

Basic guide to Evac / Rescue Procedures (V3 Sep2018)

In the event of a medical emergency whilst on a hike, the following is recommended.
Bear in mind that actions stated here may or may not be possible on a case by case basis.

Start of Hike:

- 1/ At the start of a hike, ask who is medically qualified. It could be a 1st Aid Cert, nurse, or medical doctor. If none present, the Leader or Sweep will assume responsibility.
- 2/ Remind everyone that details of any relevant medical conditions should be written on a note inside their 1st Aid kits, along with a note of any medications being taken and what they are for.

At time of incident:

- 1/ HAZARDS - Ensure immediate safety of yourself, the group, and that of the patient.
- 2/ HELLO – Level of patient consciousness. Responding to verbal, pain, or not responding at all.
- 3/ Check patients 1st Aid box - Note any known medical history, and note any known medication being taken.
- 4/ Were there any symptoms shown by the patient before they were seen in difficulty / collapsed.
- 5/ Carry out PRIMARY survey and apply 1st aid as appropriate:
 - CIRCULATION – Stop any life-threatening bleeding. Is there a pulse and how strong?
 - AIRWAY - Is the airway clear?
 - BREATHING – Present or absent? Sound? Ease of breathing? Rate and depth.
- 6/ Only if trained, and if necessary, administer CPR.
- 7/ Note local weather. Visibility, cloud height, wind strength. Note local terrain. Time of incident.
- 8/ Gather 2 -3 the people around you who are willing and able to help.
- 9/ Move the rest of the party well away. Appoint a leader of the second group. They must still be looked after.

Communications to Rescue Services (RS):

- 1/ Call 021 937 0300, have this number on your phone prefixed by AAA. Always speak calmly and clearly.
- 2/ Give your own and at least one other member of the party's contact number.
- 3/ Give the RS any relevant details from 1 to 7 above. Plus a note of any 1aid administered so far.
- 4/ Have at least two Grid Reference (**GR**) Apps on your phone, and cross check with others that the GR is correct. Pass the GR and description of your location, mention that GR is phone-derived.
- 5/ Be aware that you may have to move to a higher point - line of sight - in order to get a call out.
- 6/ Be aware that your GR App works off satellites and not from a cell signal. You may get a GR when you can't get a call out.
- 7/ If using sight or sound to raise an alarm, six torch flashes and/or six whistle blasts is the international distress call. The signal that this has been received is three flashes or whistle blasts.
- 8/ The level of rescue required is determined by the Metro Doctor on Duty

On the approach of the Helicopter:

- 1/ Get EVERY loose object into backpacks, close backpacks and get group to sit on backpacks **well away** from the earmarked landing / evacuation zone. The rotor downwash from even the smallest helicopter is enough to blow backpacks and people off cliffs, and it is also enough to suck anything loose, hats, caps, sleeping mats, jerseys, ANYTHING, into the rotors and cause a fatal crash of the helicopter.
 - 2/ Communicate the plan and designate roles in the team before the heli' is in earshot. Everybody needs to know who does what, when and where. Once the heli' is overhead, all communication will become impossible. Shouting will not help.
 - 3/ Have one person stand with their back to the wind with arms stretched up in a V position facing the best landing / casualty evacuation point. This will assist the pilot to see ground wind direction and where to land / lower the stretcher. Be aware the pilot may choose another Evacuation Point.
 - 4/ If you have a space blanket, use it to signal to the helicopter. Stow well away before Heli' is close.
 - 5/ The Heli' will lower a technical rescuer first, then a stretcher if need be, then a medic. The chopper will move off to allow assessment and 'packaging'. The Heli' will return to extract the medic, the patient and the technical rescuer, in that order.
- The hike leader is still in charge of getting everyone else off the hill safely after the patient has been extracted.

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