

mountain rescue

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WINTER
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Cover story

The 'big cave rescue
story' of 2021: Injured
caver George Linnane
is brought back to
safety after two days
underground. Images
courtesy of SMMCRT.

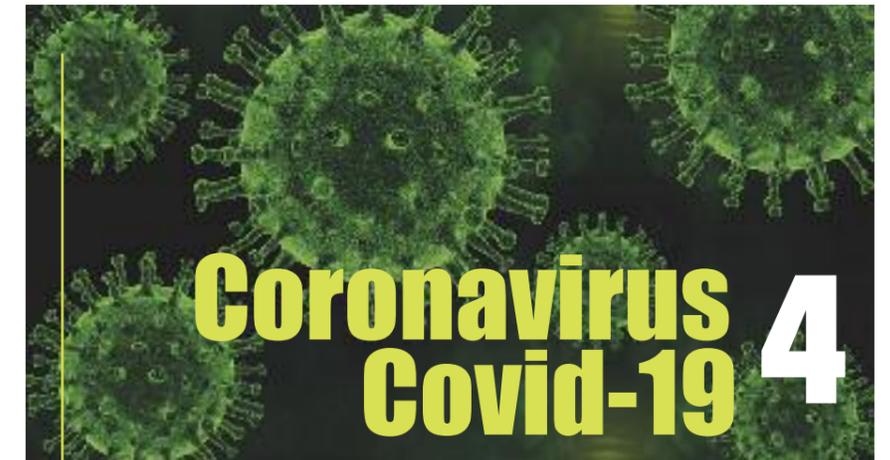


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inthisissue



Coronavirus Covid-19 4

A collection of guidelines and information
for teams and team members

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finds out where he's up to, six months in to his time
in the 'big chair'



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Ffynnon Ddu: Toby Hamnett
describes the epic rescue
operation from his point of view
as one of the hundreds of
volunteers required

Wellbeing: How to identify and cope with
stress: Jane Rosso from The Fire Fighters
Charity offers useful advice if you're feeling
stressed and anxious



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MOUNTAIN RESCUE ENGLAND AND WALES, BRITISH CAVE RESCUE COUNCIL AND SCOTTISH MOUNTAIN RESCUE

COVID-19 PPE GUIDANCE FOR RESCUERS (REVISED JULY 2021)

- Whilst there is a relaxation of rules around face covering and distancing this does not apply to healthcare settings. It is likely there will be an increase in cases particularly in the younger population and therefore the probability of encountering a casualty with the virus is once again increased.
- It is important that team members remain safe and that teams maintain operational capacity.
- The purpose of the PPE guidance for MREW team members is to prevent individuals from contracting the virus themselves or passing it on to their families/loved ones.
- This document only deals with the rescue situation and not other team business eg. training/travelling in vehicles/meetings etc.
- The most recent updates (CDC May 2021) indicate that the main routes of transmission are:
 1. Inhalation of the virus
 2. Deposition of virus particles onto mucous membranes (eyes, nose, mouth)
 3. Touching mucous membranes with contaminated hands.
- Whilst vaccines do reduce transmission (to some degree) and severe disease (to a greater degree) they do not fully protect the individual or contacts because:
 - Different vaccines have variable performance around transmission and milder disease and their efficacy is waning over time
 - There is potential for new variants to become increasingly vaccine-resistant.
- The main principles to prevent transmission are:
 - Good ventilation and social distancing
 - Masks on casualty and on rescuers and eye protection (on rescuers) when social distancing cannot be maintained)
 - Good hand hygiene both using gloves and decontaminating.
- Masks and eye protection have a double benefit of reducing inhalation and deposition of the virus but also reduce the individual touching their eyes, nose and mouth.
- It is recognised in the mountain rescue environment that the weather may render the wearing of particular items of PPE of a greater risk to the individual than the risk of contracting coronavirus:
 - Masks in heavy rain impairing breathing
 - Waterproofs in hot weather impacting thermal regulation
 - Eye protection misting impairing vision.
- Therefore, whilst we do not advocate a wholesale relaxation of PPE, in certain circumstances the individual and/or team may perform a dynamic risk assessment and choose alternative protection options. This should be an active decision at the time and discussed with others.
- Due to personal circumstances individuals may choose to maintain a high level of PPE when others choose to look to alternatives.

HIGH-RISK SITUATION

Need to be within 2 metres of the casualty

AND any one of:

- Covid test positive casualty
- Symptomatic casualty
 -• Fever
 -• Cough
 -• Loss of smell
- Casualty has had contact with a test positive person and should be isolating
- Casualty is unconscious or unable to communicate.

PPE FOR CASUALTY

- Mask (Type IIR or higher)

PPE FOR RESCUERS

- Mask (Type IIR or ideally higher)
- Eye protection: Goggles / Wrap around glasses / Helmet visor
- Gloves
- Removable outer clothing layer.

If possible, double vaccinated cas carers/rescuers*

Threshold to change from this should be high, although we recognise that there may be circumstances where risk of injury due to PPE is even higher. This should be the exception.

*** In the high-risk casualty situation, full PPE should be worn regardless of vaccination status of rescuer. Double vaccination does NOT fully stop mild disease or onward transmission to family/team. It adds a layer of protection from contracting severe disease needing hospitalisation. It should NOT be seen as a replacement for PPE.**

MEDIUM-RISK SITUATION

Need to be within 2 metres of the casualty

AND NONE of:

- Covid test positive casualty
- Symptomatic casualty
 -• Fever
 -• Cough
 -• Loss of smell
- Casualty has had contact with a test positive person and should be isolating
- Casualty is unconscious or unable to communicate
- Casualty is from an area of high prevalence or new variant of Covid.

PPE FOR CASUALTY

- Mask (Type IIR or higher)

PPE FOR RESCUERS

IDEALLY AS ABOVE, BUT FOLLOWING DYNAMIC RISK ASSESSMENT OPTIONS INCLUDE:

- Masks in very wet weather
 -• Frequent changes
 -• Use of other face covering
 -• OR removal.
- * **Ensure replaced once indoors or conditions change and good hand hygiene and ventilation**
- Eye protection misting
 -• Use of tape on top of mask to prevent fogging
 -• Use of anti-fogging solutions
 -• Glasses and visors mist less than goggles
 -• OR removal.
- * **Ensure replaced once conditions change and good hand hygiene and ventilation**
- Gloves
 -• Use of normal stretcher-carrying gloves over medical gloves (wash outer gloves after job)
 -• Removal, maintaining enhanced hand hygiene.
- Outer clothing layer
 -• Wear shorts and T-shirt underneath waterproof
 -• Change to windproofs
 -• Wear normal clothes and change once back at RV. Carry spare set in case of follow on call-out. Decontaminate self. Isolate and wash clothes at home.

LOW-RISK SITUATION

NOT within 2 metres of the casualty or others

eg. walking in, search activities or undertaking other parts of rescue

PPE FOR RESCUERS

- Mask if risk of coming within 2 metres of others
- Eye protection if in risk of coming within 2 metres of others
- Hand hygiene.

Carry PPE (mask, gloves, eye protection, waterproofs) so you can use if situation changes/casualty located.

THROUGHOUT THE RESCUE:

- Minimise total team to safe operation number
- Team to maintain social distancing
- Kit dump away from immediate casualty site
- Casualty care delivered by minimal number of team members
- Advise aircrew or ambulance of Covid-19 status and risk.
- Avoid the use of a bivi shelter unless there is an environmental and clinical need
- Consider use of blizzard bag and/or alternative methods of insulation
- Minimise transporting casualties in vehicles and, if you have to, minimise team members in vehicle and ensure good ventilation
- Dispose of kit or isolate, wash and decontaminate.

MREW Covid-19 PPE Guidance for Rescuers: Updated July 2021.
Dr Alistair Morris, MREW Medical Director; Dr Brendan Sloan, BCRC Medical Director; Dr Alastair Glennie, SMR Medical Officer.

MOUNTAIN RESCUE ENGLAND AND WALES, BRITISH CAVE RESCUE COUNCIL AND SCOTTISH MOUNTAIN RESCUE

EQUIPMENT DECONTAMINATION GUIDANCE (REVISED 2 APRIL 2021)

GENERAL PRINCIPLES

Whilst increased equipment decontamination and quarantine procedures were commenced with the Covid-19 pandemic, the general principles are best practice for all patients going forward. There are a wide number of infectious diseases that team members and casualties should be routinely protected from.

There has been no change in national guidance at present over Covid-19 although there is a paucity of evidence of transmission via surfaces. What evidence exists shows a low risk of transmission. The viral DNA lasts less time on soft than hard surfaces but presence of DNA does not necessarily mean the virus is transmissible.

With an anticipated increase in activity, the medical and equipment subgroups have developed a pragmatic approach to equipment decontamination following a call-out.

Patient Care Equipment should be single-use items where practicable.

Reusable equipment must be cleaned and decontaminated:

- After patient contact
- After blood/body fluid contamination
- At regular intervals as part of routine cleaning.

Decontamination of equipment involves:

- Washing off any physical dirt/debris, including blood. Followed by:
 - A combined detergent/disinfectant solution at a dilution of 1000 parts per million available chlorine OR
 - General purpose neutral detergent in a solution of warm water followed by a disinfectant solution of 1000 ppm chlorine*.

** If disinfection cannot take place due to manufacturer's advice a quarantine period of 72 hours should be observed.*

Contamination risk stratification

- **High risk:** Equipment within 2 metres of casualty/individual
- **Low risk:** Equipment beyond 2 metres of casualty/individual.

LOW RISK

Equipment >2 metres from the casualty

Clean equipment with suitable detergent* (if possible) and dry.

Equipment can then be reused immediately.

HIGH RISK

Equipment in close proximity to the casualty <2 metres

Decontaminate** or quarantine*** all equipment.

*always follow the manufacturer's recommendations

**if equipment can be decontaminated (wiped with hot wash, detergent, alcohol wipes or chlorine-based disinfection) then does not need quarantine

***quarantine time = 72 hours.

<https://tinyurl.com/54m8ap53MREW> Equipment Decontamination Guidance: Updated 2 April 2021.

Paul Smith, MREW Equipment Officer; Dr Alistair Morris, MREW Medical Director; Dr Brendan Sloan, BCRC Medical Director; Dr Alastair Glennie, SMR Medical Officer.

Coronavirus Covid-19

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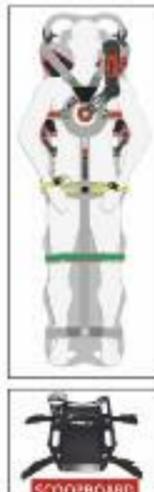
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UPDATE FROM **ALISTAIR MORRIS** MREW MEDICAL DIRECTOR

Use of the fentanyl lozenge in mountain rescue

On 1 January 2022 fentanyl lozenges moved from Group 3 to Group 2 of the MREW Formulary, making them more accessible for teams and casualty carers. This article will cover what is different about fentanyl, what you need to know as a casualty carer and how to use it.

BACKGROUND

Giving pain relief, whilst having the obvious humane benefit of reduced suffering also has many advantages in our arena — it allows life and limb-saving treatment to be given, increases the cooperation of the patient by reducing pain and anxiety, and allows us to extract from some difficult locations in both mountain and cave which will inevitably result in movement that could trigger pain for the patient.

When treating pain, the pain ladder (right) describes the stages of treatment with increasing pain.

Never underestimate the benefit of psychological pain relief — be that the kind supportive words, the banter with the patient on the stretcher or the deployment of one of our search dogs to distract the patient. These are all well recognised to reduce the need for pharmacological treatments. For broken or injured limbs, immobilisation with a splint provides good pain relief in itself once applied and again may reduce the need for medication.

Both paracetamol and ibuprofen give good baseline treatment of pain and should be given, if possible, prior to other stronger forms of pain relief. Nitrous oxide/oxygen (Entonox) is self-administered and gives good short-acting pain relief, particularly for procedures but can be used for short carries. For longer-acting and more severe pain we have traditionally always used morphine as our opioid.

Opioid pain relief has been used in mountain rescue since the 1920s and remains the mainstay for moderate to severe pain in our casualties.

FENTANYL

Opioids originally came from opium poppies and formed the precursors for drugs such as morphine and diamorphine. Fentanyl is a more modern synthetic opioid developed in the 1960s that focuses on one type of opioid-receptor in the body. It binds 50-100 times more potently than morphine to the $\mu(mu)$ -opioid receptors found in the brain and spinal cord but also elsewhere such as the gut. There are three main types of $\mu(mu)$ receptor: μ_1

THE PAIN LADDER

STEP 1: SIMPLE PAIN RELIEF

- PARACETAMOL
- IBUPROFEN
- PSYCHOLOGICAL

STEP 2: MODERATE PAIN RELIEF

- ENTONOX

STEP 3: STRONG PAIN RELIEF

- MORPHINE
- FENTANYL
- DIAMORPHINE

receptors involved in pain relief and dependence; μ_2 causing the main side effects of respiratory depression, pinpoint pupils and reduced gut movement; and μ_3 causing dilatation of the blood vessels which can drop blood pressure, the reason why we avoid use in shocked patients. This means it is needed in smaller doses and acts more quickly.

Fentanyl comes in many forms and the one used in mountain rescue is the lozenge. This was originally developed as a treatment for breakthrough pain in patients with long-term pain and on long-term treatment. Our use in acute pain in patients not already on an opioid is 'off license' and this has been agreed by the Medical subcommittee on the back of the evidence of its safe use in a number of areas, including the military, as well as our own usage data since its introduction in 2008. 2020 saw fentanyl lozenge use exceed that of morphine in MREW for the first time.

WHAT ARE THE ADVANTAGES OF FENTANYL?

The main advantage is that it does not involve sharps eg. drawing up from glass vials and needles for injecting into someone, in often less-than-ideal situations. With intramuscular morphine we inject the whole dose in one and therefore if side effects are encountered it cannot be withdrawn. Also, intramuscular absorption in the cold casualty with poor circulation may be poor and, when the patient warms up in hospital, they may receive the dose then, which could cause side effects if given other opioid pain relief.

In my team, the casualty carers have become increasingly confident with delivering fentanyl safely and as such we provide better pain relief to our casualties more often. It comes as a lightweight lozenge that is easily



carried but less easily accessed (you will need some scissors or a knife to open the pack).

Whilst it is a fast-acting opioid the onset for pain relief by buccal route is similar to IM for morphine (around 10-15 minutes).

It is patient-controlled so once they achieve good pain relief they can take it out of their mouth and use on and off, similar to Entonox.

HOW IT IS GIVEN?

The lozenge needs to be actively rubbed on the inner cheek on both sides — front and back whilst rolling the lozenge. This requires active rubbing and not just popping in the side of the mouth and leaving it there. (See video at: <https://tinyurl.com/mumuvbwX>).

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The casualty does need to be conscious and compliant to do this and to not have facial injuries or arm injuries that would prevent them from delivering it correctly.

WHAT ARE THE DISADVANTAGES OF FENTANYL?

All the side effects we learn about as part of casualty care, and see with morphine, are the same for fentanyl and we should remain alert to these and be able to treat as we would with morphine (respiratory support and naloxone).

There are, however, two other areas where casualty carers cannot use fentanyl — this is in children (<18 years), and in casualties who are taking an antidepressant. In these patients we would return to morphine as previously. Fentanyl has a very rare, but very serious (potentially fatal) side effect with patients who are on certain antidepressants. It was therefore felt by the Medical subcommittee that casualty carers should not be put in position to determine which antidepressant is which (and the casualty may not remember) and so there is a blanket contraindication.

From a team perspective it is more expensive than morphine and the expiry needs to be watched as it can sometimes be short.

I'M A CASUALTY CARER – CAN I USE THIS NOW?

The 2022 Casualty Care assessment may include fentanyl in the MCQ and would include it in the practical assessment if your team are currently using it. Therefore you will have the knowledge to use, but only be assessed practically if your team stocks it.

If you qualified in the last three years, your team medical officer will need to give a specific training on fentanyl and this must be recorded in your training records. You will then be able to use on your current Casualty Care certificate.

Fentanyl is not in the scope of practice for paramedics and so will need a Casualty Care certificate to have insurance to use this through the MREW medical indemnity. This is the same for doctors who do not have indemnity for their MR work through their defence organisations.

SO, CAN WE GET RID OF OUR MORPHINE NOW AS A TEAM?

The basic answer is no. You will still need to carry morphine to be delivered intramuscularly or intravenously (by HCP or Extended Casualty Carer) if the patient is a child or is taking antidepressants.

CONCLUSION

Fentanyl has been safely used in mountain rescue for fourteen years now and its use has overtaken that of morphine. It is being moved to Group 2 of the formulary to make it more accessible for casualty carers and teams and may be examined in your team from January 2022.

I have seen the use and confidence of the casualty carers in my own team increase over the years. This means our casualties are receiving good quality, relatively side-effect-free (we've not seen any) pain relief at their time of need and it protects team members from the risk of needle-stick injury. ☺

Advice for teams on the transportation of patients in team vehicles in EXCEPTIONAL circumstances

Background: The advice from MREW is that team vehicles should not be used to transport patients where ambulances can access except in exceptional circumstances. There may be times where there are excessive delays for ambulance services, risk of harm or suffering to the patient due to the delay or there is significant operational need to redeploy team members to a further call-out. During periods of exceptional demand on ambulances, delays have been reported as significant (over four hours and even up to days quoted), and on occasion fire tenders and police cars are used to transport patients. This document is to support team leaders and incident controllers in those exceptional circumstances to ensure patient safety and that the patient does not come to harm and the team is not put at risk.

CQC (England): The Care Quality Commission inspect and regulate ambulance services. SAR are exempt at present, but they are clear that if transportation becomes routine then we would have to register with them.

Healthcare Inspectorate Wales (HIW): Do not expect those transporting patients to register with them.

Insurance: The insurers are clear that this should only happen in exceptional circumstances and not routine, otherwise premiums would be reviewed. Teams are covered to transport patients in team vehicles. All episodes need reporting to MREW for monitoring purposes. If this becomes routine, this is a different level of risk and premiums would increase.

Risk Assessment: The document includes a risk assessment between leads from each organisation. It is important to understand that a claim may come against those making the decision to transport the individual in the event of an accident in the vehicle. A team can ensure they have their own legal expenses insurance to cover this.

Patients: All patients are prioritised by their illness/injury at control. Typically, the longest delays for ambulances will be for more 'minor' injuries such as limb injuries.

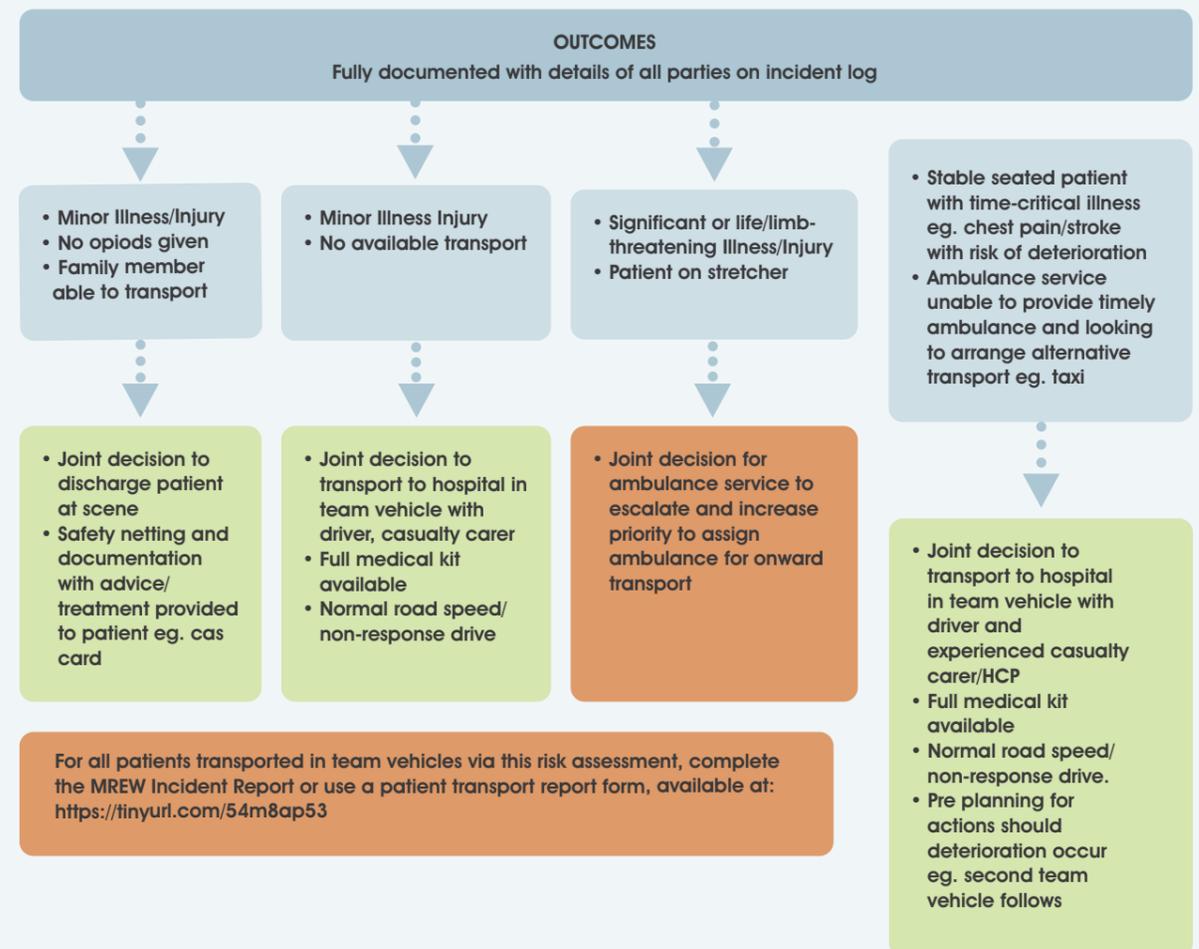
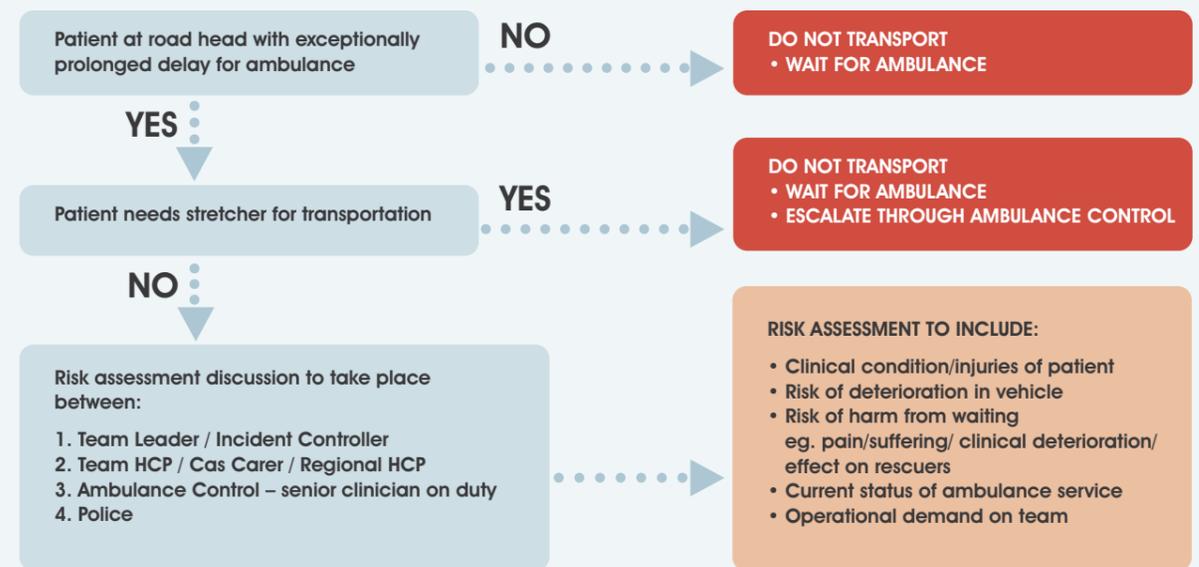
We must not transport unwell patients on stretchers in vehicles on the road — they need an ambulance. (It is also rare that a team vehicle's stretcher fittings meet the required standard in terms of UK Standards and legislation for this activity). Discussion with control to increase priority on medical grounds is required.

If the patient has family with them, they could convey the patient if no strong analgesia is needed/given. Consent/agreement should be documented in the incident log. The only patients we should transport in exceptional circumstances are those who are able to comfortably sit in a team vehicle with a seat belt on.

Documentation: The decision tree (opposite page) supports the decision-making process between agencies, and this decision and the reasons behind it should be documented on the incident log by all parties.

At hospital: A full handover of the patient needs to be given. One reason that there is an ambulance delay is that ED departments are busy — therefore the team members and casualty may have a long wait there instead.

Version 3. Produced November 2021. Mountain Rescue England and Wales.



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Mark Lewis on developments with What3Words

Since the introduction of 'what3words' into the mountain rescue environment, many MREW and SMR teams have found it challenging and frustrating. However, many agree that it's another tool in the toolbox we have available to us. An example of its benefit is when a caller is on a roaming call, the calling authorities manage to get a What3Words location, but when that call ends, we have no way to recontact the caller, so some information is better than none.

Having carried out a survey for four months, we received feedback from just 31 organisations. With this valuable feedback, and discussion with members, we identified a number of key issues. Working closely with What3Words (W3W) I have gained better understanding of how it works and improvements that could be made by all parties.

One of the challenges was within Sarcall. When the W3W string was entered into the log it would query the W3W database and convert this to a grid reference. With Sarcall Ltd and What3Words working together, the W3W AutoSuggest API was implemented into Sarcall. Within the first month improvements were recorded. Approximately 25% W3W were entered inaccurately; utilising the W3W API these 25% then produced a location within the correct area.

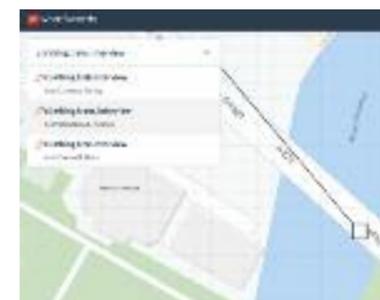
Also, part of the work package was to convert the W3W location to eight-figure OS grid reference rather than the previous six-figure. The conversion highlighted a small rounding error on a PHP Library file that was being used (not the fault of Sarcall Ltd). It was

found that a bug was creating an error with the grid reference by almost 100 metres and, to overcome this, an offset needed to be implemented. Testing has shown that the conversion is now very accurate. AutoSuggest can now clearly be seen to be working well in the Sarcall log.

It was identified that some calling authorities are just passing the W3W location to teams and clearly not checking that the location was in the expected area. A checking process has now been added to the W3W training package for calling authorities. We hope the latter take note and double check the given location.

It was interesting how we were verifying the W3W location and just using the what3words.com website wasn't the best method. I've now learned that we should use a modified URL that uses country clipping, and will give suggestions on the correct locations within GB (See <https://tinyurl.com/2nda67bd>).

The image (left) shows how the incorrect word set `///climbing.treks.interview` (for a location in Mexico) shows alternatives for Great Britain, with the top hit being `///climbing.trek.interview` in North Wales, followed by alternative candidates `///climbing.trees.interview` in Scotland and `///climbing.tree.interview` in Lincolnshire.



A common myth is that when you dial 999/112 the calling authorities are asking you to download an app. This is clearly wrong as they send a lightweight link in a similar way to Sarloc and Phonefind, the W3W link being <https://uk.findme.w3w.co/>.

When a location is calculated, it tells the user the GPS accuracy and gives them a chance to refresh the GPS position. This page has been improved based of feedback I've given them. Hopefully more will follow.

WHAT CAN'T WE FIX?

- Informants not being able to enable their GPS on their devices
- GPS inaccuracies and issues in mobile phones.

HOW CAN YOU HELP?

- Educate your calling authorities to:
- validate the What3Words location before entering the details into logs
 - enter the What3Words location in the correct format within the Sarcall log.

What3Words understand and acknowledge that we prefer a grid reference and we encourage the public to use a map and compass. They will support us in any way they can and are happy to receive feedback and work closely with us. At the request of MREW, they are adding the ability to convert into 6/8/10 figure grid references to the app for early 2022. We can only try to solve problems if teams engage when we request support. I'll continue to liaise closely with What3Words to ensure the improvements continue.

Thanks to Coniston MRT, Derby MRT, Exmoor SRT, Longtown MRT, Northumberland National Park MRT, Police Scotland MRTs, Scarborough and Ryedale MRT, Tweed Valley MRT, and Upper Wharfedale FRA who jointly reported 98 out of the 130 recorded responses. Thanks also to Sarcall Ltd and What3Words for working with us to improve the results being produced. Finally, not forgetting my thanks to Peter Lorraine-Smith for representing SMR and Police Scotland with the data-gathering exercise. 🙏

SEPTEMBER: TEAM NAMES FINALLY DRAWN FOR DONATED RADIOS

The twelve radios were donated to Mountain Rescue England and Wales by Simoco at the beginning of 2020, the plan to draw twelve lucky teams out of a hat during the 2020 AGM but that meeting was cancelled because of Covid.

That draw finally took place during a training day at Simoco in September. Andy Gamble, Simoco Sales Director, drew the following teams names out of the hat: Bowland Pennine, Calder Valley, Northumberland National Park, Kendal, Brecon, Western Beacons, Dartmoor Tavistock, Dartmoor Okehampton, Holme Valley, Llanberis, Duddon and Furness and Dartmoor Ashburton.

Right: MREW ICT Officer Mark Lewis, Simoco Sales Director Andy Gamble and Iain Nicholson (Bowland Pennine MRT).



Mountain Rescue Heritage project

Sally Seed looks at the year gone and the year ahead for the heritage project

We were almost there and then Covid happened and the HLF goalposts moved. And they've kept moving during 2021. But we have continued to 'meet' and adapt and there are a few key things to communicate to team members and supporters for 2022.

The urgency and importance of the oral history side of the project is as strong as ever, if not more so. The catalyst for this project initially was the threat of losing our organisational memory as early members from the 1950s and 1960s featured all too often in our obituaries, and that determination to capture the memories before it's too late is still at the heart of the project.

The need to rationalise, consolidate, catalogue and protect our documents and artefacts is growing. Whether it's teams moving to new bases and cutting back on clutter, or MREW officers changing and wondering what to do with the piles of files, or teams investing in new equipment and wondering what to do with old versions, every year that passes creates more stuff.

The possibility of using our heritage as a way of reaching new supporters and new adventurers is as valid as ever. Part of the HLF bid is about creating online and tangible resources and exhibition materials that can then be used to broaden awareness of mountain rescue, and the need for that is even more obvious with the increasing demand for mountain rescue services.

From the very start, the brief for the focus of the bid has tackled all three of these aspects, bringing in dedicated archiving expertise to set things off and provide the specialist packaging and materials to prevent deterioration. And it's about sharing skills and creating a network across England

and Wales so we can share details of who and what's available and make informed decisions about what's valuable (memories and stuff), what's duplicated and where the gaps might be.

We may not have been in a position to submit a bid, but behind the scenes we've continued to prepare for once the HLF criteria open up to our type of bid:

Oral History Society training: Effective interviewing is a skill and many of the people listed (opposite) took part in online training with the Oral History Society experts in October. This means the Heritage Champions are better equipped to be capturing their priority people, if not on camera, on recorder. Thank you to Liz Sutton for her help in setting this up and making it happen.

Adapting the bid: We anticipate that diversity and public interest will be key factors in future criteria so the project team has been working on rewording sections of our proposal to emphasise the value of having catalogued artefacts and accessible documents for any communications or exhibitions. The focus of these would then be 'new adventurers', including the more diverse community that is now wanting to walk in the hills and mountains.

Searching for match funding: Having our own money to invest in this project is likely to be a factor in impressing the HLF committee, but we are very aware that no one gives to MREW for a heritage project. To be as transparent as possible, we all want to pursue separate, clearly allocated funding



'Coniston Fells Rescue Team' as seen in images from an issue of Picture Post in 1947.

for any heritage pot and we've been talking to a number of commercial organisations that share history and heritage with MR.

Basically, we're continuing to watch the HLF side of things while looking for ways to meet some of the objectives with our own resources. If you have ideas or suggestions on any aspect of the project, please get in touch with one of those named below. We're grateful for any support or contribution and hope to be able to report on more progress in the coming months.

MHT PROJECT WHO'S WHO

Mike Margeson

MREW Operations Director and project leader within MREW

Ray Griffiths

MREW President and advocate for celebrating the history and heritage of mountain rescue.

Liz Sutton

Heritage development and funding consultant who has been working with the project team on its ever-evolving Heritage Lottery Fund bid since 2019.

Ron Allan

North East England Heritage champion

Mike Margeson

Lake District Heritage champion

Roger Bennett

Peak District Heritage champion

Carolyn Driver

Yorkshire Dales Heritage champion

Paul Hudson

Peninsula Heritage Champion

Chris Lloyd

North Wales Heritage champion

Dan Mazhindu

South Wales Heritage champion

Pete Shanahan

Mid Pennine Heritage champion

Dave Freeborn

President of Patterdale MRT and a professional videographer with decades of experience in capturing interviews on camera.

Judy Whiteside

MR Magazine Editor and an experienced MR interviewer, not only for the magazine but also for published histories of several teams, including Risking Life and Limb, the award-winning history of the Ogwen Valley Mountain Rescue Organisation.

Sally Seed

PR consultant to MREW contributing to the bid with plans for using the heritage project to raise awareness of mountain rescue amongst the broader public.

Chris Martin

Chairman Mountain Heritage Trust

Terry Tasker

Project lead, Mountain Heritage Trust Trustee and Heritage Lottery bid partner.

Kelda Roe

Collections Manager, Mountain Heritage Trust and proposed line manager for any Heritage Lottery funded Project Officer or archivist. ☺

mrew



Update from Mike Margeson on operational matters for teams in England and Wales

Following on from the very busy summer and autumn I guess we should have expected the arrival of the first winter storms, Arwen and Barra. Severe weather seems to be becoming more frequent. Storm Arwen, with its record-breaking winds in some locations, caused significant disruption. Major incidents were called in a number of regions and many teams were active in both the rescue and recovery phases.

The eastern side of the country received significant snowfall. North of the border the SAIS forecast service started early. The rescue phase consisted mostly of rescuing motorists trapped in winter conditions on higher routes in the Pennines and North East. During the recovery phase, many teams assisted their communities and LRFs with a range of welfare priorities, particularly to help and check on the vulnerable in remote locations.

Training as a whole across regions has been progressing and I guess best described as in catch-up mode where possible. Even some of our Libor-funded regional courses have taken place. I attended the Lakes four-day rope rescue instructor course delivered by Lyon Equipment (featured on page 46/47), and they have subsequently been down to the south west teams to deliver the course. All this progress, however, may well need to be reviewed with the fast-spreading Omicron variant rapidly taking hold and intended face-to-face meeting may revert to virtual meeting.

Following the meetings with the UK SAR-H group and W3W mentioned in the last magazine I can report that ongoing

progress is being made with both. Mark Lewis reports further on W3W on page 13.

Alistair Morris has stressed the importance of team members having their booster vaccines (as if they need reminding), and the importance of our PPE guidance, particularly in indoor spaces or travelling in vehicles with a potentially more infectious variant. From the outset of the pandemic, our concerns have been to protect our team members and ensure the resilience of the mountain rescue service. With a potentially more infectious and fast-moving variant, the concern that large numbers of team members will have to isolate is very real. Julian would like to remind us that PPE required for those teams without local access can be ordered and delivered to teams via the MREW shop (see page 21).

Simon Thresher, MREW Vehicle Officer, and Penny Brockman, MREW Finance Director, are doing everything possible with our insurers to find a workable solution to the vehicle security issues.

Lastly, our Peer Review process will be running in 2022. A number of slots are still available, contact Tim Cain for further details. ☺



DECEMBER: MIKE PICKS UP HIS OBE FROM MREW PATRON HRH THE DUKE OF CAMBRIDGE

News from Rachael Margeson that husband Mike had his investiture at Windsor Castle in early December.

'He was delighted to be presented with his award by Prince William and took the opportunity to thank him for all his support for MREW,' says Rachael. The photo was due to be presented to Mike as a surprise Christmas present so hopefully he's seen it by the time we go to press!

Catch-up chat with Mike Park, six months in...

JUDY WHITESIDE

Six months into his tenure – a hundred and eighty-two days if he’s chalk-striking them off a cold, hard wall somewhere – and MREW SEO Mike Park fidgets only a little nervously behind the on-stage lectern at the November meeting. He’s a confession to make. ‘Am I finding this new role hard?’ he asks. Hell yes (I’m thinking he thought). ‘Of course, I am.’



It’s a refreshing admission for the head of any organisation in these days of spin and fluffter, but this is a man who we’re fast learning calls a spade a spade and tends not to pull punches while also doing his damndest to understand other viewpoints which he might not necessarily share.

And it’s this latter mindset, this willingness to see the bigger picture across England and Wales, that has seen him and his trusty campervan visiting twenty teams in person and virtually attending three different regional meetings to date. His aim is to visit the remaining 47 over the next six months.

And this is on top of the tsunami of management, trustee, regional chairs and other subgroup meetings. ‘I honestly didn’t realise or appreciate the amount of work that goes on in the background!’ he says.

‘These visits have opened my eyes. We may all have different bases, different approaches to call-outs and different terrain to work in, but the people who carry out mountain rescue have very few differences.’

‘They’re all dedicated to helping people and saving lives. They all work hard to get the job done, and their adaptability and camaraderie shines through.’

I sat down with Mike for a catch-up interview, a few days later, imagining it might be somewhat shorter than the first. Not a chance. Quite apart from the many tangents we find ourselves meandering off at, this is a man who has a lot to say, question and debate in his quest to understand every aspect of mountain rescue, and the intervening months have hardly tempered that. As those teams who have already played host will have discovered for themselves.

‘I think they thought I was coming along to be nice and polite,’ he grins. ‘Visiting them

on their home turf, wiping my feet, drinking their coffee, having a chat, climbing to the top of that tor and getting stuck (more about that later). But that wasn’t what it was about. It was about weighing them up, spotting hidden talent to harness, identifying solutions, where to go to get help...’

And by that he means the help he intends to call on to create ‘Our MREW’. This isn’t about MREW delivering top-down ideas and plans, but about every single team member future-proofing this organisation to ‘meet the challenges of an ever-changing, developing society’. He’s identified nine ‘hot topics’:

- Strategy, vision and road map
- Risk management
- Shared values
- Insurance
- MREW membership
- Relationships with Westminster
- SAR-H
- Future-proofing ICT provision
- Communication
- Covid and the ‘new normal’.

STRATEGY, VISION, ROAD MAP

During his visits, he’s challenged teams to reflect on how they did things ten to twenty years ago and recognise how far they’ve come, viewed through a positive lens. Then consider where they need to be in the next ten to twenty years. The primary focus should always be the casualty but maybe things could be done more efficiently.

‘For example, is it really a good thing to shove a casualty in the back of a Land Rover for transit to hospital or are we just hiding a bigger problem with the ambulance service and pushing the boundaries of what we do? Sometimes, we’re so bogged down at the coalface, we’re not lifting our heads’.

This exercise shouldn’t be confined to teams, he believes, but carried out at regional, subcommittee and national level too — including the officers and trustees. He wants officers to consider how long they’ve been in a particular role and what they are doing now. What’s their exit strategy, their succession plan? And he’ll happily apply this same thinking to his own situation, not anticipating being in the same position in ten years’ time.

‘If I haven’t achieved what I want to achieve in five years’ time, why would I stay on? Why would anyone want me to?’

It’s a fair point and it certainly challenges the way things have gone before. Question is, are there people out there willing to step up to the plate and stand for a national role — any national role? I’m guessing the next four and a half years will tell.

RISK MANAGEMENT

This needs to follow the same enquiring path, driven by the ‘Our MREW’ vision and strategy and it’s a topic currently engaging the MREW team (Mike’s preferred title for the management team) at every meeting but it runs through the whole organisation. Undoubtedly a work in progress.

SHARED VALUES, WELLBEING AND WELFARE

He’s frank about his initial scepticism in embracing ‘shared values’, once believing — as no doubt many still do — that this has no place in MR. Just another buzzword. But he’s a convert. ‘Given the number of emails I’ve had over the last six months about welfare and wellbeing issues within a number of teams — and the expectation that

I personally will deal with it — this is a very real issue for us and we need to agree how teams, regions and MREW manage it. This isn’t about just paying lip service.’

In November, he attended the launch of the Blue Light Together package of mental health support at The Royal Foundation Emergency Services Mental Health Symposium, at the invitation of MREW patron, HRH The Duke of Cambridge. The initiative encourages emergency service leaders and partner charities working together to change the workplace culture on mental health and provide specialist support to emergency responders and their families. He’s heartened to know that the regions and teams are keen to have best practice guidelines, created by everyone for everyone, but stresses that once those are in place we do need to actually follow them, not something that’s been readily evident thus far!

As an aside, Mike has also been keen to chat to myself (wearing my other hat as Rescue Benevolent Fund trustee) and other fund trustees, to see how we can work together more closely. As mentioned elsewhere, mental health support is something the fund is seeing a growing demand for and we’re happy to help where we can.

INSURANCE

There’s been much discussion recently about insurance, in the light of the incident during which Patterdale team member Chris Lewis sustained life-changing injuries. But it’s not as simple as simply upping the premiums — were that even financially feasible.

‘Yes, our insurance policies need to be fit for purpose, both for the organisation we are today and the organisation we aspire to be, but we also need to be honest with ourselves about the risks we face! We can’t any longer bury our heads in the sand and think the unthinkable won’t happen to us because for one of us, it has. And it’s not just about the impact of catastrophic physical injury on any individual, it’s also the psychological effect on the rest of the team — and the wider world of mountain rescue.’

‘We need to accept the realities of the mission we’re committing to and understand all the consequences when things don’t go according to plan. And, I’m sorry to say, this doesn’t all fit on a so-called dynamic risk assessment.’

MREW MEMBERSHIP

Since the establishment of the CIO, MREW has had in place strict criteria for ‘full membership’ of the national organisation and this definition will, he assures me, be ‘reviewed appropriately’. But outside of this,

perhaps ‘associate membership’ needs better defining with at least two teams now falling into that category, and Mike would like to see a third category with ‘partner membership’.

With full membership, he would expect full and mutual support in all directions. Associate membership he sees as being specialist groups such as the search dogs, where there is still full commitment but not necessarily the privileges (such as voting rights, perhaps).

In his proposed partnership category he would put the other independent rescue organisations such as the BCRC teams, Scottish Mountain Rescue, Mountain Rescue Ireland, Lowland Rescue, the statutory emergency services and so forth, where we mutually help each other but ‘it’s not the be all and end all if one of them disappears’. And far from wanting to make the relationship with cave rescue teams the contentious issue some might wish it to become, he’s keen to stress that this particular partnership needs to be a strong one, albeit perhaps differently defined.

GOVERNMENT AND THE APPG

His hope is to reinvigorate the support of Westminster and to secure a government department to report to. A planned visit to Westminster, to lobby this support, was cancelled in November but this remains high on Mike’s agenda.

‘We need a single point of contact and an ear within government to understand what mountain rescue brings to the whole SAR provision. But rather than one person, who could easily move from a post for whatever reason, I see that as the Home Office as a whole. Success will be a single point of contact not a single point of failure!’

SAR-H PROVISION

This falls firmly under the banner of risk management, mission AND government engagement — not to mention welfare, wellbeing and insurance.

‘We need to be honest and realistic about the risks involved when working with helicopters, for the benefit of the casualty and the safety of our team members.’

He’s unequivocal that ‘team members are never passengers where helicopters are involved but an integral part of the success of all rescues and we should be trained appropriately. No compromise’.

FUTURE ICT PROVISION*

Invited to give a broad brush review of what has most positively influenced MR over the last twenty years, he cites ‘technology, equipment and the techniques and processes developed and shared across the organisation’.

He believes a significant key to the future of mountain rescue is that we have an ICT provision that is ‘joined-up, fit for purpose and developable’. His vision is very much about ‘our people’ but continuing to invest in ICT will, he says ‘enhance our investment in our people’.

COMMUNICATIONS

Not that thorny topic again, I think, sensing my eyes have rolled imperceptibly skyward. But asked whether he thinks we’ve improved on this front during his short time in office, he’s honest enough to admit he can’t now answer the question. I’ll take that as a yes then. We revisit our conversation of six months ago, where he was treated to my recounting the frustration felt by the publications group in particular and the MREW team as a whole that communication is often a one-way street, that there was some onus on teams and team members to actually engage with the stuff we send out (not least the magazine).

The good news is, we have both sensed a change. He has been encouraged by his visits to teams, reassured that they do want to engage and be part of this renaissance, whatever form it might take. From my own point of view, I’ve noticed a distinct uptick in teams offering stories for the magazine — perhaps inspired by the newly digital publication and its innate shareability. They say it takes a while to turn a tanker at sea, their sheer large inertia making them very difficult to steer. It’s a fitting analogy for mountain rescue and perhaps, finally, the tide is flowing our way.

‘We can’t take our eye off the ball’, however, says Mike, proving that if nothing else, mountain rescue loves a metaphor.

COVID-19 AND THE NEW NORMAL

This pesky virus — and the impact it has had on the whole organisation in terms of how we protect our members, partners, casualties and the wider public — is set to be with us for some time to come, and we will need to continue and adapt. ‘We are not going back to the old normal,’ says Mike. ‘Why would we want to?’

So much for the hot topics, but we also touched on the developing relationship with Helly Hansen. We’ll bring you more on that in the April issue, by which time we hope the planned garments will have been rolled out to the two teams involved thus far. But, for the sake of clarity after he referred to the company’s developing ‘partnership’ with MREW during the November meeting, I asked whether that precluded other partnerships with other manufacturers. Or indeed any other external organisations. The

*Read more about Mike’s vision for future Mountain Rescue IT provision on page 21.



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Should you have any policy enquiries please contact the team on mountainrescue@tysers.com.

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IN CASE YOU STILL HAVEN'T VENTURED INTO OUR ONLINE VIRTUAL LEARNING PLATFORM, HERE'S HOW...

For a few years, member resources and documents have been housed in the Moodle VLE. It's easy to access and a growing resource for medical, training and insurance information in particular. So, if you haven't got round to registering yet, here's a quick tour of the key areas to see what you're missing...

Sign in and you'll be greeted with a Home page, with access to your personal Dashboard, Calendar, Files and Courses. Centre stage, the key disciplines listed include **Medical, Search, Water, Safety, Technical Rescue, Leadership and Incident Management, ICT, Insurance** and **GDPR** and a few other categories yet to be fully populated.

Perhaps most relevant currently is **Medical** which, from the start of Covid-19, has been regularly updated with information and resources. The Medical subcommittee addresses the legal and medical requirements for training and operations, and there's plenty of resources to download.

Also under Medical, you'll find information relating to the Casualty Care Certificate and there's a free-to-download PDF of Casualty Care for Mountain Rescue Edition 2, an electronic version of Revision Notes for Casualty Care, and a section on Anatomy and Physiology containing materials to explain how the human body works and WHY we do

what we do, rather than just WHAT we do. There's also a section devoted to Recognition of Life Extinct in Mountain Rescue from David Whitmore, and you'll find minutes here too.

The **Insurance** category is also worth a check. Here, you will find all the policies and schedules applicable to mountain rescue, and a list of frequently asked questions. ☺

To register...

go to <http://tiny.cc/Moodle4MR> using a team email address (not role-specific). You'll get an automated email within 30 minutes confirming receipt and, once you're approved, you'll be given a temporary password, which you can change at first log in. Easy peasy. Any issues, email moodlesupport@mountain.rescue.org.uk.

17 MIKE PARK, SIX MONTHS IN CONTINUED

short answer to this is an emphatic 'No'. So be reassured and, possibly, intrigued. And watch this space for more to come in Spring!

But enough of all that... I'm keen to hear more about the tale he dropped into his chairman's introduction, the one about him climbing a tor under the watchful eyes of Dartmoor Tavistock members. And getting stuck, in need of 'rescue'. Surely not? This intrepid mountaineer — stuck?

Tavistock team leader Paul Hudson was happy to flesh out the story in the absence



Above: Great Staple Tor © Roger Cornfoot (cc-by-sa/2.0). Previous page: Mike Park in contemplative mood. Image supplied by Mike.

of further details. 'We'd taken him up onto the moors and walked over several tors, but it was Great Staple Tor that drew Mike's interest. It's one of Dartmoor's most photographed and dramatic tors, relatively insignificant volcanic stacks about 20 metres tall, but we have had a couple of people stuck up there.

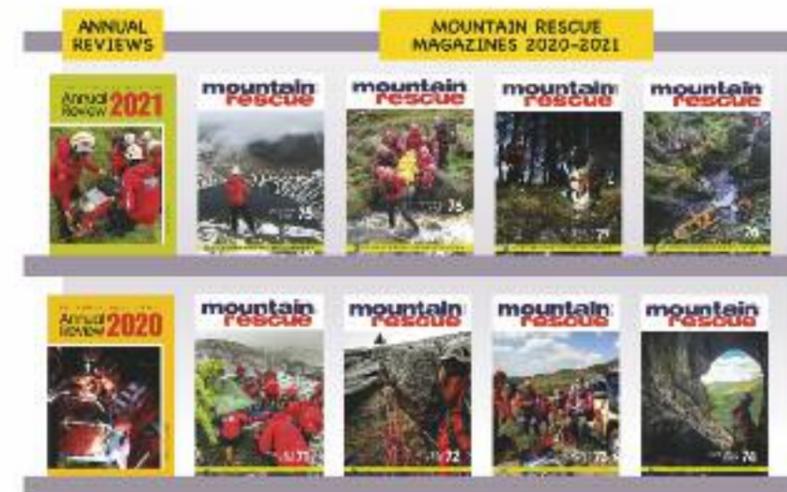
'Mike shot up the stack really quick but the topping stone hangs out a way so, once you're up there, you can't see your way down. We thought he was teasing us at first, but it was at this point a few of the team members whipped out their phones. There were a lot of cameras pointed at him!'

(The results of which, despite my chasing, have failed to materialise!)

'All it took,' adds Paul, 'was for us to give him direction as he lowered his legs down.'

Paul also took the opportunity to say how much the teams had appreciated Mike's efforts to visit so far south from his native Cumbria. 'Many of our members never get to meet anyone from the wider MREW community so it was good to just meet and chat and be able to ask questions.'

I can't help but wonder where the next six months will take us as an organisation, under Mike's chairmanship. He's certainly set off at a gallop, whilst still finding time to maintain a decent work/life balance and indulge his love of climbing, and so far his efforts appear to be paying dividends in developing trust in his approach. Doubtless there will be many out there who disagree but then this wouldn't be mountain rescue without a little grumbling from behind those regulation Covid masks now would it? ☺



WELCOME TO OUR DIGITAL BOOKSHELF: CLICK ON A COVER TO GET TO THE DIGITAL VERSION

The magazine has been digital for two years now, alongside the hard copies. One benefit is that we can share it more widely, but the fact that each issue has its own link means sharing more than one at once has presented something of a conundrum. Until now. **This won't, of course, work with the hard copy**, but if you're reading the Flippingbook version, then all you have to do is click on the relevant mag or annual review front cover and hey presto! There you are. All our digital publications on one handy set of bookshelves. Enjoy.

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ACCESSING THE TEAMS-ONLY AREA OF THE MREW ONLINE SHOP

The MREW online shop currently allows teams to purchase Covid-19 specific PPE items as well as car stickers and badges. Access is available to all MREW member teams upon request. **Julian Walden** explains.

We would ask that all future PPE requests are submitted this way. As part of this process, we are updating team accounts to ensure that all teams have access to this area of the shop and that we have the correct shipping information on file.

To register your team, please email office@mountain.rescue.org.uk and include the details listed below for your team's designated purchaser, using an official team email address. An account will then be created for your team and any further information regarding the setting up of this account sent directly to the shop user. Information we will need is as follows:

- Full name of proposed team purchaser + Team name
- Email (must be a team-specific address)
- Postal address (must be able to receive post/parcels during the normal working day).

ANY QUERIES OR HELP REQUIRED, EMAIL OFFICE@MOUNTAIN.RESCUE.ORG.UK OR CALL 0330 043 9101 BETWEEN 08.30-17.30, MONDAY TO FRIDAY (PLEASE LEAVE A MESSAGE IF CALLING OUT OF THESE HOURS).



Our vision for Mountain Rescue IT into the future

A LETTER TO **ALL** TEAM MEMBERS FROM **MIKE PARK** SEO



I was recently invited to give a broad-brush review of what has most positively influenced Mountain Rescue over recent times. I cited 'technology, equipment and the techniques and processes developed and shared across the organisation'.

Over the last ten years, there has been some amazing success stories of IT systems being developed for mountain rescue from within mountain rescue. A tremendous amount of effort and goodwill has been given for these success stories to become reality. These success stories have often started small and grown organically, as more and more teams have seen the value they offer.

Ensuring the future provision of IT systems and services is aligned to the needs of the mountain rescue community should not be 'just a wish' it should be 'a certainty'. I believe a significant key to the future of mountain rescue is that we have an ICT provision that is joined-up, fit for purpose and developable.

Our vision should be to continually develop and invest in our ICT as this will enhance our investment in our people. With the backing of the regional chairs, we have asked a small team to produce a draft report/proposal setting out the current provision and future vision of IT systems and services required by our mountain rescue community.

The core team is Mark Lewis (MREW ICT officer), Chris Cookson (Cockermouth MRT) and Iain Nicholson (Bowland Pennine MRT) with others yet to be co-opted. The detailed aim we have asked of this small team is as follows:

Objective: Through engaging with the mountain rescue community, and using the draft vision as a starting point, agree an IT systems and services vision for the next 5-10 years.

Benefits: By having an agreed vision of the provision of existing and future IT systems and services to the mountain rescue community, it can be used to:

- 1) help align future efforts with the need and so add value
- 2) on an ongoing basis, engage with the mountain rescue community to review their IT systems and services needs, and so help to ensure the vision is up-to-date, and thus assist in achieving point 1.

Success criteria: An agreed vision for the provision of IT systems and services within the mountain rescue community.

Assumptions: It is assumed that there is a significant resource within mountain rescue willing to help in the provision of the IT systems and services detailed in the vision and that some finances will also be available. It is also assumed that the mountain rescue community will engage with the process to enable those giving their time freely to add value.

Constraints: The numbers and capabilities of those wishing to give their time freely to develop the vision will have the potential to impact the success of implementing the vision. Cost is also likely to be a constraint.

Finally, I would ask that all teams members, teams and regions please engage, contribute and support this team and its aim to develop and invest in our ICT and thus enhance our investment in our people.

Thank you, Mike.

Hinkes thinks



Let there be light...

Having a head torch in your pack is recommended for anyone setting off into the hills and mountains and perhaps nobody knows better than MREW ambassador **Alan Hinkes** just how dark is dark in some of the more remote places on earth. He shares his experience and a few memories.

A head torch has saved me from several benightments enabling me to get off the hill, back down to the valley, home or the pub. I have often come across people without a torch and had to 'rescue' them off the hill. I remember one January intentionally lingering on the summit of Scafell Pike to enjoy the sunset. Descending the Corridor Route in the dark back to Seathwaite in Borrowdale I came across a stranded, benighted person without a torch who had strayed off the path into Piers Gill. He was shouting and calling for help, there was no one behind me and, if I had not come across him, his situation would have got a lot worse and probably entailed a call-out. He was very grateful that I helped him down. It seems unthinkable to go out in January on a big fell without a head torch.

Sometimes I will go out expecting to descend in the dark, especially in early winter when it is dark at 4.00pm. It is good practice for learning to use a head torch, experimenting with how bright they are and

how long the batteries last, as well as map reading and moving on uneven hill terrain with only the head torch beam for light.

I am often asked what is an essential piece of kit that should be in your rucksack on a day out in the fells and mountains. Recently I wrote about bothy bags or bivi bags — basically, nylon windproof emergency shelters. These are a lifesaver if you get caught out and benighted, or need to protect a casualty from the elements while waiting for a rescue team.

A torch often gets underestimated or taken for granted. On a very dark cloudy night without light from a head torch it can be impossible to move. It will not be possible to map read or see the route on the ground and you will be stuck, benighted on the hill. That is when your nylon emergency shelter will now be very useful. Often a torch is thrown in the bottom of your rucksack, thinking you won't need it, but you may come across an incident and need light to help someone else out.

A head torch has been a lifesaver on some of my Himalayan expeditions. In 1987, descending from the summit of Shisha Pangma 8046m in the dark, back to a high bivouac, I had a head torch with an LR12 flat-type battery. It was -25C and the battery only lasted fifteen minutes. Luckily I had another spare, but the light was a dim orange glow by the time I reached the shelter of the bivouac tent.

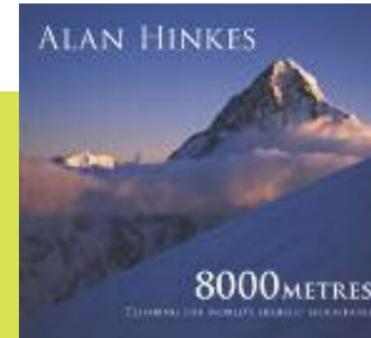
By today's standards the head torches then were primitive. They were heavier with a single fragile 3.8 volt bulb and a 4.5 volt 'flat' battery, as they were called. Basically a flat battery was three AAs in a case known as LR12. Later an adapter allowed three separate AAs to be used as these were easier to find in the shops rather than the LR12 flat battery. To help the battery last, I would have an extension cable to keep it warm inside my clothing rather than have it exposed on my head.

I also experimented with what was known as a Bell Battery. This was a mini brick-sized battery with two screw terminals, used for door bells. These were three U2 cells and heavy for Himalayan or Alpine use. I used them in the UK and sometimes potholing and caving. They were cardboard covered, so had to be kept dry or they'd fall apart.

One of my first head torches — after I moved from a hand torch or my bicycle light, was a not very robust, plastic-bodied Pifco which took a 3.8 volt bulb and three U2 batteries, now called D-cells. Bulbs would burst or burn out and it was necessary to carry spares. I would carry two or three in a 35mm film cannister wrapped in cotton wool or tissue to protect them and you could bet you would be likely to have to change a bulb in the dark in a blizzard on a fell top.

Before the light completely failed it would dim and the bulb glow orange. I even experimented with changing the bulb at that point for a 2.8 volt to eke out the battery in an emergency.

After my Pifco, I graduated to the state-of-the-art French head torch, the Pile Wonder. These classic head torches had thin aluminium bodies and took the LR12 flat



'8000 METRES: CLIMBING THE WORLD'S HIGHEST MOUNTAINS', ABOUT ALAN'S EXPERIENCE IN THE MOST CHALLENGING OF COLD CLIMATES, IS AVAILABLE TO BUY FROM THE MREW ONLINE SHOP: MOUNTAIN.RESCUE.ORG.UK/SHOP/BOOKS

battery. I modified mine to use the bell battery or the LR12 on an extension cable inside my jacket.

Nowadays we are spoiled for choice with a vast array of LED head torches. No spare bulbs are necessary and most use three lightweight AAA batteries. The first generation of LEDs were not very bright and I continued using bulb head torches with a replacement halogen bulb, which gave a bright and far-reaching beam. Carrying spare bulbs was still necessary and the halogen beam gobbled the battery power.

LED head torches are so light and powerful now that I recommend carrying two. One can be a lighter-weight emergency type or a cheaper small lightweight hand torch.

You can get rechargeable battery packs which can be powered up from your car and very lightweight lithium batteries. So there is no excuse for not having plenty of light on the hill these days. Check your LED as you may think it is OK because it shows a white light; it does not glow orange like an old-fashioned bulb did as the battery waned. A dim LED can last for many hours, but is ineffective and not bright enough for navigation.

Some torches have battery level indicators, especially the rechargeable battery packs. There is no need to carry spare bulbs any longer or spare batteries if you have two fully charged torches. If I know I am expecting to descend in the dark I may also carry three AAA batteries as spares — why not? They are so light compared to what I started using over 30 years ago. ☺



Scottie' at work © Andy McAlea/Patterdale MRF.

NOVEMBER: PATERDALE TEAM LAUNCHES APPEAL FOR NEW RESCUE BOAT

The current rescue boat, call sign Patrick Scottie, has seen over fourteen years' service, both in water rescues on Ullswater and to reach incidents more quickly on the eastern side of the lake.

The team is seeking donations of £25,000 towards a replacement boat. The current boat is named after John Scott, the team's former chairman and founder of the supporters' club. Trustee Peter Baker is leading the fundraising group for the new appeal. 'We're investigating various options for the replacement, learning from our experiences with the current boat and gathering information from other rescue teams that use different types of craft.'

The team has seen a significant number of call-outs related to watersports with the growing popularity of wild swimming, paddle-boarding and canoeing, and during periods of severe flooding Scottie has proved invaluable both locally and county-wide. During Storm Desmond and its aftermath, the rescue boat allowed the team to help members of the Ullswater valley community who needed rescuing, and supported the delivery of essential medicines and provisions.

It will take an estimated £45,000 to replace the boat. The hope is that a contribution of £20,000 will come from the sale of Scottie and the associated VAT refund. Sales of the Ullswater Valley Calendar 2022 are also going towards the appeal and a significant donation from the organisers of the recent Lakeland Trails event has given an initial boost to funds.

GOAL ZERO VENTURE RANGE

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FOR A DISCOUNT, CONTACT SALES@BURTON-MCCALL.COM OR CALL 0116 234 4646



Top: More recent incarnations of the head torch. Above: The LR12 flat-type battery; Pifco battery and head torch; the French Pile Wonder with extension. Images supplied by Alan Hinkes.

Getting to know our Scottish Mountain Rescue colleagues...



Top, far left: Lock Esk 1976; Centre: Thomas stretcher in use at Glen Doll 1959; Left: PS Tayside 1973 at Braedownie with Alan Thomson and Bill Yule; Bottom: 1970s team members at Glen Doll. Photos supplied.



Police Scotland (Tayside) MRT

Research and words by Constable Paul Morgan, Team Leader

New Year's Day 1959: The Jock's Road Disaster: When five hillwalkers were reported overdue on their walk between Braemar in Deeside and Glen Doll in Angus, on Jock's Road, it sparked off a ten-week search involving police officers, gamekeepers and members of the public from both Deeside and Angus, as well as the RAF MRS (the only dedicated MRT involved). The winter conditions were the worst on record, so it took many weeks to recover all five bodies from the metres of snow that had fallen on Jock's Road.

A key player in this incident was Constable Thomas 'Tam' Deas, a rural officer working

in Angus who also had a keen interest in the hills. He was directly involved in the recovery of the bodies over the many weeks that followed and two key things undoubtedly stuck with him: the benefits of having a dedicated rescue team on hand to help in such an organised professional manner and also the help the police received from volunteers.

The event also clearly struck a chord over the district boundary in Deeside; it was the catalyst for the Chief Constable of the then Scottish North Eastern Constabulary who asked for volunteers to join the new Police MRT in Aberdeenshire which started in April

1960 and became the UK's first Police MRT. **1971:** During the twelve years that followed the Glen Doll Disaster, two significant things led to a realisation that an organised mountain rescue team was needed in Angus. The first was the country-wide increase in popularity for hillwalking and climbing. The second and more worrying fact was that estates were significantly reducing the number of gamekeepers and shepherds they employed which meant that when a mountain incident was reported, fewer knowledgeable landworkers were available to assist with rescue efforts.

In 1971, the Chief Constable of Angus Constabulary, in discussion with first team leader Tam Deas, agreed that a formal police team should be established to cover the Angus Glens, in particular Glen Doll. Using the model implemented by the Police MRT in Deeside in 1960, the Angus Constabulary MRT comprised of twelve members led by Inspector Deas. One very notable member of this new team was Special Constable Reg Fawcett who, although not a policeman by profession, was welcomed into the group as a very capable police volunteer.

Spring/Summer 1972: Early team member Allan Thomson recalls that along with the other eleven original members, they became a formally recognised team at that point, albeit had been operating together in an organised rescue capacity since 1971.

November 1973: Six members of the team attended an MR course in Fort William and were trained in various techniques, including technical stretcher work, by Lochaber MRT.

December 1973: On their return from Fort William, the recently upskilled six trained the rest of the team (the other six) in the skills just acquired, with photos existing of the team training at Braedownie Quarry following the Lochaber course. Additional training was also provided to the Angus team by their well-established Police MRT colleagues in Deeside, then led by Sgt Duff.

1975: Regionalisation merged the three old forces of Angus Constabulary, Dundee City Police and Perth & Kinross Constabulary into Tayside Police. What had been the Angus Constabulary MRT continued to be the only resource in this new area, attending incidents all over Tayside from a single base in Forfar.

5 August 1975: An increase in incidents in Perthshire, which were being attended to by the Forfar-based Angus Police Team, led to a request from Chief Superintendent Watt to the Deputy Chief Constable for a Perthshire



Above: Present-day Tayside team members © Police Scotland Tayside MRT.

wing of Police MRT following regionalisation the same year. As a result, a Perth-based group was created and the joint Angus/Perth team renamed Tayside Police MRT, able to operate from two geographical bases.

14-19 March 1976: The Loch Esk Tragedy: This well-documented multi-day search commenced after a hillwalker only just made it back to Glen Doll alive to raise the alarm and report that two of his companions were still on high ground between Loch Esk and Jock's Road in horrendous winter conditions. In a similar vein to the 1959 Jock's Road Disaster, local police (and relatively small Police MRT) were once again ably assisted by landworkers, members of the public, members of Dundee hillwalking clubs and the RAF MRS, however, given the weather and expansive search area this was an enormous challenge for all involved.

To give some context to the size of the task in hand, this search resulted in what is believed to be the largest airlift ever undertaken on any mountain rescue in Britain when over 150+ people, as well as SARDA, were transported from the Doll, Glen Clova to the search area in one day, by two RAF SAR Whirlwind helicopters from RAF Leuchars. This incident ended with the bodies of both hillwalkers being found, days later, having died from exposure.

5 May 1976: The full incident report for the The Loch Esk Tragedy was completed by team leader Tam Deas having sought feedback from the landworkers and many Dundee-based hillwalkers who helped in the search. This incident was the catalyst for the creation of the Tayside Mountain Rescue Association (TMRA) and then the volunteer Tayside Mountain Rescue Team. Although the Tayside Police MRT had been in place for five years, such large-scale searches needed many more trained MRT personnel than they could provide so the creation of the volunteer team was much welcomed.

10 May 1976: Letter from Hamish MacInnes to Tam Deas accepting the newly

regionalised Tayside Police MRT as an affiliate member of the Mountain Rescue Committee of Scotland.

30 July 1976: Memo from Tam Deas to a member of the public who was enquiring about rescues in Glen Doll to that date. Tam was able to provide details of seven rescues between 1954 and 1976, including the Jocks Road tragedy in 1959 and the March 1976 incident with two fatalities which paved the way for TMRA to be set up.

November 1976: TMRA was formed along with Tayside MRT, which was accepted as an affiliate member of the Mountain Rescue Committee of Scotland.

1990s: Tayside Police MRT was renamed the Tayside Police Search and Rescue Unit (SARU) to reflect the fact that it covered a wider remit than simply mountain rescues as it was often used for other tasks within the police service such as low ground searches, crime searches etc.

2013: Tayside Police SARU was renamed Police Scotland (Tayside) MRT following the creation of the new national Police Service.

2021: The current team is led by me, Paul Morgan, and we have sixteen team members based across the region. Rescue vehicles and equipment are held at Forfar, Baluniefield (Dundee) and Perth Police Offices. This set-up is mirrored within TMRT who also have three volunteer bases at Dundee, Blairgowrie and Aberfeldy. The police and volunteer teams complement one another perfectly, not only their set-up but in terms of joint monthly training, identical vehicles and equipment and shared use of all six bases.

The sixteen officers in the team carry out their MRT roles in addition to their core police functions. At present we have officers who work in Roads Policing, Community Safety, Cyber Crime, CID and Response Policing across Dundee, Angus and Perthshire. When a SAR incident is reported, they are called upon either from whatever duty they are involved in or whilst off-duty

and muster at the rescue bases to deploy along with volunteers from TMRT. They can, however, deploy as a police team only, if the circumstances dictate a danger to the public or as part of a specific police investigation.

Prior to 2020, the average number of call-outs per annum was 42, but in 2020 and 2021 we attended 75. Over and above the obvious mountain rescue work the team carries out, we also conduct lowland and countryside searches for missing persons, evidential searches, body recovery duties in complex environments and assist our conventional police colleagues wherever possible. In addition, and given the number of rivers, gorges and lochs in Tayside, we also provide a full water search and rescue capability, with all members being training to operate either in or near water, in close partnership with Scottish Fire and Rescue Service.

Team members attend monthly training sessions with the volunteers from TMRT and also complete two 4-day blocks of training during the winter months. In addition, and like all members of SMR, officers also attend national SMR courses in rigging, avalanche rescue and casualty care etc.

As we work so closely with the volunteers of TMRT, we also assist them with charity fundraising activities on behalf of Tayside MRA. Within their own time officers will, for example, provide support at fundraising events and delivery of mountain rescue talks to groups across Tayside to raise awareness of the Association's charity work.

The Tayside region covers an area of 2,903 square miles, reaching from the Angus Glens in the east to Drumochter in the north and Kinross to the south in Perthshire and including waterways such as Lochs Tay, Lyon, Rannoch, Erich and Earn. We have boundaries with many other teams and in particular often with Killin, Ochils, Braemar and Aberdeen MRTs as well as our colleagues in both Grampian and Strathclyde Police MRTs.

It is a huge privilege to lead the team, not only because it is the 50th anniversary year but also because of the incredible dedication my officers show towards helping the public whilst working so closely with Tayside MRT (and Association). There is no other area of policing where officers and volunteers work so closely to locate, treat and rescue those in distress and this truly unique situation is testament to the hard work and friendship of everyone involved in mountain rescue within Tayside. I am immensely proud of what has been achieved by the team over the past 50 years and am honoured to be able to build upon the vision that Inspector Tam Deas and his colleagues had between 1959 and 1971 when they had the difficult task of starting a team from scratch. 🍷



Focus on Ochils MRT

Research and words by Laura Alexander

Ochils MRT commenced operations in September 1971. The brainchild of the Sport and Outdoor Director of Clackmannanshire County Council, it brought together members of the Ochils Mountaineering Club and the local scout association, led by the leader of Menstrie Scout troop. Menstrie Scouts provided space in their scout hall well into the early 1990s, and it was designated an official Mountain Rescue Post in 1977 when Ochils MRT were elected as a full member of the Mountain Rescue Committee of Scotland (MRCofS).

Initially there was very little equipment, but this gradually built up through public subscription and assistance from Alloa Rotary. Our first stretcher was funded by a charity concert given by the Corries at the Albert Halls in Stirling, which got us a MacInnes Mark 1 folding stretcher. The team had no radios and no vehicles, team members used their own cars for transporting team equipment, with team leaders running call-outs from their cars.

It wasn't until the early 1980s that we managed to obtain six radios via a fundraiser organised by Alloa Rotary. This was augmented by a redundant Westminster base set given to us by the police, which was rigged up with a rechargeable battery which could be plugged into a cigar lighter in a car, plus a magnetic aerial to go on the roof.

The team consisted of volunteers from all walks of life including teachers, engineers, technicians, butchers, chefs, builders and doctors. Training consisted of ten Sunday training sessions a year because the Central Scotland Police insurance would only cover us for that. Some training was supported by the sports department at the University of Stirling who had two mountain instructors and an outdoor centre at Rannoch.

As Central Scotland Police realised the value of mountain rescue, they helped form the Central Scotland Rescue group with Killin and Lomond teams. They gave some financial support in the form of equipment purchases and were able to increase insurance cover for more training.

By the 1980s, Wednesday evenings and a

summer and winter training weekend were added in. Helicopter training started in 1983 with each team allocated 30 minutes. We worked with RAF Leuchars until the Navy took over from Prestwick and now work with the MCA and Bristows.

Initially the team was called out by the police, working their way down a list of phone numbers until they found someone who was at home. Later we joined the Central Scotland Police and Fire Services pager system until mobile phones took over. The introduction of new IT technology has made huge changes in the way we manage call-outs. Every member now has an advanced VHF digital radio.

We have been fortunate to have many team members who were pharmacists, nurses, paramedics or doctors. We were perhaps the first team in Scotland to take up the Cascare Advanced First Aid qualification, after we were joined by a charge nurse who had moved up from England, had mountain rescue experience and had been instrumental in setting up cascare in England.

In the mid-1990s, Menstrie Scouts required more space and we had to leave our base there. Central Scotland Police helped out by giving us access to a garage at Tillicoultry Police station as a temporary measure for about two years until we were able to rent a double garage which had become available at Clackmannanshire Council nurseries. In 2010, we moved into our custom-built post in Fishcross, funded by the Order of St John, with the team fitting out the inside.

Our first Land Rover was a used vehicle which we bought from Lomond MRT,

FIND OCHILS MRT ON FACEBOOK AT [FACEBOOK.COM/OCHILSMOUNTAINRESCUETEAM](https://www.facebook.com/ochilsmountainrescueteam) OR VIA THEIR WEBSITE AT OMRT.ORG.UK

funded by public subscription. Later we received a brand new Land Rover under a scheme set up by the Order of St John, and later a second one. Our first support vehicle was a Ford Transit van which had belonged to Central Scotland Police as their Firearms support vehicle. The conversion was carried out by team members. When this was beyond repair, through grant funding we were able to replace it with a new custom-built vehicle which is still in use today.

Today, we have two Land Rovers and a mobile base van, a purpose-built Mountain Rescue Post in Fishcross and 42 members. When the RAF left Leuchars, Fife was no longer covered by the RAF MRT and so Fife was added to Ochils MRT's territory. It now covers the whole of Fife, Clackmannanshire, Falkirk and Stirling.

A particular feature of the Ochils is their deep gorges behind Dollar, Alva, Tillicoultry and Menstrie. In recent years these have become popular with canyoneers, but we have also had incidents with dogs and people slipping off paths into them and needing rescue. Unlike most rescue teams who can use gravity to help evacuate their casualties downhill, in these situations we need to raise them up out of the gorge, leading to some interesting ropework challenges. Even outside the gorges, the south side of the Ochils are very steep, generally made up of rotten conglomerate which won't take rock protection, and with lots of gorse growing out of it. If you come across us in the Ochils, you may get the chance to see our 'hedgehogs' in action — heavy duty ground anchors that we can use on steep grassy ground.

You never know when a call-out comes in whether it is going to involve a long walk over boggy grassy lumps, rushing up the tourist path to Dumyat or technical work on very unpleasant ground. This year has been a bumper year for call-outs, probably partly due to Covid encouraging people to discover their local hills. There have been 40 this year, taking over 1500 hours of team members' time. Call-outs have been a real mix, everything from helping the police with searches for missing people in rural areas to rescuing paragliders, hillwalkers, hill runners and mountain bikers from the hills.

One of our training days this year was interrupted by three call-outs. The first was an ankle injury a couple of kilometres up the tourist path to Dumyat, the second involved a technical gorge rescue of two women who were gorge scrambling and the third a climber who had fallen in Cambusbaron Quarry. At least the weather was good, and we certainly got plenty of practice in! ☘

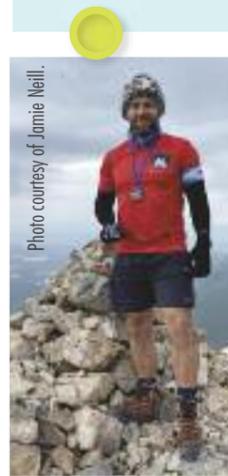


Photo courtesy of Jamie Neill.

TWENTY-FOUR HOURS ON FIVE STEPS FOR RESCUE

During lockdown Jamie Neill kept fit walking up and down the five steps leading to his back door. In May 2020, he decided to test himself further by undertaking his '24 hours on 5 steps' challenge to raise funds for Scottish Mountain Rescue. He completed 8100 sets up and down, equating to an elevation climbed of 5670 metres or four times up and down Ben Nevis — all in 24 hours — raising a whopping £980 for our teams.

Not one to rest on his laurels, he set himself another challenge to raise even more money for SMR with his 50/50 Challenge. Part one was to complete his final 50 Munros in 2021

and <tick> he climbed his final Munro, Stob Dearg, Buachaille Etive Mòr in September. This winter he will be concentrating on working on his strength and cardio training to maximise his hill fitness before undertaking part two of his challenge, completing '50 Munros in 7 Days'... yes, really! He will be looking for as much support as possible for this summer challenge, including having people join him. Damon Powell, chairman of SMR, has thanked Jamie for his hard work and enthusiasm to date. 'We are always amazed at the personal challenges people undertake to raise money for Scottish Mountain Rescue and truly appreciate the time and effort Jamie is putting into his latest challenge. With his efforts to raise funds he is standing alongside our 850 volunteers, ready to respond in a moment's notice, whatever the weather — just as much a part of our team as the volunteers who make up our 25 teams.'

IF YOU WANT TO CATCH UP WITH JAMIE'S IMAGES AND UPDATES, HEAD TO INSTAGRAM @JAMIENEILLSCOTLAND, @I_AM_HEALTHANDFITNESS.

SUPPORTER STORIES

smr

HAMISH THE HIGHLAND COO AND HIS HUB

Tayside MRT have developed an excellent educational hub on their website, aimed at the hillwalkers, mountaineers and climbers of the future, called 'Hamish's Hub'. Hamish the Highland Coo is the mascot of Tayside MRT and he even has his own song and dance the children can join in with.

'The video is a fun element to an education programme that we've been working on now for a couple of years, primarily with St Joseph's Primary School in Dundee,' says Paul Russell. 'First, we developed a mascot, then an education strategy around the hillwalkers of the future.'

'More and more people are going out into the hills and unfortunately, we get called out to a lot of people who are underprepared. What we're trying to do is educate people at a younger age so they can speak to their parents and when they do go out in the hills, now and in the future, they'll be more than well prepared.'

To engage schoolchildren across the Tayside area, Hamish's Hub has easily accessible activities: an 'Edu-zone', with activity packs for teachers and schools, as well as information for parents, on Tayside MRT and the role of mountain rescue teams in general. A 'Did you know?' section, includes a section on mountains and mountain safety, as well as the safety equipment teams use. A monthly competition is run with schools where the prize is a visit from Hamish, along with members of Tayside MRT and their vehicles. There's also an online shop and ideas on how children can help fundraise for the team.

CHECK OUT THE WEBSITE AT [HTTPS://HAMISHHUB.TAYSIDEMRT.ORG/](https://hamishhub.taysidemrt.org/)



OBITUARY



BILL MARSHALL ABERDEEN MRT

It was with great sadness that Aberdeen MRT reported the death of Bill Marshall, their founder and first team leader.

'In the early 1960s, Bill was involved in the Aberdeen Adventure Club, an organisation which provided challenging outdoor activities for boys and young men. In 1964, he felt he had a group in the club who were sufficiently skilled to form a mountain rescue team and he was able to beg and borrow essential pieces of equipment to allow the team to function. The early days were undoubtedly challenging but Bill's enthusiasm and commitment were central to the development of the team as an effective unit.'

'In 1969, he approached the Order of St John and secured access to a garage, behind what was at that time the St John's Hospital on Albyn Place. Although basic, the garage was somewhere to keep a vehicle and equipment, and to meet. Thanks to Bill's endeavours the Order went on to become a major supporter of mountain rescue across Scotland.'

'Bill recognised that the team was some sixty miles from their main areas of operation and sought access to buildings closer to the hills, on both the Balmoral and Mar Lodge estates, which greatly improved the team's ability to undertake call-outs on Lochnagar and in the Cairngorms.'

'Perhaps best known to many as owner of Marshalls climbing and mountaineering shop, on George Street (Aberdeen's first climbing shop), he stood down as leader in 1974 but continued to have an interest in mountain rescue and was always very supportive of the team and its members.'

'It would be difficult to overstate Bill's contribution to the creation and development of the Aberdeen team and his vision for mountain rescue across Scotland. The local contacts and support he fostered in the early days of the team are still evident today, and his lasting legacy is that the team is very much at the forefront of mountain rescue in Scotland, and many teams have benefited from the provision of vehicles and rescue bases which evolved from that initial contact with the Order of St John. He will long be remembered.'

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PR consultant and media trainer, **Sally Seed**, goes back to basics on the reasons to invest in communications as we head into 2022. This time: **Why, why, why – and how?**

Team members and others in mountain rescue put a lot of time and effort into communications, from emails, phone calls and social media to annual reports, websites and press releases. Why? Having clear answers to that question for the different communications that you do can help to keep a focus and also help in measuring what's working.

Why build social media Followers #1?

The first answer is all to do with safety and awareness. People tend to 'Follow' MR teams on social media because they're interested in the outdoors and in what the teams do. A majority of posts need to respond to that interest, explaining incidents and training, sharing safety advice and reinforcing adverse weather forecasts. There's also a role for showing some of the dafter things that team members do in a good cause and aspects of the communities in which they operate.

Keeping some humour in there, thanking for support and showing the personalities of volunteers is all important stuff, especially if you're planning to do quite a bit of fundraising online too (see below).

Don't forget to connect to your website occasionally and to share posts from neighbouring teams too if they'll be of interest. It all helps in making people aware of the broad and voluntary nature of the service and make connections. All the better if some posts also reinforce the need to avoid avoidable incidents and create safe adventures.

Why build social media Followers #2?

The second answer is about money and support. There's a great buzz about building the number of Followers and Likes on Facebook and other social media but, when it comes down to it, so what? Unless you're

also building interaction with those Followers and converting them into 'real' supporters, you're not making the most of the medium.

In marketing comms jargon, you need to funnel them — taking that general interest and making it more specific, encouraging action and converting them into 'buyers' or, in our case, donors.

An example of this would be having the target of building legacies.

If MREW has 35,000 Followers on Facebook and 10% of them follow a link to the website to read a blog, that's 3,500 people using the website. If 10% of them then spot the online shop and the donate page and make a purchase or donation, that's 350 pieces of income. And, if 10% of them join Basecamp for years to come or put mountain rescue into their wills for a legacy, that may only be 35 people but the income from them could be significant.

If you're already clear on what social media is for in your team's case, that's great. If not, have a think and plan ahead for 2022 — it's only from having a clear objective that you can really make any sort of judgement on whether it's worth the time and effort.

Why invest in team comms?

Keeping the communications channels open between team members and among teams since March 2020 has been a challenge. Whether it's MR Magazine going digital or training shifting to Teams and Zoom, everyone's been getting used to a more digital and a less face-to-face approach. There's only so much that online quizzes and remote beer tastings can do.

Add to that a reduction in face-to-face regional and national meetings and training — quite rightly — and there's a lot of catching up to do. Be aware that individuals may have

missed out on updates and information simply because so much has been hitting the inbox rather than coming up in a chat. And those who've joined your team in the past two years may assume that this is how you've always been — introduce them to the 'normal' comms routes as you go and remember that it could be quite a shock to new members and probationers if they've only met others on the hills, in the dark and in bad weather!

Assuming that things will gradually get back to more like pre-2020 normal, take care in other ways too. Build back the communications that work and challenge some of those that maybe don't — it's pointless reinstating everything if you've got new tools and digital channels that are working well.

How do I know it's working?

This is always a tough one but I go back to the point above about planning and having a clear objective with each communication.

If you're drafting a team email and need people to respond or act, have you made that clear? If you're posting about something a bit different on Twitter and need Followers to respond, how will you measure it, know if it's working and use that in future decisions?

And, if you're not telling or showing but inviting feedback and listening, be active about it. Respond to comments, take on board suggestions and be seen to take the listening aspects of communications seriously too. You'll know that's working as an approach when you get even more feedback ... which should be a good thing!

If you've anything to add or recent experience to share, please get in touch with me via pr@mountain.rescue.org.uk or the MREW Facebook Group. ☺



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NEWS ROUND

OCTOBER > DECEMBER



NOVEMBER: WALKERS TAKE SHELTER IN THE MICKLEDORE STRETCHER BOX

The two were found sheltering in the mountain rescue stretcher box, in very poor weather conditions, after prompting a search on England's highest mountain, Scafell Pike.

Wasdale team members sought help from colleagues from Keswick MRT to complete the rescue. The only information with a possible clue to the walkers' whereabouts suggested that the party had passed a wooden mountain rescue box, but the only local wooden rescue box is located below Dow Crag, Coniston, so that seemed likely.

Wasdale team members set off in strong winds and driving rain to reach the Keswick team stretcher box at Sty Head before continuing up the Corridor Route. Meanwhile, Keswick were tasked to search the various footpath descent routes on their side. They were ascending above Seathwaite when a message came through that the missing people had been located sheltering in the Wasdale rescue box at Mickledore.

Left: Rob Grange with Search Dog Rhona during the search © Keswick MRT. **Inset:** The Mickledore stretcher box under bluer skies © Bob Smith.



DECEMBER: ALAN HINKES HANDS OVER CHEQUE FOR £250 FROM RECENT TALK

MREW ambassador and renowned mountaineer Alan Hinkes OBE is also patron of Mountain Rescue Search Dogs England (MRSDE).

A regular after-dinner and event speaker, he often donates the payments he receives for his talks to the charities he supports. On this occasion, he was delighted to present a cheque for £250 to MRSDE chairman, David Warden, following a successful national training course held around the Patterdale area.



Above: Alan Hinkes presents the cheque to David Warden (with Search Dog Wynn). Also pictured, left to right, are trainees Andy Holland with Bill, Nic Stephenson with Cooper, Rachel Gatehouse with Tarn, Ady Koe with Bryn, and Steve Garafalo with Rolf. **Left:** (In other photos, because we like a dog photo), Trainee Search Dog Hope with Body Dave; Trainee Search Dogs Cooper and Brook © MRSDE.



OCTOBER: RESCUE CREWS RESCUED FROM SCAPELL PIKE AFTER CLOUD CLOSES IN

Two rescue helicopter crews had to be brought to safety after getting stranded as weather closed in. The Great North Air Ambulance Service doctor and paramedic had been flown to the summit of Scafell Pike by the Caernarfon Coastguard crew to help Wasdale team members deal with a seriously ill casualty.

But while they were on top of the mountain, the cloud level dropped and visibility reduced almost to zero, so the aircraft was no longer able to operate. Keswick team was alerted to the incident at 6.50pm. The changing situation also meant the casualty needed to be stretchered off the mountain rather than being helicoptered. Initial hopes of being able to get below cloud to enable a helicopter pick-up were dashed and all crew proceeded on foot. In deteriorating conditions and fading light, Keswick team were tasked to assist in the evacuation of the helimed crew and their heavy kit back to Seathwaite whilst the Caernarfon winchman could descend with Wasdale team members back to the Coastguard helicopter still parked in the Wasdale valley.

In drenching rain and gusty winds the team descended back to Seathwaite, the two helimed crew having not eaten properly since breakfast. Crisps, flapjack and chocolate bars had rarely tasted so good! A Keswick team member then drove the GNAAS crew back to their base at Langwathby for a long overdue cuppa, hot shower and bed.

Above: Helicopter crew accompanied back down to the valley by team members © Keswick MRT.



Call-outs in the time of COVID

OCTOBER: RESCUERS CALLED TO SAME SITE TWICE IN TWO DAYS

Aberdyfi team members dealt with the two call-outs in succession on the popular Cadair Idris, as high winds and low cloud settled in. It's an area that demands good navigation skills and equipment in poor conditions, increasing the chance of a simple slip or trip, and also the potential for a long wait in an exposed position.

In the first incident, a man walking with his nine-year-old son and their eight-month-old dog were attempting to reach the mountain's summit but turned back because of the very poor weather. They missed the route down and found themselves lost in low cloud and high wind among the scree and boulder fields on the slopes of Cyfrwy. A small party of team members made their way into the area and quickly located the party, aided greatly by the barking of the dog. A little shaken by the experience but otherwise uninjured, the group was given some food and extra clothing before being walked down off the mountain.

The next day, a walker, in his fifties, lost his footing in high winds and poor visibility and suffered a suspected broken ankle. He quickly became very cold and passing walkers were able to provide clothing and shelter while waiting for the team. Although the casualty was well into cloud, the level of the cloud base meant that the team was able to make use of Coastguard helicopter Rescue 936 to lift people and equipment part way up the mountain and so speed up the rescue considerably.

One of the walkers who initially tended to the man carried his dog, which was cold and anxious because of the ordeal, off the mountain and handed her to the man's son in the car park at Ty Nant.

Top left: Rescuers approaching the helicopter on Cadair Idris. **Top right:** Team vehicle during the new radio testing. Photos © Aberdyfi SRT.



NOVEMBER: ABERDYFI TEST OUT NEW DIGITAL RADIO SYSTEM

In other Aberdyfi news, team members tested out their new digital VHF system in early November, on Cadair Idris, a regular incident location.

Chris Dunn has been leading the implementation of the new system. 'The new digital handsets perform much the same task as our old analogue radios,' says Chris. 'But, the real magic starts to happen once you introduce a repeater network. Analogue VHF handsets work on a line-of-sight basis, and their range can be greatly hampered in mountainous terrain. Digital signals travel via the internet, so if a digital handset can contact an internet-enabled repeater, it can communicate with any other handset with contact to any other repeater. We should be able to achieve full communications from one side of the mountain to the other, which will be a massive boost when we have large operations on the mountain.'

Much work has gone on behind the scenes in calculating the positioning of repeaters to maximise radio coverage whilst at the same time trying to keep the number of expensive repeater sites to a minimum. Members tested the coverage theories with temporary repeater masts and a numerous people spread all over the mountain.

'The predictions on coverage seem to hold true which is great. We got coverage in some really notorious VHF blackspots on the mountain,' says Chris, adding that 'none of these improvements would have been possible without generous donations from charitable funds associated with Tywyn Co-op and HF Holidays, and we are extremely grateful for their support.'



Left: The failed boot © Keswick MRT

OCTOBER: SALUTARY LESSON IN BOOT MAINTENANCE

A broken boot prompted a call-out to Scafell Pike when the boot's upper separated from its sole.

Rescuers set out with spare footwear after the boot failed led to difficulties. The couple had also become disoriented in darkness while descending from Scafell Pike via the Corridor Route and decided they couldn't carry on without assistance. With some warm clothing, food and a change of footwear, the uninjured couple were able to walk down with the team to Seathwaite. From there, they were driven to Keswick where a taxi was waiting to take them back to their accommodation in Bowness.



rescue at Ogof Ffynnon Ddu

cave rescue



In early November, injured caver George Linnane was brought back to safety after two days underground, in what proved to be the UK's longest stretcher evacuation in British cave rescue history. **Toby Hamnett**, a member of South East CRO, an associate of South and Mid Wales CRT and an officer of the British Cave Rescue Council (BCRC), describes the epic rescue operation from his own point of view, as of one of the hundreds of volunteers required.

Like many other caving clubs at this time of year, cavers were gathering for a bonfire party. The firework display was being set up, pizzas were being prepared and several groups were underground on this autumnal afternoon, on Saturday 6 November at Caerllwyn, the Westminster Speleological Group's HQ (WSG) in the Brecon Beacons. The first of the 'out safe' telephone calls from one of the underground groups came from two valleys over in Ogof Ffynnon Ddu by late afternoon. The WSG cavers were all out safe but had heard news of a rescue beginning for a casualty in the cave. I called a warden at the South and Mid Wales Cave Rescue Team (SMWCRT) to see what could be done. The rescue was continuing and, as a member of the South East Cave Rescue Organisation, I was asked to stay where I was, eat well, sleep well and come across on the Sunday. 'We will have burnt through the current teams by then,' I was told. This was the first indication of the scale of the rescue.

Ogof Ffynnon Ddu is the UK's deepest cave with a vertical range of 306 metres and, with 59 km of passage, it is also one of the longest caves in the country. The system can be considered to consist of three large sections of dry passage networks, each of which has an entrance, linked by an active and flood prone streamway or underground river. Since its discovery in 1946 it has always been a popular cave with entry limited to experienced cavers through a permit system for reasons of conservation and safety. The forerunner to the SMWCRT was formed at the same time, based in old industrial cottages at Penwylt on the mountainside above the cave and now provides caving and underground rescue across much of Wales (see map next page).

On this particular Saturday lunchtime, George Linnane, with two companions, entered the Cwm Dwr entrance, approximately a third of the way up the system, close to the SMWCRT base. This entrance is notorious for its tight crawls through narrow tubes and a chamber of collapsed boulders forming a choke. Beyond this are larger passages and it was in this area that a series of boulders collapsed and fell when George stood on them. Leaving one person with George, the

third person in the group set out for the surface and, within an hour of the incident, had alerted SMWCRT to the need for help. A rapidly despatched initial team, including an advanced first aider, assessed that with significant injuries to his jaw and teeth, broken tibia and fibula, various cracked ribs and a broken clavicle, George was not going to be able to exit the cave through the same entrance he had entered. As a stretcher case, exit would not be possible downstream to the entrance at the valley floor, so it could only be upstream and through the maze of dry passages to the Top Entrance.

It is often quoted as a rough and ready measure that for every hour that someone is into a cave system it will be 10+ hours per hour to extract if they are in a stretcher. An average caving group would take 3-4 hours for the transit from Cwm Dwr, upstream to Top Entrance. By the time I had arrived on Sunday I was informed that it had taken ten hours to stabilise and move George the first 100m from where the first team had reached him. This was going to be a big rescue.

On Saturday night, the decision to request help from other cave teams across the country had been made. Careful consideration was placed on which teams were called upon to ensure that a skeleton support of personnel and specialists could still cover the UK, also balancing distance to travel factor. Volunteers moved work and family commitments for days ahead and started to make their way to South Wales. For my part, I was already in South Wales with my four-year-old daughter, who was still waiting for

the fireworks. Unfortunately, my caving kit was at home in Hampshire. We rapidly arranged with my wife for a meeting at an M4 services and swapped my daughter for my caving kit before returning to Penwylt to await direction to push underground and help.

A stretcher team of approximately fifteen people was entering the system every four hours to swap out with one of the two teams, approximately 30 people, already with George. At any one time, the teams were controlled by an Underground Controller. These were supported by three or four rigging specialists looking ahead of the casualty for hazards such as a four-metre gap where the floor drops away 20 feet into



Opposite: Passing the stretcher through the Upper Great Oxbow section of the series of cave passages in the Ogof Ffynnon Ddu system © SMWCRT. **Top:** Toby Hamnett. Image supplied by Toby. **Above:** Image demonstrating the sheer numbers of rescuers deployed underground to carry out the rescue © SMWCRT.

Note regarding images used: After the completion of the rescue, SMWCRT asked for all images to be shared with them so they could be 'vetted' for media use. Many of the images here have been taken from this pool of submitted photographs. A huge thank you to everyone who provided images, enabling us and the wider media to better demonstrate the difficulties of a protracted cave rescue such as this and thus inform history.

a deep pool. It is only through carefully tensioned lines that the casualty can progress safely as the stream roars beneath. In addition, George was monitored



OGOF FFYNNON DDU SIMPLIFIED PLAN

EVACUATION ROUTE SHOWN IN YELLOW



by a team doctor or casualty care specialist providing continuous medical support administering pain relief, oxygen and other medical interventions. George was also taking advantage of the latest developments of electrically heated casualty bags and jackets on their hardest trial yet before they go into production. Finally there were communications team members running the Cavelink system (see panel, next page), leapfrogging the casualty to inform surface control of the requirements for drug supplies, kit and personnel to be put to action by the doctor or Underground Controller. With only a few specialists in attendance at any one time, what do the rest of the fifteen, the majority, of each of the many stretcher teams do?

The answer to that question lies in the fact that cave rescue relies on large numbers of people. Moving a stretcher underground needs people ahead of the stretcher who are willing to lift, pass on and slide the stretcher up the passage. The nature of caves means that any individual might move the stretcher a matter of only a metre or so before a rock prevents their moving and the stretcher is passed up the chain. If they are lucky this will be across their lap, if they are not so lucky they may have to lie or crouch in the passage or water to have the stretcher slid across their back which now provides a stable and even surface. Now behind the stretcher, that rescuer is of limited use and must, in the constricted space, pass by to get ahead of the stretcher again.

Cave rescuers ideally should know the system or, if unfamiliar with the complexities, be grouped with those who do. As I prepared to enter Cwm Dwr, my mixed team of mostly Gloucester Cave Rescue Group had a meal and was briefed to establish who knew the various parts of the cave to ensure that the team reached the incident safely and, as importantly, the way out. Entering at 8.00pm on the Sunday night, it took two hours to reach George, hand over our medical supplies, run the communications and handle the stretcher for eight hours to move him along his way. Finally, our relief team arrived at about

5.30am on Monday. George had, by this stage, reached the halfway point in the streamway and we left him in less-tired hands as we continued upstream for two hours to exit through the Top Entrance. We passed teams which incorporated cavers entering for their second or, occasionally, third shift and emerged to a grey and drizzly dawn. We signed out with one of the supporting members waiting by the gate and headed down the hill for breakfast.

With team after team getting ready, the SMWCRT base was a hive of activity. The work undertaken by the support team, affectionately known as 'Soup Dragons' after the SMWCRT radio call sign 'Dragon', was hugely impressive as they constantly passed out mugs of tea, plates of pasta and sandwiches to stretcher teams to supplement their underground supplies of a Snickers bar and flask of juice or tea. Other competent cavers, prevented from going underground by not being listed as formal team members, cleaned the kitbags and refilled them with ropes, oxygen cylinders and other requirements coming through the Cavelink ready to go back underground with the next team.

Meanwhile in a small room, with its own Cavelink terminal, a small team of four or five made up surface control. They sent out Sarcall messages to cavers and teams across the UK and used computers to log the whereabouts of each volunteer as they arrived before assigning them to a team and sending them underground. Surface control continued to monitor the recovery and ensure that the right medical equipment was being requested and supplied by the ambulance service, HART and police, as well as handling the media as it arrived. Integrated entirely with the underground elements, the two sides of the rescue ran seamlessly.

Once George was out of the streamway and up a 30-metre vertical pitch, it would still be another 10-12 hours before he reached the surface, through smaller streamways and up another pitch. Finally, at 7.45pm on Monday evening, some 54 hours after he fell, George reached the surface, albeit still

in the darkness of a November night. The rescue is estimated to have covered 3,500 metres underground. The weather, still closed in, prevented the rescue helicopter from landing and he was transported to the waiting paramedics and ambulance on the road and taken to University Hospital of Wales, Cardiff. His constant good humour and personal fortitude were exemplary.

After 52 hours of rescue which called upon 256 cave rescue volunteers from ten cave rescue teams to go underground (often doing several shifts), and tens of surface personnel, the start of the clear up operation began. It took a further week for groups to recover tackle bags, scaffold bars, ropes and other paraphernalia necessary for the rescue. As kit was repatriated to the various rescue teams, the caving community began to reflect on the success of what is assessed to be the UK's longest stretcher cave rescue. By the following week rescue practices resumed in different areas across the UK to ensure that when something goes wrong, cavers rescue cavers. ☺

Opposite: From top: Entrance crawl Cwm Dwr; View at the top entrance; Carry through the Oxbow; Stretcher carry top series of passages; Transfer of stretcher to a floating base. **This page:** From top: Schematic of the Ogof Ffynnon Ddu system © BCRC; George Linnane. Image supplied by the family. Unless otherwise stated, images © SMWCRT.

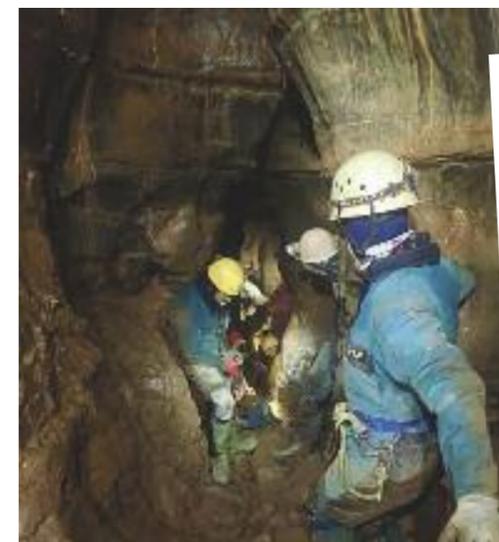


AREAS OF RESPONSIBILITY FOR CAVE RESCUE IN WALES AND NEIGHBOURING ENGLISH POLICE AUTHORITIES

CAVE RESCUE TEAMS ARE BASED IN CAVING AREAS AND ARE DESIGNATED RESPONSIBILITY BY LOCAL POLICE AUTHORITIES

- SOUTH AND MID WALES CRT (SMWCRT)
- GLOUCESTERSHIRE CAVE RESCUE GROUP (GCRG)
- NORTH WALES CRO (NWCRO)
- MENDIP CR (MCR)
- MIDLANDS CRO (MCRO)
- DERBYSHIRE CRO (DCRO)

THERE ARE SOME AREAS OF SHARED RESPONSIBILITY BETWEEN SMWCRT AND GCRG ON THE GWENT AND GLOUCESTERSHIRE BORDERS AND BETWEEN GCRG AND MCR ON THE WILTSHIRE BORDER



HOW THE COMMS WORKED

Underground communications are inherently difficult with the nature of the cave preventing normal radio signals except over the shortest of line-of-sight distances. VHF and UHF radios are usually only used for clear communications from the end-to-end of a pitch. The use of runners carrying verbal or written messages, whether within the cave or to the surface are still a vital part of any rescue, particularly as the facts are being established and the underground networks are being set up.

One of the principal systems used in UK cave rescue, and the only underground radio system in use on this rescue, is the digital Cavellink system. Using the same transmission system as the voice carrying Nicola 3, it is a text-only transmission system that uses an algorithm to send short bursts that are confirmed correct by the receiving station. The data is sent through an electrical current producing a magnetic field between separated contacts with the rock at a very low frequency (12-140 Khz with a wavelength at 2-15 km) penetrating for up to a kilometre. The antenna should be as far apart as possible. This can be up to 50+ metres. The distance between a communication station and the casualty should be as short as possible but practical requirements to site an effective station able to talk to the surface will usually require runners between the casualty and the station. Once the message has reached the surface it can either be transferred manually or linked to a GSM network for onward transmission.

Opposite: Moving the stretcher through the upper streamway. **Top:** Map based on original by BCRC. **Left:** Further images showing the complexity and conditions of the rescue. **Above:** Surface control at work and the Cave Link system in use. Images © SMWCRT.



NOVEMBER: FAR FROM A LOCAL RESPONSE... CAVERS RESCUING CAVERS...

Upper Wharfedale team members were amongst those who travelled across the country to assist in the rescue. As 'dual' cave and mountain rescue team, they work both above and below ground. Team member **Joe Parsons** shared his experience of the unique nature of assisting in a cave rescue such as this.

'Cavers rescue cavers'. It's quite a straightforward concept, because there simply is nobody else. Emergency service workers don't go underground, so a team of unpaid volunteers take up the role. We train and practise to operate equipment and try techniques out. Training is good, but what you learn on a rescue will open your eyes widely. Have you ever seen 70 people kneel down in a stream to create a safe and level platform for a stretcher-bound casualty to pass over? Read on.

Caving and cave exploration could be likened to the final frontier; some cave passages have seen less human footsteps than the surface of the moon. Formed by nature many tens of thousands of years ago, caves were hollowed out by water chemically attacking limestone. A common misconception is that caves are small, tight places. True, they certainly can be, but they can also be enormous subterranean voids. Cathedral-like in size, jaw-dropping in beauty and as enchanting as a fairy tale. If you injure yourself in a cave, you're further from rescue than anywhere else on the planet. The ratio we use is 10:1. Roughly one hour of caving time will take ten hours to undo in a rescue scenario. That being considered, it's no wonder that over 200 cave rescuers from all of the UKs principal caving areas spent 54 hours under a Welsh mountain rescuing an injured man from a cave called 'OFD' for short.

Upper Wharfedale Fell Rescue Association received a call for assistance at around 4.00pm on the Sunday. A small team consisting of surface and underground personnel travelled to South Wales overnight, arriving between 3.00am and 5.15am. The underground team was briefed to be ready to deploy at 9.00am. Nobody had slept. How could you in that situation? We knew the injuries involved and the time that had already elapsed since the accident. Local cavers described the nature of the area we were to go to help in: 'It's a bit tight and thrutchy in places.' That's caver speak for saying it will be very difficult indeed! I got my first sight of the ascending stretcher team, some of whom had entered the cave at 3.00am, at about 10.30am.

We are all familiar with the term 'prehospital care' and it can come in a wide range of scenarios. The most likely that you will see is an ambulance crew attending to a patient beside a road or in their own home. Less likely are you to see caving trauma doctors, wellies-and-all, administering intravenous morphine whilst balancing above a fast-flowing subterranean stream, with a small headtorch for light, to a patient who has severe injuries. It's a thing to behold, and for an injured caver below ground, a life-saver. Significant time and energies had gone into making the casualty comfortable and safe for transport.

Cue the assembly of cave rescuers, whose sole job is to support the medical team and expedite the extraction of the casualty from the cave. So, the plan was simple. We would lay in the stream passage. Backwards, forwards and upside down, in whatever way we needed to allow the injured man to glide gently across us on his way to the surface. Sometimes moving six inches at a time, care, compassion and courage were shown by all involved. It's less than pleasant being upside down in a stream with the water flowing down your neck hole and out of your overall leg, with the weight of an injured man squashing your face into the floor, but that's what we do. Cavers rescue cavers. 54 hours after the rescue began, the seriously injured man was extracted from Ogof Ffynnon Ddu alive.

I'm very proud to be able to have played a small part in this rescue, alongside cavers, friends and rescue colleagues from around the country. Well done to you all, and my very best wishes to the casualty for a speedy recovery. Thanks must also go to the South Wales Caving Club for their hospitality, providing food and provisions for a small army.

Top: Some, but not all, of the UWFRAs members who travelled to the incident © Ed Poulter.



OCTOBER: LAUNCH OF 'THE RESCUE', FEATURING ANOTHER EPIC CAVE RESCUE

Raising funds for rescue

BCRC executive members were invited to the UK premier of 'The Rescue' in London, a glitzy affair with the media world and the cave rescue community coming together to witness again the story of the Moo Pa football team's rescue from deep inside Tham Luang in Northern Thailand.

The cinematic documentary, directed by Chai Vasarhelyi and Jimmy Chin, with executive director Thanet Natsiri, portrays the events through a mix of interviews, real footage from the rescue and enactments.

After the premier, BCRC chairman Peter Dennis was invited onstage to receive a generous donation of £15,000 from Vasarhelyi, on behalf of National Geographic. Peter graciously accepted this donation and talked about how the money would be used to support the teams on the ground with equipment advances and training. He also took the opportunity to thank all those involved in both the rescue itself and the film production.

Pre-release, promoters Dogwoof donated a prize bundle to whichever of the sixteen UK-based cave rescue teams was first 'out of the hat'. Up for grabs were a Fitbit Inspire 2 Swimproof Smart Watch and a Kitvision Venture 1080P Action Camera with Wi-Fi.

South & Mid Wales CRT were first out of that hat, winning the opportunity to auction off the goodies ahead of the nationwide previews of 'The Rescue'. Many of the team were involved in this rescue, either on the ground in Thailand or behind the scenes organising some of the specialist vital equipment to reach the rescue site in time for the rescue mission. In late October, the team announced two auction winners (Andrew Taylor and Richard Brook), raising over £300 towards team coffers – a much-valued donation alongside other funds raised following the 'OFD' incident in November.

Top: The Rescue film poster © Dogwoof.

DURING AND AFTER THE RESCUE: OXYGEN CYLINDERS, TEA AND UNSUNG HEROES...

Besides those at the sharp end, across the UK an army of unsung heroes were also helping support the incident.

Some of the stories within the story...



Above: The couple with children Milo and Franklin. Left: Milo sweeping up in the changing rooms at the club and inspecting the kit in the HART ambulance. Photos © Tom Martin/Wales News Service.

DOCTOR BROKE OFF MATERNITY LEAVE TO SPEND EIGHT HOURS UNDERGROUND IN CAVE RESCUE OPERATION

It's something every team member deals with at some stage: adventures cancelled, work cancelled, businesses closed and family time lost. And also sometimes, the whole family pitches in – whether that's just assisting with sweeping up at base, or getting down and dirty in a muddy cave for eight to twelve hours.

Doctor Rebecca Specht, and husband Morgan, a BCA cave leader, are both members of South and Mid Wales CRT (SMWCRT) and the pair worked shifts during the rescue of George Linnane. 'We both got the call-out text on Saturday afternoon,' says Rebecca. 'The initial call said there was a casualty involved. A lot of our call-outs are for people who are lost or late back so, as one of the team doctors, I don't normally have a big role to play. This time, I knew I was going to be the first medically-trained person to the casualty and we only had limited information as to what had happened at that point, so it was a bit daunting not knowing quite what I was going to be dealing with.'

Two advanced first-aiders were already on scene when Rebecca entered the cave systems and they had done an excellent job initiating George's assessment and care. George was able to speak throughout the rescue, but he had multiple and quite significant injuries. Used to managing emergencies in her day job, this eight-hour shift was the first time Rebecca had been away from 17-week-old Franklin, with no contact available other than operational comms. While she was busy underground, Morgan was looking after their children. The couple then switched over so he could take part in the rescue, his expertise more to do with helping set up ropes for rigging in order to be able to manoeuvre the stretcher for evacuation.

'Despite being only weeks old,' adds Rebecca, 'this wasn't Franklin's first cave rescue. We responded as a family in September, when he was just eight weeks old, as there were two casualties involved in that incident, but on that occasion I took a surface role while Morgan went underground. George's rescue was also the first time I'd been in a cave or done any strenuous exercise for twelve months, having been unwell with long Covid since November 2020. Knowing George needed my help was a great motivator and the team members escorting me took great care to ensure I made it in and out safely. It was a privilege to be part of such an incredible team.'



NOVEMBER: 'GENEROUS' POWER TOOLS DONATION AFTER CAVE RESCUE NEWS STORY BROKE

SMWCRT sent an 'absolutely massive thank you' to Makita UK and Data Powertools Ltd for their donation following the epic rescue, described as 'a truly life-saving donation' that will revolutionise how they extract casualties to the surface. Team members often use hammer drills to install bolts to help haul stretchers up through a cave, and for breaking rock when they have to widen a passage to allow a stretcher to fit through – for example when rescuing dogs that have explored a bit too far underground and become trapped.

When Paul Taylor of GCRG sent a request to Jon Dutton late on the Sunday evening, for assistance with the delivery of a quantity of oxygen cylinders by 1.00am the following morning, Jon collected cylinders from around the four SARA stations as well as the GCRG supply, before heading to South Wales. 'He arrived bang on time,' says Paul, 'unloaded the cylinders, had a cup of tea, then set off back into the night to complete his six-hour-plus round trip. The HART team were struggling to meet the demands and were very grateful for the help'. Around 30 oxygen bottles had to be ferried at regular intervals to the casualty, then carried out once empty.

Elsewhere people were keeping track of what kit had been deployed

where and what still remained ready; organising food, drink and bed space for the hundreds of volunteers who helped during the rescue; and coordinating every tiny aspect of the complex three-day rescue and all resources from a little room with a laptop, notebooks and whiteboard.

Then there were the vast quantities of bottled water, courtesy of Highland Spring, to keep rescuers hydrated... and the post-rescue replenishing of supplies of tea, coffee, hot chocolate and Bovril thanks to the Leicestershire Scouts Caving Team... and the Gurnos Launderette in Cwm Twrch who cleaned the casualty blanket free of charge... and doubtless many, many more. Truly a joint effort.





DECEMBER: PETER HUFF TAKES ON NEW ROLE AS UPPER WHARFEDALE TEAM PRESIDENT

Peter took over from Jeremy Daggett who stepped down after 33 years in the post. He has spent most of his life helping those in need above and below the Yorkshire Dales, his initial involvement when his father, Len, helped found the team 70 years ago in 1948, with Peter officially joining the ranks as a 15-year-old junior member.

During Peter's sixty years with the team he has been involved in many of their 1500+ call-outs, witnessing first-hand both the tragedies and successes in rescue — from the loss of six young cavers in Mossdale cavern in 1967, through the terrorist attack on Pam Am Flight 103 above Lockerbie in 1988, to the successful precursor of the rescue in Thailand when, in 1992, two stranded cavers were dived out from a flooded Sleet's Gill cave in Littondale.

For 35 years, Peter was the communications officer for the team responsible for the maintenance and development of the team's communication systems both below and above ground. He has helped the team's underground communication develop from running out hundreds of metres of cable back to the surface, to the latest Cavelink system, capable of passing messages through solid rock, and he's seen surface communications develop from 'portable' radios the size of rucksacks to the modern GPS-tracked, handheld sets. All these developments have required many hours of work in the background to ensure the team has reliable communications.

In recent years, Peter has handed over the communications mantle to the next generation and, for the last six, has served as chairman of the team.

He has seen the rescue team base develop from an old parcel van, the former signal box when Grassington Station closed down, to the first purpose-built rescue base in the country in 1978 — and even that has had four extensions in his time. One of his first duties as chairman was to preside over the last major extension and full refurbishment of 'The Hut' to retain it as team headquarters and rescue base for years to come.

In 2020, at the age of 75, Peter stood down from rescue operations. He has undoubtedly helped save many lives and it is truly testament to his late father's vision that he should have given so much of his life in the rescue of people and animals in difficulties above and below the fells. His contribution in helping save lives is immeasurable and he aims to continue to support the team in his new role.

Top: Peter Huff; Peter in his younger days; the original parcel van.



DECEMBER: CENTRAL BEACONS MOVE BACK TO THEIR BASE FOUR YEARS AFTER FIRE

The last weekend of November is always a poignant one for the Central Beacons team. Four years ago, a devastating fire ripped through vehicles and equipment and rendered their base uninhabitable. But now they're back.

'The recovery of equipment and vehicles has been well documented,' says team leader Huw Jones, 'and we take this opportunity to once again thank everyone for the massive support we've received over the last four years. Our original intention to build a bespoke new base was thwarted by the outbreak of Covid-19. In an instant, our fundraising strategy ground to a halt and an immediate rethink was required.'

'We've spent the last year carefully planning and coordinating the refurbishment of our base with significant high-quality improvements, cutting-edge IT, security and protection systems, and we've spent the last few weeks settling back in while enjoying life at our revamped base. Our original plan to build a bespoke new base is a definite commitment into the future, albeit it's on ice for now until the Covid situation allows.'

'A huge mention must go to South Wales Fire and Rescue Service, the station commander and all the crews at Merthyr Tydfil Fire Station for housing and hosting us through the last four years. In that time we've responded to nearly 500 call-outs and we really couldn't have operated as we have without their support.'

'In addition of course, we absolutely couldn't have operated as we have without all the phenomenal support from our supporters, our team members and their families, as well as other rescue teams and agencies. It's thanks to all of you that, despite the November 2017 devastation, we've continued to proudly provide our search and rescue service and we'll continue to do so into the future.'

Left: The newly refurbished base © CBMRT.



NOVEMBER: NESRA TEAMS RECEIVE £3000 DONATION FROM CANNY CRAFTERS

The Canny Crafters make handmade items to sell online and at farmers' markets and craft fairs across the North East and donate all profits to a chosen charity each year. This year it was NESRA and the cash was split equally between the five teams.

Top: Claire Starkey (Cleveland MRT) receives the cheque on behalf of the teams © Cleveland MRT.

Raising funds for rescue



NEWS ROUND

OCTOBER > DECEMBER

NOVEMBER: SARDA WALES RECEIVES £5,000 DONATION

The Search and Rescue Dogs Association Wales (SARDA Wales) was very pleased to announce the £5k donation from the HF Holidays Pathway Fund to help fund key projects.

Raising funds for rescue

Chairman Tim Sherlock explained that the request for funding was 'in order to create realistic scenarios for search-dog training'. The volunteer human targets, AKA 'dogsbodies', have been known to sit out for many hours at a time, awaiting discovery which, in a mountainous environment can be an uncomfortable experience for the unprepared. 'To keep our bodies safe,' he says, 'we provide them with waterproofs, a mat to sit on, a waterproof bivvy bag to lay in, a rucksack to carry it all in and a VHF radio so we can contact them, even when they are in hiding. A training weekend would typically see eight to ten bodies helping out each day, so we need to hold a large supply of kit, and it all needs to be in tip-top condition. Equipment such as this is easily damaged in the environments to which it is put, and replacement is an ongoing expense. The donation from HF holidays will provide five complete new sets of dogsbody equipment.' There was a second strand to their funding request, however. 'On a number of recent searches, dog teams have found themselves working on the water's edge during river bank searches, and this has raised questions over water safety. The donation will provide two lightweight lifejackets for use by dog-handlers when deployed in these circumstances.' As with many organisations, SARDA Wales's usual fundraising activities have been largely curtailed by the Covid-19 pandemic, yet the need for search dogs has remained throughout. 'We know there are many equally deserving charities looking for funding and as such are particularly grateful that HF chose to support us.'

Top: Anti-clockwise from front right: Trainee Trailing Dog Bryn with his handler Paul, HF Dolserau manager Wayne Leslie, ex-handlers and regular dogsbodies, Hilary and Chris Malyon, with Trainee Trailing Dog Venn.



NOVEMBER: MOUNTAIN AND CAVE RESCUERS JOIN FORCES WITH LOCAL FIRE SERVICES FOR JOINT EX

Team members enjoyed a very wet practice, with Swaledale MRT, Cave Rescue Organisation, Upper Wharfedale FRA joining Hawes Fire Station, Grassington Fire Station, North Yorkshire FRS Harrogate Fire Station and Loffhouse Volunteer Fire Station joining in the exercise to understand the capability of the fire service's high volume pump in removing water from the flooded section of Langstroth cave.

It took a huge, coordinated effort, including diverting water on the surface and this was helped by DRS Scaffolding who supplied the scaffold sheeting. Even on a very wet day, they managed to beat the flow and begin lowering the water level with additional pumping capacity available. Time, however, was against them and participants had to begin packing away the huge amount of gear before they could break on through to the other side.

Photos: Above left © Iain Geldart. Bottom left © Ian Watson. Other images © UWFR.



NOVEMBER: BIKE SCENE SELLS BUNS TO RAISE FUNDS

Bike Scene in Guisborough are long-time supporters of Cleveland MRT, regularly raising money to help cover the team's running costs and they have also sponsored the team's charity calendars for the last three years.

Staff hosted a weekend cake stall at the shop and also at a Park Run event, raising a further £155 by selling a range of muffins, scones, doughnuts and cookies.

Above: Jane from Bike Scene with the money raised © Cleveland MRT.

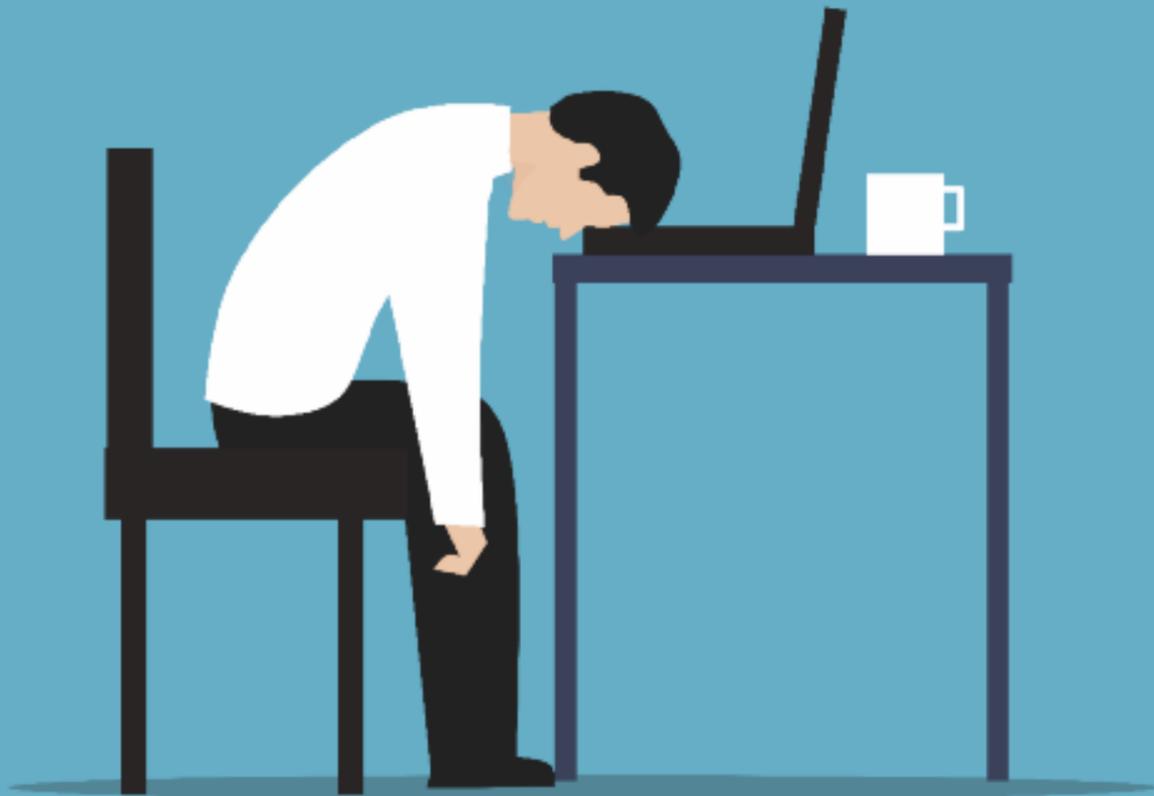


Illustration by Mohamed Hassan via Pixabay.

HOW TO IDENTIFY AND COPE WITH STRESS

THE FIRE FIGHTERS CHARITY

Experiencing stressful situations is nothing new for the rescue community and coping with these feelings of stress and anxiety in our everyday lives may, at times, feel overwhelming. But there are some simple techniques you can try to not only relax your body, but your mind too. Here, Psychological Services Lead for the Fire Fighters Charity, **Jane Rosso**, shares some advice for coping with stress.

First of all, if you are feeling stressed, know that this is perfectly normal. It's worth noting that some stress can be good for us. It can protect us from threats, help us escape from danger and enhance our performance by temporarily changing our physiology.

But while these physiological changes are excellent in the short term, if we feel continually stressed it can upset our health and wellbeing, creating pressure on our minds, bodies and relationships that previously weren't there.

Stress manifests differently in all of us. Our perception of stressful events is unique to us as individuals, so our reactions can be varied. Common physical symptoms include headaches or dizziness, muscle

tension, stomach problems, chest pain or increased heartbeat and sexual problems. Meanwhile, mental symptoms can include difficulty concentrating, struggling to make decisions, feeling overwhelmed, worrying, or being forgetful. It can also affect our behaviour, making us snappy or irritable, unable to sleep, overeat (remember stressed is desserts spelt backwards) avoiding places or people, or drinking or smoking more.

The NHS has a fantastic mood self-assessment (<https://tinyurl.com/yc5b8bke>), which may help you understand how you or a member of your household has been feeling recently.

WHAT CAN WE DO ABOUT STRESS?

The good news is we can take proactive steps to change how we react to things beyond our control, reducing our stress levels and regaining balance. Here are a few tips to help.

1 Accept the unchangeables: We cannot change the unpredictability of life — particularly after the last eighteen months — so accept what you cannot change and try to look forward.

2 Control the controllables: Focus your efforts into areas you can influence by looking at what you can do instead of

what you can't. You can't control challenges at work, but you can be empathetic and considerate to people and you can choose to maintain a routine, for the benefit of your physical and mental health.

3 Nourish your relationships: Start spending quality time with those closest to you. Just because we're now able to meet face-to-face, you can still continue to use video apps to chat together too if that's easier. And be creative in the activities you do together.

4 Talk to your children: Stress isn't exclusive to adults and many children will be feeling stressed or upset. Take the time to chat to the younger members of your family.

5 Believe in yourself: Stress affects our self-esteem and likes to tell us we aren't good enough. But this isn't true, you are good enough! Focus on your strengths and skills. Ask yourself what you're good at, we bet it's more than you think. Consider how you could use some of the special things that make you you. Brush the dust off old parts of yourself you may have forgotten.

6 Strive for balance: Be kind to yourself. It's okay to take some time out and give yourself a break by focusing on your mind, body and soul. Exercise either at home or out and about, find yoga, Pilates or Tai Chi tutorials online, get out into your garden or grow herbs on a windowsill, play music you love, be creative, and take time to notice the good things in your life.

7 Laugh: Laughter is very good for alleviating stress. Watch a funny film or comedy show, listen to a funny podcast, or even join an online laughter yoga group. Phone the person who makes you laugh more than anyone else in the world and enjoy each other's company.

8 Take on a challenge: Learn a new hobby or pick up an old one. Is there something you've always wanted to do but never found the time to? Whatever sparks your interest, take this opportunity to learn and grow. ☺



TO FIND OUT MORE ABOUT THE CHARITY, GO TO FIREFIGHTERSCHARITY.ORG.UK

Both in-house and online, physical and psychological, rehabilitation programmes with **The Fire Fighters Charity** are accessible to mountain and cave rescue team members and their families, via the **Rescue Benevolent Fund**. Email Judy Whiteside: secretary@rescuebenevolent.fund for details and a confidential chat.

NEWS ROUND

OCTOBER > DECEMBER

DECEMBER: NEW TEAM MEMBER WELLBEING PAGE PUBLISHED ON MREW WEBSITE

The new 'Team Member Wellbeing' page is aimed squarely at the general public — specifically anyone out there who might be thinking of joining a rescue team, as well as the friends and family who suddenly find themselves plunged into the wonderful world of mountain rescue.



Content is broadly based on an original information booklet produced by Fire and Emergency New Zealand (FENZ), following a research study they commissioned in 2017, which in turn inspired booklets produced by Tweed Valley MRT in Scotland, Keswick MRT and the MREW Wellbeing group, and is written and published with thanks and acknowledgments to FENZ.

Every team member knows that volunteering to a mountain rescue team is a huge commitment, not just for the volunteer themselves but for their families, with the inherent potential in every rescue for lives to be disrupted. Aspirant team members will find here an honest outline of what will be expected of them and the likely situations they will find themselves in — the list of which seems to grow ever longer.

Family members can learn what they can expect as 'the other half' to that volunteer, how a lengthy and technical rescue operation might affect them and their relationship with family life, particularly if the incident has involved serious injuries to the casualty. And both team members and family members can learn to recognise the signs of stress, anxiety, low mood and depression and how to manage them. There's also advice on how to get the kids onboard when mum or dad disappears at a moment's notice (generally never quite at a convenient time), and where to turn to for help.

THE RESCUE BENEVOLENT FUND IS THERE FOR YOU: SET UP BY MOUNTAIN AND CAVE RESCUE FOR MOUNTAIN AND CAVE RESCUE TEAM MEMBERS

The new page carries useful links to many of the key support organisations, not least our own Rescue Benevolent Fund (RBF), launched eight years ago through a collaboration between MREW and BCRC, specifically to help our own team members.

'It's frustrating to us — as a charity set up by team members for team members — that some quarters of the rescue community seem to either forget or deny our existence,' says RBF chairman Neil Woodhead, also team leader of Kinder MRT.

'Yes, it is a separate charity, with independent trustees, but we work alongside mountain and cave rescue. The fact that few people are even aware of the applications we have dealt with, either currently ongoing or past, is testament to our success and confidentiality, not reason to ignore us.

'We will consider an application for support from any team member or their family, for any physical, mental health or financial hardship suffered as a result of a mountain or cave rescue incident. Often, time is of the essence, and finding that extra financial support to cover private healthcare in the form of physical rehabilitation or counselling can be hugely beneficial. The application process is simple and claims to date have covered assisting in the timely recovery from broken limbs, grief and PTSD counselling (for both team members and family members), support with financial hardship, and funeral costs for death in service.'

If you feel you or your family might benefit from benevolent support, email secretary@rescuebenevolent.fund for more details and an application form.

NEWS ROUND

OCTOBER > DECEMBER

NOVEMBER: COLLIE SAM RESCUED AFTER TWO DAYS IN DISUSED MINE

Sheepdog Sam was successfully rescued from the Lake District mine after two days underground thanks to Cumbria Ore Mines Rescue Unit (COMRU).

'Sam had been with a local shepherd from Buttermere, gathering his sheep high on Coledale Hause near Keswick. At some point she disappeared,' says team leader Chris Jones. 'The area is on the flanks of Grisedale Pike, directly above the high workings of the Force Crag Mine, the last working metal mine in the national park, which closed in the 1990s. The upper workings are notoriously deep and dangerous due to the friable nature of the rock underground. They are well fenced off and it was thought Sam may have jumped over and gone down one of the holes which are thought to descend at least 60 metres.'

The shepherd initially contacted Cockermouth team, who alerted COMRU. A small team headed onto the fell and descend a couple of the mine's stopes (the open chambers left behind after ore has been extracted) without success. They then heard a dog's bark and Sam was spotted on a ledge about 20 metres below the surface, alert but not moving. Team member Tracey Binks was lowered over the edge with a small animal bag and, after a quick look to see if the dog was injured, coaxed her into the bag and zipped it up.

'Both were then hoisted to surface,' says Chris. 'The dog had scraped herself a hole on the ledge and been there for two days so was looking remarkably well for her ordeal. She managed to scoff a bag of Tyrell's crisps and walk down to the main mine buildings far below. Her owner had already been told Sam had been found so was at the bottom to collect her. A great result.'



Above: Team member Tracey Binks is lowered into the mine.
Inset: Collie Sam looked remarkably well after her ordeal.
Photos © Chris Little.

DECEMBER: FLAGS AND WAVES WELCOME HOME DARTMOOR TAVISTOCK TEAMMATE

Tavistock team members were delighted to welcome home their friend and teammate, Lieutenant Commander Helen Coxon RN, from a seven-month deployment on HMS Richmond. 'Helen's been sorely missed by us all and we are really looking forward to welcoming her back into our Dartmoor fold,' said Josephine Collingwood.

Right: Team members Heather Smyly, Josephine Collingwood and Steve Mortimer at Devil's Point to welcome Helen home © B Mortimer.



OCTOBER: 'LIKE A SCENE FROM LASSIE' SAID RESCUERS

Above: The stricken walker's Golden Retriever and Black Labrador ensured their owner was well cared for in timely manner © Keswick MRT.

Not to date our average mountain rescuer too much* but thus ran the headline after a stricken walker's dog summonsed rescue help for its owner.

Mounting a coordinated canine effort to help their owner, who had suffered a seizure, while one dog ran to summon human help, the other stayed with the poorly walker until help arrived. Keswick team members who attended the incident said it 'was almost like a scene from a Lassie film'.

'A few minutes after passing another walker, the gentleman had an apparent seizure, collapsed and became unconscious. Incredibly one of his dogs, a Black Labrador, ran after the passing walker barking to get her attention and tried to get her to return, which she duly did. She found the other dog, a Golden Retriever, lying by the unconscious man.'

'By the time the team had arrived the man had regained consciousness and after an assessment by a team medic he was able to walk down the hill to a waiting ambulance. He was then taken to hospital for further checks.'

** We feel sure the 'Lassie' team members had in mind would have been the star of the 2005 remake, of course, not the original 1948 version... although the TV series did run between 1954 and 1974...*

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DECEMBER: LYON EQUIPMENT ROPE RESCUE COURSES HAILED A SUCCESS

The first of the 2021–22 MREW rope rescue operator instructor courses have been completed and feedback so far has been overwhelmingly positive. **Aston Gilbert**, Work & Rescue Marketing Coordinator for Lyon shared this update.

Following on from the initial 2017 courses, the intention has been to continue the great work done to support teams' development of their systems following the principles laid out in the rope rescue guidelines.

One of the clearest messages to come from the previous training was how much can be gained by working alongside neighbouring teams in terms of shared ideas and experiences. To ensure this continues, six courses have been arranged, one in each of the regions. Each course runs over two weekends, making them as accessible as possible for team members.

The courses are once again presented by Lyon Equipment who, following a rigorous tendering process, were awarded the 2021–22 contract.

The training is targeted at members with experience in rope rescue and who have a willingness to share the skills and techniques covered on these courses with the rest of their team. The content is based around the latest MREW Rope Rescue Instructor Guidance manual and the MREW Rope Rescue Guidelines document.

Over the four days, delegates benefit from theory and practical sessions covering both the mechanics of rope rescue systems and the skills needed to present such information to others. Hard technical skills addressed include:

- Rope rescue principles and system analysis
- Team roles and responsibilities
- Hazard identification, assessing risks and implementing control measures
- Equipment capabilities, limitations and checks
- Anchor systems
- Fixed-line systems for rescuer security
- Rescue load lowering and raising systems, including use of mechanical advantage
- Edge transition management and procedures.

The successful delivery of these skills to others is supported by additional sessions on:

- Role of the rope rescue instructor
- Training venue selection and evaluation
- Planning and management of rope rescue training including identification of realistic learning outcomes, structuring lesson plans and appropriate training delivery techniques
- Delivery of rope rescue practical training-sessions and reflective practice.

Training looks at the adult learning environment and how learning takes place in order to help prospective trainers develop and deliver competent, accurate and engaging training for their team. Reference is made to established educational methods and guidance laid out in relevant UK Standards such as BS8454:2006 'Code of practice for the delivery of training and education for work at height and rescue'.

The first course was run in October for the Lake District Search and Mountain Rescue Association (LDSAMRA) region — with MREW Operations Director, Mike Margeson, in attendance — followed by weekends in Devon for Penmacra teams, then the mid-Pennines at the end of the year. The aim is for all six regions courses to be completed by the end of March 2022. Full details of courses and dates are available from the MREW Training Officer. 📧



Images © Lyon Equipment.

NEWS ROUND

OCTOBER > DECEMBER

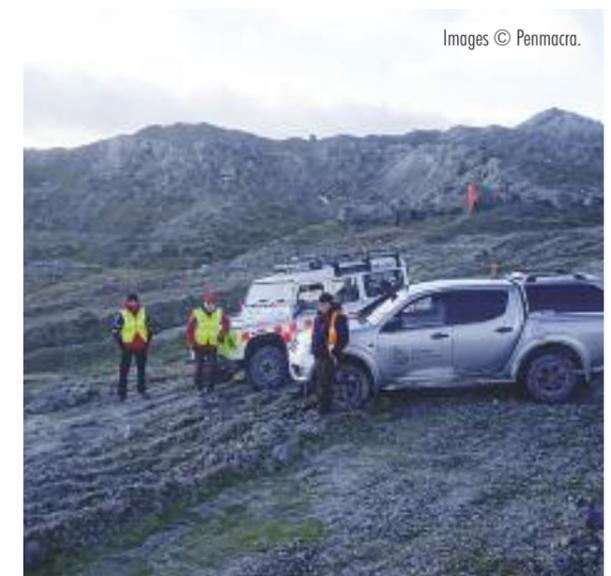


OCTOBER/DECEMBER: PENMACRA TEAMS EXPLORE NEW SITE FOR RECENT 4X4 COURSES

'We have been very fortunate with our 4X4 sites,' writes **Jon King**, Penmacra 4X4 instructor. 'Since 2016 we've had use of Pentillie Castle estate in Cornwall, but this is now limited to a few months a year so we had the daunting task of finding somewhere new to train our members.'

'The word went out amongst the teams and we were put in touch with Sibelco who own a china clay mine with a disused quarry that we could use for training. On Saturday 23 October we ran a full course there and it certainly has potential — feels like you're driving on the moon! We now have plans to develop the site further. Over the weekend 4/5th December three of our instructors were recertified thanks to expert tuition from Chris of Off Road Consultancy. We'd like to say big thank you to both Pentillie Castle and Sibelco for letting us use their sites, all with no charge.'

Images © Penmacra.





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OBIT

TERRY BUMFORD DARTMOOR SRT TAVISTOCK

The team was saddened to report the death of Terry, a long-serving and much-valued team member.



Very soon after joining the team in 1982, Terry's day job as a Royal Marine intervened and he left for the Falklands conflict. Happily he returned unscathed and resumed his time with the team and, by 1986, had gained the distinction of training the first graded search dog on Dartmoor. After he retired his wonderful collie Ben, Terry continued as a hill party member. He duly received his 25-year Long Service Certificate, eventually retiring from active call-out duties in 2008, when he was awarded life membership of DSRT Tavistock, an honour bestowed on only five people in the 53-year history of the team. Even then he continued to serve the team in the valuable role of call-out coordinator.

Terry was a bit of a TV star. With Search Dog Ben, he featured in a documentary about the work of the search dogs on Dartmoor in the 1980s and also appeared on the local news, cheerfully resting at home and sporting a plaster cast after a memorable night-time call-out when he broke a leg whilst navigating a stretcher party across the West Dart River. The Entonox-influenced radio traffic between Terry and his best mate Bud Francis that night is the stuff of legend.

He was a prolific fundraiser too, for the team and a host of other charities. Among other feats he walked the 630 miles of the South West Coast Path on three separate occasions, clocking the equivalent of twelve ascents of Everest on the way and was the driving force and master of ceremonies behind the team's iconic Human Fruit Machine which to this day entertains the crowds at fundraising events.

He was fiercely proud of his family, his 22-year career with the Royal Marines and his membership of both DSRT Tavistock and SARDA. We are all proud of him in return. RIP Search Dog Terry. 🐕

DECEMBER: CHANCELLOR RISHI SUNAK MP, VISITS CLEVELAND MRT

The MP for Richmond (Yorkshire) was introduced to a small group of team members, drawn from both search and rescue and support membership, who discussed various aspects of their work including their support to local communities. After a tour of base, he said the team did an amazing job.

'All of us who venture up into the Moors for recreation have reason to be grateful for the work of the team,' he said. 'Hopefully, we will never need their services but it is reassuring to know they are on hand to mount a search and rescue mission if an emergency situation arose. I was very impressed by their evident professionalism and commitment.'

Discussions included local issues such as the disparity between different local councils' approach to discretionary rate relief, which adversely affects the Cleveland team, and the funding of the team's water and flood rescue capability. They also addressed national issues such as the need for mountain rescue representation within central government, Libor funding and insurance costs.

Team leader Peter Smith added that they were very pleased to welcome the MP to base. 'He was very engaged with members during the visit, clearly grateful for the services that mountain rescue teams deliver and aware of the challenges we face to self-fund our operations'.

Right: Cleveland MRT team members and supporters with Chancellor Rishi Sunak MP at their Great Ayton base. Image supplied.

NEWS ROUND

OCTOBER > DECEMBER

DECEMBER: CRO AND UWFA RECOGNISED FOR SUPPORT OF VACCINATION PROGRAMME

Wharfedale, Airedale and Craven Alliance (WACA), a federation of GP practices in the Yorkshire Dales, presented a cheque for £5,000 to CRO and Upper Wharfedale FRA for cash donations made by patients attending the Skipton Covid vaccination centre during 2021.

During the lockdowns in 2020-21 the reduced operational call on the teams freed up team members to assist at the vaccination centre and WACA was happy to deploy collection buckets in the centre. CRO plan to use the donation towards the cost of PPE equipment for the team's five newly qualified water rescue technicians.

'When we put together the initial vaccination centre volunteer group in December 2020, team members seemed ideally suited for marshal duties in the windswept and snowy car park,' says Simon Oxley, a CRO team member. 'We've now grown to around 200 volunteers but the two teams have continued to form a core part of that.'

Team members with specific qualifications have also been involved in setting up the vaccination centre standards and procedures and as vaccinators. 'It's fantastic having the teams involved,' says WACA Clinical Director Hilary Moakes. 'Their training in casualty care is a great asset when we have to monitor patients after their vaccination in case of adverse reactions.'



Above: Team members receive the £5,000 cheque © CRO.



storm stories



Helena Sansum and Will Close-Ash, from North of Tyne (NOTMRT) and Northumberland National Park (NNPMRT), report that teams in the Northumbria Police area had a few busy weeks with several incidents relating to the wintry weather. Storm Arwen stirred things up somewhat and the county of Northumberland recorded the strongest windspeed of the storm at 98mph, near the town of Alnwick.

Havoc was wreaked that night with several motorists cut off, people in remote locations suffering from medical conditions that the North East Ambulance Service couldn't reach and reports of RTCs coming in. It was just after midnight when the first request came in for help from the two teams.

North of Tyne's Land Rover deployed not long after midnight and headed north to assist a couple who had been trapped in their vehicle for several hours. Team members couldn't reach them by any road, so needed to walk the last kilometre. The couple were provided with warm clothing and eventually delivered back to their home address.

Following this incident, the Land Rover had to cut across to a main road where a track that went under a bridge was filled with standing water. The depth gauge read less than two feet and the vehicle had already done several such crossings but, when they reached the deepest point, the water came over the bonnet and hit the windscreen. A bow wave had already been

Rothbury area, where the NNPMRT Toyota Hilux is based, were uncontactable due to mobile network and landline outages. Good old-fashioned knocks on doors were required at 3.00am to activate these members and get the vehicle on the road, so further incidents could be responded to, in particular a report of an elderly couple being stranded, cold and wet and requiring assistance.

The winds died down over the course of the weekend, but that didn't put an end to the teams' involvement. Both teams spent Monday carrying out welfare checks and delivering water to residents across the Tyne Valley and rural Northumberland. Team members, many of whom have taken time off work, drove out to the homes in the far reaches of the county to check on elderly and vulnerable residents who, in some cases, had had no water or power since the Friday.

'There were residents who required assessment to ensure their medical and care needs were being met,' says Jamie Pattison, a mountain rescue paramedic

rescue vehicles, checked on eighteen exceptionally vulnerable residents across Northumberland.

'As well as medical checks, we delivered water where needed and did a physical check of people's properties, just to be sure they could get out if they needed to. In a few cases, we were the first people they'd seen in a few days!'

In addition to those much needed visits in the north of the county, team members were also tasked with checking on residents in the Greenhead and South Tyne areas. 'We made house calls or phone calls to over 20 residents who had been referred to us by the County Council's social care services,' says Keith Briggs, North of Tyne team leader. 'In all cases, they were all very happy to see us!'

'We worked very closely with the multi-agency Tactical Coordination Group all weekend,' says Iain Nixon, NNPMRT team leader. 'Initially, we were tasked by the emergency services, primarily to help protect lives but, once the storm passed, the TCG asked us to assist with local resilience. I have to say, we've been really impressed with the stoicism and determination we've come across in these communities.'

Just as both teams were standing down from welfare checks on the Saturday, the region was hit by strong winds and snow which brought treacherous driving conditions to all of the high routes in the county. Northumbria Police asked for mountain rescue assistance in dealing with a number of stranded motorists near Carter Bar on the A68 and near the A696 junction at Elishaw.

'We swiftly deployed three of our emergency vehicles to those locations,' says Keith. 'Driving conditions were extremely challenging in those areas because of the snow and poor visibility.'

More mountain rescuers were on standby, in case further assistance was needed. 'Once we arrived at Ridsdale, we could see a number of vehicles had become stuck in the snow,' adds Iain. 'The wind chill was significant – probably in the region of -8 to -10C – and it was snowing heavily. We ferried people down to the Gun Inn for some warmth and Northumberland hospitality. We'd like to offer our thanks to the owners of the inn and everyone in the local community for their assistance.'

As conditions eased, Northumberland County Council's snow ploughs were able to clear the roads and the mountain rescue teams escorted the remaining vehicles back down the A68 to Corbridge and stood down. It was 2.00am when we finally got home for a hot chocolate and good night's rest. ☺



Top: Team members rescuing stranded motorists from one of the region's highest roads. Above: Fallen tree blocks the road; a team member helps conduct house-to-house checks. Images © NNPMRT/North of Tyne.

created but water pressure forced its way up the exhaust and cut the engine. Long story short, after climbing onto the roof, the team members managed to self-rescue the Land Rover and get going again!

While this was going on, members living in the

and NNPMRT member. We were happy to provide support to the local health services. We knew the only way that could happen was if we drove out to them in our team vehicles.'

Teams of three volunteers, operating in mountain

NEWS ROUND OCTOBER > DECEMBER



CONISTON TEAM MAKES GOOD USE OF A CHAINSAW

Support for the community actually commenced on the Friday evening, 26 November, just before 11.00pm, writes team leader **Janice Hamilton**.

We were contacted by the father of a young man who was stuck at Brown How and couldn't get home to Coniston due to a fallen tree. There were five people and a dog in total in the car park who needed assistance. Due to the power failure, we had no electricity and therefore it took time for us to deploy. One team Land Rover left the base and we rendezvoused with another team member in Torver who had a chainsaw. We managed to get to the lake shore before deciding to leave the vehicles as a large tree had come down and blocked our route. We walked the final quarter mile to the car park. One couple was staying in a campervan so they came part of the way back with the group so that we could show them a safer spot to park. They took our advice and agreed to return to the van and drive to a safe layby. The remaining three people (and dog!) were escorted to our vehicles. Unfortunately, the way back was not without danger. More trees had fallen and we were constantly having to use the chainsaw to clear the way ahead. At one point we thought it was a clear road back so the chainsaw was lent to another agency. Bad move! We came across another tree blocking our way. We eventually arrived back in the village three hours after the initial call for assistance and able to drop the people off safely.

On the Saturday we spent time at base sorting out logistics for the weekend. The generator only fed part of the base and, since we were unable to have access to Sarcall, with no land line or mobile signals, we had to plan a communication strategy in case of a call-out. Sunday was spent assisting the Sports and Social Club with setting up resilience support to the local community, as well as attending an incident above Torver whereby a lady had slipped and broken her ankle. On the Monday, we deployed members to various areas in and around Coniston, checking on the welfare of every resident and assisting them in whatever way we could, including lending a portable stove or providing flasks of hot water. Power was finally restored late Monday evening.

However, in the afternoon of Saturday, 4 December, we were asked by Cumbria Police to carry out welfare checks on about 45 properties around Hawkshead and surrounding eastern and southern areas. In wind and rain, team members in groups, took three Land Rovers to carry out this task, the last arriving back at base at 8.15pm.

Storm Arwen was devastating for some people but community spirit was high as we all pulled together providing the necessary support. We as a team are certainly now looking at ways to be prepared and implement a better resilience service when it is next required.



© Coniston MRT.

DERBY TEAM RUNS TO AID OF 91-YEAR-OLD MAN WITH SUSPECTED STROKE

Amongst their responses during Storm Arwen, Derby team members assisted East Midlands Ambulance Service (EMAS) in reaching the gentleman, reports **David O'Sullivan**.

Team members attended the call-out and coordinated with EMAS to move the casualty to the main road for easier and faster access to hospital. The man was handed over to the EMAS crew and taken to hospital for further assistance. The journey there and back proved 'quite eventful' with many vehicles stranded in the snow and the team vehicle escorted a nurse through to Buxton so she could complete her community visits.

The following day, team members assisted Staffordshire Police recovering motorists stuck in the snow near Longnor. An 18-year-old male and 19-year-old female, visiting the Peak District from Keele, had called the police after being stuck in their car in snow for more than twenty hours. They'd been advised to make their way on foot to Longnor, but had returned to their car due to the poor weather. Their vehicle was located by the team, and subsequently the couple were found holed up at a nearby, otherwise empty, farmhouse. After some discussions with the police they were taken to Leek police station for shelter but, due to other priorities (for the police), the couple agreed to stay at a nearby hotel. On the way to the incident, a motorcyclist was lent an emergency shelter. They were subsequently collected and the shelter returned.

The team also came across a car that had crashed on icy roads, the driver was ok and the police were notified of the need for the vehicle to be towed.



Top left: Team member runs through snow to assist stroke victim. Left: Occupants had been stuck in their car in snow for twenty hours. Images © Derby MRT.

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KIRKBY STEPHEN ASSISTS STUCK MOTORISTS DURING STORM ARWEN

Kirkby Stephen MRT had a busy 30 hours during Storm Arwen, reports **David Stewart**, almost all to motorists stranded in snow on minor routes leading over the Pennines and from the Yorkshire Dales into the Upper Eden Valley.

Team members dealt with ten separate incidents during that short period, with many team members working overnight. There was another call-out to cars stuck in snow on the road from Tan Hill Inn the following weekend. During Storm Arwen a man needing medical treatment was taken from Tan Hill Inn and returned the next day, once the weather had improved. He was one of many forced to stay at Tan Hill over the weekend after an Oasis tribute band gig on Friday night. As one might expect the majority of incidents involved motorists looking for alternative routes after the trans-Pennine A66 had been closed.

CALDER TEAM KEPT BUSY IN THE FREEZING CONDITIONS

Over the weekend, West Yorkshire Police (WYP) requested that Calder Valley team (CVSRT) assist in any weather-related incidents.

Incidents included assisting a couple who could not safely get home due to the road conditions. The gentleman had recently suffered a stroke and needed access to his medication. Being unable to complete their journey they had parked up on the main valley road in Todmorden and called for assistance. Team members helped the gentleman into a team 4X4 and took him home, higher up the valley. Team members also attended a female who was suffering from chest pains at her home near Pecket Well. A community first responder was on scene first and provided initial medical care and the casualty was transferred in a team vehicle up the farm track to the road head and waiting ambulance.

...AND STILL MORE STUCK MOTORISTS...



Upper Wharfedale team members attended further calls to trapped motorists, on the Sunday of Storm Arwen.

The first, above Scar House, was for two vehicles where one of the drivers had become unwell whilst debogging his 4X4. Fortunately, he recovered sufficiently and, with the vehicles moving, they retreated down into Coverdale and were met by Swaledale MRT. The second call was to a family stuck between Arncliffe and Darnbrook. They were recovered back to Threshfield leaving their vehicle on the hill.

NEWS ROUND

OCTOBER > DECEMBER



REMINISCENT OF THE 'BEAST FROM THE EAST' FOR LAKES TEAMS

With strengthening winds, the weekend started with a call-out for a fractured lower limb on the summit of Great Gable on the Friday afternoon, followed by 30 calls for help over the next 48 hours, writes **Richard Warren**.

Most of the rescues were resilience, wind and snow-related supporting the police, fire and rescue and the ambulance crews as part of major incident arrangements for Cumbria. However, this number does include a number of mountain-related injuries along with searches for lost and missing walkers. This was extremely concerning due to the severe weather conditions with sub-zero temperatures and significant wind chill. A video of Kirkby Stephen MRT (KSMRT) in action during the weekend can be viewed on <https://youtu.be/vrNJZSMit0I> and really does show how serious



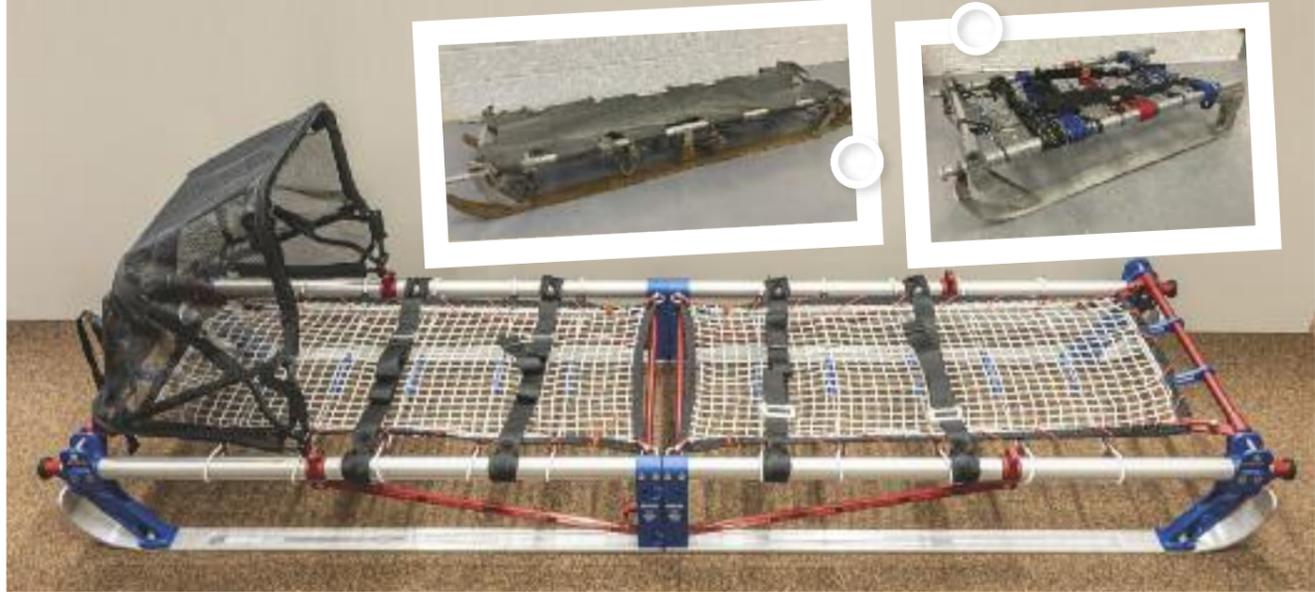
the conditions were, not just for KSMRT but all the teams that were involved in rescues throughout the weekend.

The 'Beast from the East' in 2018 saw teams undertaking similar rescues with over 40 deployments over a seven-day period. Storm Arwen, although devastating for the Cumbrian communities, came as a timely reminder to be prepared for winter. Many of the people we rescued from their vehicles stuck, in snowdrifts or on sheet ice, were ill-prepared for the conditions they found themselves in. Either low on fuel – whether diesel, petrol or electric – for heating, plus inadequate clothing or footwear for venturing out of their cars to find shelter or walk to the rescue vehicles. With hindsight, I am sure they wouldn't have ventured out at all

over that weekend. And the same applies to those who decide to venture onto the high fells knowing a winter storm is imminent, or even set out during the storm-force winds. The teams did attend at least half a dozen rescues involving injuries on the mountains or walkers becoming lost, overdue and benighted with no map, compass or torch and little understanding of the skill of navigation. #AdventureSmart

Top left: Image © KSMRT. Left: Image © UWFR. Above and inset: Images © Keswick MRT.

more storm stories...



Keswick's new stretcher project

Since the earliest days of mountain rescue, Keswick MRT has used a Thomas stretcher. Originally the very early single-piece Thomas, it was later modified to split into two halves, allowing it to be more easily carried to the scene of a rescue. Over the years there have been several further iterations of the design, including a welded aluminium version. All these stretchers have served the hundreds of casualties transported on them very well. **Mark Hodgson** explains how Keswick's new stretcher project progressed from idea to a reality.

One of the major benefits for us has been their ease of use in putting the two halves of the stretcher together — particularly relevant for rescues at night, in a snowstorm or torrential rain and in high winds, all of which could be several thousand feet up a mountain. Another major benefit is the design of the integrated skids, which allow us to sledge the stretchers on suitable terrain, making for a more comfortable journey for the casualty and easier on the six team members needed to carry a loaded stretcher. The fact that we can use the same stretcher for all types of incidents has also been a major plus-point.

Over time, however, we needed to consider replacing our current stretchers, which were reaching the end of their usable life. Alternatives available at the time (2010/2011), both here and abroad, just didn't suit our needs.

That led us to take the decision to have new stretchers purpose-designed and fabricated

for us to exactly fit our requirements. The design brief included a strong yet lightweight stretcher suitable for all situations; easy to put the two halves together, including whilst wearing gloves; easy to connect to ropes for crag and steep ground rescues; suitable for helicopter winching; properly designed, tested and certified.

Several false starts ensued with a couple of UK companies that either couldn't meet the design brief or didn't have the capability, experience or capacity to achieve what we were looking for. Time to look elsewhere!

Around the same time, we were also looking at new technical equipment for the team along with new training regimes for crag rescue of casualties, potentially one of the highest risk areas in which we operate.

For many years Kirk Mauthner, of Basecamp Innovations in British Columbia, Canada, has been designing and producing technical crag rescue equipment and is also well-renowned for his research into the forces to which such equipment is subjected in a crag rescue situation. Kirk also runs technical rope training courses to mitigate those risks. Kirk was and remains a world-leading expert in these fields and, as such, his expertise in technical rope rescue training, consulting and product design is internationally sought after. It was during one of several Keswick MRT-funded courses delivered by Kirk here in Keswick (to which we provided free places to members of other teams), that we discussed our new project. We were hugely appreciative when Kirk offered to help us with the design.

Kirk was also able to call on the services of Performance Manufacturing, also based in British Columbia, who have manufactured many of Kirk's designs. Randy Sawatzky, the company president, has also been a huge influence on and support to us, taking the stretcher project from its initial design by Kirk,

through several iterations and three prototypes to the current production version. The project has stuttered a couple of times, primarily at our end, but Randy has stuck with us throughout. After rigorous testing of Prototypes 1, 2 and 3, and completing the final design modifications, we were able to place an order with Performance Manufacturing for ten complete stretchers.

The stretcher design complies with the load and testing requirements of a US Military Standard for stretchers, as no such standards for mountain rescue stretchers exist in the UK. It also carries a CE marking, demonstrating the depth of design detail and testing undertaken through the design development and fabrication processes.

The stretcher is designed with a working load limit of 130kg with the telescopic end carrying handles fully extended and a load of 272kg with the handles retracted, and for horizontal or vertical lowering configurations. The ultimate load limit for the stretcher is 1134kg (2500lbs). The stretcher is approved for winching by Bristow helicopters.

The result of everyone's efforts is that we now have the new stretcher fully operational within the team and it is performing excellently in all applications. Weighing in at just 21.5kg for an assembled stretcher including headguard we have achieved a weight reduction of over 30% on our previous stretcher and a reduction of over 10% on the most common stretcher in use by UK mountain rescue teams.

Over the years, many team members have been involved in the project and the team thanks them for their resilience and determination to get the new stretcher over the line. Our particular thanks, however, go to Kirk Mauthner for his initial design ideas and development input and to Randy Sawatzky for his continued input over several years to turn those designs into reality for us. 🇬🇧

DESIGN DETAILS USED FOR THE NEW STRETCHER INCLUDE:



A revolutionary joint system to join the two halves of the stretcher, incorporating 'jigsaw-piece' connectors in the central milled aluminium legs. These provide great strength to the joint yet use no more materials.



User repair capability, without the need to return stretchers to British Columbia.



Lifting points built into the framework of the stretcher at each corner. Each lifting point is strong enough to carry the fully loaded stretcher — not that we should ever intentionally put the stretcher in that configuration.



A lightweight yet very strong fabric mesh bed that is user changeable if there is ever an issue. Shown from the underside with the bed-tensioning turnbuckles.



A headguard that is very easy to raise and lower — a couple of push buttons are all that is needed. The shape is designed to enable winching in position without applying pressure to the headguard itself.



No less ground clearance than our previous stretchers to help sledge the stretcher when possible, terrain and casualty condition dependent.

NEWS ROUND

OCTOBER > DECEMBER



OCTOBER: JOINT TRAINING FOR GCRG AND SARA

The training followed on from an article in a recent issue of Descent magazine, regarding a planned joint exercise at Otter Hole. SARA's swiftwater technicians were established at both Otter Hole on the Welsh side of the river and at Lancaut on the English side, with a SARA boat crew in the river. **Paul Taylor** reports

The objective was to transfer a cave rescue casualty with an advanced first aider, from one side to the other — about 200 metres, compared to the almost 1,000-metre carry back up the valley side to the Lower Wynd Cliff car park, the most practical point on the Welsh side a road ambulance could get to the cave.

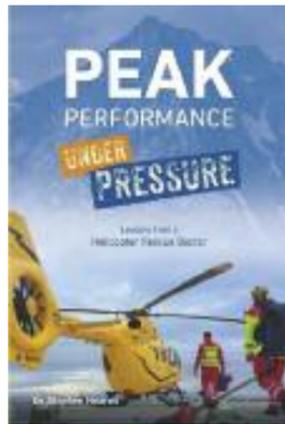
It had previously been established that none of the cave team would be involved with any of the work to move the stretcher beyond the edge of the riverbank as they would not be suitably dressed. Lying in the mud in cave is completely different from trying to handle a stretcher in the mud and water. All from the SARA side were fully dressed in drysuits with life jackets.

At the edge of the bank the basket stretcher containing the 'casualty' manikin was placed onto an inflatable sked to spread the load over the soft mud. The GCRG first aider joined at this point, kitted out with a buoyancy aid, and the four SRTs easily slid the combined unit down the mud bank to the waters edge. The SARA boat came in as close as river levels would allow and the sked was rafted up alongside the boat which then made steady progress upstream to the Lancaut side. Here further SARA team members were ready with ropes to haul the sked up the riverbank. The first aider remained with the casualty at all times and was able to hand over to the waiting medical team. The whole exercise was carried out at very low river level conditions so there was the maximum amount of mud on both sides of the river and, of course, in a real-incident scenario it would not be possible to predict the time a casualty would reach the surface in relationship to tide times. The whole event was filmed by members of the Redhouse Productions Glos film crew as well as having a drone up in the air.

'A debrief was held at SARA Beachley and the overall feeling was that it had gone very well. Further exercises at different tide heights are planned,' says Paul Taylor. 'As with all such training one hopes it never has to be put into place for real! Thanks to all who took part, especially those who were in the mud as they had a lot of cleaning to do afterwards.'

Top: Swiftwater technicians at Otter Hole © Paul Taylor, Redhouse Productions Glos.

Opposite, top: The new stretcher, fully assembled. Inset: Original unsplit Thomas stretcher; half of the new stretcher. Left: Helicopter winch at Rigghead. Images © Keswick MRT.



MREW HUMAN FACTORS + PERFORMANCE UNDER PRESSURE ONLINE COURSE

STILL PLACES AVAILABLE!!
This course is available to ALL TEAM MEMBERS, not just those with leadership or officer roles.

We've featured this before, but it's worth repeating again. Not only are there still places available, but we have the curious situation that a number of team members have registered to do this course yet still not logged in some months later. All you need is to get your Moodle log-in sorted...

All participants receive a copy of Dr Hearn's book, 'Peak Performance Under Pressure' and an option to attend a live-streamed session that will include the opportunity for Q & A (on a first-come, first-served basis).

The course aims to develop participants' skills in dealing with some of the human factors that affect mountain rescue operations and to develop participants' ability to perform at their best under the pressures experienced in mountain rescue training and rescues. Topics covered include the beneficial and harmful effects of pressure on personal and team performance, and how cognitive overload can affect performance; the nature of the pressures in mountain rescue and how to own it; making decisions in high pressure situations and regaining composure and situational control; training for rescue — drilling, deliberate practice, mental rehearsal, simulation, coaching, stress inoculation and cognitive aids in both mountain rescue and casualty care such as checklists, action cards and guidelines; the challenges and techniques of communication under pressure; how to deal with fatigue and the environment on performance; debriefing, significant event management; reflective practice and operational leadership during rescues.

The cost of this course to teams is £15 per attendee.

If you have further questions, email humanfactors@mountain.rescue.org.uk. To book onto the course, please complete the Google form for each attendee at <https://forms.gle/M2x9CbNVLsdTabbu6> using the email address you are registered with on Moodle. If you aren't yet registered with Moodle, Go to <http://tiny.cc/Moodle4MR> and use a team email address to register, but NOT a role-specific one! Any queries regarding registration, please email moodlesupport@mountain.rescue.org.uk.



© Calder Valley SRT.

OCTOBER: TEAMS INVOLVED IN HIGH-PROFILE SEARCH FOR MISSING YORKSHIRE MAN

North Yorkshire Police were called on 18 October, when 74-year-old David McCartney failed to return home after telling family he was heading out on a solo walking expedition and would be approximately 4-5 hours.

He left his home in Keighley and travelled to the Craven area in a black Volvo 62 plate V60, and was described as wearing a blue cagoule, red trousers and an orange and brown striped scarf, and carrying a red and black rucksack.

Over the following week, an extensive search involved police, the national police air support, the RAF, seven mountain rescue teams and thirteen search dogs, across areas in Kettlewell, Starbottom and Yockenthwaite. The appeal to find David was widely publicised. The search was also assisted by Holme Valley's ability to cover a huge area with their drone.

Sadly, on 25 October, a farmer contacted police to say he had discovered a body in the Coverhead area. Officers attended a short time later, along with mountain rescue, and the body — believed to be that of David McCartney — was recovered. WYP subsequently thanked members of the public for their assistance with sharing the appeals to find David.

'It is with heavy hearts that we share this update from the police,' said a UWFR post, later that day. 'Team members send our sincere condolences to David's family and friends at this very sad time.'



OCTOBER: ROSSENDALE TEAM LEADER TIES THE KNOT

In early October, Rossendale and Pendle team members came off call to celebrate their team leader Pete Goble's wedding to teammate Lizzy Toft.

It was, they said 'a long time coming but the big day was awesome!' In true mountain rescue style team members drove Lizzy to church in Mobile 2 for the ceremony at St Bartholomew's church in Colne. Afterwards everyone joined in the celebrations for 'a proper knees-up.' Wishing them both every happiness together.

Above: The bride and groom with assembled bridesmaids © Rossendale & Pendle MRT.

NEWS ROUND

OCTOBER > DECEMBER



Call-outs in the time of COVID

© OVMRO.

OCTOBER: THREE MEMBERS OF A RESCUE TEAM WALK INTO A FIELD...

Not the start of a bad joke, as Ogwen team noted on their Facebook page. Painfully far from it, for one team member, an aspirant SARDA Wales dog handler. She and her dog had been doing some informal training with two senior handlers when thanks to 'a combination of the dog pulling her off balance, a slip and an awkward fall' she broke her ankle.

A call was made to an OVMRO team leader living in the village and the team were called out. Local team members and the casualty group made the casualty as warm and comfortable as possible until the team doctor arrived. With the casualty in great pain, morphine and entonox were given before her foot was straightened and placed in a vacuum splint. She was then stretchered a short distance to the team vehicle and driven to a waiting ambulance for handover. It could be said this was a multi-team call-out as the casualty was from South Snowdonia, her partner is with Aberglaslyn, one handler is with Llanberis and the second is ex-MônSAR.

DECEMBER: NEWSAR RECEIVES HIGH SHERIFF'S AWARD FOR THEIR VOLUNTARY SERVICE

North East Wales SAR was honoured with the High Sheriff's Award for Voluntary Organisations for Conwy, Denbighshire, Flintshire and Wrexham for 2019-20.

The opportunity for presentation of the award was delayed due to the pandemic, but that meant team members eventually had the pleasure of meeting both Stephanie Catterall, the High Sheriff at the time of the award, and the current High Sheriff, Steve Thomas. Mayor of Mold, Councillor Sarah Taylor also attended to help the team celebrate this fantastic and prestigious award.



Above: Team members with the current High Sheriff, Steve Thomas, the previous High Sheriff, Stephanie Catterall, and the Mayor of Mold, Councillor Sarah Taylor © babsboardwellphotography.

DECEMBER: GLOUCESTERSHIRE CAVERS LAUNCH FILM-INSPIRED CALENDAR

Following the success of their 2018 calendar, Gloucestershire Cave Rescue Group (GCRG) wanted to produce a follow-up, this time with the theme of iconic movie and TV pictures.

Work initially got underway in 2019 but then Covid came along. By late-2021 things were back on track and picture-taking has been going on in earnest since, the aim to have everything completed ready for printing in February for a 2023 calendar. 'Thanks to everyone who has helped, both starring in and helping with the production,' says Paul Taylor. Priced at £10 + £2.50 p&p, all profits go to the GCRG and stocks sold fast last time so place your orders via chairman@gcrg.org.uk.



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Adfer Ogwen AKA Operation Clearwater

Chris Lloyd OVMRO



The idea to clean the lake bed of Llyn Ogwen started with a need to dispose of a fridge and freezer from Oggi base at no cost. I then noted that some of the large road cones placed on the A5 road adjacent to the lake, to prevent cars parking, had arrived in the lake. Could a deal be done with the council to collect the white goods in exchange for members of Ogwen Valley MRO (OVMRO) using their water rescue expertise and kit to salvage the cones?

The idea developed and grew and a date was set for Saturday 5 August. It was hoped the weather would be good and there would be plenty of visitors to donate to mountain rescue.

The operation took six months to plan, having to get permissions from numerous people: two councils (Gwynedd and Conwy), the lake owners, their estate managers, the National Trust who manage the land (not the water), the fishing club, local farmers etc.

people who had been brought off the hill the previous day, had tested positive for Covid.

A new date was set for 25 September and the plan came together. A team Land Rover parked at the popular Idwal car park along with a static display of equipment, merchandise, collection boxes, members of our 333 Supporters Group and an 'old and bold' member to tell a tale or two.

Two of our new inflatable rafts were launched at the west end (outfall end) supported by sixteen team members, some on the rafts, some wading in the water and some on the banks to receive the assorted items. The teams only swept between the shoreline to the extent that a bottle or can could be thrown. In addition, the average depth of the lake is two metres and the deepest point 3.5 metres. Along with the council road cones, road signs, the remains of a workman's hut, an RAC sign 'To the Beach Car Park' (!), plastic cats' eyes, numerous

bottles and cans, crockery, a computer, numerous World War Two mortar shells, ceramic insulators and steel brackets from the electricity poles near the lake's north shore, a current bank card and a laptop,

there was a whole lot of fun and great team spirit. After the successful cleanup, the water kit was returned to base and team members enjoyed a late lunch.

At the Idwal car park, people were returning from their walks and sitting on the wall enjoying a tea from the snack bar and relaxing in the sun when, with perfect timing, the peace and tranquillity were disturbed by a call-out for a medical emergency on Y Garn, just behind the car park. Team vehicles arrived and members kitted up and departed onto the hill. The MCA helicopter Rescue 936 added to the interest. Having dropped the winch to join team members with the casualty, the helicopter flew around and around until it was time to retrieve the winch with his casualty. The usual questions were asked in the car park: 'Is this a training exercise?'

A truly successful day with good weather, a good turn out of team members and supporters, a good number of visitors (bearing in mind the fuel drought at the time), a good haul from the lake bed, good fun and team spirit and several hundred pounds raised. The 'operation' ticked numerous boxes — probably, too many to list. Our thanks go to everyone who took part and all the others who enabled the event to happen. 🍷



Images © OVMRO.

And, like all good plans, not everything goes to plan. Two bombshells hit just 24 hours before: the forecast for thunderstorms on the day and three key team members being informed that two very wet, tired and lost



LAST SUMMER: SARAH COMPLETES FUNDRAISING CHALLENGE TO HELP SUPPORT MALE WELLBEING ISSUES

Cumbrian Sarah Bilko's 'Project 200', which began in late June, involved a 200-mile cycle through the Lake District and 100 consecutive summits of Scafell Pike — a total climb of 97,800 metres (11 times Everest). She was aiming to achieve the feat in 32 days, weather permitting and, somewhere along the way she managed to rope in Richard Warren, chairman of LDSAMRA (and others) for a photoshoot in their budge smugglers.

Her aim was to raise £10,000 for Movember and men's health causes including research into suicide prevention in young males, using the hashtag #maketimeforamate. It was Sarah's work as a physiotherapist that inspired her to set off on her challenge.

'Working in male-dominated environments and with personal experience, I know there is a serious need to actively encourage the men in our lives to open up with someone they trust, and for everyone to make time to recognise the signs and act to save someone's dad, granddad, son, brother or partner before it's too late. The project is to show that the challenge they face in their mind can get easier with help and support.'

Along the way, she encountered at least four rescues on Scafell Pike during a very busy period for all the Lake District teams and Richard and others were there to share her final ascent. At the time of going to press, her efforts had raised £11,510. If you would like to further support her, go to [justgiving.com/fundraising/Sarah-bilko10](https://www.justgiving.com/fundraising/Sarah-bilko10).

Image supplied by Richard Warren.

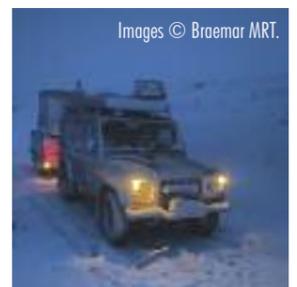
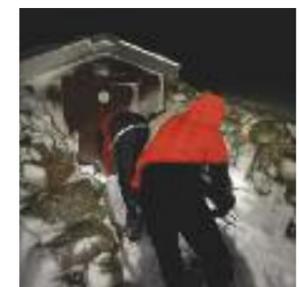
OCTOBER: TWEED VALLEY ON STANDBY DURING MAJOR INCIDENT FLOOD RISK

© Tweed Valley MRT.



Tweed Valley team members were called out to assist as a major incident was declared in Hawick, with fears that properties in the town were in danger of flooding.

The multi-agency response involved Police Scotland, Scottish Fire and Rescue Service, Scottish Ambulance Service, HM Coastguard, Scottish Borders Council, Hawick Flood Group, Border Search and Rescue Unit and Borders Water Rescue Team. Thankfully the River Teviot peaked before further assistance was needed.



Images © Braemar MRT.

DECEMBER: EPIC SHIFT IN SNOW FOR BRAEMAR TEAM

Team members were involved in a sixteen-hour rescue, responding to a walker in difficulty at the Fords of Avon refuge. A few challenges were put their way getting both in and out. The walker was recovered safe and well. #Wildootandabout

DECEMBER: SUPPORT MEMBER THANKS TEAM FOR THEIR SUPPORT...



Image © Philippa Nilsen.

Teams everywhere owe a huge debt to their support members but for Cleveland MRT, in December, the tables were turned when support member Philippa Nilsen, thanked them for their support throughout her training.

After her graduation from the University of Sunderland as a paramedic (having achieved the faculty prize for the Highest Achiever in Paramedic Science) she said she 'really couldn't have done it without the team's support over the last four years'. She is now a member of the Yorkshire Ambulance Service but remains a support member of the team.

Eponymous medical terms: Part 4: Monteggia Fracture to Trendelenberg

In February 2012, we began a review of the many eponymous terms knocking around in the world of medicine, casualty care and mountain rescue. So, for those who may not have been in mountain rescue at the time, here's **David Allan** with a recap...

MONTEGGIA FRACTURE

This is an unstable fracture/dislocation of the forearm (Figure 1: Monteggia Fracture). It is sustained by a fall onto the outstretched arm with rotation of the forearm at the point of impact. Rather than a fracture of both the radius and ulna, the ulna fractures and the head of the radius is dislocated from the elbow joint. The presentation is that of a very painful unstable injury with some deformity of the forearm and inability to use the hand at all. It is not possible to be sure of the exact diagnosis without X-ray evidence although, remarkably, Monteggia described the exact nature of this injury 100 years before X-rays were available. Vascular damage does not occur and the injury is best managed by simply splinting with a gutter splint, vacuum splint or similar. Operative internal reduction and fixation of this injury will almost always be required.

Giovanni Ratista Monteggia was an Italian surgeon born in Milan in 1762. In 1795, he became professor of Anatomy and Surgery at the University of Pavia. He died in 1815 from syphilis contracted when he sustained a cut whilst performing an autopsy on an infected patient.

MUNCHAUSEN SYNDROME

In 1951, Richard Asher introduced this term in an article in *The Lancet*. He used it to describe the group of people who feign illness or injury in order to gain hospitalisation, investigation and above all attention. Because they move on to avoid detection it has also been described as the 'hospital hopper syndrome'.

The 'patients' are very well informed about the conditions they mimic, and present with convincing stories to the extent that many have been admitted to ICUs and some have undergone surgery. Abdominal pain is perhaps the commonest clinical picture they assume but histories of trauma are well documented and there are instances of people claiming to have been injured in the hills, diving etc. The large majority are male patients. A small group use children as the medium for presenting with symptoms of illness — 'Munchausen by proxy' — and it is also recognised that animals may be used instead of children.

Karl Frederich Heironymus von Munchausen (Figure 2: Munchausen) was a German baron who lived from 1720 to 1797. He served in the Russian army and travelled quite widely. He established a reputation for relating stories of remarkable events always

purported to be true. Riding to the moon on a cannonball and shooting stags with cherry stones are typical examples of his claimed exploits.

PURKINJE FIBRES

These are the specialised cardiac muscle cells responsible for conducting electrical impulses around the heart. They travel from the sino-atrial and atrio-ventricular nodes to reach all the muscle of the heart. As the impulses travel along these fibres they generate the P-wave and QRS-complex of the electrocardiogram. Myocardial infarctions that involve these fibres result in disruption of the regular rhythms of the heart.

Jan Evangelista Purkinje was a Czech anatomist and physiologist who lived from 1787 to 1869. He graduated from the University of Prague and went on to become Professor of Physiology in Breslau where he founded the world's first physiology department. He was possessed of a very versatile enquiring mind, discovering sweat glands, doing the first work on finger prints and identifying plasma. For his work in astronomy, a moon crater and an asteroid bear his name. At the height of his career, letters were reputedly simply addressed 'Purkyne, Europe'!

RAYNAUD'S PHENOMENON

A G Maurice Raynaud was a French physician who described the condition bearing his name in 1864.

The condition is characterised by constriction of the small arterioles in the extremities, most commonly the fingers, leading to pallor or cyanosis (Figure 3: Raynaud's). In mild cases this appears simply as an exaggerated response to cold exposure. As the condition worsens, the attacks may occur without exposure to significantly cold conditions. Initially it was believed that was a disease in itself but, more recently, the view is largely held that it is an indicator of an underlying condition although twenty years may elapse before it is fully manifest. The commonest causative diseases are arthritis-linked, but trauma and cold injury — particularly frostbite — may be responsible.

The condition usually appears between the ages of 18 and 30 years and is much

Right: Salmonella poisoning and thanks for all the fish....

Below, left: Figure 3: Raynaud's Phenomenon.
Below, Centre & Right: Figures 4 & 5: Smith's Fracture.

commoner in females. Cigarette smoking and caffeine aggravate things. Most cases can be managed simply by avoiding cold exposure.

SALMONELLA

This bacterium and the infections it causes have nothing to do with salmon or, indeed, any other fish. Although carried by tortoises, snakes and various rodents, fish do not feature as a host. The term arises from one Dr Elmer Salmon who first recognised and described the bacterium.

The bacteria are rod-shaped motile, appearing blue with Gram stain and can multiply very rapidly in the right conditions. They are found worldwide infecting numerous animals as well as humans. There are several forms of the organism. The most virulent is responsible for typhoid fever, fortunately now rare in this and other European countries. The commoner form is responsible for Salmonellosis, an often incapacitating form of food poisoning.

Salmonellosis is an illness featuring vomiting, diarrhoea and stomach cramps. It will develop some 12-72 hours after ingestion of infected food and persist for three to seven days. In severe cases there is a risk of dehydration.

The infection usually arises from food but contaminated water may be responsible. The bacteria can survive freezing and have been found to be alive in dried faeces for two to three years. A temperature of 75°C for at least ten minutes is needed to kill the bacteria and casual reheating of food is often the cause of infection. This and



contaminated water have been responsible for a number of cases occurring in people camping in 'remote' areas.

Dr Daniel Elmer Salmon was an American veterinary surgeon. He lived from 1850 to 1914 when he died of pneumonia. He established the first department of veterinary medicine in the USA at Cornell University and later established a veterinary college at Montivideo. He carried out extensive studies of infections involving animals and humans and published his work on salmonella in 1876.

SMITH'S FRACTURE

This injury is a fracture of the distal radius. It is often referred to as a reverse Colles' fracture as the mechanism of injury and the resulting deformity are the opposite of those in the much commoner Colles'.

The mechanism involves a fall onto the outstretched arm but landing on the back of the flexed hand rather than the outstretched hand (Figure 4/5: Smith's Fracture). The displaced fragment of the radius therefore lies anteriorly. This injury is quite stable and

simple support alone is needed as primary treatment. The fracture can usually be reduced with a good recovery.

Robert William Smith was an Irish surgeon who lived from 1807 to 1873. He was the first professor of surgery at Trinity College and vice president of the Royal College of Surgeons in Ireland. He made extensive studies of the pathology and anatomy of injuries and publishes an account of the fracture bearing his name in 1847.

SPENCER-WELLS

The name of Sir Thomas Spencer-Wells is linked to arguably the most widely recognised and used surgical instrument after the scalpel. The principal of a ratchet controlled instrument designed firstly to stop bleeding from blood vessels was a landmark in practical operative surgery (Figure 6: Spencer-Wells).

The original instrument has been copied, altered and extended to many other patterns, but the basic design has stood the test of time for 150 years. It has formed the basis of a series of holding, grasping and

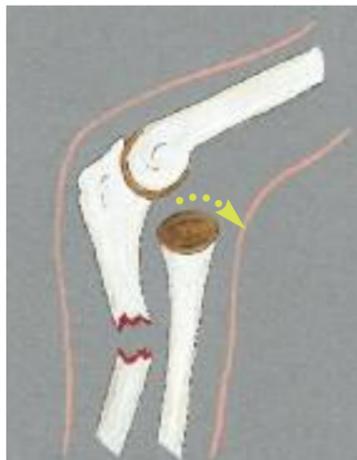
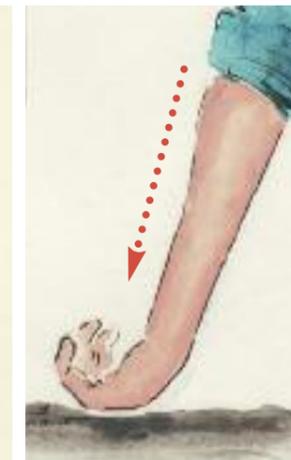
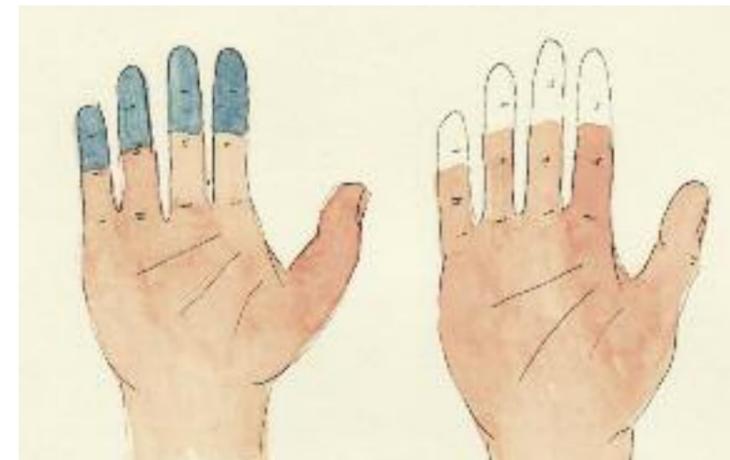


Figure 1: Monteggia Fracture. Figure 2: Karl Frederich Heironymus von Munchausen. All images © David Allan.



occluding instruments in all surgical disciplines. It has also found wide use outwith surgery and, from model-making to threading pyjama cords, has an endless variety of applications.

Sir Thomas Spencer-Wells lived from 1818 to 1897 when he died from a CVA. He was born in St Albans, trained at Trinity College Dublin and worked at St Thomas' Hospital in London. He also served in the Royal Navy and was a field surgeon in the Crimea. He clearly had good motivation to develop an instrument efficient in the control of haemorrhage. He was possibly the first surgeon to operate using general anaesthesia and from 1863 to 1896 was surgeon to Queen Victoria.



Above: Trendelenburg Position.

STARLING'S LAW

This physiological principal in cardiac function was described in 1914 and was a major step forward in the understanding of the working of the heart.

Basically the 'law' is that the greater the volume of blood entering the right side of the heart the greater will be the volume ejected by the left side (Figure 7: Starling's Law). This comes about because the stretching of cardiac muscle leads to greater force of contraction and the length of myocardial muscle fibres determines the amount of work done. There is of course a limit to this response.

Starling also demonstrated that this would only apply to healthy heart muscle. Diseased heart muscle would very rapidly lie in the 'limit of response area' in the diagram.

All of this is now assumed as fairly basic knowledge but, at the time of Starling's description, it was a very new concept.

Ernest Henry Starling was a physiologist at University College hospital in London. He lived from 1866 to 1927. In addition to his work on the heart and circulation he carried out important research work on digestive enzymes, renal function and was the first to fully describe peristalsis in the gut.

He received some unwelcome publicity in what was known as the 'Brown Dog Affair'. A run-in with anti-vivisection lobby centred

round the erection of a statue of a brown dog in Battersea Park and riots in the park, to the extent that the statue was removed in 1910 and not re-erected until 1985.

THOMAS SPLINT

There is no doubt that the introduction of the Thomas splint was one of the great advances in casualty management. A century later, the splint is still in use with only minor modifications, a sure testament to its effectiveness.

The first widespread use of the splint came during WW1, and then during the construction of the Manchester Ship Canal. The mortality from femoral shaft fractures fell from 80% to 20% in both these situations.

The femur is the largest bone in the human body and is a very strong structure. The arterial supply to the leg runs very close to the bone and normally this is a secure arrangement (Figure 8: Thomas Splint).

Considerable force is required to fracture the femur and consequently major displacement of the bone ends occurs (Figure 9A: Thomas Splint). It is also very common for the fracture to be comminuted (Figure 9B: Thomas Splint). When the casualty is supine there is a marked tendency for posterior displacement of the bone ends (Figure 9C: Thomas Splint). The

powerful thigh muscles also pull on the fractured bone causing shortening and moving the sharp fragments into surrounding tissues. It is easy to envisage how the blood vessels are at risk and how life-threatening haemorrhage can develop.

Thomas recognised the need to stabilise this injury by applying traction to the limb. His splint utilises a ring pressing against the pelvic bones against which a pull can be exerted on the distal limb. It also allows for posterior support to the fracture site and prevents rotation.

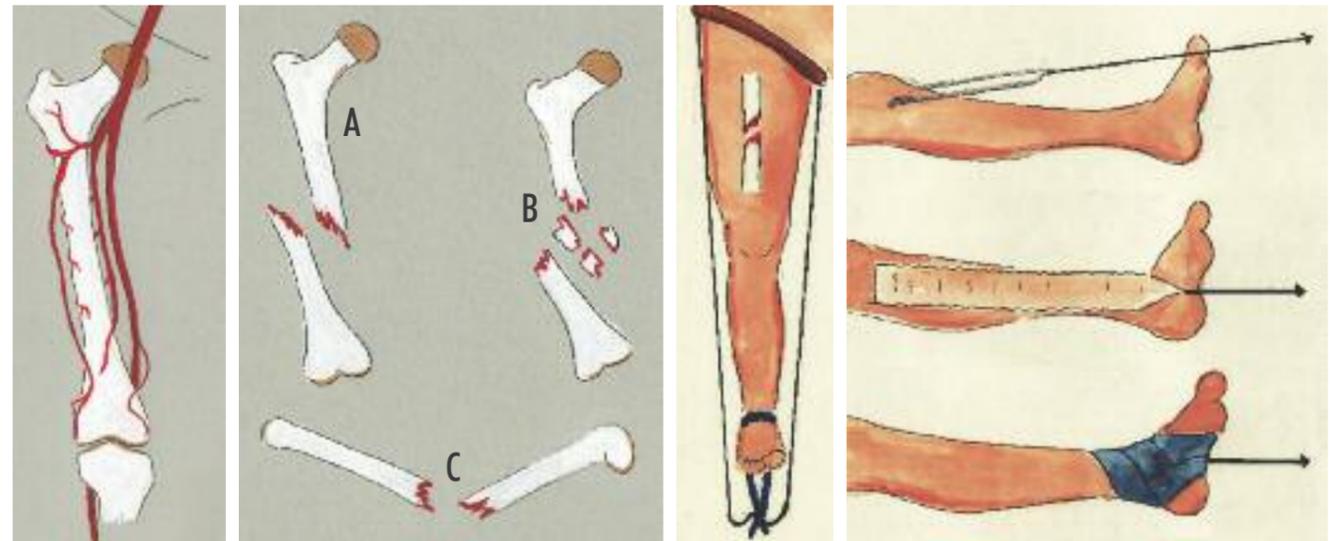
The major challenge in use of the Thomas splint in a prehospital setting is to obtain effective attachment of the lower limb to the splint. If the splint is used for longer periods in hospital, a pin is inserted through the upper tibia and this frees the lower leg.

For immediate and short-term use, most hospital departments rely on strapping applied to the lower leg but this requires the leg to be dry (and preferably shaved), and is not practical for outdoor use. Some form of attachment around the ankle is the only practical solution but this means the pull is exerted through both the ankle and the knee and must only be used for relatively short periods (Figure 10: Thomas Splint).

Traction is obtained either by pulling the limb down to the end of the splint, as in the basic Thomas design, or by securing the foot to the splint and then extending the bars of the splint itself as in, for example, the Donway modification. Only a twin bar system as designed by Thomas will allow control of rotation and of posterior displacement at the fracture site.

Hugh Owen Thomas lived from 1834 until 1891 and is regarded by many as the father of British orthopaedics. He came from a family of bone setters who were descended from a survivor of a shipwreck on Anglesey in 1765. Hugh studied under the direction of Dr Owen Roberts in St Asaph and then at Edinburgh University and University College London. He finally set up practice in Nelson Street, Liverpool and devoted special study

Figure 6: Spencer-Wells instruments. Figure 7: Starling's Law. All images © David Allan.



Figures 8, 9 & 10: Thomas splint.

to fractures and tuberculosis of bones. He was quite a striking character, always wearing a black frock coat, smoking an endless supply of cigarettes and wearing a black peaked cap at a rakish angle to cover an eye injury he had sustained at school.

He passed his work on to his nephew, Sir Robert Jones, who was responsible for ensuring the splint was utilised during WW1. Robert Jones himself was an eminent figure in orthopaedic surgery and was responsible for establishing the Robert Jones and Agnes Hunt Orthopaedic Hospital in Oswestry.

TRENDELENBERG POSITION

This eponym was given to the position of a patient when lying supine with a head down tilt. It was originally advocated by Trendelenberg for use in abdominal and gynaecological surgery to allow better

access to the pelvic organs. Gradually the same position began to be used in instances of hypovolaemic shock, in the belief that this position would protect circulation to the brain and the heart. It is difficult to pinpoint the time when this became established procedure but, having done so, it remained as standard practice for many years.

Recent wide studies have failed to demonstrate any benefits from this position. On the contrary, there is some evidence it may actually have an adverse effect by increasing the risk of regurgitation and of compromising respiratory capacity as the abdominal contents are pushed up towards the diaphragm. On current evidence, this position should be used only for its original purpose.

Frederick Trendelenberg was a German surgeon born in Berlin in 1844. He studied

medicine in both Edinburgh and Glasgow and eventually practiced surgery in Leipzig. He carried out extensive research work on surgery of the venous system. He died in 1924 from a tumour of the mandible. ✚

NEXT ISSUE: EPONYMOUS TERMS, THE FIFTH AND FINAL PART, STARTING WITH VALSALVA MANOEUVRE.



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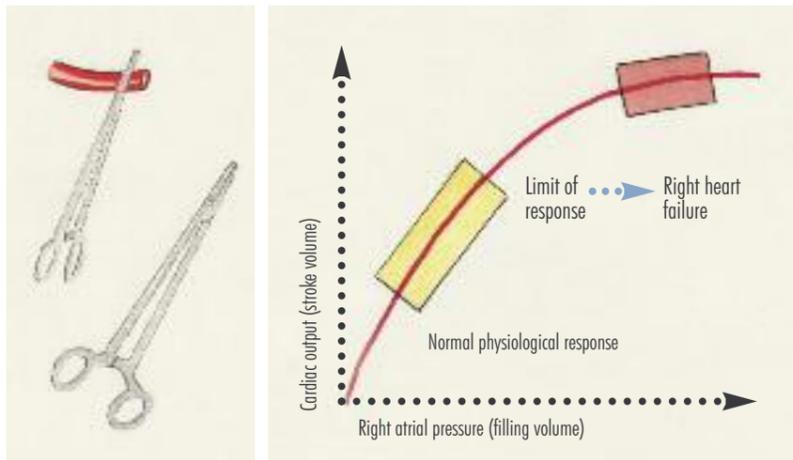
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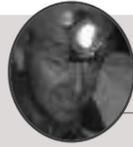


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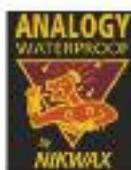
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