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JOURNAL OF PADDLESPO RTS EDUCATION

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OMAR RAMOS

INSTRUCTOR OF THE MONTH

ADAPTIVE PADDLING SUMMIT

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>> STATE DIRECTOR PROGRAM

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>> HAPPY BIRTHDAY ACA!





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ACA Adaptive Paddling Summit

Grand Rapids, Michigan
September 15- 17, 2014



FIND OUT MORE AT WWW.AMERICANCANOE.ORG/ADAPTIVEPADDLINGSUMMIT

ONLINE REGISTRATION IS AVAILABLE

SPACE IS LIMITED TO THE FIRST 100 REGISTRANTS

Special Presentations by Bill Barkley -

“No Barriers Mindset & Sensory Overload”

Bill Barkeley is one of 15,000 – 20,000 people in the United States and 100,000 people in the world with Usher’s Syndrome. Usher’s Syndrome is a disease that robs people of both their hearing and vision over time. Bill lost 85% of his hearing from birth and in his late teens began to experience night blindness and vision loss. Usher’s Syndrome is progressive and there are no known treatments or cures.

As a deaf-blind advocate, Bill is active in community service and lives in Grand Rapids. Bill completed a climb of Mount Kilimanjaro in Africa as a project on assistive technology for the deaf-blind. His climb was covered on Good Morning America and Outside Magazine. At the invitation of Erik Weihenmayer (the first blind man to summit Mount Everest), Bill joined No Barriers USA as a board member.



Bill does motivational speaking to corporations, schools, and non-profits on the Kilimanjaro climb and his ongoing adventure projects. Since his climb, he has rafted and hiked the Amazon and Grand Canyon, climbed 14’ers in Colorado, competed in the World T.E.A.M. Sports Adventure Team Challenge, cycled the RAGBRAI 400 miles and run the 2012 and 2014 Boston Marathon. He is an active SUP’er who ply’s the waters of Lake Michigan in Grand Haven.

Keynote Presentation by Ann Yoshida -

“On the Road to Rio”

Ann H. Yoshida, is a Doctoral student in Occupational Therapy at Pacific University. Ann continues to acquaint herself with her true potential by competing in canoeing, surfing and off-road handcycling. Winning a bronze medal in 2012 at the world sprints and being the first woman to trek Nepal on an off-road handcycle in 2011, she continues to challenge her abilities. She is aiming for the summer Paralympics in Brazil, 2016. Her passion is helping people experience full community inclusion through meaningful and purposeful occupation. Ann lives by her saying: “When we focus on being normal, we exclude the possibility of being extraordinary.”

For more on Ann, click [here](#).



ACA's First Ever Adaptive Paddling Summit!



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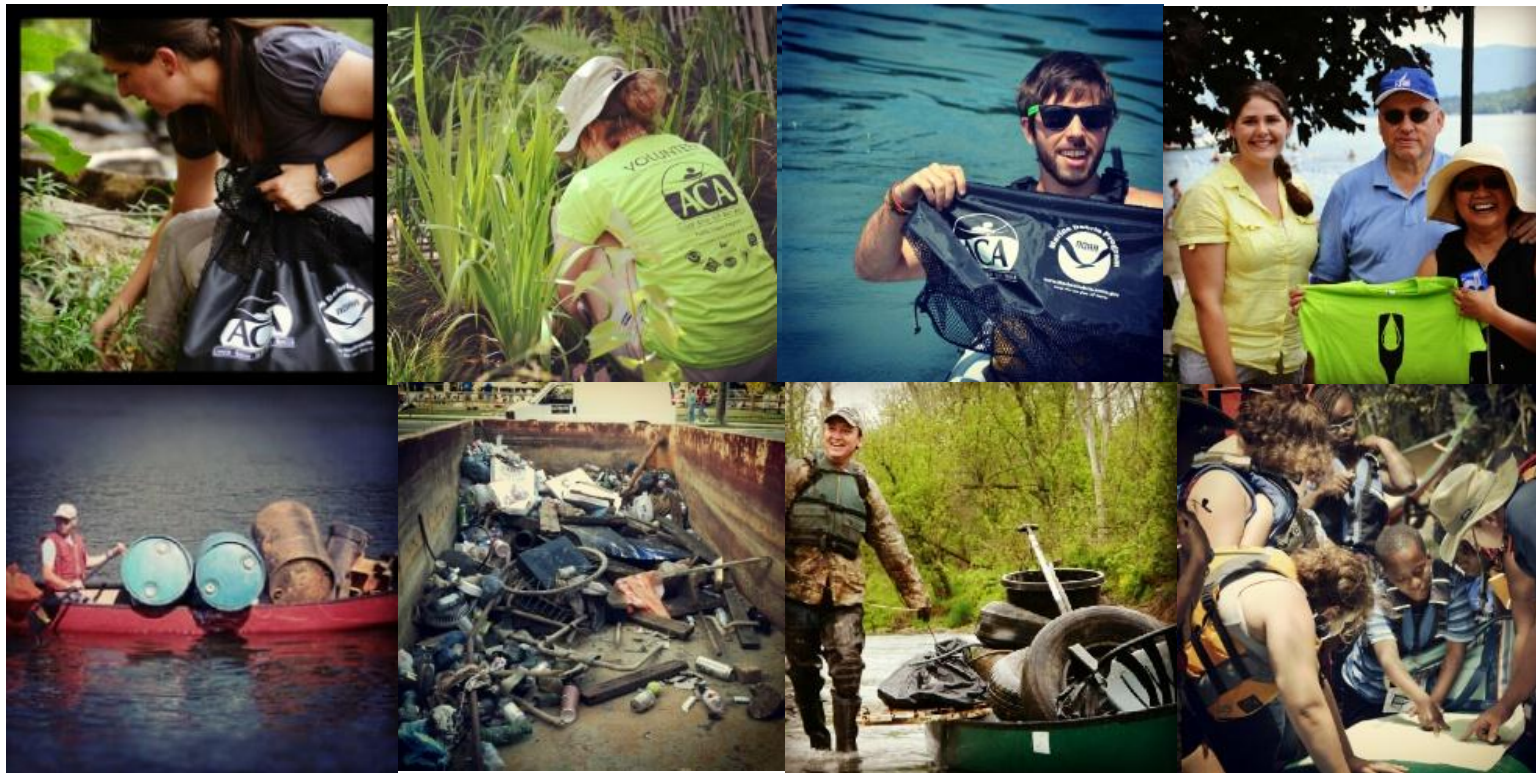


Omar Ramos of Gurabo, Puerto Rico

Omar Ramos is an ACA SUP and Coastal Kayak instructor from Gurabo, Puerto Rico. Omar was introduced to paddling at the young age of 7, through the Boy Scouts of America. He has been hooked on paddling ever since meeting and paddling with his mentors: Gil Hidalgo, Jose Gonzalez, and Keith Keller (also esteemed ACA instructors). Omar has started a company called “Paddle Paradise Puerto Rico,” and he provides quality paddling educational programs for the people of Puerto Rico; he has made it his mission to spread his passion for paddlesports, as well as provide healthy, fun, and safe paddling experiences. Omar recently had the opportunity to host one of ACA’s USCG On Water Paddlesports Instruction Workshops, and is once again energized to continue sharing the ACA’s mission of making the world a better place to paddle!

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The ACA would like to extend a big
THANKS to [Kokatat](#) for sponsoring
our Instructor of the Month Program!



Celebrate the Rappahannock!

ACA's Paddle Green Event, Celebrate the Rappahannock, is an ongoing effort to connect paddlers with their waterways. The ACA hosted its 3rd annual community outreach event on June 7th, at Old Mill Park in Fredericksburg, Virginia.

Alongside the Paddle Green Event, the ACA hosted the 34th annual Great Rappahannock Whitewater Canoe Race, which has been a local tradition for years. The overall focus of ACA's Paddle Green Events is to connect the community and youth with their local waterways and outdoor environments through education, instruction, and river clean-ups.

Want to get involved with an ACA Paddle Green Event? Check out the [LOVE the Lake!](#) Event in Lake George, New York, July 11-12, 2014!

LOVE the Lake!



[Become a Subaru VIP](#)

July 2014

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SUBARU

Did you know?

August 3rd, 2014 is ACA's 134th Birthday!

Learn more about [ACA's history!](#)



The ACA has officially launched its State Director Program!

The State Director Program is a brand new volunteer initiative aimed at improving communication between the ACA National Office and paddlers at the state and local level. Through this enhanced volunteer network, more paddlers will learn about the ACA and all the work that ACA members do for paddlesports across the country.

The mission of the State Director Program is to increase the effectiveness of the ACA at the state level by:

- Facilitating communication between paddlers and the ACA National Office
- Fostering community responsibility in protecting and preserving paddling environments
- Assisting others with acquiring the necessary skills to safely enjoy local waterways
- Promoting paddlesport competition at the local and state level

State Directors will have additional volunteers in the form of an Executive Council to aid in the distribution of responsibilities. State Executive Council elections will be held in the fall. State Directors and their Executive Council will work together to choose the relevant ACA programs they want to promote to paddlers based on the unique needs of their state.

More information on this great new initiative
here: www.americancanoe.org/StateDirector





Congratulations

2014 Higgins & Langley Memorial and Education Award in Swiftwater Rescue

This most prestigious award has been bestowed upon ACA Swiftwater Rescue Instructor Trainer Educators, Robin Pope and Sam Fowlkes in recognition of their outstanding performance and contribution to the community of Swiftwater and Flood Rescue.

These great ACA ambassadors were presented with this outstanding award on June 6th, 2014 at the annual conference for National Association of Search & Rescue (NASAR) In Woodcliff Lake, New Jersey.

The 2nd Swiftwater Rescue Conference is already on the books!

October 9-10, 2015

Preliminary information is available on the [ACA Website](#).

First Aid Considerations for Paddling

Disclaimer: The views and opinions expressed in this article are those of the authors and do not represent official ACA recommendations or policy.

Introduction

Paddlers face risks every time they get in a boat or on a board, but fortunately there are many ways to reduce these risks. Two of the most effective ways to reduce risks are training and prior planning. Commonly faced risks during paddling trips include injuries and illnesses. Because of this, all ACA instructors are required to hold current first aid and CPR certification. Most CPR classes take about 4 hours to complete and cover roughly the same content. On the other hand, first aid classes vary widely in their length and content.

Many organizations, including American Red Cross and American Heart Association, offer basic first aid courses. These courses are generally four to five hours in length, and provide an overview of how to recognize and treat common injuries and illnesses. They spend little time on general patient assessment, injury prevention, extended treatment, or evacuation considerations. A common theme in these courses is “call 911”. Longer courses, including Advanced First Aid, First Responder and Emergency Medical Technician (EMT), spend more time on patient assessment and treatment, but maintain the focus on calling 911. When calling 911 isn’t a viable option, as is true on most paddling trips, a different type of first aid training is probably appropriate. There are a wide range of wilderness medical courses that can meet this need. The shortest wilderness medical course commonly offered is Wilderness First Aid (WFA). WFA courses are generally 16 to 20 hours long, and are often taught over a weekend. They cover recognition, initial treatment and prevention of soft tissue and musculo-skeletal injuries, and of common medical emergencies such as allergic reactions, diabetic emergencies, and bites and stings. WFA courses also discuss patient assessment and



evacuation considerations. Much of the teaching is done through scenarios. WFA courses provide an overview of many of the common medical problems paddlers face, but do not provide the in-depth instruction found in longer classes. Advanced Wilderness First Aid (AWFA) courses are 32-40 hours long, and provide more training on patient assessment, stabilization and evacuation, as well as additional scenario training. Wilderness First Responder (WFR) courses are 8 to 9 days long, and cover assessment and treatment in much greater depth. Mental health issues and expedition behavior are often addressed in WFR courses. Scenarios in WFR courses are more challenging and formal written tests more difficult than in WFA and WAFA courses. Many professional outfitters require WFR certification for their staff. Healthcare professionals can pursue training beyond WFR, including Wilderness EMT (WEMT), Advanced Wilderness Life Support (AWLS) and Fellowship in the Academy of Wilderness Medicine (FAWM). Just like ACA instructor certifications, wilderness medical certifications do expire. It is important to stay up to date, and to make sure certifications are renewed as needed.

“First Aid Considerations” article continued on page 20.



ACA Instructors—Do you teach for a youth paddling program? Discoverboating.com is looking to build a directory of youth paddling organizations—they'd like to hear from you, and help spread the word about your program!

For more information: [click here](#).



Presented by The Outward Bound Trust (Hong Kong) and Monash University (Australia)

📅 November 28th to December 3rd 2014

📍 Wong Wan Chau Island, Yan Chau Tong Marine Park, Hong Kong

Information

The purpose of the symposium is to create a forum that brings together outdoor adventure educators from around the world who value both the sea and sea kayaking for their unique and powerful learning potential.

This symposium will consider the potential of sea kayaking in adventure and educational settings. A mix of short (45 minute), longer (90 minute) and half day sessions will take place on land and water. There will also be overnight and day journeys within the surrounding archipelago, and to mainland China.

Themes

The week is guided by presentations under the following themes:

- [1] **Culture**, the sea and the kayak (global trends, cultural histories, sea kayaking technologies, sense of place and sea kayak locations).
- [2] **Education**, the sea and the kayak (expeditionary learning, stories of unique sea kayak programs, strategies for teaching, guiding and instruction).
- [3] **Practice**, the sea and the kayak (on-land and on-water practical sessions; skills, drills and techniques; leadership and safety).

Price

Early bird - USD \$980 (Until May 30th)
Full fee - USD \$1,190 (Payment by 1st August)
This is all inclusive from arrival to departure!

✉ aaron@outwardbound.org.hk

Presentations

Concurrent, keynote and practical sessions will run throughout the program and sessions will run in set 'themes'.

We expect most of our attendees to come as both a participant and a presenter. There will be several keynote style (informal and relaxed) presentations at various times of the symposium. Maximum of only 50 spaces for attendees/presenters.

Email your presentation summary (or questions) in abstract form (200-300 words), by May 31st. Please indicate presentation type; 45 minutes, 90 minutes or half day (practical). As well as if you need a whiteboard, flip chart, data projector etc.

✉ beau.miles@monash.edu

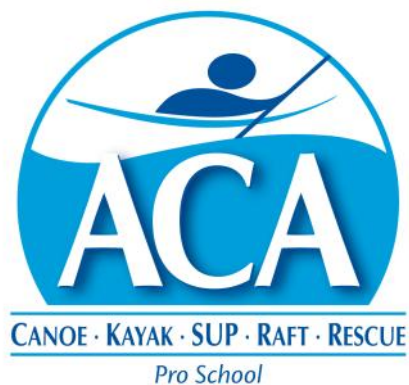
Logistics & Programming

All regular sea kayaks (doubles and singles), including all specific equipment (paddles, PFD's, spray decks etc.) will be supplied. Personal clothing needs to be supplied by attendees (thermals, booties, etc).

All meals, lodging and transport (including airport transfer and ferry) is included in the price.

More details available upon inquiry.
Details regarding the venue, draft program, likely day and overnight journeys and international presenters/instructors/educators will be announced shortly.

✉ aaron@outwardbound.org.hk



[Natur Pur](#) is an ACA Proschool located near Vienna, Austria. They offer a wide range of skills classes for beginners as well as experienced paddlers. In addition, they offer ACA canoe and coastal kayak instructor certifications and mentorship opportunities for IT aspirants.

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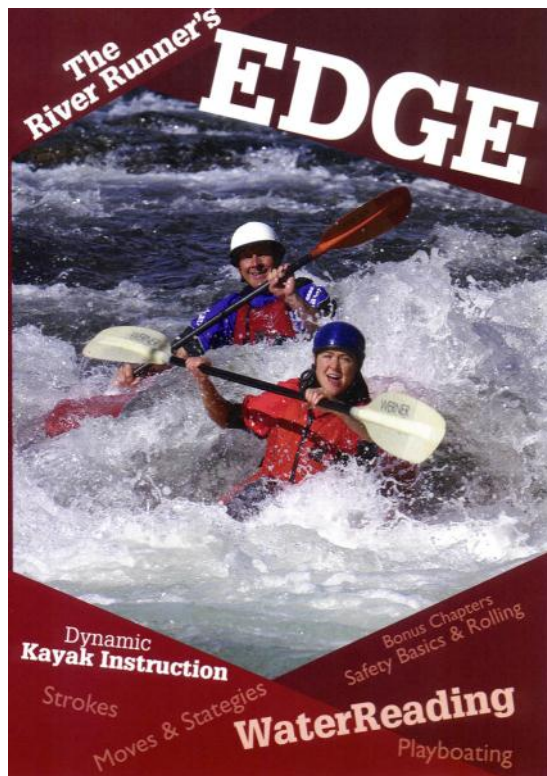
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Kent Ford's Performance Video has joined the list discounts for ACA Certified Instructors, Trainers and Educators. Performance Video's instructional titles include

- * The Kayak Roll
 - * In the Surf
 - * Drill Time for Canoeing
 - * Whitewater Self Defense
 - * The River Runners Edge
- and many more!

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For a complete list of eligible titles visit:
www.performancevideo.com

Please contact kbracewell@americancanoe.org for order form & details!



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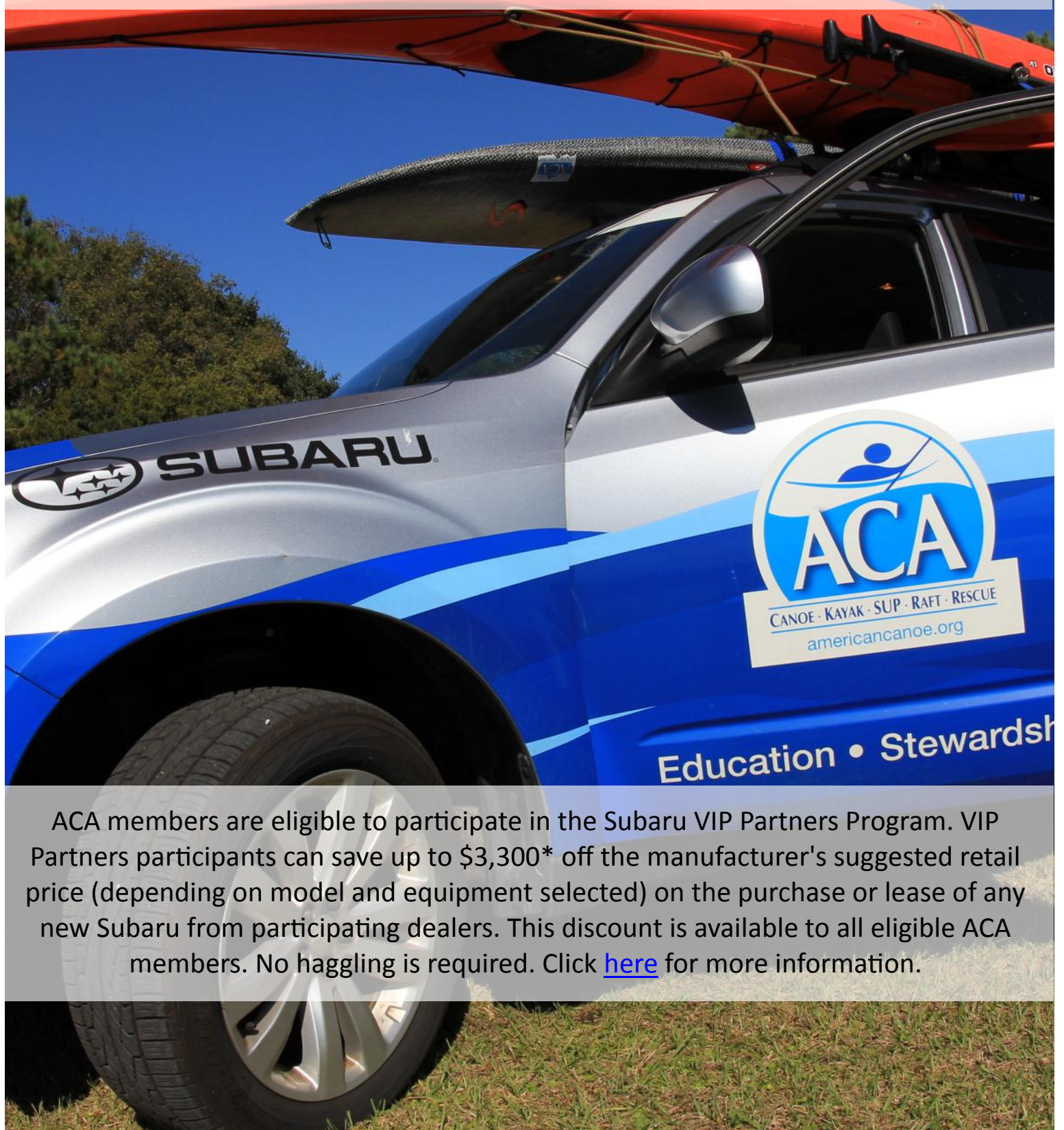
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Questions? Contact: | Kelsey – kbracewell@americancanoe.org

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ACA members are eligible to participate in the Subaru VIP Partners Program. VIP Partners participants can save up to \$3,300* off the manufacturer's suggested retail price (depending on model and equipment selected) on the purchase or lease of any new Subaru from participating dealers. This discount is available to all eligible ACA members. No haggling is required. Click [here](#) for more information.

Paddlers...



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Rescue Rodeo is a fun and challenging series of competitive events for groups—teams compete in river rescue events for over \$1000 worth of prizes!

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When? September 28th, 2014

Who? 10 Teams of 5

What? Canoes or Kayaks

Where? Tuckaseegee River—Dillsboro, NC

Why? \$1000 worth of prizes!

Contact: program@landmarklearning.edu

rope throws

rescue knot rodeo

yard sale rescues

medical scenarios

river rescue scenarios



MTI is now offering a 20% discount to all ACA instructors, just in time for paddling season! For more information, or to order, please contact: kbracewell@americancanoe.org

SPECIAL!

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Continued from page 11...

Many organizations provide wilderness medical certifications, but most follow guidelines established by the Wilderness Medical Society (www.wms.org). The Wilderness Medical Society recently published a consensus document describing the recommended scope of practice for a WFA course graduate. The Boy Scouts of America also publishes WFA curriculum guidelines developed by several pioneers in wilderness medicine. The American Camping Association provides a partial list of course providers on their website. Because most courses have similar outlines, content from one course provider to another is generally not a deciding factor when choosing a course. Courses can be expensive, so cost, location, and timing are obvious considerations. Once a course is identified, it is important to ask about the experience and qualifications of the instructors, and the course focus. Although course content between providers is generally similar, instructor qualifications, experience, and ongoing education can vary widely. Any wilderness medical course is likely to be a fun and rewarding educational experience. When students can ensure the instructor is highly qualified and experienced, and has a background in the student's areas of interest, the classes are even more fun and rewarding.

Common Incidents

When deciding what type of first aid training to pursue, it is important to consider the conditions likely to be encountered. For example, alpine climbers might expect to treat acute mountain sickness (AMS), whereas mountain bikers might expect to treat wrist and shoulder injuries. Data on the frequency of wilderness injuries and illnesses demonstrate that injuries are more common than illness in the backcountry. For example, as shown below, data collected by the National Outdoor Leadership School (NOLS) from their classes shows roughly 2/3 of medical events are injuries and 1/3 illnesses.

Injuries

Athletic: Sprain/strain/tendinitis	15 8	38%
Soft tissue: all types	13 8	33%
Fracture	27	6%
Cold injury (frostbite/immersion foot)	26	6%
Dislocation	25	6%
Head w/no loss of consciousness	14	3%
Other	9	2%
Dental	7	2%
Head w/loss of consciousness	6	1%
Eye injury	5	1%
Snow blindness	1	0%
Totals	41 6	100%

Illness

Nausea/vomiting	41	18%
Allergy	31	14%
flu symptoms	23	10%
Infection	16	7%
Abdominal pain	14	6%
Other	14	6%
Asthma	14	6%
AMS	13	6%
Diarrhea	11	5%
Genitourinary	11	5%
Dehydration	11	5%
Respiratory/not flu	10	4%
Hypothermia	7	3%
Cardiac/chest pain	4	2%
Heat illness	2	1%
Fever (non specific)	2	1%
Anaphylaxis	0	0%
Totals	224	100%

Bone and joint injuries make up half of all reported injuries. Soft tissue injuries (cuts, scrapes, bruises) make up an additional third of reported injuries. Many injuries can be treated during a trip, and do not require evacuation. Common illnesses include gastrointestinal problems and sinus and breathing problems. In many cases, these common problems also can be treated during a trip. It is, however, important to always consider the need for evacuation. Hypothermia appears to be a rare problem, but it always is a concern in wilderness medicine, and many paddlers report suffering from mild hypothermia at some point in their paddling career. Region of the country is an important consideration as well as paddling preferences.

The NOLS data addresses a wide range of wilderness activities. When only paddling is considered, the frequency of injuries appears to increase. A British study of Olympic paddlers (Canoe & Kayak) found the data below:

Type of Injury	Frequency
Sprains	32%
Tendinitis	20%
Chronic muscular pain	14%
Simple bruises	9%
Infections	8%
Dislocations	3%
Lacerations	2%

The data show that, among highly skilled paddlers, injuries to bones, joints and soft tissue are common, and infectious problems are rare. A US study of paddling club members found similar data. This study also noted that chronic injuries such as tendinitis (particularly in shoulders and wrists) are common among paddlers.

In all of these studies, soft tissue injuries and injuries to bone, muscles and joints make up roughly two thirds of all reported injuries and ill-

Acute

Laceration, Contusion, Abrasion	40%
Sprain, Strain	26%
Fractures	9%
Dislocations	6%

Chronic

Tendinitis	44%
Sprain, Strain	27%
Unknown Cause	25%

nesses. In particular, almost every study on whitewater injuries reports that shoulder dislocations are the most common reason for a whitewater paddler to seek emergency medical care. Roughly 15% of whitewater paddlers will dislocate their shoulder during their paddling career.

The research above, combined with paddling accident reports, suggests all paddlers should be prepared to assess and treat cuts, scraps and bruises; sprains, strains and tendinitis; fractures and dislocations (especially shoulder dislocations for whitewater paddlers); environmental emergencies such as hypothermia; upset stomachs; sinus and breathing problems. All of these topics are covered in most WFA courses. Finally, although drowning is exceedingly rare for paddlers, all paddlers should be prepared to care for drowning victims.



Tools and Equipment

It often is taught that knowledge is the most important tool for medical care. Knowing how to assess, diagnose and treat common problems is essential. Perhaps more important is knowing when problems can't be treated with the resources at hand and when evacuation to a higher level of care is needed. Knowing what to do is critically important, but having appropriate equipment makes it much easier to provide care. WFA courses teach how to improvise medical supplies using commonly carried equipment. There are, however, first aid kits and other supplies that make providing care much easier. First aid kits of all shapes, sizes and costs are available. Many people start with commercial kits, and customize them by adding equipment. Others prefer to build their own kits. Either way, first aid kits for paddlers should consider the common problems paddlers face.

Personal Protection – Before caring for a patient, it is important to protect yourself with barrier devices. First aid kits should include CPR masks and gloves. Waterproof paddling gear provides excellent barrier for skin protection and eyeglasses or sunglasses can provide eye protection. A small plastic trash bag can hold dirty supplies after use.

Cleaning – Ideally, caregivers should clean their hands before and after providing care, and also should clean any wound suffered by the patient. Equipment for this can include a small bottle of liquid soap, a small bottle of alcohol based skin cleanser, tweezers, and a way to irrigate the wound. Irrigation syringes work well, but squirt top water bottles or zip lock bags (with a corner cut out) also work. Topical antibiotic ointments can be applied to wounds, but they often wash off when paddling.

Cuts and Scrapes – Dressing supplies for cuts and scrapes include Band-Aids, gauze pads and tape. In some cases, tincture of benzoin can help dressings adhere to skin. Elastic wraps (Ace wraps), self adherent tape (Coban) or conforming gauze can help hold dressings in place. Trauma shears are helpful when clothing has to be cut away to see injuries, and if dressings have to be improvised. Duct tape can be used to hold dressings in place, or to protect skin where blisters are starting.

Bruises, sprains, strains, fractures and dislocations – Each of these con-



ditions benefit from immobilization. Flexible aluminum and foam splints, elastic wraps and triangular bandages are all useful tools. Splints also can be improvised using a wide range of clothing.

Stomach problems – Although abdominal pain, nausea, vomiting and diarrhea are among the more common illnesses seen in wilderness medicine, they're hard to treat while paddling. Prevention through good hygiene is the best treatment. Paddlers with these conditions should consider not paddling. Adequate hydration is important. On longer trips, over the counter medications such as loperamide (Immodium) and bismuth subsalicylate (Pepto-Bismol) might be included in first aid kits.

Sinus problems – Over the counter medications such as diphenhydramine (Benadryl) and pseudoephedrine (Sudafed) can help relieve the misery of seasonal allergies.

Breathing problems – About 5% of the US population suffers from asthma. Prescription medications are most appropriate asthma and related conditions. Prescription medications should only be used by the person for whom the prescription was written. Each paddler who suffers from asthma should carry a rescue inhaler on them, and a second one in their personal first aid kit.

Hypothermia – Prevention is the best treatment, so paddler should be careful to dress appropriately. Paddlers also should have extra warm clothes, food and water. Hats (that can fit under helmets for paddlers using helmets) can make a huge difference. Emergency shelters (expensive) or emergency bivvies (less expensive) can help shelter hypothermic patients. Plastic drop clothes and heavy duty trash bags are inexpensive alternatives. Fires can help warm patients, so kits might include matches or other fire starters.

Pain Control – Over the counter medications such as ibuprofen (Motrin, Advil), naproxen (Aleve) and acetaminophen (Tylenol) can provide effective pain relief for many wilderness medical conditions. Ice packs can be helpful for some injuries, but they are often bulky and require well protected storage.

Medications – Individual paddlers should carry all personal prescription medications they need. Prescription medications should be used as prescribed and should not be shared with others. Use of over the counter medications is sometimes debated. Some argue that no first aid provider should give any medication to a patient. Others argue that “if you’d offer it to your friend at work, you can probably offer it to your friend in the backcountry,” and “if the patient is asking for some Motrin, you should be able to give them some.” Ultimately, this decision is up to the caregiver and the patient. Paddlers who keep medications in their first aid kits should be careful to check expiration dates for medications, and replace them as needed.

Instructions – A small first aid guide can be stored in the first aid kit. The pocket guide for the American Red Cross’ Wilderness and Remote First Aid Course is found, [here](#). Other guides are available for purchase from many wilderness first aid course providers.

Record Keeping – A written inventory of the first aid kit’s contents helps ensure supplies are replaced after use. Whenever supplies are removed, a note should be made on the inventory. A written record of patient care is helpful when care is transferred or if care is provided over a long time. A small notepad and pen or pencil should be part of every first aid kit. Accident report forms help ensure accurate information is collected and recorded at the time of the event. Several wilderness medicine training organizations publish their own patient care report forms, and some are available online. Two examples are below.

Use of accident report forms helps ensure caregivers collect accurate information with a consistent format.

Storage – The best first aid kit in the world becomes useless if everything in it is soaked. Keeping supplies dry is particularly important for pad-

dlers. Supplies must also be accessible and their container must be re-sealable. Many options are available. Pelican containers are crush proof, water tight, and available in different sizes. They allow easy inspection of contents. They are, however, expensive and care must be taken to avoid damaging gaskets required for a watertight seal.

Wide-mouth Nalgene bottles are inexpensive, crush proof, and water tight. However, it can be difficult to access the equipment stored in them. Dry bags do not provide crush protection, but can be found in a wide range of sizes. Zip seal dry bags (e.g., Watershed bags) are more expensive, but much drier. Traditional dry bags with folding seals often allow minor leakage, but are less expensive. Some are transparent, making it easier to find supplies. Supplies inside the kit should be placed in watertight bags for additional protection. Ziploc style freezer bags work well. More durable bags are available from LokSak; LokSak bags are designed to be opened and closed multiple times, and are guaranteed waterproof to 60 meters.

Regardless of what is used to store the kit, caregivers should consider how to effectively pack the kit. Barrier devices should be readily accessible. Frequently used items should be at the top of the kit. Rarely used items can be stored at the bottom of the kit. Medications should be carefully stored, so they can be easily identified. Medication dosages, treatment guidelines, and expiration dates should be easily visible. In some cases, the kit might be distributed across two or more containers. One container might contain frequently used items, whereas the second might contain bulkier or less frequently used equipment.

Conclusion

Adequate training and appropriate supplies make it much easier to care for injured or ill paddlers. This article provides some broad guidelines, but nothing replaces hands-on training. First aid standards and techniques change over time, so it is important to keep certifications current. All paddlers should strongly consider earning WFA certification. If time and budget allow, paddlers should obtain first aid training beyond WFA.

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