



Unit 27: Rescue
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Search phase involves locating the subject, Rescue phase involves accessing them, stabilizing them, and transporting them.

What phase are we looking at here? [Access]

Any of these, including locate, might involve technical rescue environments and resources.



Is this a technical environment?

Sometimes it is obvious.



How about this, is this a technical environment?

Is access dangerous? [yes, confined space]

What do you do here?

Stay out, report it.

Recognize technical rescue environments: high angle, confined space, cave, mine, water, mountain rescue.

Access/Stabilize/Transport

- May be easy, subject may be able to walk out.
- May require lots of people for a litter carry out.
- May require technical rescue resources.

- Decisions to be made.

- The Golden Hour is a concern.

Once you've located the subject, things may be simple.
Or they may not.

Why?

Subject might need medical care **[discuss the golden hour]**.

Subject might need to be carried out. (Are we likely to be able to do that within the golden hour? Consider getting advanced care to the subject).

Subject might be in a technical rescue situation.

Decisions to make.

Let's think about the decision making process.



What is the situation?

Your safety comes first.

Risk Management Process

- Situational Awareness
- Hazard Assessment
- Hazard Control
- Decision Point: Go or No go.
- Evaluation
 - Individual: experience, distractions, fatigue, attitude
 - Everyone: Changing Situation



Decision making follows a risk management process.

Be aware of the situation.

Assess hazards.

Control hazards (obtain resources to manage them)

Have a clear go/no go decision point.

Continually evaluate.

Talk it through

- Out loud
- GAR (Green/Amber/Red Risk Assessment)

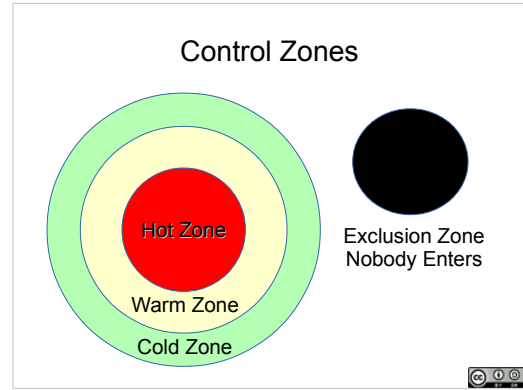
Use a formal tool like GAR (Green/Amber/Red) for risk assessment, or not: key is discussing the observed hazards out loud.



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What are the hazards here?

How are we going to control the hazards?



One of our tools for managing hazards – keep people out of them....

We could declare a hot zone 10 feet from the edge.

Review: What goes on in each zone?

Cold Zone: ICP, Staging

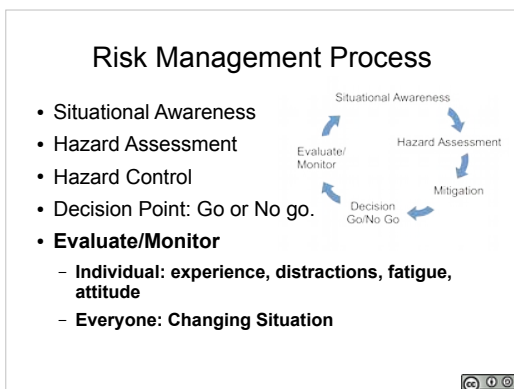
Warm Zone: Support for entry into Hot Zone

Hot Zone: Enter only with appropriate PPE and with a specific assignment.

General public kept out of the cold zone.

Exclusion zone, nobody is to enter.

Where do you put tag in/tag out access controls?
[hot zone]



Continually evaluate.

Conditions change.

Suppose it is getting colder, it is starting to rain, the rain turns to freezing rain.

How does that affect our approach to the person at the bottom of the cliff?



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Another situation: You've located your subject. Down in there. They are unresponsive.

What is the process for figuring out what to do (or not do)?

Practical: Assess Risk with GAR risk assessment tool.

Situation?

Rescue? Recovery?

Hazards?

Hazard Control?

Go – No Go?

What could go wrong here?

Equipment seldom fails

- Most accidents in technical rescue operations are due to **human error**.
- Maintain situational awareness.



Very easy to get tunnel vision focusing on the subject – maintain situational awareness.

What can you do to avoid tunnel vision?

And situations change.

FAILURE

- F – Failure to understand the environment
- A – Additional medical implications not considered
- I – Inadequate rescue skills
- L – Lack of teamwork and experience
- U – Underestimating the logistical requirements
- R – Rescue versus recovery mode not considered
- E – Equipment not mastered



Acronym: Failure: Reasons why technical rescue operations fail.

Particular risks for SAR:

Failure to understand the environment – hazardous environments not recognized as such (tunnel vision, inadequate training).

If there's a door, don't assume there's a floor on the other side.

Inadequate rescue skills, lack of experience, equipment not mastered – call for help – get trained technical rescue resources.

FAILURE

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Highlight: As searchers, this course isn't training or preparation for technical rescue.

Key aspect is to recognize that additional trained and experienced help is needed.



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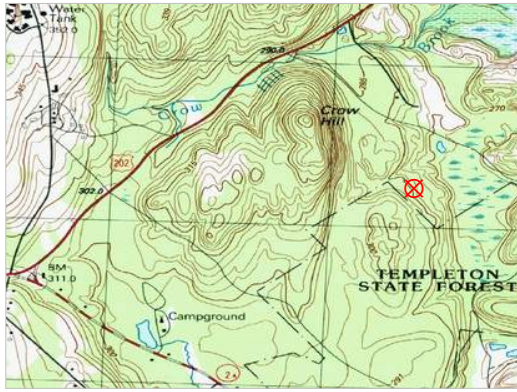
Sometimes getting help is easy. Sometimes not...

If it isn't easy - if the subject can't simply walk out, what will you need? (resources, how do they get there?)

Directing resources to your location.

Planning a route out.

Will the route out be the shortest?



Here's your find.

How are you going to get resources there?

What is your route out?

Establish a common set of signals

- Example: SUDOT whistle signals
 - One: Stop
 - Two: Up
 - Three: Down
 - Four: Off Rope
 - Long Blast: Trouble.
- Example: OATH whistle signals
 - one: OK
 - two: Advance
 - three: Take Up
 - four: Help

What happens when you don't?

Particularly when people from different agencies and disciplines are working together, important to review signals.

Communicate for Safety

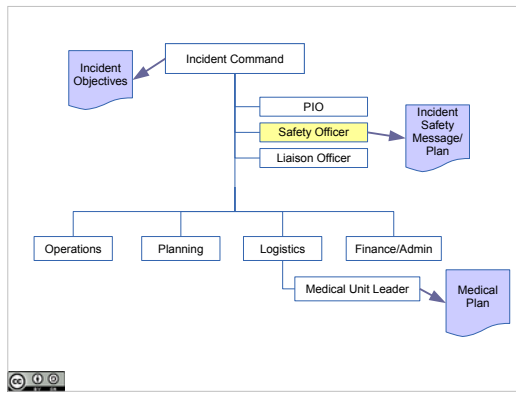
- Be direct – don't worry about seeming rude.
 - "Lieutenant – Get away from that edge."
- Communicate safety concerns by being direct
 - Address relevant person by name (or title)
 - Say: "I" (think/feel/believe)
 - Clear message
 - Demand a response: "What do you think?"
 - "Nancy: I think that compartment has a low oxygen atmosphere. Responders need SCBA. Don't you agree?"

How do you communicate a life safety issue?

Who can communicate a safety issue? (anyone)

Anyone can call **Stop** at any time

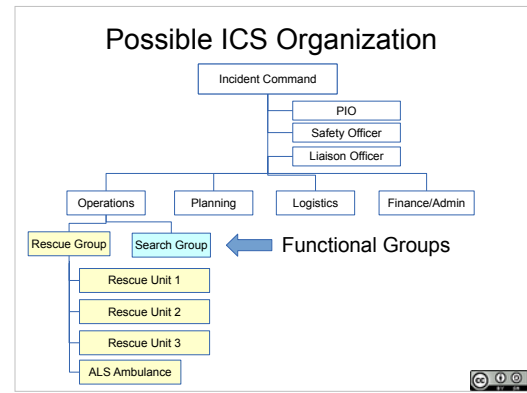
Anyone can call **Stop** at any time.



What are some of the things baked into ICS for safety as a priority?

What else?

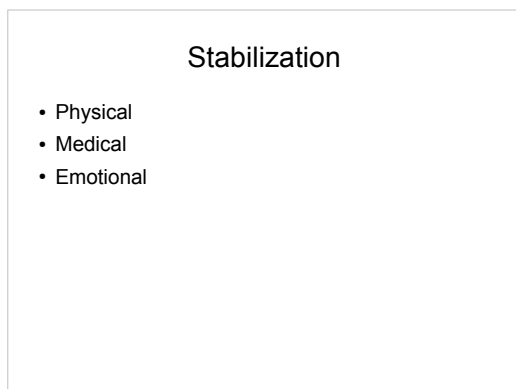
Discuss.



Rescue tends to require tight local tactical control – people who know what they are doing working together on a focused problem.

One mechanism for encapsulating that in ICS is functional Groups – a Rescue Group that carries out the rescue.

Rescue also tends to involve hazards, how can those be addressed? (among others: Site Safety Officer)

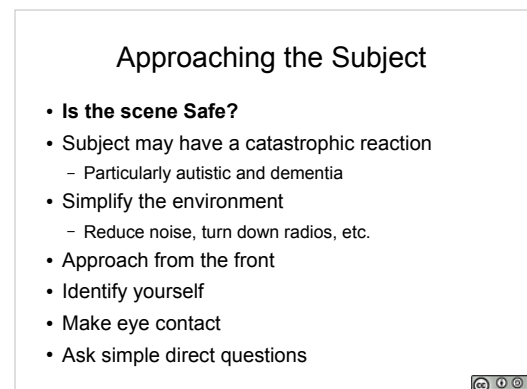


Three aspects to stabilization:

Physical – is the subject in a physically stable situation?

Medical – is the subject medically stable?

Emotional – is the subject emotionally stable? (suicidal, scared, at risk for catastrophic reaction (autistic, dementia)). How do we reduce the likelihood of a catastrophic reaction by the subject?



When you make a find, what is the first priority?

Stabilization

- F – Failure to understand the environment
- **A – Additional medical implications not considered**
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That's a matter for medical training.

Plan ahead:

What medical training for SAR responders?
What sort of additional medical implications might come into play in a rescue? (shock, golden hour, hypothermia, suspension syndrome, HAPE....)

Multiple functional roles to be filled in an assignment: leadership, clue aware searchers, navigation, communication, medical...

Report what you've got, get skilled help.

If more victims than there are medical resources to treat them, then **triage**.



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