

Dangerous Tools

IN MANY OUTDOOR SPORTS equipment malfunction or misuse is a major cause of injury. This is generally not the case with camping/backpacking. Soft tissue injuries from slips and falls are far and away the most common antecedents to the need to leave a trek.

When it comes to equipment-related injuries, pocket knives top the list of causes. Evacuations for hand lacerations requiring sutures are so common that one outdoor program started supplying groups with pre-cut cheese rather than the customary blocks.

The gear next in line for serious injuries on treks is the camp stove. Although stove-related incidents are far less common than those involving knives, they can be very dramatic. There are two ways in which this happens; both are preventable by using good camp technique.

Scalding from boiling water is one of the common injuries from stoves. Although modern stoves are more stable than the old Sveas that I used for many years, balancing larger pots on them is still challenging—even more so if the stove is on an unstable surface.

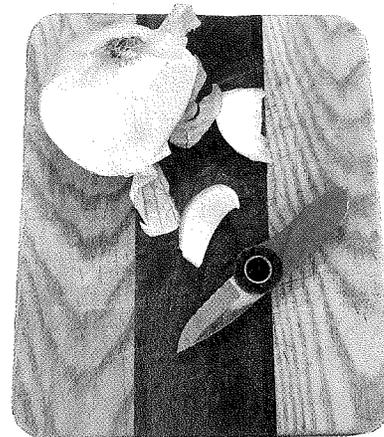
Having dealt with a serious scalding injury on a trek I led with a group of teenagers, I have been compulsive about stove procedures ever since. Even when traveling with a group of friends, I encourage a “safe zone” of about a six-foot diameter around an active stove. No one not involved in using the stove should be within that area. Although it is tempting to sit next to the stove when cooking, this is unsafe; one must always be ready to jump away from the stove. Since stoves are inherently unstable, I believe that one should never attempt to work on the pot while it is on the flame. Take the pot off for stirring, adding ingredients, and any other related activity.

The second mechanism is direct flame injury. These vary by stove type, but generally involve flame bursts

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with lighting or ignition of spilled fuel. Almost invariably, such injuries are a result of poor technique. The proper fueling and lighting of a camp stove takes instruction and practice. If I have been away from the backcountry for a few months, I always do a few practice runs in my driveway before heading out again.

First aid for burns begins with a determination of the need for immediate evacuation for definitive care. There are no hard and fast rules here, but some guidelines are appropriate. Burns of the face or genital area, or those that are “circumferential” (completely surrounding a finger, for example), should be seen for definitive care. Burns that involve more than 5 percent (children) or 10 percent (adults) of body surface area should also be evaluated. (For most people, the palm makes up about 1 percent of body surface area.) The old “degree” classification of burns has been abandoned; in general, burns that lead to redness



that blanches with pressure, with or without blisters, are now classified as superficial or superficial partial thickness, and can be watched as long as they do not fit the other criteria.

First aid begins with gentle cleansing with soap and water. Cool water applied for no more than five minutes continues to be recommended for pain relief. Burns can be quite painful, so round-the-clock administration of an over-the-counter pain medication is useful. Current practice guidelines do not call for the use of topical antibiotic preparations for superficial burns. While current recommendations also do not call for routine dressing of burns, it may be important to do this in the field in order to maintain cleanliness. The use of a non-adherent gauze pad makes this easier.

A final word about stoves in tents. There have been scattered reports of carbon monoxide poisoning from this practice, although there is some controversy about this. A greater risk is igniting the tent or its contents. While I have certainly used a stove in an expedition tent, it is not something I recommend for the casual camper. ▲

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