pointing to the left of the manipulator, who then grasps the eye and shank with the thumb and index finger of his left hand, which rests upon

the patient's hand. He holds the shank rigid and depresses it. This disengages the barb (4) and is painless, provided that the hook is not moved sideways. As a trial the string is slowly straightened out horizontally in the plane of the long axis of the shank. After the trial run the manipulator with the tip of his left third finger holds the central point of the loop of string against the juncture of the hook with the patient's finger.

The manipulator's right hand is brought back to the hook and suddenly jerked away again, with full follow-through, in the same direction as in the trial run, spinning the hook back out of the finger without enlarging either the track or the hole of entry. For hooks larger than a size 1 whiting hook, a double loop and a loop length of 24 to 30 inches is used.