

Allegheny Mountain Rescue Group  
Report to ASRC Board of Directors  
June 25, 1994

### **New Training Officer**

Mike Yee finished individual written and practical testing designed by John Panches and implemented by Keith Conover, and AMRG is thus asking that the Board of Directors confirm him as AMRG's Training Officer.

### **Training and Other Activities**

Several AMRG members spent a weekend doing MRA testing for WEST (Wilderness Emergency Strike Team) from Lancaster, PA. It was a valuable training exercise for the testers, as well.

AMRG members participated in the Ohio River Sweep, which is a yearly search along the Ohio River to collect flotsam and jetsam. In addition to providing their public safety function, AMRGers also collected lots of flotsam and jetsam though they generally didn't know which was which. AMRG also got a new recruit from the Sweep.

AMRG members, along with other ASRC and NCRC instructors, conducted *Orientation to Search and Rescue* and WEMT classes at Camp Soles, near Seven Springs resort in the Laurel Mountains of western Pennsylvania. For once, there was no real search or rescue during the class! AMRG members were unable to attend the last ASRC Board of Directors/General Membership Meeting due to their previous commitment to run the WEMT course. Also, the proxy cards were a nice idea, but most AMRG members got them 1 or 2 days before the meeting, and thus were unable to arrange to get them to anyone planning to go to the meeting.

Several AMRG members attended and taught at the National Cave Rescue Commission's Eastern Region week long training near Elkins, WV, including teaching at the WEMT course held there.

AMRG members continue joint training with the mounted team, which still hasn't chosen a name. We expect to propose them for probationary affiliate membership at the next Board of Directors meeting. Related to this, we propose that we move the meetings back to Shenandoah National Park Headquarters. Especially as the Pennsylvania Turnpike will be under construction for the next year or two, minimum travel time for the two western Pennsylvania teams to Charlottesville now exceeds six hours.

### **Searches and Rescues**

Since the last meeting, AMRG participated in one search and got two rescue calls. Many AMRG members were involved in the search near Romney, WV.

AMRG members Mike Yee and Charles Kollar both served as Safety Officer during this search, and both wanted to refer some suggestions to the Board of Directors. Mike found himself worrying about the health status of local volunteers participating in the search. He'd like to add a medical screening protocol to the Operations Manual for ICs to implement if they wish. For example, an EMT could check the BP of locals wanting to go into the field. Someone with, say, a pressure of 180/120 should probably not go into the field. He's working up a proposal. He'd like to start this as a properly-designed scientific study, to get a better description of the health problems we and other SAR organizations can expect from local volunteers. Charles Kollar had some problems from the Romney Search; some searchers were, in his estimation, **not** rested enough to safely drive home, but refused to rest before leaving. Perhaps the Board of Directors should set a policy on this.

Since rescues are few and interesting to all, here are summaries of both.

Warren Shaulis, a Wilderness EMT AMRG member and a paramedic for the St. Margaret's Hospital Response Team, had an interesting call a few weeks ago. He responded to a report of a trail bike accident just off the Pennsylvania Turnpike east of Pittsburgh. However, he got there and found it was a **long** way off the turnpike, a mile or more in fact. The terrain was quite rugged. And, the patient had a dislocated patella, complicating

evacuation plans. "Street" protocols (and at the time he was functioning as a paid "street" paramedic) required him to transport as is, which would make a difficult evacuation. He called his medical command doctor on the radio. He first requested AMRG stand by to possibly fly members on the helicopter. Next, he asked his medical command doctor for permission to "switch hats" to act as a WEMT, and to patch him through to a WEMSI Wilderness Command Physician. After some discussion with his command doctor about his training to perform such dislocation reductions, the command doctor essentially said "there's no reason for you to have to call a WEMSI doctor, I'll be happy to give you the order to reduce the dislocation." And he reduced it, and after that didn't need any more help with the evac so nobody got to fly out on the helicopter. Oh well, maybe next time.

AMRG members at the NCRC training week in West Virginia responded to a call for an above ground rescue. The initial request was for help with a "technical rescue with medical problems." The ASRC/NCRC team responded to the bottom of the Red Creek Trail at the Laneville Forest Service ranger cabin, where local rescue personnel confirmed the request for ASRC and NCRC assistance.

When the Randolph County EMS/Canaan Valley VFD found that ASRC personnel were nearby, they requested assistance with the rescue. A fourteen year old backpacker with a youth group was finishing her three day trip at Dolly Sods by coming down the Red Creek trail. Near the lower end, the Red Creek trail is very confusing because of several recent washouts and reroutings. The hiking party got off the trail and was traversing a steep embankment above the river when the patient fell, tumbling about ten feet. The initial report by the local paramedic was that she "may have a femur fracture and may have a neck fracture; her neck hurts and her legs are numb." Her vital signs were stable. Local rescuers had called for the HealthNet (WVU) helicopter, had immobilized her on a backboard in Stokes litter, but hadn't yet started an IV.

Jack Grandey, Chuck Hemple, and Keith Conover started the run up Red Creek trail about two miles to the scene. The run was complicated by the 90 degree plus temperature. Gene Harrison manned the base. At the scene, Keith got report from the local paramedic, and asked the patient if she wanted him to be her doctor, to which she agreed. At this point, Jack and Keith re-examined the patient in the Stokes. She denied hitting her head or any loss of consciousness or visual symptoms. She was primarily complaining of pain in the right hip area, but did have some mild pain in the neck. She had slight tingling in the hands bilaterally, numbness in the right leg, and didn't think she could move her toes.

She was alert, cooperative, in mild distress, and occasionally even smiling. Her vital signs were normal and stable. Her HEENT exam showed no signs of trauma except a few very superficial abrasions. Her neck showed some mild lateral tenderness and spasm, but no midline tenderness. The lungs were clear and the chest stable and nontender. The abdomen was soft, flat, and nontender throughout. The back was nontender. The pelvis was stable and nontender to AMP compression. The right anterior superior iliac spine and lateral pelvis were mildly tender but not deformed. There was no tenderness over the actual hip joint or any part of the femur itself, nor any swelling or deformity there. The extremities were traumatic to exam except for some slight abrasions. Neurological exam showed that motor and sensation were normal in the hands and arms despite her complaints of some slight tingling in the fingers. Strength in the toes was approximately equal bilaterally for plantar flexion, but it was painful for her to do and required some encouragement. There was some weakness of dorsiflexion on the right only. Sensation was absent down the lateral side of the right leg, intact elsewhere. Impression after this re-exam was (1) **no** femur fracture, (2) probable sciatica nerve contusion, (3) possible stable pelvic fracture though doubt, and (4) possible cervical spine fracture though doubt.

ASRC and NCRC personnel, along with local rescuers, evacuated the patient about half a kilometer upstream to where the helicopter had landed on some flat rocks in the middle of the river. After some discussion, it was decided that the risk of adding another person to the helicopter's load while pulling up out of a mountain valley outweighed the benefit to the patient from having a doctor on board. And, from the Red Creek Valley, the helicopter couldn't reach their medical command doctor. Therefore, Dr. Conover turned over care to the two flight nurses, Lisa and Jerome. A medical report on the patient is pending.

**Upcoming Activities**

AMRG is planning a certification test soon, probably in September.

**Equipment**

AMRG now has a briefcase full of handhelds (HT220's) on permanent loan from Gene Harrison. They will be in the AMRG Locker with the other team equipment, at the helicopter base at Mercy Hospital.