

mountain rescue

ISSN 1756-8749

£4.75



ISSUE 47

MOUNTAIN AND CAVE RESCUE IN ENGLAND AND WALES JANUARY 2014





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LEFT: WOODHEAD MRT LAND ROVER CENTRE: BUXTON MRT LAND ROVER RIGHT: FIRE BIKE

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Word ^{first}

DAVID ALLAN

WELCOME TO ISSUE 47

Mountain Rescue is the membership magazine for mountain and cave rescue in England and Wales.

Contributions should be sent to the editor at the address below. Every care will be taken of materials sent for publication however these are submitted at the sender's risk.

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NEXT ISSUE ISSUE 48

Copy Deadline:
Monday 3 March 2014

Editorial copy must be supplied as Word document. Images must be supplied as high resolution (300 dpi) JPG/EPS/TIFF/PDF.

Advertising artwork must be supplied, ready prepared on CD or via email as font embedded high resolution PDF/EPS/TIFF (300 dpi).

FRONT PAGE

Lakes dogs, winter training in Scotland
Photo © Daryl Garfield

EDITOR'S NOTE: Articles carried in Mountain Rescue do not necessarily reflect the opinions of Mountain Rescue England and Wales. We do not accept responsibility for information supplied in adverts/advertorial.

mountain rescue



2013 has certainly been an eventful period for mountain and cave rescue. The year began with a short episode of quite severe winter conditions. Despite the brevity of the snow and ice a number of incidents developed and some of these were challenging with significant risk to all involved. Since then the year has provided opportunity for repeated demonstrations of the skill and fortitude of teams in every imaginable situation from high crags to coastal shoreline. In no instance has the provision of search and rescue been found wanting. Away from the 'sharp end' of the service there have been some important occasions. A good day for children from other charities was organised by NESRA and this event has clearly become a fixture in the calendar. The end of the year saw MREW and BCRC holding an exhibition and reception in the House of Commons. We are indebted to Rory Stewart for arranging the invitation.

One common observation on all of these occasions, operational or otherwise, is that there are still a significant number of people who believe that mountain and cave rescue is a remunerated service, if not on the hill then certainly in respect of administration. It is difficult to explain why this view should still persist. Perhaps it is the rarity of such massive voluntary commitment in today's society. The totally voluntary nature of the service is an important message to continue to make, especially at a time when so many charities have been criticised for monies paid to officers. We can also

be pleased with fact that the running costs of MREW stand at 4.5% of income and this is almost half of that of many charities.

Looking forward to 2014 there is an inclination to dwell on potential problems we will face. We should be cognisant of the perceptive observation of Theodore Rubin.

'The problem is not that there are problems. The problem is expecting otherwise and thinking that having problems is a problem.'

The Forward Planning group is in the process of being reconstituted with a clear brief to look well into the future. In past years, mountain rescue has tended to be reactive rather than proactive. In the light of the wide range of responsibilities now shouldered this is, quite rightly, changing. This is true in respect of our relationships with the world at large and other SAR services in particular. In the early years we had close links with the police and rubbed shoulders with the RAF but had few other regular contacts. This has changed quite dramatically. An important part of the work of the FPG will be to understand the plans and roles of the other emergency services and to determine the implications for mountain and cave rescue.

We wish them well. Forecasting future events and their knock on effects is possibly the most hazardous of activities. In 1902, during his period as Prime Minister, Arthur James Balfour in an address to the House said:—

'The motor car will help to solve the congestion of traffic on the roads.' ■

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After a spell as assistant to Peter Smith, Keith Gillies (left) steps into the role of MREW Secretary in May 2014, creating a vacancy...

VACANCY: MREW ASSISTANT SECRETARY

If you think you have what it takes for the role, the job will involve supporting Keith in the smooth administration of business conducted on behalf of MREW and its officers. Successful applicants will be invited for interview, on a date to be agreed. Interested? Contact Keith via 01772 335605 or k.gillies@blueyonder.co.uk, or Peter Smith via 01706 852335 or secretary@mountain.rescue.org.uk. A full job description is available from Keith or Peter, but core elements of the role include:—

- Facilitation of meetings by booking venues and refreshments for the MREW meetings in May and November, and management committee meetings, approximately six times per year.
 - Administration of the affairs of MREW including countersigning and despatching cheques, commissioning awards certificates, entering calendar items on the website and maintaining an effective filing system.
 - Recording and distribution of minutes, corresponding with regions, teams and the exec, external organisations, and dealing with web and other enquiries.
- All officers are expected to support the chairman and exec through personal initiative and by contributing to meetings and events and to liaise frequently with fellow officers to promote progress for the collective benefit. They are also expected to provide written reports of their activity for the MREW meetings and Mountain Rescue magazine. Whilst subject to re-election at the AGM, the officers should be prepared to serve for five years, in order to realise medium and long-term objectives, with a possible extension of a further five years.



INSURANCE MATTERS

NEIL 'WOODIE' WOODHEAD
insurance@mountain.rescue.org.uk

This edition I am going to concentrate on vehicle insurance but, before I do, just a couple of quick points on other matters.

The national **personal accident** (PA) policy, funded by various police forces, will shortly be renewed. For teams covered by the national policy, we will shortly need you to declare numbers of team members ready for renewal — please help us keep admin to a minimum by replying as quickly as you can.

The **civil liability** policy also renews shortly, so please help me with completing the declaration required. This will be sent out shortly, if it hasn't already landed in your team's inbox. A copy is, of course, on the website.

A few responses to the survey on property

insurances and legal expenses cover, raised the question of us arranging **trustee indemnity** insurance for teams. This is already in place as the D&O (Directors and Officers) cover under the liability policy. If your team has separate cover for this, you should speak to your brokers to make sure the central cover is sufficient for your needs.

And so to the **vehicle insurance** scheme. This has been very successful. Remember it reduced the cost to mountain rescue by over half of what teams previously paid. Driving is a hazardous activity and we need to be more aware of this and take care of ourselves, our members and our casualties. We drive on just about every call-out and we are trying to get

to a casualty to help them but first we must watch out for ourselves, our fellow team members and members of the public, as we head to the call-out.

Our brokers, Perkins Slade, have on numerous occasions had to explain to team vehicle officers the need for advising insurers regarding driver history etc. Although the policy is written on an 'open driver' basis, the insurers still ask for details of drivers under 25 years old and/or with less than two years driving experience for the licence held. There shouldn't be any problem, so make sure you tell them now and not when a claim needs to be made.

It's also important to notify the insurers with details of drivers'

There have been concerns raised by a couple of teams regarding the RSA Statement of Fact and what needs to be disclosed to the insurers regarding prescribed medication.

Under 'General Assumptions' Item 4, Bullet Point 5 it currently states:—
"Been regularly taking any prescribed medication, unless the condition has been notified to the DVLA and a licence to drive has been granted."

Following discussions with our insurers RSA they have now amended this to read as follows:—

"A medical condition which is notifiable to the DVLA who have confirmed that a licence to drive is not permitted or granted."

If a driver has a medical condition that is notifiable to DVLA (these are all clearly listed on the DVLA website: www.gov.uk/health-conditions-and-driving), they need to notify them or they are committing a driving offence. Once notified, if DVLA are happy and permit/grant a licence then the insurance will cover that driver. If the DVLA say that a licence to drive is not permitted or granted, the insurance will not cover that driver if they drive a team vehicle.

endorsements and/or previous convictions. The insurers assume you have a formal procedure in place for licence checks. These should be done at least annually for it is good practice. The process will allow you to check convictions and report them to the insurers as necessary — the ideal time would seem to be as renewal approaches on 1 July every year.

Our brokers remind us all that the team leader,

chairman and vehicle officer have a duty of care and can be involved in a Corporate Killing/Manslaughter charge should the worst happen. One of their other clients has been involved in a Corporate Manslaughter following investigations by the HSE and police — the whole process is very distressing for all parties concerned and the ongoing investigations can take many years before coming to court.

To help you, we have loaded a number of documents into the Insurance folder in the Members area of the website, which you may find of benefit. Some of these complement what the vehicle subcommittee has done in producing the vehicle package.

Remember, as always, if you have any queries please just send me an email and I'll give you what help and assistance I can. ■

MOUNTAIN RESCUE AT WESTMINSTER



This might be where we came from but if you think this sums up mountain rescue... think again...



Representatives of mountain and cave rescue from across England and Wales were in Parliament for a week in October, to take advantage of a unique opportunity to meet MPs and Lords on their 'home ground'. The intention was to demonstrate the breadth of service offered by mountain and cave rescue and the costs involved.

David Allan, MREW chairman said, 'We're keen to show just how many search and rescue situations involve our volunteer members, frequently outside the mountain environment. Our teams have been involved in rescues from ravines, rivers and mineshafts, and called to searches across golf courses and urban high streets — often for vulnerable adults and children — and to traumatic situations such as the recovery of suicide and accident victims. We are increasingly called to support the ambulance service in bad weather, be it snow and ice or flood. It's certainly not all about mountains and outdoor sports.'

Rory Stewart, MP for Penrith and the Border, hosted a reception on behalf of MREW on the Tuesday afternoon but manning the exhibition through five long days, in the Upper Waiting Hall in the Palace of Westminster, and sharing sound bites at the reception, wasn't just about enabling a clearer understanding of our work.

Last year, team members gave 13,400 hours to the search for April Jones. That represents in the order of 1,075 days of unpaid absence from their work and families for those team members involved. And this was just one incident. Those same people, and their colleagues across the country, are available 24/7 throughout the year for local call-outs and, meanwhile, they commit to training for an ever-widening range of incidents and must find time for fundraising too.

Mike France explains, 'There's a huge discrepancy between the financial support given by government to Scottish rescuers — about £16,480 per team (including grants from both Westminster and the Scottish Parliament) — and the much more limited funding to English teams of just £2,246 per team. Welsh teams receive a small amount extra from the Welsh Assembly but we're campaigning in Westminster for MPs to recognise the needs in both England and Wales. If the Government could guarantee a level of funding from the public purse closer to the Scottish figure, we'd be able to underwrite investments in vehicles and essential kit and subsidise essential training and insurance. We want to ensure that our 3500 or so volunteer rescuers across England and Wales can focus their time and resources on getting the job done rather than having to worry about fundraising.'

We already get great support from MPs local to teams and the hope is that the week will have helped consolidate and extend that support.

Training

NATIONAL TRAINING DAY

Date: 28 June 2014
Location: Plas y Brenin

MREW SEARCH FIELD SKILLS

Date: 1-3 August 2014
Location: TBC

MREW SEARCH PLANNING AND MANAGEMENT

Date: 4-9 August 2014
Location: TBC

MREW SEARCH PLANNING AND MANAGEMENT REFRESHER

Date: 10-11 August 2014
Location: TBC

Contact for all above courses: **Al Read**
trainingofficer@mountain.rescue.org.uk

TRAINING UPDATE

Al Read writes: Things have continued to be busy, with a very successful event organised and run by Tim Cain at HMS Indefatigable, in early October. The format of the day was small group discussion, led by facilitators, and the comments and feedback collected will be key to the development and provision of future training. I am very grateful for the work put in to make the day run and for all the delegates who traveled to Anglesey to

share their thoughts. In August, the MREW search courses ran with good attendance from MR team members, alongside lowland rescue, the police and fire and rescue services. The search field skills course remains popular but has been updated to reflect the latest research on ranges of detection, and introducing clue and evidence handling aspects. The tracking skills introduced in the Field Skills course is an ideal stepping stone to further tracking courses.

Feedback remains very positive and the skills developed over these three days are significantly enhanced by the interaction students share with each other. The Search Planning and Management course was also updated to help address some of the lessons of the April Jones search, as well as introducing a new basic search map problem to refresh the early phase of the course. I have been lucky enough to make a few visits over the last few months, with a

pleasant evening spent with Swaledale MRT on an evening's search practice, and a day with the teams from South Wales Search and Rescue Association (SWSARA). The latter was a very well attended regional exercise incorporating a large range of training activities, including technical rescue exercises across different domains. The exercise allowed a significant number of team members to work together and it was great to see the discussion and exchange of ideas and techniques. I

also made a visit to Bowland Pennine MRT base at Smelt Mill, where several team members were participating in a higher skills tracking course run by SARIUK with the help of Ross Gordon and Tony Wells. In terms of visits to other agencies, organisations and events, MREW is well represented at national level including visits to the Police National Search Centre at the College of Policing for a seminar on lessons learned after a US visit by PC Martin Pemble (Kent Police). Input has

also been provided to the development of the UK Fire and Rescue Service National Operational Guidance for water rescue and, as part of the Major Incident Task Group workstream, we have developed links with the Joint Emergency Services Interoperability Programme (JESIP). The Emergency Services Show was also an opportunity to meet a number of people from other agencies.

Bristow have been active making introductory visits to regions where the new SARH contract will base its aircraft and my understanding from these meetings is that there has been useful initial engagement, but there is still work to do at national level to ensure that Bristow fully understand what is delivered by the current arrangements. If you have the opportunity to attend any of these visits, it is very worthwhile. We hope to have Bristow address MREW at some point in the future, and for team leaders to meet and discuss the changeover, but we need to keep an eye on any emerging issues. We continue to experience challenges in terms of time

tabling events, not least in getting assistance in their organisation and running. If you feel you can help organise and run a national training event, please let me or your regional training representative know.

NHS GRANT CLAIMS

Richard Terrell writes: All teams may apply to have items purchased for them from the NHS grant.

PRIORITY OF FUNDING

Firstly, each year the MREW Equipment Officer assesses whether any centrally purchased items are required — for example, vacmats and casbags. This is where

funding will be prioritised in the first instance. Secondly, the remaining amount is equally divided between all teams, to apply for items to be purchased on their behalf by the MREW Equipment Officer. This remaining amount (often the full grant allocated) will be advised to the Equipment committee at the May MREW meeting. Please note: MREW does NOT provide the funding up-front, so must spend the money before it can be claimed back. At the end of March each year the MREW Equipment Officer and Treasurer have to submit all invoices for audit and, on this basis, MREW receives funding equal to the

amount of the invoices provided. The money cannot be passed to teams — all items MUST BE purchased by MREW.

HOW DO TEAMS APPLY?

Applications must be on team headed paper signed by two team officers then posted to the Equipment Officer. Email applications are not accepted. Teams should provide as much detail of their requirement ie. the manufacturer's name, contact details, product code, costs etc. With this information, the Equipment Officer contacts the company to obtain an invoice which is then paid

and the items are sent to the team requesting the items. The money is given to MREW to help fund the purchase of certain specialist medical equipment and stretchers. The terms of the grant are:—
1. Items must be capital items and not consumables. ie. Vac splints are acceptable but bandages are not.
2. Kit must be medical items connected to the treatment of the casualty. However, the purchase of rope to rescue the casualties is possible as it is on a list of approved items
3. Kit cannot be purchased and issued to team members but must form part of the main first aid/response kit.
4. No training items allowed. Examples of allowable items

include:—

- Vacmats and splints
 - Casbags
 - Specialist first aid bags
 - Specialist oxygen bags
 - Full rope rolls (no cordage)
 - Any capital medical kit that is reusable and can have no personal use.
 - MREW will also pay 50% toward an MREW-approved stretcher up to the value of £1,000. This will account for a team's application for the year.
- Examples of items that are NOT allowable include:—
- Bandages
 - Training stethoscopes
 - Drugs
 - Airways

STRETCHER SERVICE

MREW will pay for the five-yearly service of the Bell-style mountain stretcher. Applications must include the serial number and due test date, and be on team headed paper, signed by two team officers and posted to the MREW Equipment Officer. Email applications are not accepted. An order number will be issued with which the team can contact Lyon Equipment to arrange a test date. Please note that, due to demand, it is better not to leave it to the last minute. MREW will not pay for damage or testing due to abuse of the stretcher.

NEW 'DIRECT EMAIL' DISTRIBUTION LIST

Keith Gillies writes: Working to improve communications with teams, we've now put together a comprehensive list of team chairs, leaders and secretaries. It's taken longer than we'd hoped but, finally, communication from MREW to teams can be sent quickly and efficiently to the three people most likely to be in a position to deal with it. What they do with it from there on is down to the individuals in question, the onus on them to screen the information and circulate to their members as they see fit. The system isn't intended as a chat forum,

but an information channel, and will now be our primary means of communicating with teams. We will not be keeping separate lists, so it's important you inform us of any personnel or contact changes. We'd also appreciate constructive feedback: Too much information? Too little? The wrong stuff? Is this what teams want and has it improved things? All these things can be adjusted — and we're happy to do so — but most of the adjustments so far have been at team/regional level eg. multiple forwarding of emails to allow more people into the loop locally.



Jonathan Hart, Conference Chairman and Chairman Mountain Rescue Scotland writes:

Preparation for the conference continues apace. In early November, we were able to announce some key items:—

- Dave MacLeod is to run workshops on rock climbing and dry tooling technique.
- Andy Kirkpatrick to give the Friday evening opening address and lecture.
- Keela joined as Platinum Sponsor.
- Track leads announced:—
- Stu Johnston: Water.
- Shaun Roberts: Technical Land Rescue.
- Jonathan Hart and Pat Holland: Human Factors.

More details are available with a full list of the available workshops for delegates at:

<http://mrgathering2014.mountainrescuescotland.org/files/2013/12/Workshop-outline-for-website-131129.pdf>

In addition, the booking system is almost ready and, by the time you read this, we expect to have launched this. The weekend delegate rate (including accommodation and meals) for rescue team members is £220 and £95 for day delegates. You will be able to book online and payment will be via cheque or BACS transfer. If you have any questions on this, please contact Andy Rockall: 01479 861373 or mrgathering2014@mountainrescuescotland.org. Looking forward to seeing you in Aviemore in September!



IN THE NEWS

Image © Spaceheater. Dreamstime.com

MREW PR consultant and media trainer **Sally Seed** looks at an aspect of media coverage from the past few months and suggests things to be learnt for future media relations.

The hassles and the benefits.

Most teams will be familiar with the speculative call that comes through from a feature writer, local radio presenter or even a TV documentary team: 'We'd like to feature your team and its amazing work — when can we meet to discuss an interview and recording?' After the initial satisfaction that the website's doing its job and they've managed to contact you, the enthusiasm for taking part may last a short time before there's a dawning realisation this is going to take a bit of time and organising. Welcome to the world of media relations — the bit that goes beyond the incident press release, and also the bit that can reach the potential supporters other PR doesn't reach (with apologies to Heineken). Teams across England and Wales have handled these sorts of enquiries successfully and know the benefits of taking part as well as some of the pitfalls. Thanks to Chris Lloyd (Ogwen Valley), Mike

Park (Cockermouth), Penny Brockman (Central Beacons) and Gillian Mininch (Patterdale) who have all contributed to the following lessons, ideas and advice.

• Working with the media on documentaries or longer stuff is different.

Mike Park has plenty of experience of this one: 'You have more time to get things how you want them and to control how mountain rescue is portrayed... but the film makers will also expect you to give them more time!' As you've usually got a bit more time to plan, start at the beginning (don't assume they know what MR does), set and agree the rules and then stick to them. 'Don't be too ambitious in what you want to film,' says Mike, 'what may seem mundane and ordinary to MR is 'sofa-gripping' to your day-time TV viewer!'

• You're busy too!

Often a hard one to get across to

journalists but, as volunteers, you're not sitting around waiting to be filmed or interviewed and MR already puts a lot of demands on you, your family and your employer or your business. So try to negotiate on time commitments: radio may invite you to go into the studio but ask about doing the interview on the telephone; TV may want to film on the Tuesday morning but see if they can make it for that night's training session at base. Penny and the Central Beacon's team made this work in their favour last summer: 'MREW had been approached by NFU Countryside magazine about doing a Charlie's Challenges article with Charlotte Reather. She's a regular contributor who also seems to live in the USA for months of the year and is also a stand-up comedian so we were juggling a bit to find a suitable time to meet! We weren't sure how she'd feel about mucking in on a night training exercise but it worked well and the resulting

article (and pictures) included lots of our key messages and our appeal for raising £120,000 too.'

• Get other people involved.

For a start, camera people don't tend to carry cameras up hills and there'll be plenty of gear to shift if you're filming out and about! But it also looks good on pictures if there are people doing MR stuff (and a branded vehicle) in the background. It might be just packing and unpacking the gear but it all adds to the piece. Also, think about having various people on your team trained and ready to take part in media activities — it's not always the team leader who's needed. This came up recently for Patterdale MRT when the local TV news and a partner voluntary organisation got in touch wanting to feature a young volunteer with MR. 'We only have one member, Francis, who is under-25,' says Gillian Mininch, 'and although he's relatively new to the team we were confident

Keep on your toes as there's rarely such a thing as 'off the record'... but, if you do it well, you may end up doing some surprising things...



Above: NEWSAR team members get naked for Gok, back in 2009.

he'd do a good job, talking about his role and communicating the messages about being prepared in the hills. With a bit of coaching before the event, he came over very well and the main interview only needed one take — the crew were delighted and the Fixers piece on Border TV news is still online: www.fixers.org.uk/news/8061-11226/mountain-rescue-fix-on-itv.php

• Remember your agenda.

Just as with any other media interview or coverage, you need to get your messages across as well as answering the journalist's questions or meeting their agenda. If you've planned this out in advance, it's a lot easier to make sure you get it in. There's nothing to stop you telling the crew or the interviewer that you want to include it whatever — they need you to be happy in case they need you again in future! That message can include a very obvious appeal for funds or

thanks to existing supporters — there are still plenty of people out there who assume MR is paid! Chris Lloyd has a simple example: 'I often refer to local business support in other media releases. For instance, OVMRO was the nominated charity of the year for the Llandudno branch of Marks and Spencer — collection boxes on the tills and sponsorship from staff events coming to us — and I gave them lots of mentions during that year. Normally, the branch raises between £2K and £3K but, two years ago, I was handed a cheque of just over £6K. So all the ladies buying their underwear in M&S knew about OVMRO despite never going anywhere near the mountains and we used the support to spread the word!'

• And enjoy it!

Working with the media doesn't

have to be stressful (although keep on your toes as there's rarely such a thing as 'off the record') and, if you do it well, your team may end up doing some surprising things — ask NEWSAR! (<http://www.grough.co.uk/magazine/2009/09/28/rescuers-shed-their-gore-tex-for-goks-naked-mountain-view>).

'In the News' is a regular column with hints, learning and ideas for media coverage. If you have a problem you'd like to see discussed or a piece of coverage you think others could learn from, please get in touch with Sally via sally@stoneleighcommms.co.uk or via the Editor. Thanks. ■

WHAT DID THEY EVER DO FOR YOU? the exec:

If you've ever wondered who those invisible people are, beavering away on your behalf at national level (or even, dare we say it, doubted their very existence), here's your chance to find out. This is by no means a definitive list but it's a page-worth of key people – and it certainly doesn't mean the ones not detailed further aren't also beavering away on your behalf. And there's been a few changes over the last couple of months...

executive



CHAIRMAN: DAVID ALLAN

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Represents mountain rescue with Government, the emergency services and other SAR organisations and The Princes' Charities Forum. Stands down from the role in May 2014.



VICE CHAIRMAN: MIKE MARGESON

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Works on operations and governance, to support officers in their roles and represent MREW. Currently developing a peer team review process.



SECRETARY: PETER SMITH

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An interface between teams, regions and the national body, records minutes at MREW meetings and generally deals with reams of admin. Stands down from the role in May 2014.



ASSISTANT SECRETARY: KEITH GILLIES

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Works with the executive to develop a range of duties including representing MREW on the organising committee for the next UK MR conference. Set to take on the role of MREW Secretary in May 2014.



PRESIDENT: PETER BELL

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Acts as an ambassador for mountain rescue to the outside world and thoroughly enjoys engaging in technical discussions.



TREASURER: PENNY BROCKMAN

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Ensures the smooth running of MREW finances and works with Neil Roden on the management of the Government grant monies. Currently working with experts advisers to review and ultimately streamline the financial systems used across MREW.



COMMS: MARK LEWIS

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Seeking to better comms technology for mountain rescue. Sits on UKSAR Comms working group.
Vice chair: Iain Nicholson: ian@sardogs.org.uk



EQUIPMENT: RICHARD TERRELL

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Vice chair: Ray Griffiths: raygriff@btinternet.com



FUNDRAISING: MIKE FRANCE

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Develops revenue opportunities and sponsorship deals to benefit all mountain and cave teams. Set to take on the role of MREW Chairman in May 2014.
Vice chair: Bill Whitehouse: billrhw@aol.com

specialist officers

specialist officers



INSURANCE: NEIL WOODHEAD

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Continues to work with teams on the national vehicle insurance scheme and also currently looking at legal expenses insurance and cover for team bases.



MEDICAL: MIKE GREENE

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Appointed in November, represents mountain rescue in medical matters to the Government, the emergency services and IKAR, and maintains the 'morphine' licence.



PRESS OFFICER: ANDY SIMPSON

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Represents MREW to the press, TV and radio, liaises with Clarence House and supports teams in their own publicity and corporate identity.
Vice chair: Judy Whiteside: editor@mountain.rescue.org.uk



TRAINING OFFICER: AL READ

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Develops training and guidelines for team members at all levels across a range of disciplines, including a national search management foundation course.
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VEHICLES: DARYL GARFIELD

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Liaises with the police, Department of Transport and other bodies. Recently dealt with mountain and cave rescue applications for exemptions under Section 19.
Vice chair: Paul Smethurst: smethyp@gmail.com



WATER: ANDY LEE

water@mountain.rescue.org.uk • 07802 878666
Appointed in November, represents MREW at CFOA, JESG, DEFRA etc, and is responsible for forging links with ALSAR and the RNLI, improving interoperability and incident management. Responsible for developing the water strategy, ensuring that necessary guidance and standards ensure the safety of MREW members.

Plus... VICE PRESIDENTS: TONY JONES & PETER HOWELLS

vice-chairman@mountain.rescue.org.uk

STATISTICS: GED FEENEY
statistics@mountain.rescue.org.uk

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national News



WATER, WATER EVERYWHERE

With the overwhelming support at the MREW meeting in November, **Andy Lee** was duly elected and appointed as the new MREW Water Officer. He has, however, been working on all things water on behalf of the organisation for some months now, as he explains.

Firstly, I'd like to recognise here the achievements of Ewan Thomas and his team for the developments made to date. When the position of national water officer became vacant in May, I was asked to take a 'watching brief' on the responsibilities until this position was filled.

Since then, I have met many members at all levels — be they in water or generally in MR — with varying levels of experience, some holding team and regional positions, and through this was able to discuss numerous thoughts on organisational and team needs. It's fair to say this was a hugely positive experience.

I believe by now my personal profile has been well circulated, so this is about what you might be interested in, what you want to know, and what you need to know.

Since May, I have spent a huge amount of time on the phone, on conference calls, meeting various members and fellow officers and even

bought a new computer to cope with the daily flow of emails and requests which generally start: 'Can you just?' or 'Would you mind?' The many meetings have included:—

- A visit to Shoothill in Shropshire to discuss flood forecasting information to better inform our members.

- Representing MREW at national level across the UK — I found the Chief Fire Officers Inland Water Group especially of great benefit to us. Chaired by CFOA, this is the national meeting of all key players involved in water safety, training, equipment and rescue.

- Attending the MREW training day in North Wales successfully coordinated by Tim Cain and Al Read. A positive day enabling close contact with members of the organisation.

- Traveling to the north east to attend exercises and training events, a mixture of MR and partner agencies, to help better inform the

guidance available to our members.

- Meeting the Met Office and the National Flood Forecasting Centre. I hope to report on developments there in the new year.

But the meetings which stand out have to be the MREW executive or management meetings — not for the faint hearted! Six months on, it is clear to me that the people at those meetings are there because they all care. Yes, it's late nights and long hours, but it's a dedicated, focused group who embrace both the new and old methodologies and ideals. They're volunteers with a range of professional skills and abilities and they do us proud. So why apply for the national post? They're a committed team and I'm up for a bit of that!

Personally I hope to bring experiences to the exec from position in various organisations: quality management from years spent in business; time spent

as a director and trustee of a large charity, and both experience and interest in safety and risk management.

Whilst I am a keen Water Rescue Instructor and chair the National Water Conference for MREW, I'm hoping to bring all my experience and interests together to forge a stable and safe future in all the projects I become involved in.

The water group is now reinvigorated with one of the best-attended meetings to date (twelve people!) in November. We discussed the way ahead including the ethos of 'task and finish' and the introduction of a structure which will ensure that the necessary workload is identified, prioritised and delivered with the necessary timescale and risks versus benefits balanced.

HOW WILL IT WORK?

- MREW Water Officer assisted by Water Vice-Chair and Secretary.

- Steering group: MR and water specialists with the remit to respond to issues in a timely manner.

- Water group: our direction comes from various meetings but few as important as the subcommittee meeting.

I recognise the need for information flow to and from a team, and the group is the conduit for information. It's for this reason a six-monthly feedback form has been produced and each regional rep will be asked to feed team information back to the group and, in turn, the exec via this form.

If you're interested in the portfolio for water and how we aim to achieve our objectives, a detailed strategy has been produced and, with the support of the ICT team, I hope this will be available online early in 2014.

If you have any questions for the water group, please contact me via water@mountain.rescue.org.uk. ■

TEAM LEADERS' DAY

Date: January
Location: Bowland Pennine MRT HQ

MREW AGM, BUSINESS AND SUBCOMMITTEE MEETINGS

Places: 100
Date: 17 May
Location: Lancs Police HQ, Hutton

Business

MREW BUSINESS AND SUBCOMMITTEE MEETING

Places: 100
Date: 15 November
Location: Lancs Police HQ, Hutton

Contact for all above:
Peter Smith 01706 852335
secretary@mountain.rescue.org.uk
OR
Keith Gillies 01772 335605
k.gillies@blueyonder.co.uk





HELD AT THE JOINT SERVICE MOUNTAIN TRAINING CENTRE, INDEFATIGABLE 5 OCTOBER 2013

The following shows the 'big issues' perceived by the training reps from 25 rescue teams, including BCRC and Mountain Rescue Ireland. Figures in brackets reflect the % importance given to each issue identified by participants who completed the feedback online survey. The percentage illustrates the weight of perceived importance not numbers who completed the survey. The comments are taken from the feedback from each of the five 'conversations' held on the day.

Guidelines, Standards, Assurance (35%): The National Hill Party guidelines and Rope Rescue guidelines are accepted as a good basis for planning and assuring training. Maintenance of individual training standards, currency and competency is perceived to be The Big Issue across all domains.

Joint Training/Major Incidents (13%): The need to train together and in the multi-agency setting is a commonly accepted need, not only to enhance joint working, but also to maximise training opportunity and minimise duplication.

Personal Development and Leadership (12%): There appears to be a training gap in personal development, leadership and team management training. The need for a progressive system for 'bringing people on' was voiced.

IT/Comms (12%): An increasing need for coherent IT training to serve SARMAN, SARCALL and other information management systems is identified.

Cascare (11%): The perceived issue is the provision of equitable training across MREW and access to the best training media, instructors and assessors. It is felt that we must move away from the 'pass the exam' culture and develop a continuous personal development of cascarers.

Improved Training Media, Modular Courses (7%): Teams wish to improve both method and media across MREW. There is also the need to make training more accessible to volunteers with limited time.

Website (4%): The 'Training' area of the MREW website needs reviewing in order to make it more accessible and useful for trainers. A trainer forum and access to key current information and examples of good practice is urgently required.

Search (4%): Delivery of search training was singled out for review. The 5-day Bangor course duration is not appropriate for already committed volunteers. Content needs reviewing to bring it up to date for present and future search management.

Driver (2%): Driver training was not specifically raised during the day, however, there was sufficient comment for it to appear on the 'Big Issues' list.

MREW TRAINING DAY

TIM CAIN

RESPONSES TO THE 'KEY QUESTIONS'

What's the atmosphere relating to MREW training?

- There's much good practice out there to be shared.
- Agreement that training assurance is a necessary and positive thing.
- Positive attitudes in relation to giving team training officers a voice.
- Need for reassurance that guidelines will not become rules.
- MREW Training committee is perceived to be 'listening'.
- A Training page on the website would be welcomed.

'There was a very positive atmosphere amongst the great majority of training officers relating to training.'

1. WHAT'S GOOD ABOUT MREW TRAINING?

- Training officers are happy with the Hill Party Member guidelines, as long as it is understood that guidelines are guidelines. To have a framework on which to plan training is felt to be helpful. Recommended that we maintain the MREW Hill Party Member guidelines and periodically review.

'The MREW Hill Party Member Guidelines are fit for purpose.'

Recommendation: Maintain the MREW Hill Party Member guidelines and periodically review. Note, though, the need to remove the word 'must' from before 'hold a first aid certificate' qualification.

Images courtesy of Swaledale MRT, from an earlier joint training exercise.

2. ...NOT SO GOOD?

- Concerns were expressed about the Party Leader guidelines. Few team members attend this course and then return to their teams to utilise the skills.
- Teams observed that development of a base syllabus to cover search training would be a good idea. This could be delivered in small workable modules starting with basics for all team members.
- Teams would like to see more sharing best practice, through the website and regional joint training.
- Training officers generally concerned about the increasing complexity and volume of training objectives against available time.

'The MREW Party Leader course content and context need reviewing to bring it up to date for present and future requirements.'

Recommendation: Conduct a training needs analysis in order to confirm/refute the need for an MREW Leadership Development course to replace the Party Leader course.

'The format of search training is under review. Modular delivery and virtual learning should be exploited.'



Recommendation: Search training review to be continued.

'More training could be offered centrally.'

Recommendation: Teams and regions should identify subjects to run joint training weekends eg. Edale Trauma Weekend.

3. WHAT ARE WE DOING REALLY WELL?

- From a training point of view swiftwater training objectives and standards are an example of good practice, recognised both within MR and by our Cat 1 Responder partners.

4. GIVE EXAMPLES OF GOOD PRACTICE.

- Teams are happy with the MREW Hill Party Member guidelines.
- IT Systems that show levels of individual training and requalification dates for core training objectives: cascare, helicopter, rope rescue and driver training to name but a few.
- Logbooks that allow team members to record the training they've achieved.
- Team 'Training Councils' meeting every 3/6/12 months to monitor individual currency and competency at key skills.
- Three to five-year training cycles from which team

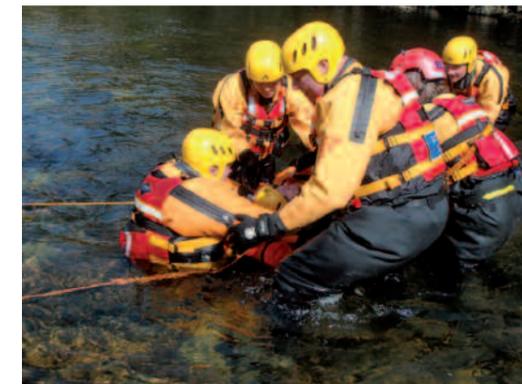
training programmes are created ensuring coverage of all the necessary competencies.

'Teams recognise the need for recording of training against benchmark guidelines.'

Recommendation: MREW should issue guidance about what elements of training should be recorded, by whom and offer examples of best practice to assist teams in achieving this.

5. WHAT WOULD TRAINING OFFICERS LIKE TO SEE MORE OF?

- Team training officers would like to see the MREW website Training section transformed to include:—
- Training diary, showing both team events (open to visitors) and centralised training (eg. Edale Trauma Weekend).
- Training guidelines and easier access to reference documents. ie DEFRA Concept of Operations, Casualty Care syllabus etc.
- Access to training media: Video and powerpoint slide packs.
- Examples of best practice.
- A directory of 'Go to' subject matter experts for information and assurance.
- A directory of training officers and subcommittee members.
- Online trainers' forum' and modular training linked to MR Leadership Development.
- Training officers expressed a desire for more modular centralised training such as search, cascare and leadership.
- Training officers requested that national funding for courses is reviewed and made more transparent on the MREW website.



6. CAN MREW TRAINING DO BETTER?

- Teams are generally uncomfortable with the Party Leader guidelines.
- Training officers agreed a need for training assurance, however, the definition of guidelines and standards needs clarifying.
- Provision of management training eg. data protection, health and safety, finance, charity law.
- Many team training officers thought that current cascare training feels like we are training for an exam rather than for competence, with training focused mainly in the run up to an exam.
- Some teams/regions find the delivery of cascare training difficult.
- Access to SAR helicopter training by having centralised (regional) training with dates published on the training calendar.

7. HOW CAN TEAM TRAINING BE IMPROVED?

- Better access to information and modular central courses, instructors and assessors.
- Team training officers requested clarification relating to the need for hill party members to hold a First Aid qualification including BLS.
- An MREW Medical Aide Memoire similar to the RNLI model.
- Better access to Cascare trainers and examiners.
- Greater clarification of

generic MR job descriptions and competencies across MREW, eg. Team Leader, Search Manager, Party Leader, bearing in mind the variation in language between teams and regions.

Recommendation: MREW Medical committee compile a cascare 'Go To' list for the website.



Following the success of the day, the Training committee has decided to repeat the event in 2014 over two days, spread between Plas-y-Brenin and Indefatigable. It's hoped we can attract training representatives from even more teams next year. 1 Note the need to remove the word 'Must' from the hold a 1st Aid certificate/BLS qualification.

MIKE FRANCE APPOINTED CHAIRMAN FOR MOUNTAIN RESCUE ENGLAND AND WALES

JUDY WHITESIDE & SALLY SEED

They've cogitated, contemplated and deliberated, chewed it over, talked it through, then chewed on it a bit more. It took a while but finally, in December — following what can only be described as an extended, some might say tortuous interview and election process for the candidate — Mike France was announced as the new national chairman. He will succeed David Allan, taking his seat at centre stage at the MREW meeting in Hutton, in May 2014.



Photo © Adrian Ashworth www.adrianashworth.co.uk

Many of you know Mike already. He's been around in the Peak District for some 43 years, having joined his local team, Woodhead MRT, at the age of 18. He's been a team member and dog handler, deputy leader, leader and chairman of his team, and chaired the regional organisation. He's been involved on a national level since 1996, representing his region, chairing the National Fundraising group since its formation in 2005 and, more recently, serving as a trustee for four years.

It's a comprehensive contribution, with many achievements to show for it but he believes his fundraising role has been particularly key to the development and future of mountain and cave rescue. Not too many years ago, there were serious concerns whether the national body could continue undertaking many of its roles due to lack of funding. The future was far from secure. Mike was asked by David Allan to set up and chair a national fundraising group in an effort to turn the difficult situation around.

Since taking on the role, Mike and the group — working closely with the Publications group — have been instrumental in setting up relationships with a number of leading brands, the most recent and significant perhaps, the partnership with outdoor retailer GO Outdoors. Thanks to the funds raised through this and the efforts of many other groups and individuals inspired by the raised profile of mountain and cave rescue — alongside the Government grant — the landscape has become very different.

MREW has been able to offer vehicle insurance to all member teams, a greater diversity of training courses, the provision of gas detection equipment for cave rescue teams, and centrally funded belay jackets for every team member. Increased funding has also meant the national body can finance new servers for the SARCALL system (developed by John Hulse) and a bespoke software package to manage the growing complexities of

our financial management, as well as other items that will support the organisation long term and continue to bring in funds, such as a proposed promotional film.

It hasn't all been hard work of course, as the organisation's relationship with MREW patron HRH The Duke of Cambridge has, amongst other things, brought opportunities to brush up on the rules of polo, rub shoulders with the stars, drink the occasional glass of champagne and cast a Harry Potter spell!

Indeed, thanks to our Royal patronage and the events of the last few years — and an increasing media awareness — Mike takes over the role at a time when the public profile of mountain rescue is higher than ever before and he recognises that this brings additional pressures and the responsibility to maintain standards and reinforce the best of rescue.

'My immediate priority will be to manage the change of leadership, but I'm looking forward to building on our relationships with government

and the Princes' Charities Forum, and the many agencies we now work alongside. I would hope to lead and develop the organisation so the membership feel as one and the public recognise us as one.

'The last five or six years have seen many positive changes but it's a fine line between recruiting walkers and climbers to help colleagues in trouble and becoming something others think we should be. We need to be masters of our own destiny.

'I joined a voluntary rescue service and as chairman I intend to continue this volunteering tradition. That said, we may be volunteers, but that doesn't make us unprofessional. There is now an expectation from team members that they will receive quality training to a high standard and we need other agencies to recognise our qualifications, not just our skills and integrity.

'I'd like to see us having enough money to pay for all the necessary insurances and specialist training courses, and even some of the common running costs for teams, to complement and bolster their local fundraising efforts.'

His tenure won't be without its challenges. There's currently a great deal of concern from the membership about the transparency of the organisation, and addressing this will be one of Mike's first tasks, along with formalising our risk assessments.

'We're very good at the operational side of the service and best practice will always come to the top, but my main challenge is to develop the business side of the service.

'We've made a very good start with the risk register, but we can't afford to let this slip. The management team identified some interesting risks for MREW and the biggest of these is us — if any one of us says the wrong thing in the wrong place at the wrong time, it could have a big impact on fundraising and our credibility with other services.

'But the major risks for me concern the non-operational side of things. Our finance director is doing an unbelievable job as a volunteer, with a significantly greater workload than her predecessor, and has herself identified this as a risk — if we lose her, would we continue seamlessly until we found someone else? I am confident there's currently no other person in the organisation who understands the detail of our finances. The new finance package now being

bought in will certainly make a huge difference but I still believe we need a small, internal finance team to support Penny.

'Likewise, the magazine and social media are very useful tools and we need to maximise their impact but these too represent risk. If we lose the editor, do we lose the magazine? What would it take to bring a new person on board? At what cost?'

Of course, none of these goals and ideals can be achieved without the support and hard work of those around him, both at executive level and in the wider family of mountain rescue. And, whilst he's not afraid of making the tough decisions, Mike is a team player who believes in empowering his executive officers. His hope, at the end of his tenure, would be to leave an organisation which is stronger, better recognised for its skills and expertise, with a higher profile and a strong financial future.

And, lest you think he forgets where he came from, back in his native Yorkshire Mike intends to continue his operational duties in parallel with the new role. Whilst he readily concedes he might not beat the younger guns up the hill these days, that doesn't mean he can't still get there!

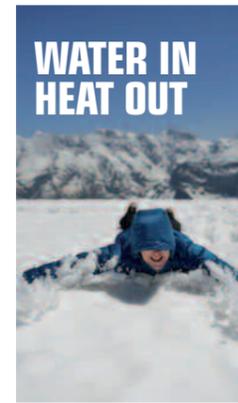
More often than not, when the pager goes off, he'll be found back at base as search manager or incident controller but he feels it important he remains aware of the challenges and issues that arise for mountain rescue teams day to day.

As Mike takes over the chair in May, he will sit alongside a handful of new faces in the shape of Keith Gillies, who



A younger Mike in action!

takes over from Peter Smith as the Secretary, Dr Mike Greene as Medical Officer and Andy Lee as Water Officer and he also hopes to announce his successor as chairman of National Fundraising. And thus, a new era begins. Exciting times ahead! ■



Waterproofing your winter kit isn't just about having beautiful water beads forming on your jacket when it rains — although here at Nikwax we do get a bit excited by that kind of thing! Wet fabric conducts heat much more effectively than dry, so having moisture trapped in your clothing system for any length of time can chill you very rapidly and become dangerous in some situations. Waterproofing every layer above your base may seem a little extreme, but doing so will ensure that moisture produced by your body is directed away and not retained in your clothing system. Your synthetic base layer enhanced with Nikwax BaseFresh or Base Wash will wick moisture away from your skin and allow it to evaporate quickly. Waterproofing your fleece mid-layer with Nikwax Polar Proof will prevent moisture absorption and allow moisture vapour to pass through, rather than into the garment. Similarly, maintaining your outer layer allows moisture vapour to leave your clothing system completely. Nikwax TX.Direct for waterproof clothing or Nikwax Down Proof for Down jackets will stop water being absorbed into the outer fabrics or the down filling, maintaining insulation and allowing moisture vapour to escape to the outside air.

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MEDICAL SEMINAR 2013 A SUMMARY OF PRESENTATIONS

LES GORDON

INITIAL ASSESSMENT AND MANAGEMENT OF PELVIC FRACTURES

MR PETER WORLOCK, CONSULTANT ORTHOPAEDIC SURGEON, WITH SPECIALIST INTEREST IN PELVIC FRACTURES; ROYAL VICTORIA INFIRMARY, NEWCASTLE UPON TYNE

Peter's reviewed pelvic anatomy, basic patterns of fracture, the complications of major pelvic fracture, diagnosis and treatment on the hill and what is done in the hospital setting when they arrive.

ASSESSMENT OF THE PELVIS ON THE MOUNTAIN

HISTORY

- Suspect in any high energy injury eg. fall from height.
- Crushed by heavy weight.
- Casualty complains of lower abdominal/pelvic pain.

EXAMINATION

- Legs different lengths.
- Look for blood (external wounds/vagina/rectum/urethra).
- In a conscious patient, perform gentle side-to-side squeeze (once only). Painful if injury present.

DIAGNOSIS

- Consider pelvic fracture in any unconscious patient, with history of fall from a height (exactly as for spine).
- Obvious leg length discrepancy (without signs of leg injury).
- Bleeding from anus/vagina/urethra.
- Conscious patient complaining of lower abdominal/pelvic pain and pelvic pain on 'squeeze'.

TREATMENT ON THE HILL

The primary management in MR is to close the pelvis to reduce the internal volume and stabilise the pelvic bones to prevent further damage and reduce bleeding. This is achieved using a pelvic binder. This MUST be applied at the level of the greater trochanters, and NOT higher. Maintain until arrival in hospital.

SUMMARY

- Major pelvic fractures are potentially life-threatening because of bleeding and have a high index of suspicion (from history), particularly in the unconscious casualty.
- In the unconscious casualty: apply pelvic binder.
- In the conscious patient: apply binder if there is any clinical suspicion of pelvic injury.
- If unsure, assume a pelvic fracture is present (just like the spine!).

PRE-HOSPITAL CARE OF FEMORAL FRACTURES

MR DAVID KNOWLES, TRAUMA AND ORTHOPAEDIC SURGEON, UNIVERSITY HOSPITALS OF MORECAMBE BAY

Dave described the potential problems of femoral fractures, and how to diagnose and manage in an MR environment.

WHY ARE FRACTURES IMPORTANT?

Bones act as scaffolding to protect surrounding and underlying soft tissue. Fractures indicate that energy has been transferred to the body and can cause secondary injury (eg. damage to nearby nerve or blood vessels). Bleeding associated with fractures can be external (where the bone breaks through the skin) or internal. It is worse in open fractures.

There is a 0.5-2.5L potential blood loss for a fractured femur. A single fractured femur rarely causes hypotensive shock, therefore, if shock is present, look for other sites of bleeding. Femur fractures may be associated with other injuries. Clearly, multiple injuries have an additive effect on the risk to the casualty.

HOW TO SPOT A FRACTURE

- Position patient found.
- Open wound at site of suspect fracture.
- Blood at scene/on casualty.
- Deformity.

SUMMARY

- Bone exposed.
- Change in limb function, perfusion, sensation.

MANAGEMENT OF FEMUR FRACTURES IN THE FIELD

- Primary Survey: ABCDE. Do not ignore this because of a spectacular injury. B for breathing: give oxygen. C for circulation: control bleeding and splint.
- Deformity damages skin and soft tissue by 'tenting' the skin at the fracture site, and the rest of the leg by compressing or kinking blood vessels. This can be improved by correcting deformity towards normal.

OPEN FRACTURE MANAGEMENT

- Remove gross contamination.
- Dress with moist sterile pad.
- Give antibiotics.
- Control bleeding with direct pressure. Pack the wound if blood soaks through. Indirect pressure (eg. pressure on the femoral artery) may also be necessary in extreme cases.

SPLINTING

- Splinting should be done before transport.
- Assess neurovascular state before and after applying a splint.
- Splinting will help control bleeding by 'tamponade' ie. tissue pressure presses on the bleeding vessels.
- Splinting helps reduce secondary injury.
- Choice of splint depends on the location of injury eg. what part of the femur has been fractured?

NECK OF FEMUR FRACTURE

- Place padding between the knees.
- Wrap a figure-8 bandage around the ankles.
- Place a broad bandage above and below knee.

TRACTION SPLINTING

Try to administer adequate analgesia before applying the splint. A femoral traction splint relies on an intact pelvis, lower leg and ankle. Therefore, do not use if there is a suspected pelvic fracture suspected.

Also, do not use a traction splint if there is an associated lower leg fracture on same side.

SUMMARY

- Look, feel, move.
- If abnormal, suspect fracture.
- Clean and dress wound.
- Correct any deformity and recheck neurovascular status.
- Splint and recheck neurovascular status.
- Transfer.

THE MANAGEMENT OF 'OTHER' FRACTURES AND DISLOCATIONS

MR MATT FREUDMANN, CONSULTANT TRAUMA & ORTHOPAEDIC SURGEON, UNIVERSITY HOSPITALS OF MORECAMBE BAY

Matt focused on recognising any fracture/dislocation, worrying features and what to do, and some common fractures and dislocations.

RECOGNISING A FRACTURE/DISLOCATION

- Don't be distracted by a limb injury! ABCD still come first.
- Key signs of a fracture are:-
 - Pain.
 - Loss of function.
 - Deformity.
 - Swelling.
 - Bruising.
 - Bony crepitus (broken bone ends rubbing against each other).
 - Bone poking out of wound.

ESSENTIAL QUESTIONS TO ASK AFTER DECIDING A FRACTURE IS PRESENT

- **Has the limb got a blood supply?** Answer this by assessing the skin colour, temperature, capillary refill and pulses.
- **Has it got a nerve supply?** Assess for sensation? Can the casualty move the fingers or toes?
- **Has the bone poked through the skin?** Is there bleeding, a wound or puncture marks in the skin over the fracture?
- **Does the deformity need correcting on the hill or can it be left until the casualty is in hospital?** The answer is almost always 'yes' if there is skin tenting or compromise of blood supply or nerve supply.

SOME COMMON INJURIES

Shoulder dislocation: This is very painful and very difficult to reduce on the hill as the muscles are tense. You need very good pain relief and relaxed muscles to get a dislocated shoulder back into joint, so this is usually done in hospital under sedation or even general anaesthetic. You risk making things worse if there is an upper arm fracture as well as the dislocation. Some people repeatedly dislocate and may know how to reduce it themselves.

Dislocated patella: The patella normally glides up and down in a groove on the femur. After dislocation, the casualty holds the leg flexed at the knee and the joint appears deformed. Gently straighten the knee (with entonox if necessary). As the leg straightens, the patella usually relocates into its groove, often with a slight 'clunk'. If it hasn't gone back into place with the leg straight, a gentle push with your thumb(s) from outside to inwards direction should reduce it.

Manipulating a broken limb: This is generally indicated if there is vascular compromise (eg. white, pulseless foot), tenting of the skin (to prevent bone from breaking through), or severe displacement of the distal limb. Analgesia (especially entonox) will make it easier. Pull in the direction of long axis of bone to restore normal looking alignment. Then splint the bone in the reduced position. Remember to check the circulation and sensation after manipulation and document results.

PAEDIATRIC EMERGENCIES

DR MARY RYAN, CONSULTANT IN PAEDIATRIC EMERGENCY MEDICINE, ALDER HEY CHILDREN'S HOSPITAL, LIVERPOOL

Mary outlined how children are different to adults in some areas and body systems and suggested some simple ways to treat them. Although they are smaller, they are more robust physically but trauma principles are broadly the same.

PAIN RELIEF

Children are easier to assess. Understand how much is anxiety and how much is pain. Use the

Observational Pain Scale (below). The maximum is 10 and is equivalent to the adult pain score of 10/10.

Heads: Children have a big, heavy occiput (the back of the head). They tend to vomit if they hit this part of the head. Otherwise, apply the same

Limbs: Same as adults: Analgesia. Splint. Move.

Sugar: Children are catabolic when injured (ie. they break down tissue to provide energy). They therefore need lots of sugar. Watch for hypoglycaemia.

Cold: Children are very vulnerable

RESPONSE	SCORE 0	SCORE 1	SCORE 2
CRY/VOICE	No cry Normal conversation	Consolable Not talking	Inconsolable Complaining of pain
FACIAL EXPRESSION	Normal	Short grimace <50% of the time	Long grimace >50% of the time
POSTURE	Normal	Touching Rubbing Sparing	Defensive Tense
MOVEMENT	Normal	Reduced Restless	Immobile Thrashing
COLOUR	Normal	Pale	Very pale 'Green'

principles as for adults: stop any scalp bleeding and move quickly to get them off the mountain.

Necks: Immobilise if you can, but do not worry if you can't.

Airway: Difficult if not experienced. An LMA or i-gel is acceptable in children.

Chest: In children, the chest can withstand lots of trauma before the ribs break. Therefore, lung injury can occur in the presence of unbroken ribs. There can be a pneumothorax or haemothorax or both. Treat these in exactly the same way as for adults. The overall mortality is 6-20% (but part of this is usually related to other injuries).

Abdomen: Tend to tamponade themselves (ie. bleeding stops due to a rise in internal tissue pressure due to the presence of free blood). Do not give too much IV fluid (but do give enough IV fluid, if you have the capability).

Blood pressure: Be careful! In children, blood pressure is maintained until the very end so is not a good guide to how much bleeding has occurred. Use the heart rate which is a better indicator.

Pelvis: In a review of HEMS patients over ten years, only 44 children had a pelvic fracture. These were mainly from traffic accidents. Almost all were stable fractures. Unlike adults, skeletal immaturity protects against massive pelvic disruption. If there is a pelvic fracture, other injuries are likely to be major.

to getting cold. It is important not to let them do so, particularly in the presence of trauma.

SUMMARY

- It is mostly the same as for adults.
- Give pain relief.
- Keep the parents close, if you can.
- Remember sugar and heat.

MOUNTAIN RESCUE MEDICINE: A PRACTICAL APPROACH

DR BRIAN TREGASKIS, CONSULTANT PHYSICIAN AND MEDICAL OFFICER, MOUNTAIN RESCUE SCOTLAND

Brian covered some useful areas of practice, focusing on competence and liability, with examples of practice in avalanche and gully situations.

WHAT IS POSSIBLE ON THE HILL? FACTORS THAT AFFECT THIS ARE:

- Professional limitations.
- Medical or professional experience of the rescuer.
- Training to be a casualty carer.
- Limitations of common sense.
- Terrain limitations.

Whatever you do, do it well. Do not make matters worse. Always use common sense.

Personal Equipment

Immobilisation

Diagnostics

Rescue

First Aid

Bags



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KEY ELEMENTS

- The 'pit stop' model is a good one. It involves teamwork: everyone has their specific role and it is very efficient. Make sure everyone knows their role. Also, make sure people can perform different roles.
- Forge links with the local hospital.
- Keep it simple.
- Do not leave your personal comfort zone.
- Make sure you have some form of meaningful casualty consent for what you are doing.

COMFORT ZONE

- Look after yourself first.
- Situational awareness eg. what can you realistically do on an extreme slope?
- The mountains are not the place to do things for the first time eg. to discover you can't open an ampoule.

COMPETENCE

- Always act within your provable competency.
- Innovate with minimum technology that is simple to use and plan for the bad weather day.

Brian reviewed the wider aspects of ABCD in addition to the usual Airway, Breathing, Circulation and Disability. So:—

A IS FOR AIRWAY AND AVALANCHE

- Best airway device is to dig out of the snow.
- If the casualty is pulseless and appears dead, there is a long argument about whether or not they really are dead.

B IS FOR BREATHING

- Mouth to mouth is unpleasant, and also unpractical with the casualty on a stretcher. Also, the oxygen level in expired breath is only 16%.
- Face masks.
- Bag-valve-mask enriched with oxygen.

● A mechanical ventilator is impractical on the mountains due to issues with power source and the skills needed to operate it.

Airway adjuvants:

- Guedel (oropharyngeal airway).
- Nasopharyngeal airway.
- Laryngeal mask airway.
- Endotracheal intubation.

Use of these depends on training:

- How were you trained?
- How can you prove you can do it?
- How do you keep up your skills?
- Airway management is a perishable skill. Use it or lose it!

Brian described a device called the Oxylator which he has used. It's a small, lightweight oxygen-powered device which enables you to ventilate a patient who is not breathing. It can be used with a face mask, laryngeal mask/i-gel or endotracheal tube.

C IS FOR CIRCULATION

If in cardiac shutdown, how do we continue effective CPR to hospital? Inefficient CPR is no good for anyone.

Evacuation of casualties:

Negotiation at national level (Scotland) with: 1) the Scottish Ambulance Service; 2) Air Rescue Coordination Centre at Kinloss; 3) Emergency medical retrieval service. There are consensus guidelines and regular table-top exercises with stakeholders and a bond of trust between MR and the other agencies. Casualties are generally taken to a local hospital, but may be taken to a specialised unit for advanced rewarming with ECMO (a heart-lung machine used for rewarming severely hypothermic casualties).

The hill party communicates with the doctor who can facilitate the transfer. The doctor will want to know the following information: the state of the casualty; for avalanche victims, the airway status and whether there was an air pocket, the depth and duration of burial, and the presence of other injuries; the respiratory rate, pulse rate, and capillary refill.

C IS ALSO FOR THE CASUALTY CARE CERTIFICATE

England and Wales have led the way with the Casualty Care certificate and MR Scotland is following that example. Worryingly, 25% of all Scottish examinees cannot get an accurate pulse rate when compared with a pulse oximeter on the other hand, nor can they accurately count the respiratory rate. The Scottish Casualty Care exam has a 25% failure rate. There is a Drug Module which provides an opiate license for all teams.

However, only four Scottish teams regularly use opiates.

D IS FOR DRUGS

It is a privilege to be able to administer drugs on the hills. Analgesia is a basic human right. However, there has been much legislation to work through so that MR teams have permission to use controlled drugs (eg. morphine). Now the legislation is in place, teams have been reminded that they should take advantage — the 'Use it or lose it' philosophy again.

For controlled drugs, the relevant legislation is The Human Medicines Regulations 2012 Schedule 17 and applies to persons who hold a certificate in first aid from Mountain Rescue England and Wales or Mountain Rescue Ireland. The arrangements for Scotland have only been recently negotiated. As a result, not many teams are using controlled drugs.

With regard to using drugs, any individual should get to know a few really well, including the dose, method of administration, effects and side effects. If you are not sure about a drug, then ask. Brian then went on to list the drugs currently on the MREW Drugs List.

D IS ALSO FOR DEVICES

If you use any equipment on the hill, you must know how to use it. Keep a record of your training. It is not enough to have been on a course in order to be safe.

D IS ALSO DUTY OF CARE

If you take on the casualty, you have a duty of care to them. If you do not behave as a reasonably competent rescuer professing to have those skills and something goes wrong, you may have breached that duty. Then if harm occurs, it can be proven you were negligent.

To practice safely and stay out of court, keep a logbook of the procedures you undertake, obtain consent if possible, have witnesses, make full notes, and do not go out of your comfort zone. If necessity forces your hand (eg. draining a tension pneumothorax), be sure you are right, discuss it with your colleagues.

Brian gave an example of a case (not MR) in which an incorrect drug was administered. The drug had been placed in the wrong drawer by

mistake but the doctor relied on the labelling on the drawer without double checking the packaging itself.

PRE-HOSPITAL PRIMARY SURVEY

MR MARK WILSON, CONSULTANT NEUROSURGEON AND PRE-HOSPITAL CARE, LONDON'S AIR AMBULANCE

PRIMARY SURVEY

- Essential.
- Aim to pick up every life threatening injury first time and treat as you go.
- Allows you to plan.
- Interventions, which procedures, which order.
- Triage.
- Should take <2mins (if no interventions needed).
- Repeat if deterioration.

STANDARD APPROACH: CABC

Catastrophic haemorrhage is severe visible haemorrhage from which the casualty will bleed to death within minutes. It is rarely seen in MR because casualty dies before the team arrives. Use simple manoeuvres eg. direct pressure, elevation of limb, tourniquets, blast bandages.

AIRWAY

- Assess and manage immediately if required.
- Airway adjuncts, Guedel, NPAs.
- Suction.
- Jaw thrust.
- Look for foreign bodies, missing teeth, unstable facial bones.
- Look at neck for wounds — may cause compression of airway.
- Anticipate future problems eg. loose teeth, facial burns.

BREATHING

These are all clues that casualty has air/blood in pleural cavity (ie. pneumothorax):—

- Look properly: neck, respiratory pattern, symmetry, flail.
- Feel sides and back of chest — rib tenderness, bony crepitus, surgical emphysema.
- Use flat fingers to feel each rib.
- Listen with a stethoscope, if you have the skills, for wheeze/crackles.

CIRCULATION

- Colour.
- State of veins eg. hypovolaemia or spinal cord injury.

- Examine abdomen for tenderness.
- Examine pelvis for stability — subtly using finger and thumb on outside of iliac crests.
- Examine full length of all long bones.
- Look for other bleeding eg. scalp wounds.

DISABILITY

- AVPU.
- GCS for motor score — apply painful stimuli centrally.
- Pupils.
- Glucose.

EXPOSURE

- Temperature control.
- Wounds.

BY THE END OF THE PRIMARY SURVEY

- You should have a clear idea of all life threatening injuries.
- You can now interpret physiology in light of injuries.
- You can anticipate what might go wrong.

A RESCUE FROM THE CASUALTY'S PERSPECTIVE

JOE BEAUMONT

Joe was rescued by Wasdale MRT in March 2011. He fell 40 metres whilst climbing in Eskdale and was thrown out from the crag. The fall resulted in a compound fracture of the tibia and fibula, fractures of the femur, ribs, elbow, 'foot went all the way round', removed finger, detached triceps and facial injuries. He was airlifted to Whitehaven by Boulmer, undergoing nine hours of surgery and has had an external fixator on his leg for ten months. Joe described his recovery programme where he has set himself some amazing challenges, such as competing in a triathlon with his leg in a frame and completing 600 miles from the lowest point in the UK to the highest, on a two-seater bike, with the second seat filled with people telling their own stories of trauma. The money he raises from his challenges go to mountain rescue. He raised £3,300 doing a 200-mile recumbent trike ride C2C with one leg for Wasdale MRT and Boulmer as a thank you for his rescue.

Joe is now involved in making a film called 'In the Frame' for the Kendal Mountain Film Festival. An amazing

guy! See his website for more information and some great pictures: www.joebeaumont.com

THE EFFECT OF TEAM RESOURCE MANAGEMENT ON HELVELLYN

DR JOHN ELLERTON, PATTERNDALE MRT AND MREW MEDICAL OFFICER

John described some of the issues involved in the management of a rescue during 2012. A 60-year-old man took a 30-50m tumbling fall high on Helvellyn sustaining multiple trauma. On arrival, the team found him unresponsive. His airway was clear but his breathing pattern was very poor. The radial pulse was not palpable and his GCS was <8.

The management was not straightforward because there were conflicting requirements. On the one hand, it was felt that traumatic cardiac arrest was a possibility. Because of the severity of the head injury, it would have been appropriate to anaesthetise the casualty, insert an endotracheal tube and breathe for him using a mechanical ventilator. However, this is not easy to do on Helvellyn. The alternative was to package and attempt rapid air evacuation.

John emphasised the importance of an understanding of human factors that can sometimes lead to an incorrect decision being made. In particular, he explained the significance of situational awareness ie. an awareness and understanding of the surroundings and what else is going on so you don't become focused on just one aspect of management. This led to an assessment of the pros and cons for each of the two management options. The casualty's conscious level improved with some oxygen. He was therefore packaged and winched into the helicopter in a horizontal position. There, he received some IV fluids. The beneficial effect on his blood pressure led to a further improvement in conscious level and a rise in the GCS to 14/15.

This indicated that, in fact, the head injury had been fairly trivial but the haemorrhagic shock caused a fall in blood pressure and it was this that caused the fall in conscious level. ■

SpO₂ 43% AND STILL STANDING!

Anyone who's read *Casualty Care in Mountain Rescue* (Ellerton, 2006) will have read that acclimatisation allows people to live and work with oxygen saturations which would see them in intensive care back home.

We are lucky enough to have put the theory to the test! With other MR team members, we've taken part in high altitude expeditions in Nepal, each trip undertaking several high altitude medical research projects. So we've gained hands-on experience of how we all function at altitude.

We've enjoyed the Nepalese culture and scenery, the trekking and climbing, aided medical science and even used our rescue skills too!

The next Medex expedition we're getting excited about is scheduled for spring 2015, with a remote Manaslu trek and planned research base at 5,000m. The climbing team is aiming for Manaslu summit at 8,163m, whilst we hope to attempt the trekking peak: Larkya Peak at

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6,249m. As before, there are several high altitude medical research projects being developed, all willing us to volunteer as guinea pigs!

We'll join a research weekend in the UK before departure, fly into Kathmandu, then travel overland to the trek start at Arughat. We'll be in a small (ten person) trekking group and will have fun deciding our own itinerary. As before, we'll keep a daily log on the trek and visit the research base for a few days 'resting and testing'. In order to acclimatise safely and make the most of the trip, we'll all be in Nepal for four to six weeks total.

Medex is a voluntary organisation, not a travel

agency, so we are responsible for ourselves and our great Nepalese staff. What we pay is similar to commercial rates, but our money funds our trip expenses and contributes towards the charity (Medical Expeditions) which organises the research.

If reading this has whetted your appetite for

travel at altitude or you're interested in things medical, take a look at www.medex.org.uk and join us!

Below left: Tea break after digging out tent platforms at 5,000m in the Hongu Valley © Gerald Dubowitz. Above right: Step test at 5,000m in the Hidden Valley © Chris Smith.



'Pulse oximeters make an indirect measurement of oxygen saturation. We chose the one shown as it was tested to be accurate at 70% and below. While the value of 43% is much lower than we calibrate them to and significantly lower than we see even in sick people at sea level, it's probably very close to the real value in this subject.' Dr Gerald Dubowitz

medical

BETTER, EASIER, SIMPLER...



Over the October half term break, eight members of Cockermouth team took part in an intensive course focusing on Medicine In Remote Areas (MIRA), delivered by Wayne and Chris from ExMed, a company based in Hereford. Team member **Russell Butler** describes the experience.

They specialise in offering immediate first aid training to professionals who work in remote and hostile environments and this course has been undertaken by all sorts, be they doctors, paramedics, soldiers, rescue teams or medics supporting wildlife camera teams in the Arctic.

The course ran over five very intensive days, with a mix of (minimal) theory, lots of hands-on practice and in-depth discussion. Right from the onset it was obvious to us that Wayne and Chris were totally adaptable, constantly changing focus to deliver training that was relevant to our needs as a rescue team (as we don't have polar bears, or too many IEDs here in West Cumbria!) With Wayne (an ex-member of Ogwen team and an experienced military medic with many tours of duty in the Middle East under his belt) and Chris (an A&E doctor in Durham) as our guides, we were in safe hands.

If I'm honest, many aspects of the course went above and beyond what we as a team do as our bread and butter work on the fells (blast injuries and gunshot wounds!). However, many small hints, techniques and suggestions were extremely helpful and could be applied in multiple situations both in and outside of the team's

work — road traffic collisions, for example. At the very centre of the course were the basic principles of delivering a 'gold standard' primary survey of a casualty. This differs very little from the principles we adhere to when undergoing the Casualty Care training, which we do every three years. However, what I feel the training has done for me is instil a solid routine and system that is easy to follow and very, very thorough.

The great thing about the training was that it was hands-on for most of the time. We didn't just watch a PowerPoint on cannulation, we did it — first on dummies, then on each other! We watched demonstrations of the primary survey (the DR C ABCDE mnemonic, if you want to know) and then practised, practised and practised again on each other. A new addition to our training was the consideration of catastrophic bleeding, which was placed after assessing Danger and Response, but before assessment of Airway. Having to deal with such an occurrence is very, very unlikely in what we do, but it's not impossible, so this was a positive step.

With regards to Airway management, we refined our methods of opening the airway, and had an in-depth look at the pros and cons of

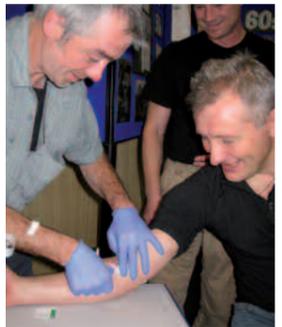
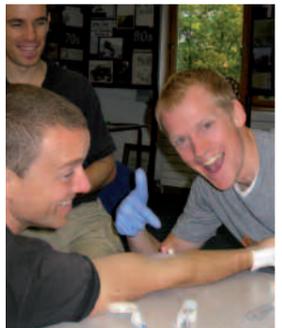
different nasal or oropharyngeal airway adjuncts (that's tubes inserted into your nose or mouth to help you breathe, to normal people!). We also practised, practised and practised these! Next up was Breathing, which was made clear and easy for the slow amongst us by the use of two mnemonics: FLAPS and TWELVE. I'm not going to bore you (Google them if you like) but, needless to say, it's helped me remember the crucial aspects of chest examination and breathing assessment as a result!

Following this, we focused on Circulation and gained huge amounts of confidence at taking pulses accurately and examining the casualty for signs of internal bleeding. Next came a more thorough consideration of Disabilities (ie. brain and neurological function). Finally, we considered exposure and environmental concerns, before training on MIST (yes, another mnemonic!) which is the recognised hand-over communication to paramedics, ambulance teams etc.

As well as these basic life-saving principles, we spent time on scenarios such as burns, spinal injuries, environmental injuries and bleeding control as well as issues such as analgesia. We also honed our skills with

the use of the vacuum mattress, working out all by ourselves a nifty little technique of getting it in place under the casualty on difficult terrain. The course finished with a major multiple injury scenario where teams had to get totally hands-on and thoroughly dirty (using the sodden, muddy and claggy woods in the fire station as a scene of a major traffic collision!)

The final day was set aside for practical and theory exams. Apparently we all passed at very high levels, but Wayne did say that he usually works with squaddies. I couldn't possibly comment! Overall, just ask any team member who undertook the course whether it was worth it and each will say, unequivocally, a resounding YES! Since then, we've had whole team training and already other team members have stated that they feel it is potentially an excellent addition to our Casualty Care course. It was an extremely intense, thoroughly knacker but absolutely worthwhile five days which has given us confidence and an eagerness to ensure the team gives the best casualty care we possibly can. Oh and we had a call-out in the middle of it as well!



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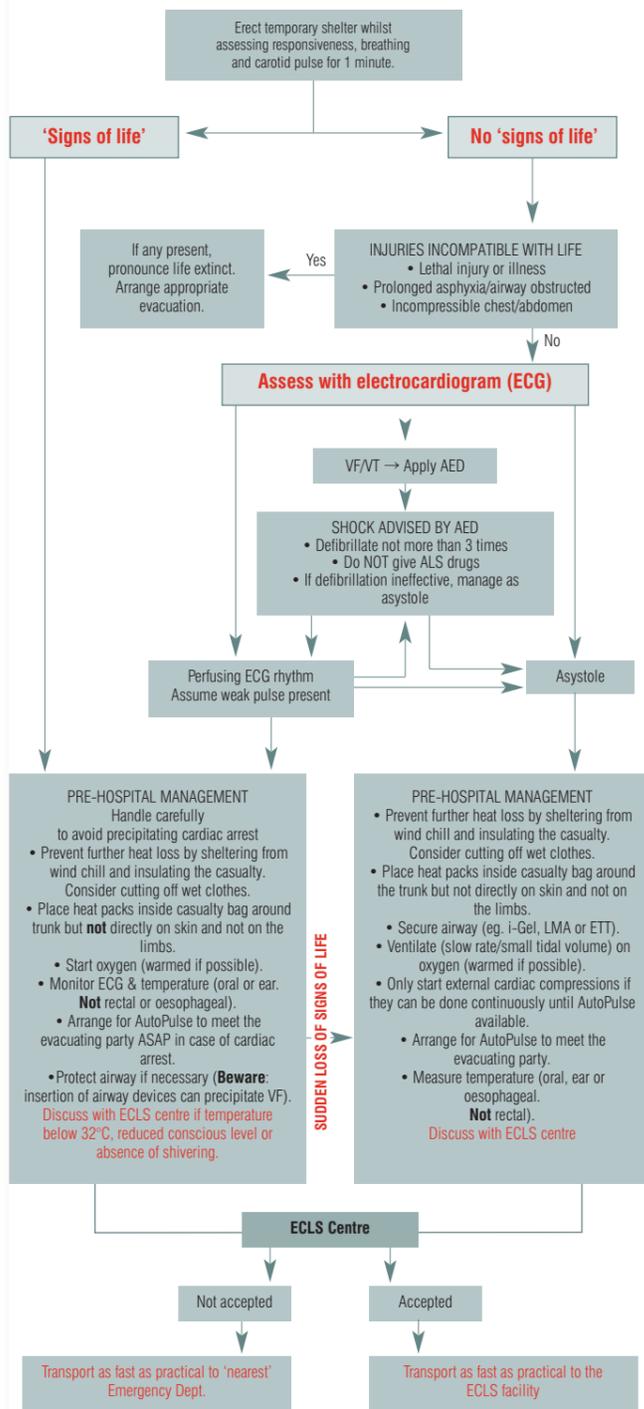


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LAKE DISTRICT MOUNTAIN RESCUE PROTOCOL FOR DIRECT ADMISSION TO EXTRACORPOREAL* LIFE SUPPORT CENTRE IN CASES OF SEVERE HYPOTHERMIA ECG AND AED AVAILABLE

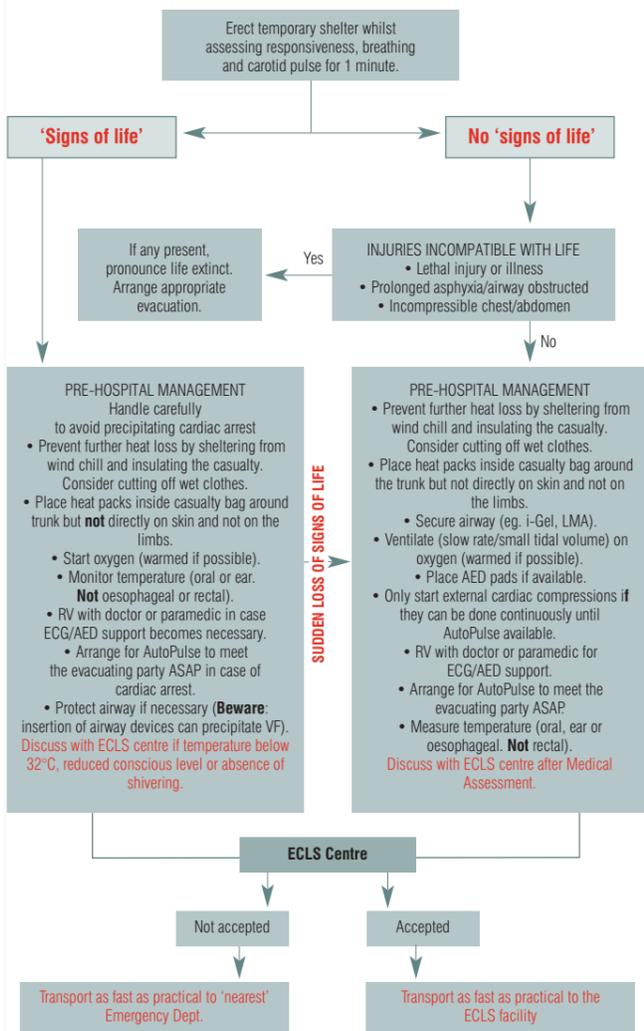
* Extracorporeal means using a machine located outside the body to pump blood round the body.



© LG, JE, MG V9c (8/11/13)

LAKE DISTRICT MOUNTAIN RESCUE PROTOCOL FOR DIRECT ADMISSION TO EXTRACORPOREAL* LIFE SUPPORT CENTRE IN CASES OF SEVERE HYPOTHERMIA NO ECG

* Extracorporeal means using a machine located outside the body to pump blood round the body.



© TH, CL, MG, LG V9c (8/11/13)

SEVERITY OF HYPOTHERMIA BY CORE BODY TEMPERATURE

Mild (35°-32°C).
 Moderate (32°-28°C).
 Severe (<28°C).
 A fourth category of profound is sometimes used to denote a temperature of ≤20°C.

ICAR-MEDCOM ON-SITE STAGING OF HYPOTHERMIA

Stage I – Clearly conscious and shivering (35°-32°C).
 Stage II – Impaired consciousness without shivering (32°-28°C).
 Stage III – Unconscious (28°-24°C).
 Stage IV – Apparent death (24°-13.7°C).
 Stage V – Death due to irreversible hypothermia (<13.7°C).

LAKE DISTRICT HYPOTHERMIA PROTOCOLS FOR TEAMS

WITH EXPLANATORY NOTES FROM LES GORDON

Which casualties does this guideline apply to?

Those who are semi-conscious or unconscious due to severe hypothermia. Check for and treat hypoglycaemia if it's thought this could be contributing to the reduced conscious level.

Body temperature

Although not essential, knowing core body temperature (if you can measure it) gives important clues to guide your management. It indicates how stable the heart is likely to be, and whether you are likely to be able to resuscitate the casualty on the hill if they have a cardiac arrest.

Rectal and armpit temperatures are unreliable in severe hypothermia and should not be used. The oral route is about 0.5°C below core, but can be more if the patient is mouth breathing. If using the oral route, make sure the probe is placed under the tongue as far back as possible and leave it in place for >3 minutes before taking the reading. Low-reading tympanic (ear) thermometers (if available) are very accurate provided the ear canal is not blocked or full of cold material (eg. snow), and that the device is correctly aimed at the ear drum.

● Hypothermia does not cause unconsciousness or cardiac arrest if the core temperature is >31°C, so look for other causes of these conditions.

● The risk of cardiac arrest increases the further the core temperature falls below 32°C, becoming very high risk in the mid-20s and below.

● In hypothermia, asystole does not tend to occur until the temperature is <24°C. Therefore, if the temperature is higher (eg. 28°C) and asystole is present, the casualty may have had an asphyxial cardiac arrest (eg. avalanche) and therefore may not benefit from prolonged resuscitation attempts. The Alpine practice in casualties with asystole is to look for evidence that significant hypothermia was probably present before cardiac arrest occurred e.g. lightly dressed casualty (in our area, an example would be a fell runner).

Minimising further heat loss – shelter, deciding whether to remove wet clothing and using heat packs

Body heat loss is dramatically increased by wet clothes, wind chill and contact with the ground. Continued cooling will make a cardiac arrest more likely to occur and less likely to respond to treatment. Insulate the casualty from the ground and wind. In casualties with mild hypothermia, wet clothing can be exchanged for dry. However, when body temperature is in the low 30s or below, you must balance the risks of removing the clothing (increased cooling during removal or triggering an arrhythmia if the body is handled roughly) against leaving wet clothing in place. Expert advice suggests it is safer to leave wet clothes in place until the casualty is in a warm environment eg. vehicle or (better) in hospital.

Wrap in an occlusive sheet and seal around the openings, ensuring access where necessary. Once the atmosphere inside the enclosure is fully saturated with water vapour, no more heat can be lost by evaporation from the skin, which is the major route of heat loss in this situation. A reflective blanket has little additional value over a heavy duty plastic bag as virtually none of the heat loss is by radiation because the skin temperature is so low. Finally, wrap the whole with another layer of insulation and enclose in a casbag. If you do decide to remove wet clothes, do not do it on an open hillside. Only do it in a group shelter with four or more rescuers and after the temperature inside has warmed up and stabilised. Do not undress in the conventional sense but carefully cut off the clothes, removing them a bit at a time rather than all at once, to minimise further cooling.

Use heat packs to reduce further cooling, not to start rewarming in the field. Place them only around the trunk (not on the limbs) on top of a layer of clothes (wet or dry). Never place them directly on the skin as this will cause blistering. Do not attempt to warm up the limbs (see below).

Reducing the risk of precipitating arrhythmias

Handle the patient very carefully. Never raise the legs of a severely hypothermic casualty. The sudden influx of cold blood from the legs into the core can cause cardiac arrest. Always move the casualty gently as a sudden movement can have the same effect. When moving the casualty (including winching), keep them in a horizontal position. Do not apply heat to the limbs as the resulting blood vessel dilation causes a fall in blood pressure and cools the heart further, both of which can cause an arrhythmia.

Perfusing ECG rhythm

The cold heart can have a normal-looking ECG, yet pump too weakly for you to feel a carotid pulse but strongly enough to maintain blood flow to the brain. In this situation, proceed as though the casualty is alive. A perfusing rhythm can change to VF or asystole at any time.

Defibrillation and resistant VF

The heart responds normally to defibrillation at temperatures >32°C. Below 30°C, VF is usually resistant to defibrillation until the heart rewarms. Do not attempt defibrillation more than three times. Multiple attempts at defibrillation whilst the heart is cold will be ineffective and will injure the heart muscle. VF may respond to defibrillation or can change to asystole. Once asystole occurs, it is extremely unlikely that a cardiac rhythm of any sort will re-emerge until the heart is rewarmed.

Mechanical devices for providing continuous CPR – the Zoll AutoPulse and Physio-Control LUCAS 2

CPR should not be started unless it can be done continuously. This is not possible on the hills once you start moving the casualty. Battery-operated devices make it possible to deliver continuous chest compressions, even when the casualty is being carried on a stretcher. They are very efficient and can be continued for hours. With the AutoPulse, the casualty lies on a

backboard containing a motor with an adjustable band placed around the chest. The band squeezes the chest and produces cardiac massage. With the LUCAS 2, the device encircles the chest and has a plunger that presses on the sternum. An AutoPulse is carried by Keswick MRT, Langdale Ambleside MRT and the Great North AA. If you think you have a suitable casualty, contact any of these as early as possible and give a precise location.

Airway management in an unconscious casualty with severe hypothermia

When evacuation is going to be prolonged, it is only possible to breathe efficiently for the casualty if you insert a laryngeal mask (LMA), I-Gel or endotracheal tube. The bag-valve-mask (BVM) should be viewed as a last resort as it is the least effective and most difficult to perform, even if you are very experienced with the technique. It is impossible to perform during a stretcher carry.

Severe hypothermia provides some protection for the brain in the event of cardiac arrest

Brain metabolism falls by 6-10% per degree C fall in temperature below 35°C. So a short delay in starting chest compressions is not as disastrous as it would be in a normothermic patient.

Useful further reading

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Tom Richardson, Climb, August 2013

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Graham Thompson, Trail, August 2013

Mountain Equipment Pro-Partner Nick Bullock puts the Lhotse through it's paces on an alpine gear test. Rive Gauche, Chamonix.

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THE WAY AHEAD: INTRODUCING THE NEW NATIONAL MEDICAL OFFICER

Firstly, I'd like to thank John Ellerton for his contribution as MREW Medical Officer over many years. John will be known to you as editor of *Casualty Care in Mountain Rescue*, for his pain management road shows and his steady hand chairing the medical subcommittee (MSC). He has also represented us at international level and I'm pleased to announce he is President elect for the ICAR Medical Commission.

I come from an operational background in mountain rescue and with expertise in emergency medicine and pre-hospital care. I've been a member of Wasdale MRT for over 20 years as a team member, doctor and currently as a team leader.

Casualty care is the core purpose of our service. The 'casualty' may be injured, ill, stuck or just lost but they are the reason we endure long, wet, dark nights and the exhaustion of a stretcher carry. Our contribution to pre-hospital care is the ability to operate in remote and difficult environments and an understanding of the special requirements of this practice.

Pre-hospital care has changed significantly over the last ten years. It is now a recognised specialty in medicine with a training scheme accessed from Emergency Medicine or Anaesthetics. Paramedics have a professional organisational and are independent practitioners. Voluntary organisations such as The British Associate of Immediate Care Schemes (BASICS) have developed clear guidelines for practice and governance.

These examples illustrate that we are in changing times and there is increased scrutiny of our practice, both from the public and other providers. We must present ourselves as a credible and professional organisation in order for our partner agencies to continue to have confidence in our ability to deliver

quality care. We must therefore build on the current good practice and work to ensure we are fit for purpose in the future.

What does this mean? If you like sound bites it could be described as 'a voluntary service with professional standards.' If you prefer pictures, imagine you are lying injured on the hillside. You would expect that the service which rescues you conforms to three principles.

First is an understanding of what your optimum care should be. Then the rescuers should have robust training and be competent to deliver your care. After the event there should

Dr Mike Greene MBE took over the reins of this national role in November. Here he introduces himself and talks about his vision for the future of casualty care in mountain rescue.

be a review process to ensure that best practice has been followed and that changes can be made to the process when required. Would you wish for a less robust process?

We do many of these things well now, but there is always room for improvement and we must look towards the needs of the future as well as the present.

In order to move forward I propose that we address three areas of essential activity. To achieve this, MSC will need to establish three working groups. Each group can work in a 'virtual' environment to enable participation of as many members as possible from around the regions in determining our future practice.

The three areas of activity are:—

● **Defining Standards of Care:** This should bring together good practice as described through research and evidence-based

medical enquiry. We must maintain links with other partners in pre-hospital care in this country and also international bodies such as FPHC and ICAR. We should strengthen our links with research and the academic side of UK mountain medicine eg. UK Diploma of Mountain Medicine. This work will involve expanding the MREW guidelines of practice and will be done by the Clinical Practice Group.

● **Delivering Quality Care:**

Most of our care is delivered by team members holding a Casualty Care Certificate. It is essential that we have a strong and robust education system to support them. We need to review the Casualty Care course and training, learning from other providers and developing links with other UK mountain rescue organisations. This work will ensure that our training and certification programme remains up to date and fit for purpose. This will be the work of the Education Group.

● **Demonstrating Quality of Care:**

This group will need to develop medical audit and review systems. We need to establish effective feedback systems and incorporate Casualty Care into MR peer review. Maintaining and improving the critical incident reporting system and dissemination of learning are ongoing elements of this work. This will be the responsibility of the Clinical Governance Group.

The working groups will report to the Medical subcommittee. I wish to encourage as much participation as possible. In particular, I would like you to contact me if you would like to:—
1) Volunteer to chair a working group.
2) Participate in one or more of the three working groups.

In the short term, I would like the groups to deliver the following for the meeting in May 2014:—

THE CLINICAL PRACTICE GROUP

- A review of ABDC guidelines.
- A review of the current MREW formulary.
- The introduction of two other guidelines for approval.

THE EDUCATION GROUP

- A review of the Casualty Care syllabus and a definition of the learning outcomes for the knowledge, skills and behaviours required.
- An initial report on a review of the practical element of the exam with proposals for a model or models to be worked up in detail and tested prior to introduction in the exam year 2015.

THE CLINICAL GOVERNANCE GROUP

- A report on the current critical incident system, results and suggestions for improvements.
- A proposal for more effective feedback on the definitive diagnosis of casualties from definitive care.
- A proposal for a national audit topic and method of delivery.

At the May meeting I will propose a plan for the next Casualty Care book, guidance for mountain rescue doctors involved in appraisal and data which will inform our review of the drug list.

This sets an ambitious agenda but we should not delay in starting the work which needs our attention.

I look forward to working with you all and ensuring that we maintain an excellent system of casualty care. ■

You can contact Mike via email: medical@mountain.rescue.org.uk

LAKE DISTRICT

800-MILE ROUND TRIP RESCUE



Wasdale team members pose, tired but still smiling, alongside their minibus.

A group of volunteer mountain rescuers travelled to the other end of the country to help victims of flooding during exceptional winter storms in early December. Eight rescuers from the Lake District made the journey at the request of emergency authorities to be on standby as the east coast of England was threatened with inundation.

Six members of Wasdale MRT and two from neighbouring Duddon and Furness team made their journey through the night to Essex where a combination of storm force winds, spring tide and low pressure put large areas of the country at risk of flooding. The eight are all trained in swiftwater rescue techniques in addition to the standard casualty care and other skills mountain rescuers need.

The Wasdale minibus arrived in Essex at 5.00am having travelled down the motorway from the Wasdale base at Gosforth, Cumbria but, in the end, their services were not needed and they returned north later that day.

Richard Warren of the Wasdale team explained the reason for the long-distance call-out. 'The Wasdale team received a grant from the Department for Environment, Food and Rural Affairs, to pay for specialist swiftwater rescue equipment and training but this was on the

PATTERDALE TEAM RECEIVES DONATION OF £2529 IN MEMORY OF A LOVER OF THE LAKES

Friends and family of the late Bryden Maughan visited Patterdale team base in November to look around, meet members of the team and hand over a donation cheque for £2529. Stephen Watson, a friend who worked with Bryden, brought Bradley Maughan, Bryden's son, over from Stocksfield, near Hexham to hand over the cheque, especially as fourteen-year-old Bradley helped raise the money himself by completing the Coast to Coast bike ride in June this year.

'Bradley's dad, Bryden, died of a heart attack while at work on a construction site last year,' said Stephen. 'Bryden loved the Lake District, especially around Ullswater, and he visited the area many times so a group of us who worked with him, as well as other friends and family, wanted to raise money in his memory and then use those funds to support the work of the local rescue team.'

Jacquie Freeborn, team member and chair of the team's fundraising committee, received the cheque from Stephen and Bradley. 'We're continually surprised by the generosity of people who are going through really tough times,' said Jacquie. 'Bradley and Stephen and the other workmates, friends and family have raised a fantastic amount to support us. It is always a privilege to meet the people who keep us going and support us and to have a chance to show them the Rescue Centre, the equipment and everything else that relies on their donations.'

Bradley Maughan and Stephen Watson hand over their amazing donation up at Grisedale among the Patterdale fells. Left to right: Jacquie Freeborn with Stephen Watson and Bradley Maughan, with Chris Gaskarth, Glenn Bridge and Gillian Mininch of Patterdale MRT.



understanding that we made ourselves available — subject to local call-outs taking precedence — for rescues across the country.

'The group was originally told, late on Thursday, that they were needed in Norfolk. En route, the destination was changed to Hull then finally to Essex, 400 miles and five and a half hours' drive from the team's base.'

Within Cumbria, there are almost 100 trained swiftwater rescuers, with another 200 capable of bank-side rescue operations.

Richard told BBC Radio Cumbria, 'It was a fantastic demonstration to a national body that

Cumbria can respond immediately, at the drop of a hat, with volunteers, with a specialist group.'

Teams from around the country were at the scene. 'The whole of the east coast was in a pretty difficult situation.'

True to 'mountain rescue form', Stephen Walter, an outdoor instructor and Wasdale team member for fourteen years, spent his birthday on the call-out to Essex. And, as is often the case, when the tired group of rescuers finally arrived back on the Friday evening, they were immediately called out to a rescue closer to home, on the Wast Water Screens.

November saw official recognition and deserved commendations for those involved with getting SARCALL up and running in Cumbria. The web-based comms system — developed by John Hulse, of Ogwen Valley MRO in North Wales — has improved the mobilisation process for mountain rescue teams across the country. In Cumbria, it has

enabled NWS to instigate 141 incidents to teams since its introduction. SARCALL enables the ambulance service to directly page mountain rescue teams when they receive 999 calls which require their rescue support. Updates on ongoing incidents can be logged and viewed on the SARCALL system and both police and mountain

rescue can read the log, which receives information from the Emergency Operations Centre. Peter Ballan, NWS Sector Manager for Cumbria and Lancashire Emergency Operations Centre, said, 'SARCALL enables more accurate information to be passed more quickly to the right team. Communication is improved as logs are

MID PENNINE

BOWLAND PENNINE TEAM MEMBERS KEEP STANDARDS HIGH

The Lancashire-based team is proud that 98% of its full team call-out members currently hold the MREW Casualty Care certificate. Team leader Phil O'Brien MBE presented certificates to the second tranche of candidates for 2013, who successfully completed the course in October, under the tuition of the current cascare officer, Dave Stuart, continuing the 100% pass rate achieved by the previous officer, David Matthews, who recently stepped up to the post of MPSRO medical rep. The team would like to thank Dr Bob Stokes and Advanced Paramedic Ivan Scrase for undertaking the practical assessment.



Bowland Pennine team members show off their hard-won MREW Casualty Care certificates, thanks to Dave Stuart (left), Phil O'Brien (centre) and David Matthews (right).

updated during ongoing incidents. The police can also view information about incidents which improves links between services. 'When a caller mentions an injury on a mountain or remote location they can sometimes be directed to the ambulance service rather than the police, but mountain rescue — with its local knowledge of the

terrain — might be more appropriate. Clearly the teams have local expertise which can be invaluable to all agencies responding to calls so we can give the best care to casualties. SARCALL enables us to reduce any delays in reaching the incident site.' The implementation of the SARCALL system has been supported by

enhanced relationships between agencies. NWS and LDSAMRA have held operational management meetings at Kendal team base and control room staff also gained a better idea of the role and capabilities of the teams when they attended an exercise in September with the Wasdale team. They heard a live call to the EOC and activation of

the team via SARCALL log reviews, which helped improve understanding of how the system works. Peter concludes, 'Special thanks should be given to all who have worked hard to build favourable relationships between NWS and LDSAMRA.' Indeed, Paul Horder, of Keswick MRT, Steve Brailey and Mike Park, of Cockermouth MRT, and

John Hulse were presented with the Chief Constable's Certificate of Commendation in November, in recognition of their hard work in getting SARCALL established in Cumbria.

Left to right: Mark Hodgson (Keswick MRT), Steve Brailey, John Hulse, Paul Horder and Mike Park with their certificates.

NORTH EAST

SCARBOROUGH AND RYEDALE TEAM RECEIVES ROYAL THANK YOU

As we reported in October, the Scarborough and Ryedale team has been named as one of just forty recipients of the prestigious Duke of York's Community Initiative, presented annually to a small number of Yorkshire-based organisations that, having been subjected to rigorous and robust scrutiny, are deemed 'of real value to the community, well run and an inspiration to others.'

The initiative, founded by HRH The Duke of York in 1998, exists to both encourage and reward innovative and inspirational community projects in Yorkshire and the Humber. This year's award ceremony, which involved organisations from major cities such as Wakefield, York, Beverley and Leeds as well as a number of much more rural projects such as Tockwith Festivals, Wilberfoss in Bloom and Sight Support Ryedale was attended by over two hundred award holders, assessors and guests. Speaking at the event, HRH the Duke of York



Left to right: Roger Hartley, Ian Huggill, Helen Hayton and Stephen Hayton chat with HRH the Duke of York.

talked of how over the years the initiative had sought to extend its remit so that now it not only recognises and rewards outstanding community work but, in so doing, seeks to enhance society by encouraging award holders to continue to do all they can to break down barriers between organisations and people.

SUPERFAST BROADBAND HITS UPPER WHARFEDALE

Given that the last 5% of rural areas is reportedly unable to access next generation broadband, it's something of an achievement that, in Kettlewell, the Upper Wharfedale team are experiencing download speeds of 40Mbps from within their mobile command centre vehicle. All thanks to Fixed Wireless specialists LN Communications, which has provided the team with free access to its next generation wireless fibre network to aid their search and rescue efforts.

UWFRA were introduced to the company by residents of Upper Wharfedale, following the successful construction of a next generation wireless fibre network covering both Upper Wharfedale and Littondale. Alan Scowcroft of UWFRA said, 'Efficient communications are an extremely important component of both mountain and cave rescue. The team has a mobile control



RECOGNITION FOR THE SUCCESS OF SARCALL IN CUMBRIA

Stewart Hulse MBE



A larger than life character, Stewart led many campaigns at team, regional and national level and will always be remembered as someone who never suffered fools gladly nor hesitated to speak

Stewart Hulse, who was well-known amongst the mountain rescue community, died in November, aged 78, leaving his wife Joan, two children and three grandchildren and the legacy of a lifetime's campaigning on behalf of mountain rescue.

his mind. As a founder member of the Ambleside Mountain Rescue Team in 1965, he later played a significant part in the amalgamation with the Langdale team. He took over as team leader in 1983 and went on to lead the team until 2000. He was actively involved in promoting improvement in first aid provision and helped initiate the medical seminars in Ambleside, now a regular feature of the national calendar. At regional level, he was active in securing insurance cover for teams and took part in negotiations with the police regarding a new mobile radio system.

Nick Owen, team leader of LAMRT recalls that Stewart had two favourite sayings: 'Hell of a fella!' — which was usually a compliment! — and 'We all piss in the same pot' — which was often true, but also used when he was 'pissing in his own pot' and trying to persuade everyone

else it was the right one! The idea of us all 'pissing in the same pot' lives on at LAMRT and is probably truer now than even then. 'Stewart always put the casualty first, and pushed the standards of medical training for lay rescuers forward, along with hunting down and testing portable equipment to improve a casualty's chances. Many hundreds of people can be thankful for his influence.'

John Dempster, of Cockermouth MRT remembers Stewart well from their early days in Lake District mountain rescue. 'In the 1970s, the teams met with the Duke of Edinburgh in Ambleside and the Duke asked Stewart if we were busy. 'We're always busy with your lot,' replied Stewart, for in those days we had a lot of call-outs involving young people doing their Duke of Edinburgh awards. Perhaps I should qualify that by saying that Stewart was an assessor for the awards!

'His forthright approach obviously didn't go against him, because in 2001 he was awarded the MBE in the Queen's Birthday Honours. And in the same year he was presented with a Distinguished Service Certificate from the then Mountain Rescue Committee [now MREW].

'When I took over as chairman of LDSAMRA in 1993, it was on the understanding that I would not be one of the MRC reps so Stewart joined Paul Horder and took on the role. More recently he was involved in trying to recover VAT for mountain rescue teams.'

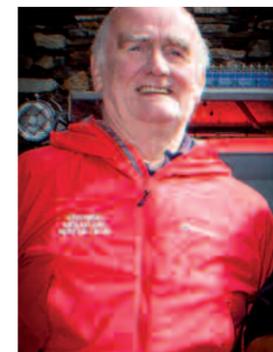
In his youth, Stewart played football for Bury FC, and was also an accomplished cricketer and youth umpire for many years. He will be sadly missed by all those who knew him. Our sympathy and condolences go out to his wife Joan and family from his mountain rescue colleagues across the county and beyond. ■

It is with much sadness, writes **Mark Hodgson**, that Keswick MRT reports the death of one of their longest serving current team members.

Alan joined the team in 1968 and has been a member ever since, up until his death on 6 November, after a sudden and short illness. After many, many years of fully active service with the team and his attendance at many hundreds of call-outs, over recent years Alan had taken more of a support role to the team, playing a huge part in the smooth running of the team right up until his death. For many years, he was the team's vehicles officer, ensuring that our fleet of vehicles (two Land Rovers and two 4x4 Mercedes Sprinters) were always fully fuelled, serviced, MOT'd, cleaned, repaired and ready for action — no small job on its own. He also undertook all the little jobs around the base

that fell between everyone else: the minor repairs and maintenance, keeping us stocked in food and drink and other consumables, replenishing stocks of batteries, paper towels etc, clearing rubbish and leaves from the car park and maintaining our stock of rock-salt (and spreading it when needed before any of the rest of us were even out of bed!). If we had a big rescue or search underway it was Alan who organised parking in the adjacent car park and sorted the traffic wardens to avoid parking tickets for visiting vehicles. Then he'd organise food for all visiting teams and then tidy up afterwards. And when we held team barbecues or other socials for members and families,

guess who did most of the organising and clearing up afterwards? There were not many days in any week that Alan wasn't down at the base, indeed he was there the day before his illness. He will be a very hard act to follow. Despite being one of the team's elder statesmen, Alan always had time to provide continuing encouragement to all team members, no matter what their age. He leaves behind his wife Geraldine, their daughter Rachel and sons Mark and Ben along with their partners Judith and Sarah and three grandchildren Finlay, Emily and Olly. The team was honoured to be able to provide team transport to the funeral for Alan and to



provide bearers at the service and a guard of honour of 35 team members — absolute recognition of the huge respect we all had for Alan. There were also some twelve or so retired team members at the funeral. The thoughts of all the team are with the family at this very sad time. ■

Alan Alcock



van, which is used as a forward base for any extended search or rescue. The systems we use rely increasingly on access to the Internet ranging from calling out team members through to sophisticated GPS based mapping systems. The internet is also essential for access to real time weather forecasts and for sharing information with the police and other teams. 'We're extremely grateful to LN Communications for the technical support provided to the team which means we are now able to access the internet in large parts of Upper Wharfedale, previously communications black spots.



NORTH EAST SEARCH PAIR ACHIEVE 40 YEARS SERVICE

Dave Perkins and Pete Roberts have been members of NNPMT for 41 and 40 years respectively, and to mark that occasion they were presented with MREW 40 Year Long Service Awards in December.

Team chairman, Dave Waters writes: During this time they have contributed much to the team, including being team leader and chairman, and it is my view that they have contributed much to mountain rescue both in the north east of England and nationally. Back in 1983 I sat with Dave at the MR conference in Bangor to listen to Rick LaValla deliver a session entitled An Overview of SAR Management, where he talked about Probability of Area and Detection and introduced the idea of missing person behaviour. Following that an MRC newsletter (pre-MR mag days) suggested that 'less busy teams' might like to look into some of these ideas. Dave and Pete set to work with NNPMT and, as the work grew, it became apparent that their ideas were of benefit to more than our team.

NORTH EAST WUFRA AND UWFRA GO GLOBAL

Buckden Pike in the Yorkshire Dales, at 2,264 feet, is certainly not the best place to be with a badly broken leg, alone, with no food, drink or shelter from the elements and for something like three to four weeks. But that was the plight of a dog found by a group of walkers whilst struggling against high winds and driving rain close to the summit.

The brown Lurcher Saluki cross was on the verge of death and looked like a bag of bones. The group, who were on a sponsored charity walk in memory of a work colleague, realised they just wouldn't be able to lift it, let alone carry it down the fells and alerted the Upper Wharfedale team as soon as they were able to do.

Eight team members set off in appalling weather conditions to search for the dog. The five hour operation successfully located it near a Polish War memorial where several of their airmen had lost their lives. Team Leader Andy Jackson said, 'He was lucky to be alive, he just had nothing in him. There was a lot of bone and I know they are a thin dog but it looked like he hadn't eaten for some time. And he was unable to stand.

'WUFRA, as we named him, was in such an emaciated state it was a most delicate operation to lift him but we got him into a casbag and onto the stretcher. The grass had actually died where he had been lying. He was just happy to see us and to be picked up and kept warm, and seemed to enjoy his trip down in the stretcher.'

Local canine training business The Dog People in Grassington kindly took in WUFRA but the initial diagnosis by vets in Skipton was not hopeful. Not only did WUFRA face having his broken leg amputated, there were fears his heart and liver might fail. But, after 18 days of intensive care, he was deemed strong enough for an operation and his badly broken leg was saved.

Meanwhile, the story touched the nation's hearts, thanks to extensive press and TV coverage. And, thanks to Facebook, the whole world got to hear about the plight and subsequent rescue of this sad dog — some 22 countries picked up the rescue along with many dog-lovers websites. WUFRA and UWFRA have become global brands and WUFRA — who is now running about on all four legs — continues to enjoy his celebrity status with guest appearances at team events.

He was 'adopted' by Helen Coates at the Dog People Centre in Grassington pending its owner coming forward and the Skipton vet added to his splendid care by managing to waive some of the costs. In fact, the full bill for his treatment has been covered thanks to the generosity of a sympathetic public. And rumour has it that WUFRA (now called Will in recognition of his incredible will to live) now has its own website.



In 1997 they founded The Centre for Search Research, a registered charity, and it is through that organisation they produce the UK Study of Missing Person Behaviour which is available on the MREW website and their own www.searchresearch.org.uk, where other papers and research documents are also freely available. Pete attended the first search management course in the UK in 1988 and soon after put that experience to good use during the Lockerbie incident and the extensive search for evidence throughout Northumberland, when teams from all over the country travelled to Northumberland to help. By that time Dave and Pete had developed the idea of

searcher spacing and the concepts of Critical Separation and Purposeful Wandering were born. They have continued to develop and research these ideas in the context of more formal search theory and recent papers available on their website explain this link. Their annual search management course 'Managing the Initial Response' is taught every year in Northumberland and the concept of the Initial Response, first identified by them in 2000, has now become standard terminology and the importance



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BE SAFE AND SECURE ON YOUR FEET, ON SNOW AND ICE, THIS WINTER WITH RUD SNOW CHAINS

RUD Chains is a leading supplier of chain systems and components and has been manufacturing snow chains and applications for nearly 100 years. Their winter product portfolio is impressive, with a wide range of snow chains offering a high level of safety for maximum traction on snow and ice-covered roads. According to the NHS, in 2009/2010 there were 18,570 hospital admissions due to falls involving ice and snow so don't take chances this winter, be ready for the snow and ice!

The RUD I-Sock is a revolutionary safety product which simply straps on to your boot and can be worn whilst driving. It's lightweight, easy to fit, robust and an essential safety product for a wide range of customers from the emergency and delivery services to the elderly and general public.

The RUD BERGSTEIGER shoe chains are made from welded high grade steel – they're the perfect fit for hikers, mountain trekkers and suit many outdoor activities. They are simple to attach, are self-cleaning and come in multi-functional packaging which can be easily stowed away in your pockets.

The RUD ALPIN shoe chains are ideal for hiking, trekking and trail running and are fitted with ultra-light quick fit crampons. They are quick and easy to fit and offer front crampons with the 'flex' system which prevents the unwanted accumulation of snow and ice. A steel hoop on the shoe's tip offers excellent stability making them suitable for ice, mud and slippery surfaces due to the steel tips system.

RUD WALK shoe chains are practical and light and quick and easy to fit on a variety of footwear. They offer a great degree of safety and traction due to their steel tips. The RUD WALK shoe chains are the perfect companion for any eventuality. They are available in five sizes and are also available for kids.

DON'T TAKE ANY CHANCES THIS WINTER! BE SAFE AND SECURE, ON YOUR FEET AND IN YOUR CAR, WITH RUD'S IMPRESSIVE WINTER RANGE OF SNOW CHAINS, AUTOMATIC SNOW CHAINS AND SHOW CHAINS. CALL 01227 276 611, EMAIL [KATIE.CRANE@RUD.CO.UK](mailto:katie.crane@rud.co.uk) OR VISIT US AT [WWW.RUD.CO.UK](http://www.rud.co.uk). OR YOU FOLLOW US ON TWITTER (@RUDCHAINS LTD) OR FACEBOOK (FACEBOOK.COM/RUDCHAINS LTD).



of this phase of an incident widely recognised internationally. Their two courses, Managing the initial Response and Search Skills address the fundamentals of a successful search incident: where and how you search (to some, this is encapsulated in the quasi mathematical formula $PoS = PoA \times PoD$, but you'll not find too many references to that in their courses!) — and their work has undoubtedly impacted in all sorts of ways on mountain rescue and search management in general. Dave has now retired from MR duties but continues his work with The Centre for Search Research and I wish him well. Pete, meanwhile, will continue as our team leader.

PEAK DISTRICT

BETHANY'S DESIGN HERALD TEAM'S GOLDEN ANNIVERSARY YEAR



Above: Chinley Primary School winners, left to right: Molly Freeth, Bethany Griffiths and Emily Sweeney. Left: Bethany's design.

2014 will be a special year for the Peak District Mountain Rescue Organisation, formed following the tragic deaths of three young boys during a scout walk in 1964. The PDMRO has continued to evolve over fifty years and now comprises seven

teams, SARDA and Derbyshire CRO. Formed early in 1964, Buxton MRT has been a member team from the beginning and, to start its own Golden Anniversary celebrations, the team asked children at schools throughout the High Peak to design a new emblem to adorn the team's collection boxes and website throughout the year.

The response was amazing, with so many quality entries causing a real headache for the judges. Eventually, five entries were chosen as finalists in varying age groups with just one overall winner — from Bethany Griffiths of Chinley Primary School. Bethany was presented with a winning certificate and prizes totalling £50, by team chairman, Roger Bennett. Roger said, 'The team launched this competition to get our next generation of members talking with their families about mountain rescue and the work freely done by so many other voluntary groups. The response was fantastic and I have to thank all the children for taking part and their teachers for their support. It has been a real pleasure to visit the schools to award the prizes. The standard of work was very high but Bethany was a clear and deserved winner.'

Other prize winners were: Megan McCulloch of Chesterfield, commended; Molly Frith, Chinley Primary School, commended; Keely Sweeney, Harpur Hill Primary School, age group winner; and Emily Sweeney, Chinley Primary School overall runner-up. Buxton MRT sends hearty congratulations to all the winners and a big thank you to the prize sponsors.

PENMACRA

COMMUNITY MATTERS

Dartmoor SRT (Plymouth) team members were reminded of the value of interaction with the community after establishing links with 1st Roborough Beaver Scouts at a lodge meeting to educate the children about the countryside code,

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NEW BOOK AIDS PLYMOUTH TEAM

Plymouth team member Ken Ringwood has written Dartmoor's Tors and Rocks to help to raise money for the team's move to new premises.

The paperback book (ISBN 978-1-84102-361-8) has 211 pages and is published by Plymouth University, in partnership with the team. A foreword, written by the team patron Professor Iain Stewart, describes how tors and associated features may have formed, features a map to show the relative positions of the tors and rocks and has over 365 colour photographs — useful reference book for anyone interested in Dartmoor.

The team's former base was deemed unfit for purpose and is due for demolition, so the team is using new premises on the outskirts of Plymouth to house its two vehicles and equipment. There is a rental period of two years whilst team members attempt to raise enough funds to put in an extra floor and buy the building. The book can be bought from Ken Ringwood, 5 Wellsbourne Park, Plymouth PL3 5JJ. Please send a cheque for £15 (including P&P) payable to 'Dartmoor Search and Rescue Team Plymouth'.



BRITISH EMPIRE MEDAL AWARDED TO KEITH

Keith Birkett, of Buxton MRT, was awarded the BEM in June — the only one awarded in Derbyshire in the Queen's Birthday Honours this year — for volunteer services to the team.

In October, Mr William Tucker, Lord Lieutenant for Derbyshire presented Keith with his medal. Keith joined Buxton in 1994 and has consistently ranked in the top five members attending the most incidents each year. Since 1997, he has managed one of the team's biggest annual fundraising events at the Chatsworth Country Fair raising more than £80,000. He also manages the training programme. He is an enthusiastic and active team member, giving talks to local groups and schools and also finding time to shake a collection box. The team would like to thank Keith for his dedicated work and also his wife, Jane Anne for providing support and helping him out the door when his pager goes off.

Left to right: Debra Heaton, Mrs Tucker, Jane Anne Birkett, Mr D Coleman, Keith Birkett, Mr W Tucker, Mr D Wheatcroft and Mr S Wheatcroft.



LAND ROVERS 'FOR DISPOSAL' IN KESWICK

Keswick team is about to replace their two Land Rover TD5s — bought new in 2002 — with two new ones. In early 2014, they will therefore have 'for disposal' the following: Two Land Rover TD5 LWB Utility Wagons, with six seats and windowless load section. Painted in team livery: Chawton white, with a Glasurite fluorescent red roof. Mileage on each is between 16,000 and 18,000. Each will come with full service history and a current MOT. These vehicles have been maintained regardless of cost.

Internal:

- * Cage behind the second row of seats which forms a stretcher base when folded, but when erected, stops gear coming forward into the passenger compartment.

- * Second row of seats with fold flat — option to assist in stretcher carrying.
- * Dashboard modified for extra switches and radio equipment.
- * Second battery under passenger seat, with manual cut-off switch, and split charging facility.
- * Fibreglass reinforcement of passenger seatback, to protect seat when stretcher is carried.
- * 12v power point for IV fluid warmer.
- * Internal racking at rear for rucksacks and ropes.

External:

- * Full length roof rack, with strobing light bar at front, and strobing blue lights on the rear; ladder at rear for access.
- * Extra lighting both sides and rear for stationary work.
- * Blue lights in grille, with fog lights wired into flashing circuit.
- * Two tone emergency vehicle siren.
- * High level spotlights on swivels for use in searches.
- * Clarke Masts powered telescopic aerial (40ft) fitted at rear for improved radio

relay facility when stationary.

- * BF Goodrich All Terrain tyres with at least 7mm tread.
- * Towing eyes at front.
- * Towbar with electrics.

In accordance with Keswick team policy of assisting those teams less fortunate than ourselves, these will be donated free of charge to teams who have fewer financial resources, who can demonstrate that the vehicle will be an asset that will be used, rather than as a back up.

If your team is interested, we would ask that you submit the following to Mick Guy, Keswick MRT Vehicles Officer (mickguy808@btinternet.com) as soon as possible:—

- * A copy of your most recent charity accounts.
- * A case for why you need the vehicle.
- * If the vehicle is to replace a current vehicle, how that is to be disposed of.

This information will be made available to the team trustees so they can make an informed decision about who the recipients should be. It is envisaged that one vehicle will be released in late February, the other in June 2014.

a key element of their outdoor activity badge. Three team members took on the challenge and were confronted with 24 very excited 6-8-year-olds. In small groups, they talked about the three key elements of the code, then the children produced posters with the aid of the team, around the topics of Respect, Protect and Enjoy. Team members took time to show the children rescue equipment, vehicles and provide a few stretcher rides. In fact, the visit was such a success, the scouts invited team members to join them at the district emergency services day alongside the police and fire service, their mission to educate over 80 enthusiastic children on the treatment of heat exhaustion and hypothermia in three 45-minute sessions. Another successful venture, with the children able to absorb a vast amount of information which will hopefully stay with them throughout their adult lives.

SOUTH WALES

JOINT EXERCISE

In October, Brecon, Central Beacons, Longtown, Western Beacons and South and Mid Wales Cave Rescue teams came together for their annual joint exercise and this year they were delighted to be joined by their friends from RAF Mountain Rescue — a regular occurrence when they were based in St Athan's but not happened in recent years. The day entailed a lot of hard planning and preparation, by a small group of individuals, but it went like clockwork with over 90 mountain and cave rescue team members coming together in Clydach Gorge, near Abergavenny. There was something for everyone, the exercises designed to focus on the work we do together during incidents and to learn from each other.

In the morning, four work stations were set up,

similar in nature and where skills and knowledge could be shared. And there was also a session for the search managers and incident controllers which we were very honoured to have led by Al Read, MREW Training Officer. This led into an afternoon during which we wanted to maximise the use of everyone's unique skills and capabilities. Four very different scenarios — a cave incident, swiftwater kayaker, hand glider crashed in a tree and a walker who had gone into a tunnel — were led by an incident controller from each team. The day ended an evening celebration of pork roast and 'just' a few beers.

ALL WALES CONFERENCE HELD AT LLANDRINDOD WELLS

Huw Birrell writes: If you are going to hold a conference, hold it at Llandrindod Wells Fire and Police station on a beautiful day, looking out of the massive windows across beautiful mid-Wales. Whichever way you get to it, the journey is fantastic! We were there for the second ever All Wales Mountain Rescue Conference (the first one being many years ago and nobody could really remember it). In all honesty, the latest one did come off the back of the Machynlleth search but we didn't wish this to overshadow everything and a varied and diverse agenda followed.

Wales has its own Government and a number of police forces who vary in approach and support to the teams based or operating in their area and a thread seemed to be Who does what? Who gets what? and Who wants what? It is apparent that North Wales MRA fare well insofar as only having one police force to deal with, and that some teams in the south of Wales may get the same job via two or three police control rooms (personally, I get a headache thinking about that) and, during the day, we found other areas where the regions fare differently.

GO OUTDOORS CUSTOMERS RAISE £1000 FOR MOUNTAIN RESCUE WITH MAMMUT MINI MAMMOTH DONATION

GO Outdoors customers raised £10,000 for Mountain Rescue England and Wales, buying 2,000 mini mammoth cuddly toys donated by Mammut and exclusively available from 44 GO stores.



Andrew Denton from Britain on Foot on the bonnet; Rob Sykes and Chris Roberts of Mammut holding the mammoths, and members of Glossop MRT.

The initiative marked the national Britain on Foot 'Walk the World in 80 Days' challenge (www.gooutdoors.co.uk/80days) and 100% of the proceeds have now been donated to the national mountain rescue body. Rob Sykes of Mammut said, 'What an incredible result! And wonderful to have so much support from GO Outdoors and their customers for such a worthy cause. The 80-day walking challenge was a great incentive to encourage people to enjoy the outdoors. But a big part of that is making sure we stay safe so we wanted to raise a significant cash amount for mountain rescue.'

Mike France, MREW Fundraising Chairman, said, 'We're very grateful to all the customers who supported our work over the summer with this project and their continuing enthusiasm for all things mountain rescue.'

Almost 2,000 British walkers successfully completed the Britain on Foot 'Walk the World in 80 Days' challenge — completing a combined total of over 25,000 miles, equivalent to the circumference of the earth.

Topics included a regional chairs' overview of their own region (the teams, incidents and the type of work undertaken), equality for teams throughout Wales. Sennedd funding, TETRA and insurance. John Hulse did a sterling presentation on the use and benefits of SARCALL and the benefits of having a Regional Air Assets User Group were outlined in a summary of the work it does. Other regional topic groups and the need for a more cohesive approach were also considered and agreed.

As for outcomes, an all-Wales register of skills and

assets is now planned. A meeting had been arranged at short notice in Abergele between Phil Benbow (Chairman of NWMRA) and a minister from the Senedd, and a discussion ensued about what they should talk about.

In conclusion, I came away thinking there is a lot going on in both our areas with a general commonality being the dedication towards providing a first class service and I for one am looking forward to the next meeting in April — and not just for the lovely buffet!

THE ALL NEW SALOMON XA PRO 3D: EXCLUSIVE TO COTSWOLD OUTDOOR TRUE CLASSICS DON'T GET OLD, THEY EVOLVE

Cotswold Outdoor announces another new and exclusive product range for 2014: Salomon XA Pro 3D trail running shoes. With a host of new colours and features, the lightweight Salomon XA Pro 3D is now even better than the previous bestselling version for helping you go further.

Ideal for kick-starting a New Year fitness regime, whatever your outdoor pursuit. The iconic Salomon XA Pro 3D builds on our 60-year heritage of developing products to help customers enjoy the outdoors. Since creating their first trail running shoe almost 15 years ago, they've been known as the experts in the field, with a huge range of different styles. The new XA Pro 3D shoes have a variety of innovative features new for 2014,

with a closer fit, improved durability and enhanced grip, thanks to the new Contragrip sole unit. The improvements offer more stability for off-road courses, so runners, walkers and hikers can go even further and the new chassis offers more foot support, which helps reduce fatigue so you can keep exercising for longer. The XA Pro 3D has an extremely secure fit, thanks to Sensifit™ technology, which cradles the foot, and asymmetrical

Quicklace™ technology giving quick one-pull tightening for a custom fit and easy adjustment. A rubber toe cap shields toes from rocks and a mud guard provides extra protection around the base of the shoe. Quick-drying breathable mesh helps to keep feet feeling dry and comfortable, even during a long session. Both men's and women's styles are exclusively available to Cotswold Outdoor through January and February, at just



£100 each and the full range will be available at selected stores and online at www.cotswoldoutdoor.com/xapro. All stores will stock selected styles from the new range. Cotswold Outdoor's unique footwear fitting service, by staff who are all genuine outdoor enthusiasts, means you'll be able to find the perfect shoe for you, whatever your needs and levels of experience.



LOG YOUR CLIMBING ADVENTURES WITH OFFICIAL ALPINE MAPPING AND VIEWRANGER

For climbing and trekking in the mountains accurate maps are crucial and the ViewRanger outdoor navigation and adventure app allows you to download all the topographical mapping you need to your smartphone, for use offline. It also includes a sports computer and recommended routes, and provides active navigation which shows your location on the mountain with GPS.

ViewRanger is robust enough to be trusted by mountain rescue teams worldwide and used in their active operations and many mountaineers use ViewRanger's tracking facility to document their climbs. The app runs in the background, showing accurately where the climber has been and the sports computer gives distance covered, altitude climbed and time taken over sections of the route. All of this is shown graphically on the handset and can be saved as a trip log to provide a detailed record of the climb with minimal time input. Free open mapping is available for all the alpine regions such as Austria, France, Italy, Switzerland and other popular climbing locations such as USA and Canada. Premium topographic mapping from the national mapping agency can also be purchased from within ViewRanger. Breaking news: ViewRanger has just been released on the Amazon app store for Kindle tablets and other Android devices.

FOR MORE INFORMATION, GO TO WWW.VIEWRANGER.COM.



DEFENDER

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#HIBERNOT



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What better vehicle to contend with the elements this winter? Defender has six decades of four wheel drive experience and Land Rover capability built into its core. With 13 body styles, up to seven seats, a 3,500kg towing capacity and a robust, practical interior, its versatility is second to none. Now available with a powerful 2.2 litre diesel engine, some things just get better with time. The perfect vehicle to get you through this winter. #Hibernot.

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Official Fuel Consumption Figures for the Defender range in mpg (l/100km): Urban 20.8 (13.6) – 24.6 (11.5) Extra Urban 29.1 (9.7) – 31.4 (9.0) Combined 25.5 (11.1) – 28.3 (10.0) CO₂ Emissions 295 – 266 g/km.

The figures provided are as a result of official manufacturer's tests in accordance with EU legislation. A vehicle's actual fuel consumption may differ from that achieved in such tests and these figures are for comparative purposes only.

Though we're still very much in our infancy as a charity, the winds of change have already blown. Benevolent Fund Chairman **Neil Woodhead** and Secretary **Judy Whiteside** bring us up to date with progress.

Trevor Cotton resigned as chairman in September and our thanks must go to him for his input during the last two years. 'Woodie' stepped up to the role to keep the wheels turning and, at a meeting of the fund trustees in November, he agreed to take on the role permanently. This now leaves a vacancy for a fifth trustee and we believe this should not be limited to a person within mountain and cave rescue. The new trustee should ideally have experience with this sort of charity and sufficient charitable expertise. We already have interest from one external party, but if you have any suggestions for possible candidates, please let us know — by the end of February if possible. Potential candidates for the role will be invited to meet with the trustees to assess their suitability.

As promised, a 'Benevolent Fund' folder has now been set up in the members' resources area of the MREW website. The FAQs, Gift Aid declaration form, sponsor form and benevolence claim form are downloadable there.

We've had a number of donations over recent months so an enormous thank you to all who have given.

WHO CAN MAKE A CLAIM?

Simple question with a simple answer — or so we thought! But confusion seems to have arisen about who can and can't claim and, specifically, whether dog handlers acting outside of a mountain rescue team's authority were eligible. So... we've done a diagram (where there's doubt, always do a

diagram!).

It really IS simple. You may make an application for benevolence if you are a member of any England and Wales mountain or cave rescue team and you have been injured on a call-out, a training exercise or any other official activity or event which was undertaken with, approved by or under the direction of a mountain and cave rescue team.

In fact, a member of your family or member of the public may also apply, if their claim is directly related to a mountain or cave rescue incident, training exercise, event or activity, provided their involvement was undertaken with, approved by or under the direction of the team.

If the activity was NOT authorised by the mountain or cave rescue team/team leader then you are NOT eligible to claim. And bear in mind that applications must be approved and signed by a team official from the team in question before they will be considered by the Fund.

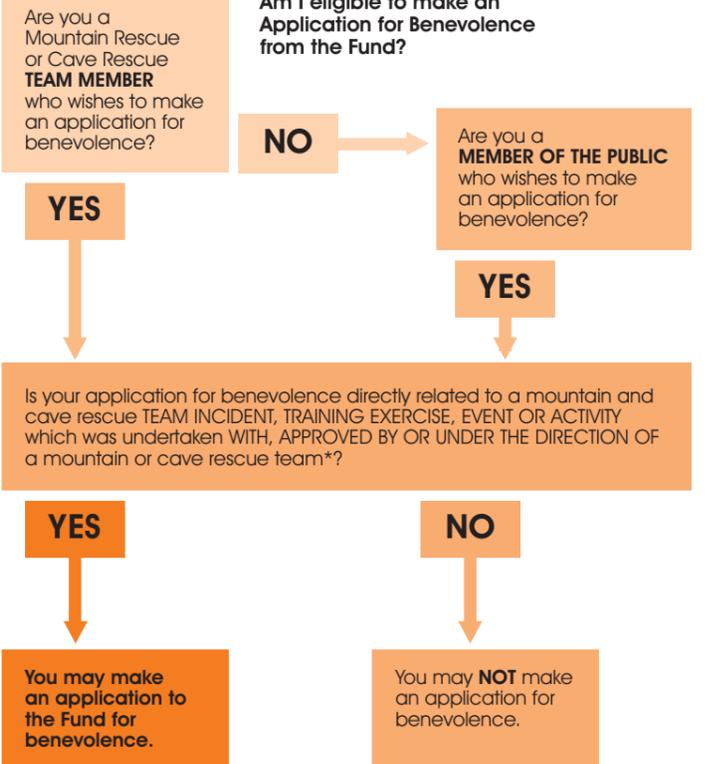
WHO CAN GIVE?

In short, anyone who wishes to support the Fund can do so — and many individuals, teams and regions have already given but this has proved to be another area of confusion for teams: whether one charity is able to give to another. The key would seem to be in the wording of your team's constitution and its interpretation.

As some teams have now discovered, the Charity Commission will inevitably refer you back to your own documentation — and every team constitution is likely to be subtly different.

MOUNTAIN & CAVE RESCUE Benevolent Fund

For the rescue family in need



* 'Team' also applies to members of Mountain Rescue England and Wales/British Cave Rescue Council who are not members of a specific mountain or cave rescue team but carry out duties on behalf of and have responsibilities to mountain and cave rescue regionally and/or nationally.

However, what we have been advised is that teams should look to see whether their constitution specifically prevents them from spending money in this way. We would suggest that any who doubt their position should speak to Andrew Gillett, the MREW legal adviser, via legal@mountain.rescue.org.uk or seek advice from their own solicitor.

...AND HOW?

If you do wish to contribute, our charity number is 1152798 and there are two ways you can give:-

1. Raise a cheque and send it to Shirley Priestley, The Treasurer, Mountain and Cave Rescue Benevolent Fund, 13 Maple Grove, York YO10 4EJ.
2. Make a BACS transfer direct to the Benevolent Fund CAF Cash account.

Sort code: 40-52-40. Account Number 00023601. Please ensure that your transfer is clearly marked with your reference so we can identify where it came from and send thanks to you accordingly!

We'll report on any developments as we have them. Meanwhile, if you have any queries about this report or the Benevolent Fund in general, our emails are listed below.

TRUSTEES:
NEIL WOODHEAD (CHAIRMAN) NM.WOODHEAD@BTINTERNET.COM
SHIRLEY PRIESTLEY (TREASURER) SHIRLEYPRIESTLEY7@BTINTERNET.COM
JUDY WHITESIDE (SECRETARY) JUDYWHITESIDE@ZEN.CO.UK
BILL WHITEHOUSE (BCRC) BILLRHW@AOL.COM

REGIONAL REPS:
LAURA CONNOLLY (LAKES), KEITH GILLIES (MID PENNINE), DAVE WORRALL (NORTH WALES), GRANT WHITESIDE (PEAK DISTRICT), IAN COUSINS (SOUTH WALES), ROGER KING (PENMACRA), BOB SCURR (YORKSHIRE DALES), PETE ALLWRIGHT (CAVE RESCUE).
*NESRA AND SWERA ARE CURRENTLY VACANT

INFORMATION SECURITY BULLETIN #1 TEAM MEMBER DATA



IMAGE © POGONICI DREAMSTIME.COM



WHAT DATA ARE WE TALKING ABOUT?

Some data and information stored on a computer is personal and needs to be kept confidential. As with other areas of their life, mountain and cave rescue team members want to keep their personal information (for example medical records) private and away from the view of just anybody — even other team members.

If someone who is not entitled to see these details can obtain access without permission it is **unauthorised access**. The Data Protection Act sets up rules to prevent this happening.

Personal data is about living people and could be:-

- Their name.
- Their address.
- Their medical or banking details.

Sensitive personal data is also about living people, but it includes one or more details of a person's:-

- Racial/ethnic origin.
- Political opinions.
- Religion.
- Health.
- Sex life.
- Criminal activity.
- Membership of a trade union.

There are fewer safeguards for personal data than for sensitive personal data — in most cases a person must be asked **specifically** if sensitive data can be kept about them.

REGISTERING AS A DATA CONTROLLER

The Data Protection Act 1998 requires every organisation that processes personal information to

In the first of a series of articles, Karen Frith looks specifically at what teams should do to minimise the potential loss or compromise of their team member's personal and sensitive data.

What's the problem?

Newspapers, television and the internet have a lot of headlines and articles about data losses from disks and memory sticks, the loss of paper-based data and of the loss or theft of whole computers, many containing personal and/or sensitive data.

Teams retain data regarding their members, such as date of birth, driving licence details and medical information. This data is stored in either electronic or hard copy form (or both). Over the years, this data has been retained and there are vast amounts of data stored.

register with the Information Commissioner's Office (ICO). **Failure to do so is a criminal offence.**

However, charities are currently exempt from a requirement to register. At present, sixteen teams are voluntarily registered.

With charities often handling sensitive information, such as individuals' medical details, they are potentially more susceptible to encountering a serious data breach. This could result in the ICO serving the organisation with a monetary penalty of up to £500,000.

Registration is highly recommended and it currently costs £35 per year to do so.

Registering with the ICO means that a team has taken a positive step to recognise the issues around protection of personal information and will need to consciously implement

some basic controls and procedures. **To register, follow this link:- http://www.ico.org.uk/for_organisations/data_protection/registration**

HINTS AND TIPS FOR KEEPING TEAM MEMBER DATA SAFE

ENSURE YOU HAVE A POLICY IN PLACE

Trustees are responsible for ensuring their charity complies with relevant legislation — including the Data Protection Act — and for protecting their charity's reputation. Mishandling sensitive data not only causes individuals serious distress, it can also damage the good name of your charity. Create a simple policy of what you will and will not do with personal and sensitive data.

TELL NEW TEAM MEMBERS WHAT YOU ARE DOING WITH THEIR DATA

New team members should know what you are doing with their information and who it will be shared with. This is a legal requirement (as well as established best practice) so it is important you are open and honest with people about how their data will be used.

Consider issuing them a simple consent form, which can be scanned in to a computer or stored with an individuals' hard copy file.

For example:—

The following information will be collected and retained by us for the period of your membership with the team: name,

address, email address, telephone numbers, date of birth, medical information.

This information will be stored [state whether hard copy/electronic]. It will be kept secure and access to it limited to [insert NAMES OF OFFICERS OR ROLE]. When you leave the team, we will delete personal and sensitive information after [Define a period but 12 months could be considered appropriate].

If you wish to remain on our mailing list after you have left the team — so we may contact you regarding events — please tick here. The information that we would retain would be limited to name, address, email address. You may change this at any time.

Information relating to you will not be shared with any other third parties [you may need to clarify what you plan to do with any insurance data you may need to pass on].

*Name:
Signature:
Date:*

TELL EXISTING TEAM MEMBERS WHAT YOU ARE DOING WITH THEIR DATA

In the same way that new team members need to know what you are doing with their data, existing members should also know — again a simple method is to issue them a consent form, as above. Purge old team member personal and sensitive data wherever possible

MAKE SURE TEAM MEMBERS ARE ADEQUATELY TRAINED

Team members who are handling these personal and sensitive data should receive data protection training to explain how they should store and handle personal information. Refresher training should be provided at regular intervals for existing team members. This training is simple and should only take a small amount of time — training videos are available on the ICO Website.

USE STRONG PASSWORDS FOR ELECTRONIC DOCUMENTS

There is no point protecting the personal information you hold on members with a password if that password is easy to guess. All passwords should contain upper and lower case letters, a number and, ideally, a symbol. This will help keep your information secure from would-be thieves.

Your base computer should be set up so that there are areas (where you would keep specific personal and sensitive data) that are restricted to only a small amount of individuals. Only have one version of the data — remember to delete older versions of spreadsheets etc.

KEEP HARD COPY FILES SAFE

All personal and sensitive data stored in paper format should be protected (eg. in a locked cupboard) and should be set up so that access is restricted to only a small number of individuals. Only have one version of the data — do not be tempted to make lots of copies.

ENCRYPT ALL PORTABLE DEVICES

Make sure all portable devices, such as memory sticks and laptops, used to store personal and sensitive data are encrypted and protected with a password. Preferably do not store personal and sensitive data on these.

KEEP TEAM MEMBER INFORMATION ONLY FOR AS LONG AS NECESSARY

Make sure your organisation has established retention periods in as part of a data policy and set up a process for deleting personal information once it is no longer required (eg. a regular/annual review of all team member data).

HELP AND ADVICE

This article is a brief summary of best practice — however, there are bound to be questions about specific practices or situations within your team. If you have any questions about data protection please contact Karen Frith via dataprotection@mountain.rescue.org.uk. ■



A CHARITABLE INCORPORATED ORGANISATION? WHAT'S THAT?

ROGER BENNETT CHAIRMAN, BUXTON MRT

To my knowledge all mountain rescue teams affiliated to MREW are registered charities. However, when it comes to the type of charitable status they hold with the Charity Commission there appears to be a significant split.

Buxton team, like many others, was founded in the 1960s and soon had a written constitution, but for some reason it didn't register with the Charity Commission until 1975. Perhaps in the beginning, team administration wasn't considered to be quite as important as it is nowadays and, from what I have seen of the early financial accounts, the sum of money raised from public donations hardly warranted the cost of a stamp on an annual return.

From 1975, life continued in innocent bliss until around the turn of the twenty-first century. It was then that rumours started circulating in the mountain rescue world that trustees were at serious financial risk if things went wrong in their charity. I recall debates at national level about the perceived threat of personal ruin despite reassurances from our then legal adviser that it was very unlikely any trustee would be at a personal loss providing they carried out their duties diligently.

A significant enough number of team trustees were sufficiently twitchy about their liability and these teams went down the road of becoming a Charitable Company Limited by Guarantee which reduced the theoretically unlimited liability on the individual trustees to a guaranteed limit, in most cases just £1. Buxton team monitored the actions of these teams, considered the pro and cons and finally decided to stick with the status quo, for several

reasons. Whilst as a company, the limit of liability is supposedly restricted to £1 there can never be any protection against mismanagement or illegal actions by individual trustees. The accounting system required of a company is more complicated than we were used to as an Unincorporated Charity. We had nobody in the team with any great financial acumen and would therefore probably have had to employ an accountant. The team would also have to register with Companies House and submit additional paperwork annually. The word 'company' was considered off-putting to potential donors, given that the man in the street presumes most companies will have employed staff to pay and probably seeks to make a profit for its investors!

However, the cloud of potential financial liability still hung above the team trustees and it was some relief to our committee when the Charity Act 2006 enshrined in law the new charity status of a Charitable Incorporated Organisation (CIO). That relief turned into frustration as it took the Charity Commission six years to finalise the details and start accepting the enrolment of new charities from late 2012. Applications were staggered based on income and Buxton team was able to apply in July 2013.

SO WHY BOTHER?

Principally to cover the potential exposure of the trustees to financial liability although it has to be remembered that there is, rightly so, still no protection in the case of improper or reckless actions. The charity also now has a legal identity enabling it to conduct business in its own name rather than the name of an

individual trustee. That means it can enter into contracts, buy property and take on leases and investments which otherwise may have to be registered with the Holding Trustees of the Charity Commission.

Does this mean more admin for the team in the future? No. If a charity already has a suitable accounting system and good membership records then the new status creates no extra work. Although BMRT is now incorporated it is not a company and has no involvement with Companies House. An Annual Return to the Charity Commission with the regular accounts attached is all that's required, just as it was when we were unincorporated.

HOW IS IT DONE?

The Charity Commission website has all the information needed, just type in CIO to get started. The old charity cannot simply change from an Unincorporated Charity to a CIO. The CIO needs to be set up as a new charity and, when all the assets, activities and associated risks have been transferred across, the old charity must be dissolved. The team name does not have to change but there will be a new charity number. The existing constitution will have to be carefully considered and probably rewritten but that's not as daunting as it sounds. The Charity Commission has produced two model constitutions, one for charities where the voting members are not necessarily trustees (the Association model) and one for charities where the only voting members are the trustees (the Foundation model). Buxton MRT chose the Association model. The Charity Commission expects applicants to adopt as closely as possible one of the model constitutions as this will ensure that all the essential legal provisions are correct. There are some suggested options in each model where the most suitable one can be accepted. There are also plenty of notes published to assist the decision-making process. In our case, the model constitution conflicted with some points in what we call our Standing Orders. This is a team document which

specifies who can vote, notice to be given of meetings and our disciplinary procedure, etc. We therefore took the opportunity to rewrite the Standing Orders at the same time, so allowing us to adopt a version of the model constitution without compromising what we wanted to do as a team. This was probably the most time consuming part of the change process but it was worth getting everything up to date and agreed by the team members at the same time.

ARE THERE OTHER ASPECTS TO CONSIDER?

Whilst the charity keeps its old name, it will have a new charity number that will be published in all sorts of different places and will need to be updated, for instance: various insurance policies, vehicle registration documents, fundraising material including collection boxes, letterheads and not forgetting the Justgiving account, the website and all official contacts such as the registration with HMRC relating to Gift Aid claims. New bank accounts will have to be opened, which will affect existing direct debits in and out. Buxton MRT created a small number of Financial Trustees to manage the accounts, thus negating the need for all the team trustees to produce their proof of identity at the bank every time a new account is opened or changed. Any existing land or property leases/ ownership need to be reassigned to the CIO and we recommend taking legal advice on this as it is likely to include legal documents for the Land Registry and others. So the change is not for the fainthearted but is well within the capabilities of any team of sensible people without any professional experience. It took time to consider the model constitution and make it work for our team but now we have a clear team management document. The team has a legal identity together with protection for its trustees and we think it was well worth the effort. For those considering a change to CIO there is plenty of clear and helpful information and guidance available from the Charity Commission.

incidents

figures

Jul • Aug • Sept • 2013

real rescues



RUPTURED VARICOSE VEIN PROMPTS TEAM CALL-OUT

Sixteen members of the joint Buxton and Edale Snatch Squad were called to Lathkill Dale, near Over Haddon, by the East Midlands Ambulance Service in October, when a 56-year-old man from Sheffield suffered a ruptured varicose vein whilst walking with his wife, resulting in severe blood loss.

Fortunately the incident occurred in the only part of the dale where a mobile phone signal was available. The air ambulance was quickly overhead, but due to the nature of the terrain had to land some distance away. The casualty was treated on site by mountain rescue paramedics and evacuated by stretcher a few hundred metres to the waiting Notts & Lincs Air Ambulance and flown to the Northern General Hospital, Sheffield for further treatment.

Region and Teams	Incidents	Region and Teams	Incidents	Region and Teams	Incidents	Region and Teams	Incidents
Lake District		North East		Edale	29	Yorkshire Dales	
Cockermouth	17	Cleveland	18	Glossop	10	CRO	18
Coniston	15	North of Tyne	5	Kinder	13	Upper Wharfedale	8
Duddon and Furness	5	Northumberland NP	8	Oldham	5	(Previous quarter: 31)	26
Kendal	11	Scarborough & Ryedale	11	Woodhead	11	Search Dogs	
Keswick	23	Swaledale	2	(Previous quarter: 85)	86	Lakes	10
Kirkby Stephen	2	Teesdale and Weardale	1	Peninsula		England	11
Langdale Ambleside	20	(Previous quarter: 27)	45	Cornwall	7	Wales	4
Patterdale	21	North Wales		Dartmoor (Ashburton)	1	South Wales	3
Penrith	9	Aberdyfi	10	Dartmoor (Okehampton)	1	(Previous quarter: 19)	28
Wasdale	16	Aberglaslyn	12	Dartmoor (Plymouth)	7	RAF	
(Previous quarter: 146)	139	Llanberis	38	(Previous quarter: 28)	25	Leeming	2
Mid-Pennine		North East Wales	7	South Wales		Valley	5
Bolton	13	Ogwen Valley	31	Brecon	22	(Previous quarter: 1)	7
Bowland Pennine	16	South Snowdonia	7	Central Beacons	8	Total	556
Calder Valley	19	(Previous quarter: 67)	105	Longtown	7	(Previous quarter: 508)	
Holme Valley	3	Peak District		Western Beacons	6		
Rossendale & Pendle	1	Buxton	10	(Previous quarter: 56)	43		
(Previous quarter: 48)	52	Derby	8				



RESCUERS IN FOUR-HOUR MISSION TO FREE DOG STUCK IN 80-FOOT CREVICE ON SNOWDON



Photos © John Grisdale

A Llanberis team member spent more than two hours in an 80ft rock crevice on the side of Wales's highest mountain in a delicate mission to rescue Chip, a fallen sheepdog.



The unfortunate sheepdog went missing as he was bringing sheep down from Snowdon and his owner enlisted the help of the Llanberis team to find him. Half a dozen team members set out about 3.30pm to make their way up Clogwyn Mawr with the farmer, to where Chip had last been seen two days earlier.

Rob Johnson explains: 'As we approached the crag, the farmer could hear whining from within the mountain. We knew at this point that this was going to be an interesting one!

'The approach to the crag was delayed slightly as, during our scramble approach, one team

member dislodged two boulders, trapping his leg.

'Chip was stuck in the bottom of a deep rock crevice, which was extremely narrow and halfway up a steep crag. We rigged a belay and dropped ropes down the crevice and one team member was volunteered as being of the skinniest build and lowered into the slot. About halfway down he became wedged, so was pulled out — much to his relief!

'The next volunteer was slight and lithe. She reached the same spot before concluding that some cunning was required. A climber's clip stick, a long pole with a clip on the end, was duly delivered within an hour or so — with our team member still in the narrow slot.

'She then spent another hour wriggling and worming her way down to within a metre of the bottom, where she cleverly managed to clip the dog and they were both hauled to safety.'

Miraculously, Chip was unharmed and walked off the mountain with the rescuers.

MEANWHILE... FOXHOUND CORRIS TAKES THE BISCUIT AFTER A WHOLE WEEK STUCK ON A LEDGE

Dog rescues continued to hit the headlines in North Wales (and elsewhere, in Yorkshire, too — see page 27) when Aberglaslyn team members managed to coax Corris the foxhound into the arms of her rescuers, with the aid of a few digestive biscuits.

The 18-month-old hound became stuck on steep ground on the flanks of Trwyn y Graig, a 734m peak near Nantlle, while working with its owners. Attempts by them to reach her on the ledge were unsuccessful.

Several team members arrived to assist, and made short work of setting up a technical rope rescue system. A team member then abseiled down the crag towards the stricken dog, and was able to reach the ledge where she had spent the last six cold and lonely nights. After some enticing with a few digestives and several attempts to bite her rescuer, Corris was evacuated from the crag safe and well. She was uninjured and in good spirits — and no doubt grateful to be back on familiar territory with her grateful owners.



Central Beacons Mountain Rescue Team Fifty years

As Central Beacons Mountain Rescue Team, based in Merthyr Tydfil, celebrates fifty years – the first team in South Wales to achieve half a century of saving lives – and founding team member Peter Howells receives his 50 year Long Service Award, their anniversary year is already proving one of the busiest! Team leader Penny Brockman takes a look back over fifty years.



The team, as its name suggests, covers the central area of the Brecon Beacons, also operates in the Valleys to the south, and down to the coast and the cities of Newport and Cardiff. It was formed in 1963 by war veteran and local police sergeant, Jack Powell, as the Merthyr Tydfil Police and Civil Defence Mountain Rescue Team.

Perhaps inevitably, at first the team's equipment was begged and borrowed from a variety of sources and included one rope, a couple of first aid kits from Civil Defence, two stretchers from the Army, and access to Civil Defence vehicles and radio equipment. Equipment could come from unexpected sources, however. One night in the 1970s, whilst the team was out on exercise, a chap strolled over and on the spot donated a four-wheel-drive lorry ambulance which had once served at RAF Farnborough and the vehicle very quickly began a new life as a mountain rescue control truck. If only it was so easy to get a control truck in this day and age!

On 11 February 1966 the team was called out to support RAF Mountain Rescue in a search for a Vulcan bomber that had gone missing in the Brecon Beacons on a training flight. The bomber had flown into Fan Bwlch Chwyth and struck near the top of the mountain, sadly killing all five crew members. Team members searched in the Beacons, and were then despatched to Brecon to help with casualty handling.

Just a few months later the eyes of the world turned to the mining village of Aberfan following the catastrophic collapse of a colliery spoil tip into the village and its primary school, killing 116 children and 28 adults. Deployed as part of

the Civil Defence response, members of the team operated in a variety of roles, in particular providing the radio communications for the rescue operations.

Calling out the team by a system that included driving, or even cycling to the homes of team members without phones, was fine while the team was averaging only eight call-outs per year but, with increasing numbers in the hills facilitated by the construction of new and better roads, by the 1980s that number had increased considerably. And the number continued to rise through to the 21st century. Pagers were introduced in 1990, making mobilising the team a whole lot easier.

But greater challenges than any could anticipate were to face the team in the 1980s. On 1 May 1983, while the team was evacuating a member of the Boys' Brigade from Fan Fawr, a call came over the radio to report that someone had heard six whistle blasts on Pen y Fan. As a group from neighbouring Bridgend MRT with their team leader Mike Ruddal was already half way up Pen y Fan, it was agreed by radio they would go and investigate, and once they'd completed the evacuation of the casualty from Fan Fawr, members of Central headed up to assist in the second incident.

A group of scouts had lost their way descending Pen y Fan and wandered onto the dangerously steep north east face. One of them had been separated from the rest and suffered an injury, and Mike Ruddal had ventured out to locate and treat the lad. To the arriving members of Central Beacons, it was unclear exactly where the casualty was located and in the deteriorating weather conditions it was decided to lower two personnel onto the face to find them. What they found was devastating. In shielding the casualty from a spontaneous rock fall above them, Mike had suffered serious head injuries and was killed.

In the late 1960s, with the disbanding of Civil Defence, the team assumed the name of Morlais Mountain Rescue Team, taking the name of the former limestone quarries where the team carried out much of its training – and still does. Its most recent transformation came in 1996 when it became Central Beacons MRT, reflecting the core operating area of

the team. At this time too, the team's base in Merthyr Tydfil was expanded to include training and equipment rooms, a kitchen and showers, making it reasonably comfortable for those spending the night there on a vac mat after a late call-out or during snowy weather.

At this time the team diverted from a Sunday exercise on one of its furthest ever call-outs, to Okehampton to support the Dartmoor teams who had spent the previous 24 hours assisting in the emergency evacuation of over 2000 teen-aged Ten Tors challengers in heavy rain, sleet, snow and freezing temperatures. Although they didn't make it onto the hill, parties of the team arrived on scene to support our fellow rescue teams.

This millennium the team has seen its call-outs massively increase with a whole variety of urban, rural and mountain incidents. In 2008, the year Mountain Rescue patron, Prince William, visited the Base and joined in with training in the team's second home of Morlais Quarries, the team responded to 100 call-outs. Since then there have been 75-90 call-outs per year, including the double aircraft crash in which ATC members sadly died.

In 2012, Central Beacons provided over 2000 volunteer hours over a six-day continuous deployment in Machynlleth on the search for April Jones. And this year, supported by the other South Wales teams, the team led the mountain rescue efforts for the soldiers suffering from heat-related injuries near Pen y Fan on the hottest day of the year in July.

The team celebrated 50 years with an Anniversary Dinner in the latter part of this year. It was a wonderful night – no after-dinner speakers but a bit of fun by a few members in the style of the Charles Dicken's analogy with the Ghost of Morlais Past, the Ghost of Morlais Future where we saw how clothing technology could look like through the use of Elton John style glasses, cling film and a T-shirt and then we came back to Morlais Present and a toast to the families who support our team.

As the team enters its sixth decade with SARLOC, SARMAN and SARCALL, one wonders what things will be like, and what new equipment and technology may be being employed when it's time for the centenary celebrations. Do I hear 'Beam Me Up Scotty'? Don't be surprised! ■

NEW YEAR HONOURS FOR MOUNTAIN RESCUERS

Four mountain rescuers received honours in the New Year, three in the Lakes and one in Yorkshire.

...Patterdale team member **Dr Theo Weston**, was awarded an MBE for services to victims of trauma. The Penrith-based GP has been volunteering for more than 20 years in pre-hospital emergency medical care in the Eden Valley and also works with the Great Northern



Air Ambulance Service so is frequently called out to road crashes and other emergencies to help paramedics. Back in September, he helped out at a major crash on the A685 at Grayrigg involving a bus and lorry which resulted in fifteen casualties. In 1994, he set up the BEEP Fund (Birbeck Emergency Equipment for Patients) which has raised more than £400,000 to buy the vital equipment needed for doctors who perform this type of work but, over the last five years, has been attending emergencies virtually single-handed as the number of doctors in the BEEP Fund has dropped. The fund receives between 100 and 150 call-outs each year, 24 hours a day, seven days a week.

Theo said: 'This is a huge honour and a big surprise – I never dreamt I would be worthy of such a prestigious honour but I'm absolutely delighted. And I want to give credit to all the others who have supported me over the last 20 years, allowing me to do this kind of work.'

Newly appointed MREW Medical Officer, **Dr Mike Greene** received an MBE for services to health and to the community in Whitehaven. Based in St Bees, Mike has been a member of the Wasdale team since August 1992, and is the team's doctor. In his professional life, he is an emergency medicine consultant at West Cumberland Hospital in Whitehaven.

Arthur Littlefair, team leader of Kirkby Stephen MRT, was awarded an MBE for his work in mountain rescue. A team member for over 40 years, he took on the role of leader in 1991.



'I am so proud to be receiving this honour,' said Arthur. 'For me, it's a recognition of all the people who have been in the team since I joined and also a timely reminder of all the people we have helped. Mountain rescue has changed considerably over those years. We

have gone from being a small bunch of enthusiastic fellwalkers to the much more professional outfit we are today, but the ethos has always been the same – to offer the very best assistance we can to those who get into difficulties in the outdoors.'

And over in Yorkshire, **David Wilkins** of the Holme Valley team was awarded the British Empire Medal. David was a young boy of eleven at the inaugural meeting of the 14th Huddersfield (United Church Marsden) Scout Group in 1957. Now he is the Group Scout Leader and has been honoured for his services to Scouting and also for his work with Holme Valley MRT since 1977.

'The honour was something I never sought or looked for,' he said. 'I've just got on with the jobs I've had with the Scouts and with other groups in the village. I can't believe it.'

Congratulations to all of them! ■

LOCKERBIE REMEMBERED



On 21 December 1988, Pan Am Flight 103, en route from Frankfurt to Detroit via London and New York exploded in the skies above the Scottish town of Lockerbie, killing all 243 passengers and sixteen crew on board. Wreckage crashed into homes, taking the lives of eleven more people on the ground. Mountain rescue team members from across the UK were heavily involved in the aftermath.

Dave 'Heavy' Whalley was team leader of RAF Leuchars MRT. 'Very little' he says, 'has been written or spoken of what happened.' This is his story...



Mountain rescue team members at the heart of the recovery operation, the now iconic nose cone of the Clipper Maid of the Seas visible in the background. Left to right: Ian Baird (SARDA Southern Scotland), Stewart Hulse (Langdale Ambleside MRT) and Heather Molling (SARDA Wales) © PA.

I'd been team leader at RAF Leuchars for over a year, the pinnacle of my career in mountain rescue. The team was superb, 30 call-outs at least each year and on one spell we were away for nine days on winter rescues all over

Scotland. Our primary task was the recovery of RAF and civilian aircrew and, in my eighteen years with mountain rescue, I'd been to several aircraft crashes in the mountains but never seen anything like this. And what I saw has stayed

with me. Twenty-five years on, the memories of that night still haunt me. It hasn't been easy to write about how it affected me, and my team, on a personal level but now seems an appropriate time to reflect.

I was trying to get a few days leave before Christmas. I'd taken time out as my personal life was in turmoil, my ex-girlfriend had left her husband and was coming to see me from down south. I was still in love with her and needed time to

sort out my life and my feelings. She arrived very distressed at 1600 at Leuchars railway station and we'd had just two hours together when 'Lockerbie' happened.

It was my first time off for a year. We had a saying before we went on leave: 'Don't call me unless a jumbo jet crashes in the mountains.' So I didn't believe it when the call came. I was at home when my deputy called me with the news: 'a jumbo has crashed'.

A quick dash to the section, the usual organised chaos, then we briefed the troops. What do you say to the team in times like this? How do you cope with over 250 casualties? Never in our history had we to deal with something like this. RAF Leeming MRT was airborne for Lockerbie, with RAF Stafford following by road. My deputy, Cpl Raz Frew left with the team with me not far behind.

I headed back home just to tell her I had to go, then it was a police escort from my house to Lockerbie. The drive was very fast with no other cars on the closed M74 — a very weird experience in itself. Wreckage littered the road and the sky glowed like daylight as fires burned everywhere. The police blocked entrances to the town and the press was everywhere. The smell of fuel and the heat and smoke was overpowering. It's a smell that will remain with me the rest of my life.

The police got me through to where the troops were. The sky was full of helicopters, like a scene from Vietnam. Or Hades. A nightmare. We held the troops as Leeming team made a recce. Wreckage was everywhere — a huge engine the size of a car stuck into the road, aircraft panels on roofs, open suitcases, with Christmas presents spread about and surreal scenes, bodies everywhere. We'd been so hopeful we could save lives or help casualties, but there was little to do. There was enough mayhem and confusion going on and a real danger with the uncontrollable fires, especially in the dark. Our boss, Sqn Leader Bill Gault — then called Inspector of Land Rescue (ILR) — had been travelling home for Christmas along the M74. He was there and took control: the right man at the right time and a key player throughout.

I was told to keep the teams happy, find a base and control the helicopters which were like a scene from 'Apocalypse Now' with a real chance of mid-air collision. Communications with the outside world were non-existent — the early satellite phones had broken down and landlines were severely

damage by the crash. I did a quick look round, it was awful carnage, indescribable, never to be forgotten. The sheer scale of it was mind-boggling.

Somehow we managed to set up a landing site for the choppers and got some type of control for them. The Leuchars helicopter landed on and took control of the airspace. This was extremely important for flight safety. The troops had found accommodation and a base and we moved into the school — our base for the next few days.

Eventually, the police tried to give us a briefing in the Assembly Hall: over 500 people from ambulance, fire, police, coastguards, voluntary services and RAF and civilian teams. It was, as one would expect, chaos and the civilian teams from the Borders looked at the RAF teams for the way forward. We'd carried out exercises in the Borders only a few months before, with the scenario of an aircraft crash! We'd made a few great contacts and this was to prove invaluable in the days ahead. The main point of the brief was to wait till first light, as it was too dangerous to go out in the dark with the fires still raging — difficult to keep the troops from going out but they accepted the inevitable, to sit and wait. Few slept.

The smell of fuel and the heat and the smoke were overpowering... a huge engine the size of a car stuck in the road, aircraft panels on roofs, open suitcases, with Christmas presents spread about and surreal scenes, bodies everywhere...

Information was hard to gain and I decided to recce on my own. Lockerbie is such a small place, situated just off the motorway near the Borders, it had the smallest police, fire and ambulance authority in Scotland and was completely overwhelmed.

A policeman and I went round the crash site in the dark. Fires still burned fiercely with bodies and wreckage everywhere. Nothing can prepare you for this, even after a lifetime of rescues. Hard enough on the battlefield but here we were, one minute at home getting ready for Christmas, the next here and this. There was no time to prepare.

We located the main wreckage and this gave us vital plans for search areas for the morning's search. Shocked, I reported back to our control. The plan was prioritised into a casualty count and a map of all the wreckage and main aircraft parts. RAF MR had done this many times before, but never on this scale. By now, based on reports

and what we had seen, the chance of any live casualties was extremely limited. The brief to the troops was one of the most difficult ever. We made sure they worked in pairs with an old head along with the newer troops and told them what horrors to expect. Spare a thought for the Borders teams and the search dogs, some of whom had very limited experience of death and destruction. In the days to come they were all magnificent, I have never forgotten their efforts.

We gave each of the teams areas to search. We were looking for the black box and this is where our experience of aircraft crashes came into its own. At first light, Stafford found the box in the first hour. This impressed the police and, even more, the 'men in suits' who'd arrived in the middle of the night.

By now it was common knowledge this was no normal crash. The troops were out reporting back to control where we were working shifts, all the team leaders together on the crash map listing wreckage and casualties. As the casualty numbers grew, the enormity of what had happened began to dawn.

The troops were magnificent — all working so well together and a great credit to the mountain rescue

and produced meals around the clock 24 hours a day for weeks. These ladies gave us a bit of sanity during this disaster and work tirelessly throughout. We had the helicopters flying out to various areas and a low-level photo recce aircraft plotted the wreckage at over 500 kilometres. Casualties were not just in the main town and fields but spread out some distance away. We put experienced troops on the helicopters to plot and mark wreckage and casualties. By the end of a long first day we'd located three-quarters of the casualties. We were tired and stressed out.

After a meal and a shower we had a debrief in the gym then we needed to relax — should we go out? Would anywhere be open? You have to remember: this sleepy Border town had been thrown into mayhem. How the death toll of locals was not higher, God only knows, as several streets had been demolished. It was late when we went out but some of the pubs were open. The locals, who knew we'd been working very hard in a difficult task, made us very welcome. We all felt guilty drinking and trying to relax but it was what we all needed and acted as a safety valve. The press tried to get us to talk but soon appreciated we needed a break.

What we'd all experienced that day was private. Very few slept that night, many had nightmares and we were all aware that it was going the same again next day. Things were gradually becoming more organised, the police and emergency services and the teams had risen to the challenge. Troops flew out with the helicopters, all over the place finding casualties and wreckage, more surreal sights. Everything was plotted: teams found and marked the casualties, moving on to new areas and awful sights, the smells of fuel, burning and death everywhere. Resources flooded in making life a bit better for us all.

By the end of the third day, we'd accounted for all the casualties, and there was little left for us to do so we pulled out. Helicopters and a fleet of white vans took the dead to a makeshift morgue. It seemed never-ending.

At times like these the basic things in life matter, heroes emerge. The WRVS set up in the school kitchen



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Founder, **GO Outdoors**

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The local teams worked with the search dogs for weeks after we left, searching for human remains. On leaving we handed in the crash maps to the police. Every casualty, plotted along with the wreckage, brought home the enormity of the tragedy.

On our return to Leuchars, the Station Commander met us with beer and a few words: we were heroes for the day. We'd not slept for three days and I was tasked with all the reports on the events and, most importantly, lessons learned. As I wrote late into the night, various troops came to me, disturbed at what they had seen and done. In those days, there was no training in post-traumatic stress disorder, it was all off-the-cuff. Little did I know how this would affect me later, in a fairly serious way. One of the things I asked for was counselling for the team and eventually we did receive it. Many of the troops thought this was a daft idea but in my mind it was definitely necessary. Things have moved on since and we now give briefings designed to reduce the effects of PTSD as part of our team lectures.

Luckily, mountain rescue is a family and what we have been doing to unwind in the past by debriefing, relaxing, having a drink and talking things over, were all steps in the right direction. The book 'Trauma', by Professor Gordon Turnbull, describes how this was huge turning point for the military and other agencies in dealing with such carnage.

As we returned to our families, it was a difficult time for all. By now Christmas was on us and we spent the time at Newtonmore — eighteen of the twenty-nine who'd been at Lockerbie. We had a wild night in Kingussie, painting the town red, with me and the local policeman Jimmy Simpson (who was also a SARDA man) keeping them all out of trouble. Next day it was my turn and they all looked after me (but that's another story!).

The weather was magnificent, as we marvelled at the views and the hills — so different to what we'd been through and seen at Lockerbie. Hard to imagine how life continues after such an event but we all got on with the festive season as best we could. In between Christmas and New Year, I drove down south to pick up my lass. I was exhausted. Everything had caught up with me. I'd not been sleeping, having flashbacks and nightmares, and the stress was starting to affect my new relationship. I was worn out physically and physiologically, a

different person. I'd changed in many ways.

After New Year, a few of the team had problems coping and, inevitably, they came to me as team leader to chat. Unknown to me this was having a long-term effect on me. I was taking on their problems and overloading.

Mountain rescue was the flavour of the month for a while. Teams received letters from the Prime Minister, Margaret Thatcher, from Members of Parliament, and many others. We had a visit to Lockerbie and met lots of VIPs — difficult and almost unreal. Some of us were involved with the ensuing investigation. It was a difficult time for all. A few weeks later, Kegworth happened and Leeming and Stafford did it all again. But this time they saved lives. What a difference that made to all the troops. Who says lightning doesn't strike twice?

Call-outs that winter came thick and fast, the team rising to every challenge. A few months later I awoke to find I couldn't move. I fell out of bed, crawled downstairs and got my lass to take me to the doctor. I was tested for everything, blood taken, they could find nothing wrong. This was a worrying time and I was off work for over three months. In the end I was told it was the effects of stress after Lockerbie and my body's way of telling me to slow down.

It took more than six months to get myself sorted out — the last thing my lass needed. Not for the first time in my life, mountain rescue had taken over my personal life. For a long time I had regular nightmares, limited sleep and terrible mood swings. It took a very long time to get back to the 'old me.' There was limited advice on how to handle these problems. The attitude then was that we were hard mountain rescue men, we could handle problems — at least, we thought we could! Thank God we've progressed from these attitudes nowadays.

It took a long time to go back to Lockerbie but I recently did. The Garden of Remembrance in the town and the Memorial are impressive. The village is back to normal and life goes on. But I could still visualise what happened on that dark night. I will never forget it.

I thought I'd never see such as scene again but then, a few years after Lockerbie, I was one of the first on scene at the Shackleton crash on Harris and the Chinook on the Mull of Kintyre. Though not on the same scale of Lockerbie, as I flew into the crash sites and saw the fires, the smell of fuel and

wreckage, I was back in Hell again. As we were dropped off into the fire and smoke, I asked the troops to look after me and they did. Fortunately, these things don't happen too often and you do learn to cope. I was so lucky having such great colleagues and to be part of such an outstanding system. These were just young airmen, a band of brothers who all did their bit. They're an incredible bunch of people who did their best and all are affected. It was they who'd covered the fatalities with personal clothing in the early hours to bring some dignity to those whose broken bodies were left where they fell. It took several days to remove all the casualties due to the criminal investigation and at times we were passing the same bodies several times a day. Sons, daughters, fathers, mothers, old and young all blown out the sky. For what? I was awarded a BEM after the disaster as this is the way we do things in Britain but the whole team deserved recognition.

Mountain rescue has been built from years of experience, dedication and service. God willing, nothing like this will happen again, but in this mad world we live in, you never know. Teams are all now part of disaster planning — 'resilience' is the new buzzword.

Mountain rescue team members and dog handlers from all over the UK did an exceptional job during Lockerbie. To me, this was mountain rescue's finest hour, no lives saved but what an incredible effort by all.

Twenty-five years have passed and I have been heavily involved with the press and media on this sad anniversary. Why? I'd hoped to try and explain what we did on that awful night. I've been down to Lockerbie twice during 2013, to film. It was extremely hard and I cannot thank my family and friends enough for their help. The people of Lockerbie have been incredible as always and life goes on.

As someone once said, we don't just carry the stretcher off the hill — many of us carry the burden of such a tragedy for a long time. On the day of the anniversary, I ventured into the hills to clear my mind. I was asked by the media to join the 'celebrations' but I felt I'd done my bit. There are so many lives changed by that tragedy and my thoughts are with those families who lost loved ones.

I'm now trying to build up a roll of honour of the mountain rescue and SARDA personnel involved at Lockerbie. If you can help with this please contact me via email: heavywhalley@btinternet.com. ■

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Photo © Petzl/Lafouche

HANDS-FREE LIGHTING

PAUL WITHERIDGE

Once upon a time there was the good old torch. It was simple and cheap but ate batteries and produced a pitiful light for next to no time before finally flickering out. It might have been better than a bundle of tar soaked reeds, but not much. If you actually needed to do something at the same time as carrying it around then forget it. It was either prop it against a rock or open wide and prepare to lose a tooth.



From top: Ultra Vario; Nao; Tikka-X; Pixia 2 in harsh conditions. Above inset: Pixia 3 on test. Photos © Petzl.

It took an enterprising French engineer and caving expert to draw the technological threads together and come up with what we now all immediately recognise as the head torch. His name is instantly familiar to mountaineers and cavers the world over: Ferdinand Petzl.

The Petzl company has been a specialist headlamp manufacturer for over 40 years and has been constantly inventing and developing products that offer professionals maximum freedom and efficiency for working in the dark.

The original Petzl Zoom with its incandescent bulb, focusing beam and rear-mounted battery pack gave users the first 'hands free' head torch. It was like all good designs: simple, ergonomic and robust. Turn the bezel and the light came on, turn it further and the light beam changed from flood to spot. The battery, when used with the 'high performance' halogen bulb lasted long enough for a walk-in, a decent winter route and the journey back.

Always first to embrace new technology, Petzl recognised the potential benefits of the Light Emitting Diode (LED) and the Petzl Tikka became the first commercial head torch to use LEDs as a light source. It was small and light, just as easy to use as the Zoom but with a light source that could withstand a knock and ran for hours on smaller batteries. It is no understatement to say the Tikka changed the way outdoor people looked at lighting, allowing them to see it as a necessity, not a luxury.

Now, over a decade on, users have the option of sophisticated head torches that truly open up the night time world. Microchip controlled models such as the Petzl Nao offer 'regulated lighting' giving constant output over time and 'reactive lighting' that adapts the illumination level to the environment.

So, as technology races on and more and more head torches become available how do you sort out what will work for you?

When choosing a head lamp for your needs, Petzl suggests that you ask yourself a few questions — and be honest with yourself with the answers:—

HOW FAR DO YOU REALLY NEED TO SEE?

Biggest lumens output is not always best. There is no point lighting up the hillside if you are unable to differentiate between a stricken walker and a snoozing sheep at that distance.

It's better to save weight and battery life by matching lighting range to your needs.

ARE THE LIGHTING OPTIONS APPROPRIATE FOR MY ACTIVITIES AND ENVIRONMENT?

In rescue, your requirements will differ depending on the task in hand (map reading, rapid movement or observation at distance) so your head

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SKILLS UPDATE AND DEMO DAY

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Free training/demo day to Mountain Rescue Teams and other organisations involved in water rescue

Over the last 18 months we have been developing a inflatable rescue tube specifically designed around the needs of Mountain Rescue, the tube can additionally be converted into a sled for simple water crossings.

The day provides an opportunity to network and train with people from other areas, a chance to work with new equipment and also provides on-going training for swiftwater rescue technicians. It is intended for those with a training role, or with more extended swiftwater experience.

The day will cover:

- Introduction to working with inflated hoses
- use of a rescue sled
- Risk assessment
- Teaching swimming in white
- lines across rivers
- Rescue scenarios

Limited to 8 people per day (one place per team)

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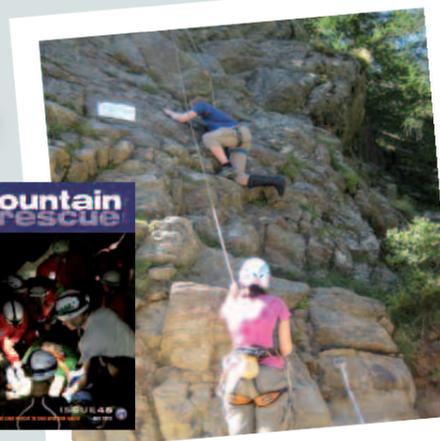


www.water-rescue.co.uk

life online

October's story of the Glossop team member who got creative with his marriage proposal prompted reader Judith Ellis to write in with her own story. (Do I sense a regular feature coming on?) It seems mountain rescue can bring out the romance in all of us...

'I loved the story on page 41 [October 2013 issue]. The front cover of issue 45 [July 2013] featured my daughter's boyfriend being rescued from Stanage on 31 May. I'd always imagined he would pop the question after a momentous climb but as Graeme said, 'After my exploits at Stanage that night we couldn't wait that long'. While he is just about back on the rock, he's not yet doing that sort of significant route. So what did he do instead? 'They went to Chatsworth and borrowed the electric wheelchair. They went into the maze, waited until everyone else had left, then he hauled himself out of the wheelchair and knelt on his good knee to pop the question. 'Of course, when asked for his daughter's hand in marriage, Becky's Dad replied by asking what Graeme could offer other than a load of broken limbs. 'Seeing the pic on the front of the magazine emphasised for me the proficiency and professionalism of mountain rescue (I'm a

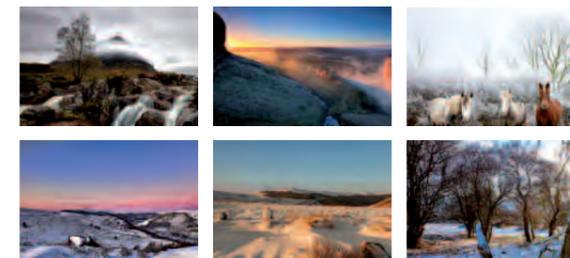


Basecamp member), which I thought I knew anyway. The fact that there are about a dozen team members — that's just those in that front cover shot — surrounding Graeme, and they're ALL doing something useful, underlines their training and commitment and I am extremely grateful to everyone who turned out that night. 'You might be amused by the follow up picture, on a crag at Saas Fee at the end of August. Under these circumstance I think knees are allowed! 'Thanks too for a great magazine. I always look forward to it coming and read it cover to cover — even most of the technical bits.' Always good to have feedback, especially when it makes us smile, and a nice thank you there for Edale team, who turned out to rescue Graeme that night. JW



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CHRISTMAS CARDS STIR PERSONAL MEMORIES FOR ANOTHER READER



Adrian Ashworth's stunning images sold like hot mince pies in the weeks leading up to Christmas — so thanks to all those who bought the cards and supported us in this way. (And thanks again, of course, to Adrian!)

'I just love these walker's views,' wrote Enid Thompson, 'especially the afternoon twilight of 'Rainbow' with the moon in the sky. I shall have to get out there again if my lad can fit me in when he returns from the UAE. He cut his boyish teeth climbing in the Peak and I traced Hordron on a disintegrating map sheet 110 that's highlighted with routes and spots he marked there many moons ago — probably in the days when he hitched and hoofed out via Sheffield. I really enjoyed being able to send cards with a personal connection.'

NEW TO THE MEMBERS AREA:

NEW RESOURCES FOLDER FOR THE BENEVOLENT FUND

FAQs, Sponsor Form, Gift Aid Declaration and Benevolence Claim Form.

IKAR REPORT FROM OCTOBER 2013

Compiled by Mike Margeson with reports from John Ellerton and Chris Francis — the full report also available here on pages 50-53.

TRAUMA AND ACUTE MEDICAL WEEKEND

Date for this year's MREW Trauma and Acute Medical weekend is now set! This will take place on 5/6 April at Edale MRT base in the Hope Valley, Derbyshire.

torch should be able to change as well. Some have variable lighting modes which may change the beam pattern (wide, focused, mixed etc) and the lighting performance (light output, lighting distance, battery life).

IS IT A 'COMFORTABLE' LIGHT?

A perfectly uniform, homogenous beam maintains comfort in use. Dark spots, halos or intense pin points cause fatigue. Ensure that the beam is broad enough to prevent the feeling of tunnel vision when moving.

DOES THE ENERGY MANAGEMENT OF THIS HEAD TORCH SUIT MY NEEDS?

Traditional power control systems offer full power input from switch on, but get dimmer minute by minute.

Constant (regulated) systems ensure stable lighting for a pre-determined period through microchip controlled electronics. Neither the luminosity nor the lighting distance will change during this period.

IS THE ENERGY SOURCE APPROPRIATE FOR MY FREQUENCY OF USE?

Regular batteries work okay for occasional use, but the cost is greater over time.

Integrated rechargeable batteries are designed for frequent or high power use and allow more advanced power control. Rechargeable head torches are more expensive to purchase but have increased functionality and are more economical over time.

Power systems that allow spares to be carried and easily exchanged are useful for extended operations.

IS THE CONSTRUCTION RUGGED ENOUGH FOR THE RESCUE ENVIRONMENT?

Rescue is required in a range of environments: mountains to caves, swiftwater to structural collapse. Headlamps should have passed stringent tests on shock, fall and water resistance, functional reliability at extremes of temperature and build quality.

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WINTER NAVIGATION: THE UBIQUITOUS WHITE-OUT!



LYLE BROTHERTON INSTRUCTS ADVANCED SEARCH AND RESCUE NAVIGATION TO MOUNTAIN RESCUE TEAMS AND THE SPECIAL FORCES. HE IS AUTHOR OF THE ULTIMATE NAVIGATION MANUAL: ALL THE TECHNIQUES YOU NEED TO BECOME AN EXPERT NAVIGATOR.

Main image: Ice whiteout. Inset: Conditions and visibility can deteriorate rapidly; these two photos were taken two minutes apart! Opposite page from top: Heavy snow flurry, spindrift, nighttime.



Last year the first winter snow fell in November, with cyclic cold winter storms laying down layers of unstable snow in many areas and during this period, predictably, avalanches followed with inevitable team call-outs. The first reported was in Glencoe, where two climbers were washed down the gully they were ascending and, fortunately, both escaped without serious injury.



December was a particularly unsettled month, with regularly occurring cold temperatures. These conditions maintain buried snow weaknesses for long periods of

time, consequently several avalanches occurred in both Scotland and Wales and the rescue teams in attendance battled against very strong winds, blizzard conditions and the ubiquitous whiteout.

Whiteouts can arise anywhere and suddenly, from an urban street to mountainous and hilly areas, where they most frequently occur.

A whiteout is when you lose horizon and everything around you, including the sky, appears white, erasing all signs of shadow and definition. You lose perspective and cannot judge distance or, indeed, see anything at all and they present a very real threat to the MR responders caught up in them.

If you are confident that it is a flurry of snow that will soon pass you can stay put for 10-15 minutes. If not, you need to move to safety or even get off the mountain.

Understanding what whiteouts are and how they are created helps in managing the situation when you are caught up in one.

THERE ARE FOUR TYPES OF WHITEOUT:

1

During a normal snowfall a sudden heavy flurry, even if gently falling with no wind, albeit usually brief, can sometimes strike and create whiteout conditions anywhere in the UK. Even lowland areas can experience this most common type of whiteout.



2

Arctic environments, such as those found on the Cairngorm Plateau, create unique whiteouts, usually in the springtime and often when the weather is calm and the visibility is excellent. When the sky is overcast, a thin layer of cloud diffuses the light, and can make the entire environment turn white when it is not snowing – these conditions can last for many hours.

3

Seen on mountain ranges throughout the UK, even though snow is not falling, the volume of wind-blown snow and spindrift (ice particles), is so dense it is all you can see.



© Stephen Alvarez

4

On pitch-black nights even light falling snow can reflect the light from head torches and create a whiteout. Dimming your torch beam can reduce, yet not totally eliminate, this effect.



ALL WHITEOUTS ARE DANGEROUS

It is very easy to get disorientated, even within a couple of metres, and the risk of becoming confused and lost is very real. The risks are high and in the absence of a horizon we easily lose our spatial orientation which can lead to vertigo.

As soon as anyone in the party is aware a whiteout is developing it is important to instantly regroup, shouting to fellow responders and confirming on your radio, as sound can be deadened in falling snow whiteouts.

It is always worthwhile to try and stay put, if safe to do so, for around 15 minutes to see if the whiteout is temporary.

If it does not pass and you need to move, there are some measures you can employ to minimise the risks associated with moving.

- ➔ Before moving off, be absolutely certain you have a fix and not an estimated position of your current location. Ideally, use your handheld satnav (GPS) – snowfall, no matter how heavy, does not affect the GNSS signals received by your handheld satnav.
- ➔ Study your map and determine your escape route. It is important to stress that the topography may well be changed with snowdrifts, ice that has become open water and of course avalanches.
- ➔ Whiteouts are frequently a local phenomenon and related to a specific altitude so, if safe to do so, move to a lower position if it is not too far to travel. If your route was from a lower altitude, follow the old track as it may also give some kind of contrast in the snow.
- ➔ If there is a forest nearby, head for this It will afford some protection from the weather too. If there is a Handrail nearby which is near impossible to miss, aim for it.
- ➔ If you are with a dog handler, send one out ahead (the dog that is, not the handler!) on a long leash/rope.
- ➔ With the loss of an obvious event horizon, it can be difficult to assess how the ground lies ahead if you are moving up or down and depth perception is also difficult. Throwing a rope or a snowball out in front is a good method.

If the snowball appears to:	The ground ahead is probably:
Stick in mid-air.	Inclining upwards.
Land lower than your feet.	Inclining downwards.
Disappear.	A direct drop. Repeat in case you threw it too far and remember there may be a dangerous drop ahead of you.

*** IN WHITEOUT CONDITIONS IT IS IMPORTANT TO REMIND YOURSELF OF YOUR SAFETY PRIORITIES: SELF, TEAM, BYSTANDERS THEN CASUALTY.**

IKAR 2013

A quick reminder of what IKAR is and our involvement with it. The International Kommission for Alpine Rescue was founded in the central European Alps in 1948 and now consists of some 36 countries from all over the world with four working commissions: Terrestrial, Avalanche, Medical and Air.

These four working committees have one formal voting delegate per country and, although work is on-going throughout the year, the main focus is this working congress and committee meetings which include reports on accidents, new techniques and research and the host country will generally arrange a practical workshop or demonstration.

We've been a member for many years alongside Mountain Rescue Scotland and Ireland. This year, Richard Terrell (Equipment Officer) and John Ellerton (outgoing Medical Officer), and myself as IKAR delegate, attended on behalf of MREW. Also attending the new Dog sub-commission from the Lakes were Chris Francis, Kaz Frith and John Leadbetter. Scottish representation included Ken Marsden from Glencoe MRT, who did a good input on Scottish avalanches this winter and Jim Sutherland from Torridon MRT, who entertained us all with impromptu performances around the dining hall on his bagpipes! How he'd managed to get these through customs, and in his hand luggage, who knows!

This year saw John Ellerton selected by his peers in the Medical Commission as their President-elect — a fantastic achievement. We now have two MREW doctors in the Medical Commission as our new Medical Officer Dr Mike Greene will also attend in future. John presented to all the commissions the completed IKAR paper and recommendations on analgesia in mountain rescue, which he has been heading up for MEDCOM for a number of years. The full paper and recommendations can be found on the IKAR website.

CROATIAN MOUNTAIN RESCUE SERVICE DEMONSTRATIONS

The focus was on cliff evacuation and transition from crag rescuer to winch helicopter winch or long line. It was a shame the weather was very unkind to the local team with very heavy rain but that never stops mountain rescue and weather had improved by lunch time. A variety of methods of evacuation were demonstrated including long line for multiple casualties using a big old Russian M18 helicopter and, in total contrast, winching operations from the brand new Bell helicopter which was very quick with lots of power and a very fast winch.



REPORT COMPILED BY MIKE MARGESON



LEFT: THE NEW BELL HELICOPTER

AVALANCHE HIGHLIGHTS

● A new algorithm avalanche victim resuscitation card has been developed by the Medical and Avalanche subcommissions to help make medical decisions on site. There is always a tension whether to start CPR or not with buried casualties. Figures were given that 45% of those declared dead at site, if CPR had been started and maintained, might have survived. It was said that 27% of casualties were unnecessarily given CPR. It is hoped this algorithm will help with these difficult decisions.

● The Swiss at Davos have been doing analysis of avalanche incident figures which is ongoing. 58% of severe avalanche incidents recorded happen when Category 3 risk is forecast. The average over the last 20 years is 25 fatalities a year.

Since 1970 90% of fatalities where recreational and in uncontrolled activities (off piste), 95% dry slab and 90% between December and April. Good education available from: the IKAR dvd 'Time is Life'.

● Ken Marsden of Glencoe MRT made a presentation on last winter's avalanche incidents in Scotland, with eight fatalities second highest figure for thirty years. Interesting was that Glencoe had used Recco detector for the first time which picks up the metal strip put in skiwear and many winter products. It was also interesting that Glencoe team found that the standard avalanche probes carried by many where not robust enough for full rescue probing and they are now getting steel probes from Canada that you can add extra lengths to if required.

● Peeps, the transceiver company, did a very interesting demonstration of the interference caused by a camera, phone or radio — in fact, almost anything metal — placed too close to the transceiver, in a pocket for instance. A transceiver was placed on the ground and the first signal picked up marked with a flag. A camera was then placed next to the transmitting beacon and the signal first pick up was reduced by 30 to 35. This exercise was repeated with a mobile phone and radio and lastly just a piece of metal karabiner. On each occasion, the distance of transmission pick up location was reduced by at least 30 per cent. The message is: keep your phone and camera well away from your transceiver — at least 4cm to 6cm. Better in your rucksack really!



LAKES DISTRICT SEARCH DOGS

Report by Chris Francis

for younger dogs. They'd hoped some of the delegates would have brought dogs with them but unfortunately no one else had.

The Croatians seem to have a very visually based system of run — always to encourage new dogs to search. This is different to our system where we try to encourage the young dogs to find on air sent right from the start. However, if being involved with search dogs for 30 years has taught me anything, it's that there is no one way to do anything with dogs, its often a matter of selecting what works from a box of tricks!

They work very hard to get the dog absolutely focused on the body when indicating; indeed there is a major difference between their dogs and ours when it comes to indication requirements. The Croatian dogs, along with several other continental countries, require the dog to stay and bark at the body until the handler gets there. We train our dogs to come back to the handler and bark at them too, then lead the handler to the body, as we find that often the mix of weather, terrain and distance means the handler doesn't hear if the dog just stays and barks at the body. There

was some debate of the merits of both systems. It would have been very useful to have had our dogs there to demonstrate. Croatian handlers also demonstrated their system for training cadaver dogs, a specialism we don't train for as virtually all our casualties, if deceased, are recently so and our dogs will still indicate relatively normally if they find such a casualty. To help train their dogs in this discipline the Croatian handlers can legally obtain parts from hospitals, which I suspect would be impossible in the UK! The dogs were trained on either tissue



FROM LEFT TO RIGHT: THE CROATIAN DOG HANDLERS; CROATIAN DOG HANDLER; A CADAVER DOG.

samples in containers or on swabs taken from the tissue. It was unfortunate the weather was so poor for the outdoor training as I'm sure more demos, discussion and debate would have ensued had it not been so wet. In addition to the day of practical sessions there was an afternoon devoted to presentations of training systems, call-out reports, incidents of note etc. We presented details of incidents from 2012 to date, highlighting several for issues raised and one or two that were simply light hearted.

One presentation detailed the training of water search dogs. This was given by David Jones, a long-standing Welsh handler who is now running a commercial company training and supplying dogs covering a wide range of search disciplines for civilian and military use in several countries around the world. A particularly interesting presentation was the account of a Norwegian military C130 Hercules crash on the highest mountain in Northern Sweden. This occurred early in the year in poor weather and the aircraft

with five crew on board impacted a very steep snow field above crags leading to the glacier below. The crash site was found the next day by another aircraft. A major operation recovered both the wreckage and as much of the crew as possible. The latter was carried out mainly by Swedish Police cadaver dogs. The angle of ground they were working on necessitated the use of ropes for both the handler and the dog. A very demanding task, carried out over several months as snow levels receded during the summer.

There was also a report of the response for the first large avalanche incident for the Croatian Mountain Rescue. Four people were taken but luckily only one was buried. It was a large wet slab avalanche which produced very large debris and, of course, set like concrete as soon as it stopped moving. Over 200 rescuers responded. The fourth victim was sadly found dead by a Croatian avalanche dog the next day. He was a well-known Croatian mountaineer. It was proposed and accepted to hold an avalanche search dog workshop in Austria, during April 2014.

Avalanche work is still a major proportion of search dog work represented at IKAR, though wilderness work and many other disciplines now have strong representation. Before now the search dog sub commission has only met every other year, from now on it is planned to meet at each annual IKAR conference for a day of practical work followed by a full day of presentation and discussion. We look forward to taking part in these meetings of Search Dog Handlers from a growing number of countries.



PETZL LIZARD NEW WINCH HOOK DEVICE



This was a presentation of a prototype system by Petzl to solve the problem of the helicopter becoming attached to the belay or crag. Various incidents were described where an Italian Hitch system to release casualty or both casualty and rescuer from the crag — originally correctly attached to the winch or long line — has subsequently got jammed or failed. Obviously, as described by experienced pilots, the helicopter becoming attached to the rock face by whatever means is a pilot's nightmare, not least the gear box damage or the risk of rescuers becoming unattached. The Petzl prototype which attaches to the hook features a release system to avoid this ever occurring. Although at present still under test with the French and, of course, uncertified for use as yet, many were quite enthusiastic about the potential device. There was discussion about the amount of training that will be required with system.

RISK ANALYSIS AND THE MANAGEMENT, QUALITY PROCESS, ACCIDENTS

This was a thought provoking session to the joint Terrestrial and Air Commission by Blaise Agresti, head of the French Rescue Service. He started by sharing with the commissions that the PGHM had experienced five fatalities in training since March this year — this even with a full time professional two-year trained Police Gendarme rescue service. The training centre and programme at Chamonix is recognised by many as one of the best in the world. The talk was not about the details of

these accidents, but more what the organisation nationally was going to do about it. The review centred not just on the National Mountain Training School in Chamonix but on all levels of the organisation as it has been concluded that 90% of these accidents/incidents have been caused by human error. The PGHM was founded in 1958. In France, there are 5500 rescuers, 6000 training sessions and 48000 training days a year, and eight rescue sections across France.



The wide-ranging review process has already raised issues such as complexities and tensions within different parts of the service, an increase in

night rescues, pressure from the media, and the long training and certification process. Areas being discussed include the lessons learned process, the

incident debrief (not a discussion over a beer!), and introducing a monitoring process and how that will work. All this seemed to ring

bells with what we are beginning to look at ourselves in MREW — but, thankfully, not from the background of five rescuers having been killed in training.

THE ALPIFY APP FROM ANDORRA & SMARTPHONE LOCALISATION OF RESCUERS FROM THE SAFG ITALY

This presentation of ITC applications to assist in search, was very much playing catch-up with the SARLOC system developed by Russ Hore. ALPIFY is a commercial app, being purchased by a number of alpine ski areas. Data protection issues are got round because you agree to their T&Cs by purchasing and downloading the app.

MEDICAL COMMISSION

Report by John Ellerton



Papers on first aid modular kit, cave and canyoning rescue, and recommendations on analgesia were discussed. The analgesia paper was agreed and will be published in High Altitude Medicine and Biology in Feb 2014.

The five key recommendations (though these should be interpreted with the full paper) are:—

- Many health care providers fail to adequately recognise, assess and treat pain. Hence, assessment scales and treatment protocols should be implemented in mountain rescue services to allow for efficient and fast pain control.
- Specific training in assessing and managing pain is essential for all mountain rescuers. Persons administering analgesics, whether a healthcare professional or not, should receive appropriate, detailed training.
- There is no ideal analgesic that will accomplish all that is expected in every situation. A range of drugs and delivery methods will be needed. Thus an 'analgesic module', reflecting its users and the environment should be developed either by the organisation or the individual.



- The number of drugs carried should be reduced to a minimum by careful selection and, where possible, utilising drugs with multiple delivery options.
- A strong opioid is recommended as the core drug for managing moderate or severe pain; a multimodal drug approach may provide additional benefits.

There were a number of presentations on MR training for professional rescuers (Slovakia) and the Bergwacht Medical simulation training in HEMS-assisted mountain rescue. This amazing facility includes a €60 million 12-15 metre hall. Team resource management, particularly when using multiple

helicopters, is essential for mountain rescuers. Recognising that knowledge-based decisions take minutes, rule-based are quicker, and skills-based actions take less than second when the situation becomes chaotic is helpful. An avalanche check list was discussed and is to be trialled over the next year. The management of multiple casualties is a new work that is just starting and will link in with the main theme for the next Congress in Lake Tahoe 2014. The Medcom is going to participate in pre-congress day along with the avalanche commission. Further details are available from John Ellerton.

MAJOR CAVE RESCUE IN KITA GACESIWA

The host nation made a presentation of a major cave rescue in 2012 and the processes involved in the logistics of a major rescue in a very deep system. The rescue happened in the system Kita Gacesiwa. The rescue casualty had a lower spine /back injury after a bolt hanger failed. There are 9000 known caves in Croatia,

three deeper than 1000 metres and fifteen deeper than 5000 metres. The rescue tests the cave rescue service and it was a 41-hour rescue. It was explained that both French rescue style for the vertical aspects and the Italian system for the less vertical where used and needed.

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dogs



ODOROLOGIE

IAIN NICHOLSON

Its always a pleasant surprise to be invited to speak at events, however, it was a shock to be invited to speak with Tom Middlemas at the inaugural meeting of 'Odorologie' by Dr Christine Schuler and Prof Klaus Pueschel, Director of the Forensic Institute of the University of Hamburg.

Odorologie is a German association of people from around the world committed to the promotion and development of odour differentiation dogs and handlers.

This was the first symposium of the group, held in Hamburg Medical School, which in itself is a fascinating place with a lot of history. Over 250 people attended, from both statutory and voluntary organisations across Germany.

The use of scent discrimination trailing dogs — or 'mantrailing' dogs as they are called in Germany — is much more prevalent than in the UK, however the development, standards and training system that has been developed in the UK was of interest to

many of the German organisations. The short presentation on the NSARDA standards, training stages and assessment, and the rationale behind how and why we developed them, was the subject of the presentation, and generated interest — especially with some of the legal people due to the dogs' indication on a given scent we insist on in NSARDA.

The event was a mixture of legal, medical, emergency service and SAR with some fascinating research. Dr Wolfgang Schroeder described the isolation of compounds in cancer, and how a fento gramme (described as a grain of sugar diluted in Hamburg harbour) could be detected by a dog, but not by lab equipment and it was

those levels that needed to be identified: Dog 1: Expensive lab analyser: Nil.

Reinhard Fallak, Vice-President of the Hamburg Police discussed the use of dogs, and the importance to the police in the work they do. The legal aspects of using dogs and the use of the evidence they provide was presented by Dr Heiko Artkemper and Mario Seyde, followed by great deal of discussion. Unlike the UK, with police dog standards documented by ACPO, and voluntary SAR with bodies such as NSARDA, there is no common standard across Germany, and so the evidence can be contested. The lectures continued over two days, covering cadaver, dog

training and behaviour, and some fascinating research that had been undertaken.

Having spent two fantastic days listening to people speak on the work with dogs and scent, I had the opportunity to spend two days with the trailing dogs at Lueneburg. It's always good to see dogs working, and two days were spent watching dogs from across Germany work trails across a variety of terrain in the same manner we do in the UK. Odorologie was a super experience, and I'm sure further trips to Germany will be in the diary soon!

NSARDA CONFERENCE

I'm sure anyone who's been on a SARDA weekend knows that if you get a few dog handlers together, there's an instant debate about some aspect of training or working of search dogs so, why not have a conference! This was the first NSARDA conference, and was held in Lancashire in October. With some sixty people from a variety of organisations in the room, and a superb list of speakers covering a wide range of topics, the day was always deemed to be busy and interactive.

The opening speaker, David Montgomery, gave an interesting talk on 'The psychology of canine learning', cleverly using the audience as test subject along the way. This was followed by what can only be described as an excellent presentation by WO2 Kev Gavin and WO Alfie Bass from the Royal Army Veterinary Corps, based in Melton. It was good to see how the military treat and train their dogs, and the investment in the dog school that has been made to ensure that the dogs are well housed and trained ready for deployment.

Post lunch, Lorna Irish presented her research on

cadaver dog efficiency, and Dr Peter Cross, a specialist researcher in the areas of forensic anthropology, forensic taphonomy and forensic entomology, explained (with photo's!) of how the human body decomposes and decays, and how case evidence can be gained from this. This seemed to generate a lot of interest with the audience!

Keith Warwick gave a very informative talk on his work setting up Samsung's Companion Dog Academy based in Yongin South Korea, and how the ongoing work has provided them with a very successful search dog organisation in the country.

The finale to the event was Ken Stirk, who 'designs' dog food for Oscar Pet Foods, who sponsor NSARDA search dogs. Ken's lively 'dog food kitchen' demo drew a lot of interest, and even more questions as he produced the constituents of dog food and mixed them up in front of the audience. It was an education to all, and more interesting was why the ingredients are used and how they are sourced.

SARIUK TRACKING COURSE

As you may have read in previous issues, the tracking programme has run a number of courses. Good news is that the dates have been set for the first course in 2014. Search and Rescue Institute UK (SARIUK) will be running the Tracking And Clue Awareness (TCA) course using the existing New Zealand SARINZ Syllabus.

This course is the entry level course for the tracking series. It introduces participants to clue awareness, heightened observation and an appreciation of man tracking skills. Participants learn to distinguish between the characteristics of an undisturbed environment and the characteristics caused by human passage through the environment. Practical exercises are undertaken to learn how to calibrate and use a tracking stick, to track human sign in a variety of terrain and explore some basic principles of processing clue sites.

THE COURSE WILL RUN AT BOWLAND PENNINE'S SMELT MILL CENTRE IN DUNSOP BRIDGE, LANCASHIRE.

NUMBER OF PLACES: 10
START TIME: 19:00 FRIDAY 28 MARCH
FINISH TIME: 17:00 SUNDAY 30 MARCH
COURSE COST, FULL BOARD AND ALL COURSE MATERIALS: £150
FOR MORE INFORMATION AND TO REGISTER, PLEASE EMAIL COURSES@SARIUK.ORG.UK

CAVING ETHIOPIA 2013 AND THE GCRG GAS MONITOR

ANDY CLARK

Last year, MREW made a grant to the BCRC so that it could supply cave rescue teams with two QREA gas monitors each. Gloucestershire Cave Rescue Group decided to purchase an additional unit as we have a number of both working and abandoned coal mines and, although the BCRC holds some spare units to cover breakdowns and servicing, the group felt it would be good to have the additional unit available.

So when the team was approached by some of its members, planning a return caving expedition to Ethiopia, to ask if they could borrow one to take on the trip, they were only too pleased to help out — essentially, we treated it as a training exercise.

Previous expeditions had experienced particularly low levels of oxygen when exploring some of the caves but had no way of knowing what the levels were.

So, one of GCRG's two RAE Systems QREA 2 gas monitors was taken on 2013's expedition to the Oromia district of Ethiopia and used extensively to monitor the oxygen levels in the twenty caves explored.

Only two of these showed any signs of being entered before. These had a reputation amongst the local people for containing high levels of CO₂, and reports from other expeditions to caves in the surrounding area also mentioned that in some cases exploration stopped due to high CO₂.

It was decided to use the monitor to both safeguard against the dangers of entering parts of the caves with dangerous CO₂ levels, and also to provide an accurate record of those levels.

Many of the caves explored started as vertical shafts, the deepest being 45m. Before descent, the unit was lowered into the shaft on a rope and watched for the 19.5% alarm to be triggered, if this was the case the minimum low level achieved could be checked when the unit was pulled up to the surface.

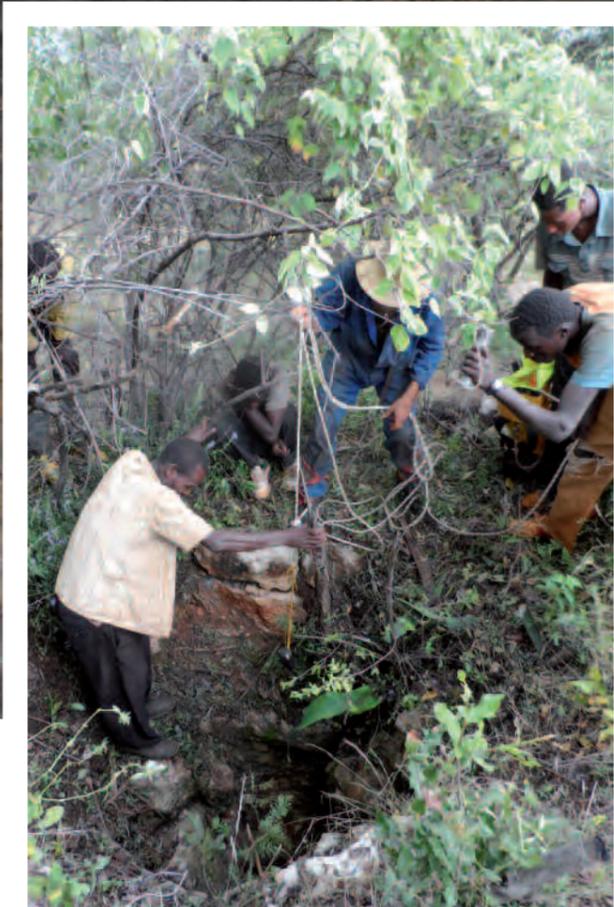
On one occasion a surface shaft had an O₂ level of 13.4% at -5m, and 12.5% at the base at -18m. Use of the monitor prevented a potentially fatal descent of the shaft.

The monitor was carried into all the caves during exploration. While in some cases the 19.5% O₂ alarm went off within a few metres of the entrance, it provided a constant reminder to continually check O₂ levels. It was agreed that exploration would cease at 16% O₂, use of the monitor meant that this decision was easy to make with no debate as to continue. At this O₂ level we were breathing heavily,

temperatures in the high 20s. A lighter failed to light at this point.

One internal shaft remains undescended as the O₂ level at the top was 15.9%.

Thanks go to the GCRG for the loan of the monitor during the expedition, for which a donation to funds has been made. For their part, the group was pleased to be able to support the expedition and are most grateful for



but this could have been confused with the use of face masks to combat the threat of histoplasmosis from fungi on bat guano, combined with cave

the donation. As for the 'training exercise' — a great deal of experience was gained by Andy and Robin in the use of the equipment. ■

The NEW P7.2

All Round Brilliance

The new LED Lenser P7.2 redefines performance, engineering excellence and desirability. From the inside out every aspect of this professional lighting instrument, an evolution of our ever popular P7, has been intricately re-evaluated to deliver an increased level of performance that sets it apart from the crowd.

Cutting Edge Design

The new P7.2 radiates desirability due to design enhancements that improve both functionality and appearance. A stylish new protective Matt Black anodised finish, not only looks smart and feels great in the hand, but also improves grip. The Dynamic Switch™, which allows selection of 'Boost' 'Power' and 'Low Power' light options, has been made significantly larger with improved responsiveness. The increased size makes it easier to operate with gloves.

Latest CREE® LED light Chip Technology

After extensive testing and evaluation we have selected from the very latest high performance LED range offered from this world leader and incorporated the most suitable LED into the P7.2. The result is a 60% increase in lumen output compared to the P7.

Increased Lighting Range

The patented Advanced Focus System™ lens of the P7.2 has been reconfigured and re-aligned to deliver our renowned ring-free bright homogenous white light over a significantly increased lighting diameter for improved visibility in either flood or spot beam.



Supplied with: Belt Pouch, Wrist Strap, Batteries



**60%
IMPROVED
PERFORMANCE**

PERFORMANCE COMPARISON

	P7	P7.2
Lumens	200	320
Beam Distance	210m	260m
Weight	191g	175g

Lumens and Beam Distance measured in brightest light setting of torch (+/- 15%).

TECHNICAL DATA

Weight	175g		
Length	130mm		
	Boost	Power	Low
Lumens	320	250	40
Beam Distance	260m	220m	100m
Burn Time	2hrs	4hrs	50hrs
Batteries	4xAAA 1.5v		