

Project director: Kakkinig Naluiyuk
 Project started by: Kakkinig Naluiyuk, Mark Papigatuk Snr,
 Epirvik Parr
 Annatuqvik Board of Directors: Mark Papigatuk Snr,
 Josipi Padlayat, Epirvik Parr, Kululak Tayara, Josipi T. Kaitak
 Traditional knowledge experts: Johnny G. Annanack,
 Nalak Nappaaluk, Adamie Niviaxie
 Illustrations: Putulik M. Okituk
 Writer: Kakkinig Naluiyuk
 English translation: Zebedee Nungak
 French translation: Harriet Keleutak, Marie-Cécile Brasseur
 English revision: Robyn Bryant
 Technical assistance: Avataq Cultural Institute
 Layout: Etsetera Design Inc.
 Printing: Lithosol

Sponsors

Air Inuit (transportation)
 Makivik Corporation
 Hunter Support Program of Salluit
 Kativik Regional Government
 Hunter Support Program of Kangiqsualujuaq
 Saputiit Youth Association of Nunavik
 Qaqalik Landholding Corporation of Salluit
 Kativik Local Development Center (KLDC)
 Nunavik Regional Board of Health and Social Services
 (N.R.B.H.S.S.)
 Published by Annatuqvik Association, Salluit
 ISBN: 2-921644-35-5
 Legal Deposit: 2nd trimester 2004

②

FOREWORD

- a) Every year, we hear that some people in Nunavik are lost, suffer exposure, lose a limb or drown, out of reach of the communities. It is necessary for all, especially young people, to know about the traditional Inuit methods of treatment for hypothermia, frozen limbs, and drowning victims.
- b) The following are instructions provided by Nunavik elders who are experts in life-saving procedures. This knowledge has been part of Inuit traditions during the times of our forefathers and has been used until the 1950s. It can be used today to save lives and heal injuries after accidents, with the victim returning to complete health. These measures will not expose an accident victim to any more risk beyond what has already happened, if applied precisely. Note that the following instructions are valid for arctic regions and should not be used in warmer areas. The present booklet is not intended to replace CPR (cardio-pulmonary resuscitation) techniques, but in an emergency situation, to provide an alternative.
- c) In a major accident, the victim might appear to have reached the end of his/her life, or may seem beyond healing. With the following techniques, there is some chance to save or heal them. However, and even in the times of our forefathers, efforts to save lives are not always successful. Even modern science is not always successful. People who have attempted to intervene without success should not feel burdened by guilt if the life is not saved, since the accident was not in their control and they have done their best effort to save the victim.

③



**NUNAVIK INUIT
 TRADITIONAL LIFE-SAVING
 MEASURES AND EMERGENCY
 TECHNIQUES**

**Annatuqvik Association
 Salluit
 2004**



①

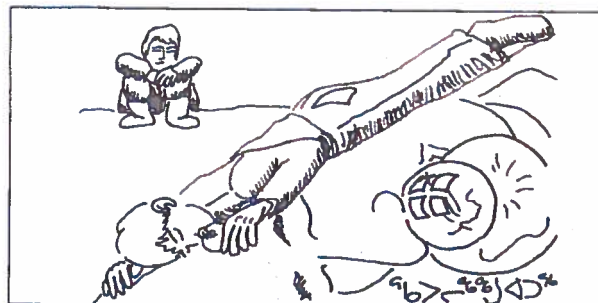
1. TREATMENT OF DROWNING VICTIMS

- 1.1) An attempt should always be made to revive a drowned person, even if they have been in the water for a long time.

Always act calmly, never in panic. Only one person should supervise the treatment, preferably not a relative.

Do the following:

- a) Get the victim ashore and shelter him/her from the wind. (In winter, a warm shelter should be provided.)
- b) Position them as shown, on a slant, with the head downhill. The legs should be higher than the head, and both the abdomen and the chest should rest on the ground. Make sure the head does not hang freely. The right cheek should rest on the ground, or on a make-shift cushion. Bedrock



④

is the best place since it is usually clean. This position will allow water to drain from the airways.

- 1.2) Then, froth or air bubbles will appear at the mouth and nose. The froth may show traces of blood or sputum, but never wipe it out or puncture the bubbles, as it will provide the first source of breath for the victim.
 - a) The froth may grow to some size, and the process can take a long time before the victim re-inhales the air bubbles. If the frothing stops, blow into the victim's left ear, never the right one, taking care not to disturb the air bubbles already present around the mouth and the nose.
 - b) Leave the victim quiet and undisturbed until they recover. Do not make any noise or walk in front of the victim.
 - c) Once the victim is breathing, position him/her to face the wind. It takes time for the victim to recover completely. If the procedure is not successful, other injuries may be in cause, or the person was too long in the water.
 - d) The process can take up to three hours.

5



breathing and lubricate the airways, which were dried by exposure.

- a) When the person is able to swallow, slowly give small amounts of warm fat, and after, some lukewarm water. Afterwards, give some warmed country food, cut into very small pieces. Avoid giving hot liquids.
- b) If the victim does not respond, provide additional heat by placing him/her between two other people, skin to skin.
- c) In the summer, it is possible to treat hypothermia without a shelter, as long as the victim is made as comfortable as possible. Apply warm oil as described above.
- d) It takes an average of three hours to treat hypothermia, but some people take longer to recover.

7

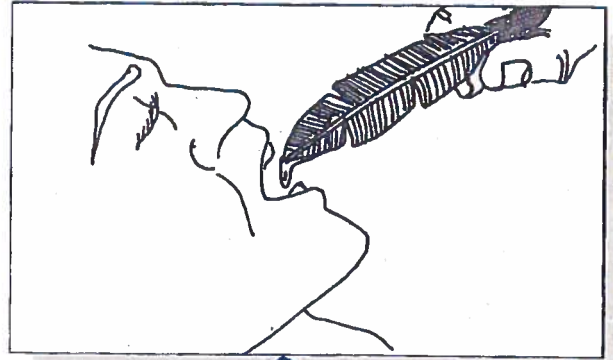
2. TREATMENT OF HYPOTHERMIA

- 2.1) Long exposure to cold can cause loss of core body heat.

The victim may lose consciousness, or stop breathing.

To treat him/her:

- a) First, find or build a shelter and remove the victim from outdoors as soon as possible.
 - b) Heat the shelter only once the victim is inside.
 - c) Check the victim for frostbite or freezing, and treat as described in section 3, while you start heating the shelter.
- 2.2) Then, cook some (seal) fat until it is rendered into oil, and let it cool until just warm. Dip a feather in the fat, and apply to the inside of the mouth and throat. This will help ease



6

3. TREATMENT OF FROSTBITE AND FROZEN LIMBS

- 3.1) To treat simple frostbite (whitened skin on cheeks, toes, thumbs, heels, etc.), apply new snow (powder snow) to the area for 10 to 15 seconds.
- 3.2) Deep tissue freezing of arms and legs is more complicated to treat, and the treatment should not be hurried. What has frozen is: the skin, the flesh, the blood, the bones and the bone marrow. There are several methods for treatment.
 - a) Protect the victim behind a windbreak, under a blanket and his/her parka, while you build and prepare an igloo tent or tarpaulin shelter. You will spend at least six hours in this shelter so it should be well prepared and organized. Remove or carefully cut off footwear or clothing from the frozen area.



8

- b) Fill a large washtub or garbage bag with enough cold water to immerse the affected area and beyond (see picture). Now start heating the shelter. The skin could be burned by the application of warm water or the sudden heat of a camp stove, so do not start heating the shelter before the victim is inside.
- c) Keep the water constantly cold by adding snow or ice when necessary, until the body part is thawed (up to 6 hours). You should do nothing to speed up the process, only monitor it carefully. Make sure the person is in a comfortable position, and can sleep for short periods.
- d) Another way is to make a slush using water or urine on snow. Use a towel or cloth to keep the slush in full contact with the frozen area, and beyond it. Add more slush when it melts, and continue until the affected area is thawed.
- e) To treat a frozen foot or hand if a shelter is not available : Remove the boot and fill it with snow, or use a towel full of snow. The victim should wear the boot temporarily until further treatment is possible.

9