

A practical guide to managing injuries following a weather disaster

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In the event of severe flooding, such as that caused by the DANA, it is important to know how to care for injuries until the authorities arrive. Here is a practical guide:

1. Assess the situation.

Assess whether it is safe for you to help: Make sure the environment is safe before helping. Look for hazards such as downed power lines or unstable structures.

Assess injuries: Determine the severity of injuries and identify which are minor injuries (cuts, scrapes) and which are serious injuries (bleeding or fractures).

2. Wash your hands before treating a wound.

If possible, wash your hands with soap and clean water. If you don't have clean water, you can use a hand sanitiser, such as alcohol gel.

3. Minor Injury Care.

Cleaning: Wash the wound with clean water (preferably potable, from a bottle). If drinking water is not available, use any available clean water.

Disinfection: Apply a disinfectant (such as iodine or hydrogen peroxide) in and around the wound.

Cover the wound: Use sterile gauze or a clean cloth (cutting a clean T-shirt into squares may work) to cover the wound. Secure it with tape or a long piece of cloth.

4. Haemorrhage management:

Direct pressure: If the wound is bleeding, apply direct pressure with a clean cloth or gauze firmly on the wound. Maintain the same pressure for at least 10 minutes, without lifting the cloth to check.

Elevation: If possible, raise the bleeding body part above the level of the heart. If it is an arm that is bleeding, the affected person can lie or sit down and you can ask them to hold their arm up. If it is a leg that is bleeding, you can lay the person down and, using pillows or other support, raise the affected limb. If the bleeding is on the chest or head, keep the person seated.

If the bleeding does not stop, apply more layers of drapes over the wound (without removing the ones you have already applied) and continue to apply pressure.

Tourniquets should not be used unless you have received specific training in the use of tourniquets to stop bleeding. If used wrongly on a limb, it can lead to gangrene of the limb.

5. Fracture Care.

Identify the fracture: a fracture is usually very painful and the affected person, if conscious, will report pain at the affected site. Look for deformity, swelling or bruising of a limb. Ask if and where they feel pain.

Do not move the person: If you suspect a fracture, avoid moving the person unless he or she is in immediate danger. Keeping the person still while help arrives can prevent further injury.

Immobilise the affected limb: Do not attempt to realign the fracture. It is safest to let a professional do it. Look for anything that can be used to immobilise the fractured limb. You can use a cushion, a rolled up towel, a magazine, a wooden board or even newspaper. Carefully place the support material so that it immobilises the two joints, one above and one below the fractured bone.

If the fracture is, for example, in the forearm, place the magazine or piece of cardboard along the forearm, from the wrist to the elbow. If the fracture is in the arm, place the magazine or piece of cardboard along the arm, from the elbow to the shoulder.

Make sure the support material is firm, don't make it so tight that it causes more pain.

Attachment: If you have bandages, rope or tape, use these materials to attach the limb to the support you prepared in the previous point.

Wrap the bandage or tape around the support you put in place to immobilise the fracture, making sure not to tighten it too tightly, to avoid cutting off circulation.

Ensure that the joints remain in a comfortable and natural position.

At the end of the fixation, ask the person if they can feel the fingers of the affected limb, touch them carefully to see if they are still the same temperature as the rest of their skin, and look at the skin colour of the fingers closest to the fracture. Always use the same unaffected limb as a reference.

Elevation: If possible, elevate the fractured limb above the level of the heart. Depending on where the fracture is, you will need to keep the person sitting or lying down. This may help reduce swelling. Use cushions or any bump to keep it elevated.

Pain control: Ask the injured person if he/she has any painkillers (such as paracetamol), which he/she normally takes, available. If so, help them to take it, always following the instructions on the bottle.

Keep the person as comfortable as possible until emergency medical support arrives.

Watch for emergency signs on the fractured limb: Pay attention to any changes in the person's condition (dizziness, extreme weakness or loss of consciousness). If this occurs, seek help immediately.

Give notice of the situation: place a blue cloth outside the house where the person is located, in a visible place, to warn that someone is seriously injured.

Additional Tips: Stay calm and talk to the injured person. This may help reduce their anxiety.

6. Recognising signs of infection

Watch for signs such as redness, swelling, pus or fever. If they occur, seek medical help as soon as possible. If you have not done so before, place a blue cloth outside the person's house in a visible place to warn that someone has a serious injury.

7. Stay Hydrated

Ensure that the injured person has access to safe drinking water if possible.

8. Document Injuries

Document the situation: Make a written note of the details of the injury, how it occurred and the treatment you have provided. This will be useful for emergency medical personnel or health professionals when they arrive.

Follow these instructions carefully and always prioritise your safety and the safety of everyone involved.