



## Concept and Training

The main excuse for Wilderness EMS Day is to provide training for this year's Pitt EMS Fellows. They'll provide medical direction over the radio, and they and Keith Conover will discuss Wilderness EMS issues as they do this. Most of the scenarios are chosen so as to present them (and the students in the field) with thought-provoking medical issues specific to the wilderness context. (The word "flummoxed" has been bandied about.)

It also offers great training opportunities:

- **Incident Management** training at Base, important for those wanting to learn how to manage a large multi-casualty EMS incident, or a large lost-person search.
- **Land navigation:** all of the stations are in Kane Woods off trails, and you'll need to navigate to them. If you don't know already, you should learn how to at least read the contours on the map, and how to use the grid system. Learn more from the good navigators in your team. See [www.conovers.org/ftp/Land-Navigation.pdf](http://www.conovers.org/ftp/Land-Navigation.pdf) and read the speaker's notes if you want a head start on this.
- **Radio Communications:** communicating during a large multi-agency operation is *different* than everyday radio use. Learn how from the SAR team members. You can download and use the ASRC Commo Crib Sheet if you wish: [archive.asrc.net/ASRC-Communications/2007-03-12-ASRC-Radio-Crib-Sheet.pdf](http://archive.asrc.net/ASRC-Communications/2007-03-12-ASRC-Radio-Crib-Sheet.pdf)
- **Medical:** stations will have an instructor and a mock patient. The instructor and patient will present you with a scenario,

and you'll have to figure out how to manage it, given your levels of medical training, and the equipment you have. For some stations, you'll get advice over the radio from an EMS fellow.

Some of your learning will be from instructors at the stations, but a lot will be from cross-training with others on your team. On an exercise like this, *everyone* is a student and *everyone* is an instructor. Even if you're a first-year medical student with just a couple of months of basic science classes and no other relevant training or expertise, you probably know about those basic sciences than even the attending physicians can remember. And if you've just finished your EMT course, you have the benefit of the newest teaching to share with the experienced EMTs and medics.

We will have people with medical training from expired Red Cross first aid to board-certified academic emergency physicians. We will have people with outdoor and search and rescue (SAR) experience ranging from almost none to Mountain Rescue Association-certified people. (MRA certification is considered the most elite SAR certification.) Learn from your teammates!

## Safety

Maybe Kane Woods isn't as dangerous as a mock cave rescue, but there is still some danger, especially when you're tired and cold and hungry and it's getting dark. **Read** the ASRC's short introduction to the hazards of search and rescue and how to cope with them, and especially the Ten Essentials: [archive.asrc.net/ASRC-Publications/2019-01-08-ASRC-Essentials-for-SAR-1.1.pdf](http://archive.asrc.net/ASRC-Publications/2019-01-08-ASRC-Essentials-for-SAR-1.1.pdf)

- Please bring a pack with adequate food, water, and appropriate clothing including raingear and extra warm clothing for being out in the field **all day**. ASRC members: please wear your blue ASRC uniform shirt!
- **Teams:** Unless you're at Base or a station instructor or patient, you'll be with a team. Each team will have a designated **Field Team Leader (FTL)**. Field Team Leaders will know their way around in the woods. The FTL may let you flounder a bit for educational purposes, but should also do some teaching. If your FTL says "**For Real**" then prick up your ears and follow instructions carefully.
- **Safety Direction:** if you get lost, head downhill, and you will encounter a road.

## Rules of the Mock

From the National Cave Rescue Commission, which does cave rescue simulations for training, we stole rules for how to do a mock rescue right, including **Stop!** and **For Real:**

- **Stop!**
  - If you hear someone shout **Stop!** then stop what you're doing and pay attention for hazards.
  - If you hear someone shout **Stop!** then yell **Stop!** yourself; if everyone shouts **Stop!** then even those farther away should hear.
- **For Real**
  - If you hear someone say **For Real**, then that means what they're saying is **For Real** and not part of the simulation.
  - If someone says "**For Real**, it really hurts

when you pull on my shoulder that way” then stop it!

- If you hear over the radio “**For Real** there is a cloud of propane gas coming across the lake. Extinguish all open flames and head up above the 2000’ contour immediately!” it would be wise to heed this advice. (Yes, that actually happened on a past exercise.)
- **Invisible People** There are sometimes observers or extra instructors floating around in the field. You shouldn’t try to use them to help solve your problems (they are, after all, invisible) unless your FTL or instructor tells you otherwise. We try to give invisible people distinctive reflective green armbands or wristbands but sometimes they come off. If people say they’re invisible people or JAFOS (just another observer), believe them.
- A **Guardian Angel** is an invisible person assigned to a specific mock patient. Simple station scenarios will usually not have a Guardian Angel, the designated instructor serving this function. For mock rescues, the Guardian Angel stays at the patient’s side, and is responsible for the patient’s **real** safety and medical condition. If you’re strapped in a litter and a bunch of yahoos are trying to rescue you, it can be just a tad scary, so the Guardian Angel also provides some reassurance. You take actual vital signs and give them to the Guardian Angel. The Guardian Angel gives you back the simulated vital signs. This helps the Guardian Angel keep tabs on the patient. The Guardian Angel usually gives you other information about the patient, too. If you are doing too good of a job, it is not unknown for the Guardian Angel and the patient to cook up some new and interesting problem for you; a Guardian Angel and a patient whispering and giggling is usually a bad sign.
- **Safety Officers** for mock wilderness rescues may be visible or invisible. We’ve chosen to have ours mostly invisible, and they will have two green bands on their wrists or arms. If you see a safety concern and there’s a Safety Officer nearby, you should certainly say to him or her “For Real, there’s barbed wire over there that could be dangerous” or the like. Safety Officers are there to scout for such hazards and to deal with them.

## Radio Reporting

There are many formats for reporting a wilderness medical scenario. But one that we particularly like is given in the box here. We recommend you use it for this exercise. It’s also helpful to organize your thoughts – at least in your mind if not on paper – before pressing your radio’s push-to-talk button.

## Rules of the Game/Simulation

Kane Woods is a nice little park, and after dark and with a cold rain it can seem a bit remote (take this as a hint). But it’s a *little* park. So to make the simulation more interesting, we pretend that it’s a wilderness area, and that the only road access is at Whiskey Point where we set up Base. Ignore those houses, cars, and marching bands. (Yes, we had a marching band practicing just above Station Six. Two WEMS Days in a row.) And there is no place to set up a helicopter landing zone.

## Evacs

When we move a patient in a litter, we call that an *evacuation*. (As opposed to *extrication* from a car or downed aircraft, or *transportation* in an ambulance.) The ASRC’s Essentials for SAR (linked above) contains the basics of litter handling that you should read. If you want to more including about improvised evacuations (one of our stations), read: [conovers.org/ftp/SAR-Evacs.pdf](http://conovers.org/ftp/SAR-Evacs.pdf)

When we do an evacuation, we need to remember that haste makes waste and causes injuries. Unless a minute or so makes the difference between life and death, take your time and do things right. As some say, *slow is smooth and smooth is fast*.

Safety officers will be charged with identifying those individuals who are exhibiting unseemly haste during evacuations and providing a bit of firm advice. Or maybe whacking them upside the head (just kidding).

## Registration

When you register at <http://asrc.net/register>, (you **are** going to register, right?) you are asked about your medical/first aid background, search and rescue background, and outdoor skills level. This helps us make up teams with different skill sets so participants can learn from each others.

**Team Identifier** (e.g., “Team Alfa”)  
**Medic Name** and level of training  
**Chief Complaint History:**

- History of Present Illness
- Past Medical History
- Medications
- Allergies

### Physical Exam

**Field Diagnoses** (or problem list)

### Scene:

- Weather
- Terrain
- Resources
- Prior Treatment
- Evacuation Time Estimate

### Evacuation Priority:

- Hasty (Very Urgent) or
- Urgent or
- Routine or
- Delayed (Bivouac)

### Treatment Now

### Plans:

for possible problems during evacuation

**Saturday, October 26**  
**0800 for instructors/fellows**  
**0900 for students**

**until sometime after dark**  
**Meet at:**

Keith Conover’s house  
55 Sigrid Drive, Carnegie, PA  
15106-3062

412-276-1980 (Home)

### Field exercise at:

Scott Township Kane Woods Park,  
Whiskey Point Trailhead, Junction of  
Old Bower Hill Rd, Main St,  
Scrubgrass Rd

Google Maps:

2 Main St, Bridgeville, PA 15017  
40.382081, -80.090371

**Register at** <http://www.asrc.net/register>