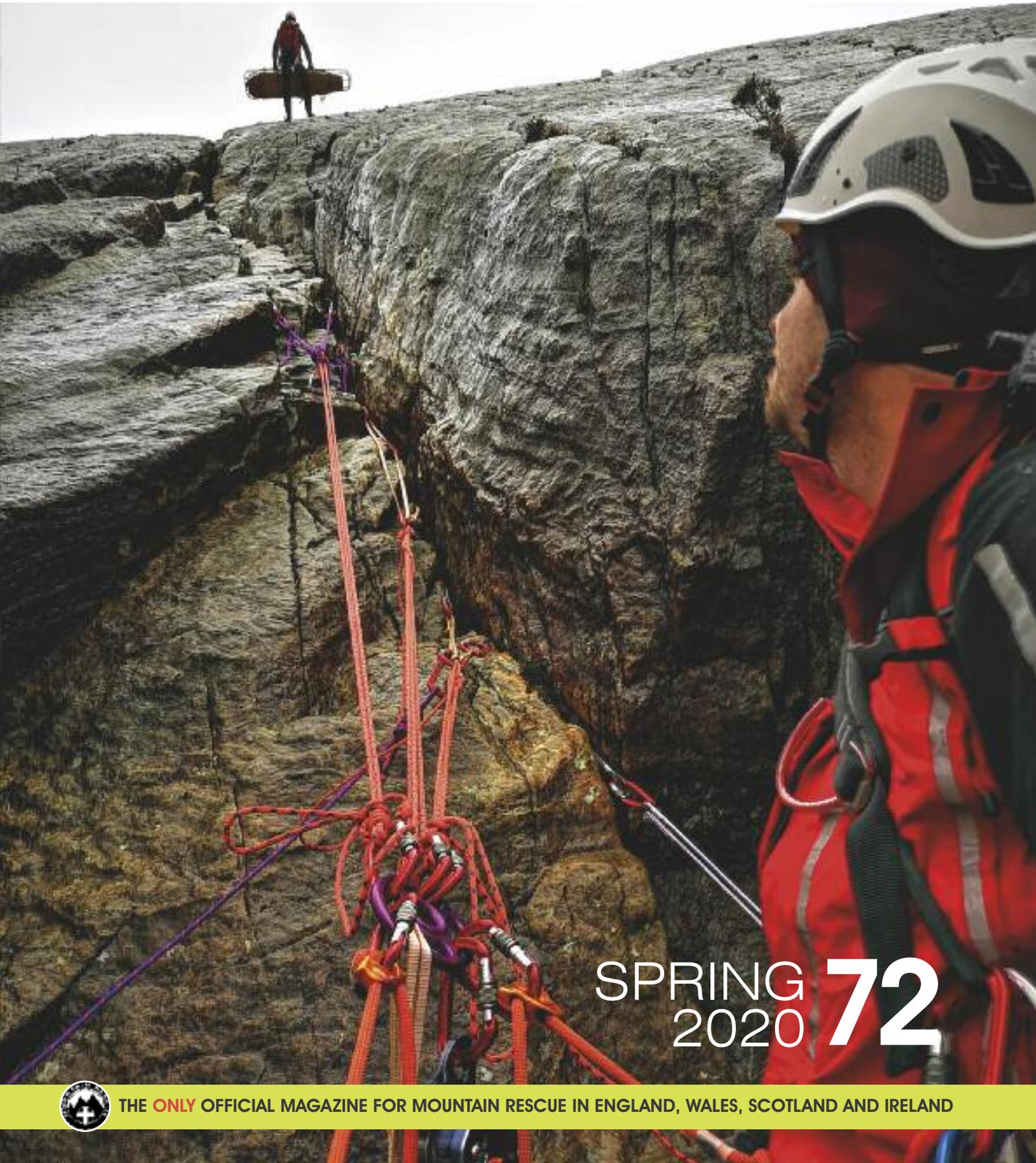


mountain rescue

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SPRING
2020 **72**



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

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WELCOME TO
ISSUE 72:
SPRING 2020

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

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NEXT ISSUE
ISSUE 73:
SUMMER 2020

Editorial Copy Deadline:
Sunday 7 June 2020

Please supply editorial in Word and images as JPG, EPS or PDF (300 dpi)

Advertising artwork must be supplied as font-embedded PDF (300 dpi) unless otherwise agreed with the editor.

Cover story

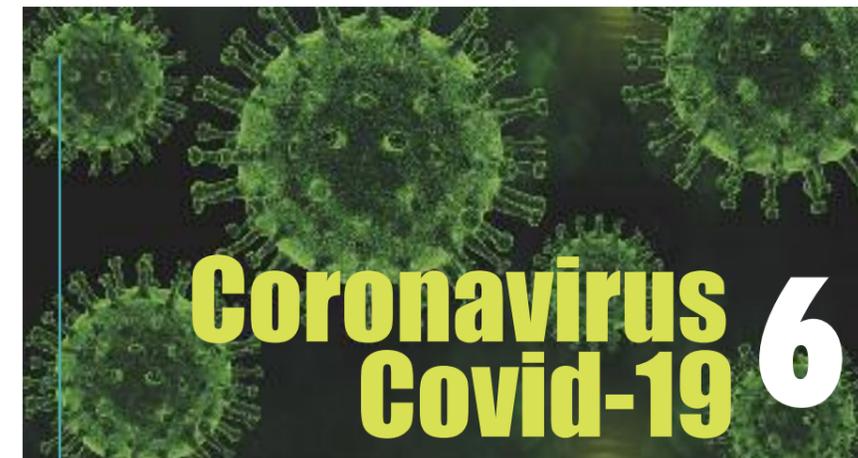
Ogwen team practise multi pitch lowers with stretcher, jockey and casualty. Photo shows the rope setup ready to lower from change over position on the crag © Marty Wall.



PLEASE NOTE

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A collection of guidelines and information for teams and team members, relative to these challenging times



Image © Ben Birchall/PA Media

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MIKE FRANCE
 MREW SENIOR EXECUTIVE OFFICER

Writing this, I feel like I'm watching a sci-fi movie with what's going on around us. It's the sort of stuff my generation read as kids in our comics in the 1960s and 1970s! All of us need to put family first and look after ourselves – our aim is to continue giving a service but not at the risk of yours or your family's health.

From the start of the Coronavirus COVID-19 pandemic, we have endeavoured to give clear advice around meetings and training. The regions have put together very good risk assessments which have been shared with other regions so we can plan and carry on giving the quality service we are known for.

In a fast-changing situation, our aim at the start was to ensure we could continue to help the walkers and climbers who get injured or fall ill in the mountains and moorlands, and help find the missing vulnerable person, whilst still protecting our team members. Following the Prime Minister's social isolation statement, the MREW media team and the regions called on people to respect the rural and mountain communities and use their judgement to stay away but that first weekend was madness, with the popular outdoor spots busier than ever. The message became 'Stop away', which by the second weekend seemed to be working. We have also been sharing what we were putting out with other volunteer SAR organisations including Scottish Mountain Rescue, Lowland Rescue and Cave Rescue — working together may give us all the numbers we require.

We first wrote to you on 9 March, setting out our understanding of what we should be doing within this pandemic. Regions started sending us their action plans shortly after. We asked you to stop all training on 14 March, Elaine updated Wellbeing guidance on 20 March and, three days later, we extended the deadline for those whose Cas Care certificates are due to run out. We got written confirmation from our police lead that we could move about for MR business and meet, if needed, in groups. We've updated information around accident insurance to stop any confusion. You asked for PPE and by now you should have some, paid for by MREW. We've updated water certificate information and some new medical information around actions with the casualty. Information about all these points and more you will find in the following pages.

We've had emails from many of you in leadership saying thanks for the information, very helpful. And we've also had emails saying stop bombarding us! I am sorry some feel like this, we did talk about the amount of emails being sent, but agreed we needed to give a central message.

One of our roles as MREW is to maintain a national overview on the state and capability of the organisation, so on Monday 30 March the executive officers and Mike Greene, our medical director, held their first weekly video call, at 1600 hrs, inviting others as needed.

We have asked your region to update us on Monday mornings with some information about:

- The operation capacity of teams in your regions
- Call-outs since the lockdown
- Call-outs for last week
- Expectation of teams for the coming week
- Important concerns from your region.

We made a decision very early on to postpone the AGM and the national training day at Plas y Brenin. Our national officers have been talking with colleagues so when we have postponed or cancelled things it's been done in a joined up way.

We still intend to circulate annual reports, together with the unincorporated charity annual accounts, on a timetable consistent with a May meeting, and we will try and arrange for questions to be raised in advance of the meeting date and will publish responses. We will also put the necessary paperwork out so you can vote for our trustees and management officers.

Every national officer gives a budget figure of their requirements. This is viewed, talked about and yes, reduced by the management team. Our current running costs, taking in legal, financial, training, trustees, management and working groups will be £660,137 — these are eye-watering figures, money given to MREW is there to help and support you.

Looking at our work over winter, from reading what you have been doing, it's what we would expect apart from water. It's fair to say it's been another wet one. I think when we hear that these flooding incidents are a 'one in ten year' event, we now know different. We are well geared up for them because every year some of you are out dealing with flooding. Over the last few years teams have spent a lot on water kit, and I am pleased to see Defra supports us well with their grants. I'm also pleased to see more joined up regional work around water, this way we can give a quality service in line with others who paddle with us.

Before we and the country went into 'lockdown', I was invited to Calder Valley MRT to present some long service awards, I am amazed when I do these events, of the years you give. Every team has hundreds and hundreds of years' service from its members we should all be proud. And, just to confirm, MREW is now giving 10, 20, 30, 40 and 50+ long service certificates. If you require any, please contact Julian Walden on assistant-secretary@mountain.rescue.org.uk. Stay safe out there. 🍀

Coronavirus Covid-19



Spot anything different about this issue?

I wasn't quite sure how to bring you this particular piece of news – don't know about you but if I see one more email prefaced with the words 'it is with a heavy heart...' my heavy heart might just burst – but <drum roll> Ta da! We've gone digital!

For now, it's just for this edition but who knows? These are fast-moving times.

Anyone who knows me will know I'm 'print' through and through. The proverbial stick of rock. Only not quite as hard on your teeth. Or sweet. And, for many years now, I've kept arguing hard to retain a printed version of the magazine.

At the regional roadshows, it transpired that most of you feel the same. There were exceptions, of course (aren't there always?) and the plan was to begin producing a digital version alongside the hard copy – we just hadn't got round to deciding how we would implement that yet.

It quickly became clear, even before the coronavirus lockdown began to take hold, that even had we been able to print this edition, we'd struggle to distribute it – and anyway, why would we put pressure on a struggling national infrastructure (I'm talking the country in general here, not MR) by taking up valuable courier and Royal Mail slots which might be otherwise engaged? Distribution, at best, could be sporadic. And then there's the risk of infection spread. How would we get it to individual team members?

So we decided we would take a responsible position at a time of increasing criticality and do the digital thing. A new era has begun.

DARTING EYES AND A RESTLESS MIND – HOW DIGITAL READING IS CHANGING OUR BRAINS

Okay, so that was the good/bad news – depending on your viewpoint – but here's something we all should consider as we dive even deeper into online technology, digital reading in particular.

Like I said, for me, it has to be paper. Call me a Luddite but if I need to really absorb a piece of information, I do it better by printing off and reading a hard copy. I've never understood the fascination with Kindle, for example. I HAVE tried, before you get all but-it's-so-much-more-convenient on me, but I've never been able to explain why it just doesn't work for me. Well now I can.

I spend my working days reading, often quite intensely, from a screen – the big office Mac, the iPad and the phone – researching articles (including a lot of time scanning social media), editing other people's articles, writing my own. And outside 'work', I'm reading online too. Constantly scrolling and swiping, jumping between links, off at tangents, in and out of rabbit holes, back and forth, up and down. And it's changed me.

Where once I'd think nothing better than curling up with a good book or reading a newspaper cover to cover (well, apart from the Sport section), now it's technology I reach for. But, last year, I noticed something. When I did pick up a book, my eyes were everywhere, flitting about the page, never settling. I'd read a paragraph once and then again. And again. Before flinging the book to the floor and reaching for whichever device was nearest to hand, swiping finger at the ready.

It's not just me though. There's any amount of research (online, of course, and often conflicting) looking into how we read the digital and printed word. I'll let you discover that particular rabbit hole for yourself – you may be some time – but one thing the researchers appear to agree on is that we comprehend and remember more when we read printed matter than online: so called 'deep reading'. We connect more deeply emotionally to our subject matter too.

One writer perfectly echoed my experience. Manoush Zomorodi, managing editor and host of WNYC's 'New Tech City'* recalled a conversation with the Washington Post's Mike Rosenwald, one of many to have researched the effects of reading on screen.

'He found, like I did,' said Zomorodi, 'that when he sat down to read a book his brain was jumping around on the page. He was skimming and he couldn't just settle down. He was treating a book like he was treating his Twitter feed'.

Ring any bells? According to Rosenwald, 'Neuroscience has revealed that humans use different parts of the brain when reading from a piece of paper or from a screen. So the more you read on screens, the more your mind shifts towards non-linear reading – a practice that involves things like skimming a screen or having your eyes dart around a web page'.

This, she says, is the 'bi-literate' brain at work and the problem is that many of us have adapted to reading online to such an extent that the deep reading part of our brain is forgetting how to function.

So I would urge you – exciting though this newly-digital magazine may now seem – don't ever lose the joy and art of reading this and other books and magazines in their printed form too. More than ever, as social media whips us all into an anxious frenzy, we need occasionally to step away from the phone, the iPad, the PC and get our eyes and brain safely back into linear mode.

Ultimately, we'll all comprehend more, retain more and learn more. And sleep better for it too. And that, in turn, might just help out our mental health.

* WNYC is one of New York's two flagship public radio stations.

INSURANCE NOTE ABOUT COVID-19 AND ILLNESS

PENNY BROCKMAN
MREW FINANCE DIRECTOR

During these times, where things are changing every day, I believe it is important to provide clarity to the membership around the insurance we have in place.

We are insured as a search and rescue resource and can confirm that the liability insurances are in place for our search and rescue practices as per normal. However, it is important to note the limitations of the personal accident policy.

The personal accident policy only provides cover for accidental injury and not illness. Consequently contracting Coronavirus Covid-19 as an infectious disease would be excluded.

With the above in mind, it is important as regions, teams and individuals, to put in place operational processes which ensure a considered response and that the team and team members are taking best course of action in relation to hygiene and other working practices to mitigate the risks around Covid-19.

Please ensure that all team members are aware of this so they have clarity around insurance and are able to make an informed decision on their response to any call-outs.

If you have any questions, please email me via financedirector@mountain.rescue.org.uk.

New from SARCALL: REGIONAL SILVER GROUPS CAN NOW SEE DECLARED TEAM AVAILABILITY IN OTHER REGIONS

JOHN HULSE

1. During the COVID-19 pandemic, it is increasingly important that Regional Silver Groups have visibility of team availability beyond their immediate partners – and their own region – to increase overall situational awareness. This new feature enables each Regional Silver Group user to see the declared state availability of all other SAR teams within their national organisation, in addition to their own

CAS CARE CERTIFICATION 2020

MIKE GREENE
MREW MEDICAL DIRECTOR

There will be a number of members who are due to retake their Casualty Care Certificates this year but are unable to do so because of restrictions on training and examinations. This is an issue common to many organisations and a range of First Aid qualifications.

I have discussed this with members of the Medical subcommittee and our insurance broker.

In these unusual circumstances, any member who has a Casualty Care Certificate that would expiry between 1 March 2020 and 31 August 2020 will have an extension of six months from 31 August to complete recertification (until 28 February 2021). However, this is dependent on all these members keeping up to date with their practice. All these members should log onto and use the resources available on the MREW Casualty Care learning platform (see right).

Teams should arrange local Casualty Care support such as discussion groups that can be carried on in a virtual environment. If you are not engaging with continued learning your Casualty Certification will lapse.

This arrangement will be kept under review and any amendments will be notified to all MREW teams. Any concerns about this arrangement please email me via medicalofficer@mountain.rescue.org.uk.

region and partner teams. It is in everyone's interests for teams to declare their current Red/Amber/Green availability in SARCALL to provide a real-time perspective on the status of their region. This is especially vital for managing larger incidents and will also help envisage potential requests for mutual aid between teams or regions etc. **See images 1, 2 and 3 on pages 8/9.**

2. When a Calling Authority User such as Cumbria Police or NWAS creates a call-out message to the Team, the User is prompted to select 'Yes' or 'No' to the question 'Are there any known direct or indirect COVID-19 risk, or similar health markers present for this incident?'

If so, they must provide further information in the Additional Information field above.

CONTINUED ON PAGES 8/9

HOW TO REGISTER WITH MOODLE

Go to <http://tiny.cc/Moodle4MR>, use a team email address to register but NOT a role specific one! If you've registered correctly, you'll receive an automated email within thirty minutes confirming your request has been received. A Moodle administrator will usually approve your account within a few days, but please be aware, as we are all volunteers **it may take up to a week**. An email will arrive with a temporary password which you'll be asked to change when you first log in. Moodle will ignore duplicate registrations so if you have previously registered, but forgotten, please try the forgotten password link. If you can't see Insurance, GDPR or Equipment you are likely to have been an early adopter of the system or have been manually added for a specific course. In this case, email moodlesupport@mountain.rescue.org.uk and we will resolve it for you.

PPE EQUIPMENT

MREW has sourced a few key items of PPE equipment which every team needs but which are difficult to source. The idea is to supply a basic support kit of difficult-to-get items to each team as a baseline but not hold so much stock that we will be taking it away from our NHS partners. These items include:

- Hand Sanitiser:** 5L per team
- Surgical Face Masks*:** 1 box of 50 per team (basic surgical masks to be put on the casualty following the advice from the medical group, see below)
- Nitrile Purple Gloves:** 200 x Large & 200 x Medium per team
- Hard Surface Cleaner:** 2 x 500ml spray bottles.

Eye protection: at the moment, the suggestion is that team members use the safety goggles they carry for helicopter work.

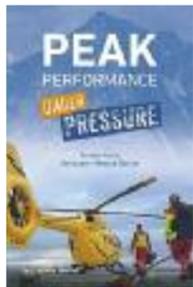
*** The reason for using surgical 'barrier' mask and not a 'respirator' mask is that MRT members should not be undertaking high risk airway procedures in a first aid capacity.** These have been included in the list for use as a 'barrier' but distance and behaviour remain the most important tools in a mountain rescue environment. This is consistent with UK Government advice issued on 2/4/2020

Please note: We are not providing PPE for MRTs to undertake anything other than core MR work.

For further information and if you have any questions about this, please email Julian Walden via assistant-secretary@mountain.rescue.org.uk

Coronavirus

As this edition is digital, we're able to bring you – the team members – more immediate information than we would otherwise. The most important thing now is to keep yourself and your families safe. From an MR point of view, the various MREW officers continue to work hard to ensure you have everything you need to get through the coming weeks as a mountain rescue resource, should you be required. The best way to access the latest information and guidance – and a variety of resources – is through the MREW Moodle platform, where you will find folders covering a number of aspects of MR, in particular the MREW Medical Covid-19 folder collated by Mike Greene.



PEAK PERFORMANCE UNDER PRESSURE. LESSONS FROM A HELICOPTER RESCUE DOCTOR

BY DR STEPHEN HEARNS
REVIEWED BY CHRIS COOKSON

For anyone who's ever wanted to 'own the pressure' or questioned if they can perform better under pressure (or even if you haven't), then Peak Performance Under Pressure will be an inspirational read. And let's face it, in mountain rescue, we're under pressure a lot of the time. Be that time pressure to get to and/or find the casualty, the pressure of treating our casualty, the pressure of looking after the welfare of their friends, family or companions, or the pressure of performing some of the tasks we do, that if not done correctly and well, could lead adverse outcomes or disaster.

Dr Stephen Hearn is a consultant in emergency medicine and led the formation (in 2004), and subsequent development of Scotland's EMRS, Emergency Medical Retrieval Service. He's also a long-standing member of the Arrochar MRT. This background, which includes working for London's air ambulance and the air ambulance service in Queensland, Australia, among many, many other achievements and qualifications, gives Dr Hearn a unique perspective on the subject. The EMRS provides critical care to seriously ill and injured people, transferring these patients from accident sites and some 24 remote hospitals to centres of definitive care.

Their aim is to 'provide equity of access to life-saving care irrespective of the patient's location'. Attending major incidents is also part of their work. There are many similarities between the work of the EMRS and our goal as mountain rescuers. Though the majority of the book's many examples and stories are based on his experience with the EMRS (there are some MR references too), it's easy to see how they can relate to the world of mountain rescue. Many of the points Stephen makes can be of benefit in all walks of life.

Each constituent part has its own section that classifies and describes the techniques we can use to optimise our performance. After introducing us to the arc of performance and how pressure (and other factors) affects human performance, the terms disengagement, flow and frazzle are defined. Flow is the desired state and, using an engineering analogy, one of a high-performance pressure management system, Dr Hearn explains how we can manage (own) the pressure, in order to perform at our best. The four elements to the high-performance pressure management system are the pressure pump, pressure control mechanism, pressure testing techniques and the pressure relief valve.

Section 2, The Pressure Pump looks at organisational culture and strategic leadership for generating and maintaining the desired pressure. Maintaining optimal pressure is tackled in Section 3, The Pressure Control, detailing measures we can put in place to help maintain optimal pressure. Pressure Testing is all about training, preparing people for dealing with the high-pressure situations they're likely to experience. This includes exposing individuals and teams to controlled levels of pressure during training and simulated sessions, aimed at stress inoculation. The final part of the system, The Pressure Relief Valves, is concerned with what we do if the pressure gets too much and we enter the state of frazzle. What can we do to regain the state of flow?

The last section of the book, Owning the Pressure – the EMRS Experience, brings it all together with two real life case studies, that illustrate the issues and how they can be addressed.

I found this book a fascinating insight into how we react and behave under pressure and what we can do to be able to perform optimally, and I'm convinced you will too. The writing style was easy to read, clear and simple, with plenty of carefully chosen examples and stories to illustrate the points being discussed. It's a book I'm sure I'll be referring to often. I'd be keen to hear your thoughts on the book, or if you have suggestions for other gripping reads, relevant to mountain rescue. Feel free to email me via chris.cookson@cockermonthmrt.org.uk.

Also take a look at Dr Stephen Hearn's blogs at corecognition.co.uk/blog. Well worth a read.

PEAK PERFORMANCE UNDER PRESSURE. LESSONS FROM A HELICOPTER RESCUE DOCTOR BY DR STEPHEN HEARNS. PUBLISHED BY CLASS PROFESSIONAL PUBLISHING. 251 PAGES.

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CONTINUED FROM PAGE 7

If the answer is 'Yes', a special marker is applied in the SARCALL Incident Log to warn and inform the Team that there is a potential COVID-19 risk with the call-out. See **Image 4** showing what the Calling Authority User completes to send the call-out message to the Team.

3. A new Incident Log entry type category enables Users to specifically mark entries as associated with COVID-19. See **Image 5** where the log row is clearly identified.

4. Any instance of the word 'COVID-19' or variants in the SARCALL incident log are captured and highlighted in yellow for easy identification. See **Image 6** where all references to COVID-19 are clearly highlighted. ☺



Image 1: Left: Regional Availability. Right: Team Status indicated as Green 'with normal operational capability'.



Image 2: Arrow shows 'normal availability' highlighted in green.

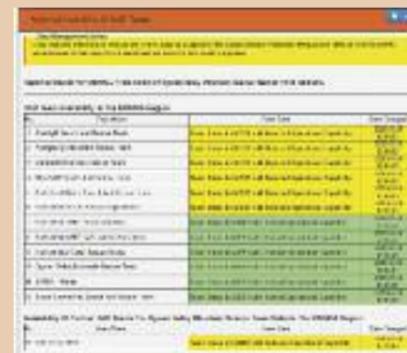


Image 3: Shows overall availability status for the Region. Example above indicates some Amber and some Green.



Image 4: Shows what the Calling Authority User completes to send call-out message to the Team. Arrow indicates the 'Yes/No' checkbox answer to question whether any known direct or indirect COVID-19 risk or similar health markers.



Image 5: SAR Teams View Incident Log, all references to COVID-19 highlighted in yellow for easy reference.

Coronavirus
SAR-H

SERVICE AND REPAIR OF STRETCHERS IMPORTANT INFORMATION

LYON EQUIPMENT LIMITED

During this exceptional period, we continue to support the emergency services with the provision and maintenance of essential equipment. A part of this is ensuring our stretcher service and repair facilities remain open to those that need them. This means we require the highest level of preparation before accepting items into the business.

We ask that anyone requiring work carried out on their stretcher follows the instruction below:

- Contact us directly to confirm we have capacity and agree a date and method of delivery. We will not accept visitors to the Lyon site except by prior arrangement.
- Remove all accessories (they should not be sent) and prepare the stretcher for delivery to us. We will only accept stretchers that have been thoroughly decontaminated* prior to shipment. **This is without exception**, even if known history indicates no COVID-19 contamination and the recommended 72-hour period since last contact has elapsed.

- Securely package the stretcher. Ideally wrap in plastic before packaging inside transit materials and clearly mark the package 'STRETCHER REPAIR'.
- Contact us once the stretcher has been despatched so we can prepare for its arrival.

*Decontamination should be carried out as per the issued government guidance. Rescue organisations will have been issued with the recommended disinfectants and these should be used as directed.

- Due to the difficulties in ensuring textile items are a) disinfected effectively and b) not damaged by the chemicals used, we ask teams to remove the textile parts/bed pads from the frame before shipment by cutting them off with scissors or similar. These parts are replaced during the standard servicing process regardless. Teams must dispose of this textile appropriately.
- Washing the frames with the recommended disinfectants is straightforward. Pay particular care to areas where contaminants may be trapped such as inside tubes, joint screws, locking pin holes or collars, handles etc.
- Allow the stretcher to dry before packaging for despatch.

ANY QUESTIONS, PLEASE CALL 015396 26250 OR EMAIL TRAINING@LYON.CO.UK WE THANK YOU FOR YOUR COOPERATION THE LYON WORK AND RESCUE TEAM



MIKE MARGESON OPS NEWS

At this difficult and unprecedented time, what is clear to me is how we have significantly moved forward as an organisation with our mutual aid and regional Silver response capability. At the recent Ops meeting, Mike Gullen raised the issue of developing a national mutual aid policy and offered to assist with its development. The present situation clearly signposts that this is a vital piece of work that needs completing.

Some regions are much more integrated and connected with their local LRF than others. This is a particularly good opportunity for those less involved to further engage and get involved with their LRF and with any of the SCG meetings. Nigel Harling was unanimously voted our new SAR-H lead. Nigel has made a good start in the role, networking with both regional SPOCs and key players at Bristow and MCA. It is also clear that Mike Park's hard work to improve training, particularly for those teams at most risk to receive additional training, had just begun to bear fruit when coronavirus kicked in. Once the present situation has stabilised and the situation improved, it is vital that training and, in particular the Libor-funded courses planned, are rescheduled and delivered where at all possible.

There is key work being undertaken to assist both John Hulse with Sarcall and Rob Shepherd with support of their delivery is vital.

Hopefully the planned Peer Review Lessons Learned day at Edale base can be rescheduled and I am delighted to say that MREW has agreed to further fund the peer review programme till the end of 2021. The training subcommittee has been tasked to undertake a review of the process and how to progress this in the future.

Mike Gullen, as MREW Water Officer, is keen to develop a Mod 1-type water safety module online, like the 1a ISAR helicopter module, so we could have a national register. This could bring the development of a team member QR-coded card carrying details like cas care training and driver training – indeed all training could be recorded on it. This has been suggested a number of times in recent years. In my view, it's a great idea but of course a big job to achieve.

How's your team doing with submitting your CIO membership? And Adventure Smart – let's not stop working to promote safety education work. Which region will be next to launch Adventure Smart?

Finally, a date for your diary (developments surrounding the coronavirus permitting, of course): the next operations meeting will take place on 11 July 2020 ☺

MOUNTAIN RESCUE ENGLAND AND WALES COVID-19 GUIDELINE 1

INITIAL APPROACH TO THE CASUALTY

ASSESS RISK

No risk assessment NO rescue
Self — Casualty — Others
This is essential.

Screening.

Casualty known to be Covid-19 positive or
Recent dry cough or
Fever or
Contact with known or suspected case in
last 14 days or
Unconscious or unable to give history or
Medical symptom of shortness of breath,
chest tightness started recently
but before today.

YES TO ANY HIGH RISK Level 2 PPE (Minimum required)

- Surgical Mask
- Gloves (double if possible)
- Eye protection (helicopter goggles/glasses)
- Waterproof layer

NO TO ALL LOW RISK (Same as yourself and MRT) Level 1 PPE (Minimum required)

- Rescue maintaining social distancing as much as possible
- Social distancing of all other bystanders etc
- Strictly minimise those involved with direct patient contact
- Minimise total team involved in rescue

MREW Covid-19 Guideline 1: Mike Greene
Medical Director March 2020. V1.0

- Team members — option to stand down
- Bystanders **MUST** leave the scene
- Kit dump away from casualty site
- Casualty Care by minimal number (1 or 2)
- Runner between kit dump and casualty site
- Minimise total team
- Advise aircrew or ambulance of patient Covid-19 status
- Do not use bivi shelter unless specific clinical need
- Focus

MOUNTAIN RESCUE ENGLAND AND WALES COVID-19 GUIDELINE 2

APPLIES TO ALL CASUALTIES

You must have done your risk assessment and have appropriate PPE for this rescue.

A

- Do not use suction in high risk — avoid low risk
- Do not use airway adjunct — NPA, OPA, I-gel in high risk — avoid in low risk
- Assume all airway interventions are high risk and should not be performed by Casualty Carers. Should not be performed by HCPs without appropriate PPE and training
- Turn airway at risk casualties into the lateral position

B

- Do not use a pocket mask — all patients
- Do not use a bag valve mask — all patients
- Only use oxygen IF there is a significant clinical need. Use a pulse oximeter to guide oxygen use if possible
- Use lowest flow possible and for shortest time possible. Conserve supplies.

Nebuliser for asthma:

- Use inhaler and spacer as first line
- If required, use nebuliser on lowest flow (approx 4 l/min).
- Do not use in enclosed space
- All rescuers > 3 metres away and up wind during treatment (MUST enforce distance)

C

Cardiac Arrest:

- Do not listen for breathing or get close to mouth face
- Perform compression only CPR
- Apply defibrillator as normal and follow instructions for shock or no shock
- Do not ventilate or perform any airway intervention
- You could use 'passive' oxygen through a mask — but of unproven value

D

- No change — record conscious level

E

- Do not use a bivi shelter unless it is clinically required
- Keep warm using early alternative insulation if possible

MREW Covid-19 Guideline 2: Mike Greene
Medical Director March 2020. V1.0

MOUNTAIN RESCUE ENGLAND AND WALES COVID-19 GUIDELINE 3

EVACUATION AND END OF RESCUE

You must have done your risk assessment and have appropriate PPE for this rescue.

STRETCHER EVACUATION

Consider:

- Minimise members involved.
- Sledging will create more distance than carrying
- Gloves — use washable gloves and decontaminate immediately, or disposable
- Face mask for casualty to act as a 'barrier'
- Leave arms free to enable casualty to 'cover' 43 coughs

WORKING WITH OTHER AGENCIES

Always inform of your risk assessment and Covid-19 status of patient

END OF RESCUE AT ROADSIDE AND BASE

- Remove outer gloves — turning inside — out and dispose
- Gel hands
- Remove outer waterproof layer — turn inside out — bag wash at high temperature
- Gel hands
- Remove goggles — bag — decontaminate
- Gel hands
- Remove helmet — bag — decontaminate
- Gel hands
- Remove face mask — dispose
- **DO NOT TOUCH YOUR FACE**
- Remove inner gloves — turning inside out — dispose
- Wash hands with soap and water at roadside or use hand sanitiser

At base ensure you have a local procedure to:

- Wash and decontaminate all equipment
- Base cleaning instructions and facilities
- Immediate access for hand decontamination for all members
- Team members will only need to isolate if they develop symptoms or have contact with a known positive patient

DRUGS

- There is no proven link between Ibuprofen and worsening of Covid-19 — Ibuprofen for analgesia for analgesia in MR casualties is safe
- Use Entonox with a filter
- Do not use IND in high-risk casualty (risk of sneezing/coughing)
- Consider using Fentanyl Lozenge (self administered, no patient contact, dispose as contaminated material)

MREW Covid-19 Guideline 3: Mike Greene
Medical Director March 2020. V1.0

Coronavirus COVID-19

MIKE GREENE

MREW MEDICAL DIRECTOR

The advice contained in these three documents (MREW Covid-19 Guidelines March 2020) brings together the principles of management that have emerged in the past few weeks.

These are guiding principles and will need to be implemented at a local level. This is a fast moving crisis and this guidance could change. Amendments will be placed on MREW Moodle Covid-19 site but I will only make change when it is important. I realise that some principles for patient care are different from your normal practice. However, this is necessary in these unusual times. If you follow these clinical guidelines you will be supported in these decisions. Ask for help and advice. Stay well and safe. Thank you for all your efforts at this time.

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There's been a terrible accident...

As a Mountain Guide, MREW ambassador **Alan Hinkes** has to refresh his first aid and emergency care qualifications every three years. This year, he joined a group of 'outdoors' people at Swaledale MRT base in Catterick for a 2-day intensive hands-on course.



John's Ambulance and British Red Cross first aid courses which, although very good and thorough, were mostly classroom based and involved a lot of bandaging. These courses were aimed more for general use in urban situations. Now there are many outdoor courses with realistic scenarios for casualty survival in remote locations where an ambulance or MRT could be hours away. If more people did these courses and had the life-saving skills, it may help keep casualties alive until a rescue team, Air Ambulance or Coastguard helicopter can get there.

The ability to innovate is an advantage as a full paramedic kit will not be available until the MRT or heli arrives. My basic first aid kit includes protective gloves and the ubiquitous triangular bandage. Protection from the elements is essential — a group shelter/bivibag can be a life saver.

And always remember that your own safety comes first before the casualty, then you can protect, insulate and treat to preserve life.

First aiders in the hills often have to do more for longer until medical help arrives. In an urban location it could be as quick as eight minutes for an ambulance if you're very lucky. On the fells, it's more likely to be an hour or more.

This course had a variety of scenarios including bloody wounds to emphasise that bleeding has to be stopped or the casualty will die. Short, improvised stretcher carries were also practiced, which shows how difficult it is to transport a casualty any distance. Even for an MRT with a proper stretcher, it's an arduous task.

Keep your life saving skills current, you never know when you may need it. 🙌

These learning scenarios include a lot of plausible real life scenarios. The sort of accidents that mountain rescue teams often have to deal with.

In this recent course, I joined eleven other willing participants in a group comprising a variety of people, all 'outdoors' orientated; including walking leaders, a skydiving and base jumper, rope access technician, caver/potholer, paddlers, mountain biker, agricultural worker, DofE leader and a retired GP with plenty of medical knowledge but who was more used to comfortable surgery

consultations than muddy outdoor traumas. Most had real experience of incidents in remote serious situations, which always makes for a good training course. Our instructor was Tim Cain. He runs regular first aid courses and is a Swaledale team member and SARDA dog handler, so has plenty of hands-on experience.

In this Covid-19 period, we had to take extra care with Resusci Annie when doing CPD and we all kept our distance a bit and didn't shake hands or kiss.

Many years ago I remember doing St

Photos: © Alan Hinkes.



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MARCH: BRISTOW AND SCHIEBEL CARRY OUT UK'S FIRST UNMANNED SEARCH AND RESCUE AIRCRAFT TRIAL

International aviation leader Bristow is carrying out the UK's first trial of unmanned aerial vehicles (UAVs) for lifesaving operations in maritime and land environments, in partnership with Schiebel Group. Bristow is the provider of the HM Coastguard Search and Rescue Helicopter Service.

Bristow is operating the Schiebel Camcopter® S-100 system from Caernarfon Airport, in Wales, to fully evaluate its capabilities in a search and rescue role. The trial is complementary to the work being carried out by the Maritime and Coastguard Agency to develop the regulation under which UAVs can operate in a range of scenarios beyond visual line of sight – where the pilot cannot see the aircraft – and in unsegregated airspace, where other aircraft are operating. Caernarfon offers a dynamic operational area, with mountainous and maritime environments, making it an ideal location to incorporate the unmanned aircraft technology into a complex airspace environment.

The CAMCOPTER S-100 is a vertical take-off and landing (VTOL) rotary UAV, which is used extensively around the world in land and maritime environments, by international agencies such as the European Maritime Safety Agency. With the capability to travel 200 kilometres from its home base, it is flown by a pilot in a remote location using digital control and imaging technology to allow them to see through the eyes of its onboard cameras.

'This trial allows us to carry out demanding evaluation of the aircraft,' says Alan Corbett, chief executive of Bristow Helicopters Ltd. 'The broader system capability and future suitability as an evolutionary step beyond the current helicopter-focused approach to search and rescue missions.'

'Schiebel's technology has already been operationally proven globally. Integrating unmanned aircraft with our current capability is the logical next stage in the development of search in support of rescue activities.'

'Our teams have undertaken significant training and testing of these aircraft in less-active environments. The opportunity to evaluate the platform, safely integrating with different types of air traffic found at and around Caernarfon, while accessing mountain and maritime operating environments, allows us to prove their potential for operational, public service.'

Top: CAMCOPTER® S-100 #167 L-3 WESCAM MX-10, Selex ES PicoSAR © Schiebel via schiebel.net.



PAUL SMITH EQUIPMENT NEWS

The good news is that, after a positive change in my personal circumstances at the back end of last year, I was fortunate enough to be able to retract my resignation and continue with the projects I'd started as MREW Equipment Officer.

Now, as we move through 2020 the Equipment Facebook group is gaining momentum with currently around 300 members. Please feel free to contribute, ask — and answer — questions and invite MR colleagues to join the group, but make sure you ask them to answer the three MR-related questions or they won't get approved.

As well as Facebook — and with a lot of help from Colin Martin — we now have an equipment area in Moodle. Colin has put together an offers page with details on how mountain rescue volunteers can get access to the offers. If you know of other offers from companies not listed, let me know so we can speak to them and get the offer listed. We will be adding further pages soon.

The Bridgedale Sock deal is up and running. All team members can get three pairs of Bridgedale socks, free of charge once a year. Due to stock levels we've had to roll this offer out region by region, so some teams have already had access to the offer, and I expect all teams will have had access very soon. The discounts and offers we get are for mountain rescue volunteers only and to help with policing this you must use a team email address. Unfortunately without this you won't be able to access the offer.

I recently sent a Google survey form out asking for an update on which Bell stretchers you have. If you've not already done so, can you complete this survey so I can plan and budget the servicing and weight testing. Don't forget to also list any Bell stretchers you've retired so I can take them off the list. MREW will pay 50% of the cost of a new Bell stretcher and we do have a number in stock ready for immediate delivery.

When possible, on behalf of mountain rescue, I visit those companies who supply teams to put faces to names and find out a little bit more about them. I recently visited Future Safety, located just outside Oldham, a small family-run business specialising in the design, development and manufacture of their own innovative high-performance safety helmets.

Their unique products are sold worldwide to military, emergency services and industry personnel. The company was started in 1992 by father and son team, John and Colin Holmes. With over 30 years' experience between them, their helmets are now also becoming popular with water rescue teams within mountain rescue.

The helmets are manufactured in Oldham and most of the materials for the helmets are sourced locally in and around the area. Whilst I was there, I was able to see one of the new ambulance service helmets being manufactured from start to finish. With no automation, and all the helmets built by hand, the staff make the manufacturing process look easy, but when they can manufacture up to 125 helmets a day the staff need to be well trained which I could clearly see during my visit.

With lots of stories in the press recently about Brexit ruining the economy, it was good to see a local manufacturing company, not only employing local staff and using locally-sourced components, but thriving in a worldwide market. 🇬🇧

TO SEE THE FULL RANGE OF PRODUCTS FUTURE SAFETY OFFER, HAVE A LOOK AT THEIR WEBSITE: WWW.FUTURE-SAFETY.COM





Flood rescue effort in South Wales © Ben Birchall/PA Media.

floods 2020

Storm Ciara: 9 February: Calder Valley

Calder Valley's team Facebook page directed followers to a fundraising page set up by the Community Foundation for Calderdale, to help support those affected by Storm Ciara, saying that the 'devastation was widespread and heart-breaking to witness' and reminding people that all their team members live and work in or around the Calder Valley, so 'when incidents like this occur everyone is affected in some way or knows someone who is. During these challenging times, our community shows its true spirit and togetherness – we've been here before'. Sentiments which echoed across the regions! Holme Valley team members were also in attendance, supporting CVSRT with a team of Swiftwater Rescue Technicians and Water First Responders working in Mytholmroyd today.



Photo: Holme Valley team members supporting Calder Valley SRT at Mytholmroyd © Pete Farnell.



Photos: This and above © Calder Valley SRT.



Photo: © Holme Valley MRT.



Storm Ciara: 9 February: Llanrwst/St Asaph

Ogwen team members were called out to support flood operations in Llanrwst, tasked on arrival to support the Welsh Ambulance Service by looking after an elderly patient with a chronic lung condition who had been forced out of his flooded home, until the ambulance could get through. Flooded areas and properties were checked and assistance offered to those affected. A Type-C team (five water rescue technicians and a support driver and rescue raft) plus two controllers and support were later redeployed to St Asaph where floodwater had overcome the defences. Team members assisted with the evacuation of a caravan park, having to row 400 metres to rescue a man and his two dogs with half a metre of water inside their static caravan.



Photos: Alex King/Karl Lester.



Photo: © Calder Valley SRT.



Photos: Keswick MRT.



Storm Ciara: 9 February: Keswick

Storm Ciara caused some very early morning chaos at the caravan park on Crow Park Road in Keswick. An evacuation of the site was already commencing when the police requested support from Keswick MRT. The initial task was clearing a narrow lane with a stalled camper van that was causing a blockage. Team members were then directed to a flooded area in the park to help people and dogs trapped in vehicles. During this short time it was noticeable how the depth and strength of the floodwater was increasing. Everyone was helped to safer areas but unfortunately some vehicles had to be abandoned.



Photos: UWFRA.

Storm Ciara: 9 February: Pateley Bridge

The large-scale response in Pateley Bridge comprised fire crews, police and ambulance as well as mountain rescue teams from Swaledale, CRO, Scarborough and Ryedale and Cleveland. Fortunately, although the river level was lapping over the top of the flood defences, levels dropped quickly and only Cleveland team was called to assist Upper Wharfedale. Team members carried out welfare checks on a number of vulnerable individuals, transported sandbags to properties and assisted the police in keeping members of the public away from the bridge and river banks.



Storm Dennis: 15 February: South Wales

South Wales team members were kept busy later in February, with the arrival of Storm Dennis. For the first part of the day, Central Beacons and Western Beacons teams were deployed to the northern outskirts of Cardiff in readiness to support and one rescue operation was undertaken. Brecon and Longtown team members remained on standby to assist. Longtown and Central Beacons were also deployed to Usk to support a number of rescues with other agencies, including a stranded 4x4 and tractor, two casualties who required lifting by Coastguard helicopter from a stranded vehicle to get them safe to dry land and an elderly man trapped in his Monmouth home by rising floodwater. Team members made their way to Peter Morgan's home by raft at 10.40 am and used a sledgehammer to break his back door open, before carrying him to the raft, where he was wrapped in blankets. Supported by the Welsh Ambulance Hazardous Area Response Team (HART), Mr Morgan was then escorted to the safety of dry land.

Severn Area Rescue Association (SARA) remained involved for nearly three weeks after Storm Dennis as the Severn continued to flood. SARA has four flood teams declared to Defra (2 x Type B and 2 x Type C) but fielded six separate flood teams at the same time on several days, in response to requests from Hereford and Worcester, Gloucestershire and South Wales fire and rescue services. By 5 March, SARA had deployed flood teams 29 times. Teams Sharpness and Upton Stations rescued people from cars and SARA Beachley was involved in rescuing the lady who was 'on the roof' of her car for 12 hours (actually she was standing on her seat, with her upper body out of the sunroof). All the stations assisted with evacuations – including around 50 persons from Tenbury Wells, and a care home at Whitchurch – and conducted building searches, welfare checks and food deliveries. A crew from the Wyre Forest station in Kidderminster provided overwatch of flood defences in Bewdley, including overnight on a couple of occasions, and were also deployed to rescue people who found themselves caught in rising water levels further up the Severn. The Upton team even found itself in the newspaper for rescuing a Flower Boat, used as a display by Upton in Bloom, which had floated off with all the flowers still blooming! During this three-week period, the teams also responded to two missing person and two lifeboat call-outs, involving many of the same volunteers.



Above: SARA Tewkesbury vehicle and team members at work. Top right: Longtown team member next to a SARA Sharpness boat at Usk. Centre & bottom right: Lower Lode, Tewkesbury. Photos © SARA.

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MREW PR consultant and media trainer, **Sally Seed**, looks at an aspect of publicity and PR and suggests ideas to build on for the future. This time: **Staying on message**

The first quarter of 2020 has seen some interesting media challenges for rescue volunteers. Confidence in the validity of a few simple messages has been tested and I'd like to talk about what we can learn from this.

So much more than mountains

That MREW strapline tends to get picked up as a key message whenever there are floods or other civil emergencies and MR volunteers are called upon to contribute. There's no 'just' in it — mountains and high ground are at the core of MR's heritage and its work today so there's no intention to dilute that.

But the media are interested in MR when they see team volunteers working in other contexts, particularly during flooding, which was a familiar sight in February. As the coronavirus COVID-19 story develops, MR volunteers may well be seen playing a role in that too.

If you're asked about how this fits with your team's aims, purpose and priorities, or challenged on whether it's consistent with your fundraising and donations, it's best to have a simple message in response.

Ideally, you want to communicate something important with this message, rather than just answering the challenge. So my suggestion is something along the lines of: 'Everything we do has a common thread of being equipped, trained, available when needed and committed to keeping our communities safe'.

You might prefer to tweak this — that's fine — but at least give it some thought and be clear on why you do what you do (and why you don't do what you don't too).

#BeAdventureSmart and safety messages about equipment, skills and weather

Consistency is going to be a huge help in communicating the three key areas for staying safe and making a good day better as effectively as possible. And everyone involved in this long-term campaign is aware of needing to reach those who wouldn't normally pick up an outdoors magazine or check a mountain weather forecast.

Two recent examples show how staying on message can make a difference in managing risks and avoiding problems.

First, did you see the British ridge walks feature in a Saturday Guardian Travel supplement in February? In amongst the ridge walk recommendations were clear pointers about how and when to do these walks safely and there was also a panel with #BeAdventureSmart guidance. This was a great example of how MR's role as a partner (in this case LDSAMRA, working with Cumbria Tourism who'd been the journalist's initial contact), can get our safety messages into national media.

The second example wasn't so positive but still required consistency. When a TV crew struggled to stay safe and film in winter conditions on one day, they approached MR for 'support' to keep them safe on the second day of filming. A telephone call from a team leader and a chat about the winter conditions, their lack of equipment and lack of skills succeeded in convincing them to pay a guide and adapt their plans. The three messages work well together and are a useful framework for that sort of conversation.

The basics: all volunteers, available 24/7 to help those who need us

Did you see the recent RNLI footage of a lifeboat almost capsizing in high seas after going out to try to find a surfer in trouble? If you didn't, it's worth Googling, as is the interview that the bosun did on BBC radio later that week.

Storm Ciara had been well publicised as on its way but someone still thought it was a good idea to go out surfing. I imagine the lifeboat crew (and their families and employers) were very angry indeed about having to go out and risk their lives to rescue someone who had chosen to take that risk.

But you wouldn't have known it from the radio interview.

If the bosun said it once, he said it six or so times: 'We're here to help those who need us and we were needed'. The interviewer framed her questions, about the sanity of the surfer, what the lifeboat crew thought of him et al, in several different ways but the bosun refused to budge and kept coming back with the same answer. You could almost hear the smile and the wink but he never shifted — and the interviewer had to move on.

If you need reassurance that you really can keep saying the same message if that's what's needed, have a listen and hear it being done.

I hope that some of these hints on key messages are useful. If you've anything to add or recent experience to share, please get in touch with me via sally@stoneleighcomms.co.uk or via the editor, or the MREW Facebook Members group. Thanks. ☺



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SEARCH DOG MEGAN

'Mountain rescue teams and their supporters – and casualties – know very well the tremendous work the search dogs carry out in making the hills and moorlands a safer place for the community to enjoy their activities,' said the Buxton MRT Facebook page, remembering Search Dog Megan in March. And what better way to begin a run of very sad tributes to our hard-working, faithful, remarkable four-legged friends?

Fifteen-year-old Meg's health had rapidly deteriorated over the previous two weeks and handler Dave Mason and his family were forced to make the decision that no dog owner ever wants to make and say goodbye to Megan.

'Many think that as handlers and trainers we teach the dog everything it knows and bring out the behaviours and skills that we would like,' says Dave. 'But, with Megan I think she taught me far more about handling and training a dog than I ever taught her. She continued to help me understand teaching new skills to dogs long after she retired from operational duties at the age of twelve.'

Throughout her life Meg had a good number of operational finds, some of which were likely to have been life-saving, some of which helped bring closure to families where life could not be saved. In January 2017, the Buxton Advertiser reported that, in 2011, Meg had discovered the body of 25-year-old Jia Ashton in Sleetmoor Woods near Somercotes, three days after she was last seen leaving her job at chocolate-maker Thorntons. The find resulted in a major police investigation and the prosecution of David Simmonds. He subsequently pleaded guilty to murder at Nottingham Crown Court and was jailed for 28 years after what the judge described as a 'sustained violent and brutal attack on a young woman'. Meg was commended by the Chief Constable of Derbyshire Constabulary for her efforts.

'Handlers and their dogs put in a phenomenal amount of work into becoming the team which is so effective at searching in all weathers and terrains,' continues the Buxton MRT post. None of this is possible without those people who volunteer to assist the training of search dogs, whether handlers, the folk that lay on the damp hillside waiting for the trainee dogs to find them, or the public who donate so generously'. Thank you, Meg. Stand down. ☘



SEARCH DOG ABBIE

In March, Woodhead reported the passing of Search Dog Abbie, a valued team member for over ten years, and integral to team operations.

Abbie was a Border Collie and, like her sister Pepper, carried a slight deformity, but that never stopped her from working. Her skill and determination on the hill became the benchmark for many dogs that followed her and who wanted to attain the high working standards she consistently demonstrated. Abbie was part of the larger family of working dogs across the country and was universally liked for her gentle soft nature and her matriarchal approach to other dogs.

As an air scenting search dog, Abbie had three finds in her working life. Two involved finds around water, showing great skill in detection and indication in a complicated environment. Her third find was on the Peak District moor of Bleaklow in difficult and often inhospitable conditions. She and her handler, Ken Sloan, worked with many teams across the UK and Ireland, building up a significant operational record during her working life. Away from operational duties, Abbie loved to go into schools and demonstrate to children how search dogs operate and promote the work of the team. She and Ken were a regular at local events including being presented to HRH The Queen. Abbie was fifteen years old when she passed away and will be missed by all team members.

Oldham team paid tribute via Facebook to both Abbie and Ken.

'For over 25 years, Ken and his search dogs have crossed the Pennines to assist Oldham MRT in their searches for missing persons. Abbie was instrumental on more than one occasion, for bringing a search to a positive conclusion. She will be sorely missed. She was a true alpha female and the male dogs in her training group are going to miss her, even though they knew she was the boss.'

RIP Search Dog Abbie, still on the hill. ☘

Top: Ken Sloan with his dogs © Woodhead MRT.

It's been a sad few months in search dog circles, as handlers and their teams have reported the passing of some of their canine friends and stalwarts.



OBITS



CRAIG HOLMES SEVERN AREA RESCUE ASSOCIATION (SARA)

SARA paid tribute to team member Craig Holmes, from Lydbrook in the Forest of Dean, who died in January after battling with a long illness. **Richard Newhouse** remembers him.

Craig had been with SARA since early 2015. Up until very recently he was a fully operational Land Search Party Leader, a Rope Rescue and Swift Water Rescue Technician and he was leader of the SARA Beachley Casualty Care team for the past three years, as well as participating in numerous call-outs.

SARA CEO Mark Carwardine said, 'Craig was a truly remarkable person. He sat his requalifying Casualty Care exam only six weeks ago and, in typical Craig style, passed with flying colours. He was an accomplished team member and a true gentleman in every sense of the word, though with a core of steel. He had a profound and significant impact upon all of those who got to know him — with his positivity, his warmth, his trademark grin and his resolve in the face of adversity. He will be hugely missed.'

Craig had a life-long love of the hills and mountains, and until recently volunteered his time and expertise to supervise Duke of Edinburgh expeditions in North Wales. He was also an NHS Community First Responder (CFR) since 2010 and sat on the CFR Regional Forum. A former manager of the Forest of Dean CFR Unit paid tribute to him. 'Craig made a massive impact in the community as a CFR. If he was not able to save the patient involved in the call-out, he was able to speak with family members or friends and treat them with the respect they so deserved.'

He leaves a wife and family. Stand Down SARA C22. Rest in Peace. ☘

Right and above: Craig in action in a swiftwater capacity and on the stretcher © SARA.



SEARCH DOG BORIS

In February, SARDA Wales and Bolton team mourned the loss of 'a true legend' in the search dog world, not least his 'trademark' bark. It was a February weekend back in 2012 when Team Boris passed their first assessment to join the ranks of search dogs on the call-out list.

With handler Steve Nelson, and navigator Elaine Gilliland, they soon became a well respected and sought after team, attending call-outs up and down the country. A year later, on the March assessment, Team Boris earned their Full Grade and that bark could be heard for miles around. Team Boris were called upon on many occasions up and down the country, travelling to Scotland, the Lakes, Cheshire and the Peak District, as well as Wales. Boris's ability was even challenged by the TV programme Cats vs Dogs, whereby Chris Packham tried to evade Boris through the centre of Manchester, but not

even a street vendor selling freshly-cooked sausage could deter the nose of Boris and he went on to find Mr Packham in a coffee shop! In March 2016, Boris completed his regrade and continued to serve, his distinctive bark reassuring everyone involved that Boris was on the trail!

Steve and Elaine chose the March assessment weekend to scatter his ashes in a very special place in Snowdonia. So if you heard a distinctive bark echoing through the mountains that day, you know who it was. Stand Down Boris, thank you for your service ☘

Top: Handler Steve Nelson with Boris © Steve Nelson/SARDA Wales.

SEARCH DOG JAKE

In December, Cockermouth team announced the passing of retired Search Dog Jake, 'a gentleman amongst search dogs'. Anyone who knew Jake and Laura will hold fond memories of working and training with the team. Laura and her husband Neale were at Jake's side to the end.

Jake and handler Laura Connolly graded with the Lake District Mountain Rescue Search Dogs Association (LDMRSDA) in December 2008 and proudly attended various rescues, training and fundraising events for eight years, until Jake's retirement in December 2006. Via Facebook, fellow Lakes dog handler Mike Blakey said, 'RIP Jake. Only a dog handler really ever understands the amazing bond which is formed between a working mountain rescue dog and their handler. Our thoughts are with Laura... remember the amazing times and the amazing dog. He will always be the gentleman he has been described as'.

Christyne Judge echoed those thoughts. 'Hold onto those wonderful memories of his exciting life full of adventures with his wonderful human mum and dad.'

Rest in peace Jake. ☘

Left: Handler Laura with Jake © Laura Connolly/LDMRSDA.

NUTRITION TO THE RESCUE

JEANNETTE JACKSON MANCHESTER STRESS INSTITUTE

As a member of a mountain rescue crew you understand the meaning of the word stress! What it feels like to be high on adrenalin when on a rescue, what it feels like to get a rescue call and the need to get there asap. Hours and hours on a mountain, supporting a casualty (and the team). You love it, you thrive on it but nevertheless it's stressful for the mind and the body and, over time without adequate recovery, stress can take its toll.

The bad news is that stress depletes some of the essential vitamins and minerals that help to make the body resilient.

The good news is that a healthy, balanced diet can help restore, repair and replenish the body AND the brain.

The clarity, speed and focus with which we think, make decisions and react can be determined, in part, by the food we put in our mouths.

The human brain is a composite of white and grey matter made from neurones, interconnected via synapses that help transmit electrical and chemical messages so that we can think our way through life.

HEALTHY FATS

Essentially, the food we eat helps to form our brain cells. As an example, fats in walnuts have been shown 'to speed up our thinking' and they help with building memories to navigate future decisions. (Pribis, P et al 2012 *Effects of Walnuts on Cognitive Performance in Young Adults*).

Our brain is very fatty! It's made up of proteins and fatty acids called 'phospholipids' which are a class of lipids (fats), vital to the health of both cell membranes and neurotransmitter form and function and two in particular — phosphatidylserine (PS) and phosphatidylcholine (PC), with PC accounting for a larger percentage.

Foods rich in these essential brain fats include soya, egg yolks, chicken, liver, oily fish and nuts.

FLUIDS

When stressed, our core body temperature rises, prompting the sweat glands to kick in. A prolonged state of reduced water intake can shrink the brain and negatively impact on executive brain function such as planning and visuo-spatial planning (a VERY crucial skill as a manager!). (Mention MJ et al (2011)).

Dehydration affects brain structure and function in healthy adolescents and impairs both mental and physical performance. It precipitates reduced mental clarity and cognition ie. reduced focus and concentration and a

tendency to 'brain fog' or 'zoning out'.

The average recommended volume for fluid intake daily is eight 8-ounce glasses, which equates to about two litres. This should be consumed steadily throughout the day so the body gets a regular intake of fluids.

Hydrating via high fluid foods is also a good way to hydrate the muscles as many of these foods are rich in salts and fibre too: melon, pineapple, cucumber, oranges, celery, broccoli. So why not try a super-green juice made of these (plus some ginger)?

PROTEINS

Protein foods can positively impact our mental wellbeing. Research shows that mood and mental health can be affected if we do not eat the correct amount (and the right combination) of protein foods, including a mixture of essential and non-essential amino acids.

In particular, low levels of the three-branched chain amino acids (BCAAs), leucine, isoleucine and valine, have been shown to initiate depression and low mood. (A Baranyi, P Hlade et al 2016 *Brach Cain Amino Acids as a Biomarker of Major Depression*).

Leucine is metabolised directly in muscle tissue to induce protein synthesis and promote the repair and regrowth of new muscle tissue.

And in addition to these, extra Omega-3 can enhance the response of muscle protein synthesis to protein intake.

Amino acids (the building blocks of protein foods) help to manufacture neurotransmitters, the chemical messengers in the brain. These can either stimulate the brain (so great for focus and concentration during the day), or calm it down (required in the

evening to help calm a busy brain and prep the body for sleep). Proteins rich in a mixture of essential and non essential amino acids include turkey, chicken, steak, sea bass, salmon, mackerel, sardines, tuna, cottage cheese, beans, legumes and eggs.

COMPLEX CARBS

Each organ has its own metabolic profile and, for the brain, the primary fuel is glucose (*Biochemistry, 5th edition, section 30*).

We get glucose from the carbohydrate foods we eat (our bodies turn 100% of those carbs into glucose) and it's essential for brain function, cognition and memory. Once we've eaten carbs, we can store this glucose energy for future use. In a well-fed state we can store 100g of sugar in liver, 400g in muscle and 5g in blood — very useful as you need lots of energy on 'match' days (in your case, rescue operations!)

There are simple carbs, which offer a quick release of energy, complex carbs, for a longer, more sustained energy release, and our diet needs a mixture of these foods.

Complex carbs include things like wholewheat bread and pasta, and jacket potatoes. The sugars in these foods take time to be broken down because ALL the links (that is, the bonds that connect them), have to be broken down into single sugar units again before the body can store these sugars and this takes time, so there are fewer 'spikes' in blood sugar levels. When we eat sugars our pancreas releases insulin to help stabilise the amount of sugar in blood, so when we eat slow-releasing swag foods there's less impact on pancreas and lower insulin levels too. ☺



JEANNETTE JACKSON IS FOUNDER AND DIRECTOR AT THE MANCHESTER STRESS INSTITUTE SPECIALISING IN STAFF HEALTH AND WELLBEING.

FIND OUT MORE ABOUT THE MANCHESTER STRESS INSTITUTE VIA MANCHESTERSTRESS.COM OR [TWITTER@MCRSTRESS](https://twitter.com/MCRSTRESS)

Where to find these vital nutritional ingredients

COMPLEX CARBS

- Apple
- Barley
- Black beans
- Bulgur wheat
- Brown rice
- Corn
- Couscous
- Greek yogurt
- High fibre cereal
- Kidney beans
- Lentils
- Melon
- Oatmeal
- Orange
- Potato
- Pumpkin
- Quinoa
- Strawberries
- Squash
- Sweet potato
- Wholewheat tortilla
- Wholewheat pasta
- Wholewheat pitta
- Whole grains
- Wild rice
- Yam

ANTIOXIDANTS

- Alfalfa sprouts
- Artichoke
- Beetroot
- Blackberries
- Blueberries
- Broccoli
- Brussel sprouts
- Cabbage
- Cherries
- Cranberries
- Dark chocolate
- Elderberries
- Goji berries
- Kale
- Kidney beans
- Onions
- Pecans
- Prunes
- Red grapes
- Spinach
- Strawberries
- Sweetcorn
- Wild blueberries

PROTEINS

- Clams
- Chicken
- Crab
- Crawfish
- Crayfish
- Halibut
- Lean veal
- Lobster
- Mackerel
- Oysters
- Pheasant
- Rabbit
- Red snapper
- Sea bass
- Salmon
- Sardines
- Scallops
- Shrimp
- Steak
- Swordfish
- Trout
- Tuna
- Turkey

HEALTHY FATS

- Avocado
- Canola oil
- Coconut oil
- Cold water fish
- Flax seed oil
- Low fat cheese
- Low sodium nuts
- Olives
- Olive oil
- Peanut butter
- Pumpkin seeds
- Safflower oil
- Sunflower oil
- Sunflower seeds

VITAMIN B12

- Crab
- Eggs
- Fish
- Fortified cereals
- Liver
- Low fat dairy
- Mozzarella
- Poultry
- Red meat
- Shellfish
- Soy milk
- Swiss cheese
- Tofu

WE ARE WHAT WE EAT...



TUNA WITH AVOCADO MANGO SALSA

Recipes serve 1

Mango is high in vitamin B6 which is known as the 'anti-stress' vitamin as it helps to replenish nutrients lost during a stressful day.

- 6oz fresh tuna steak
- Fresh lemon juice
- 1/4 avocado, sliced
- 1/4 mango, cut into small chunks
- 1/4 red onion, finely diced
- 1tbsp each red and green peppers, diced

1. Marinate the avocado, mango and onion in the lemon juice. Season to taste.
2. Griddle the tuna until cooked to your liking. Taking care not to overcook!
3. Place on a plate and pour over the salsa.
4. Serve with quinoa or brown rice.



BAKED AVOCADO WITH GREEK YOGHURT

Avocados are one of the highest sources of vitamin E which is one of the most powerful antioxidants for wound healing, skin protection and anti-ageing.

- 1/2 avocado, pitted
- 3 cherry tomatoes, halved
- 1/4 green chilli, deseeded and cut into very fine strips
- 1 garlic clove, crushed
- Fresh lime juice
- 1 tsp coconut oil
- 2 tbsp Greek yoghurt
- Pepper and salt to season

1. Season the tomatoes and place under a grill on medium heat.
2. Mix together the coconut oil, garlic and lime juice.
3. Brush this over the top of the avocado and place under the grill along with the tomatoes.
4. When both a lightly grilled, place with the tomatoes inside the avocado.
5. Top with Greek yoghurt and chillies and serve hot.

ANDY ELWOOD
CHATS ABOUT
MENTAL HEALTH,
LANDIES AND
STAYING WONKY

How is your year going so far? It seems as though it's been rushing past so far, however I'm seeing encouraging signs that spring is on the way with lighter mornings, warmer temperatures and nature budding all around me in the Peak District.



Sleeping, healing and dispelling a few myths

As I write, I'm ready for a week off in mid-March, which I'm spending at home painting our bedroom, now the plasterwork has dried. This will allow us to move back in there and have the spare room available for friends to visit — once 'lockdown' ends! I'm really looking forward to this as we have been living in the dust, dirt and clutter of our renovations for nearly two years now. There have been plenty of ups and downs during the process but without doubt there have been times when our relationship has been tested. We have realised that talking about it and our frustrations have greatly helped and we are stronger than ever for having been through this together.

Work in the field of wellbeing and mental strength and mental health awareness has been widespread in our community in the last few months and I'd like to let you know a little of what's been going on.

One of the major eye-openers for me at a research symposium in London in January was that 999 personnel first open up to others by talking about how they are not sleeping well.

There are a few messages to be aware of here — other industries and sectors talk about their mental health more or how stressed they are, however, we often choose not to do this. But talking about our lack of sleep, disrupted sleep or sleeping too much is a warning sign that we should be curious about if someone shares this with you — ask some more questions to find out why? What is really going on? If this is your own situation, ask yourself some questions. What impact is this having at work? At home? To the people you care about around you in your life?

Did you know that 13 March was World Sleep day? Google it and find some great info and resources to share practical techniques to improve sleep, mood and mental health outlook.

Those of you who know my story will be aware that a series of major life events in close succession led to my burnout, which I first opened up about by admitting to someone that I hadn't been sleeping well for three to four years. Taking some time off and re-establishing a routine of regular sleeping pattern in my own bed and starting to exercise were two key factors on getting myself back on track. No matter what is going on in

your life, by sharing how you are with someone you trust is the first step towards hope, recovery and a way forward. The infographic opposite gives some top tips for good sleep hygiene.

Andy's Landie has completed her first overseas trip promoting wellbeing and resilience with a trip to Northern Ireland for presentation to Department of Justice with Scottish Mountain Rescue and Lifelines Scotland and with a training programme for Emergency Responders in Northern Ireland, generously hosted by Mourne MRT (special thanks to Martin McMullan).

This was well received all around and even some professionals from FRS agreed that they learned a lot during the sessions.

One of the key points was that it's ok to be well and that it's no accident when this happens.

Regularly doing activities which contribute to our mental health in a positive way keeps us in good shape to withstand and bounce back from life's challenges at work, home and through volunteering. For example, exercise, family time, downtime, mindfulness, learning something new, hobbies, talking and music. Being well trained, knowing what to expect, being confident about kit, other teammates and procedures, knowing there is a support network for us if we might need it and the support of our colleagues.

Why not have a review of what you are doing for yourself to enhance your resilience — as an individual and at a team level? Check the wellbeing framework adapted in your area from the UKSAR wellbeing framework.

In Scotland, they have realised that families are an important part of team resilience and have included families and young supporters as part of the team with various initiatives, but most prominently with a 'welcome to the team' booklet for new members and families when they join the team.

This has been met with the comment from experienced team members' partners: 'Oh so it's not just me then'. Email wellbeingofficer@scottishmountainrescue.org to find out more.

It was fantastic to have a chinwag with Mountain Rescue Search Dogs England on a training weekend in the Peak District in early March, including Mike and Tarn — a recently qualified team, they already have one find to



their name. Well done and keep up the great work!

Special respect and thanks to all the dogsbodies who lie out in the cold and all sorts of weather to assist with search dog training all over the country. #respect

Finally, I have just returning from a fantastic weekend in Scotland where I've been privileged to have been assisting with the delivery of Mental Health First Aid training for 24 volunteers throughout the Mountain Rescue Volunteers in Scotland network. Having these people spread across the country is another step towards providing extra protection, support and resilience for our colleagues, friends and casualties in everyday life, training and the most challenging rescues and events.

A key part of this training is talking about suicide openly to prevent it and allow people the permission to talk about their thoughts of suicide without judgement.

KEY FACTS TO KNOW:

- Thoughts of suicide are common — 20% of the population have had them (25% of 999 responders)

- These thoughts are temporary and they will pass.
- We don't have to act on these thoughts.
- There is always hope — even if someone has a plan to take their own life. Just talking to them about it may save their life.

TOP TIPS/ DISPELLING THE MYTHS:

1. Be direct — don't use ambiguous phrases which belittle or indicate judgement such as: 'You aren't about to do something silly are you?'
2. If someone talks about suicide, they won't actually do it — this is actually a real warning sign and a clear hook/invitation/request to talk about it and find help.

There's an amazing short video produced by NHS Scotland which will give you more information and the confidence to talk to someone about suicide in order to save a life at [youtube.com/watch?v=5JMYaLNg0TE](https://www.youtube.com/watch?v=5JMYaLNg0TE)

Andy's Landie will be back on the road soon [coronavirus COVID-19 permitting] so we can continue spreading the word about mental

strength and wellbeing. Please look out for a film festival being launched in May with screenings in major cities throughout the UK in November. We are inviting short films to be submitted with a theme of hope and recovery for teams and 999 sector. There will be free training available online. Sign up for email updates on my website for more on this and other campaigns including Chinwag Curry Club and #MenDoLunchDay 2020.

Look after yourself and those you care about. Go well. ☺



Above: Ten top tips for good sleep hygiene.

Below: Mountain Rescue Search Dogs England training weekend Peak District © Andy Elwood.

ICAR Medcom Recommendations: Suspension Syndrome (trauma)

JOHN ELLERTON
PATTERDALE MRT DOCTOR & PRESIDENT OF ICAR MEDCOM

Suspension syndrome (also called suspension trauma or harness hang syncope) describes a potentially life-threatening event induced by passive hanging on a rope or in a harness system in a vertical or near-vertical position. Although numerous cases are reported, the exact incidence of suspension syndrome is not known.

Since the first case series of the suspension syndrome was presented in 1972, its pathophysiology has remained controversial. A widespread hypothesis assumes blood pooling in the lower limbs as a result of gravity. As this blood was not returning to the heart (reduction in cardiac preload), there was a consequential decrease in heart output and thus tissue perfusion. This, it was hypothesised, eventually lead to loss of consciousness and cardiac arrest. However, no study has proven this hypothesis.

Recently, an experimental study at the Institute of Mountain Medicine, EURAC (Italy) brought new insight into the sequence of events that might be the cause of suspension syndrome.¹ The situation being investigated is motionless hanging in the climbing harness as shown in image 1, opposite. ICAR Medcom wanted to publish practical recommendations, based on peer reviewed evidence. We are particularly keen to debunk some facets of management, such as not laying the casualty flat, that have been in wide circulation for decades.

These recommendations are at a final draft stage and are reproduced here. They are yet to become official recommendations; if you think MREW workflows can be slow, try working with over a 100 members across three languages! Please consider the recommendations presented here as provisional and use them with this in mind. We have attached an evidence grade to each of the recommendations. Basically, a 1A grade for a recommendation is pretty strong with good quality evidence and benefit clearly outweighing risks/burdens whereas a 2C grade for a very weak recommendation with little or no evidence and no clear benefit to the patient.²

The EURAC research showed venous pooling occurred. However, it did not substantially reduce cardiac preload.

Instead, it appeared that a reflex between (probably) cardiac sensors and the nervous system caused a sudden reduction in heart rate and blood pressure leading to 30% of the participants having 'near-syncope'. The time to 'near-syncope' was variable and unpredictable (13-60 minutes). Though the exact mechanism triggering the reflex was not clear, venous pooling is thought to play an important role but not in the mechanical way hypothesised originally.

Of course, in real life, we aren't in a controlled hang as illustrated in image 1. Image 2 would be a better representation of our scenario! We are dealing with a victim that could have fallen or been hit by a falling rock. We need to consider:

1. Trauma sufficient to cause hypovolaemic shock, neurogenic shock or brain injury.
2. Hypothermia or drowning complicating the picture as the casualty maybe cold, wet or have been immersed or submersed in flowing water.
3. A coincidental cardiac arrest or seizure may have occurred.

These factors should always be considered though, fortunately, the basic initial management does not vary from that of suspension syncope.

SO WHAT HAS ICAR RECOMMENDED?

Recommendation 1 (2C): Classification

We propose a classification for Suspension Syndrome. (This is our preferred term ahead of 'Suspension Trauma' or 'Harness Hang Syndrome'. Three acute conditions have been defined. They are:

1. Near suspension syncope where the victim complains of light-headedness, blurred vision or nausea.
2. Suspension syncope where consciousness is lost.
3. Suspension cardiac arrest.

Recommendation 2 (1A):

'Rope work should never be conducted alone'. The second recommendation is self-evident at least in the rescue services and a preventative statement to inform persons practising solo activities to consider the risks should they become immobilised in a hang situation.

Now getting to the business end of the recommendations.

Recommendation 3 (1A):

'Persons suspended in a harness should be rescued as soon as possible, even if the casualty is asymptomatic, as time to syncope and cardiac arrest is variable and unpredictable.'

Recommendation 4 (2B):

'While awaiting rescue, a conscious person suspended freely on a rope should move their legs in order to reduce venous pooling.'

Recommendation 5 (2B):

'If no adjoining structures are in reach, foot loops should be used to step in and activate the muscle pump.'

There is a suggestion that this is better at reducing venous pooling than just moving the legs whilst still hanging free. As indicated in the study the time to near suspension syncope was between 13-60 minutes. By rescued we mean getting the conscious or the unconscious person out of the 'hang' ASAP. This maybe onto a ledge, to the ground, onto a horizontal stretcher. In the conscious that will considerably reduce the risk of suspension syncope or arrest almost immediately.

Recommendation 6 (2C):

'If the casualty is no longer able to act, the first rescuer reaching the casualty should



Left: Experimental set-up © Simon Rauch, EURAC, Italy. Right: Canyon exercise, Zermatt © Sven Christjar Skiaa, Norway.



raise the victim's legs to create a more horizontal position while measures are taken to lower the patient to the ground.'

Not an easy task with a disabled casualty in only a sit harness. The only time I have had to improvise this on a rescue I was fortunate to be able to get the casualty's bottom onto a narrow ledge and get their legs out in front of them whilst awaiting the 'cavalry' to arrive from the top with a horizontal stretcher.

Recommendation 7 (1A):

'Once the casualty is on the ground, the casualty should be positioned supine. Assessment and treatment should follow standard Basic and Advanced Life Support algorithms.'

Recommendation 8 (2C):

'After prolonged hanging (>2 hours), monitoring of serum potassium and creatine kinase should be performed and renal replacement therapy considered in patients with acute kidney injury.'

And finally: Recommendation 9 (2C):

'In case of cardiac arrest, considered potentially reversible causes, such as hyperkalaemia and pulmonary embolism, and treat appropriately.'

This recommendation hasn't been bottomed out and is subject to reconsideration. For example, in a situation with a significant time of 'no-flow' from the heart and after a full confirmatory assessment including a period of Basic and Advanced Life Support the casualty is realistically 'life extinct' as implied in recommendation 7. However, if CPR could be started within minutes of the cardiac arrest and continued, perhaps with a mechanical CPR device, to hospital, then that may well be appropriate.

We await further deliberations from ICAR

Medcom members and external reviewers. I would like to thank the following ICAR Medcom members for their work on Suspension Syndrome. Roger Mortimer,

USA; Sven Christjar-Skiaa, Norway; Iñigo Soteras, Spain and Simon Rauch and Giacomo Strapazzon, Italy. 🇮🇹

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JOHN ELLERTON HAS BEEN INVOLVED WITH MOUNTAIN RESCUE SINCE 1986. HE WAS MREW MEDICAL OFFICER 2002-2012 AND EDITOR OF CASUALTY CARE IN MOUNTAIN RESCUE 2000 AND 2006. HE JOINED ICAR MEDCOM IN 2002, JOINED THE EXECUTIVE BOARD IN 2012 AS AN ASSESSOR AND BECAME MEDCOM PRESIDENT IN 2017. HE HAS CO-AUTHORED OVER 30 ARTICLES IN PEER-REVIEWED JOURNALS.

CASUALTY CARE IN MOUNTAIN RESCUE, THIRD EDITION

It's over thirteen years since the second edition! The third edition is being written as you read this, with an anticipated publication date of summer 2021. Much of the content requires a good overhaul to bring the book into the 21st century. The style will be much the same as the second edition – a discussion of the evidence and the problems mountain rescuers face. Case histories, relaxing photographs, and uncertainty will be present!

As previously, it does not set out to be a textbook to pass an exam. Mountain rescue has a number of resources (for example, the MREW VLE and Casualty Care Revision in Mountain Rescue, produced by Andy Caple), that are better designed to fulfil this need. The format of the new edition – paper and/or digital, who and where it is published and the likely cost – have not been discussed yet. So if you have any encouraging comments, suggestions of topics that were missing or should be scrapped, then now is the time to drop me an email at johnellerton01@btinternet.com and have your say. Thank you, John Ellerton.



Above: For illustrative purposes only, the second edition.

Mountain biking injuries from a mountain rescue perspective

DR DAVID PALLOT WOODHEAD MRT MEDICAL OFFICER & **IAN USHER** WOODHEAD MRT DEPUTY MEDICAL OFFICER

TRAUMATIC INJURY FOLLOWING MOUNTAIN BIKE ACCIDENTS

This article has been prompted by an increasing number of call-outs to mountain bike (MTB) accidents in the area covered by our team over the last four years, and anecdotal feedback from other Peak District teams.

It is notable that there has been a doubling of MTB incidents from seven to fourteen per year, with an attendant increase in the severity of injuries sustained. This is thought to be related to the general increase in popularity of the sport on the trails across local moorland, but also in part to the proximity of a mountain biking downhill 'hotspot' in our area, at Greno Woods just north of Sheffield.

Most call-outs are in response to a SARCALL originating from a request by the local ambulance service requiring assistance for access and extraction from difficult terrain either in woodland or on the open moors.

Whilst the increase in injuries has occurred to the general recreational bikers there has been a decrease in casualties at the annual 'Steel City Downhill' event. This is an event for which we provide organised medical cover and is a great source of casualty care experience and training for our team members! Given the very competitive nature of the event, it's heartening to see that in contrast to the 'general MTB population' on the moorlands and woodlands in our area, the injury rate at this event has fallen from 32 injuries two years ago to eleven last year. This fall is mainly due to improvements in the course design.

A RECENT CASE EXAMPLE

We were tasked to attend a call-out from the ambulance service to a mountain biker who had hit a tree on one of the local downhill tracks. When the first team members arrived, the biker was being treated by the ambulance paramedics who had administered 8mg of morphine and had placed him on nasal oxygen. On arrival our

team medical officer took over primacy of care as he was concerned by his first impressions of the casualty. The following notes are distilled from the Casualty Care Record and his own personal observations. *Primary survey findings by team medical officer were as follows:*

- *Catastrophic bleeding — none.*
- *Airway — obvious bruising to the face and dental damage but clear of blood and speaking.*
- *C-spine — cleared by paramedics but thought we should immobilise just in case. As he was fully alert at that stage it was enough to ask him to stay still until he could be transferred to a vacuum mattress with head blocks.*
- *Breathing — distressed and rapid; respiratory rate 30-40, complaining of chest pain and shortness of breath. No visible or palpable abnormality to the chest although some tenderness when feeling around the back.*
- *Circulation — radial pulse around 110/minute. Warm peripheries with normal capillary refill although he looked pale. Abdomen soft but not tender; pelvis and thighs not tender and no deformity (casualty had been up on his feet which was reassuring regarding pelvic injury).*
- *Disability — lots of bruising around the head. Pupils equal (reaction not tested at the time). Alert but some evidence of amnesia regarding what had happened — also he did not seem fully orientated. History suggested that he was unconscious initially when found.*
- *Environment — nothing of note.*
- *AMPLE — nothing of note.*

The conclusion from the initial findings was that there was enough from the primary survey (especially the high respiratory and pulse rates), to qualify for a 'load and go'. The situation would have qualified for a helicopter if the location had warranted it. However, we had good road access not far away, an ambulance crew on scene and their vehicle easily accessible and good access to a Major Trauma Centre.

The urge to do a more thorough/secondary assessment on scene was

resisted in favour of loading him into a vacuum mattress and stretcher for a rapid evacuation from the woods to the ambulance. At the ambulance he was transferred from the vacuum mattress, reassessed (condition unchanged), and treated with more morphine for the chest injury and with intravenous paracetamol and tranexamic acid before being transported to the Northern General Hospital.

Main picture: Mountain biker hits the trail via Pixaby. Right: The incident scene © Woodhead MRT. Far right: A similar incident with Derby team where the casualty has sustained prior injuries © Derby MRT.



mountain biker vs hard objects

An overriding concern of the team medical officer was the presence of a potentially serious occult head injury (although there were no definitive signs evident from the examinations). Overt abdominal injuries were not picked up clinically and the primary survey did not examine other injuries although a possibility of broken ribs and bruising, plus internal abdominal injuries were assumed.

INJURIES IDENTIFIED ONCE EXAMINED AT MAJOR TRAUMA CENTRE

Subsequent feedback following his hospital examination revealed the casualty had sustained a broken jaw, ribs and two vertebrae with damage to his spleen and liver. Essentially, 'the helmet saved his life', was the comment from the medical team.

LEARNING AND DISCUSSION POINTS

- The ambulance crew may not initially have appreciated the full implications of the mechanism of injury. Putting the casualty on nasal oxygen rather than a non-rebreather when he had breathing difficulties, clearing the C-spine when he was not fully orientated with a dangerous mechanism of injury and

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a period of possible unconsciousness. These are obviously judgement calls for anyone caring for the patient. But from a mountain rescue casualty carer perspective we should go for the most cautious treatment and immobilise the C-spine and apply high flow oxygen.

- Young people who are seriously hurt often have little outward signs of injury. This chap had no signs on palpating his abdomen despite having injured his liver and spleen. He had signs of early shock although the high heart rate was also probably an early warning sign of bleeding. All signs could have been down to pain from broken ribs but that can only be decided after scanning/assessment in hospital.
- Should we have left him on the vacuum mattress? An extra move is bad for a trauma patient but equally the ambulance crew were unfamiliar with the vacmat, and it limits their access to assess a casualty. Still not sure whether transferring him from the 'mat' was the correct thing to do.

To put this into perspective (albeit in a road race scenario), an example would be Chris Froome's crash on the Tour de France, where he hit a wall at 54kph (his average race weight 69kg).

- Unfortunately, the team did not have tranexamic acid available (although this is now routinely carried as part of our standard team MR drugs kit) — retrospectively 'the casualty would clearly have benefited from it at an earlier point...' (Woodhead MRT Medical Officer).

GENERAL POINTS

The mechanism of injury experienced by a high-speed biker in a collision with a solid object can be equivalent to that of a motor vehicle collision and casualty examination and assessment — and subsequent treatment — should take this into account.

For the technically inclined, here are some calculations advised by our team leader as an example of the potential impact force of a biker hitting an immovable object at speed:

- ◆ '...coming down from Cut Gate my gpx file indicated a speed of 49kph. An impact on a tree or rock for a 70kg person could equate to an impact force of up to 9.8kN.'
- ◆ The photo above shows the route towards Cut Gate. It is a relatively shallow descent — but speeds can increase quickly!
- ◆ This would be the equal mass value of 1 tonne.
- ◆ To put a cyclist's speed into perspective



Left: The route down to Cut Gate © Woodhead MRT. **Right:** It might look soft and inviting down there in the heather, but come off your bike and it hurts © Woodhead MRT.

(albeit in a road race scenario), a high-profile example was Chris Froome's (average race weight 69kg) crash on the Tour de France where he hit a wall at 54kph.

The team has seen and dealt with the expected relatively minor injuries sustained at collision sites, such as minor cuts, bruises, simple ankle and wrist injuries. However more serious ones have included head, neck, chest and abdominal injuries with the possibility of associated pneumo- and haemothorax, long bone fractures, fracture/dislocations and pelvic fractures; diagnoses consistent with a rapid 'load and go' philosophy.

Occasionally a casualty will either 'forget' to mention, or play down injuries sustained in the preceding days during the course of either this sport or other climbing/walking activities. Another team in the area (Derby) dealt with a MTB accident where the cause of the accident and the injuries sustained seemed out of proportion to each other. A local Community First Responder and Ambulance Paramedic were on scene and had requested MRT assistance. It was only after some further direct and pointed questioning by the Derby team paramedic and team doctor that the casualty admitted they had in fact injured the same leg in an accident three days earlier. He'd had difficulty in walking since then, pain and swelling in the limb, with a slight loss of function. However, as they only had three

CONCLUSIONS AND SUGGESTIONS

- Mountain Biker injuries can be significantly more severe than might at first be expected. Also ask very direct questions about injuries sustained in the previous few days.
- Beware of occult injuries.
- Urgent, rapid transport to a Major Trauma Centre for any suspected major injury.
- Review handover protocols, particularly with regard to equipment and some drugs, that MRTs have, but not the ambulance service. All MRTs use vacuum mattresses which are not a standard item on most NHS ambulances, and many MRTs use fentanyl lozenges. Possibly more liaison is needed to ensure that NHS ambulance services are more comfortable in leaving casualties in/on our equipment as well as when we have used drugs not in every day NHS ambulance use.
- Try and improve feedback process from secondary care. This is a common problem throughout all mountain rescue areas. It is also acknowledged that even the NHS ambulance service has difficulty in this regard. However, feedback to teams is crucial in order that we can be assured that our assessment and treatment has been safe, correct and beneficial to our patients.
- Possibly establish a wider database for

...after some pointed questioning... the casualty admitted they had in fact injured the same leg in an accident three days earlier. He'd had difficulty in walking since then, pain and swelling in the limb, with a slight loss of function. However, as they only had three days holiday left they had not sought medical help as they did 'not want a leg in plaster to ruin the rest of the holiday'. Unfortunately, they ended up with a leg in plaster in any event for several weeks!

days holiday left they had not sought medical help as they did 'not want a leg in plaster to ruin the rest of the holiday'. Unfortunately, they ended up with a leg in plaster in any event for several weeks!

This latter scenario is not uncommon, and is not confined to MTB accidents, but has been seen in the climbing and running community in the Peak District as well.

MRTs to inform future response protocols.

- The Peak District Mountain Rescue Organisation does have an Emergency Services Liaison Panel, and a medical sub group to which the NHS ambulance services are invited. A strengthening of this link would serve to increase the mutual knowledge and understanding of all parties concerned in prehospital care in the MRT environment. ☺



FEBRUARY: CLEVELAND COUPLE ADAM AND RACHEL GOT MARRIED IN A TYPICAL MOUNTAIN RESCUE TEAM COLLABORATION

'It was quite a team effort', says Gary Clarke, Cleveland PR Officer, 'as they were driven to the church in one of our Land Rovers by another team member and then onto the reception in it afterwards.'

'The wedding cake was made by another member, the reception buffet was done by two other members, another one performed a song at the reception and the wedding photographer was another team member — me!'

Above and left: Adam and Rachel © Gary Clarke.



In what appears to be becoming a regular slot in the magazine (we're clearly a very romantic bunch in mountain rescue), we bring you news of two more mountain rescue weddings, just to cheer us all up in these troubled times...



Below: Emily and Jared with team members © Roger Kinder.
Below left: Emily and Jared © Diane Thompson.

AND IN **MARCH:** HOLME VALLEY TEAM MEMBERS EMILY AND JARED FOLLOWED SUIT...

CONGRATULATIONS TO BOTH THE HAPPY COUPLES...



JANUARY: SEARCH DOG SPIN RETIRES FROM ACTIVE DUTY

Ogwen team's most experienced operational search dog, Spin, has retired at the grand age of fourteen. Spin and her handler Sally Armond have been volunteering for over ten years since they qualified as a Search Dog Team in 2009. During this time they have been involved in many searches and have found eight missing people within six separate search and rescue missions.

Sally has fond memories of working Spin and seeing the joy and excitement in her body language every time she struck onto a find. In one particular incident, RAF SAR pilot Prince William made a personal call to Oggie base after Spin had located a benighted couple on the frozen winter Glyderau. He wanted to check she was safely off the hill as dangerous weather conditions meant he could only winch the two casualties on board the Sea King helicopter, leaving Spin and Sally to make their own way off the mountain.

Spin and Sally have enjoyed assisting in the training of future SARDA teams and featured in TV programmes demonstrating how search dogs work in the mountains of North Wales. They have also played a key role meeting with the families of missing people to explain how SARDA operates during a search incident and to help bring closure for them after a bereavement.

Whilst her big winter hill days might be over, Spin still enjoys getting out on the hills local to home and has been helping neighbouring farmers locate distressed ewes during lambing season — interspersed with her favourite game of football! 'She still has a mean sliding tackle,' says Sally.

'Team Spin have contributed an incredible amount to SARDA Wales and mountain rescue in North Wales over their ten years,' said Ogwen's team Facebook page. 'Thank you for what you've done. Enjoy your retirement together!'

Above: Sally and Spin working with the RAF Sea King © OVMRO.



WALKING PALS PLAN TO HIKE THE DALES WAY TO RAISE MONEY FOR MOUNTAIN RESCUE

Will Duke and his friend, Adam Childs, plan to hike the Dales way followed by the Yorkshire Three Peaks on 1 September 2020. Fingers crossed their plans can still go ahead.

Their Go Fund Me page, donating direct to Mountain Rescue, can be found at [gofundme.com/raising-money-for-mountain-rescue](https://www.gofundme.com/raising-money-for-mountain-rescue). Will and Adam have had a lot of experience hiking with school over the past few years, with expeditions to Dartmoor (Ten Tors 35 and 45), Exmoor (Silver DofE), Snowdonia (Gold DofE Practice), the Lake District (Gold DofE) and many other hikes in the south of England including The South Downs Way, The Hangars Way and The Test Way so they certainly have a few miles under their belts. 'Whilst hiking in the mountains,' says Will, 'we have thankfully never needed to call upon your services, but it's always good to know you're there!' Good luck to them both and thank you!

NEWS ROUND
JANUARY > MARCH

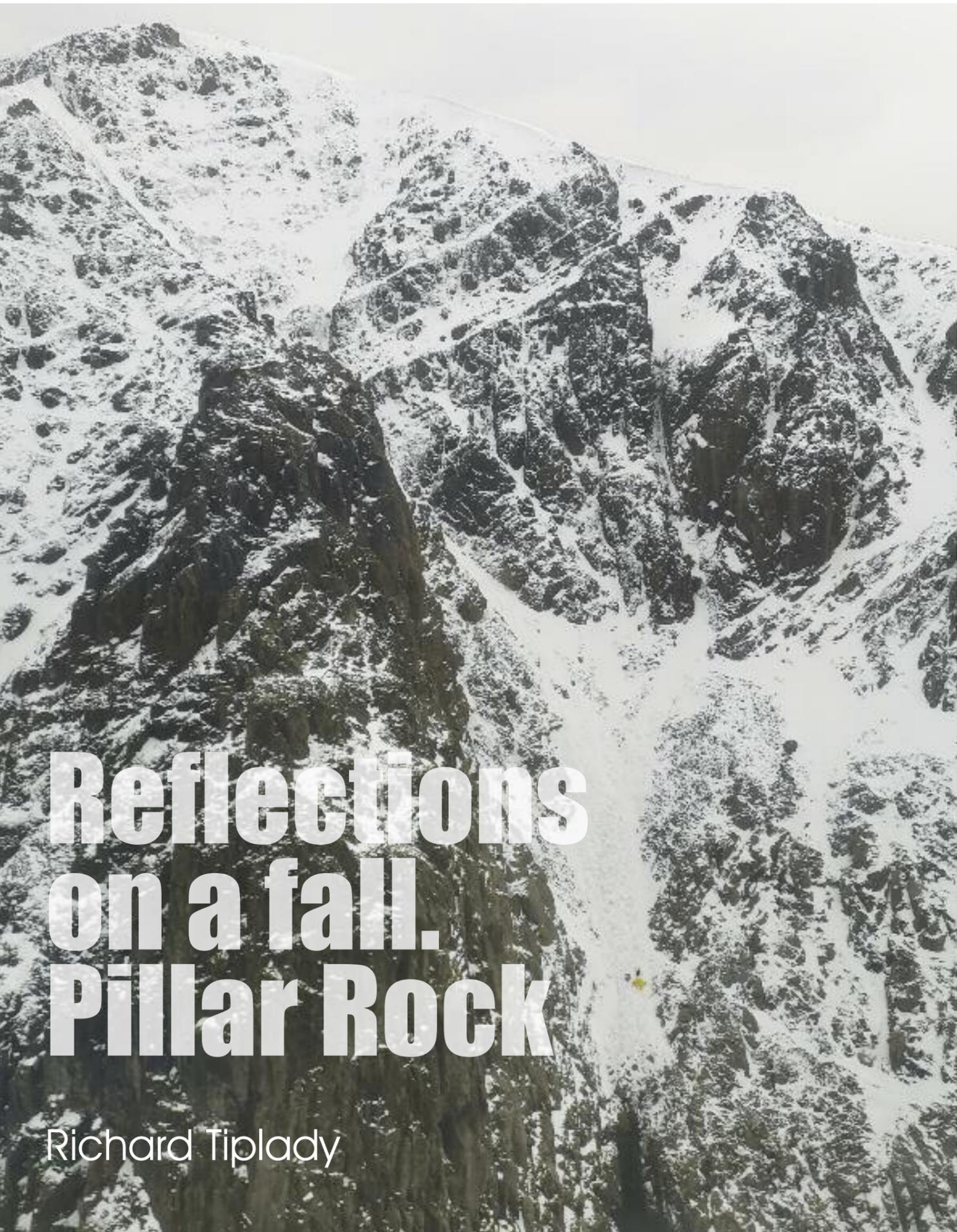


FEBRUARY: TINA PAGE POPS IN TO AMBLESIDE BASE AS SHE CLOCKS UP 1000 MOUNTAIN SUMMITS OF THE BRITISH ISLES IN 365 DAYS

For now, her sterling efforts to encourage people to #getoutdoors and enjoy the hills safely and responsibly may be put on hold but hopefully she will be back in the hills soon and continuing to support her favourite charities, Mountain Rescue England and Wales, SARDA and Outdoor Conservation. And she's upped her target to £50000.

She is also supporting the double award-winning Lakeland fell protection charity Fix the Fells and making a personal contribution to the BMC MendOurMountains campaign. Along the way, rescue team members have shared her journey or joined her in scaling a mountain summit or two so we hope she can resume soon. In the meantime, she continues to support us and promote our work online and you can follow her progress on her RunningtheSummits Facebook page @adventurehobo or via [uk.virginmoneygiving.com/RunningtheSummits](https://www.uk.virginmoneygiving.com/RunningtheSummits).

Raising funds for rescue



Reflections on a fall. Pillar Rock

Richard Tiplady

Cockermouth MRT: Incident Number 6: 5 March 2020: Pillar.

Cockermouth team was called to assist when Richard Tiplady, an experienced, well-equipped mountaineer, slipped and fell some 200+ metres. Both the HM Coastguard helicopter and the Great North Air Ambulance were on hand to assist. Initially unable to winch the casualty from his precarious position, HM Coastguard airlifted team members and equipment from the valley floor to the summit, from where they were able to descend to the casualty's location and subsequently lifted him from the mountain. The incident involved 22 team members and lasted roughly 3.5 hours. He has kindly agreed to share his reflections on his experience.



Above: Richard, shortly before the fall © Richard Tiplady. Opposite page: The view from HM Coastguard helicopter from Prestwick © Maritime and Coastguard Agency. Below: the helicopter winches Richard away from the mountain © Cockermouth MRT.

BEFORE THE FALL...

1. In the hours and minutes before I slipped, I didn't do some things that I normally do prior to every walk. It feels like it was a mistake not to have done them, because I found myself wondering if their omission may have contributed to the circumstances of my fall.

I didn't know the route we were going to take. Normally, because I do Munros solo, I check both the OS and Harveys maps of the planned route. I also check the WalkHighlands route description and more than one of the user reports on the WH site. That way, I've a good idea of the route and any potential areas of risk. I check the SAIS, MWIS and Met Office forecasts as well. On this occasion, I checked the weather forecasts but didn't ask anything about the route. I made assumptions about the route we might follow, and those assumptions were incorrect.

I'm not sure if my usual checks would have made any difference at all to what happened. But it was a departure from my normal practice, and one I regret.

2. While climbing up the ridge to the summit, just once, I was aware that I was close to my usual comfort zone. I have been up steeper and much narrower ridges than this, in much sketchier conditions. There was no risk of an avalanche that day. I didn't need to say anything to my climbing companion. But a little bit of me wishes I had, just to acknowledge it.

3. Confronted by the rocky outcrop close to the summit of Pillar, I was uncomfortable with the route in front of us, direct up a narrow gully filled with ice and frozen snow. I decided to take a traverse to the right, which looked as though it might be where a path would normally be (if so, it was filled with snow). There was also frozen turf to walk on in places. I didn't stop to check my OS map to see what alternatives might have existed. Having reviewed my the map since, I probably wouldn't have chosen a different route. But I forgot to check nonetheless.

4. After a short rising traverse to the right, I came to another open space, from which a shorter snow-filled gully took a direct route, and the traverse continued to the right, albeit with a bit of a downhill slope to the ground (ie. it was no longer level). I was unable to see the snow-filled gully behind me (the one which I would shortly descend at speed) and

I didn't check the map. There was no real reason for me to do so, but I wish I had, just to be more aware of the wider surroundings and the risks. The direct route looked a safer option than the sloping traverse, but after a few short steps up I realised I'd come to a bigger step than I was comfortable with. I



'The casualty had taken a long tumbling fall through steep difficult ground and was probably saved by old avalanche debris which finally stopped him, metres before the edge of a long, near vertical drop into West Waterfall Gully'. Andrew 'Macca' McNeil, Team Leader CMRT

decided to descend and either review the traverse or reverse my steps and consider other options. It was during this very short descent (two metres at most), that I slipped on steep frozen snow (there were some rocks poking through the snow here as well).

5. My ice axe was braced in the snow during the descent but not deeply anchored as a belay. With hindsight, I should have

done that, if possible. As I became aware that I was slipping, the option of self-belay was considered (it's amazing how quickly one thinks in these circumstances), but I noted a couple of rocks in the vicinity and could not therefore be confident of getting the shaft of the axe deeply embedded in the snow (it might bounce off rock buried just below the surface). Self-arrest became the only option. I dropped my walking pole from



Above: The trajectory of Richard's fall and where he eventually came to a stop. Image © Maritime and Coastguard Agency and reproduced here with kind permission.

my left hand (the loop was not round my wrist, in case of the need to jettison it quickly), and went for the self-arrest position. I got the axe under myself and, although now sliding, felt it bite. I half-formed the thought that this was going to work, and then I hit something. The next thing I knew, my arms were outstretched above my head, still lying face-forwards and holding on to my axe, but I was sliding faster. I had a fraction of a second to think about whether I could get my axe under my body again or whether I should try to use my arm strength alone to push the pick into the frozen snow, and then I hit another 'something'. My axe was gone, and I was sliding fast...

In the early days after my slip, I berated myself for my ignorance of the terrain and my departure from my usual pre-walk research. After the event, as I've studied the map closely, I'm not sure it would have made much difference. But I still didn't follow my normal practice, and I wish I had. I do enjoy the challenge of fresh and unknown terrain (I rarely climb the same Munro twice), and I think I'm normally reasonably good at reading the terrain as I find it. But I still didn't do what I normally do in terms of advance planning, and I regret that deeply.

I've also reflected on the difficulty of self-arrest on rocky terrain and frozen snow. I have never had to self-arrest 'in anger' before now, and the times I have practised it has been on 'nursery slopes' of good snow and a safe run-out. Doing it in real life is a different matter entirely. It may be that the protruding rocks and frozen snow, our crampons leaving only limited imprints, made self-arrest impossible in these circumstances. I will never know. What I do

know is that I will now do much more training in self-arrest prior to every winter season, before venturing out again.

THE FALL...

Sliding, and gaining speed, I had no idea what was to come. All I knew was that I was unlikely to stop myself, and I was going to 'be stopped' by something. One surprise to me is just how focused I was during the descent. There was no panic, no fear: just a single-minded focus on two things:

1. Staying feet-first. As I was going to hit something, I needed a 'crumple zone'. My legs would do that. My head, not so much. As I tumbled, slid, rolled down the gully, I was turned and flipped off rocks and turf. I recall being head-first on at least one occasion. Sometimes I think I was sideways. I was able to get myself feet-first by pressing hard with one arm on the ground, which turned me. I think I was face-up more often than face-down (with my legs raised to keep the crampons off the ground).

2. I was under no illusion that I might stop myself by grabbing onto a rock as I slid past or bounced off it — although I don't think that stopped me from trying! When feet-first, I pressed both arms firmly into the snow to try to slow myself down and I still have some great bruises under my arms.

If the clarity with which I write this is surprising, it is because I had a similar clarity

during my descent. Even in the moment I was aware my thinking was very focused.

Then, suddenly, I was hitting 'stuff'. I didn't know what it was, and it all happened very quickly, because the next thing I knew I'd stopped. To my surprise, it wasn't by a rock but big lumps of frozen snow. What did strike me was my position. I was sitting, facing forwards but leaning back (even with my rucksack still on), with each crampon firmly planted on a big firm football of frozen snow, and cradled by other such snow.

I had stopped. And I was bleeding. My word, was I bleeding. There was no pain, but my left eye was closed by the blood, and I could see it dripping off my nose with my right eye. But who cares? I had stopped, and I was alive.

SELF-HELP AND GETTING HELP...

1. The first thing I did was assess my situation. Was it secure? Yes. I could see the drop ahead of me, but from my low position it seemed some way away and I didn't know if it was just another dip or, as it turned out to be, a precipice. But the snow was firm and frozen, showing no sign of moving, and my seat was safe. I looked around and saw the flat area of rock and grass some three metres to my left. But there was a smooth patch of snow between the avalanche debris and the rock/grass, and I didn't want to risk crossing it with crampons only. Had my current position been or become insecure, I would have to do that. But I didn't have to do so for now. I could stay safely where I was, with my crampons securely planted.

2. Next, a self-assessment. The blood was congealing, my right ankle was a bit sore and my left wrist and shoulder were very painful. I judged that I'd probably broken my ankle and broken or dislocated my wrist and shoulder. Given what we now know, there was no indication that I had broken my neck (although as we later discovered, the left side pain came from a broken neck bone that was out of alignment and pressing on the nerve, rather than the broken left elbow which I also turned out to have).

3. Next, call for help. I unzipped the trouser pocket in which my phone stays at all times except when taking photos. The phone was

'One learning point. The only time I had a phone signal was when I made my emergency call. Thereafter, neither John nor I had any signal. The SARLOC texts didn't arrive until I was in the helicopter.'

Richard Tiplady

intact and unbroken, apart from a minor crack in one corner of the screen. And I had a signal! 'Emergency calls only', but that's enough. I launched the OS Locate app and saw instantly that I had a grid reference. That made me happy.

4. Before making the call, I put the phone

safely back in my pocket and zipped it up. I then went to the pocket in which my emergency whistle is stored — an item I now consider to be the best £1 I have ever spent! That pocket normally stays unopened for the entire duration of any walk. I stuck the keyring onto my left thumb so I wouldn't drop it, and blew a repeated series of six short blasts. I knew my companion would be wondering where I was and I hoped he might hear it. I didn't know how far I had fallen, but knew it was a long way. I could also see the track in the valley bottom and hoped someone below might hear it.

5. Back to my phone. 999, Police and Mountain Rescue, please. I gave my physical location (Pillar Mountain, Ennerdale) and the OS map reference. I explained what had happened and described my injuries. I

'Our thanks go to the Great North Air Ambulance and the crew of HM Coastguard helicopter. Without their help, the rescue would have been incredibly difficult with a strenuous and lengthy evacuation. All three organisation demonstrated great communications and cooperation in treating and evacuating the casualty as quickly and safely as possible'. **Andrew 'Macca' McNeil**

gave my phone number, and said I had a companion. I gave his name, but I couldn't see well enough to give his phone number (I was wiping blood out my right eye from time to time). And I said that, given my location, I thought I would need a helicopter — hoping they would believe me. During the call, I paused from time to time to continue the emergency whistle blasts. When the call ended, I put my phone back in my pocket, zipped it up, and relaxed a little. Someone knew where I was, and they would be coming to get me.

6. I didn't know how long it would take for people to arrive. I expected it to be two to three hours, maybe more. I was warm enough (six layers on top, merino leggings below my walking trousers) but knew I'd get cold in time. I realised I could get my rucksack off without leaning dangerously forward, did so, and lay it by me on a handy 'shelf', with an inwards slope so it stayed in place. I got my portable charger out first and plugged that into my phone (it was down to 40%, no point in it getting any lower). I then got out my green drybag, with all my emergency gear (first aid kit, ankle and knee support bandages, spare batteries, and my pricey heat-reflective survival bag). I had a £3 survival bag too, but this was no time for false economies. Neither did I need my bothy bag just yet. I was able to get the survival bag out, unfurl it, get both legs and my body into it, and pull it up to my armpits. That would do for the time being.

7. All this while, the whistle blasts continued. A short time passed, and I heard my name being called. John was coming down. I called his name back, then realised he was more likely to hear the whistle. I

know it's meant to be six blasts, once a minute but at no point did I wait a minute. I reckon it was every 15-20 seconds. I didn't think anyone would misinterpret that as anything but a distress call.

8. John arrived. I gave him my first aid kit, and he gave me two Co-codamol from it for the pain (main in my left arm, which I was having to rest in my lap), a drink and a Wispa bar. He passed me every wipe from my first aid kit to clean up the blood from my eyes, used the steristrips and every swab and bandage available to try to close up the head wounds and to soak up as much blood as possible, then put my hat back on to act as a compression bandage. I told him I'd called 999, so we decided to wait.

On reflection, what is most interesting here is the ongoing complete focus on the

model is due out in 2020 with a new feature — a flashing light to indicate that your distress signal has been logged. I am registered with the 999 text service, but that still needs a signal. I will be buying a PLB in due course.

THE RESCUE...

At a guess, about 45 minutes had passed before we heard the sound of a helicopter. Surely that was a coincidence? It couldn't have arrived that quickly. A few minutes later, a SAR helicopter flew along the valley, at or just below our height. We waved, but it flew past. Hadn't it seen us? What if they concluded the call was a hoax?

Then I remembered. My head torch! Idiot. I had long realised that its flashing mode would act as an excellent beacon for rescuers, catching the eye. By the time I got it out of my bag, too late, the helicopter had passed. That didn't feel great.

I got the torch in my hand and made sure it worked. Before too long, the helicopter reappeared, I got the torch flashing and pointed it towards the helicopter. This time it flew straight towards us, stopped and hovered, and a side door opened. We knew we'd been seen and that they were doing a visual assessment. Then the door closed, and they flew away. That didn't feel great either, but we knew where they were going — to pick up the mountain rescue team.

Before long, we heard/saw the helicopter fly above and past us and assumed they were ferrying rescue team members to the summit. John started to climb up to meet them as they abseiled down. Before I knew it, a very friendly face appeared next to me, introduced himself as Macca [team leader], and he set to work. At that moment, I sobbed. That caught me by surprise, but it also told me something. I didn't need to hold it together any longer. I was going to be OK. I didn't need to help (in fact, by trying to help I would probably get in the way). I could relax and be the casualty.

I won't recount the full story of my assessment and treatment by the MRT, which was exceptional and thorough, but would like to note a few key points that mattered a great deal to me as the casualty.

1. They were friendly, they were kind, and they were non-judgemental. I don't think I was sitting there, worrying about what they thought of me, but while I was being treated one of those under the tent told me that two of those in close proximity, himself included, were in the rescue team because they had been rescued themselves. That meant so much. It told me there was no judgement. That means more than I can say.

2. They were caring, and they were professional. Both these things matter. They had both in spades.

3. Their teamwork was astounding. There were those under the tent, treating me. But at one point I had trouble sitting up, and one guy just held my head up for me. He ended up sitting behind me, bracing me (I had



Left: A Cockermouth team member abseils down the gully towards the casualty location © Cockermouth MRT.

Above: Richard a few days after his accident, still smiling and grateful to be alive © Richard Tiplady.

broken neck bone pressing onto the nerve. That hurt a lot. I closed my eyes and gritted my teeth during the entire winching, and uttered the odd F-word as needed.

2. Getting inside and being dragged across the floor away from the door, and watching the door close, is one of the best things that has ever happened to me. I was helped to sit up and given a bottle of water to drink. I actually enjoyed the brief flight to Carlisle (sorry to all those who had a long trek down off the hill). The in-helicopter camaraderie and chat was fun, so much so that I could call it healing. A little part of me was slightly sorry that we got to Cumberland Infirmary so quickly (but only very slightly).

CONCLUDING REFLECTIONS

I have written this as a narrative in the hope that by capturing the experience, it will help my own processing of what happened to me and provide learning from my experience for others. It is not my intention to share this widely, not beyond the mountain rescue and SAR helicopter communities. If there is anything in here that helps them, I would be delighted. I have also learned what I would do differently and where I need to improve in my mountain skills, but I hope I have also identified a few things I did which helped, so that when disaster struck, the outcome was not as bad as it could have been. ☺



A huge thank you to Richard and Irene Tiplady, Macca, Taff, Jon and the MCA Press Office for helping make this article happen. Wishing you a speedy recovery Richard!
Judy Whiteside Editor

'I am that lucky person's wife and, from the bottom of my heart, want to thank everyone involved in Richard's rescue. Words just cannot express how grateful I am. We will be in to see you all when Richard is well enough. THANK YOU xx' **Irene Tiplady** via the team's [Facebook page](#)

been firmly belayed by that point, but I was struggling to sit up). So he became my armchair for a while. And I consider him a legend for doing that. I was also aware of many others doing individual jobs, most of whom I never spoke with. But their sense of teamwork, and of many people playing a part in a big undertaking, was exemplary.

4. One other nice touch was, as we were moving off the slope to the level ground, away from the crags to give space for the helicopter to fly in for winching, one team member commented positively that I'd kept my whistle in my trouser pocket, not in my rucksack, and that she was going to pass that idea on to the DofE kids she led. Again, it helped me not to feel useless and stupid.

It might sound like a small thing. It meant a lot to receive that compliment.

5. Being sheltered from the helicopter downdraft by a human igloo prior to winching was deeply moving.

THE HELICOPTER...

Just a few brief comments about the helicopter evacuation. But first and foremost: bloody hell! The skill to fly and hold a helicopter that close to crags is beyond words.

1. Being winched is not fun or exciting. It's pretty scary. It didn't help that I was lying into my left side as I was being winched, pressing onto what I thought was a broken shoulder but which turned out to be my

We don't often get to hear the rescue stories from the viewpoint of the helicopter. **Jon Ewer**, HM Coastguard helicopter pilot that day, recalls the incident.

R199 was scrambled after shift handover on 5 March to reports of a climber who'd fallen 200 metres down Pillar Rock, near Ennerdale. We've had a few jobs on this rock face in recent times so were already thinking about the terrain and what injuries we were expecting the casualty to have, given that mechanism of injury. Due to the expectation that the casualty would likely need a major trauma centre, we elected to lift from Prestwick with more fuel than standard. This would give us the flexibility to take the casualty to either Newcastle or Preston without any additional delay. This extra fuel does come with a penalty, however, and that is that the aircraft would still be just under eight tonnes in weight when we arrived on scene. This, coupled with the light winds that day, meant we'd be needing a LOT of power in the hover initially.

We arrived on scene at approx 15.00, full in the knowledge that Helimed and Cockermouth MRT were on scene also, and flew through the area of the casualty. He was spotted quite quickly. Helimed had confirmed his initial position to us, and the captain brought the aircraft to a displaced hover to allow us to consider the rescue.

First thing to consider was that we were pulling regularly above 105% torque on both engines in the hover. This is not a regime we like being in because if an engine fails, the remaining engine would not be able to allow us to maintain the hover. This would lead to a rapid loss of height for the aircraft. Whilst in the mountains, this is not too much of an issue, because we can position the aircraft in a way that allows us to use the height of the mountain to dive away and gain speed (oddly, helicopters are more efficient the faster they go... to a point!) and allow us to fly to safety. That rapid height loss initially, however, can pose very real dangers to the winchman/casualty if winching is taking place.

'Getting inside and being dragged across the floor away from the door, and watching the door close, is one of the best things that has ever happened to me' **Richard Tiplady**

Secondly, even from our vantage point a few hundred metres away, we could tell that the casualty was in a bad way and needed help and extracting as fast as we could manage. We could also tell that the ground he was on wasn't suitable to leave our winchman alone on. Option one would have been to get into the hover over the casualty and allow the winchman to work whilst keeping him safely attached to the wire. This is not ideal due to the forces of the downwash they would have to endure and limited ability to communicate due to the noise. Due to our power demands, it would also expose them to the dangers of an engine failing for longer than we would like.

It was decided that MRT assistance was essential to not only help secure the casualty, but also to move him slightly. Due to the shape of the gully, the aircraft could not hover starboard side to the scene — this is the standard side we use because of the fact the captain sits on this side and it's also where the winch is. The helicopter could not hover this orientation due to the fact it would be 'nose in' to the gully. In the event of a problem with the aircraft, no escape would be possible as all the aircrew had in front of them was rock! The casualty needed to be moved so the helicopter could be 'reversed' into the gully, and achieve an 'on top' of the casualty without the tail of the aircraft becoming dangerously close to the rocks.

To assist the MRT with their plans, the winchman took the photos of the casualty site, so they could be briefed and a plan formulated before they'd even got onboard the helicopter. Rescue 199 then proceeded to lift fourteen mountain rescue personnel to a landing site at the top of Pillar, allowing them to abseil down to the casualty location and prepare him for extraction.

Once the MRT were on scene, we got our first conclusive medical opinion of the casualty. Fortunately, he didn't seem as injured as first feared. This played into our hands nicely because the three or four lifts of team members up the hill had depleted our fuel and it was now getting very tight to be able to take the casualty to a Major Trauma Centre. The decision that Carlisle would be appropriate allowed us to change our fuel plan and stay longer at the casualty site.

When the casualty had been packaged and moved, Rescue 199 manoeuvred into the site, left side on. This left the co-pilot to hover the aircraft accurately, whilst the winchop was blinded to the closest rocks by virtue of the fact he was on the right side of the aircraft with the winch! Having the aircraft in this orientation also makes the use of a high-line (a stabilising rope use to stop the casualty spinning in the downwash) much more awkward — it wasn't as effective as it normally would have been, but still achieved the desired effect.

The winchman was placed with the casualty and secured him with the Adult Rescue Valise, both were recovered to the aircraft and taken to Cumberland Royal Infirmary. Landing at the hospital, it was gratifying to have a few words with the casualty before he went inside. A lucky man that day considering the distance and area he'd fallen in. ☺



Postscript from the Editor about image usage...

Regular photo contributors will know I make every effort to ensure we have all the relevant permissions in place for images so we can credit appropriately, both here in the magazine and elsewhere. Sometimes I get it wrong, sometimes provenance isn't easy to establish, but mostly — I hope you agree — we do the right thing.

This is particularly important when we publish images provided to us by, for example, the Press Association (where we pay a reduced license fee for use, as a charity) or government bodies such as the Maritime Coastguard Agency.

A couple of the images we've used here come under this latter banner. As the MCA Senior Press Officer Heather Skull wrote: 'I really appreciate you wanting to do this properly as sometimes people use images without our permission and we have to take them to task and sometimes even had to use the copyright law to reinforce it'.

And trust me, nobody wants to be tangled up in a copyright law suit, however good that photo was.

As it happens, they were happy on this occasion to give us permission, for the same reason we wanted to use them with this article: they show the amazing work done by mountain rescue and the SAR crews. And the MCA Press Office and Bristow have also signed off this article before publication.

But I mention it here in case you too ever find yourselves in possession of images taken from the helicopter, by a crewman, and a burning desire to share them in the media — however well you might know the helicopter crew. Anything they take belongs to the MCA so it's always worth checking with the MCA Press Office first then neither you nor the crew are faced with a tricky situation down the line.

'What I'd suggest in future,' adds Heather, 'is that, if any images taken by HM Coastguard crews fall across your desk and you want to use them, you drop an email to public.relations@mcga.gov.uk as that will speed up the permission process.'

And by all means drop me a line too, if in doubt, via editor@mountain.rescue.org.uk.



Raising funds for rescue



Top to bottom: Karl and Paul making the most of those pies; Karl Wait; Paul Freeman. Above right: The pies have arrived! Images © NNPMT/MontaneSpine.

JANUARY: MOUNTAIN RESCUE PALS RUN 108 MILES TO RAISE JUST OVER £1100 TO BE SPLIT BETWEEN THEIR TEAM AND THE RESCUE BENEVOLENT FUND

On Saturday 12 January, in the early morning darkness, Northumberland NPMRT team members Karl Wait and Paul Freeman joined 27 other runners as they set off to tackle the infamous Montane Spine Race MR challenge in a heroic attempt to raise funds for their team and the Rescue Benevolent Fund. Over the following 60 hours, they battled gale force winds, torrential rain and freezing conditions as they raced over 100 miles across the length of the Pennines.

The Spine Race is one of the toughest ultra-races in Europe and the MR challenge has been specifically designed for MR team members and covers over 15,000 feet of ascent across just over 100 miles of some of the wildest terrain in England. With a cut off time of 60 hours and a specific kit list, teams are certainly up against the odds.

'We decided jointly that we'd like to raise funds for both the team and the benevolent fund,' said Paul. 'The challenge was deciding what event we could take part in that would be sufficiently challenging. We couldn't expect people to donate unless we were going to face a serious challenge.'

The lads certainly picked a challenging event. There is a high drop out rate and, depending on conditions, a number of participants don't make it to the finish line.

'I was quite nervous as we arrived at the start-line, said Karl. 'But I knew we'd put in a lot of training and a lot of people had sponsored us and were counting on us, so we had to get our heads into the right mindset.'

Once the race started, the lads had agreed to go at their own pace, to help maximise the chance of one of them finishing the route in the allocated time. Karl told us about the conditions at the start. 'With gale force winds and torrential rain, we knew Saturday was going to be a real test, and it was!'



By the time they reached their first check point both were completely saturated! 'Despite the conditions, the mood at each of the check-in stations was fantastic and it didn't matter how wet or cold you were, the feeling of camaraderie really lift your spirits. However, it was a challenge heading back out into it!'

The next few hours blurred into one. With the race pressing on it was certainly a case of head down, walk, run, eat, drink, repeat!

By the time the lads arrived in Hawes, they'd been on the go for nearly 60 hours. Karl summed up his feelings as he crossed the finish line. 'I was utterly relieved and pleased to be out of the weather. I didn't know if going to ever finish it, but once I passed the 80-mile mark, I knew that whatever happened, I would complete the race, even if it meant crawling across the line.'

Both Karl and Paul completed the race in under sixty hours. 'The race has been a great learning experience,' said Paul, 'and despite the conditions, I'm pleased we've raised so much for both charities.'

Karl and Paul would like to thank the other mountain and cave rescue teams in the area who provided support to all the competitors during the race. They would also like to thank their families, fellow team members and Patagonia clothing and The New Zealand Gourmet Pie Company for their sponsorship. Paul also received a lot of support from The Real Fitness Gym in Alnwick. If anyone would like to support Karl and Paul, you can still make a donation at <https://www.justgiving.com/fundraising/paulandkarl>.



FEBRUARY: LAKE DISTRICT MOUNTAIN RESCUES LAND PRIME SPOT IN NEW LAKES VERSION OF MONOPOLY

The first landmark to be announced on the Lake District's new official Monopoly game was revealed in February. A number of charities will get to Pass Go on the new board, following a public vote that drew over 2000 nominations.

The Lake District Search and Mountain Rescue Association (LDSAMRA) will now get to feature on the Electric Company utility slot. Lakes chairman Richard Warren, said it was a huge 'honour' to have been nominated by the public.

This unique version and twist on the world's most famous board game should be available to buy in time for Easter and will feature more than thirty Lake District landmarks in place of the more familiar spots like Mayfair and Park Lane.

Many of the Chance and Community Chest cards will also be themed, and the tokens customised with a Lakeland twist, including a motor boat and umbrella.

'A huge congratulations to the Lake District Search and Mountain Rescue Association, who proved very popular in the voting,' said George Shrimpton, custom games executive at Winning Moves UK, the company producing the game under official license from the Monopoly brand.

'LDSAMRA will get to feature on one of the two utility spaces in the game — we feel this is an appropriate position, with them being such an integral and very big part of the Lakes community and an absolutely essential utility and function to the region.'

Get ready to throw that dice!

Image from In Cumbria.



MARCH: SERVICE LEVEL AGREEMENT FOR THE PROVISION OF MEDICINES TO PEAK DISTRICT MOUNTAIN RESCUE ORGANISATION (PDMRO)

The PDMRO medical subcommittee has signed a service level agreement (SLA) with the Tameside and Glossop Integrated Care NHS Foundation Trust (Tameside), for the provision of medicines to all eight teams that make up PDMRO: Buxton, Derby, Derbyshire Cave Rescue, Edale, Glossop, Kinder, Oldham and Woodhead.

Tameside had provided medicines to a couple of PDMRO teams in the past, but in the main on an ad hoc basis. Other PDMRO teams had, on occasion, had difficulty in procuring medicines on a regular basis and at fair prices. The SLA with Tameside provides for all the teams to either use Tameside on an ad hoc basis or as their regular supplier. The SLA also provides for the return and destruction of unused/out of date inventory.

David Whitmore (medical@pdmro.org.uk) and/or Andy Taylor (doctor@omrt.org) are happy to discuss the finer points with teams across the mountain and cave rescue community if people wish to know more about the SLA.

Above: Dr Andy Taylor (OMRT) — who essentially had the idea of the SLA — Mr David Whitmore PDMRO Medical Subcommittee chairman and the pharmacy team at Tameside who helped bring the SLA to fruition.

SAR TECHNOLOGY AT THE EMERGENCY SERVICES SHOW

Visitors to this year's Emergency Services Show can source new search and rescue equipment and technology whilst networking with partner agencies they could collaborate with on future operations. Staff and volunteers from Mountain Rescue England and Wales, Lowland Rescue, the British Cave Rescue Council, NSARDA, RNLI, and UK International Voluntary Rescue Alliance are all expected to be on hand to offer advice and expertise in the dedicated Search and Rescue Zone. Free to attend, show takes place from 22–23 September at the NEC in Birmingham. The show brings together all disciplines from the emergency services sector to discover innovative technologies and operational solutions, share experiences and unite in a collaborative approach to public safety.

Excelerate Group for example, will be sharing its knowledge of the fast-changing landscape of resilient communications. Sales and Marketing Director Nicola Savage says, 'The world of communications is about to undergo a massive transformation. Satellite capability is moving rapidly and 5G offers really exciting potential. These market trends will revolutionise the way the emergency services use data, the way they procure and their operational models. It is so important to get ahead of the game and plan for the future to ensure that responder technology integrates seamlessly.'

Free CPD seminars will run on both days, covering Health and Wellbeing, Lessons Learned, Digital Transformation, Emerging Technologies and Future Policing. Entry to the exhibition and seminars is free, as is parking. The NEC is linked to Birmingham International Station and Birmingham Airport and directly accessible from the motorway network.

MOUNTAIN RESCUE VOLUNTEERS ARE INVITED TO REGISTER NOW FOR FREE ENTRY AT WWW.EMERGENCYUK.COM



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Images: Hebrides MRT.

MARCH: HEBRIDES TEAM START GROUNDWORKS ON THEIR NEW HEADQUARTERS

After ten years in operation, the Hebrides team have finally laid the initial groundworks on a new base – thanks to a concerted fundraising effort and support and generosity of a local building company.

The team currently operates out of rented premises on Stornoway, across the road from the police station, but their new HQ will be based on Ravens Lane, just down the road from Western Isles Hospital. The steel framed building (including all installations, water, sewage and electrical connections, plumbing and joinery works, car parking and fencing) is expected to cost in the region of £160,000.

The team is indebted to McLaughlin & Harvey, who have very generously assisted the team with the initial groundworks, free of charge, saving the team several thousand pounds and helping them get the project started. They cleared out all the soil and purchased and spread over 200 tonnes of infill, in preparation for the next phase. The team is now applying to various grants to help make the new building a reality.

The team's core of 20 team members are ready to respond to an emergency in the hills or in any remote and rural part of the Western Isles. As well as assisting with searching for lost and missing persons, team members have also helped at times of storms and extended power cuts, providing support to vulnerable households and knocking on doors to make sure residents are safe and well. Team members regularly assist crofters in rescuing sheep which have wandered over cliff edges, which helps keep the crofters safe from harm and provides extra training opportunities for the team.

For more information about the team or to make a donation towards the new team base, visit Facebook (@HebMRT or www.hebmrt.org), or email them via contact@hebmrt.org.

NEWS ROUND

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IT'S NOT TOO LATE TO ENTER THE ICONIC OGGIE CALENDAR COMPETITION!

Closing date is 30 April – originally set to give people plenty of time to get out and about in spring, and take lots of new pictures of Snowdonia but, with everyone now cooped up at home, plenty of time to look through your archives for your best shots. Full details and rules are pinned to the top of the team's Facebook page @OVMRO. Good luck!

Above: From the 2020 OVMRO calendar: looking over Llyn Bochlwyd and the Gribin Ridge towards Y Garn © Jan Knurek.

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- Water Safety/Water Technician






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FEBRUARY: SIX-HOUR RESCUE FOR INJURED KAYAKER

Northumberland National Park team members worked alongside their neighbouring North of Tyne team in jointly responding to a call-out in the far west of the county when a kayaker out with a group of friends sustained an injury in the River Irthing, downstream of Crammel Linn.

A small group of team members deployed early to help locate the casualty and his friends. Meanwhile, members of the North East Ambulance Service Hazardous Area Response Team were also deployed. Rescuers reached the casualty and his friends as light began to fade and quickly stabilised and treated the casualty.

However, given the location and the difficult terrain, a stretcher carry evacuation looked challenging. Fortunately, the HM Coastguard Rescue helicopter from Prestwick was available but team members were also prepared for a possible steep slope raise of the stretcher to easier ground above.

The team would like to wish the kayaker a speedy recovery and offer their thanks to the HM Coastguard helicopter and NEAS HART crews.



Images: NNPMRT.



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Nikwax Down Wash Direct is designed and optimised for down filled gear. A highly effective cleaner, it removes body oils and dirt from both the fabric and the down fill. It restores the Durable Water Repellency (DWR) of both the outer fabric and the down. This protects against rain and condensation, preventing the item from wetting out and maintaining the natural insulating properties of down.

TO FIND OUT MORE, VISIT: NIKWAX.CO.UK



DECEMBER: NEW TEAM VEHICLE FOR LONGTOWN

The team took delivery of their newest response vehicle, a converted Toyota Hilux, in December 2019. Though the Land Rover Defender had served the team well for many years, it was decided an upgrade was needed to help future-proof the team, with the increasing and different demands on call-outs.

Converted by Pick Up Systems in Burnley, the Hilux gives the team 4x4 capability, with more space for team and personal kit, while being a bit faster and a lot more comfortable than our previous vehicle. '799' is now fully operational and had its first call-out on Christmas Day to help a local lady who'd slipped whilst walking on the Blorenge, overlooking Abergavenny and sustained a lower leg injury.

'We are really happy with our new vehicle', says team leader, Neil Rothwell-Hughes. 'It should allow us to deploy quicker and more effectively throughout our area and we are very grateful to the members of the public who helped us raise funds to secure its purchase and conversion.'



JANUARY: CAVE DIVER DIES IN THE DALES IN FLOODED CAVE SYSTEM

The man's body was found in a sump in Lancaster Hole after he was reported overdue. Forty members of the Clapham-based Cave Rescue Organisation and the northern section of the Cave Diving Group took part in the operation to find the missing man. Upper Wharfedale Fell Rescue Association delivered additional dive equipment to the teams base and put team members on standby but, in the event, they were not required to assist.

The team was alerted shortly before 5.00 pm when the cave diver failed to return from his trip underground in the system on Casterton Fell, north-east of Kirkby Lonsdale.

'As well as searching from the point where the cave diver entered Lancaster Hole downstream passage, other entrances and possible exits were searched by team members and a cave diver, in case he had emerged from the system elsewhere. The initial search from the access point was led by another member of the Cave Diving Group, who planned to search the first section of the downstream passage. Other CDG members were preparing to conduct an extended search if this initial search did not locate the casualty.'

'Unfortunately, while conducting his underwater search the rescue diver discovered the missing diver, about 60 metres into the sump. The casualty was immediately brought back to the sump pool chamber and removed from the water, where it was apparent that he was deceased. After a lengthy and difficult extraction back to the surface of the fell, the casualty was carried to Bullpot Farm and handed over to the care of Cumbria police.'

The gentleman was known to team members, but wasn't a member of any rescue team or the cave diving rescue group.

Above left: Rescuers at Lancaster hole. Above right: Bullpot Farm © CRO.

NEWS ROUND
 JANUARY > MARCH



MARCH: NORTHUMBERLAND TEAM NOW HAS NEW DRONE PILOTS

Northumberland National Park MRT has received a technological boost to their safety equipment after a £4916 donation from the Community Foundation for Tyne & Wear and Northumberland helped fund a drone.

The donation came from the Vattenfall Ray Wind Farm Small Grants Programme at the Community Foundation, supported by Vattenfall and the Ray Wind Fund CIC, who donate money to the rural communities. The drone is now being actively deployed and six mountain rescue team members have completed two days of drone training, delivered by Drone Partners. All passed the course and have since undergone their flight assessments to become qualified pilots. The team have already used the drone in active searches.



Above: Shiny new drone and newly qualified pilots © Helen Smith.

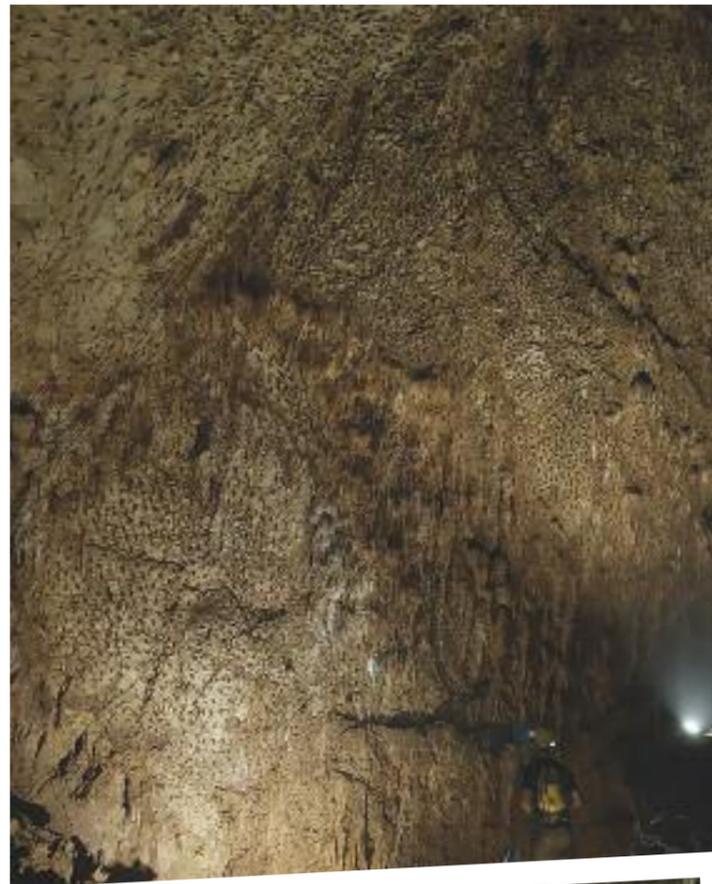
Ninette Edwards, the team's fundraising officer, explained. 'Sending a drone down a steep-sided gorge or across a rocky area can identify the exact location of a casualty, as well as identifying risks to manage when sending out a search party. This grant has provided us with an invaluable asset which will ultimately save time and lives.'

'One of the popular events the team organises each year is the Cheviots Challenge — last year, raising over £3,000 for the team,' says Iain Nixon, team leader. 'It's one of the most arduous annual hill endurance challenges in the county and now we will be able to use the drone as part of our rescue equipment.'

Peter Ramsden, chairman of the Ray Wind Fund Board, said: 'We were delighted to help the NNPMRT, which is a vital part of rural life in our county, enabling adventurers and those who love a challenge to enjoy the great outdoors, in the knowledge that there is a skilled set of people equipped with the latest technology and ready to help in the event of difficulties.'

NEWS ROUND

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FEBRUARY: EMOTIONAL RETURN TO THAM LUANG CAVE FOR TWO MIDLANDS CRO MEMBERS

Emma Porter and Mike Clayton returned to Thailand for an emotional revisit to Tham Luang Nang Non cave, scene of the dramatic rescue, in 2018, of a junior football team trapped by rising waters.

Twelve members of the team, aged eleven to sixteen, and their 25-year-old assistant coach had entered the cave on 23 June after football practice. Shortly afterwards, heavy rains partially flooded the cave, blocking their way out. 'We've had three trips back to the cave,' says Emma, 'one in December 2018, then October 2019 when we delivered the first cave rescue training in the country and went part way into Tham Luang but were stopped at Sam Yaek due to water. We surveyed to this point for the national park. In February, we continued the survey and went to the chamber where the boys had stayed. It was a privilege to go the chamber and beyond, and spend a few quiet moments reflecting on the resilience of the boys, the bravery of the divers and the phenomenal support from so many people, against all odds'.

All images © Emma Porter (with Mike Clayton, top right).



DECEMBER: CAVE RESCUERS CELEBRATE THAI NATIONAL DAY AT THE EMBASSY

'Very honoured to have been invited to the Thai embassy for Thai National Day,' says Emma Porter.



Above: Left to right: Emma Porter, Bill Whitehouse, the Thai Ambassador Pisanu Suvanajata and his wife and Mike Clayton © Emma Porter.



THE LAST BLUE MOUNTAIN:

FOR EVERY COPY SOLD THROUGH ITS WEBSITE, VERTEBRATE DONATES £5 TO MREW

Raising funds for rescue

'When an accident occurs, something may emerge of lasting value, for the human spirit may rise to its greatest heights. This happened on Haramosh.'

The Last Blue Mountain is the heart-rending true story of the 1957 expedition to Mount Haramosh in the Karakoram range in Pakistan. With the summit beyond reach, four young climbers are about to return to camp. Their brief pause to enjoy the view and take photographs is interrupted by an avalanche which sweeps Bernard Jillott and John Emery hundreds of feet down the mountain into a snow basin. Miraculously, they both survive the fall. Rae Culbert and Tony Streater risk their own lives to rescue their friends, only to become stranded alongside them.

The group's efforts to return to safety are increasingly desperate, hampered by injury, exhaustion and the loss of vital climbing gear. Against the odds, Jillott and Emery manage to climb out of the snow basin and head for camp, hoping to reach food, water and assistance in time to save themselves and their companions from an icy grave. But another cruel twist of fate awaits them.

An acclaimed mountaineering classic in the same genre as Touching the Void, Ralph Barker's The Last Blue Mountain is an epic tale of friendship and fortitude in the face of tragedy.

Vertebrate published 200 special edition hardback copies of The Last Blue Mountain in March. These will be signed by Ed Douglas, author of the 2020 Introduction, and numbered. They will be bound in black Wicotex Brillianta cloth with silver foil blocking to the spine and yellow and black head and tail bands, and come with a special edition dust jacket. This special edition is available exclusively from www.v-publishing.co.uk on a first-come, first-served basis for £24 per copy. The trade paperback edition of The Last Blue Mountain is also available for £12.99.



Sarah 'climbing Helvellyn' then relaxing at the end of the day, with a beer, back at the bunkhouse (AKA home) © Sarah Herbert.

MARCH: CLIMBING HELVELLYN IN A WORLD-WIDE LOCKDOWN

As mountain rescue team members looked for ways to prevent themselves going stir crazy with cabin fever and keep fit at the same time, Scarborough & Ryedale team member Sarah Herbert set herself a challenge and invited us all to feel inspired 'by someone who has worked out how many steps (staircase) are needed to climb some of our favourite mountains'. Why don't you join her?

Over the coming weeks, she intends to climb all these peaks from the safety of her own home, wearing full mountain rescue kit, to raise money for her team. Helvellyn was the first on the list at 6168 steps — or 474.5 flights of stairs!

And if your fancy doing something similar yourself, as the weeks in lockdown captivity turn to months, here's her handy list, by country. Good luck!

Scotland

Ben Nevis: 1344 metres. 8736 steps
Ben Lawers: 1214 metres. 7891 steps
Schehallion: 1083 metres. 7039 steps
Ben Lomond: 974 metres. 6331 steps
Conic Hill: 361 metres. 2345 steps
An Teallach: 1062 metres. 6903 steps

England

Scafell Pike: 978 metres. 6357 steps
Helvellyn: 949 metres. 6168 steps
Cross Fell: 893 metres. 5904 steps

Wales

Snowdon: 1085 metres. 7052 steps
Carnedd Llewlyn: 1064 metres. 6916 steps
Glyder Fawr: 1001 metres. 6506 steps

Ireland

Carrauntoohill: 1039 metres. 6753 steps
Lugnaquilla: 952 metres. 6188 steps
Cnoc na Peiste: 988 metres. 6422 steps



Striding Edge, Helvellyn © Matt le Voi, Lakeland Mountain Guides.

Cornwall SRT becomes two new teams

JIM GALLIENNE EAST CORNWALL SRT

Cornwall is one of the largest operational areas covered by a search and rescue team, bringing with it issues of training logistics, response times and the support of the local community. In light of this challenge, Cornwall Search and Rescue Team has been operating as two sections for several years, broadly following the Truro (west) and Plymouth (east) postcode areas. However, in late 2019 the final parts of the jigsaw fell into place and two new charities were formed, East Cornwall SRT and West Cornwall SAR. The operational areas of the two new teams fall roughly along the same postcode boundary, with new bases located in Bodmin and Redruth, both with control vehicles and off-road ambulances.

Both teams are now fully independent and self-sufficient, although more complex mine rescues are run jointly to allow more coordinated working with Cornwall Fire and Rescue Service. The transition to two teams has allowed wider recruitment in the local area and both teams are now working to build numbers of operational members.

There have been many challenges in splitting a well-established team in half, but as the two new teams consolidate and grow the benefits to the people of Cornwall will be apparent. Both teams have an updated online and social media presence and we both look forward to working across MREW and PenMaCRA in the future.

When Cornwall Rescue Group first set up in 2003, there was always the vision that it would follow a Dartmoor Rescue Group model and that there would be different

cost of fuel almost doubling since 2003, and we had to factor in members' finances as well as time, to the increasing challenges facing the team.

Having such a large area also presented problems with where to keep our equipment and vehicles. Having it all centrally located seems logical for members to get to it, but in reality it was far away from the more pressing mine rescues in the west, and the critical moorland rescues on Bodmin Moor to the east. To maintain relevance and the effectiveness of our service — we had to review what we did and, in 2014, we officially moved to a two-section model. We allocated the TR postcode in the county as 'West', and the remaining PL and EX postcode areas as 'East' up to our border with the Dartmoor teams. Defining it in this way helped with the allocation of ambulance and police call-outs as well as membership enquiries.

The benefits were instant — greater engagement with training and fundraising, improved member retention which kept that all important experience in a comparatively young team and better response times to the more dynamic incidents.

A rescue team was rising from what was predominantly a search team. Don't get me wrong — we're no big mountain team nor were we ever trying to be (yeah yeah, we don't have any mountains in Cornwall for a start!), but we were starting to offer operational relevance to our patch and this was highlighted by a successful mine rescue which gained international attention in the west near to St Just, and difficult rescues from the moors and waterfalls around Bodmin Moor. The ambulance service was finally beginning to recognise our abilities, and operationally and administratively — everything turned into less of a struggle.

With two sections and their own respective management teams it seemed inevitable that the next step would be for the sections to become charities in their own right, allowing them to manage their own fundraising, governance and operations according to their own needs. In the summer of 2019, after support from Devon and Cornwall Police and the Peninsular Mountain and Cave Rescue Association, both sections were recognised by the Charity Commission as Charitable Incorporated Organisations, and are now full members of the region.

Cornwall Search and Rescue Team continues to exist, however it is undergoing the process of transferring assets to the two new charities, and has now taken a non-operational role in supporting the work of the two teams. The future for CSRT is still to be decided by its members. There are many factors to consider and proper processes to follow to ensure the future role of the charity, if any, is managed appropriately.

Today, West Cornwall Search and Rescue operates from United Downs near Redruth and has a healthy membership and strong underground capability. Likewise, East Cornwall Search and Rescue Team is now based on the gateway to the moor at

Bodmin and has exciting future plans to extend its already busy new rescue centre. Both teams continue to work and train together for mine rescues under a partnership agreement with Cornwall Fire and Rescue Service and the police.

The benefits to the people and visitors of Cornwall are already apparent, with better response times and local membership. Time and time again, 'mountain' rescue has been proved to be a transferrable set of skills as relevant to Cornwall as anywhere else, and although unusual at first is now a fully respected and well known emergency service across the county by our statutory partners and the public. Both teams have worked hard to move with the times to meet the local operational needs, and we look forward to continuing to work with MREW and PenMaCRA, albeit under two new badges. 📍



Opposite page: Preparing for the stretcher lower of an injured walker at Cheesewring, Bodmin Moor (East Cornwall) March 2020.

Top: Rescue of an injured female from Golitha Falls, East Cornwall, August 2019. **Centre:** West Cornwall SAR at work and out fundraising.

Above: Humble beginnings, the first ever team training session July 2003, Carn Galver (West Cornwall).

Training: Developing an adaptable and flexible emergency response capability in specialist rescue teams

LOEL COLLINS

In mountain rescue, like all emergency response, we frequently have to deal with complex and challenging situations. However, unlike many other response services, we also have to contend with the challenges of varied personnel resource. In short, when the call-out comes, we frequently, as others do, have incomplete information, a time pressure and dynamic environment to contend with. However, uniquely, we can never be fully sure who will actually respond. One possible way to deal with this is to develop an 'agile' response capability so that personnel are more adaptable and flexible.

This article examines several aspects of training programmes designed for specialised rope rescue teams delivered by Plas y Brenin, the National Outdoor Centre, in conjunction with the Technical Rescue Research Group at the University of Central Lancashire. Our brief was to develop bespoke training programmes. These teams frequently respond to individuals or animals that are potentially uncooperative. In some cases, even take steps to hinder any rescue attempts. The teams require an explicit adaptive capability and had identified that prescriptive training programmes had not been developing the response agility they required.

Several key elements of the training programmes had significant positive impact on the adaptability of the individuals and team. These approaches were used in conjunction with other typical training methods;

DECONGESTING THE TRAINING CURRICULUM

We started by examining the curriculum of programmes that these organisations had previously considered. These curricula were characterised by a full course content of clearly detailed techniques that involved a combination of smaller core elements. These had developed so that each possible situation had a new procedure designed and 'shoehorned' into the course.

We did not have the time to design a specific technique for every conceivable possibility. Consequently, we chose to strip back our curriculum to a set of absolute component parts that could be combined in different ways to achieve the desired outcome. The analogy we used was that the ingredients for chilli and bolognese are broadly the same, but each dish is prepared and cooked differently because they are presented in different contexts (pasta or rice). Clearly a 'little' bit of different seasoning is also required but the components are broadly the same! In our case, we 'boiled' the recipe down to four elements: anchors, edges, independence and security.

These formed the principles to underpin the training programme and we encapsulated in a simple mantra: *'Each part of the system is securely attached, independently, to checked anchors'*

We then needed to integrate our mantra into the training programme.

SUBTLE VARIETY IN TRAINING FROM THE START

We asked ourselves, what core skills could a rescuer require to construct the rope rescue system that could match our mantra? We

concluded that to construct the systems the rescuers needed two fundamental skills. Firstly, to be able to manipulate screwgate karabiners; clipping onto and off ropes and fixtures, locking, unlocking and rotating the karabiners with ease and fluency. Secondly, rescuers needed to be able to handle and manipulate ropes — tie some simple knots, create loops or attach to karabiners, to pull a rope through or round things of different shapes and sizes, these included belay devices, trees, rocks and hitches.

We chose to deal with this by ensuring that all training scenarios had a variety of different ropes and karabiners. A specific set of training equipment that enabled subtle contextual interference. All the equipment was serviceable and safe. We used ropes of different diameters, ages, colours, handling and performance characteristics (static, semi-static and dynamic). We used alloy and steel karabiners, ovals, offset Ds, HMS, Kletterstieg, snap, screw and twist gate, we sought some with stiffer gates others with slightly worn screwgates. In many respects we taught the fundamental ropework as we would normally, except we ensured the rescuers practiced with different ropes and karabiners each time; our purpose being to enhance manipulation.

Initially the rate of learning was slow, however, once the rescuer could handle the karabiners and rope fluently their trajectory of learning dramatically exceeded those learning with less varied equipment.

PRINCIPLE DRIVEN SCENARIOS

Building on the two points above we adopted a problem-based approach that utilised realistic and authentic scenarios. The scenario was presented with a 'mission brief' and 'sit-rep'. We allowed the rescuers to review the location to develop their situational awareness. Once the scenario had been set and location reviewed the rescuers were encouraged to attempt the rescue utilising their existing skills. At any point, any rescuer could pause the scenario, for safety reasons, to have skills refreshed, new skills trained as identified or to clarify any points with the trainers. This allowed skill-gaps and deficiencies to be addressed in context. Importantly, we graduated the difficulty and complexity of the scenarios as the rescuers skills developed. We incorporated new skills as the scenario demanded or highlighted new applications of existing skills as required. Initially, the scenarios took longer because the skills gaps were greatest in the early learning stages, however, as skills developed these pauses reduced as skilfulness was achieved.



1: Anchors checked, double fists.



2: Edges checked, hands running either side of the imaginary rope.



3: Knots and karabiners checked and secure, clenching fist at end of the rope, anchor and central point.



4: Independent of the other parts of the system, hands pointing to other parts of the system.

Photos © Loel Collins.

Alongside this problem-based approach we also wanted to develop the rescuers judgement and decision-making. Decision-making is based on a refined comprehension of the situational demands and awareness. We utilised a series of semi-structured questions as part of the debrief, this proved to be very important. Typically, this would start by the scenario leader recounting of the mission brief and sit rep.

The group was then encouraged to provide a detailed description of the rescue attempt, outlining the options that were also considered, and then to explain why the final approach was selected and the others disregarded. The trainer listened carefully to the group responses and designed a final question to encourage consideration a new context or application of the technique chosen. This, describe and consider options, identify choice factors, and consideration of new application approach acted as a reflective structure. This reflective structure became a tool used by the individuals, team and trainers both in and away from the debrief. Following the debrief the trainer could design further scenarios. For instance, the need for more technical options, greater development of situation awareness, understanding of the choice factors, or the ability to apply adaptively the skills being developed.

A LITTLE BIT OF JAPANESE

This approach to training presented challenges. Firstly, the initial rate of learning within the sessions appeared slow and was unnerving. However, these approaches lead to a much faster trajectory of development overall in the session. Over the same period, the rescuers ultimately outperformed those in other groups who had been taught in a more routinised manner.

The second concern is one of safety, clearly the training has to be

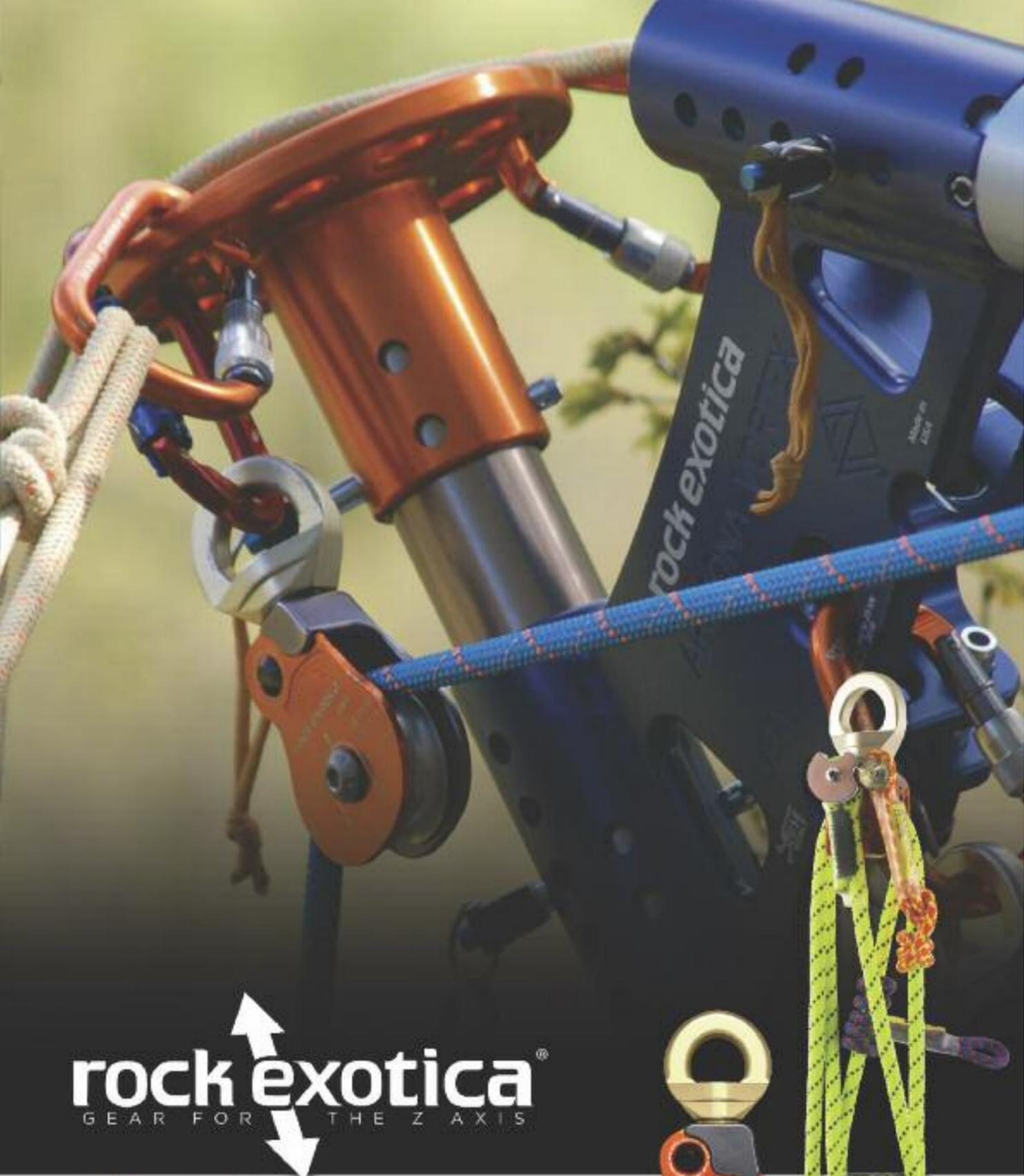
safe. We adopted an approach derived from the 'pointing and calling' (Shisa Kanko) error detection strategies used on Japanese railways. This approach involved an individual articulating a check with a physical action, pointing at and calling the check.

We took the principles of anchors, edges, independence and security identified in our earlier decluttering and built them into a checking routine. Prior to any live load being applied to a system each element of the work system was physically checked by an individual that became a dance: 'Anchors' (photo one), 'Edges' (photo two), 'Independence' (photo three) and 'Secure' (photo four)! We found a near 100% error detection rate by the rescuers themselves prior to a trainer final check.

We were surprised at the success of our overall approach. We were challenged, at first, by the apparent slow rate of learning but heartened by the trajectory of the rescuers' later development and their high-level performance which ultimately exceeded our expectations. By decongesting the curriculum, identifying core skills for the learning process, adopting a problem and scenario-based approach, integrating reflection and having a robust error detection process an 'agile' rescue performance was developed. 🧠



LOEL COLLINS IS DIRECTOR OF LEARNING AND DEVELOPMENT, PLAS Y BRENNIN, NATIONAL OUTDOOR CENTRE, SENIOR LECTURER, INSTITUTE OF COACHING AND PERFORMANCE, UNIVERSITY OF CENTRAL LANCASHIRE.



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Although we're all very focused on the problems of the here and now, quite rightly, we've made considerable progress in recent months, including submitting our project enquiry document to the Heritage Lottery Fund.

MIKE MARGESON
MREW VICE CHAIRMAN

Mountain heritage update

We were subsequently invited to meet the Heritage Northern Officer at Carlisle to discuss the project and receive feedback and advice. It was a weekday so only a couple of our project group could attend – Sally Seed and I, with our consultant Liz Sutton. We had an extremely valuable meeting with very constructive and helpful feedback. Not surprisingly, we left the meeting with lots to think about and do and some clear guidance.

So, what's next? Our timeline is not too bad even though we've a lot to do for the full submission. We are very focused on not letting our target slip and would still hope to get our full application in for April.

Meanwhile, what can you do to help? We are looking for a Heritage Champion to be a link person for each region and I have asked the regional chairs to help with getting this link person in place. We then need a list from each region of key team members whose story we can film or record. Whether we get the funding or not, we need to get on with key parts of the project.

We are also looking for partners or sponsors who might be interested in supporting the project. The project team are working hard but we need to start getting the membership on board and helping, as this is really your project! ☺

A SMALL PIECE OF KINDER TEAM HISTORY MAKES ITS WAY ACROSS THE ATLANTIC

Kinder MRT was recently contacted by Phyllis Costello, a resident of Lansing, Michigan USA, who had a most unusual and intriguing tale to tell, writes **Mike Potts**.

It appears that Phyllis has a personal interest in Kinder Scout and keenly follows the team's activities due to the fact that her father's B17 Superfortress bomber, B-17G-65, crashed on Meltham Moor on the edge of the Peak District on the evening of 6 April 1945, whilst returning from a bombing mission over Germany. This was just two months before the end of the war. Whilst Meltham Moor is actually in Kirkclee, so probably within the Holme Valley team's operational area, her father was Lt George R Kinder and mention of the hill always strikes a very emotional chord with her! Fortunately for George, he was not on the aircraft that day but he sadly lost all but one or two of his close friends.

George was the son of an Irish immigrant mother from Belfast and apparently 'had the travel bug all his life. He, his younger brother and mother went on a Cunard European cruise in 1935'. After the war George eventually went into the travel industry and ran his own business, Kinder Travel & Tours, for many happy years.

The crash is mentioned in Ron Collier's book, *Dark Peak Aircraft Wrecks, Vol. 1*, a signed copy of which she has (the text of the story is below). Phyllis had the pleasure of meeting Ron and his wife when they visited Michigan some time ago. It seems that the mission that night was a kind of a training run to check out newly installed equipment but they got caught in bad weather.

Interestingly, Phyllis enquired after the name of Kinder Scout. For those that don't know, it is believed to derive from a previous name for the Downfall — 'Kinder Scut' — which in turn derives from Old Norse, roughly translated as 'water over the edge'. Quite a poetic name.

Our thanks to her, for sharing this snippet. It has been a pleasure making contact with someone from the USA with such a personal and unusual connection with both the Peak District's highest hill and the team. She reckons she has inherited the travel bug from her father so maybe she'll come and visit the team one day, or perhaps the crash site itself. ☺



Top and left: Images from the book: *The Fortress story; Crew 43 Green Squadron*, with George Kinder front row, far right. **Far left:** Phyllis with her collection of *Dark Peak Aircraft Wreck* books. Kindly supplied by Phyllis Costello.

Fortress B-17G 43-37667 of 447 Bomb Group, USAAF crashed 6 April 1945 at Meltham Moor – private land. (Extract from the book)

It was a cold wet evening in April 1945, fog merged with low clouds across Meltham Moor. At that time the Taskers occupied the waterman's cottage half way up the moor. Around 9.00 pm, a knock came to the door – visitors were not expected and when Mrs Tasker answered she was shocked by what met her eyes. A young American crewman stood on the doorstep, his tattered brown leather flying gear covered in black peat, with congealed blood showing against the background of his white face. Once inside, he told of his injured 'buddies' up on the Moor.

First Lieutenant Winston R Johnston, the pilot, was forward with the navigator, Second Lieutenant Walter A Vukelic, trying to establish their position. The co-pilot, Raymond W Parks, was at the controls of the B17G Flying Fortress as it flew low over the West Riding of Yorkshire. It was on a routine training flight, consequently it was not carrying a full crew. There were no air gunners aboard, just five crew members.

Mist shrouded the heavy bomber allowing only fleeting glimpses of the ground beneath. A village flashed quickly by, swallowed up in the fog, then green fields, rapidly rising land... then suddenly the Fortress lurched as the low slung belly gun turret was ripped away. The seventeen-ton machine travelled at over one hundred miles per hour bounced and tore its way up the moor before slewing around and coming to a sickening halt, catapulting the captain and navigator through the plexiglass nose. High octane aviation fuel poured out from ruptured tanks, the smell of which spurred three of the uninjured crewmen to lift the other two seriously injured men from the wreckage. As they scrambled clear, the fuselage erupted in a ball of flame.

The injured men, one of who was the pilot Johnston, were made as comfortable as possible at a safe distance from the blazing Fortress. One of the others began the trek off the moor to bring help back. Four hours after the crash, he reached the old waterman's house. Ultimately, all were rescued. Lieutenant Vukelic recovered. Johnston never fully recovered and eventually died from his injuries in 1961.

The Boeing B17 Flying Fortress was the mainstay of the American Air Force during the last war. Originally designed as a medium bomber, first flying in 1935, it eventually was used as a heavy bomber as the Allied air offensive against Germany reached a climax. Defensive armament bristled from every section of the fuselage. Daylight raids over Europe had made this necessary and yet heavy losses were sustained. Total production of the B17 reached around thirteen thousand and they saw service in South East Asia and the South West Pacific. The main failing of the Fortress was its limited range, brought about by the increase in bomb load. Also it tended to burst into flames when hit by enemy gunfire. ☺



It's always the little jobs... The tale of the Addingham Dog

Above: Addingham Moorside, the scene of the protracted digging operation to rescue Russ the Lakeland Terrier, in 1962 © UWFRA.

Pothole and surface rescue in the 1960s got plenty of press coverage. Animal rescues usually only received a few lines in the local paper. One animal rescue, however, got the same coverage as would a human incident.

One Sunday in June 1962, Russ, a Lakeland Terrier, bounded into a crevice

after a fox in a disused quarry at Addingham Moorside. His owners, Alan and Ann Gibson, tried in vain to coax the unseen animal from its hiding place beneath a slope of varying sized rocks and large boulders.

With the help of friends, they tried all that night and the next day to retrieve Russ, who barked when called or, at times, whined in

panic when unable to rejoin his owners. They removed small stones by hand to try to enlarge the crevice and also inserted their other terrier, Judy, on a lead in a vain attempt to give Russ a scent and the necessary impetus to help him regain the surface.

UWFRA knew nothing of any of this until called by the police late on the Tuesday afternoon. A small party was quickly despatched, followed by a large group in the evening. The team's task was to try to squeeze beneath the boulders and catch the dog.

Full realisation as to the extent and depth of the quarry face and the huge heap of boulders piled against it was slow to sink in. It was only possible to get so far into the main voids between the rocks in the area where the barking came from. It became confusing when barking was heard from various locations but this confirmed that Russ wasn't physically trapped in one place.

Further along from where Russ had disappeared, members entered another fissure and managed to crawl past moving rocks and under some precariously balanced boulders to reach the base of the quarry face. Here, they discovered a small tunnel, strewn with haphazardly placed boulders, running in either direction.

Following the direction they believed would take them to Russ, they were thwarted by an impassable constriction formed by a boulder. To try to dislodge it would have meant pushing their luck as it was supporting a host of rocks above. Russ's barking was as loud as the curses of frustration as, with no room to turn around, a feet-first exit was made.

The next option was to dig from above into the area the barking was coming from — just as Russ's owners and friends had been doing since the Sunday! When nightfall came, members felt disappointed at not having succeeded in releasing Russ and the faces of his owners mirrored their feelings. The team promised to return tomorrow.

The next day saw members return with picks, shovels, large and small crowbars, car jacks, ropes and sledgehammers and a tent. A pneumatic drill and compressor arrived during the day and local farmers helped by supplying corrugated iron sheets, timber and poles to use for shoring the small rocks and loose boulders.

Good progress was made and by dusk, a large depression had been excavated into the rubble. But, as the sun dropped below the horizon, so did members' spirits. They had encountered very large interlocked boulders supporting other equally large ones above! Again the team promised to return tomorrow.

Discussion whilst driving home produced two options. Firstly, the use of a very large excavator — ruled out as being too risky both for Russ and the excavator driver who would only be able to operate from below the enormous pile of boulders. Secondly, the use of dynamite.

Thursday evening when the team arrived

was very quiet, the silence only broken occasionally by Russ barking or whining. Alan and Ann tried yet again to coax him out with food — something they had done each day. It was assumed that the small amount of water that trickled over the quarry face and into the rocks would be enough to provide Russ with a drink. Certainly, despite this being his fifth night underground, his bark was as strong as ever!

The noise of a motorbike coming along the track heralded the arrival of blasting expert, Joe Shevalan from Bolton. With his rucksack on his back he climbed up on the excavation and surveyed the scene.

After much discussion with Russ's owners and team members he decided to blast key boulders to allow further work to continue. Whilst it was thought that Russ was back nearer the quarry face, no-one could be certain he would survive the shockwaves or falling boulders. But, in the final analysis, there was no real alternative.

Joe pulled explosives from his rucksack and set to work. When all was ready, people took cover behind safe boulders and watched as he turned the magneto handle. The inevitable horrendous bang was followed instantaneously by rock and timber missiles whistling past overhead.

With ears still ringing, it was no longer possible to hear Russ barking in answer to our calls. Expressions showed silent thoughts — that there'd be no need to return but, nevertheless, on departing for the night team members again offered the now ritualistic promise to 'return tomorrow'.

Spirits rose on Friday evening with Russ in full cry again. More local people volunteered help and good progress was made in the excavation. When it got too dark to continue safely it was again a case of 'back tomorrow'.

More team members turned up on the Saturday morning — some armed with saws to cut more props from the wood further round the moor. One member, who worked at Settle Limes quarry at Skirethornes, brought the firm's left-hand drive truck with a winch mounted on its front. (Many years later, local garage owner, Jeff Hargreaves traced this vehicle to a field near Kirkby Stephen. He subsequently restored it to its original condition as a Dodge Weapon Carrier, manufactured in Canada circa 1943.)

Progress improved with the use of the winch although two members had near misses — one, when the wire rope slipped prematurely from a two-ton boulder which rolled unexpectedly towards a group of rescuers. In the panic to get out of its way, he fell but was pulled clear in time by his teammates!

The other lucky escape came when a boulder at the side of the excavation decided to move without warning, nearly flattening someone in the ensuing pandemonium!

For Russ, it must have been absolute hell, trying unsuccessfully to get out, voices which meant someone cared but which he

couldn't reach and all the time the constant rumbling of moving boulders causing soil, sand and small stones to fall on him. All the time, throughout the operation, the only consolation his owners and the rescuers had was his answering their calls. He seemed determined to survive and, after this length of time, his rescuers were equally as determined that he should be released safely from his prison.

Darkness fell on the Saturday and still no Russ. You guessed it: 'We'll be back tomorrow'.

News had gone round over the past days and even more people turned up to help on the Sunday. The public sat themselves down in a safe area with their picnic hampers and watched the day!

By the afternoon, the excavation was deep by comparison with the rocks shored up at the sides. Towards evening, the shoring had become a major problem. The original props had themselves been 'propped' and now these were preventing access to the next boulders requiring removal.

After a long and hard discussion with everyone involved, it was reluctantly decided that, from the point of view of safety, it was necessary to call in expert civil engineers. This was the first rescue of this kind the team had undertaken so it had been very much a case of best endeavours on a steep learning curve.

The police made an unsuccessful attempt to bring in the Mines Rescue Team but, by late evening, the National Canine Defence League arrived in Doncaster and decided to employ a civil engineering contractor to carry out the work.

At 11.00 pm, the team withdrew, taking all their equipment with them. They were despondent when they could still hear Russ barking and felt a sense of guilt in letting him and his owners down. This was only balanced by the fact it had become too dangerous to continue working with only limited tools and other equipment.

Whilst the team had withdrawn officially, some members returned to the scene to assist on the Monday evening, and again on Tuesday. And, at about 10.00 pm on the Tuesday, after nine days of digging involving over 100 rescuers and volunteers (including local farmers and their wives who provided food and shoring materials), a much thinner Russ finally squeezed through a narrow opening and jumped into the arms of his delighted owner.

Miraculously, he was uninjured — just very hungry! 🐾



TAKEN FROM 'ANYTIME... ANYWHERE. THE FIRST FIFTY YEARS OF THE UPPER WHARFEDALE ASSOCIATION' PUBLISHED 1998.

A short history of stretchers: Part 1 From Furley to five-barred gate

PETER BELL

Try not to get carried away – but, if you do, you can rest assured that the stretcher which supports you has a long history of development underpinning it.

The evolution of mountain stretcher design runs parallel with the evolution of mountain rescue. It is difficult to separate one story from the other. However, the focus here is upon stretchers themselves and their various designers, rather than on those who have used them, or indeed the folk who've had need of them.

Progress is usually influenced by a need to solve a problem identified in an existing facility and the rescue stretchers now available to teams have evolved from earlier, more basic designs.

Warfare from the 1850s onwards, leading to the inevitable human casualties, coupled with a most significant increase in work-related accidents in the late 1800s and early 1900s, fuelled the greatest advances in casualty care, and a rapid evolution of stretcher design.

THE RED CROSS AND ST JOHN AMBULANCE ASSOCIATION

The Red Cross, who provided humanitarian aid, and St John Ambulance Association, who deployed first aid skills and equipment drove the progress of this humanitarian phase. Henri Dunant founded the Red Cross movement, together with the parallel Red Crescent movement, in 1863. Born in Geneva, on 8 May 1828, he was appalled by the suffering of thousands of men, on both sides, left to die due to lack of care after the Battle of Solferino in 1859. He also went on to initiate the first Geneva Convention (twelve nations) in 1864.

In 1901, he was awarded the Nobel Peace Prize. However, despite all his massive contributions to the relief of suffering, in October 1910, Henri Dunant died alone and in overwhelming poverty. Others before him had tried, with some success, to raise medical standards on the battlefield. George Guthrie (1785–1856), surgeon to the Duke of Wellington, was certainly one of these, but nobody achieved the same measure of lasting success as Dunant.^{1,2,3}

The St John Ambulance Association was created in 1877, by members of the ancient British Order of St John of Jerusalem with the

support of the Royal Humane Society (founded 1774). Their function was to help those involved in the increasing number of industrial accidents. They established first aid lectures and demonstrations in large railway centres and mining districts, in the first instance provided by two Aberdeenshire military officers, Surgeon-Major Peter Shepherd of the Royal Herbert Military Hospital in London, and Colonel Francis Duncan. Shepherd conducted these first classes in the hall of the Presbyterian school in Woolwich.

Soon after, in 1887, the St John Ambulance Brigade was formed as a uniformed organisation to provide a first aid and ambulance service. In many parts of Britain, St John Ambulance Brigade was the first and only provider of an ambulance service right up to the middle of the 20th century, when the National Health Service was founded.^{4,5,6}

THE FURLEY STRETCHER

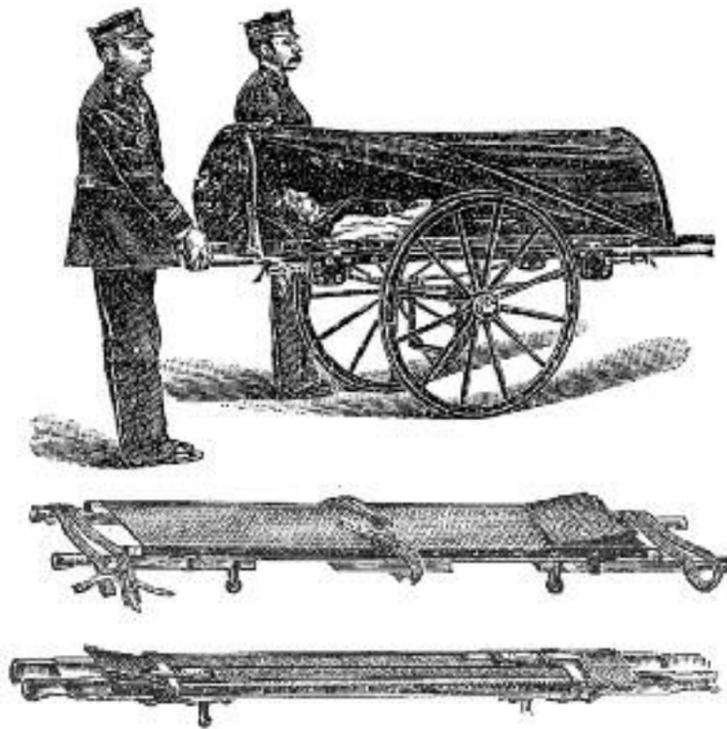
The development of a standard casualty stretcher by the St John Ambulance Association was initiated and motivated by

one person whose ongoing participation was of paramount importance. John Furley was born in Ashford in Kent. He is credited with the design of the Furley stretcher and the Ashford Litter, which was a basic Furley stretcher provided with wheels and a canvas cover. Wheel devices for Furley stretchers came to the fore during the First World War.⁷

To overcome some of the problems of using a Furley pole and canvas stretcher vertically, the Lowmoor Jacket, normally used as a hauling device underground, was adapted to fit the Furley stretcher. This 'jacket' originated from the small coal mines at Lowmoor, near Bradford.⁸

In essence, this stretcher consisted of two poles, four vertical supports to raise the stretcher bed off the ground, a canvas bed panel and spreader bars that could be folded or removed so the stretcher could be 'compacted' lengthways to assist storage and rapid deployment to an accident site.

However, there continued to be difficulty in confined spaces. A need for a very narrow stretcher, to complement the standard Furley, became evident. Specifically this narrow stretcher, including attached casualty,



Top: The Ashford Litter – a two wheeled undercarriage fitted with elliptical springs and a Furley stretcher.
Above: The Furley stretcher, with telescopic handles open and closed, 1899. Illustrations: First Aid to the Injured (St John Ambulance Association) 1904.

had to be small enough to be hauled up a two foot six inch diameter hoist for fire-box ash from the boiler room of a ship. The Mansfield stretcher was already being used on some ships of the Royal Navy but there were occasions when this was unsuitable.

THE NEIL ROBERTSON STRETCHER

By way of an alternative, 24 modified Japanese hammocks were ordered by the Navy in 1907. This piece of equipment boasted the extremely wordy official title of 'Hammock for Hoisting Wounded Men from Stokeholds and for Use in Ships whose Ash Hoists are 2ft 6in diameter'!

It was from these, combined with experience of the Mansfield stretcher, that the Neil Robertson stretcher evolved, with initial production shortly after 1906. How much John Neil Robertson contributed to the design is not clear. It would seem he was the last of a number of contributors, which included Captain Fitzherbert, Captain Hamilton and Fleet Surgeon McElwee.

Very rapidly, his adaptation of the original cane and canvas device became well known to mariners as 'the Neil Robertson'. It gave good service during both the first and second world wars and continues to be of service.

A parallel development occurred in the US Navy, under the eye of Surgeon General Stokes. These simultaneous developments were to have an impact upon the scene in Britain but not until the new millennium when the Stokes stretcher entered the British mountain rescue environment.

The Neil Robertson, fitted with a skid means, a footrest and a device to hold a helmet or other head protection remains in use underground to this day, especially by the various cave rescue teams in England and Wales.

Fleet Surgeon John Neil Robertson, MB CM was born in Beith, Ayrshire on 28 July 1873. He qualified in 1895 at the University of Glasgow and travelled to India and America before working briefly in Scotland. His Naval service began in 1899 and, at the start of the First World War, he was serving on HMS Blake. He died of an aortic aneurysm at the tender age of 41, on 22 December 1914 and was buried, with full naval honours, in Ford Park Cemetery (Pennycomequick), Plymouth.⁹

During this time of rapid development in Britain, other stretchers and associated extras began to emerge but, except for the Furley and the Neil Robertson, none survived the test of time. For example, there was also, for a short time, the Kirker Ambulance Sleigh, in which the casualty was carried with head and knees slightly elevated¹⁰ — not unlike the more recent Mariner stretcher.

¹nobelprize.org/nobel_prizes/peace/laureates/1901/dunant-bio.html; ²www.ppu.org.uk/learn/texts/doc_geneva_con.html; ³www.rhs.ac.uk/bibl/xSearch.asp?database=dcatalo&rf=200703734; ⁴http://www.sja.org.uk/sja/about-us/our-history; ⁵http://en.wikipedia.org/wiki/St_John_Ambulance; ⁶BMJ 1994;309:1718–1720; ⁷Illustrated History – World War 1 Lloyd Clark RMA Sandhurst; ⁸Ambulance Lectures, page 142 Surgeon-Major Evatt MD 10 Surgeon Commander J J Keevil DSO RN, page 162 RNMOJ 530 1944; ⁹John Adams; the British Medical Association; the Commonwealth War Graves Commission; Bill Cook at BCI; Mrs J M Greer; Sally Roberts; the Society for Nautical Research; the University of Glasgow Archives; and Business Records; ¹⁰Page 1743, Arnold & Sons Catalogue of Surgical Instruments and Appliances, 1904; ¹¹CC Journal 1903 vol. VI – no. 22, page 9.8



A combination of the Neil Robertson with a skid device for use in the British cave rescue environment, circa 1994.

Mountain rescue and cave rescue stretchers evolved from the strong roots provided by both the Furley and the Neil Robertson stretchers.

The very first recorded formal and coordinated introduction of stretchers into the mountain rescue environment was that of standard Furley stretchers. The Climbing Club of Great Britain initiated this move, establishing a subcommittee to expedite the matter. Amongst the members was Dr E Daniel who also began to examine available skills to make the best use of this equipment.

One Furley stretcher each, complete with extra carry slings, was received by Wasdale Head Hotel and The Gorphwysfa Hotel (now Pen y Pass Youth Hostel) on 24 December 1903. The Pen y Gwryd Hotel and Ogwen Cottage were both kept informed of this development. The need for caches of emergency equipment was further emphasised by the Scaffell accident in which four people died in 1903.¹¹

Whilst these original Furley stretchers were excellent for short distance evacuation of a casualty from an accident site to roadside, there were inherent problems when long or steep carries were required. The handles were too short and no skid capacity existed. In fact, the design actually prohibited skidding. An extending handle version was later developed.

For the next thirty years or so, people who were injured in the mountains relied on self-help and local assistance with improvised equipment — often a farm gate doubled as a stretcher. The nearest St John Ambulance Brigade, equipped with the Furley stretchers, might well be many miles away because these brigades were first established in the large industrial towns and cities.

As the number of people venturing into the mountains and onto rock faces increased, so

too did the number of accidents and the associated requirement for a purpose-built stretcher. Ideally, one of these stretchers and associated medical kit would be deployed to any known and accident area, ready for immediate support to a casualty in the mountains.

The next step in this rapid and timely metamorphosis from farm gate to dedicated mountain stretcher came when, in 1933, the Rucksack Club and the Fell and Rock Climbing Club formed a joint committee with A S Pigott as its chairman. It was from this that developed the Joint Stretcher Committee chaired by C P Lapage — the forerunner of the Mountain Rescue Committee, now Mountain Rescue England and Wales (MREW).

The catalyst for the Stretcher Committee and its design was an accident to club member Edgar Pryor, a leader with the reputation of never falling off. When leading a climb he assisted another group who were in difficulties. Apparently the leader of this group, attempting to descend, decided to jump off, and swept Pryor off with him resulting in a complicated fracture of the leg. Pryor was carried to the valley on a makeshift stretcher based on a farm gate, suffering much discomfort on the way. Despite the best efforts of club member Wilson Hey, Chief Surgeon at Manchester Royal Infirmary (MRI), the leg was amputated. The esteem in which Pryor was held in the club can be judged by the fact that a collection amongst the 230 members raised sufficient funds for the purchase of a car with suitably modified controls.

And so began the search for a mountain rescue stretcher as we know it, the point where our own history books often begin. More of this in Part 2, next issue! 📌

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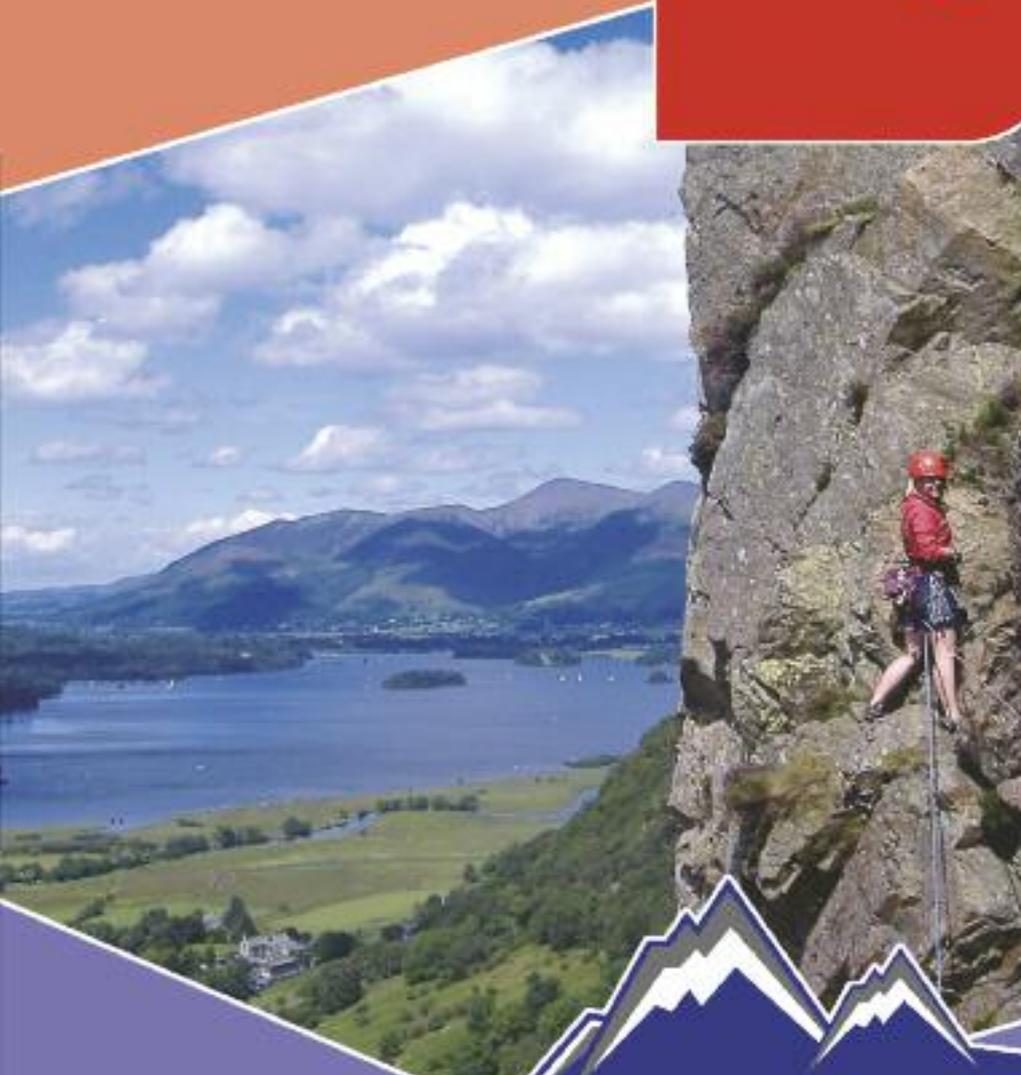
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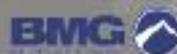
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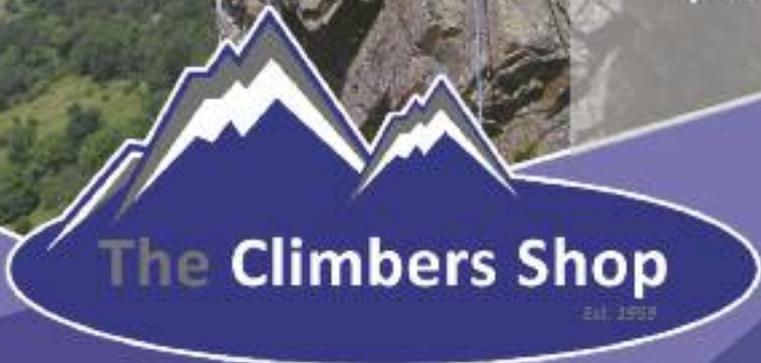
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