

mountain rescue

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2018



THE ONLY OFFICIAL MAGAZINE FOR MOUNTAIN RESCUE IN ENGLAND, WALES, SCOTLAND AND IRELAND

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WELCOME TO
ISSUE 64

Mountain Rescue is the **only** official magazine for mountain rescue in England, Wales, Scotland and Ireland.

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ISSUE 65

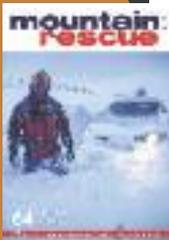
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Cover story

Northumberland National Park MRT medical officer Jamie Pattison with a stranded vehicle
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Keeping Track
A year in the life...
#MREWDISCOVERY

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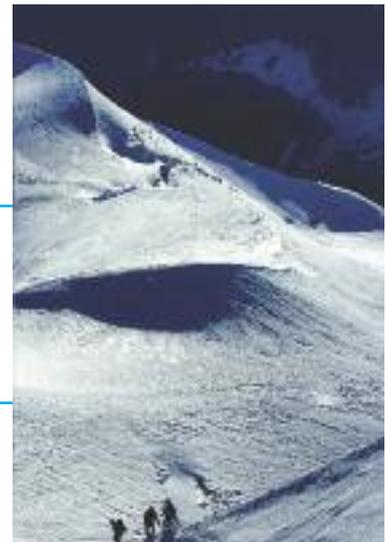


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MIKE FRANCE CHAIRMAN

It's fair to say we have had a good winter this year, with great snowfalls and long cold spells, but it looks like mountain rescuing has at times got in the way of us playing in the hills. There have been some stunning pictures on social media, some dramatic rescues and some good shots of you enjoying your passion of mountaineering.

You may have noticed a few more Scottish Mountain Rescue stories in the last issue? Copies of the magazine are now making their way north of the Border — and also west to Mountain Rescue Ireland — so welcome guys and girls, we look forward to more of your news.

In the last magazine I talked about looking for a new chair of the APPG. Thanks to Steve Cullabine, of Woodhead MRT, who put me in touch with Lee Rowley MP. Lee has agreed to take on this challenging task. I have asked you to let me have the names and constituencies of any MPs who support your team. What I intend to do is give these names to Lee so, when he calls a meeting of MPs, he will get people interested in our work. I'm also happy to receive any names our Scottish and Irish colleagues may have. I understand the politics, but the APPG is a UK government working group.

Last year, the regional chairs group asked that MREW do something to help reduce the number of unnecessary calls to teams, suggesting we needed to put together a national safety campaign. Mike Margeson has met a few times with the BMC about this and I've had a couple of meetings with the

JD Foundation (JDF) asking if they would like to be a partner on the project to promote safety in the outdoors, to which they agreed. We've put some money to one side in this year's budget for this — a national joined-up campaign could be a costly exercise. At the UKSAR conference, following Phil Benbow's presentation about 'Adventure Smart Wales', I asked Andy Simpson, publications chair, to call a meeting of his group, inviting Phil and representatives from JDF to see if we could roll this great idea out in England. If the teams get behind this campaign, I think it will go a long way to promote safety in the hills along with the work of MREW.

In my manifesto I said that, under my tenure, the organisation would continue to be run by volunteers and I didn't want to take control away from teams. The workload today is massive, but I still have that vision in my sights. Mountain Rescue is a voluntary organisation but to keep the organisation voluntary we need to be effective in the 'back office' (MREW), so I'm comfortable that some of the services to run mountain rescue continue to be bought in. The Scottish model seems to work well.

I also said I wouldn't duck any difficult

issues. If they arose, I would address them. Over the years there have been some very difficult issues and as a management team we have addressed them. I believe we are stronger today as an organisation than we have ever been. This showed at the UKSAR conference. We attended as a very capable, equal partner. Our organisation is respected at the highest level and this only happens because other UKSAR services see a well-run, well managed organisation that performs rescues to the highest standard. That's down to everyone.

Finally, I understand Steve Wood and David Coleman, both trustees, have called a meeting of the regional chairs to look at the review of MREW. I am looking forward to hearing the views of the review panel which I guess will mean more work for the trustees and management team. If we agree things need to change, then change they will. Following what I've just said about the views of UKSAR, this may also be a good time to draw your attention to a paper 'What does MREW do for you'. You will find it on the website. Worth a read. 📖



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**ERRATUM. MR MAG JANUARY 2018:
REF: ACCIDENTAL DAMAGE TO BELL
STRETCHER HEADGUARDS**

Please note the images had been incorrectly (identically) captioned (the perils of cut and paste!) Correct captions as above. Thanks to the eagle-eyed readers who pointed this out and apologies to Lyon.

GDPR: DEREK BROWN

Following on from the previous article (MR Magazine, Winter 2018), the GDPR information gathering exercise was completed in mid-February with 75% of teams and regions responding. This was a great response and indicates the level of interest in the subject.

A massive thanks goes out to those who responded and to the teams who kindly volunteered to be interviewed to help us understand things better. In addition we received a number of draft documents that were shared on the basis that we could use them to develop materials to support teams. Hopefully this exercise alone has increased awareness of what constitutes personal data and how it should be protected.

We carried out analysis of the responses and used it to inform the report that will be issued to MREW trustees very soon. Some key themes were identified and we will be moving forward in Phase Two of the project to provide the support materials that were identified as being crucial to teams to enable them to comply with the new data protection regulation. This will include specific training materials for team data protection officers and awareness training for team members.

By end of March we will be issuing a high level summary of the report, along with a timetable of Phase Two products that teams can use if they feel that they would be helpful. In Phase Two we will also be working more closely with key system owners to support their GDPR journey.



Keeping Track

A year in the life...

#MREWDISCOVERY

UPDATE MREW



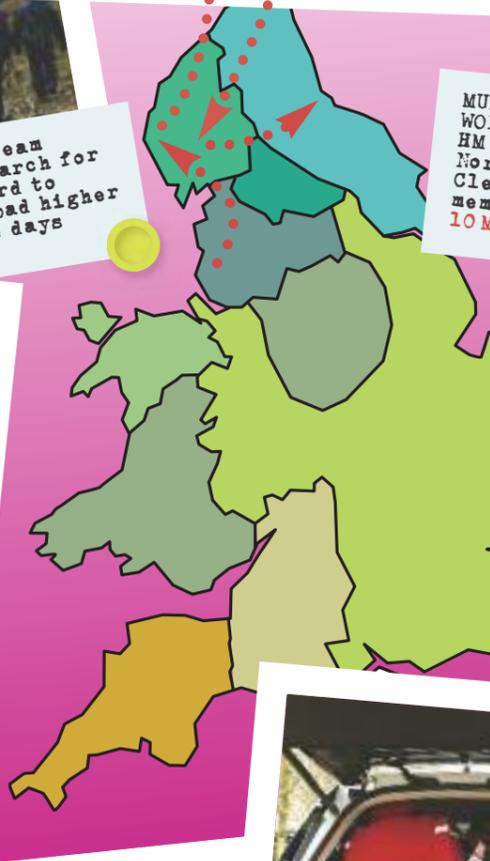
WINTER TRAINING AVIEMORE
Cockermouth, Patterdale and
Keswick team members headed
north for avalanche training
in Scotland 26 January 2018



SCARBOROUGH &
RYEDALE take to
the moors for a
morning of
familiarisation
15 February 2018



WASDALE SEARCH Cockermouth team
members assist Wasdale in search for
a missing man from Leeds. Hard to
believe conditions were so bad higher
up the fells for those three days
17 January 2018



MULTI-AGENCY
WORKING between
HM Coastguard
North East and
Cleveland team
members
10 March 2018



TIME FOR A TOP-UP After a busy week
and many miles travelled, the Disco
was in need of an AdBlue top up and
some standard maintenance updates.
Cleveland team members took it down
to Land Rover Ripon for some TLC
12 March 2018



CONISTON team
members put the
Discovery 5
through some
tests. Verdict?
Super smooth over
some very steep
tricky ground
with ice...
7 January 2018



PATTERDALE rescue high above
Hayeswater. The Discovery
performed exceptionally well
in the snow, the hill descent
control brilliant on the steep
descent from the dam
3 February 2018



STRETCHER CASE
Testing space
for stretcher
and kit...
10 March 2018



SUPPORTING THE
COMMUNITY as
Beast from the
east takes hold
1 March 2018



Images courtesy of: Coniston, Cockermouth, Patterdale, Cleveland and Scarborough & Ryedale teams and Neil Ingram, via Facebook #MREWDISCOVERY

Top: Rob McDougal (Sales Executive, Land Rover Ripon), David Martin (Service Supervisor, Land Rover Ripon), Ken Dunbar (PR Officer, Cleveland MRT), Martin Codd (Vehicle Officer, Cleveland MRT) and Louise Scatchard (Service Advisor, Land Rover, Ripon)

MREW REGIONAL INCIDENT MANAGEMENT TRAINING ROLLS INTO THE LAKES

The courses, partly funded by Libor and run by Berwicks, are now being delivered in most regions. The Lakes version took place at Patterdale team base earlier this year and was attended by team members from across the Lake District. **Carolyn Otley**, of Cockermouth MRT, reports.



'Grab a laptop, find someone to take with you, and drive across to Police HQ before the road floods.'

'Good, you're here! Have you got everything you need? Are you onto our wi-fi? We've just declared a major incident, and we'll be holding Gold meetings in the room at the end of the corridor.

You're very welcome to join us if you want to....'

The floods caused by Storm Desmond in December 2015 certainly provided an opportunity for immersive learning around the coordination of major incidents. I was already reasonably familiar with the LDSAMRA major incident plan — but things would certainly have been less stressful with a bit more knowledge of how the statutory organisations coordinate the overall response.

Fortunately, that's just what the new MREW Regional Tactical Incident course covers. Information about the Local Resilience Forum structures that are used to bring organisations together to plan for emergencies, and details of how the Strategic, Tactical and Operational Coordination Groups that are established during an incident operate.

Perhaps the most useful part of the day was information about the kind of input that might be expected from a mountain rescue representative at those meetings — and the opportunity to practise putting together and delivering a briefing. It was a very interactive course with plenty of practical exercises — and I certainly came away with a much firmer grasp of how the major incident coordination structures are supposed to operate.

Of course, there's no better way to reinforce learning than practice — and that came sooner than expected.

...CERTAINLY A TRAINING COURSE I'D RECOMMEND!

Within a couple of weeks, the Beast from the East hit Cumbria, an 'Unusual Incident' declared, and a Strategic Coordination Group established, chaired by Cumbria Police. The Lake District mountain rescue teams put their Major and Unusual Incident Plans into operation, and spent five days participating in the multi-agency coordination groups (and responding to nearly 40 incidents). It definitely felt less stressful to me than Storm Desmond, as I had a far better idea how we fitted in to the overall structure... so certainly a training course I'd recommend! ☘



FEBRUARY'S FIRST UKSAR CONFERENCE CELEBRATES THE WORK OF THE WIDER SEARCH AND RESCUE FAMILY

Judy Whiteside reports on a busy two days of networking at the NEC.

All roads led to the NEC on Thursday evening, 8 February, as mountain and cave rescue team members from across England, Wales and Scotland began to converge on Birmingham for the first ever UKSAR conference to celebrate the work of search and rescue, be that paid service or voluntary. Well, I say 'all roads'. Cumbria to Birmingham proved considerably more tortuous than expected thanks to two major traffic accidents and rain so heavy you could barely see the car bonnet. Oh for a search and rescue helicopter...

Finally checked in, suitably refreshed and breakfasted — and further tested in our search skills to find the relevant hall in an otherwise deserted NEC (Upstairs! Who knew they had an upstairs?) — we joined colleagues from the RAF MRS, Lowland Rescue, the RNLI and a number of smaller rescue charities alongside the MCA, Bristow Helicopters, representatives from the emergency services and government in the Concourse Suite for the grand opening.

No fewer than five opening speakers took to the podium to welcome delegates, priming a rapt audience for the 'advanced networking skills' exercise ahead, ripples of recognition from the floor punctuating rousing, polished speeches.

'Celebrity inspired madness!' said Sir Alan Massey KCB CBE. 'Satnav lunacy!' (Two phrases I feel sure had a little more context. My scribbling hand hadn't quite got up to speed with my good ear at that point, but

you get the gist). Then, perhaps a little prematurely with hindsight, he noted 'the recent spate of poor weather — what we used to call winter'.

I suspect a snowflake had fluttered on Regent Street. The Beast had yet to show its face.

A second welcome then, from Alex Sharp of Sikorsky, the headline sponsor, tugging the heart strings with his assertion that 'an airplane can fly over and drop flowers. A helicopter can land and save lives'. Except when it can't, of course.

Next up was Richard Parkes, chairman of the UKSAR strategic committee, and Gareth Pritchard QPM, swiftly followed by Chief Inspector Neil Anderson from Police Scotland. 'We absolutely could not do it without the support of our volunteer partners and agencies', said Neil. Ah. Now we're getting to it. This is what we want to hear. And with that it was off for lukewarm coffee (or tea, in my case, the only disappointing bit of an



Photos © Vivienne Bailey Photography

impressive catering provision), and a whistle-stop pitch at our chosen targets... er, networking opportunities. Then on to what we really came for, the educational stuff.

With four workshops running concurrently at any one time, there was a lot going on. Al Read's 'Training and Standards — Interoperability for SAR' proved a popular choice. On arrival, each of the 90 delegates were presented with a ticket for their 'table', prising them away from the familiar to work with colleagues from different operational cultures to address a volley of questions. We'll have more on that particular workshop in July's issue.

Mental health and wellbeing was perhaps the most topical thread, with a number of workshops running across the two days and a surprise visitor on Friday. Prevented from parking our bums on our preferred seats on the front row, and made to wait for several minutes before the first presentation (about the Mind Blue Light Programme), we suspected something might be up. And then he arrived, our MREW patron, the Duke of Cambridge, himself a fervent advocate of greater mental health awareness.

'Is one allowed to tap the future king on the shoulder?' I wondered fleetingly, from my seat immediately behind that very shoulder (bearing in mind we have met before on more than one occasion and he did, of course, provide a foreword for my book about the Ogwen Valley

team, 'Risking Life and Limb'). But discretion, as they say, is the better part of valour. Best not.

Prince William's presence at the conference was thanks in no small part to MREW chairman Mike France, who extended an invitation to our patron on behalf of UKSAR. A handful of mountain rescuers were introduced to the Duke over the lunch break. Derby MRT member Graeme Poole was one of them. 'He was very well briefed and asked pertinent and sometimes challenging questions', says Graeme.

Other workshops included topics as diverse as tax, insurance and grants, avalanche protocols, drones, SAR in Northern Ireland, drowning prevention and flood response, helicopters and reducing call-outs. One of these workshops, about mental health (#itsoktotalk) features on page 12, others will be coming along in the next issue. All were informative — if a little too long on occasion, and perhaps geared more towards the paid sector than the voluntary. It was quite water-centric too. But then the MCA strapping — as we were reminded by the agency's Damien Oliver during his double-act final address with Bristow's Russell Torbet — is 'Safer lives, safer ships, safer seas'.

If we're talking niggles, there wasn't a single 'headline' speaker up on that podium from the voluntary sector, land or sea, and a great deal about Bristow, who sponsored the stationery. And they do indeed do a good notebook and pen. Or two, in my

case. Although the top did explode out of one of my Bristow pens during use. All that scribbling.

Neither were there many women up there in the spotlight for those opening or closing sessions. That said, sitting alongside two of my female mountain rescue colleagues for the grand finale, we totted up that 29 men had presented workshops over the two days, and 12 women. Of the 252 delegates attending, 40 were female. So, on reflection, at 16% that's probably higher than the ratio of male to female team members at grass roots level where the majority of applicants to join teams still appear to be 'white, middle class and male'.

No doubt the 'official', online feedback will have reflected all these points (they DID ask for honest appraisal), and in two years time the second UKSAR conference will have addressed any imbalances.

But, niggles aside, it WAS a great networking opportunity, and definitely an event worth attending. Outside of the workshops, I doubt I was visible as more than a blur for much of the time — too many names to put to email addresses, old friends to share a giggle with, too many notes to scribble and far too little time to shoehorn it all in. My only gripe on the networking front was Friday evening's dinner when we were randomly shuffled onto tables of strangers, much like Al's training workshop. Enforced networking! When all I really wanted — after

twelve non-stop hours of the stuff — was to kick-back with my mates. Arghh!! Not helped in the least by the gentlemen on either side of me who thought it polite to exclude me from their conversations, like school ground bullies. So much for 'recognising when our colleagues are feeling isolated', as one workshop earnestly encouraged us to do. Maybe I was still a blur?

Thank you to those whose feedback has helped inform this write-up (when I eventually pinned them down) and thanks to UKSAR for setting the whole thing up and including mountain rescue.

The (almost) last word then to Graeme, who reported back to Derby team that there was 'nothing earth shattering operations-wise', but it was good to discover that all the organisations have similar successes and problems. And therein lies the premise (and success) of this conference. Paid or voluntary, we share so much in common.

Graeme too, valued the opportunity to network, adding that 'those informal relationships will encourage future joint operations with a higher level of confidence.' Roll on 2020. ☘

Top, left to right: Exceedingly good stationery; UKSAR Conference podium. **Above, left to right:** Bristow display; HRH The Duke of Cambridge; Kev Mitchell (SMR), Damon Powell (SMR), Graeme Poole (Derby MRT), Moira Weatherstone (SMR), Richard Parkes (UKSAR) the Duke of Cambridge, Mike France (MREW) and Dave Close (MREW).



#itsoktotalk



Main photo: Andy Elwood in action with RAF SAR
Inset: The Big22 campaign © Andy Elwood

ANDY ELWOOD MEDICAL STANDARDS NORTH, BRISTOW HELICOPTERS LIMITED

I'm pleased to report that Mental Health was a major theme at the inaugural UKSAR Conference, which was attended by the Duke of Cambridge. The momentum, which gathered during various workshops, has led to a National Working Group being set up within UKSAR to move forward and coordinate a strategy to tackle this issue within all our rescue organisations. We've met already and aim to present our progress and structured plan at the Emergency Services Show (September 2018 at the NEC).

I want to share here some of my own experiences from a career in the ambulance service, search and rescue, as a paramedic in Afghanistan and caring for and losing close family members during normal twenty-first century life. I hope to show that talking to someone about how you feel about traumatic events can help you to feel better, move on and maintain good mental health. The key takeaway from my own experience is 'It's OK to talk'.

I believe we have made progress with mental health awareness in the last few years, thanks to celebrities such as Stephen Fry, Ruby Wax, Carrie Fisher, and the Duke and Duchess of Cambridge. Charities such as Mind Blue Light, Heads Together, Calm and PTSD999 have started to make a difference too, and most of all I think the stigma has been cracked in our work environment by many individual 999 services personnel coming forward to tell their story.

However, there is still a lot of stigma to break down in our 'can-do, crack-on' culture and many of our organisations do not have enough structured support networks in place when someone does have the courage to raise a hand and ask for help.

We have more resources than ever before to educate and reduce the stigma around mental health issues, but we still are reading headlines like these: 'One in four police officers who died in Devon and Cornwall since 2009 took their own lives' (The Herald) and 'Paramedics more at risk of PTSD than soldiers' (www.heart.co.uk).

Mental health is difficult to understand, especially if you've not experienced it I recommend two books to introduce you to this subject, if you've a desire to understand more in order to help colleagues and yourself. 'Trauma is Really Strange' is a great comic, pitched at a winchman level, which explains how it is normal to have strong

feelings and emotions after traumatic events, which are common in UKSAR. The quirky illustrations and simple language really get the message across well on a level we can all make sense of.

Secondly, 'Save-My-Life-School' by Natalie Harris, a paramedic from Toronto, who developed PTSD after attending a call when she had to treat a murderer in the same room as two of his victims. This is a page turner of a book from an individual on the

THERE IS STILL A LOT OF STIGMA IN OUR 'CAN-DO, CRACK-ON' CULTURE AND MANY OF OUR ORGANISATIONS DO NOT HAVE ENOUGH STRUCTURED SUPPORT NETWORKS IN PLACE WHEN SOMEONE DOES HAVE THE COURAGE TO RAISE A HAND AND ASK FOR HELP

frontline. This will help you understand depression especially, but also PTSD, turning to alcohol to cope and the recovery process after someone tries to end her own life.

I love my job. As Jim Fox writes, 'Find a job you love and you'll never work another day in your life'. This was how I felt in my early years in SAR. Each day was an amazing adventure. I'd seen lots of traumatic incidents already and been fine, so mental health was something other people had to worry about, not me.

Until one day, I rescued a patient with a serious head injury from an off-shore rig. He vomited into my eyes and mouth and his vomit contained blood. I realised after this incident that there was so much I was not in control of, as I had previously thought. Suddenly I was seriously worried for my own health and the long term implications due to the potential risk of infection.

Because of the blood tests, my GP was involved and he offered me the chance to see a psychiatrist. This worried me at first — did he think I was mad? What would the lads back at work say, if I said I had been to see the 'shrink'? Was I going crazy? Was I not able to cope? Was I a failure? Was this the end of my dream job?

I chose to get an appointment, despite the stigma, as I knew I needed some help to get over the fear I had about my future health and about clipping onto the winch again and going to rescue someone — a job I really loved and didn't want to stop doing.

Thankfully, the psychiatrist was brilliant and not at all the stereotype I was worried about. He put me at ease immediately, we had a chat and he explained it was perfectly normal to feel like this after such an incident. Fantastic — after only a few minutes I felt like my old self again, ready to get back to work and be winched. This session was so easy and so helpful, why did it work so well?

Three key things made it work and they are a great guide to help you listen, when someone feels they want to talk:

- Create safety and trust
- Listen carefully
- Don't judge.

I continued to serve with RAF SAR, completed a tour of Afghanistan as a paramedic on the battlefield rescue helicopter and joined Coastguard SAR. Life was good and I never looked back.

About five years after Afghanistan, I was on holiday in France with my wife and I ducked into the shower one morning before we headed out. Suddenly, I was in an upturned Land Rover with a trapped patient in Afghanistan. (This was a job I had done out there). It felt claustrophobic and I could feel the 50-degree heat of the day. I could feel the sand on my skin and the weight of my body armour. I could see the patient in front of me and I could feel the pressure I was under to give best care, extricate him and the danger I felt to my own life.

I closed my eyes and I could still see the patient and when I turned the shower to cold, I could still feel the heat of the day. No matter how hard I scrubbed, I could not get rid of the feeling of sand on my skin. This was a very frightening experience and the best way I can describe it is like having a nightmare when you are awake.

When I got out of the shower and came through to my wife, I must have looked terrible because straight away she was very concerned for me and asked what was wrong.

I was so scared now — had I got PTSD? I didn't want to admit this to myself, let alone my wife. How could this happen out of the blue, five years on? What was wrong with me?

Very quickly I decided I would tell her what I'd experienced in the shower. Immediately, I felt a little better and gradually things got back to normal for me. I could continue with our plans for the day and I haven't had another flashback since. It took me a couple of days to get back in the shower though! My wife saved my life that day because she:

- Created safety and trust
- Listened carefully
- Didn't judge.

I grew up in Northern Ireland during 'The Troubles', a very stressful and frightening time. My mother would talk about it, even when her brother was murdered by the IRA, but my father never did, choosing to bottle it all up. He was a police officer for 35 years and dealt with plenty of traumatic incidents and lost many friends and colleagues during this time. On reflection, I can see how my father was stressed by his lack of engagement at home sometimes and his bad moods. I just wish he could have talked about it and unloaded some of this weight. It's important to note that often poor mental



The Emergency Services Show **dedication**



A unique event for everyone who works in the emergency services.
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The Emergency Services Show 2018 – it's all about you



health and stress can build over a long cumulative period, rather than just from one traumatic incident.

In 2016, reports from the US stated that 22 veterans were dying by suicide each day. To increase awareness of PTSD and these shocking statistics, a social media campaign challenged individuals to post videos doing 22 press-ups for 22 days and then nominate others to also take up the challenge, thus spreading the awareness further.

I empathised with this cause, but thought I'd shift the focus to emergency services personnel. I believe there are many military charities and support, but none for UK emergency services personnel (many of whom are also veterans, like myself).

I also thought I could go one better than the videos in my daily newsfeed of middle-aged men struggling to do 22 press-ups alone! So, I decided to make more interesting videos using the SAR aircraft and featuring famous landmarks or events such as Cowes Week, Stanage Edge and Downtown Abbey. I started with a video of the helicopter trying to do press-ups with me (but not quite keeping up).

On the last day, I dreamed of all the emergency services in my area coming to my base and doing press-ups together with as many emergency vehicles and aircraft as possible. To spread the word and recruit others to the cause, I travelled the UK making press-up videos with other emergency services. A highlight was at Tower of London after being transported by the RNLI along the Thames, escorted by police and fire service launches.

I soon realised there was a culture of silence, of bottling up many mental health issues regarding traumatic incidents at work. Yet as soon as many people were alone with me, they confided they too had suffered or knew someone close to them who had. I heard stories of friends and colleagues who had died by suicide from this issue.

At this time in the UK, suicide was reported as the No 1 killer of men under 45 years old. I adopted the message from another campaign that #itsoktotalk (with thanks to #andysmanclub). The simple message is that we should talk about the intense feelings and emotions we have after traumatic events, which are often part of our normal working life in search and rescue.

On the final day, everyone turned up as promised, we had three aircraft and lots of emergency vehicles and boats — see the video at www.big22.org.

It was a great day and two key things came out to me. Firstly, I heard a member of the public say, 'I thought this only happened to the military' — which totally illustrates how under-reported these issues are for our emergency services. Secondly, one of the guys who did press-ups with us gathered the courage to ask for help and was diagnosed with PTSD. We ensured he received prompt treatment through 'PTSD999' and he

THE MENTAL HEALTH AT WORK REPORT 2017 LAID OUT THESE HEADLINE STATISTICS SHOWING THE EXTENT OF THE PROBLEM. SUBSTITUTE VOLUNTEERS FOR 'EMPLOYEES' AND I THINK THE FIGURES ARE RELEVANT TO MOUNTAIN RESCUE AND THROUGHOUT UKSAR.

A majority of employees are affected by the symptoms of poor mental health



Three out of every five (80%) employees have experienced mental health issues due to work or where work was a related factor



Almost one in three (31%) employees have been formally diagnosed with a mental health issue

THESE ARE THE TAKEAWAYS IN THE REPORT FOR LEADERS IN YOUR ORGANISATION. I AM PLEASED TO REPORT THAT UKSAR HAS TAKEN UP THIS 'CALL TO ACTION' BY SETTING UP THE NATIONAL STEERING GROUP ON MENTAL HEALTH AND WELLBEING, FOLLOWING THE CONFERENCE.

Calls to action for employers

1 Talk

Break the culture of silence that surrounds mental health by signing the **Time to Change Employer's Pledge**

2 Train

Invest in basic mental health literacy for all employees and first aid training in mental health to support line manager capability

3 Take action

Implement practical actions from our **Mental Health Toolkit for Employers**

returned to work in a short period. This shows that getting the message out there and breaking down the stigma saves lives. Although PTSD is treatable, it's much better to catch and treat the early symptoms by talking in an open and supporting environment following our exposure to traumatic incidents.

We are working with Mind Blue Light as a partner to explore how we can set up a similar structure to the Peer Trauma Support (PTS) network in Bristow UKSAR. The initiative provides support to colleagues through a network of volunteers, who are trained in accordance with industry best practices and NICE guidelines.

During my PTS training, I realised I was

THE SIMPLE MESSAGE IS THAT WE SHOULD TALK ABOUT THE INTENSE FEELINGS AND EMOTIONS WE HAVE AFTER TRAUMATIC EVENTS

showing symptoms of grief, burn-out or stress. This presented primarily by not sleeping well over an extended period. I knew it was good to talk, so I spoke to one of the trainers and we had a chat to explore my issues. These stemmed from an intense three-year period of caring for and losing my father and my mother-in-law, moving house, setting up a company, changing job, lots of travelling and getting a promotion in UKSAR.

Immediately I started to feel better, just by talking, because my listener:

- Created safety and trust
- Listened carefully
- Didn't judge.

When he suggested to me that, as well as grieving, I might have temporary depression, I realised that, despite my own campaigning for mental health, I still carried a stigma for mental health myself. He asked me what was so terrible about admitting I might have temporary depression. I couldn't think of

anything and after a short time, agreed it was possible and there was nothing bad about admitting this. This illustrated to me how deeply instilled the stigma can be, even in someone who would consider himself a mental health campaigner.

Since then, I haven't looked back. I feel much better, am sleeping well again and tackling life as I did before. I look after myself better as I go. Mindfulness has been an incredible help to think clearly, have a focus and sleep consistently. Try it and you will be amazed how much better you can feel for a simple investment in yourself for a few minutes a day. I recommend trying an app such as 'Calm'.

This last example of how my mental health was affected by normal life doesn't involve a traumatic incident — it's just the cumulative effect of 'normal' life. I've included it to show the importance of looking after yourself, your colleagues and friends by noticing if they are not their normal selves. I hope you also now have a simple 3-point plan of how to listen when someone wants to talk about something that is bothering them.

Having the courage to talk about my perceived weaknesses and problems in these three instances in my career has made me a stronger and healthier individual in the long term, but it wasn't easy. I'm still doing a job I love and that's why I'm recommending that whatever is bothering you, don't bottle it up. Find someone you trust and tell them about it. #itsoktotalk

YOU CAN CONTACT ANDY BY EMAIL VIA ANDY.ELWOOD@BRISTOWGROUP.COM OR FOLLOW HIM ON TWITTER @4NDYELWOOD

Right: Andy at the UKSAR Conference © Vivienne Bailey Photography





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OPERATIONS: MIKE MARGESON

Winter certainly continued with a vengeance, challenging teams up and down the country for days on end. The first MREW core capability of a mountain rescue team, 'capable of operating in all weather conditions including full winter conditions, by night and day', was certainly tested. Our volunteer team members have demonstrated their invaluable specialist skills and experience, whether in resilience support for their local communities or in providing resources to the statutory blue light services. The fact that the Cabinet Office was asking if we could help in the same breath as calling in the armed services is testament to the profile and regard in which mountain rescue teams are held.

April sees the introduction of the new bandwidth plan and our new frequencies and channels. The old analogue system will be gone, replaced with new digital channels and radio equipment. The move to the Tier 2 digital radio systems is being rolled out. My personal experience from my own team is that the clarity is amazing. Over the next year, regions will set up their own networks. With the range of channels, we should be in a much-improved position for inter-team and region working, particularly during major incidents.

The first UKSAR conference was well attended by team members and MREW officers, along with our Scottish and Irish colleagues. There was a good range and variety of workshops, which MREW and Scottish Mountain Rescue contributed to. It was ironic that inter-agency working and JESIP principles were being discussed in various workshops. Only days before, the first of the severe weather hit the

country, putting this to the test. By being represented at these conference events we are able to raise issues both inside and outside of formal sessions — for example, the concerns we have over SAR-H training for some of our teams.

A major issue facing all of mountain rescue is the need to stem the ever-rising numbers of avoidable incidents. There is some great safety education work being done by individual teams and regions, but the fact is that during the busiest times some teams are being stretched close to breaking point. We must respond with a big national push and campaign.

Phil Benbow recently presented details of the Adventure Smart Wales project at the BMC offices with Mountain Training England and a number of other kindred organisations. The project went live on 22 March and is a very effective model. There is potential to roll this out to other regions, in partnership with national park authorities and local tourist boards. It was clear there was a good deal of support for this model as a way to reach as wide an audience as possible with our safety education message.

However, our case was hampered by not being able to present 2017 figures, as some teams and regions have yet to submit them. Hopefully, the online reporting system being developed by Rob Shepherd will make data collection easier and quicker. Clear data of what is happening and how much we do is vitally important in so many ways. The new system will be able to analyse information in a much more useful and constructive manner.

UPDATE MREW

Has your team considered peer review yet? There is still opportunity to do so. Tim Cain challenges us to consider why your team wouldn't want to take advantage of this training and development opportunity and asks some fundamental questions about the future of this important process. I believe there is much debate to be had at team, regional and national levels about the future direction of this process. This has not happened yet and needs to ensure an effective transition at the end of the present

THE FIRST MREW CORE CAPABILITY OF A MOUNTAIN RESCUE TEAM, 'CAPABLE OF OPERATING IN ALL WEATHER CONDITIONS INCLUDING FULL WINTER CONDITIONS, BY NIGHT AND DAY', WAS CERTAINLY TESTED

delivery mechanism. I can confirm that the present funding of the process by MREW will be extended until the end of 2019. This will allow for planning agreement and consensus by teams of what follows.

Lastly Chris Bagworth, acting MREW equipment officer has been holding the fort but we

still looking to fill the position. Having held this post for many years, I know what huge support and knowledge the officer receives from the equipment group, and the really important work that needs doing. There are two really exciting key projects for the group from my perspective: work with the medical committee to develop the next vacuum mattress design and the next developments on the MREW/Bell stretcher — perhaps a new joining system of the two halves and round tube upper rail with telescopic handles (and, no, I am not going back to being equipment officer!) ☺



What follows are my personal thoughts for the possible future of peer review. I've called it 'a vision'. It by no means attempts to impose the process on teams, which I believe would be counter-productive. I have always said that success will be when I am no longer needed to facilitate the process and what follows is a 'feed-forward' to that success. My hope is this will generate a constructively critical dialogue which will gain momentum from now until the funded project ends in December 2019.

Tim Cain

Peer Review is now in its third year. The process has evolved to become a useful tool for teams, who have been able to reflect on their own operational capability. Using experienced peers to help raise awareness of strengths and weaknesses, teams have universally reported benefit from non-judgemental feedback and the dialogue generated by the process. Peer review has been designed to be an interrogative experience, based on a dynamic question set and subsequent coaching interactions with the peer review team, who seek to 'hold up the mirror' for teams and allow them to grow from the conversations that follow.

To date, it's been a great success and demonstrated that the process works and doesn't threaten team autonomy.

How do we embed the process? My vision for peer review

However, it has been limited in its availability because it has relied on centralised planning and coordination of each review by the peer review lead, supported by a small pool of voluntary reviewers. As we approach the end of the third year, I felt it appropriate to offer a vision of the way forward for this proven performance-enhancing tool, a vision that sees peer review as a team-led, routine activity.

So, this is my vision: Peer review becomes 'the way things are done around here' offering a 'gold standard culture' of continuous improvement within and between MREW/BCRC teams, feeding into individual team strategic plans and encouraging, through better communication, the spread of good practice, not only across MREW, but also positively influencing the land component of UKSAR. In this way, our teams would remain at the cutting edge of land rescue best practice.

On a rolling basis, coordinated by MREW, all teams would take stock of their development every five years by conducting a full weekend peer review of their processes and procedures. These reviews would be supported by external reviewers — a model that has now been validated. Using the dynamic question set as a template, owned and maintained by the MREW executive, teams would conduct an internal health check and assure themselves that they are fit for purpose and prepared for the next five years. At intermediate times, teams would maintain awareness of critical capabilities by conducting specialist one-day peer reviews of

one of the critical capabilities: Vehicles and Driving, Water Rescue, Medical and Technical Rescue.

To fulfil this vision, each team would nominate two experienced people (usually the team leader and chair) to be available to act as reviewers for other team's reviews. In addition, additional specialists in driving, water, medical and technical rescue would be identified nationally. A list of potential reviewers would be maintained by the MREW executive, accessible to teams to choose their review team. Review teams would comprise three people for full reviews — one of whom might be from ALSAR or similar partner agency.

Intermediate reviews would require a single subject matter expert reviewer, again drawn from the MREW pool. The onus would be on teams to plan and conduct full and intermediate reviews supported by the external reviewers from the pool. Teams would be encouraged to include partner agencies (police, fire and ambulance) to join full reviews as observers, a practice that has already added significant value.

On completion of both full and intermediate reviews teams would publish the feedback here in the magazine, sharing learning points and good practice as agreed between the team and the reviewers. ☺

SO, WHAT DO TEAM MEMBERS THINK? WHY NOT SHARE YOUR THOUGHTS VIA EDITOR@MOUNTAIN.RESCUE.ORG.UK

Keep our mountains free. And dangerous.

FRANCIS SANZARO

Food for thought

FIRST PUBLISHED IN THE NEW YORK TIMES PHILOSOPHY SERIES, THE STONE. 13 JANUARY 2018 AND REPRODUCED HERE WITH KIND PERMISSION.

Last August, after several accidents and deaths among climbers on Mont Blanc, Western Europe's highest and most treacherous mountain, Jean-Marc Peilleux, the mayor of the French town of St Gervais-les-Bains, issued an order: Anyone attempting to climb the nearby Goûter route up the mountain must now have specified gear including a harness, rope and headlamp. Those who do not take these precautions are to be fined.

On the face of it, the order is common sense. Mont Blanc, known among climbers as the White Killer, is 15,774 feet high, and as the recent spate of casualties make clear, its ascent is a dangerous one — as one French climbing website describes it, 'a vertiginous high mountain route prone to natural hazards: rockfalls, crevasses, avalanches and extreme weather.'

And yet, the decree appears to be a first — no such regulation exists on any of the world's mountains, and it threatens to unravel a centuries-old ideology based on the understanding of mountains as wild, inherently risky places of conquest, not to be confused with busy boulevards and cafe-lined city streets.

The mayor's order is more than a matter of public safety. It raises existential and philosophical questions, too: Where, and when, can we take life-threatening risk? Should we continue to see mountains as wild and dangerous natural places, or extensions of our urban environment?

Mr Peilleux indeed justified his decree by claiming that Mont Blanc is no longer a wild place, but as a destination for crowds of tourists and guides, an 'urban space of commerce'. The mayor would have us believe that the meandering contours of Mont Blanc's upper snowfields and wildflower-strewn buttes are now conterminous with weed-strewn sidewalks and traffic lights.

What his decree accomplishes is the mitigation of risk through behaviour modification, not the diminution of hazards on the peak. It is but another version of

'protecting us from ourselves'. And while the French have a different system of risk assumption and litigation, the situation on Mont Blanc may be a harbinger for mountain climbing in America's national parks.

In the United States, climbing mountains is quickly becoming this generation's family trip to the baseball stadium. There has been an exponential increase in traffic on mountains here: In 1852, four climbers attempted Mount Rainier; in 1960 it was 712; and in 2016 it was nearly 11,000. It is only a matter

IF WE MAKE THE MOUNTAINS SAFE, PERCEIVE THEM AS URBAN SPACE AND DEMAND TO HAVE THEM AS REGULATED AS CITY BLOCKS, WE HAVE NOT ONLY LOST 'THE MOUNTAINS' BUT THAT PART OF US ONLY THEY CAN FOSTER

of time before the same conversation crosses the Atlantic and into our policy boardrooms.

Recently, I spoke with Scott Fitzwilliams, supervisor of the White River National Forest, whose boundaries contain some of Colorado's deadliest mountains, about what could potentially force the United States to adopt similar measures. Mr Fitzwilliams didn't miss a beat: 'The lawyers,' he said.

Mr Fitzwilliams is an ardent supporter of keeping the wild wild, but he is well aware that if the Forest Service becomes

increasingly responsible for fatalities on mountains, they will have to act to mitigate such risks — and since more and more individuals are heading into the mountains for self-discovery and the peculiar breed of ecstasy the mountains provide, injuries and deaths are also increasing.

The political response in Colorado has been predictable. Local sheriffs and senators and governors are calling deaths in the mountains 'unprecedented', and demanding more signs, 'better' trails and other intrusions.

So far, the argument for preserving the 'wilderness experience' has kept these changes at bay. But if the Forest Service (or national parks) assume greater risk for visitor safety, they will be forced to institute a range of solutions to reduce their liability — like apps that guide us along virtual routes or keep us on trail as though we were in car lanes, or other 'soft' intrusions.

Of course, if American policymakers and citizens conflate urban and wild space — as the French have already done on Mont Blanc — we will see more and more lawsuits against the Forest Service, or another agency, for failing to protect individuals when they are in a natural setting.

Around the country, parks are getting sued for wild animal attacks on visitors within their boundaries, for falling trees or for not warning visitors for the most obvious of risks, such as rivers flooding during storms. These cases indicate a population out of touch with natural danger. If this trend continues, the mountains will have undergone as radical a transformation as they did in the 18th century,

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Above: Climbers descending from the Lechaux refuge, which clings to the rock face, via a route of fixed ropes and ladders. In the Mont Blanc refuge above Chamonix © Neil Harrison | Dreamstime.com.



ABOUT FRANCIS SANZARO: WRITER, CLIMBER, PHILOSOPHER.

Francis Sanzaro (PhD), is editor of Rock and Ice and Ascent magazines. He has authored three books, and has written for The New York Times, Continental Philosophy Review, Breadcrumbs Mag, Counter Culture, Sierra Nevada Review, UK Climbing, Huffington Post, Happy Hipocrite, The Baltimore Post Examiner and Greyrock Review, among many others.

His books are The Infantile Grotesque: Pathology, Sexuality and a Theory of Religion (2016) and The Boulder: A Philosophy for Bouldering (2013). Society Elsewhere: Why the Gravest Threat to Humanity Will Come From Within will be published in spring of 2018. A climber of 25 years, he lives and works in the mountains of Carbondale, Colorado, with his wife and two children. Some of his first ascents can be found in the forests of Fort Collins, the Southwest, and the Adirondacks. He enjoys shiver bivys, big alpine walls, and dusting off new boulders.

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when they morphed from ominous landscapes of gloom to topographies of heroic conquest.

The origins of mountain climbing lay in the middle of the 19th century. Before that, they were seen as landscapes of evil otherness, where the tempestuous gods exercised their wrath. The curious ventured not.

After the 1850s, climbing became for some a way to 'overcome the self' or 'experience the sublime'. As townspeople and shepherds found their way to the tops of the Alps, the ability to thwart death and overcome human limitation in mountainous landscapes became valued — but that value assumed an environment of risk. A hero needs adversity, and the extreme conditions and danger of the mountains provided that. Later, in the middle of the 20th century, the literature of the golden era of big Himalayan climbing lionised first ascensionists because they, like great generals or explorers, navigated risk successfully.

Mountains are inherently dangerous. But just as free speech makes a place for disgusting speech, wild places need to make a place for irresponsible activity. It is our life, after all. Right? Not really. Our right to life doesn't always include our right to risk it. If that thought doesn't feel strange to you, think about it again. It should.

As the British sociologist Anthony Giddens has noted, it is no coincidence that the concept of 'risk' appears prominently in the 16th and 17th centuries, during the height of the age of exploration. The Middle Ages didn't have a concept of risk, and it did not

exist in the majority of non-Western languages. According to Mr Giddens, 'risk presumes a society that actively tries to break away from its past'. Societies desirous for new lands and new lives took risk, and today, on a smaller scale, we take risk in the mountains to become better people. Accomplish something. Start anew.

Freedom is a relative term, and can be conceived only in relation to something. Freedom from what? is the question. In mountainous regions, freedom from what isn't so obvious. We are not free to murder or steal — we are free from the strictures of time, workplace stress, of being told what to do, where to go, how to be; we can travel as we may, how we may. Mountains are thrilling because our lives there are not shepherded by another, our safety not curated. It's an intoxicating freedom, riveting, at once modern and ancient.

Growing up, I despised the statement 'No risk, no reward'. It was cliché and meaningless. But as a lifelong climber I find a strange solace in hanging from a granite wall, without a rope, in pure mountainous solitude. It is in such moments of controlled risk where I discover the fabric of my soul. Do I panic? Do I find the strength? I return to civilisation refreshed.

This is basic stuff, and the mountains do this for tens of millions of us annually. If we make the mountains safe, perceive them as urban space and demand to have them as regulated as city blocks, we have not only lost 'the mountains' but that part of us only they can foster. ☘

How #adventuresmart hopes to stem the rising tide in call-outs

JUDY WHITESIDE

'Rising death rates, piles of litter and fears that the peak has become a theme park'. That was the situation, widely reported in the UK press in February, which prompted officials in Chamonix to consider 'drastic measures to restore the character' of their local peak, Mont Blanc. Plans were drawn up followed the death of 17 climbers last summer and would, they say, prevent tour companies from marketing the climb as 'suitable for capable winter walkers'. Sound familiar?

The proposals have divided opinion. Officials behind the idea argue that safety cables across the Goûter ridge should be removed to deter novice climbers and save lives. The regional prefect, Pierre Lambert, however, argues that the proposed measures would have no effect because none of the accidents last year happened in areas with cables. He wants more cables.

Last summer, Mr Peillex saw to it that notices were posted on mountain paths, in English, French, German and Russian, requiring climbers to carry a hat, sunglasses, ski mask, climbing shoes and a warm windproof jacket when tackling the mountain, calling the move 'a rap over the knuckles' for the 'hotheads who refuse to listen to advice'.

Here in the UK, a similar quandary has exercised the minds of mountain rescue teams for many years now. The Mountaineering Scotland website makes very clear that 'climbing and mountaineering are activities with a danger of personal injury or death' and participants 'should be aware of and accept these risks and be responsible for their own actions and involvement'. But what about the 'innocents abroad'?

Read below the line on social media and you'll regularly see aired opinions about the 'need' for lights along mountain paths and ever-more signage on the one hand, with demands for domestic 'hill walking' insurance and the prosecution of those who fail to fully prepare.

By and large, mountain rescue teams have preferred to take the non-judgemental approach, with 'soft' campaigns exhorting visitors to the mountains to dress appropriately, carry the necessary kit for their intended adventure and watch the weather. The unwritten policy has always been not to publicly criticise — which is not to say that those who put themselves at unnecessary risk won't be firmly advised by the team

leader in question. But tolerance levels have been sorely tested of late, with the seemingly never-ending rise in 'unavoidable' rescues, particularly in the Lakes and Snowdonia.

'From a mountain rescue point of view,' says Phil Benbow, Llanberis team member and chairman of the North Wales Mountain Rescue Association (NWMRA), 'we will always go out and rescue injured climbers and walkers'.

Teams in the Lakes and Snowdonia have seen a rapid rise in call-outs over the last two years. 'Way too many, says Phil, 'for a bunch of volunteers'. From 2016 to 2017, North Wales saw a 23% rise from 470 to 580. In 2017, Lakes teams dealt with 543 incidents — a 25% increase on 2016 (436) — and fatalities were up 100% with 17, compared to eight the previous year, including sudden collapse (76%), trauma (18%) and drowning (6%).

An increasing number of calls are to people

WE'RE CERTAINLY NOT SAYING DON'T GO OUT THERE AND HAVE AN ADVENTURE. WE'RE SAYING GO OUT AND HAVE THAT ADVENTURE BUT KNOW HOW TO KEEP YOURSELF SAFE. YOU'LL ENJOY THAT DAY SO MUCH MORE

who aren't injured, with reasons for calling mountain rescue often as simple as 'I'm tired' or 'My knees are sore', or the perhaps apocryphal 'Can I have a helicopter please? I'm late for dinner'.

Why ring a 999 service to tell us you have sore knees? 'They just want someone to sort their problem out', says Phil.

Back at the foot of Mont Blanc, there's a sense that serious mountaineering territory is slowly but surely morphing into some kind of theme park. Not unlike, then, the zipwires

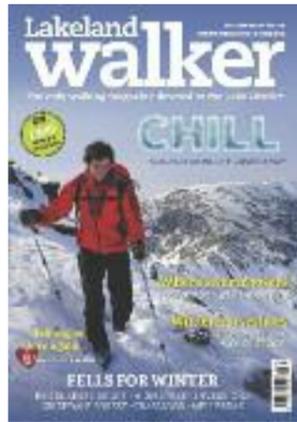
and adventure parks clammering for space on our own mountains — and the relentless patter of feet up and down Scafell Pike, Snowdon and Ben Nevis in the name of charity and personal growth.

In January this year, Julia Bradbury and Ore Oduba took to our screens with ITV's 'Britain's Favourite Walks: Top 100'. And guess what? Top of the list are some of the nation's favourite accident hotspots: Helvellyn comes in at number one, with Snowdon a hot second. Then there's Scafell Pike (5), Tryfan (6) and Ben Nevis (15). It's no surprise that visitor numbers tend to peak soon after these programmes, as aspirant walkers see how 'easy' these walks appear to be.

In Snowdonia — once dubbed 'the third best place on the planet' by Lonely Planet — the Year of Adventure 2016 saw enthusiastic poster campaigns asking potential visitors where their 'next epic' might be. 'Epic', of course, means something entirely different to the mountain rescue team members who have to literally pick up the pieces of any ill-advised adventures.

After 2016, NWMRA undertook a 'wash up' on their busy year, to see what lessons might be learned. The result was a real willingness from all parties to address the situation, and the creation of a working group tasked to come up with a clear, bilingual safety message which would encourage people to get out there and enjoy themselves but 'be adventure smart' and 'make a good day better', with advice on how to do just that.

The Welsh Government helped get the project off the ground with a grant of £40K and, by also engaging the RNLI — to focus on safety on the beaches and in the water — suddenly, the campaign 'had some clout'. The National Trust and the three national parks in Wales were also on board and the RYA, Swim Wales and Stand Up Paddleboarders joined in too, not least



'LAKELAND WALKER' FEATURES LAKELAND MOUNTAIN RESCUE

'John Manning, who edits Lakeland Walker, approached us in October about having a regular column in the magazine,' says Richard Warren, chairman of LDSAMRA, 'and it seemed too good an opportunity to turn down. The magazine is partly reaching the converted – you'd hope regular walkers would know how to be prepared – but it is also distributed through B&Bs and hotels in the Lake District so we're hoping this will spread the word about safety as well as reinforcing that we're all volunteers to those who may not know much about MR.'

'There seemed to be a rash of stories in the media in late 2017,' says John Manning, 'about people being helped off the fells, in incidents which might have been avoidable for the sake of a little more thought and preparation. It was clear from comments on social media that some rescue team members were getting justifiably frustrated.'

'Fellwalkers and climbers have the utmost respect for mountain rescue team members and it's understandable, perhaps, that many were calling – again on social media – for people to be billed following unnecessary call-outs. Like mountain rescue, I view that as a very slippery slope and believe it would be far better if people could learn from the experience of others, and avoid such call-outs in the first place.'

'While many of our readers would count as 'preaching to the converted', the magazine is also read by hundreds of people discovering the excitement and beauty of the fells for the first time. In sharing the expertise and advice of the Lakes teams' members, I hope we can help to reduce the number of call-outs

that unnecessarily drag volunteers away from their work and families.'

The first column, which appeared in the January/February issue, was written by Mike Park of Cockermouth MRT. 'I wrote my article as an abbreviated diary,' says Mike, 'sharing my experience of a significant incident, talking about the social and training side of being involved in MR – and the fact that I have a day job as well!'

The March/April issue features an article on hill safety by Mike Blakey, team leader of Patterdale MRT. 'I was involved in a training course recently that challenged the best advice to give about safety and encouraged us to focus on managing risks by making better decisions,' says Mike. 'It seemed the ideal theme to share in the article and it turned out that talking about snow safety and featuring a very wintery picture was actually just right for early March!'

The hope is that the regular column can run throughout 2018 and perhaps beyond, with various teams taking on the drafting duties and featuring a range of seasonal messages and stories.

'I'm next up with a review of our LDSAMRA 2017 statistics and the lessons we can learn from them,' says Richard, 'and then we've people from Keswick, Duddon and Furness and Penrith teams writing articles for later in the year.'

FURTHER INFORMATION ABOUT THE MAGAZINE IS ONLINE AT WWW.LAKELAND-WALKER.COM.

SALLY SEED

A magazine produced for anyone with an interest in Cumbrian walking is working with LDSAMRA to raise awareness of safety on the fells and how best to avoid being an incident statistic.

MARCH: HELVELLYN INCIDENTS RAISE SAFETY CONCERNS

Over the weekend of 17/18 March, Helvellyn was the focus for three rescues, involving members of both Keswick and Patterdale teams. Saturday saw two rescues, one on the west slopes and one on the eastern side. This was followed on Sunday by a further incident on the eastern side.

In the second incident on Saturday, attended by both teams, a walker had fallen 60 metres down a snow slope by Brown Cove Crags, overlooking Thirlmere. Tragically, he did not survive his injuries. Our heartfelt thoughts go out to the family and friends of the walker who fell. At the time of writing, we were unable to comment further on this particular incident so any enquiries must be directed to Cumbria Police.

Concerns were raised because this is now the fourth incident this year at Brown Cove Crags (on the descent route from the summit of Helvellyn back down to Thirlmere), involving tripping and slipping. Richard Warren, LDSAMRA chairman, said teams across the Lake District were keen to get a message out about the winter conditions on the mountains and the need for preparation, planning and a real understanding of the risks that exist high up on the slopes.

The biggest fear was the growing use of 'spikers' in the winter



mountains. With the Easter weekend just round the corner, winter conditions remained on the slopes and gullies sheltered from the sun. 'Crampons are essential on steep snow slopes,' said Richard. 'Spikers are no substitute. The message is very clear – have the right equipment but also practise using it whether it's a map and compass for when you get lost, or an ice axe to arrest your fall.'

Photo: Helvellyn in winter © Matt LeVoi, Lakeland Mountain Guides

because this year's big 'adventure' campaign will focus on water, rather than the mountains. Whether attracting visitors to the coast will also reduce mountain call-outs remains to be seen.

Adventure Smart Wales (Mentron Gall Cymru) launched in March, with a campaign of videos and posters, live information updates and educational apps, a strong web presence and a cluster of hashtags.

'Some incidents we are never going to influence,' says Phil. 'There will always be medical emergencies and accidents can happen to even the most skilled of mountaineers. What we can hope to influence is the avoidable incidents, where there's a lack of understanding and preparation for the adventure ahead.'

'We're not aiming at the expert mountaineers or the readers of Trail, TGO and Summit. We're aiming for the people who decide on the Wednesday night say, in the pub with their pals, to go to the mountains at the weekend. They arrive in blue skies and launch themselves up the mountain. The rain and cloud comes in, they're wet and cold, they can't see where they're going anymore, get lost, panic and call us because they think they're going to die!'

'We knew we had to ensure the message was consistent across all the organisations and the media and that includes ensuring visitors, the visitor centres, outdoor shops and local accommodation providers have access

Meanwhile, Lake District mountain rescue teams are collaborating more closely with the national park, National Trust and Cumbria Police to get the 'safety message' across: be more responsible in your adventures and be aware that team members are volunteers, with work and family commitments, who give their time freely.

'Last year was exceptional,' says Richard Warren, LDSAMRA chairman, 'with teams experiencing many multi-incident days including six incidents over one twelve-hour day for the Wasdale team. This kind of day – not just limited to Wasdale – is having a serious impact on the teams and their ability to respond effectively.'

'But more concerning is the impact on the team members, their families and employers who are also shouldering this burden. The good news is that collaboration between teams is highly effective and when any team is struggling for numbers – or a second or third call-out comes in – at the touch of a SARCALL button, they can quickly mobilise the other eleven teams and a further 400 team members.'

Last year, following a tragic and very avoidable incident, Wasdale team members and others in the region met with senior representatives of the National Trust, the Lake District National Park Authority and Cumbria Police, high on Scafell Pike, with the media in tow, in an effort to reduce the ever increasing 'avoidables'.



Photo: Scafell Pike © Drewrawcliffe | Dreamstime.com Top: Adventure Smart Wales campaign logos

to relevant information such as the weather, and how to prepare for your adventure in the terrain and conditions you're likely to meet.

'We're certainly not saying don't go out there and have an adventure. We're saying go out and have that adventure but know how to keep yourself safe. You'll enjoy that day so much more.'

There are also plans to enhance mobile phone coverage so it's easier to identify where people are on the mountain.

Adventure Smart Wales, of course, is a Welsh initiative, aiming to promote 'the safe enjoyment of Wales's natural outdoor resources', from seaside to mountain top. But Phil's presentation at the UKSAR conference certainly provided food for thought about how the campaign might be extended beyond Wales.

'Hopefully,' says Richard, 'this embryonic partnership group is the start of a new approach. Perhaps we should call it Adventure Smart Lakes?'

Local TV and radio regularly feature informative pieces about mountain rescue and the need to be properly prepared. In February – just prior to the icy blast from the east – a BBC Cumbria video featuring Langdale Ambleside team leader Nick Owen went viral on social media with the message 'If you're heading out for a walk, you need to watch this first!' The short film talked viewers through the kit, layer by layer before detailing the must-haves for the rucksack. But what sort of impact did it have?

'Not certain,' says Nick. 'Unfortunately, there were lots of irritating comments below the line as well as positive ones but it's had



nearly 200,000 views and 2000 shares, so if it might have persuaded one person to be safe then it's worth it. Having said that, there have still been a number of incidents where inadequate equipment has been a factor.

'I like the Welsh initiative and will be working to persuade LDSAMRA to pick up on it. It would be great if we could do something joined up and national. We all want the same thing and we're all working away in isolation. They've already reached the highest levels in Wales and got lots of other agencies involved. We should pick up on their hard work. We've got the makings of a national, joined-up campaign here!'

Mike France, MREW chairman, agrees and has already begun to engage with potential sponsors and partner organisations to see how this might happen. Last year, the regional chairs asked that the national body does something to help reduce the number of unnecessary calls to teams. There is undoubtedly a will to make things happen, a momentum building.

Nick Owen's observation, that we 'work away in isolation' is spot on. TV regions, local press and radio, whilst hugely supportive of 'their own' teams, by their nature carve the country up into media pockets. From a publicity point of view, it's a constant challenge, keeping the 'safety message' live across the mainstream media, who will happily react in the case of a major tragedy but swiftly consign mountain rescue to the 'local matters' file pile.

And organising a 'joined-up' campaign might itself be fraught with challenge. In England, we'd be dealing with a further ten national parks and seven mountain rescue regions (38 teams), with areas of operation stretching from Land's End to the Scottish border – and any number of tourist boards and 'official information sources' in between. But if we could persuade Westminster to support a national safety campaign with a similar cash injection, and the RNLI and other organisations like the BMC and Ordnance Survey came on board, and then other, smaller fish joined the party too, well then we really would have clout. And everyone would benefit.

Only time will tell whether any of these safety campaigns can stem the rising tide of call-outs – be that deaths on Mont Blanc or sore knees nearer to home. But it's got to be worth a try. And when did mountain rescue folk ever shrink from a challenge? 🍷



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Tackling those 'avoidable call-outs' and getting the safety message across

SALLY SEED MEDIA TRAINER & PR CONSULTANT

I was struggling to find a fresh theme for this issue's column and then, just ahead of the editor's deadline, Storm Emma and the Beast from the East hit many areas of the UK. Mountain rescue teams were out in force (on hills and on roads), and supporting the paid emergency services in maintaining links and essential services to communities cut off by drifting snow and high winds.

As many readers will know only too well, icy winter conditions may be a nightmare on the roads but they are a rare treat for some in the outdoors. Ice climbs were in great condition and, once the wind dropped, there were good opportunities to be out building winter mountain skills and enjoying amazing winter days out. In the north east and Cumbria, the BBC 'Inside Out' programme highlighted this with one of the hilltop assessors taking a group of winter novices out for a training session.

If MR is going to ask visitors to be prepared, to have the right equipment and to build their experience for winter, then those people need to be out, well-equipped, learning those skills with others and building that experience for themselves.

But, as we know, those commenting on social media sometimes don't understand this and jump in to criticise anyone who is out on the mountains in 'tricky' conditions. The MR message isn't always simple but it's all about being prepared, gaining experience and avoiding incidents (and call-outs) when possible by taking sensible precautions.

That message is perfectly summarised by the #AdventureSmartWales campaign,

launched on 22 March and described in more detail on pages 22 and 25. As well as the #AdventureSmart branding, the campaign uses hashtags such as #WhatsinyourBag? to emphasise that just a bit of thought and planning can make a huge difference. It's not saying 'don't go' but 'go prepared' — as Phil Benbow of Llanberis MRT said to me, 'It's about making your good day better by doing some simple things and avoiding an epic adventure becoming 'a bit of an epic'!

The challenge of the coming months and years is going to be consistent but varied communications around these 'Be Adventure Smart' messages. As a starter, I've been thinking of some ways that teams could use and reinforce this core message in their own communications.

• **When you've rescued someone who WAS prepared and simply had an accident that could have happened to anyone** use something in your posts and press releases along the lines of 'Great to see that casualty being #AdventureSmart. By having [insert relevant item of kit], they avoided this being a worse incident.'

• **Think about your team's criteria for 'avoidable call-outs'** — Rob Shepherd, the national stats officer, is working on this too — and record them so we can monitor trends and, ideally, measure any impact of the #AdventureSmart campaign as it rolls out.

• **Think topicality** — carrying extra water might be the #AdventureSmart advice in a hot spell, but carrying a torch and spare is more appropriate for late October. Also use

the #WhatsinyourBag? link. Make connections to key items carried by team members, either during a call-out or on other trips.

• **Get others involved in what you're doing:** The #AdventureSmartWales campaign has taken 18 months to plan and involves a wide range of partners from tourism, government and the outdoors. Working with partners who share MR aims and priorities, whether that's a local national park information office or a specialist outdoor gear shop, a local hotel group or a tourism association website, is always going to help in reaching the novices who need the advice.

• **Be clear in your messages:** We're not about stopping people going into the outdoors but we want them to do it safely and enjoy it.

• **Manage expectations:** We're not going to see huge drops in the number of call-outs either. This is about reducing the rate of growth of the avoidable ones so that teams have the time and resources to respond to the unavoidable ones.

As #AdventureSmart gathers momentum and, ideally, other partners get involved, there'll be more to learn about effective communications. I'd be interested to hear about your experiences. Thanks. ☺

WE'RE NOT ABOUT STOPPING PEOPLE GOING INTO THE OUTDOORS...



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- Included plastic S-Biner for attachment
- 60 hour run time
- 4 x replaceable batteries included
- A choice of colours

AVAILABLE TO PURCHASE FROM COTSWOLD OUTDOOR AND GO OUTDOORS





Last year, Women Climb website ran a series of articles about women in mountain rescue. The idea was to celebrate the volunteer ethic of mountain rescue, challenge a few gender-based assumptions and inspire more women to get involved.

Emily Thompson, a member of the Holme Valley MRT and a keen climber herself, interviewed a number of key women across England and Wales, in operational and non-operational roles in mountain rescue.



Top: Emily Thompson
© Emily Thompson
Above: Becky Isles
© Becky Isles
Right: Calder Valley team members in action
© CVSRT



Becky Isles Calder Valley SRT

I met up with Becky in a little cafe in Sowerby Bridge and, over a brew, we chatted about our experiences in mountain rescue, why she got involved and how she manages to fit it around her work as an Accident and Emergency consultant.

How long have you been involved in MR and what made you join?

I joined Calder Valley in 2010 but I'd been in the Central Beacons team prior to that for two years. When I moved to Yorkshire for work I applied to move teams too.

In my last year at Central Beacons I started to get involved in casualty care training for the team using my medical skills, but I'd not really been in the team long enough to be involved at a more senior level.

When I applied to join Calder Valley they were very enthusiastic about me joining. Within weeks I was assisting the medical officer with his duties and a year later I was elected into the medical officer role formally. We have a policy of a five-year term for any officer role, so I've just completed my term as the medical officer. I'm currently an assistant leader.

I'll still be involved in the medical aspects, as one of two doctors in the team. We don't have an official team doctor — the medical officer role can be anyone who is interested — it's just a bit easier if you are medically qualified.

I get involved in the rolling training programme around medical skills and every three years we run the formal Casualty Care course, training and recertifying 30-40 members each time. We try to ensure we get a variety of external speakers in to do the formal training so team members get a different experience and viewpoint. I make use of specialists who I know to help with this so it's not just Alastair (the other doctor in the team) and me. I also act as an external examiner and assist in training for other teams when I can.

I joined mountain rescue because I thought it would be fun! I was on a kayaking trip to Scotland and due to the lack of water, we'd gone hiking for the day. Whilst out in a remote valley we came across an injured

hiker who had no means to get himself off the hill or to contact mountain rescue. We called Glencoe Mountain Rescue Team and during the call-out I got talking to someone in the team and it sparked an interest. At the time, I was completing my degree but eventually contacted what was then my local team, Central Beacons.

How do you fit team commitments around your work and family life?

It helps that my partner Rob is also in the team and accepts the fact that plans change and life can go out of the window. We've been trying to decorate our bedroom for weeks now as we keep getting called out at the weekend!

Whilst I have a crazy life working shifts it means I can be available when some people are at work. When I'm on night shifts, I can get up for a call during the day and then go back to bed. It's no different than someone working during the day and having to respond to an evening call which means they are out searching till 2.00am. They still have to get up for work the following morning. The team is quite flexible



and understanding with people's work commitments. I move around West Yorkshire hospitals in my current role so have a lot of flexibilities and know the area well.

Our team has something on every Tuesday night including twice-

monthly training, maintenance of team kit and vehicles as well as business meetings to make decisions about running the team. We also have a core skills day in February/March, weekend water training and probationary assessments at the start of the year which the wider team assist with, plus other ad hoc training at the weekends too. We share out other roles so I tend to do less talks to groups or many events due to my work commitments.

What's the best thing about being a member of mountain rescue?

I really enjoy it. It's great fun — and I get to do things I wouldn't normally do and meet really interesting people who I don't think I would have met otherwise. The social side to the team is really great.

What has been most difficult?

Whilst I was with Central Beacons, we had a difficult call-out for a missing person. The search was relatively simple and short as the person was found by a dog handler quite quickly, but unfortunately they were found dead. It was difficult dealing with the family, trying to make

sure they didn't find out what had happened before the police could deal with the scene.

With my job as an A&E consultant I've developed coping strategies for dealing with death. I feel it affects me less than other team members

although it's certainly very different finding someone outside rather than dealing with it in a hospital environment but there's a good support structure in our team, with leaders taking responsibility for following up on ensuring team members are ok and able to talk to anyone, within or outside the team.

There's also good training through MREW to enable team members to identify when others aren't coping ok and having abnormal reactions to situations, recognising that team members have different reactions to dealing with issues and might be stressed even if they don't seem it.

What life experiences have you had that have influenced your role in the team, if any?

I've always been quite outdoorsy. I grew up on a farm and I used to be a scout then became leader as a student. Mountain rescue has filled the space to do things outside.

My medical background has definitely influenced what I've got involved with in mountain rescue.

What's a typical call-out for you?

We get about 80 jobs a year, sometimes three a week, sometimes none. We regularly assist the ambulance service with people in difficult and remote locations, and do some searches but we don't tend to get the 'traditional' call-outs for lost walkers. You're never that far from a road in our area so we can often direct people back to a road over the phone.

What would you say to someone wanting to join now?

Well, I'm not sure I'd get in if I tried now! Many people joining now have a lot of experience and skills before they join — they're fell runners or really hill savvy with good navigation. You do need to be hill fit with good navigation to be in mountain rescue but we consider people on their merits. You're a team member first and your expertise from your job is second — everyone's equal. ☺

You can find the Women Climb website at womensclimb.co.uk.

TEAM TALK



FEBRUARY: ROYAL VISITOR OPENS BARNARD CASTLE EMERGENCY SERVICES 'QUAD STATION'

HRH The Prince of Wales officially opened the new emergency services station in Barnard Castle, County Durham. Known as the 'quad station', it is home to fire and rescue, police, ambulance and mountain rescue, the first of its kind in the country.

Teesdale & Weardale SMRT keeps one of its two Land Rovers there, along with their water rescue trailer and also has an office, a briefing room and other shared facilities. Prince Charles met with members of all the emergency services and was introduced to several members of the team, including the team's search dogs, before making a short speech and unveiling a plaque commemorating his visit and official opening.

Above: Team leader Steve Owers introducing Prince Charles to Des Toward and partner Karen Fisher with search dogs Wisp and Sam

SELF CATERING HOLIDAY ACCOMMODATION IN THE LAKE DISTRICT



Bush Green is owned by **Coniston MRT member Dick Palmer** and consists of three double bedrooms, shower room and downstairs bathroom, living room, dining room, large driveway and double garage.

Located in Broughton-in-Furness on the edge of the Duddon Estuary, the Lake-District playground and Coniston fells are just 15 minutes away, Wasdale is 40 minutes and the northern Lakes one hour. Walking, mountain biking from the doorstep. Route assistance available. All amenities are close to hand in Broughton, 1/2 mile away. Bush Green is fully equipped with gas central heating, woodburner in the living room, wi-fi, and has lockable bike/vehicle storage.

- Weekends available.
- Discount for couples and MRT, FRA British Cycling and LDWA members.
- Dogs by arrangement.

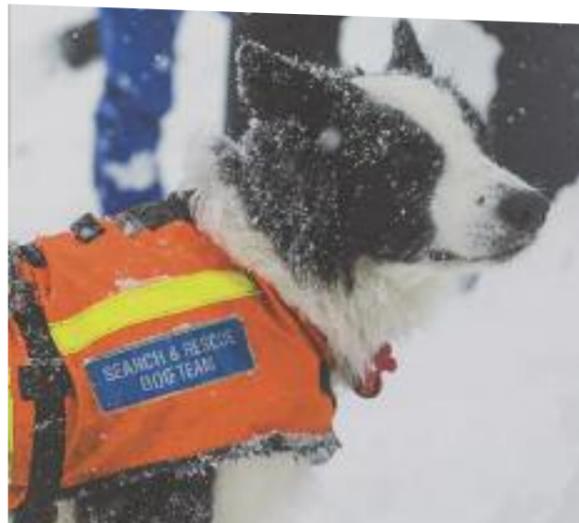
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Team winter skills: How hard can it be?



WORDS: WILL CLOSE-ASH
IMAGES © NEIL IRWIN



I can hear myself saying, 'Failing to prepare is preparing to fail', as I check my rucksack for the second time. Will I need three or four pairs of gloves? Who cares, just throw them all in!

It's not like I'm new to operating in the winter, but this is my first team winter skills weekend as a full team member, and I don't want to let anybody down by not having the right kit. And, in truth, I just don't want to look like a wally!

We'd travelled up to Scotland for Northumberland National Park's annual winter skills meet, a chance for experienced members and new members of the team to practice vital skills in the harsh conditions of the Cairngorms.

Everyone bundled into the small briefing room for the weather forecast, overview for the day and allocations of groups. The team leader introduced our instructors, Heather Morning, the Mountain Safety Adviser for Mountaineering Scotland and Mark Davies, resident MIC at Lyon Equipment, both people we'd worked with before and who were operating at the very top of their game. It was clear from the outset that we were going to be on a steep learning curve.

After the short drive up to the Cairngorm ski area, we split into groups, issued and arranged team kit amongst ourselves and got ready to head out. As a relative newcomer, there was no shortage of help from the more experienced members, despite the cold and the need to get moving.

After a quick chat at the ranger station, we were off, heading along the icy path past the day trippers and skiers into the heart of the northern corries, Coire an t-Sneachda. There's quite a lot of chat (despite the wind) as we walk in, but as we draw into the Coire, Mark stops us at frequent intervals and talks us through the snow pack, avalanche assessment, current and forecasted weather conditions and the mood becomes much more serious.

The next five hours are a blur — practising core personal skills, moving together, moving with a walking casualty, assessing the snow pack, building different types of belays, discussions (as best you can in a howling gale) about how technical equipment responds in winter conditions, emergency shelters, more belays, more snow pack assessment and so it goes on!

By the time we climb out of the coire and

onto the plateau, some of the newer team members have covered as much in one day as you might cover on a weekend winter skills course!

After a 'hot debrief' back at the hostel, there's just enough time to get kit (and ourselves) dried out before dinner and a quick lecture from Heather about heuristic traps in a winter environment.

If Day 1 was about focusing on personal skills, Day 2 was very much about looking at team skills. We moved into the much quieter Coire Laogh Mor to practise avalanche rescue techniques and technical rope rescue with our stretcher. As a big part of our operating area the Cheviots have, from time to time, seen quite considerable avalanches, so a chance to practise our drills was always going to be an essential part of the weekend. What was really nice about being out with the team was the coaching element to the day. If you had an idea, no matter how new to the team you were, you'd be listened to, your idea tried out and evaluated, so everyone felt they could contribute something to the day.

In addition to the technical work, we had a chance to carry out a detailed analysis of the snow pack with Heather by digging a monster snow pit. It was over three metres deep but, as we learned, this was needed to allow us to get accurate temperature readings and to really understand the layers that had developed throughout the snow pack. We crammed as much into that session as many avalanche forecasters might do in a weekend.

Despite the pace of the day, it was clear from the round-the-table debrief at the end, that everyone had learned something new and everyone could easily pick out two or three ideas that they had found useful over the weekend. As for me, I'd survived my first winter skills weekend as a full team member; I'd not forgotten anything or made any niggling mistakes, I'd held my own and with a team as experienced as ours, I felt pretty pleased about that.

Northumberland National Park team would like to thank Heather Morning and Mark Davies for their invaluable input during the weekend and outdoor and adventure photographer Neil Irwin (www.nirwin.co.uk) for capturing the essence of the team during the weekend. 📸



© Patterdale MRT

MARCH: TEAM RESCUES SERIOUSLY INJURED MAN FALLEN FROM GRITTER TRUCK

Patterdale team members went to the aid of a man who fell from the vehicle during gritting on the road near the Royal Hotel at Dockray.

They treated the gentleman — who was by then very cold — for a broken femur and suspected broken pelvis. He was then transferred to an ambulance that had managed to get through the treacherous conditions all the way from Ambleside.



© Woodhead MRT

MARCH: CHECKING OUT VEHICLES AS STORM EMMA HITS YORKSHIRE

Woodhead team members came across this vehicle, whilst out and about checking roads and assisting stranded drivers. Fortunately, no one was inside, but it illustrates how bad the conditions were.

The image also took the team and mountain rescue onto the front pages of the mainstream media, on and offline.



Photo: Woodhead team vehicle on duty © Woodhead MRT

MARCH: SNOW-CLOGGED ROADS AND STUCK VEHICLES KEEP TEAMS BUSY FOR 40 HOURS

Teams in Mid-Pennine, Yorkshire and the Peak District worked through the night to help motorists stranded on some of England's highest and most remote roads, during 40-odd hours of continuous activity.

In Yorkshire, colleagues from Holme Valley, Woodhead, Oldham, Calder Valley and Glossop teams battled the sub-zero temperatures with tractors, diggers and 4x4 vehicles to clear blocked routes and get people moving, free those trapped in the snow, assist West Yorkshire Police with road closures and patrols, and help paramedics reach their patients and get them on to hospital if required.

'It was absolute chaos on the A62,' said Owen Phillips, Holme Valley team leader. 'We found backed-up vehicles all the way down the A62, including jack-knifed lorries. I can only describe it as Arctic up on the tops. Very high winds. At times visibility was next to nothing. As soon as the snow was removed it blew back in again.'

Even after stand down, late on the Friday evening, with traffic flowing more easily, work continued though the weekend, with attempts to move an HGV stuck on the summit of the Pennines on Saturday, and continued welfare checks on the driver throughout the day when efforts weren't successful.

Meanwhile, not everyone, it would seem was grateful for mountain rescue assistance. Rossendale team members asked to carry out welfare checks on rural properties in Lancashire were welcomed by a vicious dog and a very aggressive gentleman who proceeded to make very clear his dislike of callers! Needless to say they smiled and politely backed off to continue assisting other members of public in need! Guess you can't win them all.



Photo © RPMRT

Rossendale & Pendle team helped free two coaches and a backlog of traffic diverted from a serious event on the snowbound M62



Photos: © Tweed Valley MRT



Photos: © Penrith MRT



Photos: © Penrith MRT

MARCH: JUST ANOTHER DAY AT THE SNOW FACE

Penrith team members worked with colleagues from Patterdale, Wasdale and Cockermouth in heavy snow and high winds.

Incidents ranged from a stranded train, patients requiring medication, care or evacuation to hospital, stranded motorists and a desperate 8-hour effort to get to a French lorry driver stranded in an exposed location for 48 hours.



Team members had just returned from returned from their annual winter training — with one Land Rover on the back of a recovery truck due to a wheel bearing issue. When the forecast snow arrived, MR incident managers formed part of the response team in the Scottish Border Council Emergency Planning 'Bunker'.

The first day's tasks focused mainly on moving critical care staff around the county to get to their patients and those in need of care assistance. As snow continued to fall, the second day's 34 tasks included two emergency responses — one which involved a male fitting. The ambulance was six miles away from the casualty's house but behind a gritter, battling through snowdrifts. The team deployed in a Land Rover and carried the paramedic the last part of the journey. Just before 5.00 pm, the same day, a walker was reported lost in the Pentland Hills, near Edinburgh. The Peebles-based Land Rover diverted from its scheduled tasks and was mobile to the incident when word came that the walker had made his way to Glencourse Reservoir. A local team member met the missing person and confirmed he was okay before handing him over to police for a lift home.

More snow the next day and team members took up position in the bunker from 6.30 am to a very modern

TEAM TALK

FEBRUARY/MARCH: SNOW BRINGS BUSIEST YEAR YET FOR TWEED VALLEY

Team members dealt with 57 taskings, driving 1761 miles and collectively volunteering 670 hours, working alongside rescue colleagues from Border SAR and Moffat MRT, and Northumberland National Park and North of Tyne teams, south of the Border. The Lakes teams too, busy with snow in their own areas, were ready to head north if required to help out. A truly joint multi-agency effort.

phenomena — assistance requests coming in through Facebook. A swift follow up post advised the numbers to call if help was needed. During the afternoon, the Peebles vehicle was tasked to a couple whose house near West Linton was in the process of being covered by drifting snow. The couple were dug out and taken to a friend's house.

Elsewhere, a Cardrona resident and her family turned the Arctic conditions into a fundraising opportunity by building an igloo, and was planning a sponsored sleepover in it. At the time of writing, the #Cardronalgloo had raised just short of £2,000 for the team.

Snow showers continued through the week, with the weather gradually improving. By the Sunday, the tasks were down to two, both coal-related — the first, delivering water and coal to a family who had been cut off since the snow began, the second using the team stretcher to sledge 150kg of the stuff 800 metres to an elderly couple because the coal lorry could only get to the road end. All in a day's work!

...and let's not forget the people behind the rescuers...

'Behind every team member is a supportive family... wives and husbands, partners, children, mothers, fathers, who put up with family plans being put on hold at the drop of a hat, who are willing to be woken multiple times throughout the night as calls come in and put up with the grumpy, sleep-deprived arrival in the morning, trailing muddy boots through the house. Those who fill the flasks when we go out and look after the kids while we're gone. **Thank you** for your patience, support and understanding'. **We reckon Holme Valley MRT speaks for rescuers everywhere...**



MARCH: QUAD BIKE LOAN AIDS PRESCRIPTION DELIVERY

Border SAR had to thank Euan Gibson from Frank Gibson Garage in Yetholm, who lent his quad to the team so they could get a prescription of medication into the Halterburn Valley. Both his Euan's dad and uncle are former team members.

Photo: Team member Arran with the quad © Border SAR Unit



NEIL AND MAGGIE ADAM: ONE HUNDRED YEARS IN MOUNTAIN RESCUE IN THE OGWEN VALLEY

Many in mountain rescue can claim to have clocked up forty, fifty, even sixty years of active service but invariably, those that do are male, supported in their endeavours by their (some might say) long-suffering wives and families, left running the home while they're out braving the elements. But few husband and wife 'teams' can claim a joint operational involvement of a hundred years between them. Their Ogwen team colleague, **Chris Lloyd**, managed to pin down Neil and Maggie Adam for a chat about their extraordinary commitment over the years.

Neil's early experience of the mountains was through family walks on the Clwydian Hills, the Berwyns and the Denbigh Moors, collecting bilberries. Snowdonia came later, with his older brothers, walking and scrambling in and about the Ogwen and Llanberis valleys.

His introduction to mountain rescue was aged ten. Walking up the Miners' Path from Pen y Gwryd onto the Glyders with his brothers, they came across a body lying in marshland. This person had been missing for several months. They returned to the Pen y Gwryd Hotel, which also served as a Mountain Rescue Post. While owner Chris Briggs summoned his team and Neil's two brothers went to recover the body, Neil was kept firmly indoors at the hotel.

On Good Friday 1963, he recalls sitting on a wall outside Merfyn's old brew shack next to the A5, enjoying a cup of tea. 'Ron James, from the Ogwen Cottage mountaineering school, came looking for people to assist with a rescue on Tryfan. The casualty had suffered a fit and tumbled a few feet, breaking his thigh. I assisted the stretcher party on the carry to Cwm Bochlwyd. From there, the man was airlifted by a Whirlwind helicopter from RAF Valley.'

With call-outs increasing, Ron James looked to recruit beyond his school's climbing instructors for the 'rescue team' and a group of regular climbers offered to help. Neil represented this group on a committee for mountain rescue run by James with his business partner, Tony Mason-Hornby.

James sold the Ogwen Cottage business in 1964. A year later, Neil was part of the group who formed Ogwen Valley Mountain Rescue Organisation with James at the head and other long standing members such as KC Gordon and the late Roger Jones. In those early days there were perhaps 25 to 30 call-outs a year, mainly for trauma incidents. The kit comprised a full Thomas stretcher, a Bergen rucksack filled with first aid kit and blankets, and ropes on long term loan from the RAF.

An advanced first aider, Neil trained under the renowned Dr Iuean Jones. Maggie too attended Jones's lectures in mountaineering

first aid but her introduction to mountain rescue came one wintry day in December 1968, whilst preparing to climb a snow and ice gully with a friend who was also a team member. There was a call-out on the opposite side of the valley but, thanks to the generator failing, there was no electricity at the Ogwen Cottage base. Maggie found herself put in a Land Rover with a radio and told, in no uncertain terms, that she was now 'Oggie base' and to 'only speak when you are spoken to!'

It was through OVMRO that Maggie and Neil met. She became a full team member in the autumn of 1969. Married in July 1970, they honeymooned in Glen Etive, specifically to avoid a number of Ogwen members they knew to be climbing in the Glencoe, Ben Nevis area. But, as anyone in mountain rescue will testify, it's a very small world. On a wet and windy evening, later in the week, they moved to Glen Brittle on Skye, pitching their tent in the lee of a caravan only to find, very soon afterwards, that they were surrounded by eight other Ogwen members!

As time went on, the Ogwen kit grew, in no small part thanks to Neil and Maggie being prepared to 'import' stuff acquired on their many trips abroad. In 1972 they headed to Austria for a month of climbing, armed with a shopping list and a wallet full of travellers' cheques. The challenge, on returning to the UK, was explaining what all this technical wire winching kit was and its connection to mountain rescue! Fortunately, they had a letter of authority and no duty was paid.

In their early days living in Bethesda, the urgently ringing public phone, in the kiosk opposite their house, would often be answered by children in the street, who would then knock on the Adams's door to tell them of a call-out.

Perhaps their most memorable incident was the four-day search for Jimmy Haines in 1971, which clashed with the team's annual dinner. The police stood team members down so they could attend the dinner but, as they were leaving Cwm Idwal, the 14-year-old's body was seen high on the cliffs.

'After the body recovery, team members did get to their dinner,' says Maggie, 'though some were falling asleep at the table!'

In the 1970s, Neil and Maggie trained their first search dog, Kip (a collie beagle cross), with the help of the late John Ellis Roberts. Their pride and joy was once described by the late Roger Jones as 'a cross between Jackal and F***All', but he had some good finds. They trained a couple more search dogs before deciding the overnight searches were best left for younger team members. They were also both trained as search managers.



Team practice on Vector Buttress, Tremadoc 1967. **Left to right:** Neil Adam, Barbara James, Roger Jones, Tony Jones with KC Gordon and Ron James guiding the stretcher and Dave Siviter as the casualty © OVMRO.

For their service to the community, they were invited to Buckingham Palace in July 2011, one of those rare events when Maggie wore a frock and a hat.

'We've met and made friends with some fantastic people along the way,' says Neil. 'We'd like to say thank you to all of them for making our lives so interesting.' ☺



© Alun Allcock

FEBRUARY: GOAT TRIGGERS TEAM INVESTIGATION

A regular occurrence in North Wales – included here because we like the photo, courtesy of the team's Facebook page – North Wales Police reported 'shouts' heard in the Crib Goch area.

A group of team members drove up the Miner's track to investigate but concluded the shouts were most likely feral goats in the area. A false alarm with good intent.



© Dartmoor SRT Ashburton

Multiagency work in action thanks to a very timely push from Devon and Somerset Fire and Rescue...

TEAM TALK

MARCH: NINETEEN-HOUR SNOW DAY FOR THE ABERGLASLYN TEAM



Dubbed 'indefatigable' by the local Cambrian News, Aberglaslyn team attended 'a whopping number of [five] call-outs in one day as snow caused havoc across the Llyn Peninsula' – as many as they've tackled in total since the new year.

The day began with a call to rescue four gentlemen trapped in their vehicle by heavy snow. It took two vehicles and three hours to reach them with the assistance of a local farmer and his tractor. Team members assisted staff from Ysbyty Gwynedd unable to leave their homes due to snow, helped district nurses to access their patients – working through snow drifts from one side as Aberdaron's Coastguard Rescue Team burrowed their way through from the other side – and evacuated a patient needing hospital treatment, from their home address to a waiting ambulance. Then, just as team members were looking forward to a well-earned break, in came the final call-out to assist Llanberis MRT with a casualty carry on Snowdon.

A man had slipped on ice near the gabions on the Pyg Track and travelled some distance sustaining several injuries. Finding and getting to the casualty proved tricky with stuck Land Rovers, a few slips and a lot of grunt work carrying kit high onto the mountain! The Coastguard 936 helicopter made repeated attempts to meet with the team but was ultimately thwarted by the weather, which meant a particularly long and intricate carry off with a variety of snow belays, tricky conditions underfoot and a lot of ground to cover. Tired legs all round.

Top: Aberglaslyn vehicle 'burrows' through snow © Aberglaslyn MRT **Right:** Llanberis team members dig their way to a rescue © Llanberis



JANUARY: TEAM LEADER QUALIFIES AS PILOT

Congratulations to Patterdale team leader Mike Blakey, who achieved his helicopter pilot licence in January sparking speculation about the imminent arrival of Patterdale's very own rescue helicopter...

Left: Mike (centre) with fellow Patterdale team members © Mike Blakey



HOT AIR BALLOON CRASHES ON BOWLAND FELLS

PHOTOS: STEVE O'BOYLE



Bowland Pennine's **Steve Donkin** writes: On Saturday 13 January, at 9.00 am, a hot air balloon was reported at as 'coming down in flames' onto the fells to the north of Dunsop Bridge.

The police alerted Bowland Pennine MRT who were fortuitously in residence at their Smelt Mill training base nearby. An incident control was quickly established and fell parties dispatched to search an area on the Bowland Fells identified by the likely flight path of the balloon, based on the prevailing wind direction.

The balloon crash site was located near the Salter Fell Track on Croasdale Fell, providing vehicle access for the team's front-line Land Rovers. The first fell party to arrive made the scene safe by ensuring the gas supply to the burner was switched off. The three occupants of the balloon were shaken but thankfully had only sustained minor injuries. However, it soon became apparent that a further two balloonists has been thrown from the basket as it had been dragged along after a very rough landing.

The fell party of five team members were very stretched to look after the three balloonists, maintain comms with Control and search for the two ejected passengers. Matters were not helped by one of the balloonists being non-compliant out of concern for his missing girlfriend. The cas site manager had his work cut out coping with this demanding situation and triaging the tasks with limited resources.

Thankfully Control was able to direct additional personnel and resources to the crash site to help locate the ejected passengers, treat their significant trauma injuries, package and organise their evacuation. A request to help search for the valuable balloon envelope was respectfully declined as there was no further risk to life and limb.

At this point the incident observers declared 'End Ex'. Sorry... did I neglect to say this was a training exercise? The North West Balloon and Airship Club had visited the team the previous Wednesday training evening and gave an informative talk and demonstration. They explained that 'coming down in flames' is a common erroneous report made by on-lookers as the burners are used to control the rate of descent and to help locate a suitable landing site.

Our thanks go to the NWBAC, the exercise casualties and support crew, for their invaluable assistance in providing a very realistic, if somewhat novel, training scenario and for taking photographs. It is hoped that the non-compliant balloonist didn't take to heart the threat made by the cas site manager to 'lamp him' if he didn't stay in the team's Land Rover out of the way! He didn't really mean it. At least I don't think he did. ☺



Photo © Peter Shanahan

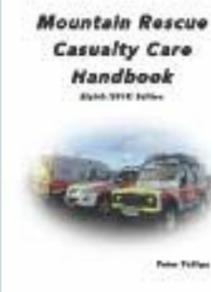
JANUARY: OLD CLOTHES TO THE RESCUE

Pete Shanahan from Bowland Pennine MRT popped into Alpkit's store in Ambleside in January to drop off a large pile of outdoor clothing once used by team members.

Rather than simply going to the tip or the ordinary charity shop, team members wanted their old personal jackets, fleeces and trousers to go on a little further. Alpkit's Continuum Project passes on used clothing and kit to six charities, including assistance for the homeless, vulnerable and those in poverty across England, plus kitting out mountain porters of Kilimanjaro.

'The staff at the store made me very welcome, with coffee and chat,' says Peter, 'but you can also post your donations to Alpkit. Just check their website for details.'

THE WEBSITE CAN BE FOUND AT ALPKIT.COM/CONTINUUM.



HOLME VALLEY 'CASUALTY CARE HANDBOOK' UPDATED

The 'Mountain Rescue Casualty Care Handbook', produced by team member Peter Phillips, is intended to support the latest MREW Casualty Care Syllabus (2015-17), with various updates, and is available for Amazon Kindle.

'The first handbook was produced to support the Holme Valley MRT course in 2000,' says Peter. 'Now in its eighth edition, it has been updated on a number of occasions as

the syllabus, equipment and techniques has changed and is designed to complement the training provided by the team. It provides most of, but not all, the theoretical input required to cover the full syllabus. Basic anatomy and physiology and some techniques (including the MREW Drugs Formulary) are not included in the handbook so it is essential you are also familiar with the Voluntary Aid Societies First Aid Manuals and the information provided via the MREW website and Moodle channels. All royalties go to Holme Valley MRT.'



Photo © Swaledale MRT

MARCH: SWALEDALE TEAM CELEBRATES 50 YEARS

This year, Swaledale team will have been providing search and rescue services to Swaledale and Wensleydale for an amazing 50 years, writes **Mac Bryant**.

A major event to celebrate the team's proud record of service was held in early March at the Garden Rooms at Tennants in Leyburn and was attended by over 150 people. Those present included current members, a founder member and representatives of local businesses and the emergency services who work in partnership with the team.

During the course of the evening, a secret auction and tombola included a wide range

of impressive gifts donated by local businesses and the evening as a whole raised an astonishing total of more than £5,000 towards the work of the team.

Jill Armstrong, the team's fundraising officer, said afterwards, 'The financial success of the event is a brilliant result but what was equally impressive and enjoyable was the way in which the evening brought together so many different individuals who support the work of the team.'

Chairman Duane Fletcher commented, 'Every Swaledale member is committed to delivering the highest possible quality service to people and animals in distress in our area. We are very grateful to all those who supported the event.'

Team president Mac Bryant was also delighted with the success of the evening despite the poor weather.

'Very few organisations run entirely by volunteers get to celebrate fifty years of service to their communities. Although equipment, training, techniques and communications have changed dramatically since 1968, at the core of the Swaledale team are the wonderful people who give up their time freely to help others. This has remained the case through all the years and with the continuing support of our local communities there is no reason why we should not continue to grow and develop.' ☺



Photos © Robert Parkin and Nigel Singleton



JANUARY: DARTMOOR TAVISTOCK CELEBRATES 50 YEARS

Over 250 people, from across Devon, joined the team at the first event to celebrate their fiftieth anniversary.



The team was joined by a variety of organisations and people from the local community at a Service of Celebration and Thanksgiving. Tavistock's Parish Church hosted an evening that told the team's story, celebrated its journey over the past fifty years and brought to life a team otherwise remote from public view. The occasion recognised not only the commitment of the team but also that of the wider community.

Tavistock team members were supported by their three sister teams from across the Dartmoor Rescue Group. Whilst the organisation started 50 years ago in Tavistock, it has since grown to include Okehampton, Ashburton and Plymouth. Many ex-members also attended including some who founded the original team in 1968.

Team chairman Rhod Davey, led the celebrations, describing the evolution that has occurred over the past half century in search and rescue on Dartmoor. He shared his observation that the core ethos brought to the team by its founding members still exists today. Team members then exhibited their kit, before the congregation watched the first public viewing of the team's new film.

The Lord-Lieutenant of Devon, David Fursdon, spoke on behalf of the community. He offered thanks on behalf of Her Majesty the Queen for the many agencies across Devon who

the team works alongside. Representatives from the police, the National Police Air Service, the ambulance service, fire and rescue and the Armed Forces were joined by Mike France, MREW chairman.

Mike presented Tavistock's team leader Paul Hudson with a Long Service Certificate recognising 25 years of service, before offering the whole team his thanks and a certificate marking 50 years of mountain rescue. Awards were also presented by Lieutenant Colonel Crispin d'Apice (representing Colonel Andrew Dawes, Commander SW and Ten Tors director), and Councillor Philip Sanders, Mayor of Tavistock.

After the service, Rhod Davey said he 'was blown away by the number of people who commented on how strong the team is and how much of a sense of family we have. It was truly an honour to represent the team and accept the impressive awards on our behalf.'

BBC Spotlight broadcasted a live interview from the church ahead of the service which was followed by refreshments.

Dartmoor's four teams cover its tors, forests and reservoirs, as well as the surrounding rural and urban areas. Further events planned for the year include a Family Fun Day in July and the 11 Tors walking challenge in September.

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MARCH: LAKES STATS OFFICER STEPS DOWN

Ged Feeney, who stepped down after 25 years in the post, will now take up the honorary position of vice president of LDSAMRA.

His successor, Phil Kirby from Langdale Ambleside team was elected as the new LDSAMRA incident officer.

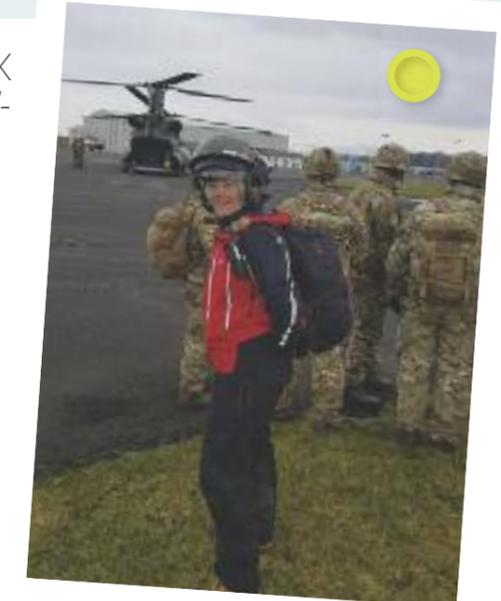
MARCH: TEAMWORK HELPS REACH SNOW-BOUND CUMBRIAN COMMUNITIES

Some villages and communities in the eastern edge of Cumbria were still cut off by drifting snow, five or six days after the Beast from the East and Storm Emma blew through the county.

Penrith team worked with Cumbria Country Council, the Army, RAF and the Royal Marines, assisted in their task by a Chinook, to deliver fuel and food and check everyone was well.

Left: Richard Warren hands over a Long Service Award to Ged Feeney ©LDSAMRA

Right: Kaz Frith © Penrith MRT





Two of Calder Valley's four-legged stalwarts retire

Since the late 1980s, CVSRT has been fortunate to benefit from the additional support of their four-legged friends with sixteen dogs assisting the team over the years – most notably with major incidents in Ireland, Scotland (assisting at the Lockerbie air disaster) and in Machynlleth, in Wales, for the April Jones search.

Until recently, the team had five operational search dogs and three trainee dogs, but two of their longest serving dogs, Nell and Pepper (both Border collies) have started a well-earned retirement following more than ten years of dedicated service.

Pepper, handled by Ellie, spent three years learning her trade, qualifying as a fully graded search dog in January 2007. She loves people, so finding them is a great game. Combine this with her favourite squeaky toy as a reward and she is more than happy. Her intensive training focused on basic obedience to finding people (bodies) hiding on a hillside and letting Ellie know by barking and leading her back to the person.

During her working life, Pepper has provided a keen nose to many searches, both in the Calder Valley and further afield. As well as assisting in Wales, she has had many outings to the Lake District, Peak District and the Yorkshire Dales. In 2015, a major search was mounted in atrocious weather conditions by multiple rescue teams to locate a missing walker in the Lake District. It transpired he had fallen from the summit of Helvellyn and unfortunately did not survive the fall. Pepper and Ellie were deployed to assist fellow search teams and successfully located the man who had been missing for several days. Thankfully not everyone Pepper has found were so unfortunate. Over her working life she's had five finds, two of which were on consecutive searches.

Nell, handled by David, passed her assessment in Snowdonia and joined CVSRT in March 2006, a few months before her second birthday. She was a quick learner and took to search work very enthusiastically. Her first assignment was to the Lake District a couple of weeks after passing her assessment and, a few months later, she located a flood victim in the River Swale in North Yorkshire. She was instrumental in locating a despondent adult on Ilkley Moor, with David providing emergency care to the casualty. Nell has always been a confident dog, happy to work at great distances from her handler, searching and clearing large swathes of moorland or mountainside very efficiently. She retired recently on her thirteenth birthday, having given over eleven years of service to the team.

Following Nell and Pepper's retirement, the team still has excellent support from two Border collies, Meg and Jack, who are both eight years old and still in their prime, and also from Finn, a smooth coated collie, handled by Stephen, who recently joined the team.

There are also three new trainee search dogs within the team — Wynn, a lively collie (who lives with David and Nell), Tinker, a boisterous Labradoodle (handled by Simon) and, most recently, Orion, a bouncy Springer spaniel (handled by Gary). All unaware that the great game that they are learning to play could in the future provide a lifesaving service.

CVSRT would like to thank Nell and Pepper for their many years of dedication and commitment to the team and the community. 🐾

Left: Nell and Pepper Inset: with David and Ellie © Calder Valley SRT



Photo © Mark Harrison

FEBRUARY: TRAINEE SCOUT MAKES A TIMELY FIND DURING TRAINING EVENING

Scout was searching for a person hidden in woodland when he came across the scent of two unknown people who had become lost in the woodland. They were without a torch and did not know how to get to safety.

Scout immediately returned to Paul Besley, his handler (a Woodhead team member), to tell him he had found some lost people. He then guided Paul into where the missing people were situated, returning several times to continue guiding as his handler got nearer the location. The pair then helped the people out of the woodland and into safety. Scout has another year of training before he can become operational, but this is exactly what he will be required to do. And, in case you're wondering, after delivering the people to the road, Scout resumed his search for the hidden body and repeated the whole process again. Well done Scout — and also the body who had to stay hidden in the woodland for much longer than planned!

MARCH: NEW SEARCH DOG FOR SARDA WALES

Congratulations to search dog Ben and his handler Alex who have now joined the call-out list.

Less than two hours after grading, the pair were deployed on their first live call-out on Anglesey but were stood down en route.

Photo: Ben sporting his new red disk, with handler Alex © SARDA Wales



© SARDA Scotland

MARCH: FIRST AVALANCHE SEARCH DOG FOR SARDA SCOTLAND

SARDA Scotland now has the first BASP avalanche search dog available for call-out in Kate and Bodie, who qualified at the annual assessment course, held on the isle of Skye.

Congratulations also go to Brain and Jib (novice), Innes and Glen, Tony and Laggan (both upgraded to full search dog), and many thanks to Tony and Nick from SARDA England, 'for travelling up and adding their valued input to the assessment'.

How lucky can you be?



PAT PARSONS DERBY MRT

Derby team member and former Royal Marine Pat Parsons recalls the moment his perfect life changed forever, his rescue and recovery from a serious climbing accident, and ultimately how this led him to join the mountain rescue team that had been there for him.

FIRST PUBLISHED ONLINE BY JOTTNAR AS PART OF THE LEGEND JOURNAL SERIES, (WWW.JOTTNAR.COM) AND REPRODUCED HERE WITH KIND PERMISSION.

'How lucky can you be?' This was my retirement dream and I was finally living it — taking people climbing for pleasure and actually getting paid for it was about as good as it could get — my cup was overflowing. Or so I thought.

The suddenness with which blissful contentment can be replaced by despair was the thing I found most shocking. There was no warning, no preamble, no time to think about what it all meant.

My first memory was just sitting there, covered in ropes at the bottom of the crag, stunned. It was like waking up from a dream and not quite knowing where you are. The dream evaporated, however, to be replaced by reality — and increasing pain. Looking down to my feet, they somehow felt detached, as if they were no longer mine and subconsciously I registered this to be an ominous sign. My next thought was for my clients, they looked at me aghast. I know that look; I've seen it before and I don't like it. I try to reassure them that all is well and it was not their fault that I fell off.

A piece of rock had snapped off and within a couple of seconds my world had changed forever. The fearless marine was about to morph into something much more vulnerable.

But that was all in the future. The present situation demanded some speedy but careful action which was provided in full by the Derby Mountain Rescue Team. Subconsciously, I think I knew I had broken my back but I didn't want to face that yet and the MR boys had me immobilised on a stretcher and pumped full of morphine in no time at all so that when the helicopter arrived I was positively buzzing with the excitement of the moment.

They had done their job magnificently and

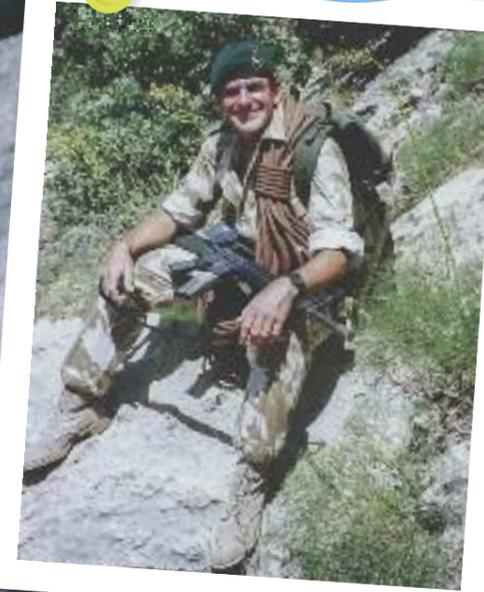
had expertly and compassionately reassured me through some moments which should have been quite terrifying. At the time, I took their actions for granted but in reality, they had just performed a small miracle.

In hospital, I had plenty of time to reflect on the facts that led me here. I'd been climbing and mountaineering for 37 years and was just starting to believe I was getting the hang of it. Big mountains and big adventures from a life of soldiering had shaped me and prepared me for any challenge a Royal Marines Mountain Leader could expect to face.

But that had just changed: how was it going to help an 'incomplete paraplegic' with a burst fracture of the T12 vertebra, which was the diagnosis and my new reality. I left hospital after two months and over the next year or so I learned to walk again progressing from wheelchair, to crutches, to sticks and considered myself very lucky to do so. My spinal injury was a permanent one which left my legs and feet partially paralysed and I learnt about the bowel and bladder issues and pain management that spinal injury patients routinely have to deal with.

Denial worked well for a while but soon the reality of my new situation hit me hard. Confidence and self-esteem were shredded and there had to be a grieving process to let go of the old me before the recovery could begin.

The accident was a turning point and ever since I have doggedly propelled myself along a road to recovery. This road takes the form of a series of milestones, each of which is like a building block for something new. It's not about recreating the past because that has all gone. It's more about adapting what I have left and



MARCH: DUDDON & FURNESS LEADER MIKE MARGESON STEPS DOWN AFTER 25 YEARS IN ROLE

Mike joined mountain rescue in 1981, with the Outward Bound Ullswater team, before moving to the Furness team, which would later merge with Millom MRT to become Duddon & Furness MRT.

Perhaps better known nationally over recent years for his stints as MREW training officer, equipment officer and latterly as vice chairman and operations lead, he has been a committed figure throughout, representing the team, region and MREW at home and abroad — at the BMC and Mountain Leader Training England, and at ICAR.

He was part of the steering group for the LDSAMRA research project Rescue 2000, helped develop the national technical rope rescue courses and a national training day and has driven forward stretcher, casbag and vacuum mattress development.

Mike has handed over the Duddon & Furness team leadership to David Binks but will remain an active operational team member and will, of course, continue in his role as MREW vice chairman and operations lead. 🙌

restoring my self-belief and confidence. Unsurprisingly, mountains feature heavily along this road, as they did before.

The first milestone was just standing up from my hospital bed and walking a few steps to the window to see the world beyond. It exhausted me but it was a triumph — like all the subsequent milestones: riding a bicycle, rock climbing again (with adaptive foot-supports), climbing mountains like Triglav and Mont Blanc and, more recently, cycling across the length of the Pyrenees. And every time I get frustrated by my lack of mobility (which occasionally happens!) I just remind myself how much worse it could have been and how lucky I really am. I rejoice in the moment.

I was told by the medical people that after a couple of years my recovery would plateau and there would be no further improvement. It is now ten years since my accident and I know that this is simply not true, for I shall never step off that road to recovery. Some call it 'recovery through adventure' some just call it 'adapting'; it may be physical it may be psychosomatic — doesn't matter. In great part, it's a state of mind. Ironically the limiting factor for most of my milestones has also been a state of mind — that of my own lack of self-belief: 'I just can't do it' I would say.

To which one of my best friends replied 'Bollocks, you bloody well can climb Mont Blanc — and you will!'

And he was right. Thank you for that JB!

This lack of self-belief manifested itself recently when we were out walking in the Peak District. We came across a mountain rescue exercise which really pricked my interest. I commented to Nicky, my wife, 'I would have

loved to have joined mountain rescue' and, in a similar vein to my friend JB, she replied 'So bloody well get on and do it!' She had just turned the key and opened a new door.

I am now a proud member of the very same team that came to my rescue all those years ago. I've completed the training and have been awarded my red jacket and have been truly humbled by the commitment and professionalism demonstrated by these unpaid volunteers — heroes every one of them. I have learned many things with the mountain rescue, including the art of followership (which I am rather enjoying!) and, while occasionally I struggle to keep up with them, I also occasionally have something to offer and this is proving to be another huge milestone on my road to recovery. So now, more than ever perhaps, I say to myself 'How lucky can you be?' 🙌



Inset: Pat's only photograph of himself in a wheelchair **Top, left to right:** Climbing Phabang in India, 1980; Royal Marines Mountain Leader. Photos © Pat Parsons **Above:** Pat is awarded the 'Red Jacket,' July 2017 © Derby MRT

TEAM TALK

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Photograph: Central Solihull Area members in training @ Deyl Collins



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- Base
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- Medical kit including consumables
- Water related assets
- Miscellaneous technical equipment
- Boats/kayaks
- Bikes
- Drones

With regards to this it is extremely important to maintain an accurate level of insurance cover. The best way to achieve this is to create an inventory detailing all the contents, equipment and kit you have and then place a value against each.

Items that are donated or bequeathed to teams are often overlooked so it vital that these are also picked up. Maintain the inventory accurately and review periodically. The bottom line total value figure is what you need to base the insurance on.

We are currently looking at an insurance scheme facility specifically to cater for the needs of MRTs. This should provide for all the insurance

cover you require at discounted premiums.

Please feel free to contact us for any advice when it comes to insurance. We are more than happy to assist, advise or provide an insurance quotation without any obligation whatsoever. Many teams have already benefited from speaking with us where we have been able to save premium.

We have a dedicated MR email address — MountainRescue@integrogroup.com — which is for any member to contact us with any insurance question/query or simply for advice.

Within the MREW website there is also an Insurance resource section which is informative.

Our intention is for our regular insurance articles to be meaningful to you — so we would appreciate some feedback from you should there be any particular insurance topic you would like us to discuss. Even questions such as 'we have been requested to do something...would we be insured?'



TEAM TALK

JANUARY: JOE COMPLETES TOUGH CHALLENGE – AND CONSIDERS DOING IT ALL AGAIN NEXT YEAR

Joe Parsons, a member of the Upper Wharfedale FRA, completed the Montane Spine Race Challenger in January, raising over £1700 for the team.

He isn't the first mountain rescuer to undertake the challenge — which runs 108 miles along the Pennine Way — but he might be the first to consider doing it all again, one year on. The race must be completed in under sixty hours — but Joe, who only started running two years ago (losing four stone in the process), managed it in just 40 hours and 44 minutes, coming fourth out of eighteen in a special section reserved for mountain rescue. And he actually ran 114 miles, thanks to a couple of diversions! He just kept going, even through a dramatic storm over Penygvent.

'No ordinary Joe is what we think of Joe Parsons,' wrote David Dennis in his regular column in the Ripon Gazette. 'The event attracts fell runners from across the country as well as many other countries — even as far afield as Japan and it's recognised as one of

the world's toughest endurance races.

'Runners are faced with the Pennines in winter and can expect snow and ice as well as high winds and heavy rain and with much of the race taking place in darkness. Then there are the bogs, the climbing — some 5,637 metres ascent, the loneliness, the sheer physical effort and most of all the mental strength to keep going.

'The runners carry a full rucksack of equipment including sleeping bag, stove, food and drink and first aid kit and must be self sufficient, the only support a tracking device strapped to their body with an emergency button.'

Prior to the race, Joe's transformation from novice to mega-fell runner had been rapid.

'He took part in a few fell races in the Dales,' says David, 'usually those to which the team

gave practical support, then took the huge step of going from a relatively short lung-bursting race up and down a fell to the notorious Spine Race.

'We marvelled at his ambition but at the same time knew he would do it. Many members turned out along the route to give him encouragement.'

Upper Wharfedale has a history of success in long distance running challenges. Four years ago, Andy Jackson ran the Coast to Coast from St Bee's to Robin Hood's Bay for team funds, completing the 192-mile route in under three days — another staggering performance.

'Thankfully,' adds David, 'running endurance races isn't compulsory to become a member of the team!' 🍷

MARCH: TWENTY-SIX HOUR RESCUE OF FIVE CAVERS FROM DOW CAVE

The incident involving the rescue of five cavers from the Dow Cave-Providence Pot system, was one of the largest and most complex rescues performed by the Upper Wharfedale team in some years.

The cavers had entered the system during the morning, anticipating they would be leaving by evening. When they didn't emerge, the team was called out by North Yorkshire Police at 9.30pm. A large volume of very cold snow melt water was entering the system and there were real concerns for the safety of the cavers in such cold conditions.

Rescuers entered the cave from both Providence Pot and Dow Cave, intending to search the whole system but the flooded Dow Cave was impenetrable. It was 6.00 am before the cavers were located by a group of four rescuers. The intention was to exit the cave with them via Dow Cave and a further attempt was made to safely access this end of the system. It became clear that water levels were so high, the only way out was a return trip back to Providence Pot.

At this point, colleagues from the neighbouring Cave Rescue Organisation were asked to assist, supplemented by Derbyshire CRO and other cavers who were staying nearby. Yorkshire Ambulance Service made preparations to simultaneously manage five patients with severe hypothermia but, testament to the resilience of the cavers involved, there was little need for medical attention and the cavers were able to exit the cave, with



assistance from their rescuers, on the following afternoon after 26 hours underground in extremely hostile, challenging conditions. The cavers and their rescuers were given blankets, warm food and drink from Yorkshire Fire and Rescue Service and driven to hospital, but they were not detained and were discharged later that day.

UWFRA wishes to thank all their supporters, particularly the local people of Kettlewell for all their support. 'We want to express our tribute to the cavers themselves and their Derbyshire caving colleagues who leapt in to help,' said the team's Facebook page. 'Mother's Day was spoilt for a few but probably compensated for by the relief at such a good outcome, for the caver's families.' 🍷

Fracture management in the field

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

Fractures may be hard to recognise so you should be on the lookout in all significant trauma. Although they may be life or limb threatening, don't forget the fracture is only the bony part of the injury, a 'signpost' to the energy absorbed by the patient so a major fracture is likely to be accompanied by significant internal injuries.

Fractures are important because bones act as a scaffolding to protect surrounding and underlying soft tissues. A fracture indicates that energy has been transferred to the body. Fractures can also cause secondary injury eg. the broken end of a bone can damage a nearby nerve or blood vessel. Bleeding associated with fractures can be external (when the bone breaks through the skin) or internal. It is generally worse in open fractures. For example, there is a 0.5-2.5L potential blood loss from a fractured femur. A single fractured femur rarely causes hypotensive shock, therefore, if shock is present, look for other sites of bleeding. Femoral 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 suspected fracture
- Blood at scene/on casualty
- Deformity
- Bone exposed
- Change in limb function, perfusion, sensation.

LIMB-THREATENING INJURIES

There are three main types to worry about:

- Open fractures

- Those that cause soft tissue tension or vascular compromise
- Fractures with compartment syndrome. Muscles are in bundles surrounded by a tight tissue sheath. The medical term for this is a muscle compartment. The sheath prevents injured muscles from swelling, as they would normally do. The pressure in the muscle tissues rises. This is compartment syndrome and is a painful and potentially serious condition.

LIFE-THREATENING FRACTURES

- Skull
- Cervical spine
- Pelvis
- Multiple long bones
- Multiple rib fractures (may be associated with underlying thoracic trauma)

ESSENTIALS OF FRACTURE MANAGEMENT

Do not get distracted by a spectacular fracture. Before doing anything else, it is essential to do the primary survey. Airway plus cervical spine, breathing, circulation plus haemorrhage control and issues around conscious level must be stabilised before attending to the fracture.

PRACTICALITIES

Fracture management in the field is about managing bleeding and minimising soft tissue damage. Respect the soft-tissue

envelope (ie. skin, muscles etc.) that surrounds the bone. Deformity damages skin and soft tissue by 'tenting' the skin at the fracture site, and injures the rest of the leg by compressing or kinking blood vessels. These can be improved by correcting deformity towards normal. Note that reducing a fracture on the hill is not about correcting the fracture; it's about protecting the soft tissues. Always look for signs of vascular compromise because if present, this makes things more serious.

Regardless of how bad the fracture is, prioritise management with the overall safety of the casualty in mind. Don't be afraid to move the limb if necessary and don't sweat over things you can't change. Some fractures bleed a lot and there are a number of ways of controlling this. Splinting is useful as it controls movement between the broken bone ends and allows the blood to clot. It can also help control bleeding by 'tamponade' (ie. tissue pressure presses on the vessels and stops them bleeding). This is especially important in bones that bleed a lot such as the pelvis and femurs. Other methods include pressure, elevation and wound packing.

OPEN FRACTURE MANAGEMENT

- Remove gross contamination

- Dress with moist sterile pad
- Consider antibiotics if there will be a delay before the casualty reaches hospital
- 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.
- If a large foreign body is present eg. a stick, leave it in place (though you can trim the end off to facilitate transport). **Never** remove it. The internal section could be plugging a major blood vessel. Removing a penetrating item could lead to increased bleeding.

SPLINTING

Splinting should be done before transport. It helps control bleeding, is often more comfortable for the patient and helps to reduce secondary injury from the ends of fractured bones. Assess the neurovascular state before and after applying a splint, to make sure the splint has not made things worse. The choice of splint depends on the location of injury.

If applying a traction splint to a femur, try to administer analgesia before applying the splint. Most femoral traction splints rely on an intact pelvis and lower leg and ankle. Therefore, do not use if there is a suspected pelvic fracture. The exception is the Kendrick that might be safe to use in the presence of a pelvic

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

NECK OF FEMUR FRACTURE

The characteristic sign is that the leg might be shortened and externally rotated, though this sign may not be present in all neck of femur fractures. (External rotation can be just due to gravity).

This is most easily seen when the casualty is lying on their back. To stabilise this, place padding between the knees and wrap a Figure 8 bandage around the ankles. This uses the good leg to splint the bad one. Finally, place a broad bandage above and below knees.

SUMMARY

- Primary Survey first (include safety of surroundings)
- Prioritise life threatening injuries ABCD
- Spine, pelvis, femur, open fractures are the most worrying
- Assess fracture site, adjacent soft tissue, nerve and blood supply
- Record the findings and relate to clinical picture
- Pain relief and reassurance (reduce 'emotional temperature')
- Splint fractures appropriately
- Continually reassess pain/nerve and blood supply during evacuation. ☺

Uncommon medical problems and analgesia update

DR ALISON SAMBROOK
CONSULTANT OBSTETRICIAN & GYNAECOLOGIST,
ROYAL LANCASTER INFIRMARY

Obstetric problems are rare on the hills but can occur. Alison pointed out that sometimes, pregnant women's judgement is 'impaired' so they can make irrational decisions, as she did by walking up a remote 450-metre mountain in Scotland when she was 38 weeks pregnant! It's worth remembering that ordinary medical conditions can also occur during pregnancy that have nothing to do with the pregnancy itself eg. asthma, myocardial infarction, appendicitis etc.

ECTOPIC PREGNANCY

This is when conception occurs outside the uterus, most commonly in a fallopian tube. It causes severe abdominal pain and collapse. If not treated urgently, the woman can die from internal bleeding. Management is for any bleeding patient and to evacuate to hospital as rapidly as possible.

MISCARRIAGE

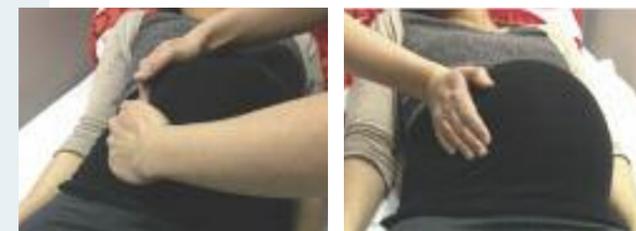
This occurs in 20% pregnancies, mostly in the first 12 weeks. It causes abdominal pain and vaginal bleeding but is not a life-threat.

IMPORTANT PHYSIOLOGICAL CHANGES IN PREGNANCY

There is an increase in blood volume, cardiac output and oxygen requirements. There is also peripheral vasodilatation, which might increase the risk of hypothermia. Most importantly, the large uterus in late pregnancy presses on the inferior vena cava (very large vein that brings blood back to the heart from the lower half of the body). This causes a big drop in blood pressure if the woman lies completely flat. If a pregnant woman has to be laid on her back, someone must manually push the uterus to the left or tilt her to the left to reduce the pressure on the abdominal veins (see photo). Another change in pregnancy is reflux of gastric contents. This is a risk for airway management if the woman is unconscious.

MAJOR VAGINAL BLEEDING

This can occur for two reasons. One (called abruption) is when part of the placenta comes away from the uterus.



Above: Left manual displacement

The other is placenta praevia, which is when the placenta lies over the opening of the uterus instead of in its normal position. Both of these conditions can cause major bleeding and are immediate life-threats.

CARDIAC ARREST DURING PREGNANCY

This is a rare, but extremely stressful situation. Standard cardiac arrest management should be instituted. Importantly, the uterus should be displaced, as described above, since a contributing factor to the arrest could be a fall in venous blood flow due to pressure from the large uterus. In hospital, a maternal cardiac arrest would be a reason to deliver the baby by Caesarean Section. Obviously, this will not happen on the hills.

ASSESSMENT OF THE PREGNANT PATIENT

- Safe to approach; PPE; standard Primary Survey
- Visibly pregnant? If so, how many weeks?
- Is the baby moving?
- Presence of abdominal pain
- Vaginal bleeding
- Experiencing contractions?
- Have the waters broken?

MANAGEMENT

- Resuscitating the mother resuscitates the baby
- Oxygen
- Left uterine displacement if have to lie the woman down
- Cannulate if possible, but don't delay evacuation trying to find a vein
 - Document any drugs given as these can affect the baby
 - All pregnant women should be evacuated urgently
 - Avoid NSAIDs (eg. ibuprofen) as these can affect blood clotting
 - On the rare occasion that a woman is delivering, do not intervene. The birth will happen naturally. ☺

Major incidents

DR THEO WESTON MBE GNAAS, BASIC, NWS MEDICAL EMERGENCY RESPONSE TEAM DOCTOR

There is a steady trickle of major incidents in the UK and mountain rescue teams could be requested to assist. Examples from the Lake District are the Grayrigg Train crash (2007), the Keswick bus crash (2010) and various flooding incidents. Therefore, MR teams should understand the essential issues with all major incidents.

The term 'major incident' as defined by HM Government (2016) is 'An event or situation, with a range of serious consequences, which requires special arrangements to be implemented by one or more emergency responder agencies.'

The NHS definition is 'Any occurrence that presents serious threat to the health of the community or causes such numbers or types of casualties as to require specialist arrangements to be implemented.'

It can be seen that the essential theme is that a major incident is beyond the scope of 'business-as-usual' operations and is likely to involve serious harm, damage, disruption or risk to human life or welfare, essential services, the environment or national security. Major incidents may involve a single-agency response, but much more commonly, a multi-agency response is needed. The decision to declare a major incident will always be a judgement made in a specific local and operational context, and there are no precise and universal thresholds or triggers.

PHASES OF A MAJOR INCIDENT

- Major Incident – Standby
- Major Incident – Declared
- Major Incident – Cancelled
- Major Incident – Stand Down

Standby

Major incident 'standby' means that NHS organisations who are affected will make preparatory arrangements appropriate to the incident. For example, in hospitals, routine operations will be cancelled. Note that it is far easier to 'stand down' from a potential Major Incident than it is to gear-up after it has started. Therefore, the practice is to bring the plan into operation early, rather than to delay doing so with a consequent risk to casualties ie. if in doubt, declare Major Incident.

Stand Down

All receiving hospitals are alerted as soon as all live casualties have been removed from the incident site.

Generally, the Ambulance Incident Commander will make it clear whether any casualties are still en route to hospital. The instruction to Stand Down can only be issued by senior commanders.

Declaring a major incident

Essential information is delivered with the help of the acronym **METHANE**:

- M** Major incident Standby/Declared
- E** Exact location
- T** Type of incident (terrorism; firearms; extreme weather; fire; hazardous material; etc.)
- H** Hazards (current and potential — can be anything eg. fuel spillage)
- A** Access to scene and egress from it
- N** Number of casualties (estimated) and severity (including whether adults, children and estimate of fatalities)
- E** Emergency Services present and needed (not just police, fire and ambulance)

JOINT EMERGENCY SERVICES INTEROPERABILITY PRINCIPLES (JESIP)

To improve inter-agency working, the JESIP initiative was launched in 2013

following recent major incidents. The aim is to promote better joint working between services. There is a set of principles for training and operating for all the emergency services based on sharing the same location, communication, coordination, joint assessment of risk and shared situational awareness. Decisions are made jointly, rather than by each service independently.

MAJOR INCIDENT MANAGEMENT (CSCATT)

Extensive experience from many major incidents has clearly demonstrated that because of the large number of people involved (rescuers and casualties), the arrangements needed to stabilise the

area and to treat and evacuate the injured, the key parts to successfully managing an incident are:

- Command & Control
- Safety
- Communication
- Assessment
- Triage
- Treatment
- Transport

The first four are JESIP Principles of Joint Working

Incident Control Centres can be in a number of locations eg. Emergency Operations Centre (Ambulance), a Regional Operational Control Centre and Mobile Control Vehicles (see photo).

Incident management (Command and Control) is coordinated by officers



from all three emergency services. To improve communication and decision-making, these are located next to each other and will meet regularly. There are three levels of command:

Strategic Command (Gold)

The officers are part of the Strategic Command Group, which is at a location some distance from incident. From this location, it is possible to liaise nationally eg. to bring in ambulance reinforcements from other areas.

Tactical Command (Silver)

This is located near the incident. It could be at a nearby safe centre (eg. Police Station). These people have overall tactical control of the resources at the scene.

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Operational Command (Bronze)
 This is command that the scene or a nearby 'forward command post'. In some incidents, it is appropriate to have several Bronze Commanders if the incident is divided into sectors eg. in a rail incident, each carriage will be managed as a separate incident site with its own Bronze Commander. The commanders at this level will liaise with the casualty clearing station, triage, parking, loading, safety and equipment officers as well as reporting up the ladder to Silver Command.

FIRST ON SCENE
 Because of the importance of establishing a good command structure as early as possible, the first emergency services person on scene will act as operational commander until relieved by someone more appropriate. This person will make a rapid assessment of the incident, issue the METHANE alert, remain in a supervisory role and not get involved treating patients and set up a Command and Control location with other emergency services.

SAFETY
 This is paramount, not just to protect casualties and the scene, but importantly, to reduce the likelihood that rescue personnel will be caught up in the incident and become casualties themselves. Emergency services usually will have a safety officer who will attempt to identify, eliminate, reduce, contain or control hazards. Personal protective equipment (PPE) is essential. This includes a helmet, appropriate footwear (could need to be resistant to organic solvents), appropriate clothing (especially if adverse weather), gloves, a tabard (if appropriate) and ID. Most importantly, **any personnel, regardless of status, who arrive at the incident site, will only be allowed to work in an area to which they have the appropriate level of PPE.**

SAFETY IN THE PRESENCE OF A LIKELY CHEMICAL BIOLOGICAL RADIOLOGICAL NUCLEAR (CBRN) INCIDENT
 A three-step approach is used:
 • **Step 1:** If just one casualty: approach using caution, observing the casualty and the environment.
 • **Step 2:** Two casualties: approach with caution, consider all options, do not discount anything, report on arrival and update Control.
 • **Step 3:** Three casualties or more, do not approach the scene, withdraw,

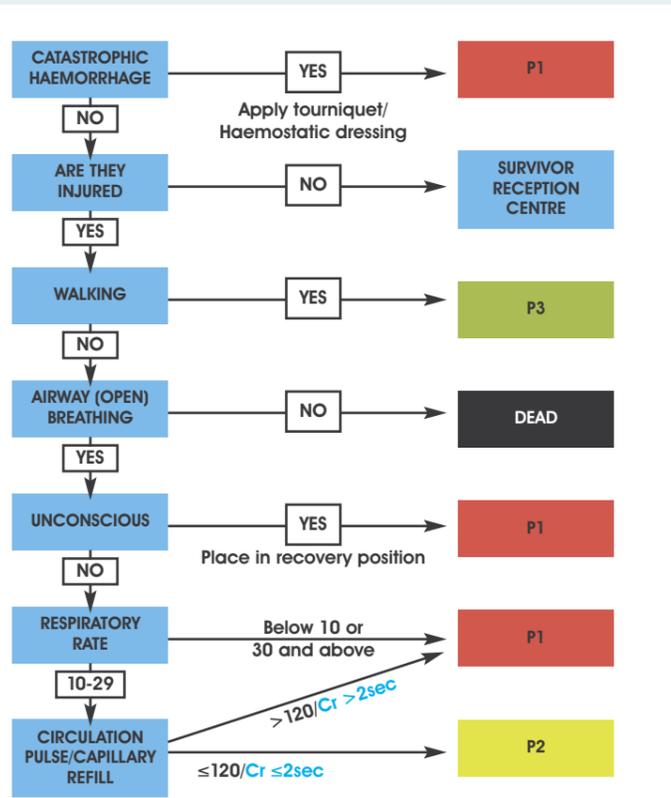
contain, report and isolate yourself, send for specialist help

COMMUNICATION
 Good communication is absolutely essential at a major incident. This may be by Airwave radio (channel authorised by Tactical Commander). Mobile phones may only work if set up with MTPAS (Mobile Telephony Privilege Access System), a system that provides priority access to the mobile network at a time when there might be a lot of traffic. MTPAS requires police authorisation to activate it. Certain personnel who may be required to work in a major incident will have a MTPAS compatible SIM so their phones will work. MRT radios can also be used. Importantly, whichever method of electronic communication is used, it is vital that talk is kept to a minimum and that requests are passed via the chain of command. In extreme cases when electronic communication is not possible, runners can be very useful.

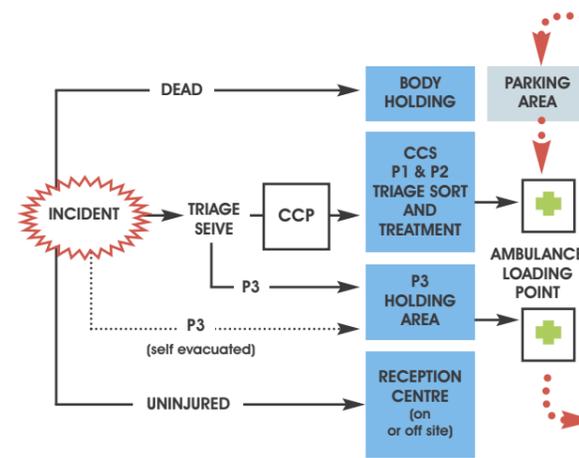
ASSESSING CASUALTIES
 The term 'triage' means 'to sort' and is used so that the right patient is taken to the right place at the right time. It is a

dynamic and continuous process. Two forms of triage are used at a major incident:
Triage Sieve
 This is the first point of contact with the casualty, so is done at the scene. It is intended to be a rapid assessment (as covered in the Casualty Care syllabus) based on simple clinical signs (airway open and breathing, pulse and respiratory rate). The only equipment needed are basic airways, dressings, and possibly tourniquets. The Triage Sieve (see below) can be done by a single person but for MR personnel, it might be better if two do it. The results of the assessment are recorded on special triage cards.

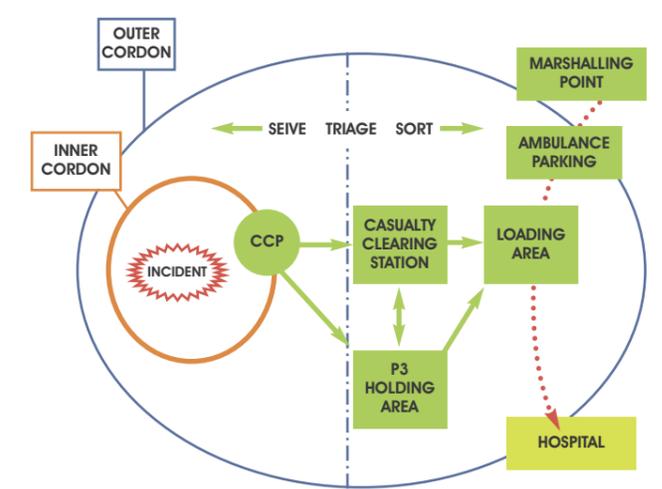
Triage Sort
 This is done away from the incident scene at the Casualty Clearing Station (see opposite). This is a secondary triage based on respiratory rate, BP and GCS so is more in-depth than the Triage Sieve. It provides a Trauma Score for the casualty which provides a fairly accurate assessment of the injuries and is useful information for hospitals.



TRIAGE SIEVE AS USED BY THE NATIONAL AMBULANCE RESILIENCE UNIT



FLOW OF CASUALTIES AT A TYPICAL MAJOR INCIDENT: CASUALTY TRIAGE AND TREATMENT



OVERVIEW OF THE AREAS AT A MAJOR INCIDENT

CASUALTY CLEARING POINT (CCP) AND CASUALTY CLEARING STATION (CCS)

The CCP is a location adjacent to the incident site for the provision of basic care for life threatening injuries prior to moving the casualty to the CCS or direct to hospital. The CCP will be located at safe point not far from hot zone. It is staffed by a casualty clearing officer (may be ambulance person) and a medical Lead. The CCS is used to stabilise casualties when needed. More advanced procedures may be performed eg. the insertion of a tube into the chest to drain air (pneumothorax) or blood. Lives can be saved at the CCS and it takes the pressure off hospitals because casualties will be more stable when they arrive.

OTHER AGENCIES THAT MAY BE INVOLVED

Many other agencies provide vital assistance at a major incident:
HART (Hazardous Area Response): Specially-trained paramedics who can provide life-saving care within the hot zone especially for CBRN, hazardous materials and terrorist incidents (bombs or firearms).

SORT (Special Operations Response Team): Their responsibility is to set up decontamination areas. They can also organise lighting, heating and shelters.

MERIT (Medical Incidence Response Team): Doctors who provide a medical advisory role alongside at various organisational levels at the incident.

Air Ambulance/SAR Helicopters

Voluntary Aid: Examples are St John Ambulance, the Red Cross, BASICS doctors, RNLI, Mountain Rescue and Search Dogs (SARDA).

Other on-site roles: Include assisting ambulance service responders, transport and communications.

Off-site roles: A local building in a safe area, such as a school, might be commandeered to be used as a survivor/reception centre.

MOUNTAIN RESCUE MAJOR INCIDENT PLAN

Because of the possible need for MR to be involved in a major incident, the Lake District Search and Mountain Rescue Association has developed a Major Incident plan with the local emergency services. The plan includes essential information for MR personnel who could be involved in a major incident. Training exercises are held approximately each year with members of the emergency services.

POST-INCIDENT FOLLOW-UP

There always needs to be a 'hot debrief' immediately after the incident. Subsequently, further multi-service debriefs will be carried out to identify lessons that need to be learned. This will include reviewing notes taken at the time. Importantly, consideration must be given to the possibility that some rescue personnel will suffer with PTSD, and appropriate action taken with counselling and TRiM.

Finally, team members might be interested to hear of a useful app called Citizen Aid which provides concise, easy to understand guidance for what to do if first on scene at a major incident.



CITIZEN AID APP

Hypothermia

DR LES GORDON
MEDICAL OFFICER, LANGDALE AMBLESIDE MRT

This brief review covered a few new things and a few things people might have forgotten. It started with an interesting case report about a 70-year-old man who fell into a crevasse 3000m up in the Austrian Alps.

There was no prospect of self-rescue. He had gloves, a hat and some food. He sat on his rucksack. To conserve body heat, he covered himself with rescue foil, exhaled into his shirt to conserve body heat, and placed his hands under his armpits to keep them warm. He rationed his food to a few biscuits and a row of chocolate each day. To stay hydrated, he drank melt water. On day 6, he was found by some hikers and rescued. In hospital, his blood pressure and pulse were normal and amazingly, his temperature was only 33.5°C ie. he only cooled 3.5°C in six days.

This is a reflection of the sheltered environment, his sensible use of the materials he had and that he was physically resting so only breathing gently.

Earlier in 2017, a French group reviewed body temperatures in trauma victims when the ambulance service first arrives. They found that the incidence of hypothermia was high and advised that immediate thermal protection should be routine, particularly in patients who are wet. The message for MR teams is clear. Assume that all of our casualties will be cold, particularly if they are have been sitting out there for any length of time, are wet or have a reduced conscious level and, of course, when the air temperature is low.

It's very important to understand that hypothermia dramatically increases the mortality rate in the presence of trauma. For example, a study done a few years ago showed that the death rate for trauma patients with an admission temperature of $\leq 32^{\circ}\text{C}$ is almost five times greater than those with a normal body temperature. Because of this, hypothermia staging has been revised when in the presence of trauma: (Mild $36^{\circ}\text{--}34^{\circ}\text{C}$; Moderate $34^{\circ}\text{--}32^{\circ}\text{C}$; Severe $<32^{\circ}\text{C}$). All trauma patients should receive aggressive warming on-site.

MILD HYPOTHERMIA

A new protocol has been developed to guide the management of mild hypothermia. This is available to

download from the MREW Moodle website. Important initial clinical checks are:

- Conscious level
- Shivering
- Cardiovascular stability (BP; pulse rate/regularity)
- Temperature

Also check for high-risk medical factors:

- Impaired mental state (remember to consider causes other than hypothermia e.g. hypoglycaemia)
- Unable to care for self or walk
- Inadequate food intake
- Age (>60)
- Pre-existing medical problems

If there is a discrepancy between the measured temperature and the clinical signs, consider what else might be going on. For example, if the temperature is 34°C but the casualty has an altered mental state or has stopped shivering, this is not due to hypothermia.

Although there are three grades of hypothermia (mild; moderate; severe), from a practical point of view, consider just two grades: (1) Mild with no risk factors; (2) Everything else. All casualties should be protected from further cooling with shelter and insulation. It is important to refuel (lots of food, but also fluid).

Vigorous shivering can increase heat production by 5-6 times the resting metabolic rate, thereby raising core temperature $3\text{--}4^{\circ}\text{C}/\text{h}$. It is therefore a very effective method of rewarming a cold patient who is mildly hypothermic, but it needs lots of fuel to maintain this level of shivering. Insulation is important to stop further heat loss and retain the heat that is generated by shivering.

If the casualty is otherwise well, wet clothes can be exchanged for dry, if available. It is acceptable to walk these people off when ready. Maintain carbohydrate intake during evacuation, especially if walking. Warm sweet fluids will partially rehydrate but won't provide enough heat for rewarming.

If there are high-risk medical factors or the casualty is clearly well down the cooling scale (impaired consciousness; temp $<32^{\circ}$), treat as severe hypothermia and follow MREW Severe Hypothermia Protocol. As in severe hypothermia, a vapour barrier is very useful. External heat should be used in these cases, especially if shivering has ceased. Although external heat reduces the amount of heat produced by shivering, it is comforting, reduces the calorie requirements to rewarm and will reduce cardiac work (important in some patient groups). In casualties who still clearly have a circulation, apply heat to the armpits, chest and back. These cases will generally be evacuated by stretcher or by air. If in doubt, the safest is to treat as moderate/severe hypothermia.

IS WARMING THE HEAD OF HYPOTHERMIC PATIENT ALWAYS SAFE

A recent publication in the Scandinavian Journal of Trauma has addressed this issue. If a hypothermic cardiac arrest occurs, allow the head to cool. This will keep the brain cool and improve survival chances. This reflects clinical practice where ice packs are placed around a patient's head when they are cooled for cardiac surgery.

THE CHAIN OF SURVIVAL DOES WORK

A case report from Scotland in 2016 described a 39-year-old man who was found in a remote location. He had a hypothermic cardiac arrest. Resuscitation attempts were unsuccessful. In hospital, his temperature was 21°C . He was transferred on to a specialist cardiac hospital for rewarming by ECMO. During the inter-hospital transfer, CPR was delivered continuously using a mechanical chest compression device. When he was rewarmed, his heart resumed a normal rhythm and the man made a full recovery. ☺

Sickle cell disease

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CONSULTANT
HAEMATOLOGIST, ROYAL
LANCASTER INFIRMARY

Although very uncommon on the hills, one of the Lake District MR teams was called to a casualty with this condition in 2017. This overview summarises the condition and gives guidance on the onsite management.

Sickle cell disease (SCD) is an inherited disorder of red blood cells. It is particularly common in parts of Africa and the Caribbean, but also occurs in the UK. What makes SCD unusual is that when the red blood cell gives up the oxygen it is carrying, its shape changes from the normal disk shape to a sickle shape. Red cells with this shape cannot flow smoothly through blood vessels and they block the vessels, leading to pain and organ damage. There is also anaemia. In spite of medical advances and best supportive care, life expectancy for SCD patients is only between 40-50 years, even in developed countries.

SCD causes problems by interfering with the blood flow through various organs. Symptoms arise because of this impaired blood flow eg. acute pain, which can be very severe, stroke, chest pain, breathlessness and abdominal pain. Many people with SCD also have chronic illness eg. chronic pain, silent strokes, epilepsy, heart and kidney failure and bone damage.

Sickle cell pain is very intense and can start in babies. It is a lifelong condition and can occur virtually anywhere in the body. Common triggers for pain relevant to MR include cold, dehydration and over-exertion. When assessing a SCD patient who is complaining of pain (as in the Lake District case), look for contributing factors eg. dehydration and cold. Also check to see whether there are any acute life-threatening conditions eg. stroke. It is important to remember that a SCD patient may have pain from a condition unrelated to the disease.

The management of acute pain is basically the same as standard MR practice. However, there are a couple of differences. Because SCD patients have chronic pain, often with frequent hospital admissions, they will usually have an individual care plan which can be used for guidance. Give analgesia as soon as possible. The patient may know which analgesics work best for them. NSAIDs can be used. However, because SCD can be associated with renal failure, these drugs should be avoided if possible in patients >40 years of age because they can cause a deterioration in kidney function. Entonox provides extra oxygen and gives effective short-term pain control whilst something longer-lasting is being administered. The opioids commonly carried by MR teams are all acceptable and provide excellent analgesia. Morphine works best if given IV rather than IM because it works more quickly and there may be variable drug absorption from a muscle in SCD patients. Alternatively, IN diamorphine or fentanyl lozenge can be tried. Although, as stated above, the abnormal red blood cells block blood vessels, there is no benefit in giving aspirin. Finally, because these patients often have poor peripheral circulation, it is important to keep them warm. ☺



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ROLE: Recognition of Life Extinct

DAVID WHITMORE QAM, FIMC, RCSEd
PARAMEDIC & TEAM MEMBER DERBY MRT

Mr Whitmore is extremely grateful to Dr Les Gordon of Langdale and Ambleside Mountain Rescue Team (LAMRT) for both allowing UKSARMG to use LAMRT documents and training material to inform both the discussions about introducing a Nationwide form for the recognition of life extinct, and also the basis of the form itself.

The UK Search and Rescue Medical Group (UKSARMG) is seeking to bring uniformity to how members of the various organisations that constitute UKSAR, document the recognition of life extinct in those sad cases where we have been unable to resuscitate the patient. UKSAR represents organisations such as the Royal National Lifeboat Institution, HM Coastguard, Mountain Rescue England and Wales, UK Cave Rescue, Lowland Rescue, Ambulance, Police, Fire and HM Armed Forces Search and Rescue.

The recognition of life extinct (ROLE) is currently documented by UKSAR members using a variety of forms. The form the UKSARMG is proposing is based very much on the established criteria used by the UK ambulance services. There are some differences to account for the varying manner and operating environments within UKSAR. In the main, ROLE within UKSAR will be performed by a member of the responding team who is also a registered healthcare professional. However, on some occasions it may well be that team members who are not registered healthcare professionals perform ROLE. In these circumstances, only team members who have extensive experience of the SAR environment, and have been trained (by the team's medical officer), should be allowed to perform ROLE. The approach to ROLE in the UKSAR environment has to be a pragmatic one due to the very nature of where we sometimes find our casualties, and the sometimes long periods of time it will take to search for and locate the casualty, who sadly may be beyond resuscitative efforts when found, or suffers a cardiac arrest during the rescue to safety, and resuscitation is not effective and is terminated.

It should be that teams are either:

- Resuscitating to a return of spontaneous circulation and their patients handed over to a higher echelon of care (normally the Ambulance Service, HM Coastguard or Air Ambulance, OR

- They are resuscitated until a ROLE decision can be made, OR
- A ROLE decision can be made and resuscitation is not started, or a resuscitation attempt started prior to SAR asset arrival is stopped.

As can be appreciated resuscitation in some SAR environments just cannot be sustained, or indeed not even started, though SAR teams will and often do provide Herculean efforts to ensure good quality resuscitation on the hill. The safety of SAR personnel must be paramount, and no team must put their members under any obligation to attempt resuscitation which will put them and/or the patient in danger.

UKSARMG has decided to keep with the term 'recognition of life extinct', as this is the term used by the UK ambulance services and familiar to all HM Coroners (Procurator Fiscal in Scotland).

The proposed form is one side of A4 and has an accompanying 'ROLE Decision Tree' that can be used discreetly alongside the ROLE form itself. Thus the ROLE form documents actions, decisions and treatments in one place. ROLE can also be documented on the Casualty Care record form as a simple statement such as 'ROLE Declared at 01:15 hours on 1 Jan 2018', with the detailed decisions being on the purpose designed form.

As touched on above, ROLE has been performed within SAR teams for many, many years. But, as our workload increases — and given that only about 5% of mountain rescue teams (as an example) are registered healthcare professionals — the need for formal training in ROLE for selected team members is becoming an increasing reality. It is well within the existing capability of a team to confidently perform ROLE. This capability is enhanced by using the proposed form and ensuring that ROLE is taught and exercised regularly.

ROLE does not necessarily require the need to purchase any extra equipment with the caveat that, in some scenarios, you might need the assistance of a defibrillator/monitor capable of taking and recording an ECG to confirm asystole after 20 minutes of CPR. Teams will need to decide, given their knowledge of their areas, call-out patterns, nature of injuries and illness, how they will stop CPR in some circumstances.

At the time of the presentation and this article being submitted for publication, there were continuing discussions at UKSARMG with the National Ambulance Services Medical Directors Group (NASMED) — a subgroup of the Association of Ambulance Service Chief Executives (AACE) — regarding how the proposed form would be viewed and accepted by NHS ambulance services. It is the intention that, by NASMED accepting that ROLE may well be performed by UKSAR teams, valuable NHS

NEVER FORGET THERE IS A FAMILY BEHIND EVERY PATIENT – SOMEWHERE

ambulance services resources can either be cancelled from attending (if, and as appropriate), or not asked for in the first instance.

For HM Coroners, AACE and NASMED to have confidence in UK SAR ROLE procedures we must demonstrate that behind the form sits a complete education package and governance structure that details how ROLE would be established, and who in a UKSAR team would perform the actual process. There are education packages already in existence in many teams and MREW is in the process of looking at how teams would access the requisite education and training. At the time of publication this is most likely to be via the Medical section of the MREW website utilising a package that could be delivered at team level. 📌



MARCH: MOUNTAIN RESCUE IRELAND TEAM MEMBERS' CARS VANDALISED

Cars belonging to members of Galway and Mayo teams were broken into while parked on the Doo Lough Pass. Items taken included personal belongings, a mountain rescue hi-vis vest and Motorola DP3661e Digital VHF handset.

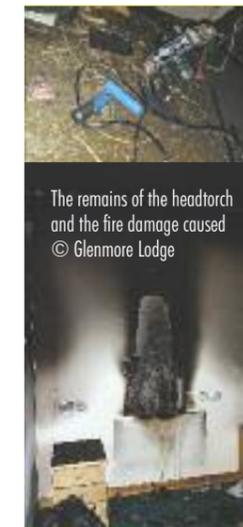


MARCH: TEAM FREES PARAGLIDER TRAPPED SEVENTY FEET UP A TREE

NEWSAR team members were called to a paraglider pilot trapped high in the tree near Llangollen. A team member was able to use his professional tree climbing skills to get above the casualty so a rope system could be built to lower him gently to the ground. Fortunately, the pilot was uninjured and able to walk to his car.

This was about as multi-agency as it gets with a Welsh Ambulance Service crew, North Wales Police officers, the Wales Air Ambulance and North Wales Fire and Rescue Service on scene. The Coastguard helicopter also looked at winching the casualty but there was considerable danger of displacing the paraglider canopy with the downdraft. So, in the end, it was NEWSAR that provided the solution.

Photo © NEWSAR, reproduced with kind permission of the casualty



The remains of the headtorch and the fire damage caused © Glenmore Lodge

HEADTORCH SPARKS GLENMORE LODGE BLAZE

An exploding headtorch battery sparked a fire at Glenmore Lodge, in February, destroying a bedroom when the torch overheated while being recharged. The contents of the battery shot ten feet across the room, setting fire to a mattress.

The fire was contained thanks to the fire prevention design of the building, the efforts of the fire service and the quick response of staff. The Lodge warned anyone using rechargeable headtorches to check they are a reputable brand and not to leave them charging unattended for long periods.

'The fire destroyed a first floor bedroom and all possessions in the room. While the situation was thankfully contained, we urge everyone to reconsider leaving electronic items recharging unattended and to share guidance issued by the fire service.'

Glenmore Lodge Principal Shaun Roberts said, 'Our student left the headtorch on charge in preparation for an overnight expedition the next day. We all understand the desire to have 'full charge' before heading out and few of us would think we need to monitor the device whilst it was charging. Consequently the headtorch was charging in an empty bedroom and, during this time, the batteries overheated, melting the compartment and exploding the internal contents of the battery across the room, on to a mattress and created a blaze that destroyed the bedroom.'

'The battery looked like a spent shotgun cartridge. The headtorch is not a make any of us would recognise as our regular brands and purchased online via the southern hemisphere. A good price for a powerful LED but also a health and safety lottery.'

'We'll be asking guests at Glenmore Lodge to never leave a device charging unattended and for us all to check out the CE certification printed on our personal devices, whether we use them at home or when we're travelling. We are lucky that this occurred in a modern building, designed to cope, but what if this happened in your home or mountain hut?'

GLENMORE LODGE ISSUED ADVICE PROVIDED BY THE FIRE SERVICE TO HELP KEEP PEOPLE SAFE:

- NEVER LEAVE ANY DEVICE ON CHARGE UNATTENDED FOR LONG PERIODS
- ONLY USE THE CHARGER SUPPLIED WITH THE DEVICE
- ENSURE YOU PURCHASE YOUR GADGET FROM A REPUTABLE SOURCE
- CHECK THE DEVICE CARRIES CE CERTIFICATION
- TEST YOUR SMOKE ALARM REGULARLY
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The Rescue Benevolent Fund is there to help team members and their families when they need it, with the physical rehabilitation of broken limbs, emotional support through access to counselling and even immediate or longer term financial support.

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