

mountain rescue

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SPRING
2022 **80**



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Cover story

South West Ambulance
Trust HART paramedic
trains with members of
the Severn Area team
in the Wye Valley
(see page 53)
© Graeme Bird.

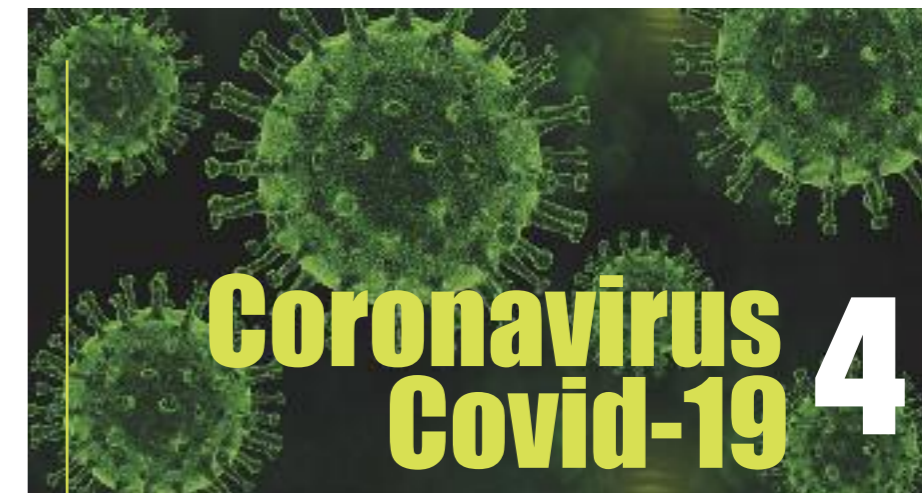


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inthisissue



A collection of guidelines and information
for teams and team members

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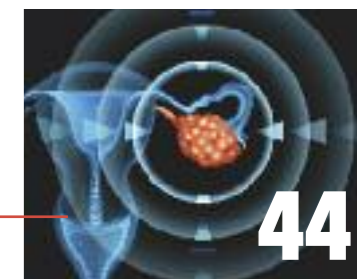
MREW announces support for online training through the Resuscitation Council UK: Alistair Morris talks about the e-Lifesaver training and assessment



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A case study conducted by Connected Places Catapult in collaboration with Buxton MRT and Evolve Dynamics

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MOUNTAIN RESCUE ENGLAND AND WALES
SCOTTISH MOUNTAIN RESCUE: COVID-19 GUIDELINE 1

INITIAL APPROACH TO THE CASUALTY

No change



Please note: Guidelines 1 and 3 remain the same. These continue to be guiding principles and will need to be implemented at a local level. **Guideline 2 (opposite page) was updated in March 2022.** Further amendments will be posted in the MREW Moodle Covid-19 site.

ALISTAIR MORRIS MREW MEDICAL DIRECTOR

MOUNTAIN RESCUE ENGLAND AND WALES
SCOTTISH MOUNTAIN RESCUE: COVID-19 GUIDELINE 2

CHANGES TO CASUALTY CARE ABCDE MANAGEMENT

UPDATED

In all cases, a swift risk assessment should be performed taking into account:

- Amount of enclosed environment around the patient
- Environmental air flow,
- Likelihood of viral infection in the casualty
- Underlying health conditions of the rescuer
- Vaccination status of the rescuer and casualty (if known).

The rescuer should then decide how to act in the circumstance they find themselves.

- D**
- Keep rescuer's face away from patient's mouth and nose at all times
 - Patient's mouth and nose to be covered with face mask, oxygen mask or BVM where possible
 - **You MUST risk assess the situation as normal, PLUS: Don Level 2 PPE**
 - Maintain kit and personnel "upwind" of the casualty site where possible.
- A**
- Keep rescuer's face away from patient's mouth and nose at all times
 - Be aware of fluid, vomit etc near/from patient's mouth and/or nose
 - Airway adjuncts and suction may be used if risk of virus transmission deemed low
 - If airway obstruction is present, try to remove by rolling onto side, facing away from rescuers.
- B**
- BVM with a good fitting mask and filter is the device of choice
 - Pocket mask/Mouth to Mouth
 - Adults: DO NOT give any rescue breaths or ventilations
 - Children: benefit may outweigh risk for using pocket mask/mouth to mouth as more likely to have respiratory cause — ideally with filter
 - Supplemental free-flow oxygen via a face mask can be used during resuscitation
 - If there is low risk of virus transmission, BVM and/or supraglottic airway devices can be used.
- C**
- If no normal breathing OR no signs of life, cover the mouth and nose of the victim with a mask or as per 'B'
 - COMPRESSION ONLY CPR default if high risk of viral transmission & level 3 PPE is not available
 - If available, attach an AED and follow the instructions of the AED.
- E**
- Avoid use of bivi shelter unless environmental or clinical need – make a risk assessment
 - Keep warm using alternative methods of insulation if possible.

MREW Covid-19 Guideline 2: Alistair Morris
Medical Director Updated March 2022.

Coronavirus Covid-19

No change

MOUNTAIN RESCUE ENGLAND AND WALES AND SCOTTISH MOUNTAIN RESCUE COVID-19 GUIDELINE 3

EVACUATION AND END OF RESCUE

EVACUATION

Consider:

- Minimise members involved — but must be operationally appropriate
- Face mask on casualty to act as a barrier
- Sledging may create more distance between members than carrying
- Wheel may be less stressful and helps to reduce breathing rate/high intensity exercise whilst wearing face mask
- Gloves — use washable gloves — medical gloves not required
- Do not touch face
- PPE is hot — consider adjusting layers of clothing/regular change of personal etc.

WORKING WITH OTHER AGENCIES

- Inform other agencies of your risk assessment.
- Maintain your PPE and social distance when working with other agencies
- If uncomfortable, ask other agencies to respect your PPE and distancing.

END OF RESCUE AT ROADSIDE AND AT BASE

Dispose. Isolate. Decontaminate.

At roadside:

- Consider: Decontaminate as much as possible before leaving roadhead, setting up a decontamination zone at roadhead. Use of a buddy system.

Removing personal clothing:

- Do not touch face. **Clean hands between each step.**
- Removes gloves — turn inside out — dispose/isolate (if washable)
- Remove waterproofs — turn inside out — isolate in bags — wash (follow manufacturer's instructions)
- Remove eye protection — isolate/decontaminate
- Remove helmet/headwear — isolate/clean (manufacturer's instructions)
- Remove face mask — dispose
- Clean hands.

At base:

- Ensure you have a local procedure to decontaminate or isolate all equipment
- Refer to manufacturer's instructions as required
- Clean vehicles and base
- Ensure immediate access to hand sanitiser in base for all members.

DRUGS

- There is no proven link between Ibuprofen and worsening of Covid-19. Ibuprofen can be used for analgesia in MR casualties
- Only use Entonox with a viral filter to protect the system from contamination
- In HIGH risk casualty avoid the use IND (risk of sneezing or coughing)
- Consider use of IM Morphine or Fentanyl Lozenge in these cases.

MREW Covid-19 Guideline 3: Mike Greene
Medical Director October 2020. V4.0



UPDATE FROM ALISTAIR MORRIS MREW MEDICAL DIRECTOR

It is just over a year since I took on the role of Medical Director and by the time you read this I will have visited most, if not all, teams or their medical officers. It has been a privilege to meet everyone and thank you for giving a bit more of your time to come and talk to me or show me around your bases. It has really helped me understand the breadth and variety in the organisation. This will help me with both decision making and representing all the teams and gives good links with the team medical officers.

Writing this in March with the lifting of Covid restrictions across England and Wales we are seeing an expected increase in cases, but by April we will not know as widespread testing is going to stop. At the UKSAR Medical Committee there was agreement to remain with PPE guidance around casualties until there is any change in the health/ambulance service guidance. Team training and activities have resumed which is vitally important to keep team members current and competent.

It is likely that mask usage will drop — although MREW will continue to support masks until April 2023, but it is worth maintaining ventilation (the summer months will make this easier), and if someone is symptomatic to stay away (you won't know if Covid is present or not as there will be no testing). I want to see us returning to normal, but we need to remain vigilant to any new strains and be prepared to return to measures if needed.

Working with Tim Cain, we piloted a focused Medical Peer Review and I know some teams have done this previously in their regions. The visit was to Swaledale team and was a half day focusing on all aspects of medical provision. As with the full team review, the purpose is primarily to support the team to reflect on their practices and look for opportunities. In the words of Tim, 'to hold the mirror up to the team'. This has helped us develop the question set for the full team review and a process for the focused review. We will look to write a joint article for the next magazine, but if teams are interested then please contact me.

My focus for 2022 is on further strengthening the core medical structures and processes. The MSC now has a number of smaller working groups focusing on different aspects and developments. With online meetings, which started in 2020, attendance continues in high numbers and we have moved to shorter

three-monthly evening meetings. The Casualty Care Certificate regulations and syllabus were due for review and this is either done or in progress. There are videos in development to support Casualty Care examiners and Moodle is undergoing a refresh.

Using Libor funds in 2022, I am supporting teams with their Basic Life Support training. A core skill for hill team members is to be able to perform Basic Life Support and Casualty Carers should have yearly practice on this. Therefore, I am delighted to announce both CPR and AED online awareness training through the Resus Council UK e-Lifesaver package as well as the funding for a state of the art Laerdal qCPR manikin for each team which allows live feedback on CPR technique through a linked mobile device as well as an assessment tool. Please see the article in this magazine on this and we will be in touch soon with teams around the manikins. 🙌

MOUNTAIN RESCUE ENGLAND AND WALES AND SCOTTISH MOUNTAIN RESCUE GUIDANCE ON CPR FOR CASUALTY CARE CERTIFICATE HOLDERS

- Make a rapid dynamic risk assessment of risk of transmission of virus vs risk of infection to casualty carer as soon as possible
- Wear at least Level 2 PPE
- Check response and open airway (keep rescuers face away from casualty face) — if abnormal breathing/no signs of life, start CPR
- Cover the patient's face and nose with a surgical mask or oxygen mask with high flow oxygen
- **If** an AED is immediately available, apply and follow instructions
- Default position is to provide chest compression only CPR
- If dynamic risk assessment of viral transmission is low, ventilations can be achieved through use of supraglottic devices or Bag-Valve-Mask with airway adjuncts and tight seal
- Consider ROLE as appropriate.

Notes:

- Rescue breaths by mouth to mouth or pocket mask should be avoided in all but exceptional circumstances
- For MR teams with access to a mechanical chest compression device — early use allows the rescuer to withdraw to a safe distance away from the casualty during compressions and reduce any potential risk
- In more 'urban situations' where other emergency services may arrive quickly carry out a dynamic risk assessment on AED only + wait for professional help vs Compression only + AED resuscitation
- **Children:** Ask for advice and help early. Chest compression-only CPR may not be effective and consideration may need to be given to providing rescue breaths and ventilations with a suitable filtered ventilation device
- **Drowning:** Rapid risk assessment. Benefit may outweigh risk for rescue breaths due to asphyxia process.
- **ROLE:** Consider viability of resuscitation in persistent non shockable rhythm when chest compression only CPR is greater than 15 min and in unwitnessed cardiac arrest.

Updated 12/2021 following UKSAR update for responders V4

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.

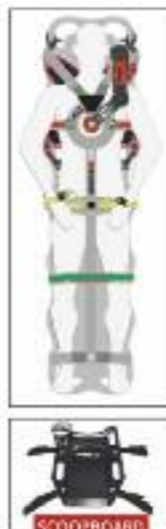
THROUGHOUT THE RESCUE:

- 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.



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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**

Supporting mountain and cave teams rescue with CPR and AED training and assessment

Left: Featuring Daisy Ridley. All images supplied by Resuscitation Council UK



ALISTAIR MORRIS MREW MEDICAL DIRECTOR



All hill-going team members should be able to perform Basic Life Support (BLS) and hold a first aid certificate which includes BLS, and all Casualty Carers should have annual revalidation of their BLS and AED skills. To support teams, MREW has gained funding for both online awareness training through the Resuscitation Council UK award-winning e-Lifesaver and hands-on training and assessment with a qCPR mannikin for each team.

MR TEAM SUPPORT 1: WITH LIFESAVER LEARNING

The Resuscitation Council UK's interactive training tool Lifesaver is a cutting-edge way to learn lifesaving skills anytime, anywhere. Through four action-packed scenarios, you'll be thrown into the heart of the action as you make the crucial decisions and learn the essential skills needed to save a life.

The scenarios work together to cover the first three steps of the chain of survival: calling an ambulance, performing CPR, and using a defibrillator. They also highlight what to do when someone is choking, and how to put someone in the recovery position.

Playing Lifesaver is your opportunity to learn what an emergency looks like and how you should respond to it. By learning essential CPR skills, you have the power to help increase the number of people who could survive an out-of-hospital cardiac arrest in the UK.

Lifesaver is a collaboration between Resuscitation Council UK and award-winning production company UNIT9. In the four scenarios, evidence-based guidance on CPR and first aid education are brought to life by BAFTA winner Martin Percy (writer/director) and a cast which includes *Star Wars* actor Daisy Ridley.

The eLifesaver app is used in many NHS organisations and workplaces to maintain CPR and AED skills. Lifesaver first launched in 2013, with updates released in 2017 and 2020. The innovative Lifesaver VR experience arrived in September 2017 and was expanded in 2020 for use with CPR training manikins.

By using the e-Lifesaver through Moodle, team members can receive a certificate for each video which can go into their training records. **You should only have one attempt at each for the four videos per year as we are**

charged per use. The app can be accessed via Moodle at <https://tinyurl.com/zztm9v6k>. Please follow the instructions on the page. (For instructions on how to register with Moodle, if you are not already registered, go to page 15).

AWARDS

- **e-Learning Awards 2013:** Four Gold and one Silver — the first quadruple Gold win
- **BAFTA Awards:** Nomination 2013 and 2017
- **The Webby Awards:** People's voice winner
- **IPA Best of Health Awards:** Digital Media Gold Digital Media Best of Show.

EVIDENCE

A study in 2017 concluded that the use of Lifesaver by schoolchildren, compared to F2F training alone, can lead to comparable learning outcomes for several key elements of successful CPR. Its use can be considered where resources or time do not

permit formal F2F training sessions. The true benefits of Lifesaver can be realised if paired with F2F training.

MR TEAM SUPPORT 2: WITH qCPR MANIKINS

As the second part of support Mountain Rescue England and Wales, Scottish Mountain Rescue and the British Cave Rescue Council have been successful in a joint bid into Libor for funding for a Laerdal qCPR manikin for each team to support hands-on training and assessment.

These are state-of-the-art manikins that link to a mobile device and provide live feedback on rate, depth and release of

compressions. Once practised, the same link can be used as an assessment tool.

REAL-TIME CPR FEEDBACK

Checks how every learner is performing with feedback on depth, release, rate and ventilations.

INTELLIGENT SCORING AND GUIDANCE

Gives every learner tips on performance and improvements with intelligent scoring functionality. Motivate learners to go from 'passed' to perfection.

qCPR RACE COMPETITION

With multiple manikins (six can be linked to one device), you can finish every training session with an informal and fun qCPR race. This lets learners experience what it is like to perform CPR in high-tension situations with adrenaline flowing.

LIFESAVER VR

Lifesaver VR app is compatible for use with some Laerdal manikins, allowing for a realistic learning experience and providing useful feedback for the user.

LIFELIKE ANATOMY

Enables you to perform nose-pinch, head tilt, chin lift and jaw thrust to see chest rise. Anatomically correct oral and nasal passages.

CORRECT COMPRESSION FORCE

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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).



moodle

YES, WE KEEP REPEATING THIS BUT, WITH MORE STUFF HEADING ONTO OUR MREW VIRTUAL LEARNING PLATFORM, HERE'S HOW TO GET REGISTERED...

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 the Medical heading, you'll find stuff 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 meeting 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**.



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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. from the last two years of digital production, and hey presto! There you are. All our digital publications on one handy set of bookshelves. Enjoy.

mri

An invitation from South Eastern MRA: Join us at a **Multi-team Training & Social Event: 24 June**

NOEL CULBERT SEMRA

I think you will agree that over the last two years our teams have had very few opportunities to meet due to Covid. Essential internal training continued but some sessions were reduced to the dreaded 'YOU'RE ON MUTE!' Zoom call, and most inter-team events were cancelled. While we all welcome the light at the end of this long tunnel, we also reflect that this has had an impact on important inter-team relationships. Experienced members have missed out on the opportunity to meet old friends from other teams but, more importantly, new members like me have had little opportunity to get to know other teams, share knowledge, make bonds and have fun.

We want to help fix this by inviting you to attend our **'Lost & Found' Multi-Team Training & Social Event**, in Ireland's sunny south-east, this summer. There will be **no cost to teams** and this activity-based event will consist of small group exercises and a large multi-team exercise. Although everyone is invited, the training itself will focus on new members. **Basic accommodation, food and evening entertainment will be provided and fun will be at the core of this weekend.**

SEMRA's 'Class of 2021' are organising the event and my role is as your contact point leading up to it. More details will follow, including an online poll to gather details.

The weekend is 24-26 June 2022, from 6.00pm Friday to 1.00pm Sunday. For now, I ask that you discuss this event with teammates, mark the date in your calendars and let me know if your team is interested by emailing me at noelculbert@gmail.com. No need yet to confirm numbers attending, just indicate potential numbers.

Simon Thresher MREW Vehicles Officer

An email went out to teams in March via Julian Walden, regarding the team vehicle officers emailing list. It went to everyone I have listed as a 'team vehicle officer' or 'person within the team that deals with the team vehicles'.

However, some of the email addresses on record may well be out of date. Some are personal and that member may no longer be in the vehicles role. Others, such as vehicle@ may no longer work. I need to update the email list so I can share news about changes to legislation, training and any deals. The refreshed email group will also allow you to share information and offers of support with each other.

If you haven't already done so, please email me via vehicleofficer@mountain.rescue.org.uk to confirm:

- Your name and whether you are the current vehicle officer for your team, or who is now in role
- That you are happy (or not) to have your email address shared with the other team vehicle officers on the list
- Whether you currently receive vehicle-related emails via your personal or team-named email address. If so, do you have access to a vehicle@ email address within your team?



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mrew



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

Omicron and its more infectious new variant continue to spread significantly in places. This is producing unwelcome continued pressures on our hospitals and ambulance services. The staff shortages due to being off sick or isolating creating pressures across the NHS. Our teams are, of course, not immune from the effects of this, whether by being asked to help more by ambulance control rooms or conversely waiting hours for an ambulance to be available. There seems to be very little improvement currently.

With spring on the way I would repeat Alistair Morris's guidance on the continued use of PPE, particularly in close proximity to our casualties and when inside or enclosed or poorly ventilated areas and in vehicles.

Teams have had normal or above numbers and activity in the first part of the year. We all experienced a particularly stormy late winter and early spring, our colleagues north of the border sadly dealing with a particularly bad run of significant incidents with fatalities – six or seven – in a fortnight. Clearly, we still need to continue our safety messaging.

Training continues to be hit and miss at team, region and national level but hopefully will continue the steady shift to the majority being practical and away from online only. Quite clearly there are a number of areas of training and activity that are at the top of our hazards and risk

assessment and concerns. I mentioned recently our upcoming UK SAR-H meeting. This went ahead with partners in February. The recent tragic fatality and injury during the landing of a coastguard helicopter at Derrifield Hospital, near Plymouth, highlights our concerns about lack of practical hands-on training with SAR-H assets. Quite clearly there is not a consistent provision of training at present with those in north Wales and the Peak District having reasonable access and training availability. In the Lakes and the north east and south, it is a different picture.

Looking forward, no doubt we can expect a busy Easter and early summer. Planning for our conference at Leeds Carnegie is well underway. Please do get in touch if there are any particular topic titles you would like to see on the conference programme. ☺

HERITAGE PROJECT NEWS

Hot off the press is that, thanks to the kind offer of sponsorship from Lyon Equipment, we will shortly be starting some filming, beginning with talking to Peter Bell about the development of the eponymous stretchers, the subsequent involvement of Lyon in making and servicing and load testing and also the many other projects Peter has been involved in during a lifetime in mountain rescue. Filming will take place in the stretcher service area workshop at Lyon, with Dave Freeborn behind the camera.

The regional leads should have good ideas of key people locally whose story needs to be captured. We are also keen we collect digital photographic record of important equipment. If anybody has anything particular of interest, please take a photo and send it to your regional heritage lead/champion or to myself. We have had no news at this stage of the reopening of Heritage Lottery Grants and the new criteria, but hope that when available again we can make a strong application to help further this project. Our colleagues at Mountain Heritage Trust are very supportive and very keen to work as partners and help in any way.



Above: Sid Cross 1913-1998, a pioneer of mountain rescue in the Lake District.

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- Safe Administration of Life-saving Medicine

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Ogwen team help develop a solution to carrying medical gas cylinders on call-outs

In Mountain Rescue magazine, Issue 76, Summer 2021, Ogwen Valley MRO team member **Sally Armond** described how she worked with Alpkit to develop a bespoke lightweight medical backpack for the team. Since then, she's collaborated with the company on another project to design a set of sleeves for carrying and securing medical gas cylinders during incidents.

The management of oxygen and Entonox® cylinders during call-outs presents a potentially serious hazard for mountain rescuers. Smooth aluminium cylinders can be awkward to handle. No one wants to be at the receiving end of 4kg of metal bouncing down the mountain towards them, and dramatic as it may sound, nor is it impossible for a compressed medical gas cylinder to explode after a particular degree of impact!

Given the very challenging environments that teams often find themselves working in, it makes good sense to carefully consider possible improvements in the way medical gas cylinders are packaged, carried and handled during incidents. Practice varies from team to team and from job to job depending on geography and environment. Cylinders might be carried inside a rescuer's rucksack or attached externally using the rucksack's side compression straps.

Cylinders need to be packaged so they are easily accessible for use, can be safely anchored on steep ground during casualty treatment, or can be securely fixed to a stretcher during a sledge evacuation or helicopter winch.

A variety of purpose-designed barrel-bags and cylinder holders are readily available on the market, however, these tend to be made for urban use where weight and bulk is often less of a consideration. Unfortunately, such designs are not ideal for facilitating fast movement over long distances or on steep ground.

A recent collaborative project between OVMRO and Alpkit culminated in the development of the popular 'SAR Medical Pack', a backpack that enables first responders to travel 'fast and light' to an incident carrying everything they need to stabilise the casualty before the cavalry arrives to assist with the evacuation.

Following this project's success, I initiated a sister project to develop a medical gas cylinder sleeve which would fit the SAR Medical Pack's 'fast and light' design brief. The bespoke sleeve would need to be low volume, lightweight yet robust, and should have suitable attachment points to allow fixing to any style of rucksack, for secure anchoring on steep ground, or for attaching to a (sometimes furiously spinning!) stretcher during a tricky helicopter evacuation.

Alpkit again took great care to follow the 'fast and light' brief, producing a set of compact sleeves, each capable of carrying one BOC medical gas cylinder plus associated gas administration equipment (see cylinder sizes below). Having trialled the sleeves operationally in a wide range of situations and conditions, OVMRO have now purchased several sets of sleeves for use as part of standard operational practice. 🚑

SAR Medical Gas Cylinder Sleeve features:



Above: Cylinder sleeves external and internal features. Images © Sally Armond/OVMRO.

- Sleeves are designed to fit oxygen (CD 460 Litre or ZD 605 Litre) and Entonox® (ED 700 Litre) cylinders
- Hard-wearing 1100D Cordura outer, colour-coded red/blue for easy identification
- Generous top-mounted grab loop for clipping in to helicopter grab-hook or rope-rescue anchor system
- Double-stitched daisy-chain webbing attachment points for piggybacking onto rucksacks or stretchers and to provide attachment points for improvised shoulder straps (eg. using a sling)
- Encapsulated reflective 'ENTONOX' and 'OXYGEN' badges
- Transparent ID badge holder for insertion of contents packing list
- Simple peel-down lid fastened with heavy-duty YKK zips enabling easy access to contents in situ whether laid on the ground or suspended from a rock anchor
- Security strap at cylinder neck prevents slippage in case of sleeve inversion
- Each sleeve incorporates two deep elasticated mesh pockets for storage and easy access to oxygen masks and Entonox delivery sets and tubing. NOTE: OVMRO have replaced the stiff PVC tubing of our Entonox® delivery sets with easy to stow and kink-resistant silicon tubing.

FOR MORE INFORMATION CONTACT: SALLY.ARMOND@OGWEN-RESCUE.ORG.UK

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Stretcher head guards

ASTON GILBERT LYON WORK & RESCUE

Most teams will have a head guard for their stretcher, and of those a number will routinely deploy them when transporting a casualty. Historically, stretcher head guards have been seen as the preserve of crag teams, but increasingly teams are recognising that there are many situations where fitting a head guard in a non-crag scenario provides additional security. But are we providing the protection to the casualty we think we are?

When training rescuers on the team's stretcher, the head guard is one of a number of accessories that members are shown how to fit and secure. But ask yourself, does that session cover what risk factors would indicate a need for the guard and does it explain what the guard will and will not cope with?

We go into great depth on the performance of our technical rescue devices and ropes to ensure people use them appropriately and within their capabilities; are we sure we do the same with this just as critical piece of kit?

If not, then let's look a little more carefully at head guards and share some thoughts that may be of use in your next training session.

A scan of the web will show there is an array of different designs, materials, and volumes of guard available. Have you ever thought why?

It is not necessarily just a marketing ploy to catch the user's eye and make the product more attractive. There's a big difference in the performance expectations manufacturers (and users) have for a head guard.

I have split them into two types, called for want of something better:

- A 'brush guard' to protect the face from vegetation, dust and small stones when sledging or carrying through undergrowth. These can also provide some level of weather protection for a casualty lying face up in the wind and rain.

- A 'crag guard', intended to deflect or absorb impact from higher velocity dislodged rocks on a cliff face; or, more frequently, the knocks and scrapes when negotiating overhangs or restrictions.

Rarely, there is a third. In some scenarios the head guard is expected to act almost as a roll cage, perhaps when taking a steeply traversing line when sledging or where difficult terrain on a narrow path increases risk of rescuers losing their footing, or worst case an unexpected and uncontrolled pendulum swing during a raise or lower.

So, if you have recognised when you may deploy a head guard and what you expect it to do, how do you know if your guard will be up to the job?

It is not easy for a user to be clear on what level of protection should be realistically expected from their head guard as there is no specific internationally recognised test standard for head guards.

But it's CE-marked you say. The CE and/or

UKCA marking often present indicates only that the product has met the minimum standard required to be classed as a Class 1 Medical Device. That standard is concerned with the quality of its manufacture, the safety of the materials used and that it will do no harm itself to the patient. Manufacturers set their own level of performance in other areas and assess themselves against it. As an indicator of how well the head guard performs in a mountain rescue situation, 'medical device' marking is of little help.

A better approach is to carefully read the product instruction and any technical information available for your guard. Hopefully, in this you will find more practical guidance about how the manufacturer expects their product to be used and in what environments and scenarios. Ideally, there will be reference to some form of product testing that has been carried out to add context.

If it is still unclear, contact the manufacturer and ask! Explain what you are expecting from your guard and discuss with them if their product will meet your needs.

Please remember, like other forms of PPE such as helmets, there is always going to be an upper limit to what a head guard can



achieve. A head guard design will be a balance between strength, weight, and volume. Excessive forces can overwhelm even the stoutest of designs. Nothing is indestructible.

What can you do if your current guard is not what you need? Because of the small numbers of specialist rescue stretchers actually bought, often a stretcher comes with only one option of head guard made by the same company.

There are a few 'universal' fitment guards on the market and anyone contemplating using one of these should be careful to check that it will actually fit securely to their stretcher without interfering with critical items such as lifting bridles. It is also vital to know what level of performance the guard offers and if this performance will still apply when fitted to your particular stretcher.

If considering buying a new stretcher, checking that guard is sufficient for your needs is important before purchase. If it is not, perhaps it may be necessary to consider other stretchers. ☹️

Lyon Equipment manufactures and distributes a range of stretcher head guards suitable for many of the technical rescue stretchers used in the UK. Its Lyon-brand head guards have been designed specifically to provide a high level of protection, using the impact requirements of the mountaineering helmet standard EN12492 as a basis for evaluation. Lyon guards have been successfully tested with both domed and spiked masses and in multiple impact directions. Head here for images and video clips showing some of the testing procedure for the Lyon MacInnes Stretcher Head Guard: <https://tinyurl.com/2p95sk9r>

Stretcher head guard checklist

A team's stretcher head guard should ideally:

- Be compatible with the specific model of stretcher used
- If detachable, be CE and/or UKCA marked as a Class 1 Medical Device
- Provide a level of protection confirmed as suitable for environment and scenarios envisaged
- Allow adequate airflow to prevent build up of expelled medical gases
- Have sufficient internal volume without excessive height (risk of rotation in heli ops)
- Be quickly attached and removed for casualty access
- Be easily operated in low light and winter conditions
- Be secure for helicopter operations
- Have product lifetime, spares, and repairs information available.

Training checklist

Team members should be trained and competent in:

- Recognising situations when a head guard should be fitted
- Performance limits of the selected head guard
- Method of transport to incident site
- Fitting, opening and releasing procedures
- Pre and post-use inspection checks
- Decontamination and storage procedures.

Clockwise from below: Bell head guard 'in action'; Open head guard; Mark 6 Head guard; Basket head guard; Spike test impact internal; Spike test impact external. **Opposite page:** Test set.



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Getting to know our Scottish Mountain Rescue colleagues...



Top left: Border SARU 2010; Bottom left: Team members with the HM Coastguard SAR helicopter. Photos supplied.



Jack Robb to form a rescue team with the Yetholm Rover Scouts in 1963. They were soon joined by members of the Cheviot Walking Club from Kelso. Initially the only mountain rescue team in Southern Scotland, the aim was to search for and rescue persons in difficulties in the hills of the Cheviots, Lammermuirs and Tweedmuirs and to promote mountain safety and survival. The team was formally recognised as a mountain rescue team in July 1968.

Active from the very beginning, the team had exercises with RAF Leuchars, RAF Leeming, Northumberland National Park Wardens team and the police constabularies of Berwickshire, Roxburghshire, Selkirkshire and Northumberland County.

By 1969, the team had developed into three subsections, a Roxburghshire Section, a Berwickshire Section (which ceased to exist) and a Selkirkshire Section, which later became Tweed Valley MRT. At this time the Roxburghshire section was also a sub-unit of RAF Leeming MRT and received some equipment from RAF stores.

Throughout its existence the team has operated with numbers from the low twenties to just over thirty and it is a testament to the commitment of team members that numbers attending incidents have almost always been in the high percentage range. At present the team has thirty full team members and two probationary members. Five of the team members each have over 25 years of service.

With the closure of Yetholm Police Station the MR Station was moved to Kelso Police Station.

The team's first vehicle, a second-hand 4x4 Ford Transit was purchased in 1994 and by 1998 the team had built a three-bay garage at Kelso Racecourse. Later St John Scotland funded the acquisition of a Land Rover for each of the Scottish MRTs and the new vehicle was a real boost for the team. At present, the team has two Land Rovers and a Mercedes Sprinter. In addition, a control trailer is housed in a garage at Kelso Police Station.

The most dramatic incident the team has been involved in was the aftermath of the destruction of Pam Am flight 103 over Lockerbie. Others have included the rescue of three stranded participants of the Montane Spine Race, resilience work during the 'Beast from the East', two searches for missing children, both it transpired having been murdered, along with the normal hill and missing person call-outs.

Over two years ago, BSARU embarked on

the process of purchasing land and building a team base. After a protracted period, groundwork and foundations began recently. Fundraising for the build continues to enable the project to be completed.

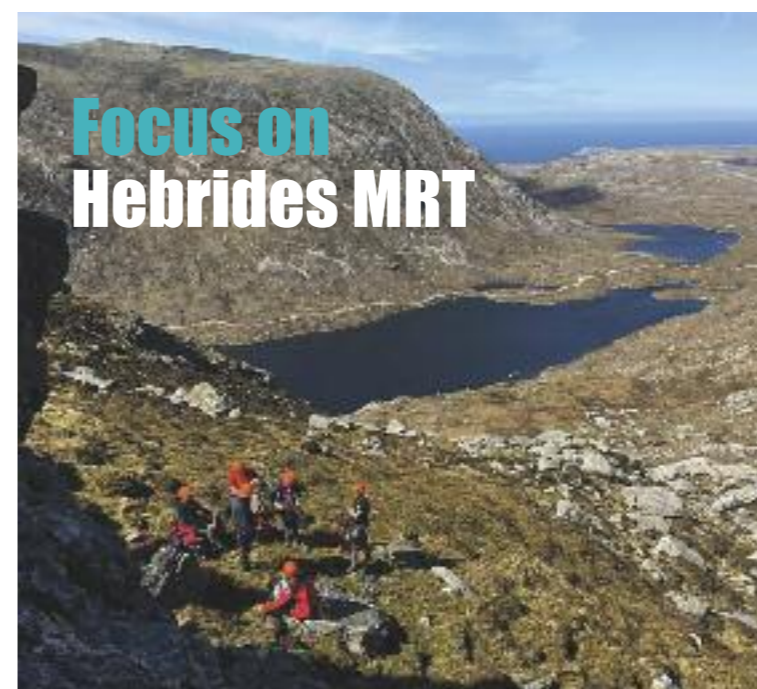
Duncan Buchanan, as new team leader may well wonder what he has let himself in for. As he writes, 'Having been voted in as team leader at the December 2021 AGM, following a two-year spell as deputy, I

experienced a busy start. First was a call for the team's assistance at 1.30am on Christmas morning to search for a missing person. Then, on New Year's Day at 2.45pm another call-out to assist in evacuating a lady who had broken her ankle on a hillside in the Morebattle area.

'The 30 volunteers who make up the team come from a range of backgrounds but have a common interest in mountain

rescue. This shows on a call-out as everyone pulls together, drawing on individual strengths to get the best outcome. With that support I am looking forward to the next three years.'

FIND BORDER SAR ON FACEBOOK AT [FACEBOOK.COM/BORDERSAR](https://www.facebook.com/BordersAR) OR VIA THEIR WEBSITE AT [BORDERSAR.ORG.UK](https://www.bordersar.org.uk)



by Roddy Murray, Simon Divecha and Charlie Greenwood

Four in the morning, pitch-black and way too early on a Saturday. Half-howling gale. Driving rain. The start of a typical call-out on a weekend morning for the Hebrides Mountain Rescue Team. We're located on the wild edge of the northern Atlantic, separated from the mainland by a large and exposed channel. The weather is invariably fierce to match our location. Our missing person was last seen just after midnight. They were heading out, poorly dressed, leaving no notes or clues to their intended location, possibly heading onto the moor, possibly towards the sea cliffs and, with the temperature just above freezing, time is a critical factor. We organise, coordinate with police and other local emergency services, and head out.

Our patch ranges from the Butt of Lewis, in the North, to the southern tip of Barra, including Harris, Uist, Benbecula and Eriskay, including the surrounding isles. There is a variety of terrain, moorland

predominating inland and 'machair' nearer the coast throughout the archipelago. The more mountainous areas include Uig, hills of both North and South Uist, Harris — including the Corbett, Clisham (An Cliseam) — and the finest inland precipice in the UK, Sron Ulladale. Our sea cliffs are seeing increasing numbers of climbers too.

Overall, this is a superb area for outdoor activities, with a huge range of environments that are well suited for walking, climbing and mountain biking. The main island routes are frequently trackless and remote with few visitors. This can catch out less experienced people where key basic mountain skills such as navigation are essential when exploring these less trodden routes.

Full winter conditions are rare and short lived (unfortunately!) However, in some winters, ice climbing and backcountry skiing are possible. In this era of climate change extremes, adverse weather is increasingly frequent. In 2013 the Western Isles

experienced particularly heavy snowfall. During this time, the team assisted with the transportation of medical staff and supplies around the island and were awarded the Meritorious Services Award from the Chief Constable as well as receiving a letter of thanks from the First Minister.

As one of the most recent teams to join SMR our history is brief and relatively recent. In 2007 we identified a gap for a more specific search and rescue team, focusing on the hills and remote parts of the islands that are difficult to access. These environments require specialist skills and equipment to perform search and rescue tasks that were previously unsupported. Following extensive consultation with other rescue agencies Hebrides Search and Rescue was formed, becoming Hebrides Mountain Rescue in 2017.

Fast forward to today and the team has come a long way since those early days. Over the last ten years, we have moved out

Focus on Border Search & Rescue Unit

by Seymour Haugh & Duncan Buchanan

Harold MacMillan was PM, Kim Philby defected, the Beatles released their debut album, the first Dr Who episode was broadcast, we had the Great Train Robbery, the worst winter since 1947, John F Kennedy was assassinated, and the Borders Search and Rescue Unit was formed, it was 1963.

One of the Scottish Mountain Rescue teams, the unit covers the eastern half of the Scottish Borders, East Lothian and parts of Midlothian. The Cheviots on the Scottish side

of the border and the Lammermuirs fall within the team's area.

As with many teams, the origins date back to a tragedy. On 17 November 1962, two shepherds perished in a blizzard while returning by tractor from Rothbury Market to their homes in the Northumberland Cheviots.

This tragedy, along with the increase in persons walking in the Cheviot Hills, prompted Constable Tony Robinson and

of a container in a car park and moved into several rented premises. Some of you may remember some of the more infested team bases we've had. However, now we are on the verge of building our own, new team base. Fundraising has been challenging and we've had to approach countless potential donors, but we are almost there. The new base will provide a space to store and dry equipment and host meetings and team training. This will make a huge difference to the team and will help improve rescue capabilities.

We have nineteen full team members and five aspirant members from a diverse range of backgrounds and experience. We have healthcare professionals, university lecturers, joiners, offshore workers and outdoor instructors. As with any small community, many team members have multiple jobs and other commitments to volunteer agencies. These include tourism, Army cadets and local community first responder groups.

The majority of our call-outs are multi-agency search and rescue incidents, where we work closely with HM Coastguard, the Scottish Fire and Rescue Service, RNLI and Scottish Ambulance Service. These are often large-scale incidents where the missing person is deemed to be high risk. Other incidents we respond to include searches for lost or injured people in the hills, cragfast climbers and animal rescues. We have also engaged with other agencies in delivering community resilience activities during periods of severe weather and power cuts.

'I have been in the team since the early days,' says team leader Charlie Greenwood. 'We started from almost nothing, with barely any team equipment and very poorly funded, now we are well-resourced with team vehicles, ATVs, drones and on the verge of building our own base. As most teams can relate, getting to this point wasn't easy, and we've had our share of difficulties. Today, I look at the team and its capabilities and I am very proud of what we have built. This is entirely down to the team members who have contributed to the team in a diverse range of ways. It is because of these people we are still here today and able to offer a professional level of service to our island's visitors and local community. I hope this foundation will provide the team with a future where we can increase the number of members and continue to progress with training to improve our response in any way possible.'

FIND HEBRIDES MRT ON FACEBOOK AT [FACEBOOK.COM/HEBRIDESMRT](https://www.facebook.com/hebridesmrt) OR VIA THEIR WEBSITE AT [HEBMR.ORG](https://www.hebridesmrt.org)



STEVE PENNY MBE

Scottish Mountain Rescue is absolutely delighted to congratulate Steve Penny on receiving his MBE in Edinburgh for his services to mountain rescue.

Steve has spent thirty years volunteering for MR and throughout this time has made a significant and ongoing contribution to Scottish MR at local, regional and national level. Most recently, since 2018, he has taken on the role of Wellbeing Officer for Scottish Mountain Rescue.

He has always had an interest in the wellbeing of volunteer responders and, in 2017, began a significant piece of work to introduce a Wellbeing Framework for volunteer mountain rescue responders. In 2019, this framework was rolled out across Scotland and is now forming the backbone of a wider UK Wellbeing initiative via UKSAR.

Left: Steve Penny MBE: 'MRT Member, search dog handler, search manager, friend, mentor, wellbeing officer and a true gent'. Image supplied.

SMR WELLBEING WEEKEND

On the weekend of 4-6 March 2022, Scottish Mountain Rescue (SMR) brought together 25 volunteers from teams across Scotland to attend face-to-face learning at a Wellbeing Weekend based in Stirling. Delegates were offered two options: Scotland's Mental Health First Aid (SMHFA) (2 days) or the suite of Lifelines Scotland courses (2 days).

Lifelines courses focus on how we stay well as volunteers and how we look after our colleagues. This is key to being in a position to keep doing what we need to do to help those we go out to. The SMHFA course focused more on those we help but, of course, there are overlaps in all this material. The instructors were a mix of MR volunteers (accredited to train the topics) and NHS staff who run the Lifelines project. Within the delegate mix we were joined by a family member and also colleagues from the Coastguard and St Andrew's First Aid volunteers.

The feedback was overwhelmingly positive about both the subject material and also the opportunity to get back (at long last) to face-to-face training. Delegates specifically commented on the importance of this subject area for looking after ourselves and our colleagues, as well as those who we go out to help in many situations. This weekend was part of an ongoing programme run by SMR to help facilitate learning opportunities for teams across the country, providing the chance to network and share best practice.

You can find out more about the Lifelines Scotland project at [lifelines.scot](https://www.lifelines.scot). Lifelines is an NHS project funded by the Scottish Government to support the wellbeing of Emergency Response volunteers via training and a resource website (since 2020, the project also now covers Police, Fire and Ambulance). You can find out more about SMHFA at [smhfa.com](https://www.smhfa.com). And if you wish any further detail about either of the above, please contact Steve Penny at wellbeingofficer@scottishmountainrescue.org



'It was a brilliant weekend. I came into the course with high expectations and these were exceeded!'



Photo courtesy of Jo Dytch.

MUNRO BEANIES

Jo Dytch came up with the idea of a special beanie for Munro baggers after a friend told her about the tradition of stitching a red cross on your hat when you have completed a Munro and she launched her Munro Beanies in November 2021.

The beanies – which are super-soft, 100% lambswool and produced in a family-run mill in the Scottish Borders – have 282 crosses on them to signify the Munros. As people summit each Munro, they sew over a cross in red wool. Munro Beanies generously donate £1 for each beanie they sell and, to date, they have smashed their original £1000 target. Asked why she decided to support SMR, Jo said, 'I have witnessed first-hand the brilliant work of Scottish Mountain Rescue and have a huge respect and admiration for the 24-hour service and care the organisation provides. We're fortunate to have such a highly skilled group of volunteers helping us to enjoy and explore the wilderness of Scotland.'

FOR FURTHER INFORMATION ON THE MUNRO BEANIES GO TO [THEMUNROBEANIE.COM](https://www.themunrobeanie.com) OR FOLLOW THEM ON INSTAGRAM [@THEMUNROBEANIE](https://www.instagram.com/themunrobeanie)



SUPPORTER STORIES

SAM'S FUNDRAISING SUCCESS

We're always amazed with the inventive ways our supporters choose to fundraise for us. Recently Sam, who is twelve years old, decided to create a book of recipes for snacks and dinners which are suitable to take out on the hill.

He loves hiking and biking and so pulled together some recipes that would keep him energised on his adventures. Called 'Vac pack in a backpack' the book includes recipes such as Cod and Chorizo Stew, Korean Noodles with Vegetables, Banana Loaf and Protein Pancakes.

'When I go hill walking with my dad, we sometimes see the helicopters flying back and forth and I think it's good to know there are teams of brave volunteers out there helping people in the hills,' says Sam, who has well-exceeded his original target of £100. We are really grateful to him for choosing to raise funds for Scottish Mountain Rescue in such an original way. Thank you so much Sam.

NEW VAN FOR SCOTTISH CAVE RESCUE

In early 2021, SCRO bought its first team vehicle, enabling team members to get their rescue kit to incidents quickly and safely. The next step is for additional electrics and a VHF radio to be installed to help manage incidents from the roadside. And as the team doesn't have a base of its own, Ochills MRT has kindly offered space in their garage for the new vehicle.



MARCH: SCOTTISH POLICE PLEAD WITH HILLGOERS TO TAKE EXTRA CARE AFTER SIX FATALITIES IN TWO WEEKS

Police Scotland appealed to anyone heading for the Scottish mountains to take extra care, after a rise in call-outs, including six people losing their lives over a two-week period.

On one evening in early March, teams dealt with an incident on Ben Nevis when police were made aware of a number of people in difficulty. One man, aged 28, was pronounced dead at the scene and 23 people were assisted off the mountain. Two men, aged 29 and 37 were treated in hospital.

The search for missing walker Nick Gillingham was temporarily stood down due to weather conditions. Gillingham had been reported missing with his Springer Spaniel and last seen near the summit of Stob Coire nam Beith in Glen Coe on 6 March. On 13 March, police confirmed that a body recovered near Stob Coire Nam Beith, a summit on the Bidean Nam Bian mountain had been identified as his.

Thankfully, the onset of spring brought more settled weather patterns and a welcome increase in daylight hours, but challenging winter conditions prevailed in the hills with large areas totally covered in snow and ice. 'Often these areas are completely unavoidable,' said Inspector Matt Smith, Police Scotland mountain rescue coordinator. 'Snow may be rock hard with a high likelihood of a fall unless crampons and an ice-axe are carried and most importantly, the group has a knowledge in how and when to use them. A slip in these situations may have very serious or fatal consequences.'

The #thinkWINTER campaign is backed by Scottish Mountain Rescue and Mountaineering Scotland, encouraging hillgoers to make a plan, not be afraid to adapt and know what to do if things go wrong.

'The volunteer mountain rescue teams across Scotland are an amazing network of dedicated and highly skilled people who will do everything they can to assist you if you find yourself in difficulty, but responsibility for staying safe on the mountains rests with us all and involves good planning, sound decision making and the ability to carry and use the correct equipment. By all means enjoy Scotland's spectacular scenery but do so safely.'

Top: Ben Nevis and Aonach Beag viewed from the east, down Glen Nevis © Richard Webb. Creative Commons Licence.



PR consultant and media trainer **Sally Seed** looks at an aspect of publicity and PR and suggests ideas to build on for the future. This time: **It's all about the timing.**

I've received a couple of queries in recent weeks about the timing of communications and it seemed like a good theme for a column — especially as it covers both conventional media relations and social media.

Waiting for a good story

MREW's Social Media Guidelines*, cover several aspects of timing, and could be summed up with the word 'wait', but the pressure to post early continues to grow.

Teams will make their own decisions but posting on the team's official channels once you're back at base after a shout is the recommended timing and clearly explained in the guidelines.

- Posting once you're done means you know the outcome for your casualty or lost walkers
- Posting once you're done avoids attracting non-member 'volunteers' who want to help out at the scene
- Posting once you're done is likely to fit best with paid emergency service posts and avoids conflict or inconsistency
- Posting once you're done every time means you don't create a precedent for commenting while a bigger search or rescue is in progress
- And, in addition, making the official post on team media before any individual ones go out gives followers a good guide on where to find reliable information.

There will be pressure from the public, from others involved and from journalists to tell the story before it's finished but having a consistent policy of waiting before posting will stand teams in good stead.

Before, during or after

When do you issue a press release or post online about a story from within your team? Ahead of an event like an open day or a milestone? Invite a reporter along while it's

happening? Or report on it with images after the event?

There is no right answer to this one, but it pays to think through your options, your objectives and your plan.

For instance, before wading into a pre-event announcement, do you want to keep control of reporting and avoid distractions? Or is it more important to get early coverage and attract people along? Sometimes inviting a journalist along to a training session or an open day could be spot on for achieving your objectives, but it needs careful planning and managing. Reporting after the event can seem safest and is likely to be your best photo opportunity, but you need to be speedy to meet deadlines (see below) and to ensure that your story is still news.

Early online or later print

Many print media are evolving and changing given the competition from online and social media. If you have a local online news channel as well as regional radio and TV news, it can all seem a bit late if the same report then appears in your local paper three or four days later. In fact, as local newspapers change, they may not actually use your story if they know it's already appeared online. This is another reason to think about the purpose and objectives of your communications.

It might be a sweeping generalisation but, if you're planning to recruit new members, you might aim for social and online coverage but, if you're fundraising, you might reach more potential donors through the traditional local paper. Think about the readerships and audiences and distribute your story in a targeted way, and with the right timing in the week, to achieve your aims.

The other extreme

At the other end of the spectrum of deadlines and timings are printed magazines. Our own MR Magazine has a regular schedule of deadlines and publication dates and other print magazines are the

same — but usually with much longer deadlines!

If you know you've a good story coming up and a bit of flexibility on the timing of any news release, make sure it fits with the deadlines where you want to see coverage. Issuing something in April, for instance, will miss the MR Magazine Spring deadline and it might not be news by the time it appears in the July issue. If you've got a great winter safety story, get in touch with the press team at MREW now and let's plan how best to reach magazine readers while there's time ahead of those October and November issues.

Given that last point: an appeal for help

Mountain Rescue Awareness Day is the last Sunday in October (Sunday 30 October in 2022), usually at the end of half term. We've used that end of British Summer Time aspect and the need to plan for earlier darkness as the theme for communications for a few years now. It needs a refresh. And coverage has been mainly online on social media — when we'd really like to extend the reach to 'new outdoors' walkers and new visitors to the national parks through other media. What do you think? What ideas do you have? And could we start to plan now so there's a better chance of making something happen? As the former Publications and Information Sub-Committee (PISC) becomes the Media and Communications Network, please get in touch, join the network and let's start planning while there's still time!

I hope that some of this advice on timing is useful. If you've anything to add or recent experience to share or ideas for 30 October, please get in touch with me via either sally.seed@stoneleighcomms.co.uk or pr@mountain.rescue.org.uk. Thanks. ☺

* You can find the Social Media Guidelines on Moodle — see page 15 for instructions on how to register.



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Incident figures: Quarter 1* January • February • March 2022

* Sorted according to geographical region and by closed incident reports. Dog associations listed separately.

Lake District

Cockermouth	3
Coniston	6
Duddon & Furness	15
Kendal	10
Keswick	31
Kirkby Stephen	3
Langdale Ambleside	25
Patterdale	16
Penrith	16
Wasdale	27
Total	152

Mid Pennines

Bolton	12
Bowland Pennine	12
Calder Valley	20
Holme Valley	7
Rosendale & Pendle	10
Total	61

North East

Cleveland	10
North of Tyne	7
Northumberland	11
Swaledale	9
Teesdale & Weardale	6
Total	43

North Wales

Aberdyfi	10
Aberglaslyn	8
Llanberis	46
North East Wales	22
Ogwen Valley	34
South Snowdonia	5
Total	125

Peak District

Buxton	25
Derby	14
Eddale	30
Glossop	11
Kinder	15
Oldham	12
Woodhead	13
Total	120

Peninsula

Cornwall East	3
Cornwall West	0
Dartmoor Ashburton	8
Dartmoor Okehampton	8
Dartmoor Plymouth	4
Dartmoor Tavistock	8
Exmoor	13
Total	44

South Wales

Brecon	24
Central Beacons	31
Longtown	10
Western Beacons	8
Total	73

South West England

SARA	2
Avon & Somerset	5
Total	7

Yorkshire Dales

CRO	18
Scarborough & Ryedale	7
Upper Wharfedale	15
Total	40

Search Dogs

MIRSD England	6
SARDA Wales	2
SARDA South Wales	5
Total	13

A few key stats:

Day of week

Monday	90	13%
Tuesday	88	13%
Wednesday	51	7%
Thursday	47	7%
Friday	85	12%
Saturday	180	26%
Sunday	142	21%

Month

January	296	43%
February	163	24%
March	224	33%

Contributing factors

Bad decision making	76	11%
Freak weather	4	1%
Heavy rainfall	35	5%
Human error	114	17%
Ice	24	4%
Ignorance of pursuit	52	8%
Inadequate comms	12	2%
Inadequate kit	29	4%
Inadequate footwear	14	2%
Inexperience	85	12%
Poor visibility	49	7%
Snow	22	3%
Strong winds	50	7%
Tired/Fatigued/Unfit	39	6%

MARCH: INJURED SURFER HELPED BY CORNWALL TEAM MEMBER SAL

A Sunday stroll at Bedruthan for one of West Cornwall's team members resulted in them going to the assistance of an injured surfer.

As the surfer was exiting the sea he caught the attention of Sal, the team member involved, regarding his injury, a dislocated shoulder. 'I moved him further up the beach to assess him,' says Sal. 'It was obvious we couldn't walk him out as it involved a steep climb out of the beach so we contacted the coastguard and stayed with him until they arrived. Thankfully the Cornwall Air Ambulance was able to extract him up to the cliff top where he was given medical assistance.'

Left: So much more than mountains... an injured surfer rescued from a Cornish beach. Images from Facebook @WestCornwallSAR.



NEWS ROUND

JANUARY > MARCH

JANUARY: REGGIE RESCUED AFTER 34 HOURS UNDERGROUND

It was a tricky but gratifying start to the year for the South and Mid Wales team with their fourth rescue of 2022 when, after 34 hours stuck at the bottom of a ten-metre rift, Reggie the dog was returned safely back to his owners.



He had fallen down the hidden void whilst out for a walk on Llwynypia Mountain, near Tonypany in the South Wales valleys. Team members worked with South Wales Fire and Rescue Service late into two nights, in an attempt to dig, squeeze and 'fish' poor Reggie out. Finally, in the early hours of the morning, after team members had gone home to rest, Reggie was fished out by the skilled team at Drainforce Ltd using their drain survey camera. The local community also rallied their support with manpower, tools, food and offers of heavy digging machinery should it be needed.

Looking healthy and much happier, Reggie and his owner met up with his rescuers the following week at Tonypany Fire Station for a press event coving the successful joint operation.

Left: South & Mid Wales team members working with firefighters from South Wales FRS to recover Reggie from his tight spot; a happier Reggie the following week © SMWCRT.

JANUARY: ATV AND TRAILER PLUNGE FROM BRIDGE

CRO members were called to respond, alongside the statutory emergency services, when the ATV and trailer fell about three metres from a bridge into the watercourse at Bottom Wood, Roeburndale.

The incident occurred when one side of the bridge sagged under the weight of the vehicles, the bridge deck twisted and the ATV and trailer slid sideways. One person was thought to have died at the scene, one had sustained head injuries and another a spinal injury. Others were less seriously injured but badly shaken. Of the many resources involved, North West Ambulance Service and the Great North Air Ambulance were first on scene and dealt with the badly injured casualties. Meanwhile police, fire and rescue, ambulance service and CRO vehicles and personnel were held at the roadhead, pending further instructions. When all living casualties had been evacuated, CRO members, including some in swiftwater PPE, assisted investigating officers from Lancashire Police with transportation and lighting, then took the deceased to the roadhead for handover to the undertaker.



Above: Cave Rescue Organisation, fire and rescue and police vehicles at the scene © CRO.

FEBRUARY: RESCUE OF KAYAKER WITH BACK INJURY

Teesdale and Weardale team members were called to Abbey Rapids at Barnard Castle, to assist with a kayaker who had sustained a back injury and managed to self-rescue to a river bank.

The multiagency response saw team members working alongside the North East Ambulance Service NHS Foundation Trust HART team to provide casualty care and pain relief before team members set up a pulley system to evacuate the casualty and stretcher away from the bank. The patient was then transferred to a road ambulance and taken to hospital. Thankfully, the group of experienced kayakers had called for help promptly, which meant the casualty's condition didn't worsen in the cold weather.

Left: Team members with the HART team, assisting the casualty © Teesdale and Weardale MRT.



Hinkes thinks



The joys and risks of a favourite ridge: Sharp Edge

Sharp Edge on Blencathra is one of the must-do ridges for walkers and scramblers. **Alan Hinkes** talks about 'one of his favourite ridges in the Lake District'. It's also a key location for calls for mountain rescue help.



Above: Alan on Sharp Edge. Images supplied by Alan Hinkes.

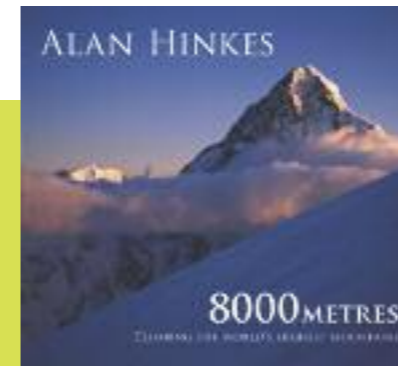
I have ascended and descended Sharp Edge in all sorts of weather — sunshine, rain, snow and ice conditions — and many times at night. It's easily accessible from the A66, in good conditions if you are fit, experienced and skilled, and can be a short outing of a couple of hours. Competent fell runners scamper along its crest in dry windless conditions.

But Sharp Edge must not be underestimated, complacency can end in tragedy. Sadly, Sharp Edge regularly claims victims. My least favourite conditions are when it is wet and windy. I will often defer to Hall's Fell Ridge, another favourite and a spectacular route which goes directly to the summit of Blencathra. It's the same slaty rock as Sharp Edge, but with more in-cut hand holds and more forgiving, with easier escape routes.

Sharp Edge is more committing and less forgiving with few alternative routes. The rock is grey-coloured, slippery, slate-like, with poor friction and sloping holds as it angles steeply like a house roof. The safest route is to keep to the crest. If ascending do not be tempted by what looks like a path on the right-hand side below the ridge. Known as the 'chicken-out path', this line unfortunately peters out on steep exposed terrain, one slip and you can slide a couple of hundred feet. Rather than retracing their steps, walkers often try to scramble up the steep, slippery, precarious slope and fall off. The safest option would be to turn back along this exposed path and ascend the ridge directly from where it starts above Scales Tarn.

A lot of walkers find the exposed glaci/slab section the most intimidating. The smooth grey rock seems frictionless and there is a gendarme or block of rock pushing you out over the edge of the glaci. Most walkers refer to this as the 'bad step' or 'mauvais pas'. I prefer to refer to it more positively as the 'good step, nice step or exciting step'.

It is classed as Lakeland's sharpest ridge,



'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

hence its name. In physical geography terms it is a classic example of a glaciated arête with a glacial corrie below. There are no vestiges of ice left as it's now warmer than 20,000 years ago and the icy cold water of Scales Tarn fills the corrie. Sharp Edge is a value-for-money mini-alpine ridge, much shorter than in the Alps but packing a lot in — and it's a lot closer than the Alps.

Sharp Edge is notorious for serious accidents and fatalities. Keswick MRT have several call-outs every year — two or three might be cragfast, stuck walkers and, sadly two or three will be very serious accidents or fatalities.

'As well as cragfast walkers who need helping off Sharp Edge, we also get serious incidents involving critical, life-threatening injuries and fatalities,' says Chris Higgins, Keswick team leader. 'Any rescue on Sharp Edge is a hazardous undertaking.'

Fixing anchors for safety ropes and stretcher lowers is always a problem on the shattered rock, with few cracks for nuts or suitable spikes or blocks to loop a rope over. A few years ago, bolts were drilled in two key places, making rescues a lot safer to carry out as well as quicker and more efficient to set up ropes. Most people do not notice these bolts; they are below the ridge on the south side and painted black. Personally, I think these bolts are very necessary and acceptable and help Keswick MRT facilitate a rescue more safely. The security of the rescue team members is paramount in any rescue. ☺



Images © Keswick MRT.

JANUARY: TEAM MEMBER CALLED OUT TO OWN SON AFTER MOUNTAIN BIKING CRASH

The information provided to police by the rider's companions included his first name and date of birth, and the Keswick team member recognised this as highly likely to be his son and so rushed to base in time for the dispatch of the first vehicle. An RAF mountain rescue team who were training in the area also attended.

The injured man was with a group of experienced mountain bikers when he suffered a heavy crash on the red south loop trail in Whinlatter forest. The team vehicle was able to park close by and found the casualty had regained consciousness and was sitting up with a space blanket and warm clothes provided by his friends. After a thorough check over by a team doctor, he was able to walk to the team vehicle and was driven down to an awaiting ambulance. He was later discharged from hospital after further checks. Although suffering from concussion, he'd chosen that day to use a full-face, rather than open-face helmet, which no doubt saved him from more serious injuries. 'You never stop worrying about your kids,' said his dad, 'even when they're 42'.

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NEWS ROUND

JANUARY > MARCH



Top: Team members 'on set' in the village of Matten, Northumberland. **Left:** Brenda Blethyn (who plays Vera Stanhope) with Search Dog Roy. **Above:** Blethyn and Kenny Doughty (who plays DS Aidan Healy) enjoying cuddles with Trainee Search Dog Flynn. Images supplied by North of Tyne MRT.



FEBRUARY: BUXTON TEAM LEAD GROUND-BREAKING DRONE DEMO

The demo was in collaboration with Evolve Dynamics and closely supported by the Drone Pathfinder Catalyst Programme Connected Places Catapult.

The demonstration had two objectives. Firstly, to demonstrate to the public, regulators and mountain rescue community the potentially life-saving application of drones within a mountain rescue setting when the right equipment is used. And, secondly, to highlight to regulators where existing regulation is holding us back and challenge them to find safe affordable solutions, to allow us to unlock the full life-saving potential of drones.

'For the first time we saw an all-weather drone being used in a realistic mountain rescue environment,' say Buxton. 'The weather didn't disappoint. Gusts of wind were so strong in fact, that putting a marquee up proved impossible and those who tried were left more than a little damp from heavy downpours!'

'Despite the conditions, the Evolve Dynamics Sky Mantis was able to get airborne effortlessly and quickly to locate the casualty, and guide in teams on the ground, all while feeding live high-quality video of the entire rescue back to our control vehicle!'

To learn more about the event and how the team are developing their drone programme, head to the Catapult website via <https://tinyurl.com/2tmdsdbm> and download the case study. You can also read the case study here (just turn the page).

CALLING DRONE MANUFACTURERS OR SUPPLIERS: IF YOU HAVE EQUIPMENT OR TECHNOLOGY YOU THINK WOULD BE OF INTEREST TO THE TEAM, THEY'D BE HAPPY TO HEAR FROM YOU. EMAIL ENQUIRIES@BUXTONMOUNTAINRESCUE.ORG.UK FOR A CHAT.



Images © Carney James Turner/Buxton MRT.

FEBRUARY: NORTH OF TYNE TEAM MEMBERS ACT THEIR MOUNTAIN RESCUE SOCKS OFF FOR POPULAR SUNDAY EVENING TV SHOW

In May 2021, ten members of North of Tyne team, plus three of their four-legged friends, were extras on ITV's hit Sunday evening show, *Vera*. 'The episode aired in February this year and we became stars for all of about two minutes!' says team member **Helena Sansum**.

'The storyline centred around the search for a missing boy, and we were part of a scene shot on the village green of the real-life village of Matten in Northumberland.

'From the initial enquiry to spending a day on location, the production crew were fantastic and very helpful. Before the filming day, we were required to send over details of our vehicles so they could be covered by the production's insurance. We were also required to send images of our kit and complete Covid declarations.

'On the day itself, there was a fair bit of standing around at the production's base, waiting to be called to the location. This is

standard, but luckily the team are well versed in waiting to be deployed from real searches! It also helped that the catering was delicious. Once on location, the vehicles were positioned in view and team members all given their marks. The scene involved Vera and her sidekick Aidan having a chat whilst we were in the background, receiving a search briefing from our incident controller (real-life incident controller and our chairman, Mark).

'Between takes, the real stars of the show received all the attention, and rightly so — they're generally much better looking! Search dogs Roy and Ben and trainee search dog Flynn got lots of fuss — and Brenda and Kenny (who play Vera and Aidan) were certainly enamoured! All in all, an interesting day, and an excellent fundraiser for the team. The fees the production company would normally pay extras were donated to the team. After the episode aired, we also received coverage in the local press and our Facebook post about the episode was our furthest-reaching post, ever!'

MARCH: TERRAFIRMA SUPPORTS EXMOOR TEAM WITH VEHICLE UPRATE



The Terrafirma range of Land Rover accessories is distributed through Allmakes 4x4 authorised parts and accessory dealers. The company is proud to maintain its support for MREW, helping to prepare a 110 Defender for the Exmoor team.

The entire preparation of the Defender was filmed for *Speedshop* on BBC2 (the *Top Gear* slot). The first episode aired on Sunday 20 March at 8.00pm and the third episode, featuring the Defender prepared for its new role as a soft ground and water rescue vehicle, aired on Sunday 3 April. *Speedshop* features ex-Special Forces soldier turned custom vintage vehicle and bike builder, Titch Cormack, and a team of engineers who work alongside him.

'At the ripe old age of 30, Ex.94 (aka 'Landy') our 'J' reg Land Rover Defender 110 is the oldest operational Land Rover Defender within MREW' says the team. 'Landy has been our dedicated water rescue vehicle since joining the fleet in 2015 and was in desperate need of some serious TLC! Cue Titch and the team at the Speedshop! The show follows Landy's transformation from a stock Defender 110 to a highly modified and super capable off-road machine!'

Left: Exmoor's faithful Defender 110 'Landy' © Exmoor MRT.

Using drones in search and rescue operations

A CASE STUDY CONDUCTED BY **CONNECTED PLACES CATAPULT** IN COLLABORATION WITH **BUXTON MRT** AND **EVOLVE DYNAMICS**

Drones enable a significant enhancement in Search and Rescue (SAR) operations. A potential life-saving tool in SAR operations, drones provide critical support to SAR teams to reduce risk to humans, enable quicker search and supply aerial support during incidents.

This case study outlines the safety, economic and environmental benefits of using drones compared to current methods of SAR. The applications of drones outlined within this document will demonstrate just how other emergency service sectors will benefit and understand the capabilities and potential opportunities for using drones in their organisations.

Key takeaways

Connected Places Catapult organised a drone capability demonstration to highlight how Buxton Mountain Rescue Team has future plans to maximise the benefits of drones within search and rescue.

- Showcased the use of the Sky Mantis all-weather drone capable of flying in rain and high winds
- A simulated incident response demonstrated the benefits of drones in a dangerous location and rescue approach planning
- Ease of access to difficult-to-reach areas of the mountainside, providing real-time situational surveillance
- The key benefits of drones include saving time in first responder attendance, critical in the safety and wellbeing of those requiring assistance
- Drone potential within the SAR and other similar sectors is evolving and new opportunities become available as technology develops, and regulations allow further use of drone technology in industry applications.



The case for drones in SAR operations

CHALLENGES

Reduced risk: SAR operations are carried out in locations that are difficult and dangerous to access and pose significant risk to SAR team members.

Faster search: Speed is an essential element in search and rescue operations, teams often racing against a rapidly collapsing time frame within which a positive outcome for the casualty or missing person can be secured.

Improved efficiency: SAR operations mostly involve large areas of land and water to be searched for missing persons. The difficult terrain and harsh environment in mountainous regions involving fog, dense vegetation and darkness offer significant challenges to SAR teams.

Adverse weather operations: Many SAR operations occur in adverse weather conditions.

Cost effectiveness: Mountain SAR teams are charitable organisations, run by volunteers, hence raising the funds to invest in new technology takes time.

Carbon emissions: Traditional air support for SAR operations is all based on fossil fuels.

HOW DRONES CAN HELP

Drones are an excellent tool for SAR operations. They allow access and quicker visibility into places such as steep ground and cliffs, to be searched with minimal risk to SAR team members.

Drones enable much larger areas to be covered in a shorter period of time, which can mean the difference between life and death. Some mountain rescue teams report that drones can drastically reduce search times by up to 50 per cent.

Drones provide aerial intelligence on the whereabouts of the missing persons and provides SAR teams critical, real-time information on the search area. With even small drones now capable of carrying high-quality thermal cameras, large areas of land and water can be searched with impressive efficiency. The thermal imaging when combined with infra-red cameras, allow drones to penetrate through fog, darkness and vegetation. This results in an improved efficiency to be able to search areas more quickly, with fewer numbers, thus being able to stand down our volunteers more quickly.

While most drones are designed to be operated in favourable weather, they cannot be operated in rain or snow conditions. However, certain drones can be used in adverse weather conditions.

Drones are cheaper to procure and operate than traditional air support, making them accessible to even small voluntary SAR teams.

Drones are fully electric thereby have lower impact on the environment they operate within.

Images: Opposite page © Darren Hunt/Buxton MRT. Above © Buxton MRT. Case study reproduced here with kind permission.

Buxton Mountain Rescue: an overview

Buxton Mountain Rescue Team (BMRT) is one of 49 voluntary teams within England and Wales and one of seven within the Peak District region. The team was first established in 1964 following the Four Inns tragedy, which claimed the lives of three young rover scouts while they were taking part in a planned walking event in bad weather.

While the number of incidents the team attends annually has increased, the types of incidents have become more varied and the equipment used has advanced significantly. The team's charitable goal has always remained the same 'Saving lives in wild and remote places'.

Today the team has around 60 highly trained volunteers, four emergency response vehicles, two bases and attends around 100 incidents a year. Incidents include going to the aid of unwell or injured persons in the hills, searching for lost or vulnerable, rescues from height, providing assistance at major incidents such as floods and even helping to patch up the odd collapsing dam wall.

In March 2019, BMRT formally began its journey into using drones for search and rescue. They became the first team in England and Wales to gain a then 'PfCO'

- **Phase one:** Routinely carrying the drones and obtaining data to highlight any barriers to deployment of drones
- **Phase two:** Training further pilots; this is the phase the team currently sit within
- **Phase three:** Focus on obtaining a new higher spec drone to resolve challenges identified in the early phases. The team hope to move to this phase later in 2022

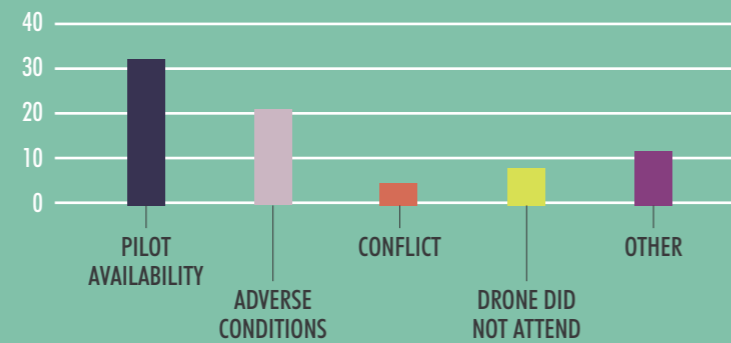
During phase one, data was collected from every incident the team attended, specifically focused on drone usage.

It has become clear that drones are not only an excellent tool for search but can also assist hugely in other areas of SAR. For example, during phase one the team assisted with monitoring moorland fires recording damage and identifying sources of water. They were also deployed during a multi-agency training exercise to provide overwatch enhancing the situational awareness of commanders on the ground.

Some challenges to the deployment were also identified (Figure 1).

With pilot availability already being addressed under phase two, the next most notable and probably unsurprising challenge is adverse weather. Buxton's

FIGURE 1: CHALLENGES TO DEPLOYMENT



from the Civil Aviation Authority (CAA). From that point onwards, the team began utilising two DJI Mavic Drones during missing person searches. The team were also pleased to be donated a DJI Mavic 2 Dual by Derbyshire Constabulary, which has proved an excellent addition to the fleet with its thermal capability, allowing searches during the night.

In January 2020, an ambitious three-phase strategy was implemented to look at advancing Buxton's use of drones further:

operations often occur when the weather is poor and while the DJI Mavic series drones are excellent pieces of equipment, they are simply not designed to operate in adverse weather.

Once in the air the next challenge is being able to reach the missing person or incident location.

The team currently operate within the Specific Category under PDRA 1 and so are required to keep the drone within visual line of sight; while the rationale behind this is understood, this hugely limits the effectiveness of drones.

Connected Places Catapult and Buxton MRT demonstration overview – how drones benefit search and rescue operations

Buxton Mountain Rescue Team was pleased to have the opportunity to work with Connected Places Catapult as part of the Department for Transport's Drone Pathfinder Catalyst programme to organise the demonstration day. On the day of the demonstration, we were joined by drone leads from the statutory emergency services, other voluntary emergency services and drone industry innovators.

The day began with presentations showcasing the benefits and discussing the challenges of drone use within mountain rescue, alongside input from Connected Places Catapult on its work and from Evolve Dynamics explaining the evolution of their all-weather drone, the Sky Mantis.

After the presentations, all involved headed out to Chrome Hill, a small yet steep hill within the Peak District. The scenario, loosely based on a previous incident was introduced: two walkers had got into difficulty on the steep slopes and needed urgent assistance. The objectives for this demonstration were set based on learnings from phase one (see right).

The location used in this demonstration was specifically picked as the entire search area was within 500 metres of easy road access and a safe take-off site. This meant that VLOS could be easily maintained throughout. However, this is not the case for a great number of locations the team is frequently called to. Search areas and incidents sites are often more than 500 metres from a vehicle access point which means that drones must be carried over sometimes difficult terrain which can ultimately delay the benefits they bring once airborne.



Objective 1

Demonstrate to the public, regulators and mountain rescue community the potentially life-saving applications of drones within a mountain rescue setting when the right equipment is used.

During the demonstration, an Evolve Dynamics all-weather Sky Mantis drone was deployed to locate the 'walkers in difficulty'. Given the very challenging weather conditions on the day it simply would not have been possible to fly with a drone from Buxton's existing fleet. It was very helpful to see a drone with excellent all-weather capabilities and endurance operating within a real-world environment and scenario. This experience will be taken forward as Buxton team consider a choice of new airframe in phase three.



Objective 2

Highlight to regulators where existing regulation is holding us back and challenge them to find safe affordable solutions to allow us to unlock the full life-saving potential of drones.

It was clear how the all-weather drone could be utilised within Buxton's SAR setting, with the drone very rapidly locating two walkers in a dangerous scenario. Thanks to the live feed from the drone, those in control could easily see that one of the walkers was trapped on very steep ground. This meant they were able to deploy appropriate resources immediately to assist them without having to wait for personnel on foot to reach the scene and provide a report.

Under the drone Pathfinder Catalyst programme, we are taking real-life use cases and working with users from commercial industry as well as drone service providers across different sectors, including Buxton Mountain Rescue and Evolve Dynamics. This will illustrate the art of the possible for how drones can be used to increase productivity and provide economic growth.

Henry Tse, Director of New Mobility Technologies

Emergency service exemptions

The CAA have previously exempted emergency services from the VLOS rule in certain short-term reactive situations, where there is an immediate risk to human life or during declared major incidents. An example of such scenario is provided within the notes of the exemption 'missing-person scenarios where it is clearly evident that swift action is required'. This carries with it a number of 'checkpoints' where the operator and commanders must make a positive decision to proceed based on risk assessment.

However, this exemption only applies to a 'United Kingdom Police, Fire or Ambulance Service', so it does not extend to mountain rescue teams or other voluntary SAR responders. With the number of police forces which now see their own drone teams increasing, it would be reasonable to ask why mountain rescue teams would want

their own independent drone capability? There are a number of answers to that question:

- **UK emergency services are always under pressure**, so having independent drone capability not only lightens some burden on them, but also ensures that when a drone is needed, Buxton MRT has immediate access to one.
- **Local knowledge:** Buxton MRT pilots have unrivalled knowledge of the local area, knowing all the best access points, accident hotspots and places a vulnerable person may conceal themselves.
- **Even with exemptions for BVLOS, deploying a drone in a mountain rescue setting may well mean a challenging journey in a four-wheel drive** followed by a steep walk. Having the associated navigational knowledge and the equipment to do that safely is essential.

It is worth highlighting here that the environments mountain rescue teams operate in vary across the country, but all are generally remote. In the Peak District for example, there are vast areas of relatively flat moorland plateau and large bodies of water where an exemption for BVLOS could be hugely beneficial. Mountain rescue teams typically have excellent existing relationships with other users of the lower airspace, such as the Maritime Coastguard Agency, air ambulances and glider clubs all of whom they frequently come into contact with. Finally, the dynamic management of risk is something all SAR teams are well accustomed to.

The team has explored use of the 'Certified Category' to expand permissions, however the expense and complexity involved appear to make this option currently out of reach.

The use of drones within Mountain Rescue allows us to maximise the chance of locating and safely recovering a casualty or missing person, by searching large and challenging areas of land quickly and while minimising the risks I have to expose my team to. *Rob Stordy, Buxton MRT*

What's next for Buxton team and similar sectors?

Buxton team will now take the learnings from this demonstration forward into the third phase of its drone development strategy, as the team looks to obtain a drone with better capability in adverse weather.

The team had an excellent insight into the impressive capabilities of the Sky Mantis during this demonstration, but at this stage, they would still welcome approaches from other suppliers and manufacturers if they think they have an airframe that would suit Buxton's needs well.

As a small charity, cost will always be a factor. However, if a supplier or manufacturer is willing to work with the team, that would offer them the unique opportunity to be part of a potentially life-saving journey... the marketing benefits of being the first to supply a mountain rescue team with an all-weather drone also certainly shouldn't be overlooked.

It is intended that the new higher spec drone will be made available for incidents across the Peak District region and to neighbouring Lowland Rescue teams when required.

Buxton team is aware that the exemption to the Visual Line of Sight rule that has previously been afforded to statutory emergency services, has been withdrawn and is currently undergoing review. Along with MREW's national lead on drones (currently being overseen by Simon Thresher, MREW Vehicles Officer), we would be keen to be included in discussions as part of that review process. Careful consideration around risk mitigation would be needed and safety would always remain our top priority.

Once the team has sourced an airframe better suited to the conditions it operates within, the likely next steps will be looking at the sensors the drone is equipped with and automating search activity. 🚀

FOR MORE INFORMATION ON HOW DRONES CAN BENEFIT YOUR ORGANISATION, OR TO LEARN MORE ABOUT THE DRONE PATHFINDER CATALYST PROGRAMME PLEASE VISIT: CP.CATAPULT.ORG.UK/PROJECT/PATHFINDER/

TWITTER: @CPCATAPULT
LINKEDIN: CONNECTED PLACES CATAPULT
EMAIL: DRONES@CP.CATAPULT.ORG.UK



Benefit and cost analysis: key facts and factors

- **BMRT is a charitable organisation** which depends on the police and NPAS for their air support during searches and for the payment for any air support services. Only a few questions are asked by helicopter 'owners' before dispatch.
- **Average 100 call-outs per year**
- **Normal search radius is 2km** with 20-30 searchers, predominantly on voluntary basis.

- **Traditional search:** Helicopter costs: £9,001—£10,502 per hour for models operated by NPAS
- **Drone-enabled search:** Use of drones will likely have an impact on the number of volunteers required for a search, but the impact is unclear and depends on the size of the search area.

ECONOMIC

Police services will benefit from cost savings. Buxton MRT is using second-hand drones with thermal capabilities and good image resolution, but these cannot fly in adverse weather.

ENVIRONMENTAL

No environmental issues to speak of, other than a few relating to wildlife areas. Drones have a far lower environmental impact than traditional manned air support.

POLITICAL

There are no known political issues, but there is significant public support for the use of drones within a SAR setting. There are some issues regarding wildlife or privacy, but significant consideration is made to search and rescue operations.

TECHNOLOGICAL

Off-the-shelf drones are not suitable for SAR, as many searches are conducted in inclement weather. Different types of pre-flight checks increase the time required to deploy drones — faster set-up times would be necessary.

SOCIAL

Popular public support for making Buxton MRT more effective is high, so there are no negative social issues.

LEGAL

Despite close connections with Blue Light services, Buxton team is still limited to Visual Line of Sight (VLOS).

Images: Left © Buxton MRT. Opposite page © Darren Hunt/Buxton MRT.



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Raising funds for rescue



Image © Longtown MRT.

Taking on the Spine: My journey up the Pennine Way

ANDREW GEESON LONGTOWN MRT

The Spine Race celebrated its tenth anniversary this year, having started with a 268-mile race along the length of the Pennine Way from Edale to Kirk Yetholm in the Scottish Borders. Over those ten years it's earned the title of 'Britain's most brutal race' and now consists of several races, a sprint, the Challenger, the MRT Challenger, Challenger North and the original 268 full Spine Race. There is now also a summer version but don't let that lull anyone into a false sense of security. Last summer's race saw as many retirements, due to poor conditions and hypothermia, as any winter race.

I completed the Challenger, my first winter race, in 2015 in 49 hours 1 minute in 14th position and said 'never again'. Known as 'the windy year' it was horrendous, with gale force winds so strong they literally blew me over on more than one occasion.

The MRT Challenger was first run in 2016 as a means of payback to the local teams who help provide safety cover throughout the Spine event. The entry price is hugely discounted and gives entrants the chance to raise funds for their respective teams.

I joined Longtown MRT in January 2020 as a probationer and thought I'd use my hobby of trail running to try and raise some funds for the team. At the same time as I joined the team I signed up for the MRT Challenger January 2021, a year in advance — you need to be ready online for entries to open

because they get snapped up very quickly. I trained throughout the year and was as fit as I'd been for a long time in the run-up to December 2021 thanks to plenty of hill work and back-to-back long runs/walks of 30/15, 30/10. Covid put paid to the race for everyone, but my left hip seized up about then so I'd not have been able to start anyway. I deferred my place to 2022, hoping I'd have a new hip and Covid would be behind us.

I had my total hip replacement on 29 July 2021. I was lucky and determined and, with the help of physiotherapists, soon able to increase my walking times and eventually move to inclines and back to the hills. I asked my consultant about the pros and cons of taking part in a 100-mile race and he was confident my new hip would stand

up to the task as long as I was fit enough.

Through autumn and early winter, I upped my training once again and managed to replicate the 30/15, 30/10 back-to-back walks. I did lots of hill work and used a loaded pack to get used to the weight of kit required for the Challenger. My rucksack was about 8.5kg without food or fluids and contained all the compulsory kit stipulated by the organisers.

My plan was simple: walk the route as quickly as possible and keep feeding the calories in. We all have to carry 3000kcal of food from the start. I had an expedition meal, a few cheese rolls and bags of homemade peanut flapjack made by my wife Meryl which I have tested and love. I would try to forgo sleep until I reach Malham Tarn, 83 miles into the race. I was convinced



Above: Left to right: Trying to keep the feet dry; back gone, the last few miles very uncomfortable; cup of tea with 'mad, staring eyes'. Images © The Spine team. Above right: Finisher's certificate, medal and T-shirt © Andrew Geeson.

I could do it in the 60 hours but part of me wanted to make sub-50 because my 2015 effort had lots of navigation errors and faffing and I 'should be able to do better this time'. After all it's only a walk...

One of the conditions of MRT entry is that you react positively to calls from Spine race HQ to assist fellow entrants along the route. I log the HQ phone numbers into my iPhone using the 'cosmic' ring tone, thinking it would catch my attention but not be needed, and set off for Edale YHA (also booked a year in advance).

Within five or six miles of Edale, the snow falls like a heavy carpet, there are two lorries

I heard the term 'survival exercise' mentioned by people on the course and they weren't wrong

stuck on a hill and no one is moving. A local suggests a detour that amounts to about 30 miles, but there's no other way apparently. Stress levels rising, I take the detour, wondering if anyone will be available to do the paperwork at registration or will it be a mad rush in the morning. Finally approaching Edale via Mam Tor, my car starts to judder and chirp like a budgie and I nurse it to the public car park. I manage to get registered, people still arriving after me, and make it to the youth hostel for a lovely curry and a poor night's sleep.

Up early for a full 'English' and lots of tea with other competitors of differing nationalities, some faces I know having followed the race for so many years. One final faff with my kit and the car allows me to get to the village hall car park in Edale. I have a seven-day rover pass for parking, purchased online from highpeak.gov.uk.

The Challenger starts at 7.30am and I cheer runners off — about 110 on the roster to start but I imagine Covid, injuries and illness may have reduced that number somewhat. Several are late to the start line and have to run into the oncoming competitors to get to the starting gantry to turn around and begin their journey.

I give my drop bag to the crew — no more than 20kg allowed — and pop inside the hall to get my tracker taped onto my rucksack. One final fiddle with straps and getting my pack comfortable and I make my way to the start line. There are 29 on the roster for the MRT Challenger. There's snow and slush on

the ground, it's cold but not raining. In fact, it's quite benign.

We start prompt at 8.00am: out of the field, through the car park and down the steps turning right towards Edale village and the start of the Pennine Way. Some go off quickly, apparently someone intends to break the MRT course record: best of luck with that. Most of us are walking and getting introduced.

The first couple of miles are a steady climb along easy paths as the light increases and eventually we see Jacob's Ladder, the second highest climb of the event after Pen y Ghent. The ascent is reasonable on fresh legs and we soon reach the plateau where the weather could be from a different planet altogether.

We walk into an icy wind from the west, the rat-a-tat-tat of my hood stings my face and my eyes are blinded by the sleet and snow coming in at right angles. The majority of the ground is ankle deep in icy water and that water sits on top of clear ice. People are keen to move over this ground but slips and slides are inevitable. I'm following a young MRT chap from Derbyshire who appears to be wearing La Sportiva trail shoes and he's all over the place. I'm pretty pleased with my choice of inov8 mudclaw until I take a full sideways dive off a large boulder covered in invisible ice. People come to my aid, but I'm up quickly and not quite as smug as I might have been. Right now this is a part of the course where you don't want to stop for anything.

We proceed over Kinderlow and I'm happy to follow the local guys who seem to know the ground and can pick the best route. We thin out on the approach to Kinder Downfall (definitely Kinder Up-fall today) and start to catch up with the back markers from the 8.00am start. It's nice to be able to pick off the odd back marker and feed the competitive streak.

As I catch up with a group of four I see someone go down heavily and hear a piercing scream. A woman lays in an icy puddle the size of a paddling pool holding her ankle with a look of horror on her face. My thoughts at this point: 'She could die here if it's broken', 'I'm not trained to deal with this', and 'Why hasn't anyone else stopped?' Expletives aplenty. With my limited knowledge I reassure her and tell her to just get her breath, don't move, let things settle and you'll be ok. She takes some

deep breaths and comments that the cold has numbed her ankle. With the help of the others in her group, we lift her out the water and she manages to sit on a rock whilst the weather continues to batter us — rain, sleet, snow and a wind that's trying to put us all on our backs. After a short time it becomes apparent she turned her ankle but can put weight on it. She has walking poles and starts to move along the route with her cohort. I get every reassurance I can that she's going to be okay and carry on. I turn around a couple of times and I can see she is managing to move, albeit slowly.

Having descended from Kinder, it's time to follow the granite slabs that form the path along this part of the route. They're ankle deep in icy clear water, knee deep in the gullies and coated in ice, people sliding and falling all over the place. You can venture off the slab to avoid the ice, but the bog here is soft and can be very deep so it's a steady onward march.

We cross the A57 and follow the aptly named Devil's Dike, a maze of twists and turns following numerous streams and gullies in full flow. Where there should be paths there are streams, and it's difficult if not impossible to stay out the water. Around Bleaklow there are streams to be crossed and normally they'd be easy to jump across but today, in full spate, they create a barrier for most competitors. To cross one of these I simply have to go waist deep and fight the current, it's only a couple of steps to the other bank. Other runners are dithering and a woman looks as if she's going to go with the flow so I climb back in and give her my

I see a large herd of what look like Dartmoor ponies. As I get closer I realise I've started to hallucinate, in front of me is an old moss covered wall in disrepair but no ponies

hand to get across. Gallant or daft I was wet and couldn't get any wetter. I hear later that one competitor did in fact take an early swim and this effectively ended her race due to onset cold and hypothermia. I heard the term 'survival exercise' mentioned by people on the course and they weren't wrong.

At Torside reservoir, 15.75 miles into the race, a local MR team has a tent with hot and cold water and food. A very welcome



Above: Left to right: Fresh at the start © the Spine team; icy slabs are treacherous © Andrew Geeson; smiling bravely on © Ian Cross, Craven Energy Triathlon Club; and smiling again © the Spine team.

place indeed. The weather has settled a bit, it's cold, but I'm wrapped up well and, as long as I keep moving, I'll be fine. Just keep moving and ticking off the miles... Wessenden A635, 24.75 miles, A62 crossing 30.3 miles.

I stop at 'Nicki's' food bar just before the M62 crossing, a very exposed site. It's dark now and I'm feeling somewhat jaded. Nicki feeds racers with burgers, halloumi and veggie options. I order a hot chocolate and cheeseburger. There's no shelter, my hands are wet through and getting colder and the burger is a bad choice. After one bite, it goes in the bin. I need to get moving and warm up again.

I pass the White House pub at 35.1 miles and the next landmark is Stoodley Pike at 40.3 miles. In ones and twos we make our way across Langfield Common, sleet and snow blasting left to right and the wind picking up. I see the monument now and again in the distance through the darkness, but it seems to take forever to loom over us on our left-hand side. We eventually drop down into Hebden Bridge and then it's a tough climb up the other side to the checkpoint at 43 miles where you can eat, sleep, shower and recover. But the clock keeps ticking.

I get my drop bag, put on my head torch and plug the phone into a power bank. I change shoes and clothing, have tea and some sort of veggie chilli, only managing a mouthful. I learn that the attrition rate for all races is high and the weather seems to have done its best to thwart us. I get out as

I lean up against a gate and stretch my back as far as I can to straighten it when I experience something new, completely losing bladder control. I try to stop and get my coat and pack adjusted but it's simply too late. I have no control and I have the longest warmest pee ever

soon as I can and make my way up the notorious and treacherous slippery path back onto the Pennine Way, but I find myself faffing more and my navigation becomes more difficult. I'm definitely slowing through lack of sleep and low energy levels. I know I should eat but it's too difficult.

My next target is Top Withins of Brontë fame and *Wutbering Heights*. I understand there's a botchy there where I might grab a few minutes' sleep. I follow the fingerposts

and well-churned trail of those ahead of me but, at Middle Walshaw reservoir, I miss a right turn and it's probably a quarter mile before I realise my error and turn back. I get to Top Withins with a competitor doing the Challenger and he has the same idea about grabbing some sleep. We go inside and accidentally wake another competitor who soon appears ready to move on again. I try to sleep on a bench but it's not going to happen, too cold and uncomfortable.

Coming down from Top Withins towards Ponden reservoir I see a large herd of what look like Dartmoor ponies. As I get closer I realise I've started to hallucinate, in front of me is an old moss-covered wall in disrepair but no ponies. I recall the hallucinations of 2015 where knee-height sedge blowing in the wind had snakes heads at the top of each stem and they were trying to bite me.

It's now Sunday afternoon and my next target is Lothersdale village at 67.8 miles where Craven Energy Triathlon Club erect a tent with chairs and duvets to wrap you in and provide hot and cold food and drink: an oasis. Someone meets us on the hill to place our orders which are radioed through to the team. Tea and a bacon roll sounded great to me. I sit in a comfy chair and catch up on the day's retirements from the big race; it seems many of the previous winners and podium placers have retired.

I can't eat the bacon roll and I'm struggling to drink tea. I try a bag of salted crisps to wake my mouth up but find it hard going. It becomes apparent I've failed to eat as often

as I should and things don't look good. Without more calories I'm going to fail. The guy running the checkpoint suggests warm rice pudding with jam and that truly hits the spot. I manage to down the bacon roll too and another tea with several spoons of sugar. I make a donation to the team who lost a young friend and colleague recently to a heart attack whilst out cycling.

Next stop, Gargrave village at 72.8 miles with a Co-op open until 10.00pm where I

hope to get more hot food but it's too late. I get myself some tubs of rice pudding and a bottle of full fat Coke. A few of us share a picturesque bus shelter lit by street light where we eat, drink and chat about the events of the day.

Four or five of us go off together heading for Malham Tarn at 83 miles, a compulsory check-in point where you can stop for 30 minutes indoors and get access to hot water and a loo. The climb up Malham Cove is quite a drag on tired bodies and a lot longer and higher than what I recall. A couple of road stretches play hell with my swollen feet.

I open up an expedition meal and add hot water. Beef stew: what a bloody disappointment! But I force it down because I know I'm lacking energy and making mistakes. Another competitor comes in a few minutes behind me and it's clear he's not well, incoherent and unsteady on his feet. He goes down like a sack of spuds, eyes rolling back. The medics make him comfortable and check his obs — he just needs food and drink to lift his energy levels. I ask if there's a shed or garage to have a sleep in. No, but there is a bird hide a short way up the trail so I head off.

I find the hide and get straight into my sleeping bag, boots and all, and set the alarm for an hour. The guy who collapsed comes in a short time later and also beds down. The alarm soon goes off and the other guy says he needs more time so I advance the clock another 45 minutes; I don't argue. When it goes off the second time, he still isn't ready to move on so I point out that we're going to mess this up if we don't do it now. (Different language used there). Reluctantly he agrees and I wait for him to pack his kit.

I now think this was an error. He didn't ask or expect me to buddy up with him, but I seemed to think I needed to look after him. I could actually learn a lot from him — a veteran of several Spine races, he demonstrated good self-discipline. I'd noticed earlier that he feeds himself properly — or better than I did — and deals promptly with foot issues where I tended to ignore them and carry on.

We head out into the dark up Fountains Fell, with me going off to find the route, waiting for him to catch up. I should have just carried on at my own pace. Some runners from the full Spine who set off 24 hours after us were now overtaking us on their journey. Amazing to see such talented runners still ploughing up the course after 80 odd miles, literally running uphill. Eugeni

Rosello Sole, a previous Spine winner, was one of those with his music evident before his arrival.

Fountains Fell seemed to go on and on and it felt like we'd walked in a complete circle. It was getting light and the mist lifted off Pen-y-Ghent in the distance, our next and most significant climb of the event. Descending the fell I see someone walking towards me and he appears to be a photographer; I wonder why he would have any interest in a back marker like me. He ducks down behind some sedge and I wonder what he's up to. When I get to the location: no-one's there!

The climb up Pen-y-Ghent is relatively easy, a bit of a scramble in places, but today the weather is calm. I make my way to the seat area on the summit and wait for my companion again. It's a fairly easy downhill now to Horton in Ribblesdale at 94 miles. I can hear my companion chatting to himself behind me so I stop to see if he's okay. He's not talking to anyone apparently so I'm now hearing voices as well. Horton is another compulsory checkpoint where there is access to hot and cold water and a loo. I refill my flask with tea and try to eat another

I am pleased to finish, I'm all done in, I have nothing left.

cheese roll but can't get it down. The other guy hydrates another 'expedition' meal and says he'll catch me up if I want to carry on.

'This is my chance,' I think, 'only 14 miles to go to the finish, I'm not hanging about for the other guy anymore and there's no way he'll catch me up.' I take off as fast as I can walk and never look back. (With hindsight, it's clear my head was fuddled).

The weather is good and the ground is soft, mainly grass before turning into a stone track, the Cam End road towards Cam High road, the most uninspiring and endless uphill track in the world. I seem able to make good progress but keep stopping to rearrange my bag which is now uncomfortable on my back, or to try and take on fluids. Start stop, start stop... I must carry on...

At one such stop I must have fallen asleep sitting on a cairn because I wake to see the two back markers of the Challenger race walking past me. This makes me spring into action. They think they can make the cut-off if they keep their current pace, but it's going to be close. I have a 30-minute advantage over them being in the race that started 30 minutes after them but still need to get a move on. It's getting dark again now, Monday afternoon, fog coming down. We continue onto West Cam Road which again seems a relentlessly long climb. I'm beginning to stumble, my energy levels at their lowest, I'm sleep deprived and feel completely drained but I must carry on.

We seem to swap lead as I fuff about with my bag, I'm walking like I'm drunk and keep stumbling to my left and twice face-plant into a wire fence and stone wall. At one point I'm behind them and trip and fall into a freezing puddle. I must carry on... We make a bit of a right turn off Cam Road

towards Ten End across rough ground and I'm struggling to walk in a straight line. Finally I have the sense to stop. I grab a few pieces of Meryl's peanut bar and wash it down with tea. I must carry on...

The other two and their head torches have disappeared from view and I follow the track through Sleddale Pasture when my phone rings. My immediate thought is I've strayed off course, but Spine HQ informs me there is a runner who's gone off course, about 100 metres to my south east whose tracker hasn't moved for a while and they can't make contact with him. Could I locate him and update them. A safety team is already en route.

Mention was made of him being near a wall so I measured off about 100 metres and sure enough met an old stone wall and tracked it to my left. I call his name repeatedly, switch my head torch off to see if I can see his but nothing comes back. The dew on the grass and sedge is lighting up like a thousand sets of eyes and I stumble over to several locations where the light seemed to reflect differently, but it was simply light reflecting off detritus. I travel the wall on the opposite side but don't find any sign of him. I backtrack and try again, still shouting his name but nothing comes back. Eventually my phone rings again and I have to inform HQ that I'm in danger of

becoming a casualty myself and on my last legs. I get the go-ahead to carry on, the safety team are near and think they know where he is.

Back on the route, I pick my way down to Gaudy Lane. My back is in spasm and I can't find a comfortable position, gradually bending over until I'm walking doubled up. I pick my way through many short sections and turns across the fields. Hawes and the finish are in front of me, but it's painfully slow going. I stop every few minutes to try straightening up but there's no relief. I lean up against a gate and stretch my back as far as I can to straighten it when I experience something new, completely losing bladder control. I try to stop and get my coat and pack adjusted, but it's simply too late. I have no control and I have the longest warmest pee ever. There's a sense of great relief, it warms me up from my waist to my feet and briefly I felt good. I can't believe what just happened but it did and I must carry on...

I am met on the edge of Hawes by one of the staff who lets me know I've been given a time bonus for trying to help the other competitor who lost his way and had 'shut down'. I feel a bit useless for not finding him and wish I had. We walk through Hawes to the Market Hall and the official finish line where a few of the staff cheer my bent body over the line. I am pleased to finish, I'm all done in, I have nothing left.

I get help with my kit and a cup of tea. One of the volunteer doctors helps me off with my waterproofs and I embarrassingly whisper my bladder problem to her. 'Oh, I always do that,' she says. 'Don't worry, perfectly normal... and the other end.' She laughs and I follow.

The team are dismantling everything around us as it's time to shut up shop. I learn that the last two Challenger competitors did make the cut-off and I'm pleased for them. I'm offered a bed at the local YHA which is rented for the event and a checkpoint for the full race. When we get there I have more tea and a lovely hot meal and I marvel at the full Spine competitors who have done 108 miles like me but have another 160 to do: incredible and utter madness.

The checkpoint staff work like a well-oiled team, kit checking, feeding us, finding people a bed and making sure people get back onto the trail when they want to. I get a hot shower and manage to climb into a top bunk without waking everyone else up.

In the morning I have more tea and a bacon roll and two of us decide to get a taxi back to our vehicles at Edale. It's £75 each but better than four hours and several changes on the train.

I was nervous about the journey home because of my car and it turned out I was right to be as the gearbox went bang on a dual carriageway. I managed to pull into a layby. The very nice recovery guy dropped me at the nearest station and I got to Abergavenny at 11.30pm. Home by midnight. Quite a long and arduous trip.

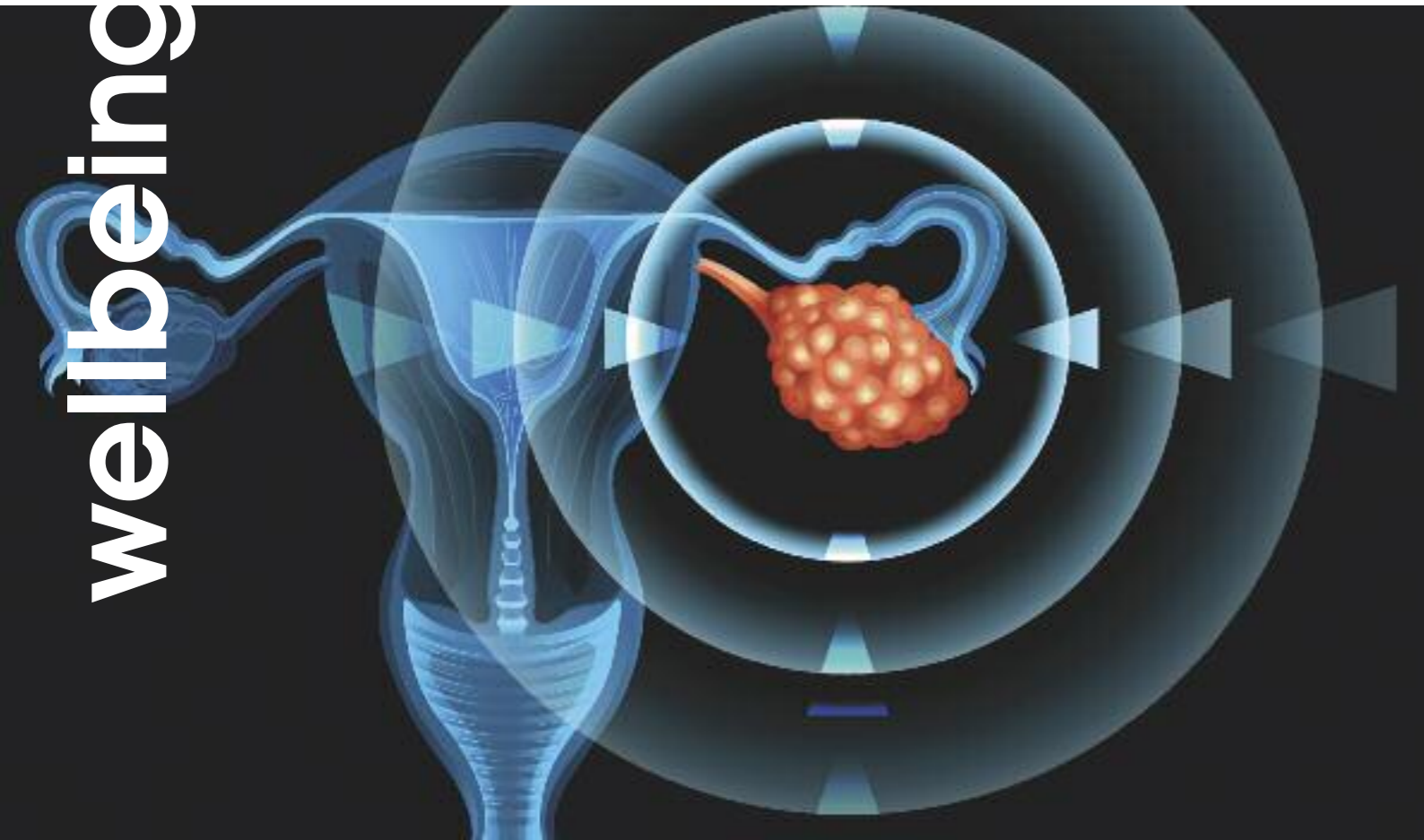
I'm grateful and relieved to have made the finish line this year when so many didn't. Fifth place looks okay on the one hand, but I was close to the cut-off and wish I'd done better. I'd done minimal training but feel it was enough. I was happy with my clothing and footwear choices, they worked for me.

I failed to fuel myself properly, not having enough food initially, followed by an inability to get anything down. Meryl's peanut bites are usually spot on, but I simply forgot to eat them. And they dry out and desiccate in the cold making them very difficult to eat. A few minutes more at checkpoints having a tasty dehydrated meal could have made quite a difference. I should have tested my dehydrated meals beforehand!

A week later, as I try to recall the event, I'm still very tired and my energy levels low. I can't stop eating. The process of getting up in the morning or having some lunch results in another nap. I find it hard to concentrate at times. 'Spine race sweats' at night are something lots of competitors experience and they have started to subside now for me. My feet are healing and I'll probably lose my two big toe nails. My biggest issue is my back which is still sore but getting better each day.

Never again! 🙄

ANDREW GEESON
IS A RETIRED POLICE OFFICER AND ONE OF THE NEWER MEMBERS OF LONGTOWN MRT, BASED IN ABERGAVENNY. AT THE TIME OF PUBLICATION, HE HAD SUCCEEDED IN RAISING £1,685 FOR HIS TEAM.



HOW MUCH DO YOU KNOW ABOUT OVARIAN CANCER?

THE FIRE FIGHTERS CHARITY

Ovarian cancer is one of the most common forms of cancer in women. Catching it early could improve your chances of not only overcoming it, but also making a full recovery. There are currently no screening options, so it's incredibly important to know what the main signs and symptoms are to watch out for. With last month (March) being Ovarian Cancer Awareness Month, **Kath Savage**, the Fire Fighters Charity Nursing Services Lead, reveals the main signs and symptoms to watch out for and shares exactly what to do, should you be concerned.

WHAT IS OVARIAN CANCER?

Ovarian cancer occurs when cells in the ovaries grow and multiply uncontrollably, eventually producing a tumour. If not caught early, there's a danger these cancerous cells could spread to other parts of the body.

WHAT CAUSES IT?

While it's unclear exactly what causes these cells to grow at such a rate, there are some factors which may put you at increased risk:

- **Increasing age:** Your risk of developing ovarian cancer increases as you get older, with most cases occurring after the menopause. About 8 in 10 women are diagnosed over 50, but some rare types can develop in younger women too.
- **Family history:** If one of your family members — particularly a close relative such as a mother or sister — have had

ovarian cancer, it can mean you're at increased risk of getting it yourself.

- **Endometriosis:** Research has shown that women with endometriosis may be more likely to develop ovarian cancer.
- **Being overweight:** Having excess body fat has been linked to a heightened risk of getting ovarian cancer.
- **Smoking:** Like other forms of cancer, smoking can increase the risk of a diagnosis.

WHAT ARE THE SYMPTOMS?

With no screening currently available for ovarian cancer, it is vitally important you are aware of the symptoms — as catching it early will ultimately give you the best chance of survival.

Symptoms can be difficult to recognise early on, however, and they are often the same as those seen with less serious

conditions, such as irritable bowel syndrome or pre-menstrual syndrome. The most common symptoms are:

- Feeling bloated
- A swollen tummy
- Discomfort in your tummy or pelvic area
- Feeling full quickly when eating, or loss of appetite
- Needing to pee more often or more urgently than usual.

Other symptoms can include:

- Persistent indigestion or feeling sick
- Pain during sex
- A change in your bowel habits
- Back pain
- Vaginal bleeding (particularly after the menopause)
- Feeling tired all the time
- Unintentional weight loss.

WHAT TO DO IF YOU HAVE ANY OF THESE SYMPTOMS

Often these symptoms will be a sign of something less serious. However, if they're not normal to you and they continue to occur — particularly if you notice them more than twelve times in a month — it's best to speak to your GP, especially if you are over 50 or have a family history of ovarian or breast cancer.

At your first appointment you will be asked about your symptoms, general health, and family medical history.

Your GP will then feel around your abdomen to check for lumps and swelling, before doing an internal examination and blood test. This will test for CA125, which is produced by some ovarian cancer cells (although it's important to note it can also be caused by other conditions such as endometriosis, fibroids or even pregnancy).

If there is further cause for concern, you will receive an ultrasound scan — before being referred to a specialist if any further abnormalities are found.

WHAT ARE THE TREATMENT OPTIONS?

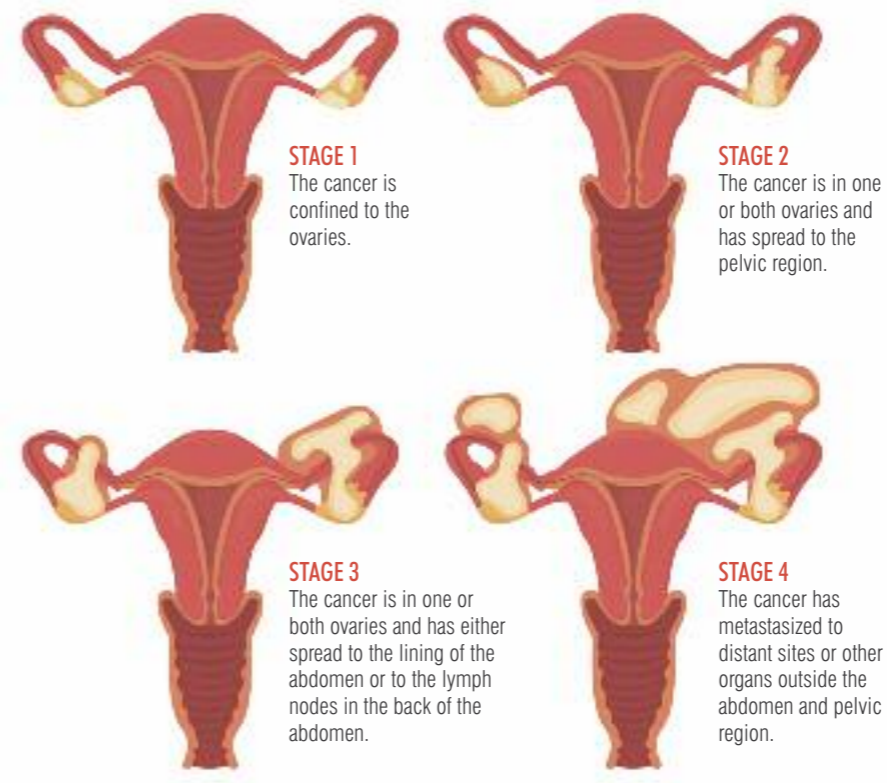
Surgery to remove all, or as much of the cancer as possible, is the main treatment option. It usually involves removing both ovaries and fallopian tubes, as well as the womb, and can mean up to three months of recovery time. You may also be given chemotherapy in combination with the surgery.

It is major surgery and may mean you need to take time off work. You will also need to avoid driving for a month and any heavy lifting for three months — but you will be supported by a dedicated healthcare team throughout.

If both your ovaries have been removed and you have not been through the menopause, you will experience it after treatment. Your GP may suggest taking hormone replacement therapy (HRT) to control any menopausal symptoms, until you reach the natural age for the menopause.

Dealing with cancer can be difficult for you and your family, both physically and emotionally, but talking to someone can be hugely beneficial. ☺

THE FOUR STAGES OF OVARIAN CANCER



Opposite page: © blueringmedia. Above: © Viktoriia Ilina.



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.



THE RESCUE BENEVOLENT FUND IS THERE FOR YOU

The last year has seen the Rescue Benevolent Fund continue to operate successfully remotely and it has been our pleasure to continue being available to consider applications from team members.

The fund, by the necessity of confidentiality, has tended to keep a low profile but, nine years on, it seems that awareness is finally growing amongst team members, with six applications to the fund over the last year, covering very diverse requests for financial support for physiotherapy, counselling, private surgery and help with financial hardship.

'We have strict criteria in place when considering claims,' says Neil Woodhead, Rescue Benevolent Fund chairman, 'which can often make for difficult decision-making. But we've continued to show team members that the fund is an option for them to consider, where the benevolence is directly related to a mountain or cave rescue operation, training, event or activity.'

The regional representatives continue to play their important role in promoting the fund across the regions, acting as ambassadors who can reach the grass-root team members within their regions.

Regular donations have continued to come in with teams, regions and individuals helping support the fund.

'We're here for all mountain and cave team members,' adds Neil. 'What we would say though is, if you sustain an injury or think you would benefit from our help with wellbeing or finance, come to us as soon as you can.'

If you think you or your family might benefit from benevolent support, please email secretary@rescuebenevolent.fund in the first instance for more details and an application form. We aim to consider every claim as soon as possible following receipt of your completed application.



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

www.tysers.com

NEWS ROUND

JANUARY > MARCH



MARCH: KINDER TEAM'S JOHN MOTTRAM CELEBRATES 50 YEARS IN MOUNTAIN RESCUE

Last year was auspicious for Kinder team, marking 50 years since it was formed by the amalgamation of the New Mills (Goyt) and Sett Valley MR Teams, writes **Mike Potts**. Incredibly, this anniversary was shared by team member John Mottram who, at the tender age of 25, joined the team a few months after its formation and has been a stalwart ever since.

John recalls that 'the KMRT-owned rescue equipment was mostly contained in one rough wooden chest with a rudimentary red cross daubed upon the lid. It comprised one hemp rope of uncertain length and even less certain probity, and around one dozen triangular bandages of dubious colour and equally dubious clinical standard.'

By coincidence, the team's base in the old stables behind the George PH in Hayfield, was John's father's office when he was a local water inspector for New Mills Rural District Council. Of his introduction to MR, he recalls that 'the induction and training new members in the 1970s was a simple process, merely requiring the potential rescuer to be "hill-fit and hill-wise" and of sufficient personal "robustness" to assist in stretcher carrying, an activity of which there always seemed to be a disproportionate amount in any exercise, far more than on any actual call-out. Overnight exercises, of which there were three or four per year were lengthy, usually meeting at 10.00pm in the George on a Saturday evening for a midnight start and continuing through to beyond noon on Sunday; but to be present on the Edge path to see dawn break always made up for the rigours of the previous night. As for other skills, first aid (nowadays referred to as 'casualty care') merely required the ability to recognise the signs of hypothermia, to support an arm using a triangular bandage and to place a casualty in the recovery position. Knot-tying and ropework were important since stretcher lowering from a crag was a frequent exercise feature. Two skills essential for safety on the hill, and from which some of our casualties might have benefited had they had them at the time were – still are – navigation and mapwork. Potential team members then and now are expected to be proficient in map reading and KMRT does not specifically feature it in its training schedule.'

John was a GPO (General Post Office) engineer working on long-range communications and also a keen amateur radio operator. 'When it became known that I was a licensed radio amateur the responsibility for operating (but mainly carrying) the radio on the hill fell to me. Few people in those days were familiar with, or happy speaking over, a 2-way radio so I had little option. My role as radio officer and later with the slightly grander title communications officer, stuck with me until about 2012.'

John's personal Land Rover was, effectively, the team's first off-road vehicle and, over the years, his technical knowledge, combined with his willingness to get stuck in, meant he was frequently volunteered to help develop many of the team's technical and procedural systems such as the team's lighting strategy on the hill. Undoubtedly, with such a long service, John has witnessed an incredible change in equipment and operations, throughout out which he has been a much-respected and highly-valued figure. He has been involved in a number of significant events, not least the Lockerbie air disaster in December 1988. Kinder's task was to search the Kielder Forest area, 30 miles east of Lockerbie, for debris which was collected and subsequently used to reconstruct the aircraft for forensic analysis.

Since 2006, he has also been a member of Derbyshire Cave Rescue Organisation (DCRO), providing a surface-support role with lighting and specialist radio communications. The team would like to say well done John on an amazing achievement and thank you for your invaluable service.

Top: John Mottram receiving his long-service award from Phil Ridley (PDMRO Training Officer and Kinder team member) © Kinder MRT.



FEBRUARY: EXMOOR TEAM CELEBRATE THIRTY YEARS

The AGM is never the highlight of any team calendar but for Exmoor SRT (formerly known as the North Devon Volunteers), February marked 30 years since acceptance into the wider mountain rescue family.

The usual business was followed by a public acknowledgement of various milestones of time served. Phil Sparks (pictured above), search manager and former team leader, was presented with his 25-year certificate alongside a slideshow of his time with the team to much amusement of the rest of the audience. 'Clearly,' says Derrick Reid, 'the team has moved on in terms of equipment, skills and hairstyles.'



Raising funds for rescue

CRUNCHIE THE COCKER SPANIEL HELPS RAISE FUNDS FOR CLEVELAND TEAM

Cleveland MRT members Claire Starkey and Jock Barnes popped by the home of Dave Christie of Great Ayton in North Yorkshire and also met his cocker spaniel Crunchie to say thanks to them for raising £1,100 by selling their own 'Crunchie the Cocker' calendar, featuring photos of Crunchie enjoying the great outdoors.

Above: Jock Barnes, Dave Christie and Claire Starkey with the lovely and very photogenic Crunchie the Cocker © Cleveland MRT.

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FEBRUARY: EXMOOR TEAM FINALLY WELCOME A NEW CONTROL VEHICLE

When it is apparent that a key team vehicle needs replacing, it is surprising how long it takes from conception to completion, writes **Derrick Reid**. Following three years of planning, fundraising and Covid-related delays, Exmoor SRT is proud to announce the arrival of their new Incident Control Vehicle (ICV) (Exmoor 91).

Due to our large operational area we manage our operations from this vehicle rather than our base. The replacement vehicle had to perform the same role as the previous one: to provide office space and IT for incident controllers and search managers to operate from, a comms platform, kit storage, and sufficient capacity to carry the load but not require additions to standard driving licences.

A VW CR35 Trendline MWB 140 PS 2.0 TDI with 4Motion was chosen as the base vehicle based upon overall dimensions, weight capacity, cost, and having favourable experience with our VW ambulance. Armed with schematics and a wish list of additional features, we approached VCS Ltd to undertake the design and build. This involved several iterations of CAD drawings and trips from Taunton to Bradford to measure equipment and bags.

The vehicle has an emergency lighting and warning system and PTT (push to talk) radio stalk similar to that of the ambulance service and a livery design we are slowly extending across our fleet. The main body is the office area, comprising an L-shaped desk with seating for two at separate consoles. The front seats act as captain's chairs (1800 swivel) effectively increasing the available office space. Storage is provided above and under desk so that there are no loose items during transit – even the office chairs are secured with a clever seat-belt arrangement.

The new build allowed us to upgrade our IT and comms systems with an internal nine-metre (above vehicle height) automatic telescopic aerial, 4G internet connection and wifi hotspot, driver tablet and an IC tablet for remote briefings/updates away from the vehicle. The rear compartment comprises a number of cupboards, safes, shelves and clever storage areas to house some of our search party, medical, rope and water equipment but most importantly a small hot water welfare unit. The layout has been designed around our equipment, maximises the available space but still provides scope for change to equipment.

Coming in at just over £75K (including the IT) it has been a long process, but we are extremely pleased with the final product.

Top and below: The new control vehicle © Exmoor SRT.



NEWS ROUND

JANUARY > MARCH



MARCH: SSANGYONG MUSSO 4X4 DONATED TO BOLTON

Chorley-based BT-HS has donated a SsangYong Musso 4x4 along with the bespoke conversion to transform the vehicle from the traditional 4x4 vehicle into a fit-for-purpose, fully equipped mountain rescue vehicle.

Having completed conversions on police cars and other specialist vehicles, company director Phil Glaisher says he is 'proud to add mountain rescue to the BT-HS portfolio. When it comes to traffic management, we're well established in terms of capability, safety and quality, and feel we continue to build our reputation in that area. To be able to diversify and service the emergency vehicle sector provides us with both opportunity and a welcome challenge.'

'We are delighted with our new vehicle,' says Bolton team leader, Steve Fletcher. 'This new addition to the fleet replaces our recently retired 2004 Land Rover. We have been very impressed with the collaborative design and build of the SsangYong Musso 4x4 and look forward to bringing the vehicle into operational use.'

'We're delighted that the BT-HS team are able to support the fantastic work being done by the Bolton team,' says Kevin Griffin, managing director of SsangYong Motors UK. 'The Musso has already proven itself in the blue-light sector as a powerful and capable vehicle that can handle all challenges the team throw at it, thanks to its brilliant off-road ability and class-leading towing and carrying stats. The truck looks fantastic and is a perfect for this role.'

'We were looking for a recipient of the Musso,' adds Phil. 'There's a link between BT-HS and BMRT via one of our employees, so we approached them about the opportunity to receive a vehicle. We were delighted when that was greeted with positivity and appreciation, and from there the ball has rolled to where we are today – very happy to provide a vehicle to such as essential service.'

Above: The new vehicle with team members and in action © BT-HS 2022.



peer review

The peer review process has been in place now since November 2015. In just over six years, nineteen teams have chosen to take advantage of the opportunity to gain greater self-awareness and to invite critical friends to 'hold up the mirror' in a non-judgemental way. **Tim Cain** reports on the post-Covid reawakening.

Originally intended to run as a pilot programme, peer review has gone from strength to strength and has now emerged from lockdown stronger than ever. Since the easing of Covid restrictions, two teams — West Cornwall and North Dartmoor — have conducted reviews, utilising the feedback to help them emerge from these dark times with reinvigorated goals. In addition, Swaledale team has piloted a new concept, the 'Mini Review', supported by MREW Medical Officer Alistair Morris, BCRC Medical Officer Brendan Sloan and Senior Paramedic Al Day (Calder Valley SRT), who visited the team for one day to deep dive into medical processes and procedures. Again, the outcome for the team has been the identification of good practice and a raised self-awareness of potential enhancements to medical practice.

There are opportunities for a further four teams to take advantage of peer review in 2022. As we regain our stride after Covid, it is a perfect time to re-examine where your team is, inviting fresh eyes from our shared community of practice to help you confirm which of your procedures and practices are 'Highly Developed', 'Developed', 'Developing' or 'Areas for Development'.

It does take a certain level of self-efficacy to embark upon the peer review process, which is at its best where there exists a continuous improvement mindset. Covid drove us back into our 'valleys', peer review encourages us to emerge, looking over the hill to our colleagues and to share good practice.

Quoting from North Dartmoor: 'I would just like to say a massive thanks to you all for your time and thoughtful questions over the weekend. You made it a very supportive experience and enabled us to see it as an opportunity to grow rather than to chastise.'

And from a reviewer's perspective, in the pub after a call-out: 'Super weekend and the pub chat is already building on some great ideas and practice I've taken away!'

TO DISCUSS OPPORTUNITIES FOR REVIEWS, INCLUDING 'MINI REVIEWS' AND HOW TO BECOME A REVIEW TEAM MEMBER, CONTACT ME VIA PEER.REVIEW@MOUNTAIN.RESCUE.ORG.UK

Above: Swaledale team members during a rescue in 2021 © Tim Cain.



MARCH: MOUNTAIN RESCUERS RECOGNISED BY HIGH SHERIFF OF NORTHUMBERLAND

Two Northumberland National Park team members, Andrew Miller and Ninette Edwards, were among other volunteers who received awards in March, from Joanna Riddell, the High Sheriff of Northumberland. They were both praised for their 'selfless dedication to their team and local community' at a ceremony in Northumberland.



MARCH: ROBBIE'S 'CHAIRMAN'S HOLIDAY' TAKES PEER REVIEW TO A DIFFERENT LEVEL

North Dartmoor team underwent their peer review in early March, with Holme Valley, Brecon and Swaledale teams fielding a member each as reviewers.

Prior to the review, chairman Robbie Taylor had posted a plea to the MREW Facebook members group to the effect he would be visiting the Lake District the following week and wondering if any of the Lakes teams would be willing for him to 'shadow them on a training evening or just visit them, with the aim of maybe learning and share ideas'. He was, he said, 'happy to travel'.

Andrew has over 33 years' service in mountain rescue and has held a number of officer positions, including as team leader, and is currently a duty controller. He also leads on the team's engagement with Northumberland Fire & Rescue Service on wildfires where he has been particularly active over the past two summers. Throughout the pandemic, he has been very active with the Northumbria Local Resilience Forum (LRF) Executive and Tactical Group, overseeing the area's response to Covid. This has involved him as a volunteer regularly attending two or three meetings a week. Throughout this period he's supported the statutory authorities to review the LRF structure and in the preparation of a number of pre-plans.

Andrew's work has ensured the team's standard operating guidelines are in line with those of other agencies. He took on the role of single point of contact with Public Health England, ensuring the team receive good advice when dealing with potential Covid contacts and also coordinated the vaccination process for team members. Outside MR, he is heavily involved in local community events in Rothbury and plays in a local bagpipe band.

Ninette has been a team member for over six years and has single-handedly sought out new sources of income, preparing bids for funding and successfully securing over £25k of funding to offset 'lost' income through donations and other fundraising events. The pandemic significantly impacted on the team's fundraising activities, with collecting tins often stuck behind closed doors and outdoor challenge events cancelled. The funding secured by Ninette has been critical, particularly in a year which was the team's busiest on record. She has continued this work and her efforts are enabling the team to take forward a number of new developments to safeguard members when operational and improve the service to those lost, missing or injured. Over the last two years, her efforts have enabled the team to purchase a third response vehicle, now co-located with the ambulance service at Rothbury, and avalanche transceivers, probes and shovels to ensure team members are safe when operating in winter conditions.

Left: Andrew Miller and Ninette Edwards receive their awards from Joanna Riddell, the High Sheriff of Northumberland © NNPMT.



First on the itinerary was Patterdale where he was invited to take part in their evening training session that week which was 'kit familiarisation' — a great opportunity to see how the kit they carry compared to or differed from the North Dartmoor kit, and the reasons why.

Next stop was Coniston where he also picked up a few tips before his final visit took him away from the Lakes to Holme Valley team, who were training for the evening in the Wessenden Valley near Marsden. The exercise was a simulated Yorkshire Ambulance Service NHS Trust assist with a fallen dog walker who had sustained a lower leg injury. And the acting 'casualty' was none other than Robbie himself, by all accounts 'a very convincing patient'. The team's trainee medic provided primary care under supervision and the six-foot-three-inch-tall casualty was eventually carried across a brook and moor to safety.

'All the sessions I attended were incredibly beneficial,' says Robbie. 'Visiting our sister teams, up and down the country, was a great experience and getting a window into how other teams operate is incredibly eye-opening, has given me some ideas already, and opportunities for us to develop as a team.'

On North Dartmoor's social media pages, the visits were dubbed 'The Chairman's Holidays' but whilst the visits were done on his travels up the country, Harry Price, the teams press officer was keen to point out that 'he doesn't just go on holiday, but does in fact make a lot of time for his team'.

Left: Holme Valley team with their volunteer casualty during an evening exercise © HVMRT.

Above: Robbie with Coniston and Patterdale team members. Images © Coniston/Patterdale MRT.

NEWS ROUND

JANUARY > MARCH



MARCH: GLOUCESTER CAVE RESCUE DONATE KIT TO UKRAINE

Some while back, writes **Paul Taylor**, GCRG were lucky enough to be donated an extremely large amount of first aid equipment via one of our members who was having a significant clear-out at work due to a change in the company business.

Our first aid officer was invited to go along with 'you'd better come in the Land Rover as it's quite a pile' — no understatement as the back of the Land Rover was nearly full. Over a period of time, a lot of these items have been incorporated into the group's kit — for example, allowing us to move away from having our underground first aid kits in Peli cases to a modular bag system. Many items have been used for training sessions but we still had a lot left over. We've also found that, as new items of kit are brought into play — such as when we upgraded from Hare traction splints to the more compact Slisshman splints — we were finding we had a lot of items that were no longer current for our needs but still completely serviceable.

When I became aware of the situation in the Ukraine, I got in touch with a long-standing supporter of the team whose daughter-in-law is Ukrainian, to see what we could do to help. The response was: 'Do you have any medical items?' and my immediate thought was what about all of the spare kit sitting up at the GCRG depot, just collecting dust? There followed a session sorting out what would be useful, along with a request to members who might have unused sleeping bags or blankets. On 17 March, press officer Gareth Jones and I dropped our donation at the Ukrainian Church in Gloucester which was a collection point for a vast array of items ready for onward transportation to Ukraine.

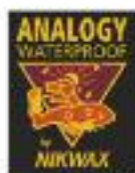
It was without any shadow of a doubt a very humbling experience to be able to play a small part in helping out. We delivered a large quantity of first aid items, dressings, bandages, stitching kits bags, two stretchers, a Hare splint and many other items, along with sleeping bags and blankets, a large bag of sanitiser, wipes, soup and other items. We know this has already been packed and sent on lorries across Europe. Huge thanks to all who helped with sorting out the kit and with personal donations.

Meanwhile, many teams responded to a plea from equipment retailer DMM who were working with Camper Distribution, their 'friends and partners in Poland', to deliver urgently needed specialist supplies for refugees. They asked for 'clean, useable, good quality and functional kit including sleeping bags and mats, bivi bags and survival blankets, first aid kits, head torches, warm socks and gloves and pre-packed camping food packs' rather than clothing. At the drop-off point, they held a factory seconds sale with the support of outdoor retailers V12 Outdoor and Joe Brown, to raise cash donations towards the British Red Cross as part of the Disasters Emergency Committee's efforts. Donors were also able to drop their donations at DMM outlets across the UK that weekend for onward delivery to Poland via the company's Llanberis HQ.

Top: Gareth Jones (left) and Paul Taylor, with some of the kit © GCRG.



CHOSEN BY PROFESSIONALS



The unique Nikwax Analogy waterproof system is ready for all weathers. It manages condensation better than any membrane by actively moving liquid water away from the wearer, providing maximum versatility with minimum garment changes.

Paramo Directional Clothing has long been tried, tested and trusted by Mountain Rescue teams who rely on their clothing to keep them safe, warm and dry in a variety of demanding outdoor situations.

The latest additions to the range, the Men's and Women's Velez Pro Jackets straddle the gap between the Paramo Windproof and the Aspira Pro Jacket/Smock.

The Velez Pro is a lightweight waterproof jacket designed for multi-agency SAR and MR activities. It provides excellent protection, warmth and comfort during rescue operations in the worst conditions. Multiple ventilation options also maintain temperature when working hard in warmer weather.

Men's & Women's Velez Pro Jackets

Helmet compatible hood with one-handed volume adjustment gives excellent field of vision

Reflective piping and flashes, back and front, ensure visibility in dark and poor conditions

Six pockets provide ample secure storage for equipment and accessories

Forward facing, mesh-lined arm vents allow rapid cooling while on the move

The Velez Pro Jacket is available via this introductory offer of **£155+vat**, so please email contract.sales@paramo.co.uk



TESTED TRUSTED CHOSEN

NEWS ROUND

JANUARY > MARCH

MARCH: SEVERN AREA TEAM MEMBERS TRAIN WITH HART PARAMEDICS

It has to be said, the Severn Area team undertake a lot of flood rescue work but they are also in the middle of a programme of cliff rescue continuation training with South Wales Ambulance Trust HART (Hazardous Areas Rescue Team) paramedics in the Wye Valley.

This is important work for the team as they work with HART on some operations so maintaining cliff rescue skills is vital. They regularly train with partner organisations, on this occasion the focus was on basic rope rescue, including anchors and systems, assisting with lowering and raising and stretcher management.



Images © Graeme Bird.



JANUARY: PENRITH TEAM MEMBER HEADS TO BEIJING FOR THE WINTER OLYMPICS AND PARALYMPICS

Keith Hill, who has been responsible for mid-week ski patrol in Glen Coe for twenty years and is active in the British Association of Ski Patrollers and its international equivalent, was the only UK-based ski patroller to support the events.

The role of ski patrol involves being responsible for first aid on the mountains and Keith worked on the downhill and slopestyle events. He also had responsibility for some aspects of the courses such as barriers and safety precautions. 'There's plenty of heavy fetching and carrying on steep slopes, and my casualty care background is useful in dealing with potentially serious injuries, so lots of similarities with being a volunteer in mountain rescue.'

Keith joined Penrith as a probationer at the start of 2020, before the pandemic, and became a full team member last year. Based in Bampton, his day job is as a trainer on outdoor first aid courses, combined with the ski patrol role in Glen Coe when the slopes are open. He joined the team with considerable first aid and other related experience and successfully completed the MR Casualty Care qualification in May 2021. 'The Olympics brings together a lot of the different things I do and working with colleagues from a range of countries provides a great opportunity to see and discuss different approaches.'



Images © OVMRO.



JANUARY: MAN DIES IN 200-FOOT FALL

The 25-year-old was leading a route on the Dolmen Ridge on the cliffs of Glyder Fach when he fell. Both he and his climbing partner appeared to be suitably equipped, with helmets and a rope.

'The helicopter was alerted but were unable to conduct a rescue due to low cloud,' says Chris Lloyd. 'Instead, the crew collected two parties of five and six team members and flew them to Cwm Bochlwyd, just below the cliff and the rescuers made their way up the steep, loose scree to the West Gully. Another group of six climbed to the site. We soon realised the climber had not survived his fall, so the urgency was to get his climbing partner, and the two climbers who had stopped to assist, from the mountain. The weather was beginning to deteriorate with the oncoming forecast storm.'

Fortunately, these three were able to abseil 70 metres down the team's ropes, supervised by team members and were taken from the mountain to the sanctuary of Oggi base just a mile along the valley. Meanwhile, the rescue party hauled up a stretcher and secured the casualty. He was carefully lowered down this very loose scree with the strong gusting winds blowing team members off their feet and dislodging rocks. Llanberis team members were also enlisted to help with the long stretcher carry, meeting the Ogwen members at the base of the scree in the boulder field at the back of the cwm. Team members finally returned to base after ten hours on the mountain.





Mountain rescue in West Cornwall...

One of the first things people say to us when we tell them we are a mountain rescue team is, 'But there aren't any mountains in Cornwall!' writes **Andy Brelsford**, chairman of West Cornwall SRT.

They are, of course, quite correct although we sometimes reply with a rather tongue-in-cheek: 'Ah, but there's Mount Hawke, Mount Ambrose, Mount Edgecumbe...' (for those not familiar with the Duchy, these are all place names in Cornwall but are obviously NOT mountains).

We go on to explain about our region being part of the mountain rescue family and that we train to the same standards and operate in broadly the same way as any other mountain rescue team. And that is true. As I write, seven of our team have passed the MR Cas Care exam, we have a search dog in training with Mountain Rescue Search Dogs England, our water team train to MOD3 standards and any team member reading this would be immediately familiar with the kit in the back of our vehicles.

One way we do differ from many teams is that the bulk of our work is search-related. Of our 25 call-outs last year, 21 were missing person searches and four were medical rescues. Now I know many readers will be looking at that figure and wondering if it is a misprint? For some of you, 25 would be a monthly total. 2021 was a quiet year for us (for obvious reasons) and we were formed from the splitting of Cornwall SRT to create a west and an east resource. Our neighbours to the east recorded 44 call-outs with 26 of those missing person searches, giving you a better idea of the number of 'mispers' we are called to in Cornwall.

We do have our areas of high moorland which make for some pretty impressive images, but our searches can just as likely be in rural or urban settings and, crucially, wherever you are in west Cornwall you are never more than seven miles from the sea.

Cornwall is the only county in England that borders only one other county: Devon (the place where they make their cream teas the wrong way round!). More importantly, we are virtually surrounded by the sea. And for us, that means we are just as likely to be working alongside HM Coastguard as we are fellow MR team members. Whilst we don't search the coastline and they don't come far inland, we do increasingly find ourselves working side by side on jobs where the search area may incorporate areas of the coast. And that has to be a good thing. Not only does it introduce us to new ideas and practices, it helps create an environment where everyone works together for the same outcome — irrespective of the colour of their jacket or the badge they wear.

When we founded the Cornwall team, nearly 20 years ago, the MR strapline was 'Saving lives in wild and remote places'. That resounded with me not least because, for all its picture-postcard beauty, Cornwall can feel very wild and very remote when you are lost or injured and an Atlantic squall blows in. Or you are trapped hundreds of feet below the surface in one of our many old mine workings.

But the current MR strapline, 'So much more than mountains', encompasses even more the ethos of teams like ours. We know that whilst we may not have mountains of our own, the spirit of mountain rescue lives in the hearts of all of our team members — adapted of course for the unique challenges of our patch.

So if you ever find yourself in deepest, darkest west Cornwall, you are very welcome to come and pay us a visit at our base at United Downs. Notwithstanding the sound of the seagulls, if you didn't know better, you could just as well be in any other team base anywhere in the country. And if you join us for a Thursday evening training session or a call-out, you would quickly find that despite our strange accents and weird place names, we're not really that different to you. 📍



NEWS ROUND

JANUARY > MARCH

...and in East Cornwall

Bodmin Moor may not be particularly high, writes **Jim Gallienne**, deputy team leader of the East Cornwall team, but it can be as lonely and inhospitable as any other upland area when things go wrong, with one seemingly benign area of the moor becoming an annual hotspot for lost walkers.

Most of the moor is very inviting and accessible, with often line of sight walking from the car parks to scenic high points for dog walkers, selfie-takers and tor baggers. But move deeper into the moor and basic hillcraft and navigation skills are as essential here as any other team area, regardless of the weather. One specific area forming a triangle between Rough Tor, Brown Willy and Alex Tor seems to catch walkers out. After reaching the top of Rough Tor, many of our lost people have descended to the south and become disorientated and unable to retrace their steps to get back to the car park to the north. This is often compounded by mist or fading daylight, or an over-reliance on mobile phones.

With Bodmin Moor not being a national park but instead an Area of Outstanding Natural Beauty, there are fewer opportunities for engagement to prevent some of the 'avoidable' call-outs as there is no ranger service and most of the moor is privately owned Common Land covered by the CRoW Act. Walkers can often be poorly equipped and don't see the relevance of 'mountain' rescue until they need us. Recent call-outs here have included a couple lost when the mist descended on a birthday walk, a mother and daughter on a dog walk disorientated and with a dead phone battery, and a walker who prompted a four-team search effort in very poor weather when they went off route.

A meteorological phenomenon known as the 'Brown Willy Effect' means the weather can change very quickly, as weather coming from the Atlantic hits the high ground of the moors, is forced upwards and condenses into sudden rainstorms across the south west peninsula. The devastating Boscastle floods in 2004 are an example of this, however, less extreme events are very common locally.

Lynne was a lost solo walker on a call-out in this area in January, and was kind enough to share her story in the hope that others would learn from her experience. We were contacted by Devon & Cornwall Police to assist with a search of the moor 'for a lady who had phoned her son to say she was lost having set off from Rough Tor car park'. There was initially some confusion whether it was Rough Tor on Dartmoor or Bodmin Moor. She'd set off earlier in the day but lost her map and her phone battery died shortly after she called for help. With daylight fading, team controllers made initial enquiries, but she managed to return to her car having become stuck on difficult and boggy ground near to Garrow Tor. She was well equipped and sadly a victim of bad luck, and we hope to see her back on the moor soon.

Lynne's story: Sunday 23 January:

'I left my home feeling excited to complete a circular walk from Rough Tor car park... and back to the car in time to watch the starlings arrive to their roost. I felt I was well prepared: warm hat and gloves if needed, picnic lunch, water, snacks, appropriate section of map and the waymarked route on my phone.

'It was dull and cold, but I was wearing a few layers under my windproof coat and, with good quality walking trousers, I soon felt

warm as I headed up Rough Tor. Next stop Brown Willy for some lunch and a look at the map. Sandwich in hand, I was enjoying the view when a gust of wind snatched the A4 map from my side. It whirled down hill over boulders with no possibility of me being able to recapture it. I was disappointed, but it wasn't the end of the world as my phone had everything I needed.

'I walked along the ridge then on to Mount Pleasant which is when I realised I'd strayed off route and my phone was unusually low on battery. I decided to backtrack to the nearest highest point in order to get a view of Rough Tor, believing this would give me the best chance to find my way back without a map and accepting that my phone was going to die.

'This would have been a great plan if that direct line to the car park had been easy walking. As I dropped lower it soon became boggy, then extremely boggy with high clumps of dry grass, I was forced



An injured walker being packaged on a call-out to the top of Rough Tor; Bodmin Mobile 2 responding to another walker with Rough Tor shrouded in mist. Images © East Cornwall SRT.

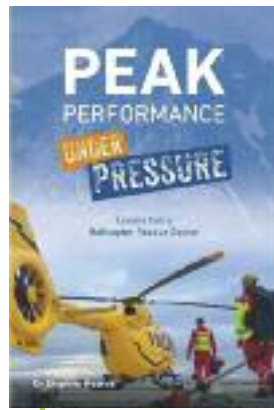
away from my line by a fence and my view of Rough Tor was obscured by a line of forestry. I was beginning to feel exhausted and concerned. My stupid pride had stopped me from calling anyone sooner but after I fell into waist high water I realised it was conceivable I wouldn't make it back to my car, so I called my son. The phone died immediately after I told him I was lost.

'I spotted a line in the distance with my binoculars and stumbled my way to it. When I reached a point where I recognised Rough Tor my heart sang for joy. I tried my phone again but it died straight away; I knew my son would have contacted wonderful people like [the mountain rescue team] to help me. It was only later, when I made it back to the car, I was able to plug in and get through myself.

'My son was reassured by the team's response and kindness. He drove from Kent to be with me that night and we've since made some changes! He is now able to track me on future walks, I have bought a phone charger and head torch which I hope I will never need! And I will always message him with my route before I walk.

'Although I made it back to my car, the fear and exhaustion I felt was very real and when I knew how much effort everyone had made to find me I felt embarrassed and foolish for wasting the team's resources. So please accept my apologies for that and my sincere gratitude and respect to you all for the amazing work that you do.' 📍

Mountain Rescue England and Wales. So much more than mountains...



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

MREW HUMAN FACTORS + PERFORMANCE UNDER PRESSURE ONLINE COURSE

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 Hears' 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). If you have further questions, email humanfactors@mountain.rescue.org.uk. To book on to 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, email moodlesupport@mountain.rescue.org.uk.

£15
PER ATTENDEE



MARCH: PENISTONE-GRINDAVÍK SOCIETY VISIT THEIR 'TWIN' IN WOODHEAD

The Penistone-Grindavík Society was formed in April 1987 to support and encourage exchange visits and friendships between the two communities. Grindavík (a fishing town on the Southern Peninsula of Iceland) has been a twinned town with Penistone ever since.

Sadly, over the years the membership of the society has dwindled and the current members have decided to call it a day, although the twinning arrangement between Penistone and Grindavík will stay. A shared feature of the two communities is that they both have a local mountain rescue team on their doorstep. With this in mind, the society very kindly decided to split the remaining funds between the two rescue teams. This generosity has seen a donation of £500 towards Woodhead MRT! The Grindavík rescue team — the 'Björgunarsveitin Þorbjörn' — cover quite a different landscape. Woodhead's biggest challenges include bogs and moorland rather than volcanos!

YOU CAN CHECK THEM OUT ON FACEBOOK: @BJORGUNARSVEITINTHORBJORN

Above: Members of the Penistone-Grindavík at the Woodhead team base. **Right:** Team members meet up with some of the Valley Mountain Bikers who raised £1000 for the team. Images © Woodhead MRT.

OBIT

MALCOLM BRADLEY SARA



It was with great sadness the Severn Area team reported the 'passing of our friend and team member' Malcolm, in January, following a short illness.

Malcolm was a SARA member at Beachley for ten years, serving as the station medical manager, as a radio operator, supporting fundraising events and recently also as a 'Deputy Launch Authority' (DLA) responsible for deploying appropriate assets to a call-out. He supported many lifeboat operations from the station operations room and his friendly voice on the radio or cheery smile in the station was always reassuring. Whatever he was asked, the reply would be 'Yep, no problem', and that's a big part of how we will all remember him. Friendly, helpful, a true gentleman who was proud to be a member of SARA, Malcolm was a true volunteer, who had served in St John's Ambulance for fifteen years before joining SARA, including as the team leader of the Coleford unit. He also served as an NHS Community First Responder.

He was a keen music fan, active as a DJ, a radio enthusiast and devoted to his mother. We will miss him dearly, as a friend as well as a colleague. Stand down C64, stand down. ☘



Also in March, Woodhead team members met up with the guys at Valley Mountain Bike to receive a donation of £1000, raised from their charity Christmas bike ride. Forty-six riders took part in the ride, braving the elements turning out in Christmas-themed attire.



MARCH: SEARCH DOG SKYE HONoured BY PDSA

Border Collie Skye, who is believed to have been the oldest working mountain rescue search dog in the UK when she finally retired in September 2020 at fourteen-and-a-half years old, has been awarded the PDSA Order of Merit for her outstanding devotion to duty and service to society.

The Lakes search dog completed over 200 searches during her eleven-year career alongside her handler, John Leadbetter.

'We're incredibly proud to be honouring Skye with our PDSA Order of Merit,' says PDSA Director General Jan McLoughlin. 'Her exceptional skills and outstanding devotion above and beyond that of normal companionship make her a very worthy recipient, and we feel this is a fitting tribute to her lifetime of dedication and hard work. Her long and distinguished career has not only seen her protect and help people in danger, her ambassadorial work has helped raise important funds and increase awareness of the incredible work these teams perform.'

Skye is the 36th animal to receive the PDSA Order of Merit, which was instituted in 2014 to recognise animals for their exceptional contribution to society. PDSA provides free and low cost vet care for pets whose owners are in financial hardship and have nowhere else to turn. The PDSA Animal Awards Programme helps raise the status of animals in society, in the hope that in doing so, they become better treated and respected.

'Skye means everything to me,' says John. 'She's my best friend on the fells and we're life-long partners. To see her receive the PDSA Order of Merit is a truly humbling and touching experience, and it's a wonderful recognition of the time and hard work that search dogs and their teams dedicate to mountain safety. To say we're chuffed is an understatement!'

Top: John Leadbetter with Search Dog Skye © Daryl Garfield.



JANUARY: DANCE MARATHON RAISES £1,141 FOR CHARITY

To celebrate her 60th birthday, one Cleveland team member's mum decided that, instead of relaxing or treating herself, she'd dance for twelve hours straight, to raise money for the two charities close to her heart.

Fran Davies undertook her personal 'Dance-a-thon' at The Courtyard and the was divided between the team and the local Saltburn Animal Rescue Association. Much like after a big day on the fells, it was then time for Fran to put her feet up for a well-deserved rest!

Above: Fran Davies with her daughter, team member Sarah Davies © Cleveland MRT.

NEWS ROUND

JANUARY > MARCH



Raising funds for rescue

FEBRUARY: TEAM WELCOMES FAMILY TO BASE TO SAY THANKS

Calder Valley team members welcomed the family and friends of Ian Holdsworth to their base in Mytholmroyd to say thanks for the fantastic £1,869 they had raised for the team. The fundraising effort was inspired by the team's involvement with a call-out last year.

'It was great to meet everyone,' they said, 'especially the Springers! A huge thank you to everyone from the team for the donation.' A similar amount has also been donated to Andy's Man Club, a men's mental health charity that offers free-to-attend talking groups for men and challenging the stigma around male mental health. **To find out more about Andy's Man Club, visit their website at andysmanclub.co.uk** The importance of reaching out to friends, family or groups like Andy's Man Club, finding time to talk and discuss your mental wellbeing cannot be over stressed.

Above: Calder team members with family and friends of Ian Holdsworth © CVSRT.



FEBRUARY: ROSSENDALE TEAM REMEMBERED IN WILL

Rossendale & Pendle team member Claire went to meet James Neary, the executor of the will of Harry Frost, who passed away in December 2021. Mr Frost had very kindly left the team 'the amazing gesture' of £5000 in his will. A huge thanks from the team.

Above: Rossendale team member Claire Ormerod with James Neary © RPMRT.

Mountain Rescue and World Extreme Medicine join Forces!



NEWS ROUND

JANUARY > MARCH



NORTHUMBERLAND NATIONAL PARK MRT

In what seems to be the first course of its kind, Northumberland National Park Mountain Rescue Team (NNPMRT) joined forces with World Extreme Medicine (WEM) to deliver an entirely bespoke mountain medicine course in Northumberland.

The course, which was the brainchild of NNPMRT deputy team leader and medical officer Jamie Pattison (who has worked on WEM's faculty for a number of years) brought together the fundamental elements of mountain rescue with advanced medical care in the field. 'We wanted to share our experience as mountain rescuers with others working in expedition medicine,' says Jamie.

WEM provides extreme environment training for medics from all walks of life, giving doctors, nurses and paramedics the skills and experience to work in the most demanding environments the world over. The four-day course, based at Wooler Youth Hostel, in the foothills of the Cheviot Hills, began with a relaxed introduction to mountain rescue and NNPMRT, giving the delegates an insight into the history, commitment and values of mountain rescue as a whole. Following a short coffee break, the unsuspecting delegates were presented with a mass casualty incident so they very quickly had to work together as a team, despite not knowing very much about each other, and switch their attention from being students on a course to 'mountain rescue team members'. This ability to drop everything and switch attention to a rescue (something which will be recognisable to all MR volunteers) would very much become part of the course. Jamie deliberately designed the morning with few introductions to maximise the demand on the delegates' human factors — another familiar element.

The exercise was designed to cause maximum chaos and pull out the key learning outcomes, with delegates taken through the main elements of pre-hospital trauma, including in-depth primary survey, casualty handling, hypothermia wraps and most essentially, the medical kit and equipment carried by the team.

After lunch, delegates took part in an intensive session looking at search techniques, led by Pete Roberts and Carl

Hamilton from the Centre for Search Research who have been delivering search training to MR teams from around the world for over twenty years.

Next, another member of WEM's faculty, Dr Hannah Kitson, gave delegates an insight into the concepts and detail of how human factors come into play in the mountain rescue environment.

ALL THINGS WATER AND STEEP SLOPE RESCUE TECHNIQUES

Day two had delegates in their drysuits and taking part in swiftwater training and extracting casualties from a local river. 'This very much put them in at the deep end metaphorically speaking,' says Karl Wait, NNPMRT's water officer. 'Many of them hadn't realised just how much we get involved searching for and rescuing people from rivers, streams and lakes.'

After drying out, it was off to a local crag, where they put on their helmets and harness and spent the afternoon looking at steep slope techniques in a familiarisation session with the steep slope kit, including setting up different hauling and lowering systems. As one delegate commented, it was 'completely immersive and really full on'.

After an intensive day's training, delegates were looking forward to their first evening off to relax and reflect on their experiences, but sadly that's not what life in a mountain rescue team is like. No sooner had they finished their evening meal: 'Curlew WEM... Curlew WEM... we have new tasking for you.'

They were tasked with 'locating, accessing, treating and evacuating two fell runners who'd failed to return from an early evening run'. Needless to say, adrenaline was pumping as the 'volunteers' had to quickly assemble their equipment, load into team vehicles and head out into the night, knowing they had to put their skills into practice.

'It was the first time since starting the course that I really understood what it must be like to be in a mountain rescue team,' said one delegate. This was their ultimate test: splitting into search teams, navigating their way to the casualties, treating and recovering them, all under the cover of darkness and with temperatures dropping. Whilst there were regular MR members present in each team to offer guidance and support, this was very much up to the delegates to lead and organise their resources.

'It was fantastic to see them putting their skills into practice and doing such a great job,' says Jamie. 'After a busy couple of days, to attend a late night call-out is challenging, but they coped brilliantly and had picked up a lot of skills quickly.'

BRINGING IT ALL TOGETHER

Day three saw delegates getting a chance to put the skills they'd learned into practice in the mountain environment. Split into two teams, they were taken by MR members who also work as Mountain Leaders through navigation and mountain craft. There were review sessions on radio communication procedures, kit selection and preparation and navigation practice. A particular highlight was a demonstration from the team's Search Dog Tess and handler Brian. However, once again, 'disaster' struck and they were tasked to respond to another exercise simulating a major trauma patient on the other side of the valley. Selecting their kit and making a plan, under the watchful eye of team members, delegates once again brought all their new skills to bear, implementing a rescue plan in deteriorating weather and fading light.

This exercise, following an already intense morning, pushed them to perform in harsh conditions. 'When you're training, it's most valuable when it is high fidelity and as close

to real life as possible,' says Jamie. 'Having already had a long day on the hill or at work, searching for casualties and bringing your 'A' game when you're already pretty tired, is the reality of being an MR member. You have to be able to manage yourself and rely on your team in these situations.' Once again, the delegates rose to the occasion, implementing an effective rescue and working very well as a team. After such a full-on few days, with lots of surprises, they were becoming wary of any time they were given to relax. But it's essential to push, but never too far.

The evening was planned with Ben Cooper, an ex-NNPMRT and current Edale team member, who is also a nurse. Ben has worked all over the world, including executing rescues in Antarctica and he talked about the principles of nursing and prolonged field care. However, for operational team members, the day wasn't finished, with a real job coming in just as Ben was giving his introductions — a really good demonstration of everything we'd been discussing all week. It had been a long day for operational members too, but they all stood to, donned their gear and responded to a fallen climber, close to where the course was being held. Practising what we preach, and for the delegates to see that, gave them the insight that what we had put them through was as close to real life as possible.

FINAL DAY OF FUN

The final day saw delegates take part in an exercise with the full team, integrated into search teams with team members they hadn't yet worked with.

'I was really nervous because we'd be working with team members who'd be expecting us to perform,' said one. 'I hoped we wouldn't let them down.'

The team arrived at the RVP and

were briefed alongside the MR members: a glider had crashed and there were multiple poly-trauma casualties strewn across the hillside in unknown locations.

To add an additional touch of pressure, the High Sheriff of Northumberland, Joanna Riddell, was watching the scenario as part of her commitment to supporting voluntary organisations in Northumberland.

Again, the delegates had full parts to play including taking the medical lead. The casualties were in difficult locations which required the use of technical rope rescue techniques as well as requiring urgent medical attention. One of the team members who worked alongside a group of delegates was Andrew Miller. He was very impressed with their skills.

'Given they'd only be working on this for a few days, they did remarkably well. They demonstrated a high degree of technical skill and fitted into each search team really well. It was like having a team of new recruits join us.'

'I was delighted with how the delegates performed,' says Jamie. 'They absolutely exceeded my expectations and more than met the aims of the course. I think everyone has taken away multiple learning experiences that they can apply to their existing roles and hopefully, some of them may feel inspired to volunteer with their local MR or lowland team. We have shared skills and insight with the delegates which they will be able to utilise to bring expert medical care in the mountain environment.'

The course was summarised most eloquently by one of the delegates: 'It has been the best week of my career.' And, subsequently, three of the delegates have indeed joined other MR teams across the country.

NNPMRT and WEM plan to run their second collaborative course in October 2022. 🌟

MARCH: CLEVELAND'S CLAIRE WINS THE 'JULIE DONALDSON VOLUNTEER AWARD'

Claire Starkey was announced as the winner of the Zetland-FM sponsored 'Julie Donaldson Volunteer Award' in the '2022 Inspiring Women – Redcar & Cleveland awards'.

The awards ceremony capped off a great week for Claire and her partner Paul as one of their dogs was awarded 'Second limit dog' in its class at Crufts the day before! As Paul said: 'She literally never stops whether it's with the Cleveland team, her work with North Yorkshire Police or her time devoted to MRSDE. Not forgetting her volunteer work in schools with therapy dog Bracken.' She was put forward for the award in late 2019, but the decision and ceremony were delayed until this year due to the pandemic.

The awards citation read: 'Claire has a demanding full-time 24/7 shift-based job but in her own time she is an unpaid volunteer search and rescue (SAR) member of Cleveland Mountain Rescue Team, a charity providing SAR services for people in difficulty, primarily on the upland areas of the North Yorks Moors. As with other team members, Claire can be called upon to assist in any mountainous, upland, lowland and urban area locally and across the UK. When not at work she is on-call for the team at all times. Claire's passion and enthusiasm in the role and her 'can do' attitude are all obvious to her colleagues. In addition to her core SAR function she has voluntarily taken on other team responsibilities:

'At the start of 2018, Claire formed an Operational Support group focused on supporting the SAR members by 1) Raising funds for the team, 2) Maintaining vehicles and equipment and 3) Acting as training bodies. To date she has recruited 26 such volunteers and in 2019 (their first full year) they raised almost £10,000, equal to 23% of the charity's annual funding needs.

'Claire also voluntarily trains her own mountain rescue search dog Bracken, which is a huge undertaking as it takes years of additional training before such dogs and their handlers qualify. This requires daily training, so over and above the time commitment for most SAR mountain rescue volunteers, taking up a significant amount of her non-work time, all preparing for a role aimed solely at helping people in need.'

Top: Claire, fourth from left, with other winners. Images supplied.



MARCH: PRAISE FOR MOUNTAIN BIKERS WHO HELPED WALKER

Cockermouth team praised two mountain bikers who went to the aid of a walker stuck on steep ground on a Lake District mountainside. Night was falling when the pair heard shouts for help, along with barking, as they descended from Scarth Gap to Gatesgarth in the Buttermere valley.

The riders called 999 and the team was alerted. 'We spoke with the informant and determined that the shouts were coming from the buttresses of High Crag, and made their way to Gatesgarth. In the meantime, one of the mountain bikers located and climbed to the shouting individual, a lady who had become cragfast whilst attempting to retrieve her dogs that had descended the wrong way and themselves become stuck on the crag.

'As team members arrived, the casualty's torch could be seen on High Crag buttress, and team members made their way up the fell and onto the crag, setting up a fixed-rope system as they climbed. The casualty and mountain biker were located safe and well, then taken off the crag with a series of lowers. Two team members then ascended to the top of High Crag with the two dogs. The lady was escorted safely to her vehicle and reunited with her dogs at Gatesgarth.'

'This was a proper mountain rescue,' says team leader Andrew McNeil, 'with a casualty and two dogs stuck on technical ground, in the dark and in challenging windy conditions. The casualty was in a precarious position and the mountain bikers did a great job in calling the team and getting to her location. Rescues involving dogs in steep ground always have an element of unpredictability. In this instance we were able to safely get to them and lead them off over High Crag to be reunited with the casualty.'

FEBRUARY: TEAMS SUPPORT THEIR COMMUNITIES DURING STORM EUNICE

Teams across the country were on standby or in action in February during extreme winds. Just a snapshot of incidents:

- In North Wales, Aberdyfi team were called out when winds caused the flat roofing of a two-storey block of flats to come crashing down. The multi-agency response saw sixteen residents escorted to safety until the structure could be safely assessed. They were taken to the leisure centre for safety, and given sandwiches and hot soup, then given temporary accommodation overnight by Gwynedd Council. Thankfully no one was injured.



Above: UWFRA water team rescuing the trapped sheep © UWFRA.

- In Yorkshire, the UWFRA water team were called to assist North Yorkshire Fire Service in the rescue of sheep that had been caught out when the river burst its banks at Kilnsey.
- In the south west, amongst other deployments, SARA flood teams went to a flooded area just outside Tewkesbury to work with Vale Wildlife Hospital to rescue a swan trapped in netting.
- In Lancashire and West Yorkshire, Calder Valley and Holme Valley were on standby when persistent rain led to high river levels including undertaking reces of the usual 'hotspot' urban areas likely to be affected. Calder members assisted with the evacuation of six casualties reported to be unconscious on a barge in Todmorden. All subsequently regained consciousness and were taken to hospital.
- A Dartmoor team attended a man whose tent had flooded, wading to his help across the River Pym via knee-high ford water. The man was found at the reported location and escorted back to his car.
- East Cornwall team members assisted around the region, responding to dangerous structures and fallen trees.

MARCH: REFURBISHMENT EXTENDS LIFE OF BOTH PENRITH DEFENDERS

The Penrith team's two thirteen-year-old Land Rovers have had their life considerably extended by a major rebuild and refurbishment, thanks to work undertaken locally in north Cumbria and means these workhorses of rough, upland terrain should now serve the team well into the 2030s.

The Defenders were purchased in 2008, specially converted for mountain rescue use. Despite being still at relatively low mileage and in mechanically good condition, their age was starting to show, with corrosion to bodywork and chassis. The team considered replacing the vehicles but, with the end of production of the classic Defender model six years ago, decided to have them fully rebuilt, refurbished and resprayed instead. The sums involved were substantially less than the cost of new vehicles and meant those classic Land Rover capabilities were retained.

After some research, Land Rover specialists, Simon Huntington Limited of Wigton, were asked to carry out the work, including replacement of the chassis for both vehicles with a new, galvanised version. The rebuilds were undertaken late in 2021 for the first vehicle and early this year for the second, and Simon was kind enough to lend the team a Freelander whilst each was being rebuilt, so the team was able to maintain a good level of operational capability throughout the refurbishment.

On completion of the rebuild, both vehicles were taken to Ast Ltd in Penrith for replacement of all the bodywork graphics, to the MREW specification. The team is grateful to both companies for their excellent work, and also to LDSAMRA for a generous grant from its funds that largely covered the cost of the refurbishment project. They now look forward to its two trusty Defenders giving continued great service for another decade and beyond.



NEWS ROUND

JANUARY > MARCH

FEBRUARY: TEAM WORKING WITH ADDED GRAVITY



North Dartmoor SRT members carried out a training exercise with Richard Browning and colleagues from the South Western Ambulance Service NHS Foundation Trust's HART.

The session tested the potential night flying capacity of the jet pack and multi-agency responses to incidents on the moor. Lots was learned and also it was a great afternoon and evening for all those who attended!

JANUARY: FELL RUNNER PLEDGES TO BUY COMPASS

A young fell runner pledged to buy a compass after becoming disoriented in thick mist. Keswick team was alerted on New Year's Day when the runner got into difficulties on Glaramara.

Unable to find the way down and with low phone battery she called for mountain rescue help. PhoneFind pinpointed her on the summit and as she was getting cold she was advised to head north using the compass on her phone while a small team was mobilised to assist if necessary. Once she had dropped out of the cloud she could see the path and the Borrowdale valley and called the team to say she was okay to make her own way down. Team members continued to climb the fell to ensure her safety in rapidly falling light.

When the team met her near the base of Combe Gill, besides apologising and expressing her gratitude to team members, she said the first thing she was going to do was buy a compass.



FEBRUARY: TYNESIDE SCHOOL FINED £30,000 AFTER ILL-PLANNED HELVELLYN ASCENT LEADS TO RESCUE

An independent Tyneside school was fined £30,000 after its ill-prepared students had to be rescued from the mountain. The Gateshead Cheder pleaded guilty to breaching health and safety regulations after the incident in March 2020.

Keswick team had been called to assist the group of thirteen Year-10 students in difficulty. The Health and Safety Executive said the boys were accompanied on the organised trip up the 950-metre fell by one teacher and a teaching assistant. A spokesperson for the executive said: 'Weather conditions on the day were cold and icy. Despite reviewing the Lake District Weatherline report, which stressed the dangers to those ascending above the snowline, the school decided the trip should still go ahead as planned.'

'Their route included ascending from Wythburn via Birk Side, and descending Helvellyn via Brown Cove Crags. Despite the winter conditions many of the school children did not have suitable equipment, a number of them were wearing school

shoes and school trousers, and others were wearing trainers. In winter conditions, it is essential that hikers wear full winter clothing, including mountain boots, and that those venturing above the snowline carry appropriate equipment including ice-axes and crampons. The adults leading the trip had no formal qualifications in mountain leadership or any experience of mountain environments in winter conditions. The party had a map but relied on a smartphone app as a compass.'

At least two members of the public warned the Gateshead Cheder party to turn back, but the group continued to climb and managed to reach the summit of Helvellyn without incident. However, as they made their way down, they strayed off the path and began traversing the west face of Helvellyn towards a section of steep vertical rock faces of around 20 metres in height.

'One of the pupils slid on the ice and fell several metres sustaining minor cuts. This caused another pupil to panic and run from the group down the mountain. The two adults remained with the injured pupil and the other school children. By this time, it had begun to get dark and the temperature was dropping.'

The agency said the party were eventually located and rescued by Keswick team, who cut steps into the snow to help the party back to the path and down the mountain. The other pupil was lucky enough to make it back down the mountain and was found by members of the public.

An investigation by the HSE found that neither of the adults with the party had the appropriate skills, knowledge and experience to lead the trip, and that the school had not taken advice from a suitably competent person to plan or organise the excursion. There was no effective system to check the suitability of the clothing and equipment the children had with them and no effective contingency plan in place if conditions became too difficult to proceed.

The company that runs the school, The Gateshead Cheder Limited of Bede House, Tyngate Precinct, Sunderland Road in Gateshead pleaded guilty to breaching sections the Health and Safety at Work Act 1974. The school was fined £30,000 and ordered to pay a victim surcharge of £181 and costs of £4,574.90.

Speaking after the hearing, HSE inspector Stephen Garner said: 'On this occasion,

none of the party came to serious harm. However, the school were aware of the weather and ground conditions, but decided to proceed without the appropriate planning, equipment, or suitably trained leaders.

'Those taking part in the trek that day were placed in serious danger and there was a clear failing by the school to adopt sensible precautions to ensure their safety. Excursions into mountains, particularly in winter, need to be led by people with the appropriate skills, knowledge and experience. If a school does not have access to the necessary expertise in-house, then licensed adventure activities providers are available to manage the technical aspects of this type of trekking activity. This incident was entirely avoidable. HSE recognises the benefits of outdoor learning activities including those involving hiking or trekking in mountain environments, however, schools need to take sensible and proportionate measures to control the risks involved. This trip should not have gone ahead without such measures in place.'

Eponymous medical terms: Part 5: Valsalva Manoeuvre to the Circle of Willis

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...

VALSALVA MANOEUVRE

This procedure is probably less well known than in earlier years. It involves forced expiration against a closed airway. Closing the mouth and the nostrils is followed by a maximum effort to breathe out. This results in a rise in intra-thoracic pressure which in turn impedes venous return to the heart and causes a fall in heart rate. Carrying out this manoeuvre in a squat position and then standing up is an almost certain way of inducing a faint. (Do not try this at home!)

The manoeuvre has been used in patients with cardiac arrhythmias and episodic tachycardias to bring them under control. In the absence of any other medical facility it is certainly worth trying.

It is remarkable how accurately Valsalva described the physiology of this process in 1696. Antonia Maria Valsalva was an Italian anatomist born in Bologna in 1666 and died in 1723 from a CVA. He became professor of anatomy in Bologna but also studied physiology and practised surgery. He was the first person to recognise arterial aneurysms and to attempt surgical treatment. His classic work was the understanding of the structure and function of the middle ear and his treatise 'De aura humana tractatus' was the standard text on the subject for the next 150 years.

WEIL'S DISEASE

Weil's name is irretrievably linked to severe leptospirosis, an infection caused by any one of a number of leptospiral organisms. The most common to cause human disease is leptospira haemorrhagica.

The organisms are carried by rats and secreted in their urine and faeces. They are

also found in foxes, dogs, cattle and skunks. Human infection arises when they come into contact with water that has been contaminated. The bacteria can enter through cuts on the surface, from inhalation or from being swallowed.

In many cases the infection is very mild, resembling an episode of influenza, and it is probable that many such cases are never diagnosed. The more severe cases begin with headache, fever, muscle aches and jaundice, then develop a bleeding tendency with spontaneous bruising and bleeding under the skin. The liver and spleen become enlarged. There is a significant death rate in untreated cases. An incubation period of 4-9 days occurs between exposure and the appearance of symptoms.

Diagnosis in the early stages is difficult because of the similarity of the symptoms to those of other common virus infections. It is essential that persons who may have been at risk make this known to their doctor at the outset so that antibody testing and treatment is carried out immediately. Early treatment with antibiotics results in a full recovery in almost all patients. Penicillin in large doses is the antibiotic of choice. There have been a number of instances of Weil's disease in this country affecting cavers and canoeists.

Adolf Weil was born in 1848 in Heidelberg and died from tuberculosis in 1916. He became Professor of Medicine in Berlin but also was an Honorary Professor in Estonia. He recognised and described leptospirosis in 1881.

CIRCLE OF WILLIS

This is the vital communication ring of the arterial supply to the brain that enables crossover circulation in the event that the supply from one side is compromised.

It lies on the under surface of the brain. The inputs from the carotid arteries and the vertebral arteries are linked together and distributed to the brain through a large number of offshoots from the circle.

The existence of this communication link means that, in the event of one supplying artery being occluded, usually from arteriosclerosis but also on occasion from trauma, the input from the remaining vessels is equally distributed and no one area of the brain is deprived of a blood supply. If this circle did not exist then damage to one carotid artery, for example, would result in severe brain damage.

Thomas Willis was born in Great Bedbury in Wiltshire in 1621 and lived until 1695. He studied medicine first in Oxford and then in London. An interest in neuroanatomy led to his work on the circle bearing his name but he had many other accomplishments and published the first scientific book on pharmacology.

He achieved some fame in 1650 when he attended the hanging of Ann Gunn, aged 22 years, in the Castle Yard in Oxford. Following the execution she was found to have a pulse and Willis carried out a successful resuscitation following which she was freed and lived a long life. 🙏

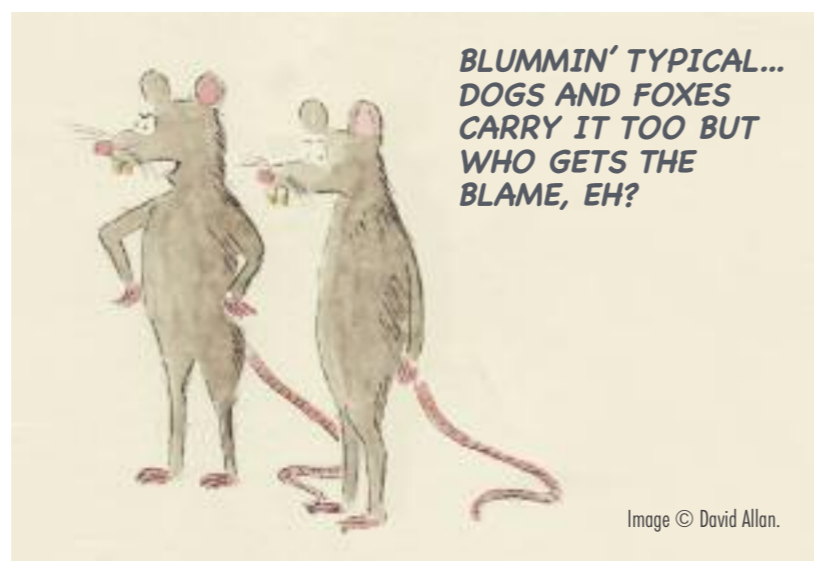


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