Letters to the Editor

Response to *Wilderness First Aid: Is There an “Industry Standard?”*

To the Editor:

The recent article *Wilderness First Aid: Is There an “Industry Standard?”*¹ provided an interesting overview of current first aid requirements for several outdoor oriented organizations, including the American Canoe Association (ACA). However, since the time the article was written, the ACA has changed its instructor prerequisites. Until recently, the ACA recommended, but did not require, that instructors obtain appropriate first aid training. In February, 2009, the ACA’s Board of Directors voted to require all of our 4000+ instructors to hold a minimum of Red Cross standard first aid, or equivalent, and to hold cardiopulmonary resuscitation (CPR) certification appropriate for the age of their students. New instructors will be required to obtain first aid and CPR certification prior to receiving certification as an ACA instructor. All ACA instructors are encouraged to obtain higher levels of first aid training.

The ACA’s Board considered many of the points mentioned in the article, including the lack of standardization within the industry, the appropriateness of course content, and the ability of our instructors to effectively use the material taught. Other issues considered included the cost (both monetary and time) of training and ease of access to training for our largely volunteer instructor corps. Although the ACA’s Board felt that wilderness first aid training might be appropriate for our instructors, these concerns prevented board members from requiring such training. Both the article by Dr Welch et al.¹ and the accompanying editorial by Dr Forgey² proposed that an evidence-based course, addressing the points above, might be developed by the wilderness medicine community and the Wilderness Medical Society. The ACA strongly supports the proposals of Dr Welch and colleagues and Dr Forgey, and would be very interested in offering the resultant course to our instructors and members.

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References

1. Welch TR, Clement K, Berman D. Wilderness first aid: is there an “industry standard”? *Wilderness Environ Med.* 2009;20:113–117.
2. Forgey WW. Wilderness first aid: managing remote area medical issues. *Wilderness Environ Med.* 2009;20:106.

Wilderness First Aid Training

To the Editor:

I’m writing in response to Dr Forgey’s editorial,¹ Drs Welch, Clement, and Berman’s research article (both published in *Wilderness and Environmental Medicine*),² and the new Boy Scouts of America (BSA) Wilderness First Aid (WFA) curriculum scheduled to take effect in March 2010. (Note: Dr Forgey was the task force chairman.) I understand that the BSA has requested endorsement for its program by the Wilderness Medical Society (WMS), and the WMS board has not, to date, taken any action.

Courses in wilderness medicine were originally developed in the early to mid-1980s because the urban first aid courses offered by volunteer organizations (American Heart Association, American Red Cross, National Safety Council, etc) and state emergency medical services/department of transportation courses did not—and do not—meet the specialized needs of outdoor leaders and search and rescue (SAR) teams. It currently falls to independent and unregulated providers to develop the curriculum and delivery methods for each course type and to the public to choose the course and provider that best meets its needs. Although this may not be the best overall construct for the future, the competition among providers has served to promote pedagogical diversity and has led to increasingly better curricula, materials, and delivery methods than were previously available.

Unfortunately, it is also increasingly more difficult for the general public and outdoor program administrators to decide what course and what provider best suits their needs. The challenge to the wilderness medicine community is to provide curriculum guidelines without negatively impacting the ability of individual providers to continue to develop pedagogical advances.

Wilderness medicine may be subdivided into two broad categories: expedition medicine and rescue medicine. Whereas the anatomy, physiology, and pathophysiology remain the same within both categories, specific skill sets vary. Medical training for trip leaders must focus on prevention, field assessment, and treatment (including evacuation decisions), whereas training for rescue team members requires more advanced treatment skills and equipment; evacuation is generally less of a