



FIRST RESPONDER EMERGENCY EXTRACTION (F.R.E.E.) [Civilian Casevac]

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COMPARE THE TWO

TEXTBOOK FIRST AID PROCEDURE

DRAGGING THE WOUNDED TO SAFETY



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MAKING AN IMPROVISED STRETCHER IN THE WILDS



<https://www.youtube.com/watch?v=EYfgxODBlwY>

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FREE & Casevac Compared

FIRST RESPONDER EMERGENCY EXTRACTION

- Carrying or moving victim/s of outdoor accident/s
- From accident scene to a place where transport to a medical facility is available
- First aid only, no medications
- Common law and negligence
- Risk & Financial implications

MILITARY CASUALTY EVACUATION

- Carrying or moving victim/s of armed conflict
- Trained medics who can administer drugs and do invasive treatment are usually on hand
- Transport may be dragging, carrying, driving, flying
- Military procedures and cover soldiers except for court-martial

CIVILIAN FIRST RESPONDERS CAN FACE CHARGES OF NEGLIGENCE- THEIR LIABILITY IS GREATER THAN THAT OF TROOPS WHO CAN DO VIRTUALLY ANYTHING TO SAVE A SOLDIER

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BEFORE THE EXCURSION – WHAT TO DO

- INFORMED CONSENT
 - Everyone including minors to read and sign the form
- COLLECT INFORMATION
 - Form must be comprehensive [See INDEMNITY FORM next]
- SOPs IN PLACE
 - Operations must have risk assessments and set procedures
- QUALIFIED GUIDES
 - First Aid, GASG
- CHECK ARRANGEMENTS
 - Guide names and roles, equipment check, vehicles
 - SOPs – follow the correct procedures for running the event
 - Trip file contains specific information for the event (names, numbers, arrangements, money, transport, catering etc)
 - Are all permits and access permissions in place?
 - Have necessary payments been made or arranged?

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INFORMED CONSENT & INDEMNITY FORM

Before anyone agrees to undertake an activity they need to know what risks they face. You need to inform them what could happen to them

An indemnity form **limits the your liability**. This means that a person indemnifies another person from liability by giving up his/her right to sue that person when s/he suffers damages, loses something or gets injured.



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WHAT SHOULD BE ON INDEMNITY FORM

- **INFORMATION**
 - Full names, contact details, citizenship
 - ID (that is, date of birth: age)
 - Next of kin contact details
 - Any allergies, chronic conditions, medication, pacemaker
 - Any medical aid or insurance
 - Religious affiliation if any (explain why)
 - Any dietary restrictions
- **CONSENTS**
 - Agree to allow qualified first aiders to render assistance
 - [Allow use of photos, subject to POPI Act]
 - Agree to be a witness to events if necessary
- **UNDERTAKING**
 - Client personally agrees to do the activity or agrees to minor doing it
- **SIGNATURE – Check**

<https://www.webberwentzel.com/News/Pages/indemnity-clauses-and-disclaimers-do-they-stand-up-to-scrutiny.aspx>

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STANDARD OPERATING PROCEDURES (SOPs)

- **WHY WE HAVE THEM**
 - Minimise risk and ensure operations are as safe as possible
 - Abide by Health & Safety rules and regulations
 - Set out the plan for operations and standard practices
 - Make available the checklists to ensure everything is done
 - Use SOPs to delegate activities to team members
- **KEEP THEM UP TO DATE**
 - As time goes on, experience teaches that changes are needed
 - Review SOPs regularly and especially after an incident
 - Involve team members in reviews and discussions for their ideas
 - Make the SOPs available to the team
 - Record all incidents, no matter how small, as warnings

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ROLE OF THE 2ic Write a new SOP



<https://www.facebook.com/582576361/videos/1627260327732308/>

INCIDENT AT WEIR

Despite a warning to stick to the side of the river to avoid a dangerous weir, a paddler was spotted in the river just above the weir. He was shouted at to go back, and he did.

How did this near-accident happen? The errant paddler hadn't noticed or understood the instruction and drifted out into the main channel.

It's an old principle of risk analysis that **you learn more from near-accidents than from the accidents that really happen.** In a near-accident the participants are usually willing to talk about, and analyse, what went wrong. There aren't dead bodies, lawyers, police, relatives, witnesses, media, and damages claims.

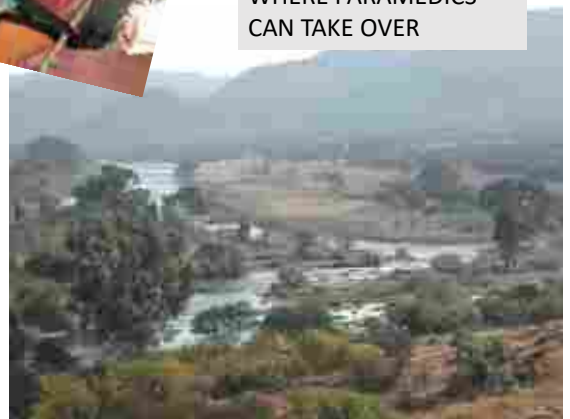
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ACCIDENT HAS HAPPENED – WHAT NOW?

- FIRST AID RENDERED
 - HELLO
 - HAZARD
 - HELP
 - CPR
- SITUATION STABILISED?
- TIME FACTORS
- ENVIRONMENT & WEATHER
- GROUP STATE OF MIND
- INACCESSIBILITY



INACCESSIBLE TERRAIN
REQUIRES EVACUATION
OF CASUALTY BY YOUR
TEAM TO REACH PLACE
WHERE PARAMEDICS
CAN TAKE OVER



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DECISION TO MOVE THE VICTIM

- Why move?
 - Exposure
 - Reach extraction point
 - Insecurity
- Things to consider
 - Terrain safety of route
 - Personal security of group
 - How many in your team?
 - Internal and external communication
 - Conserve your strength
 - Manage the whole group
 - Costs and consequences
- What to do
 - Summon help
 - Test your transport system
 - ETHANE
 - Keep records
 - Carry supplies, lights, maps, cellphones
- Legal and ethical
 - Duty of care
 - Privacy
 - Admissions
 - Law enforcement agencies
 - Permissions

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SCENARIO EXERCISES

SIMILAR PROCEDURES BUT DIFFERENT SETTINGS AND EQUIPMENT

• GENERAL PRINCIPLES

- Focus on procedure
- Roles for team
- Appoint Incident Cmdr & deputy
- Execute first aid
- Assess risk
- Scout the route
- Keep records
- Safety, safety, safety!

• MOUNTAIN

- Use only what a hiking guide would have
- Improvise!
- Nature of incident will be given



• RIVER

- Use only what a river guide would have
- Improvise!
- Nature of incident will be given



THERE IS NO ACTUAL ASSESSMENT FOR THIS COURSE BUT YOU ARE REQUIRED TO TAKE PART FOR THE CERTIFICATE

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WHAT TO EXPECT IN PRAC SCENARIOS



- DISCOVERY RAPID
- Rocky with fast currents – foot entrapment likely. Very rough banks



- DRY WATERFALL
- Steep ground and uneven forest path. Slipping and falling likely

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TECHNIQUES OF VICTIM EXTRACTION

- On foot
 - Dragging
 - Walking
 - Transport
 - Raft
 - Boat
 - Farm vehicle
 - Horseback
 - Motorbike or Quadbike
 - Private aircraft
 - Carrying
 - Backpack frame
 - Improvised litter
 - Rope stretcher
 - Backboard
- OTHER?



<https://www.youtube.com/watch?v=EYfgxODBlwY>

FOR THE GENERIC ADVENTURE SITE GUIDE ASSESSMENT YOU MAY ONLY USE WHAT YOU WOULD NORMALLY CARRY ON A TRAIL.

NATURALLY YOU CAN TAKE OUTSIDE HELP AND ALSO IMPROVISE WITH NATURAL MATERIALS

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KEEPING NOTES AND REPORTING

- METHODS
 - Photos
 - Notebook and pen
 - Voicenotes
 - Witnesses
 - Places (can be researched)
 - Timeframe of events
- CONTACTS WITH
 - Operators
 - Media
 - Officials
 - Public



What Can Outdoor Organisations Have In Place to Ensure Efficient Communications With 000?

- Develop an Emergency Incident Information Reporting Sheet To Record Important Info.
 - Include a place to record Emergency Services direct call back number, so you can check on the progress of help.
 - Include your direct phone/sat phone number or radio frequency so that emergency services could contact you in the field if required.

<https://slideplayer.com/slide/732667/>

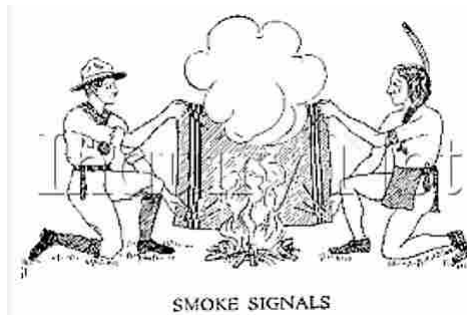
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ASSESS THE LOCATION

- ESTABLISHING THE LOCATION
 - Where on the map
 - Co-ordinates
 - Elevation
 - Landscape
 - Connectivity
- EQUIP YOURSELVES
 - Lights
 - Navigation
 - Water and food

FLAGGING THE HELPERS

- Signalling
- Whistles
- Fires /flares / smoke
- Mirrors
- Radio
- Cellphone
- Other



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ETHANE and EXTRICATION

INFORMATION REQUIRED

- **E**xact location
- **T**ype of incident
- **H**azards (present and future)
- **A**ccess
- **N**umber, type, severity of casualties
- **E**mergency services now present and those required

EXTRACTION VERSUS EXTRICATION

- The meanings are slightly different; both are loosely defined as "to remove (from an environment)
- "to extract" is to remove something from its surroundings in general
- "to extricate" is to remove something from confinement, difficulty or danger

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THE SITUATION

• PSYCHOLOGICAL DIMENSIONS

- Presence of mind
- Rescuer behaviour
- Group state of mind
- Leadership
- Navigation skills

• CONTEXT

- Time of day
- Weather
- Knowledge of terrain
- Planned emergency exits

• EQUIPMENT

- Lights
- Shelter
- Food
- Satnav
- Clothing and coverings
- Maps
- Compasses
- Cellphones (network?)

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Medicine for the Outdoors: The Essential Guide to First Aid and Medical Emergency,
5th Edition

GROUND-TO-AIR DISTRESS SIGNALS

If a party is trapped or lost, and helicopter or airplane search parties are likely to be in the region, it may help to attempt to signal the aircraft. One way that this can be done is by creating ground-to-air distress signals, either by marking an open field or a riverbank that is visible from the air by stamping out large (8 to 10 ft, or 2.4 to 3 m) designs in the snow (in an open area), or by attracting attention with display patterns of clothing, rocks, fire rings, or the like. Figure 246 illustrates some standard ground markings for communication.



Require doctor-
serious injury



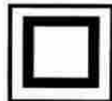
Unable to
proceed-
need assistance



Require medical
supplies



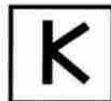
Require food
and water



Require map
and compass



Am proceeding
in this direction



Please indicate
direction to proceed



Safe to
land here



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Landing Site Preparations

SAFETY

Check for
telephone
wires, trees,
debris
Is each patient
different?
Manage safety
of entire
group
Winching
should only be
managed by
EMS expert
Document the
times and
patient load



Signalling



Helicopter Approach

40 meters

40 meters

Wind Direction

Flares



Acceptable

- An individual standing at the edge of and facing the intended helipad with arms raised (back to the wind).
- Upon sighting the aircraft and within reasonable range activate smoke flares or signal fire.

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THE HANDOVER

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HANDOVER TO MEDICAL PERSONNEL

• THEIR RESPONSIBILITIES

- Must treat victim with immediate effect (Patient Rights Charter)
- No-one may be denied medical treatment
- At the scene, private healthcare must treat even those without medical aid
- Will assess patients and also look for ID and other patient info
- Will contact private healthcare (if on medaid) or take to public hospital casualty ward

<https://www.arrivealive.mobi/medical-aid-accident-and-hospital-admission>

• YOUR RESPONSIBILITIES

- Brief report on accident and first aid care
- Time and place of events
- Any ID, next of kin, medical aid, address of victim/family & contact details
- Bag any personal items (eg false teeth, glasses)
- Find out where they are taking the victim and get contact of EMS person
- Contact next of kin and arrange to hand over personal kit (eg wallet, clothing, cellphone)

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PUBLIC HOSPITAL CASUALTY WARD

<https://www.spotlightnsp.co.za/2020/02/17/what-its-like-being-a-cleaner-at-the-charlotte-maxeke-casualty-ward/>



Sakhile Masombuka shared Spotlight around the world for casualty work in PHOTOS: January 2020

Sakhile Masombuka started working as a cleaner at the emergency casualty ward at the Charlotte Maxeke Academic Hospital in Johannesburg in June last year.

“I remember my first night, it was hell,” says the 32-year old from Tsakane in Ekurhuleni. “It was my first time to see people injured like that, a lot of blood coming out everywhere (from their bodies). There were patients with multiple stab wounds and a lot of gunshot wounds.

“People were crying, the first patient who came in was screaming for help, he had a gunshot wound, blood was coming out, another one was quiet. People were (on the verge of) dying – in fact, one person died that night,” he recalls.

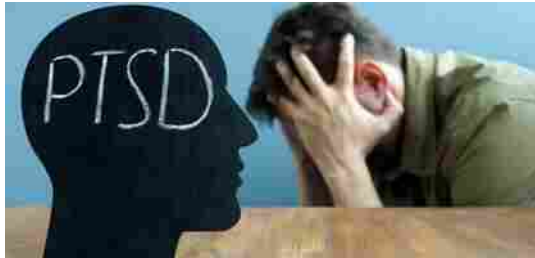
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AFTER THE EVENT – WHAT TO DO

- **ASSEMBLE INFO**
 - From client Indemnity
 - From own incident report
 - Contact witnesses to ensure they are available
 - Do NOT ask for witness reports (leave that to lawyers)
 - Store all photos and other records in a database (which will grow)
- **WRITE INCIDENT REPORT**
 - ETHANE details
 - Narrative (unfolding events)
 - Map/s and routes
- **REPORT TO**
 - Operator or own organisation (not third party convenor – leave that to lawyers)
 - Insurers
 - Legal advisor
 - Regulatory authority (eg SAMSA for water-related accident)
 - Professional association (noting that accident happened, that’s all)
- **REVIEW** to amend SOPs
- **TRAUMA COUNSELLING**
 - Arrange for staff involved in events

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POST TRAUMATIC STRESS DISORDER



Avoiding danger is no safer
in the long run than outright
exposure. Life is either a
daring adventure or nothing.

HELEN KELLER

5 symptoms of PTSD

- **Reliving aspects of what happened**
- vivid flashbacks (feeling like the trauma is happening right now)
- intrusive thoughts or images.
- nightmares.
- intense distress at real or symbolic reminders of the trauma.
- physical sensations such as pain, sweating, nausea or trembling.

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QUESTIONS AND DISCUSSION

- Is extraction relevant in “normal” first responder situations?
- When would you need to follow these procedures?
- What could go wrong?
- Why is it necessary to debrief?
- What is the answer to claims of negligence?
- How do you deal with the aftermath?



EXTRACTION STEPS

Assess situation
Decide on extraction
All facts recorded
Proceed with caution
Treat as learning

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