

# Rescue Considerations

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# Injured Patient

Determine appropriate means of evacuation based on situation. On-scene medical will advise their choice of evac.

Risk vs. Benefit

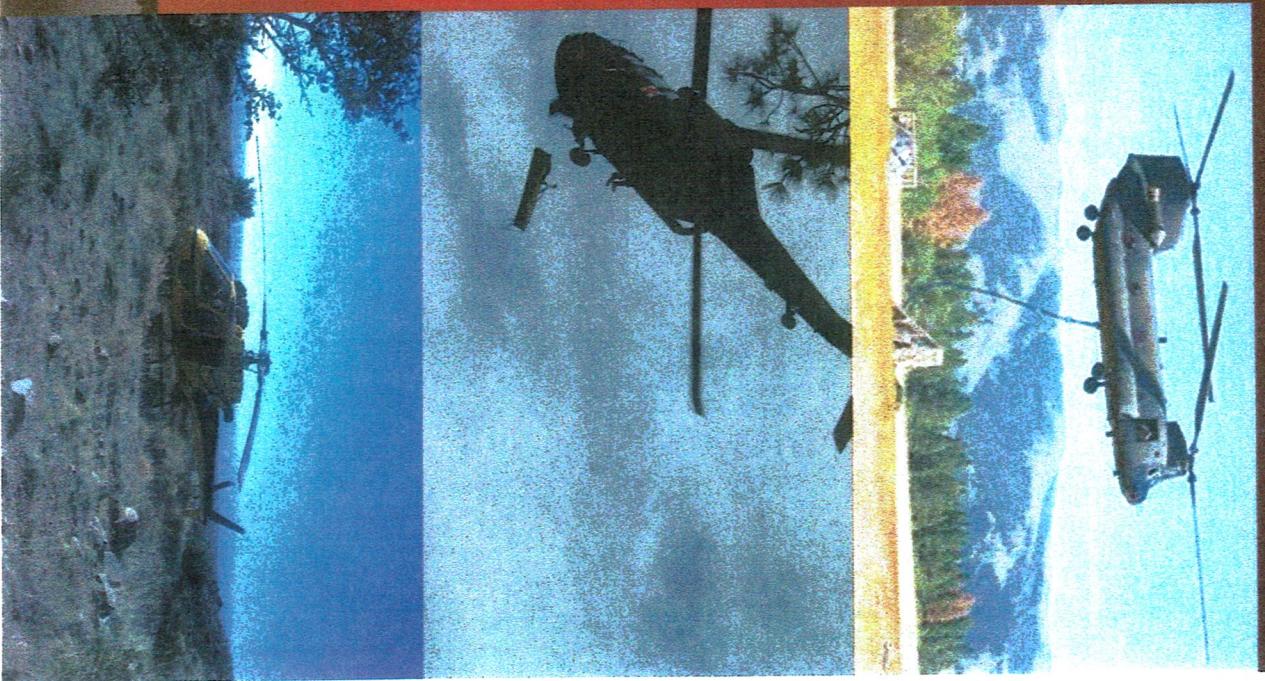
Stay on scene vs. scoop n' run

During this phase it is important to have DIRECT communication with your on-scene medical provider or rescue leader.



# Types of Heli Resources

- **Heavy Lift**- CH-47 Chinook, Ft. Carson Colorado
- **Medium Lift**- HH-60 Blackhawk winch equipped, Army Nat. Guard Santa Fe .
- **Light Lift**- Non winch equipped, PHI air medical, Air Care, NMSP 606, Police/Sheriff
- Consider air operations branch director for multiple AC in area.



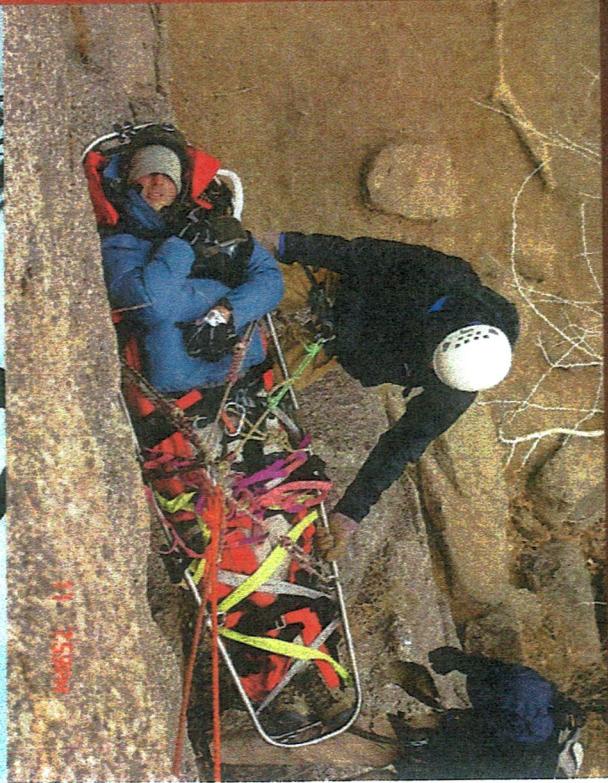
# Information to give to AC for Helo Dispatch

- Winds at rescue site (Speed, gusting and direction) + Lat/Lon of site
- Weather at rescue site, esp. cloud ceiling
- Landing Zone (LZ) at rescue site or is winch necessary
- Helo rescue trained personnel on scene?
- Air to ground communications at incident base or directly with field personnel 155.160 or 123.1 as air to ground
- HH-60 Blackhawk will not be able to land at any hospital in the state. Arrange for ground ambulance transportation.

# Types of Evacuation

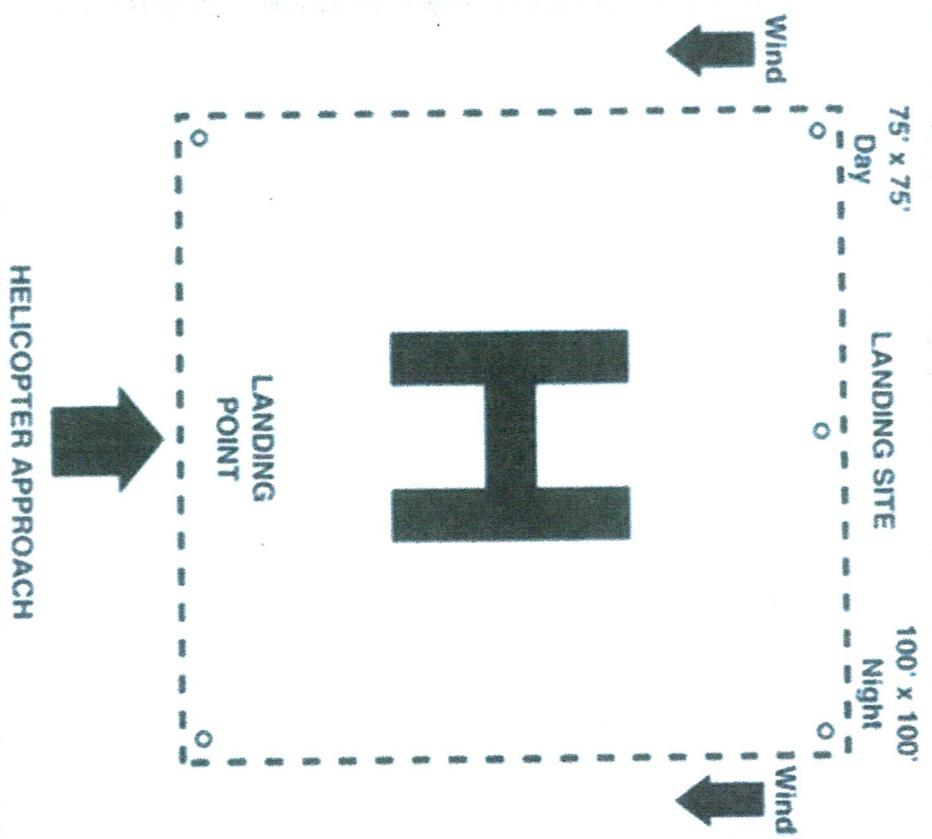
Stokes litter with/without a wheeled litter: At least 24 people with 3-8 person teams

Sked-Co- Can be used for snow evacuations. Cannot be used with a wheel. National Guard prefers that the patient be packaged into a sked.



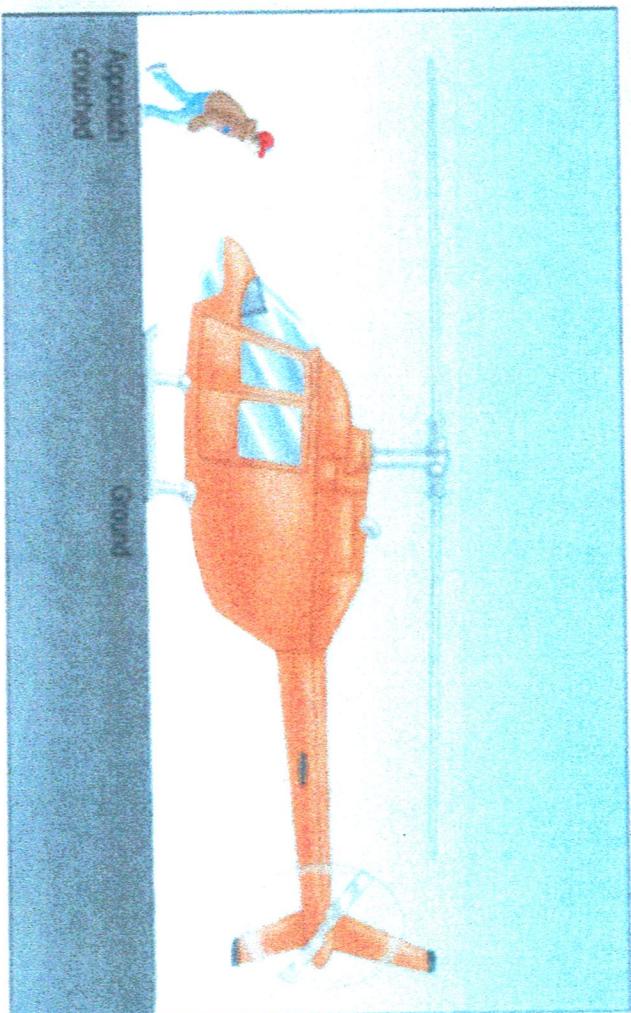
# SCENE SAFETY AND THE LANDING ZONE

- All technicians should be capable of selecting an appropriate LZ
- Should be clear of wires, towers, vehicles, people, and loose objects



# SCENE SAFETY AND THE LANDING ZONE

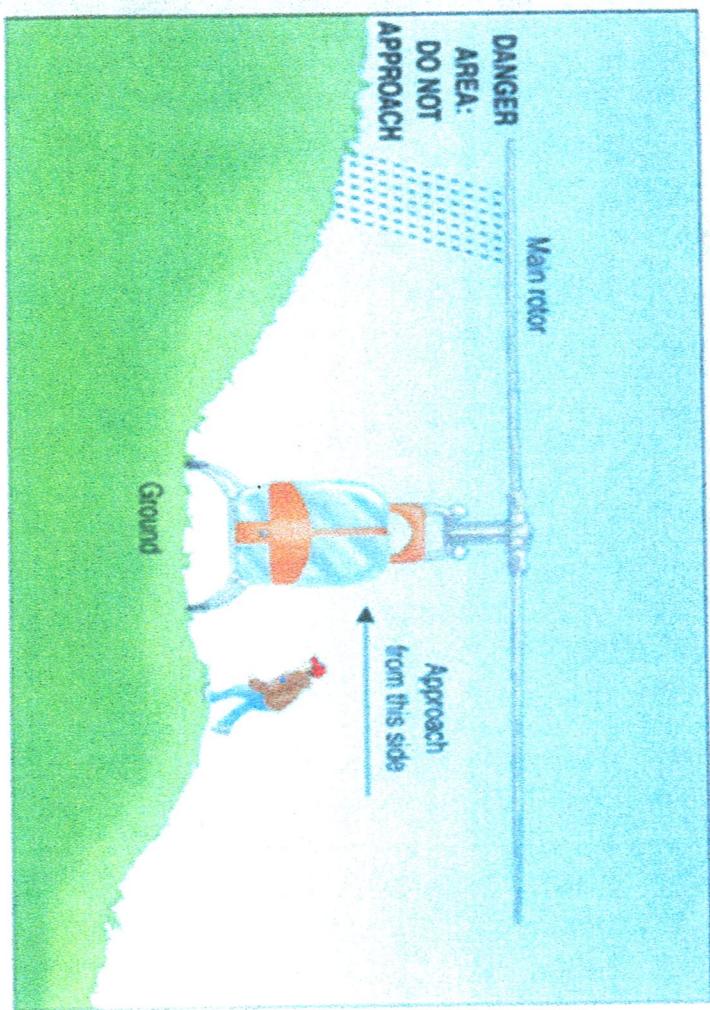
- Allow the flight crew to direct loading of the patient
- Approach in a crouched position



b When approaching the helicopter, lower all equipment like IV holders and keep your head low

# SCENE SAFETY AND THE LANDING ZONE

- Approach it from the downhill side of the incline
- Ensure no smoking around the helicopter

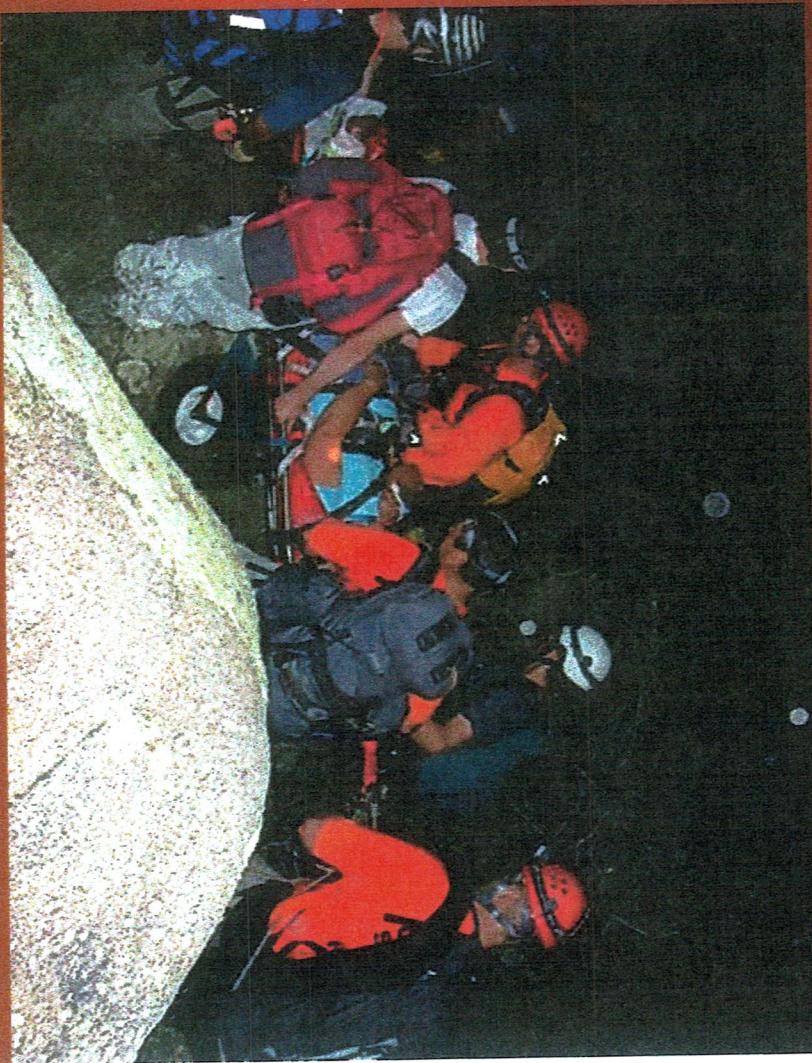


c. Be exceptionally careful with a landing zone on a hillside and approach the aircraft from the downhill side.

# Over the Ground Evacuations

## Backcountry Medical Care

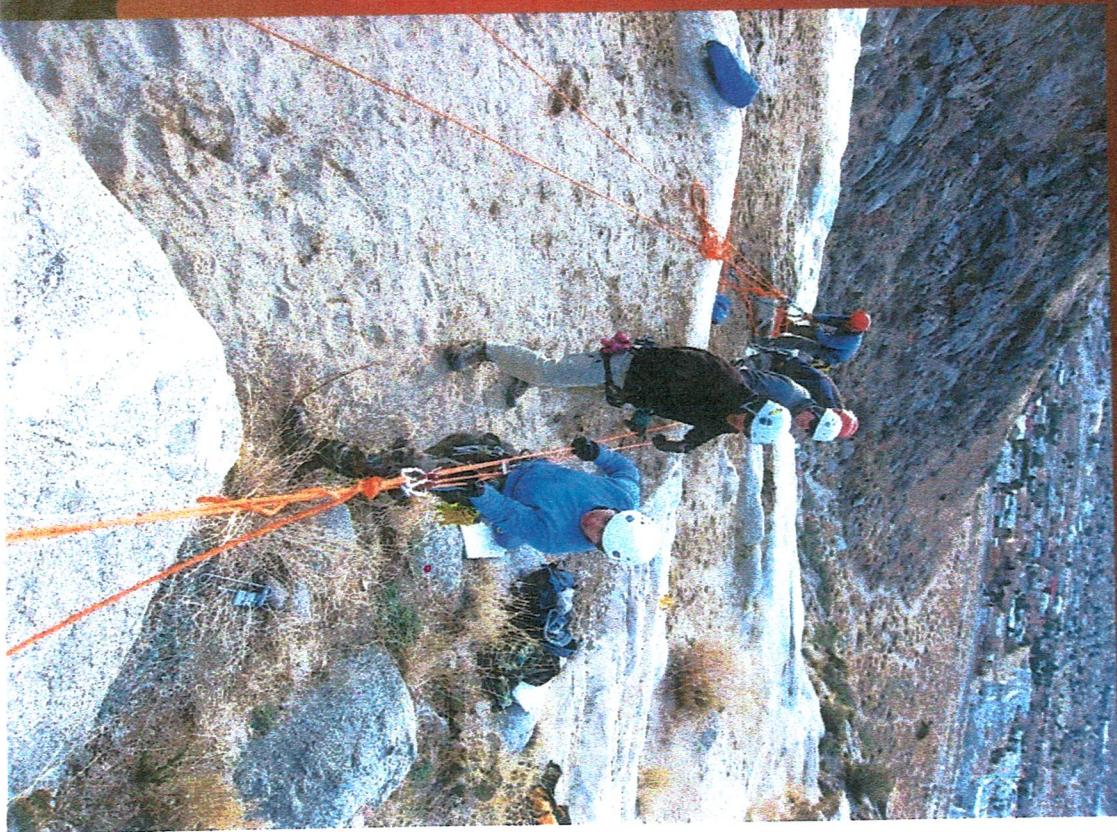
- Requires extended field medical care, frequent stops to re-assess patient
- Communications with medical control may be necessary
- On-scene rescue leader appointed
- Anticipate need to transfer patient to a medical transport service
- Anticipate about 1 mile per one hour in good terrain
- Consider rehabilitation of rescuer's on extended missions



# Seamless SAR

Concept of Interoperability in  
the ICS system - "Unified  
Command"

- Trend of multi-organizational resources emerging for local rescues.
- Ex: Sandias (AFD, BCFD, APD, AAS, BCSO, NMSP)
- SAR Teams: AMRC, Cibola, Sandia Search Dogs, SAR Support, etc.



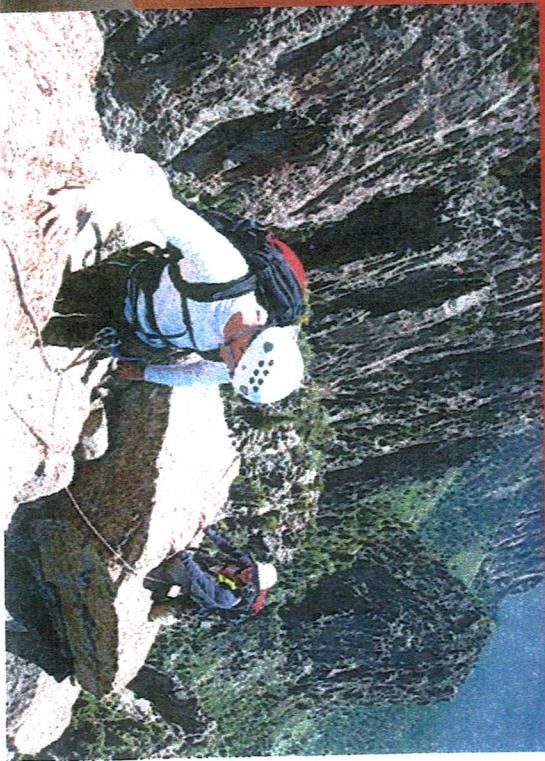
# Critical Resource

Any mission which needs immediate rescue should be handled initially by the fastest appropriate resource. "Technical Rescue Team, Local Fire Dept., Police/County Sheriff" They have a Duty to Respond.

Delaying dispatch of critical resources can be hazardous for the patient. DO NOT WAIT TO DRIVE TO THE SCENE TO INVESTIGATE BEFORE DISPATCHING RESOURCES.

Examples of a rescue dispatch:

- Medical or Trauma related rescue
- Technical Rescue, i.e. "stuck on a cliff"
- Overdue Climbing party fallen climber, ect.



# Body Evacuations

- Brief field teams not to disturb site of any suspicious death
- Immediately notify NMSP who will dispatch an officer and notify OMI
- May need to assist OMI to scene, exceptions can be made
- **No body evacuations in circumstances that could endanger the team**
- Universal precautions should be followed by personnel handling the remains.
- Document scene with photographs of the scene & patient.
- Always preserve and protect the dignity of the deceased
- Consider placing the family outside of incident base
- Family may see body, but only with permission from OMI
- Critical Incident Stress Debriefing (CISD) for team members- 505-827-9384

# Patient Status Code

Results of a rescue effort are of a confidential nature

Pre-mature release of Information /status is unauthorized

Social Media and cell phone usage

Imperative to establish injury/death code and brief teams prior to leaving base as our radios are NOT secure

If possible use cellular phones.

Example of a death code: "Bright red bandana" or use Military Code.



# Team Recall and Release

Always know the approx. location of your teams and have good communications, no radio = you don't go into the field.

Upon completion notify all teams to return to incident base.

Do not break down IB until all teams are out of the field and accounted  
For. (Sign out on 211)

Teams should have emergency escape routes during high fire season  
and IB should know the location of pick up

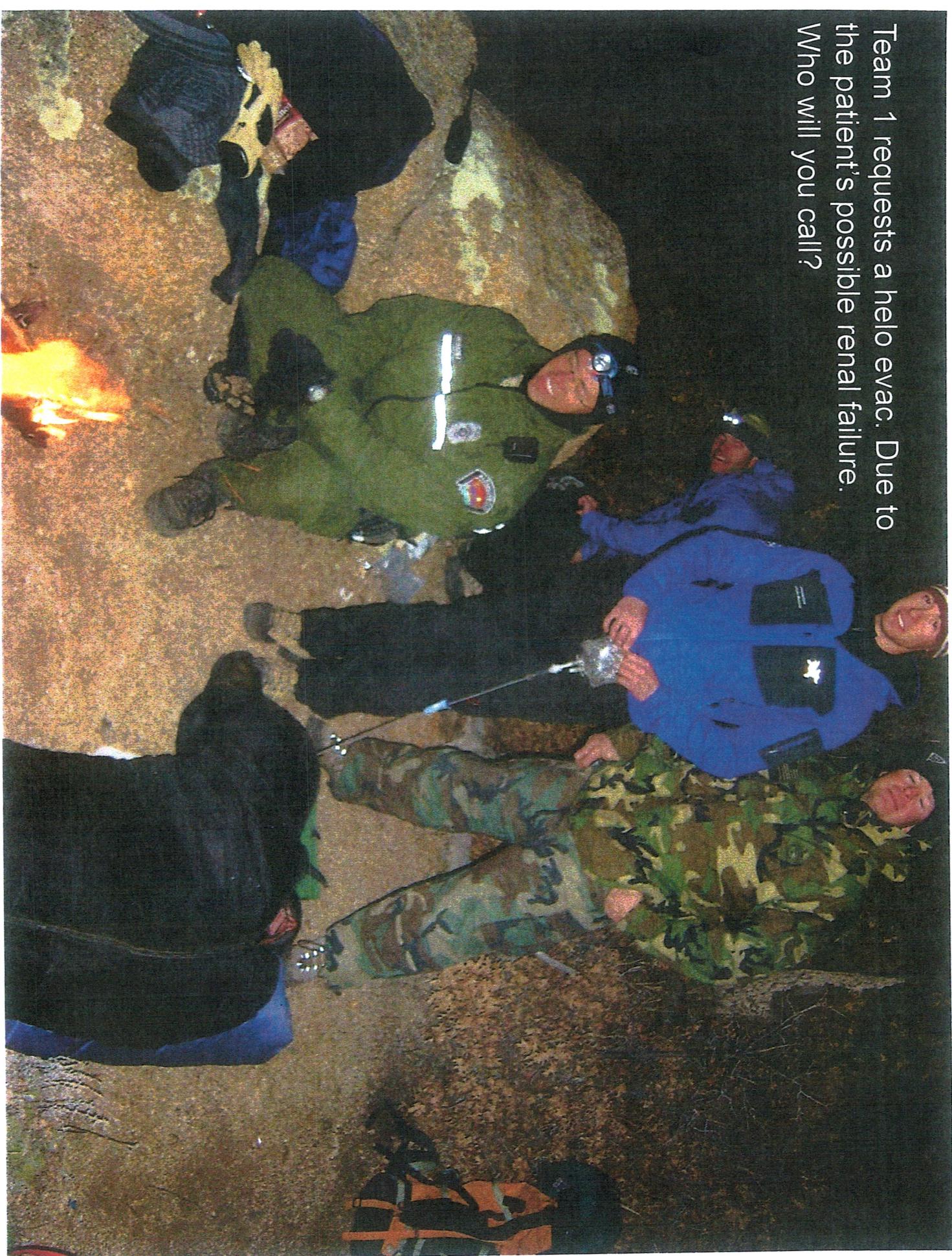
# Mission Evaluations/Quality Assurance

After a difficult or complicated mission all teams should participate in a debrief to discuss:

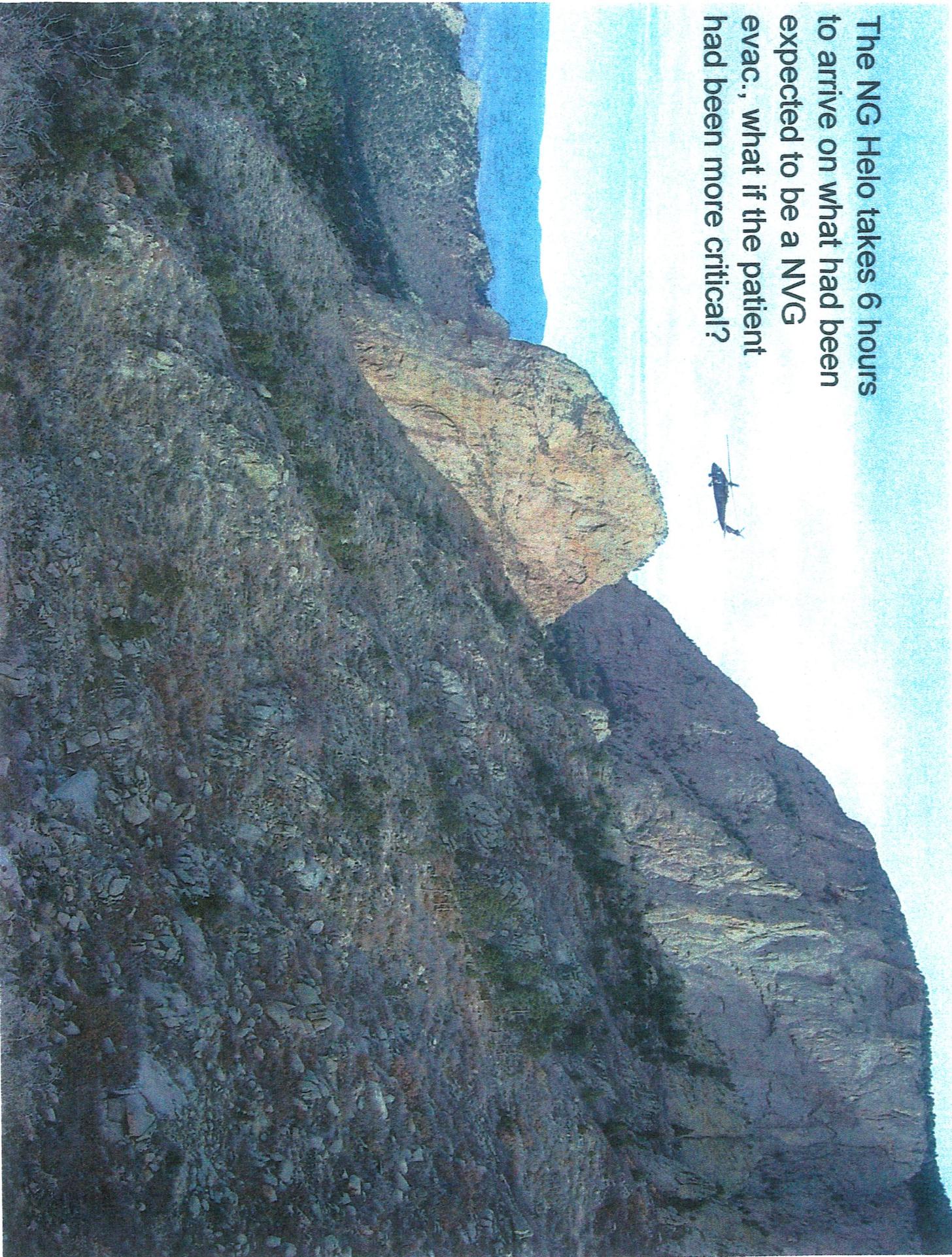
- What worked well? What didn't?
- What could have been done differently?
- What could have been done more efficiently?

If a serious problem was encountered then all parties involved should file reports (ICS 214 – Unit Log) Giving their views on the situation and submit them to the SAR Review Board via the SAR Resource Officer.

At 7pm NMSAR is requested to respond to the base of the La Luz  
With paramedics for a reported distraught ill man. A wayward hiker  
Came upon this man at approx. 3pm while hiking off trail on a  
Ridge line near the base of the needle. The hiker states that the  
Man appears to be very weak and said that he had been up there for  
30 days w/o any food and for the last 4 days w/o h20 and for the  
Last 2 days drinking his own urine. Apparent failure to thrive nature  
"Suicidal IDH". ID revels that this man has a warrant out for his  
arrest for indecent exposure. BCSO sent 4 officers up trail for  
approx. 2 miles without any contact then called SP.  
-Will you send NMSAR teams in?  
-What type of resources do you want? What will be your rescue  
plan?



Team 1 requests a helo evac. Due to  
the patient's possible renal failure.  
Who will you call?

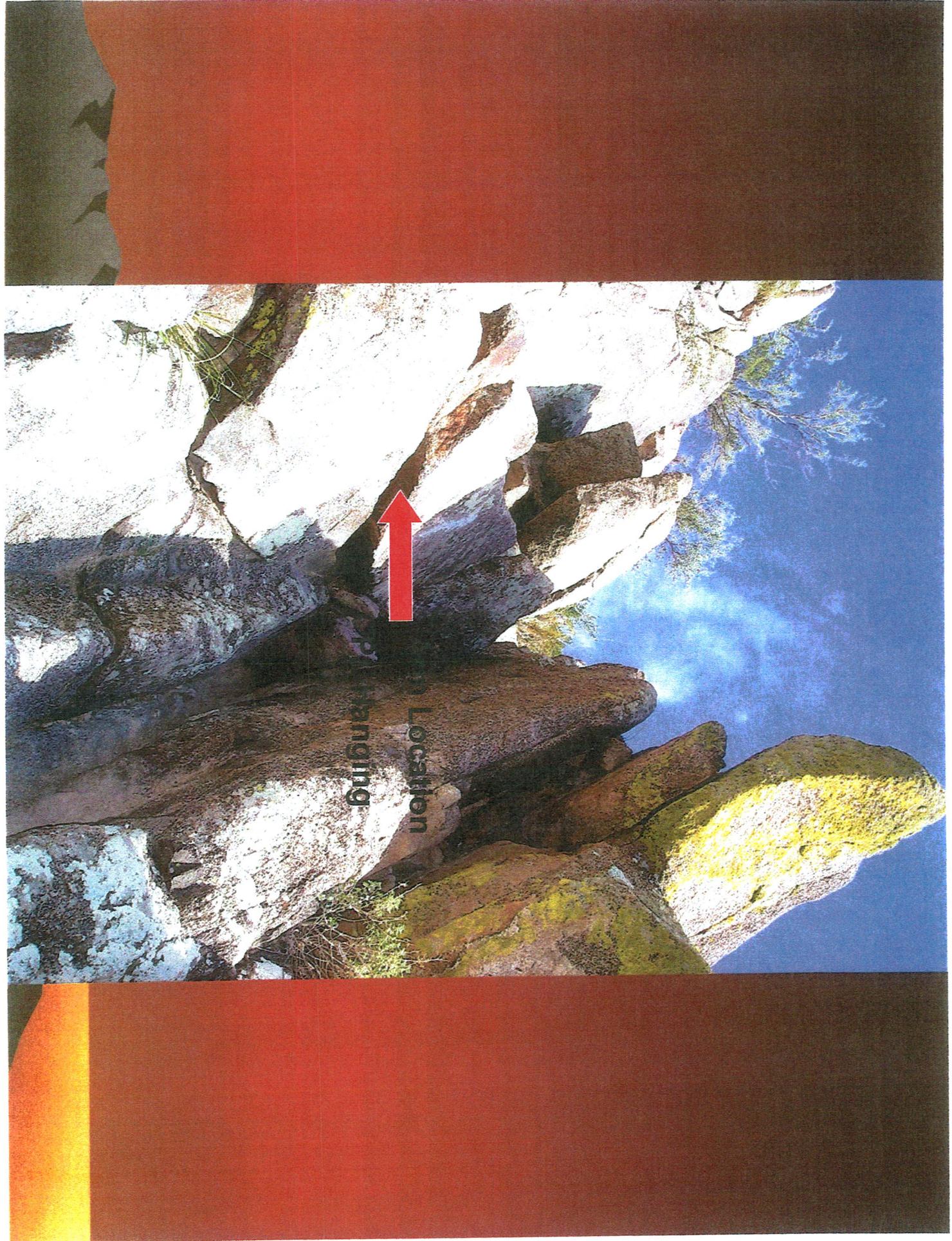


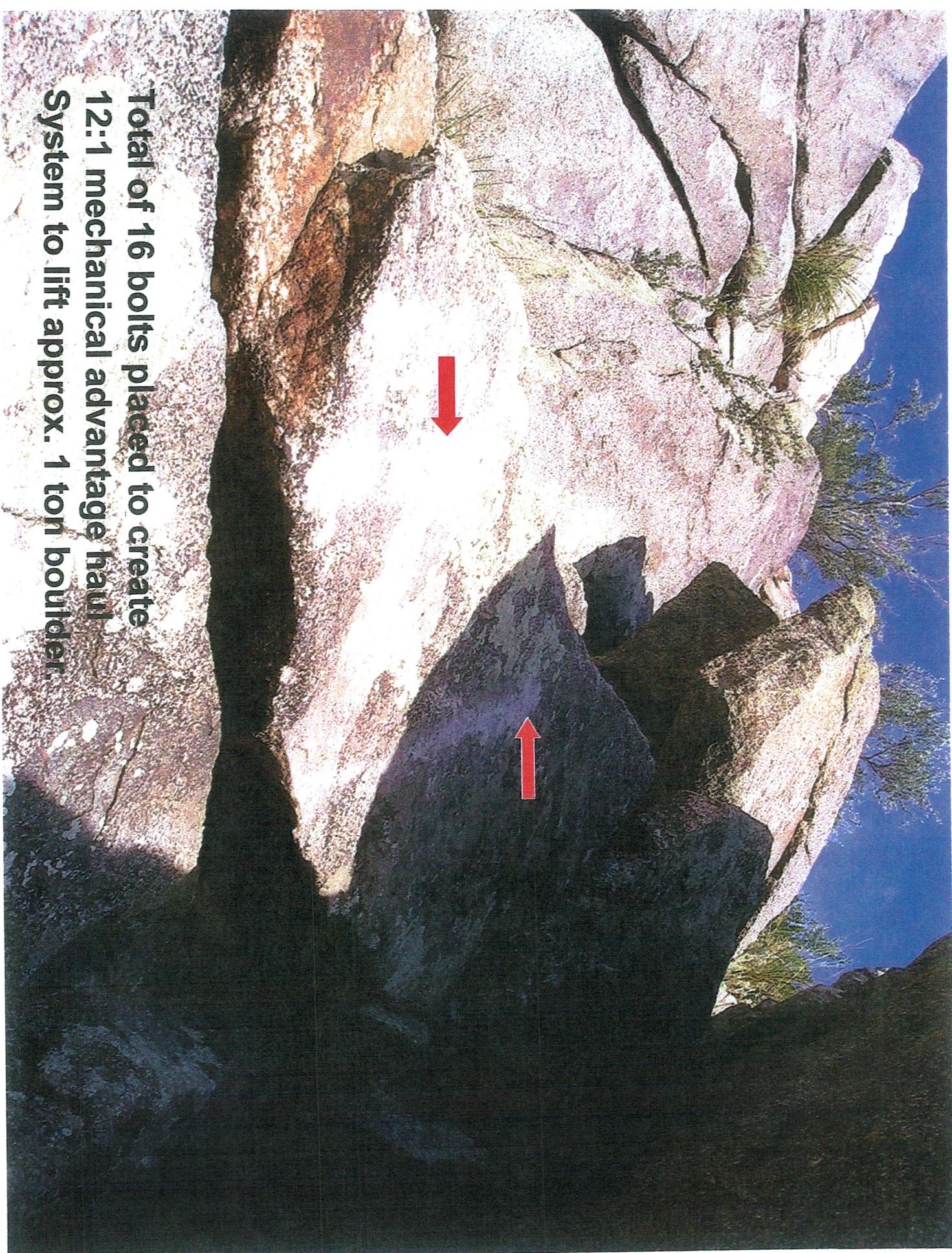
The NG Heli takes 6 hours  
to arrive on what had been  
expected to be a NVG  
evac., what if the patient  
had been more critical?



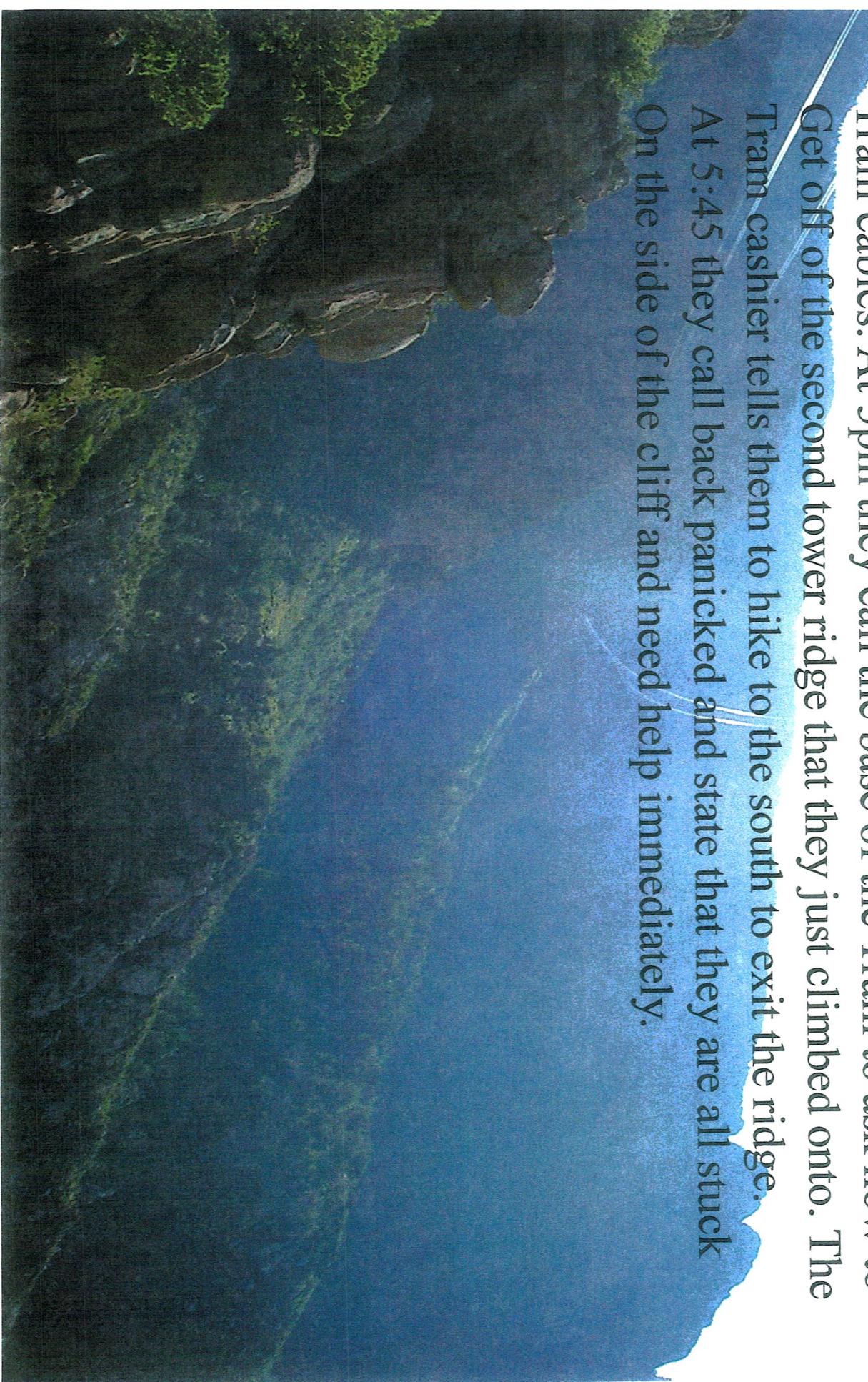


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- At 8:30pm on the 4<sup>th</sup> of July NMSAR is called by ARPD  
mutual  
Aide at the white wash area for a reported man with a  
trapped arm under a boulder.
- What resources will you call?
  - Will you run unified command?
  - What if they can't get his arm out?

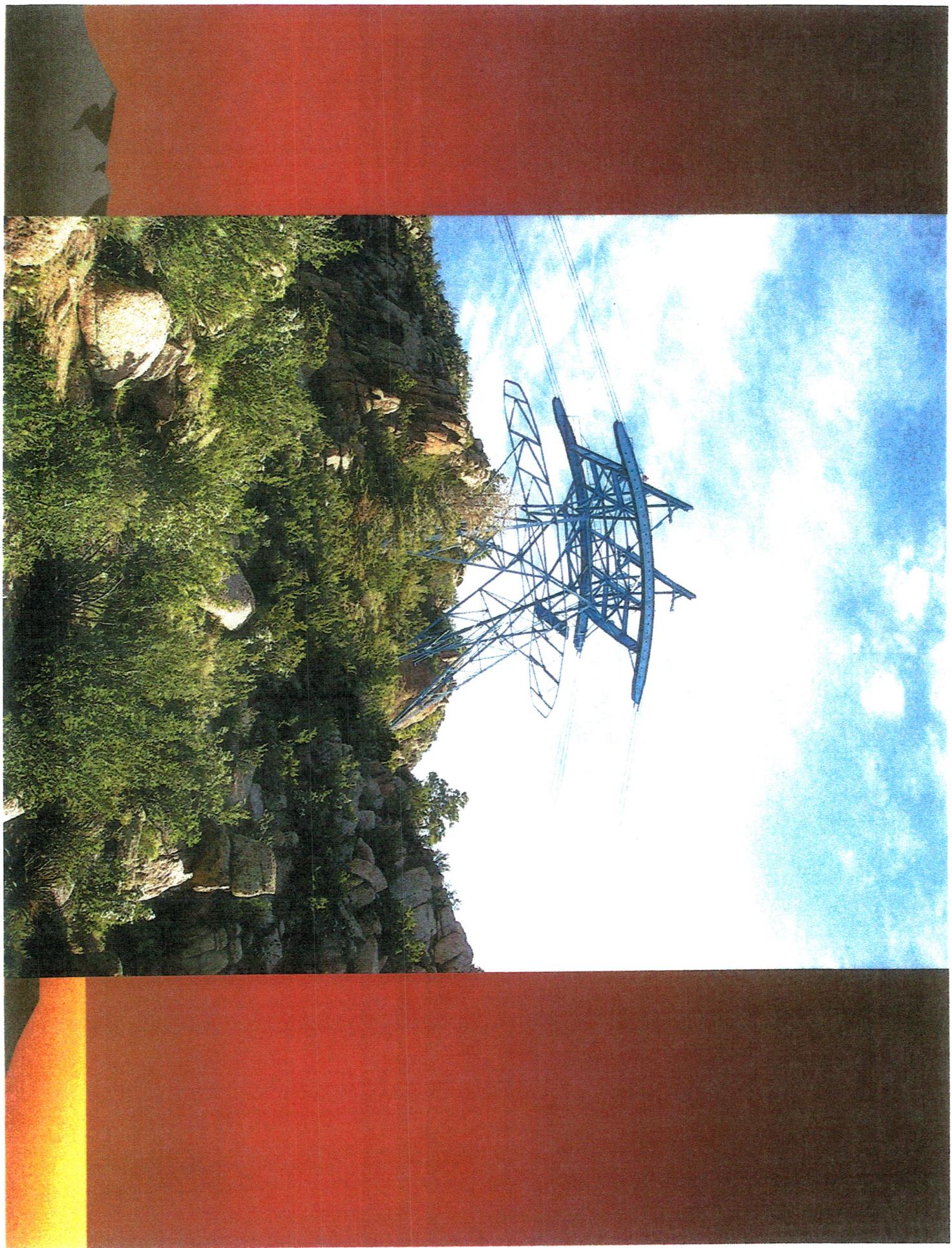


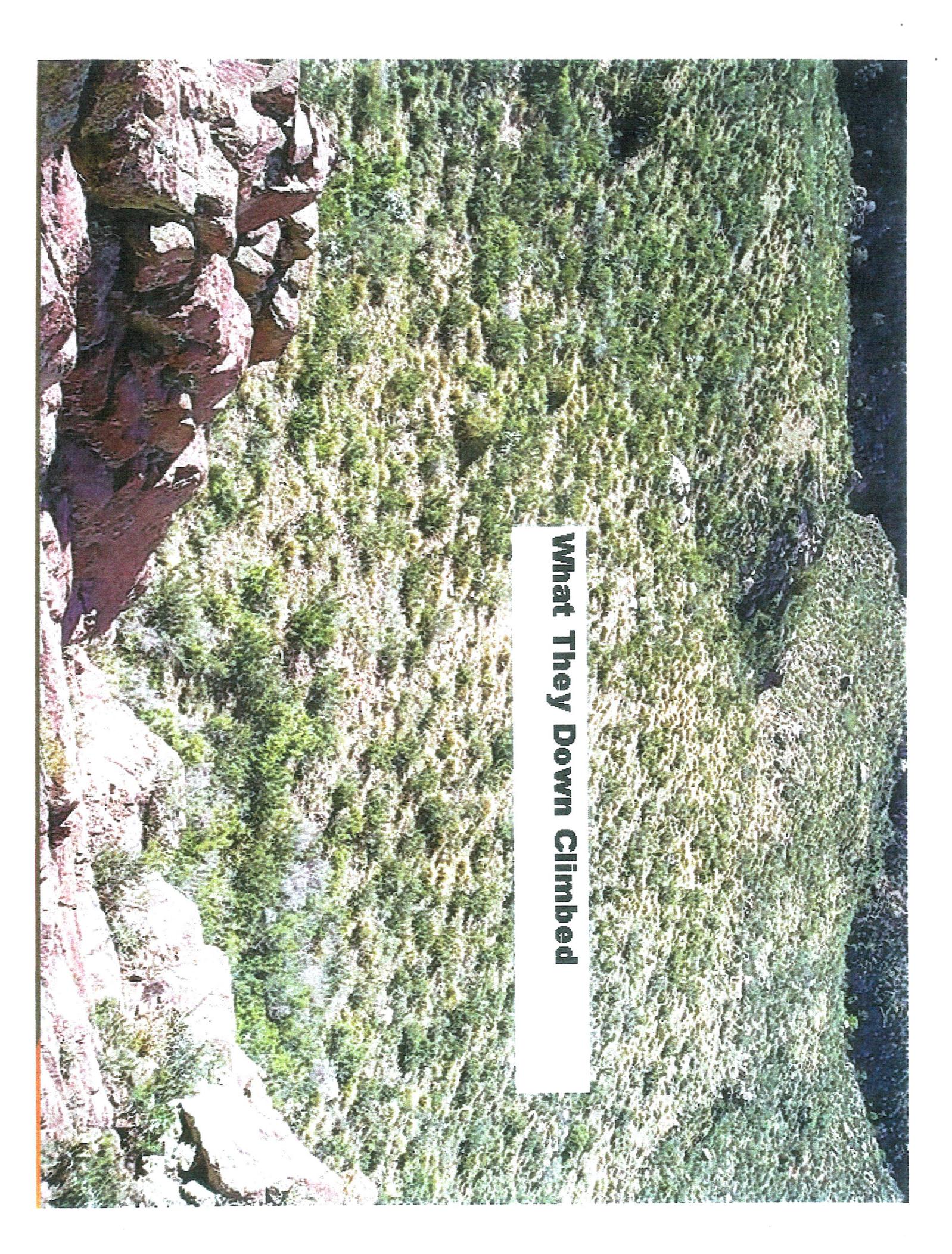


Total of 16 bolts placed to create  
12:1 mechanical advantage haul  
System to lift approx. 1 ton boulder



3 young men hiking from base of the Tram to the top following the Tram cables. At 5pm they call the base of the Tram to ask how to Get off of the second tower ridge that they just climbed onto. The Tram cashier tells them to hike to the south to exit the ridge. At 5:45 they call back panicked and state that they are all stuck On the side of the cliff and need help immediately.

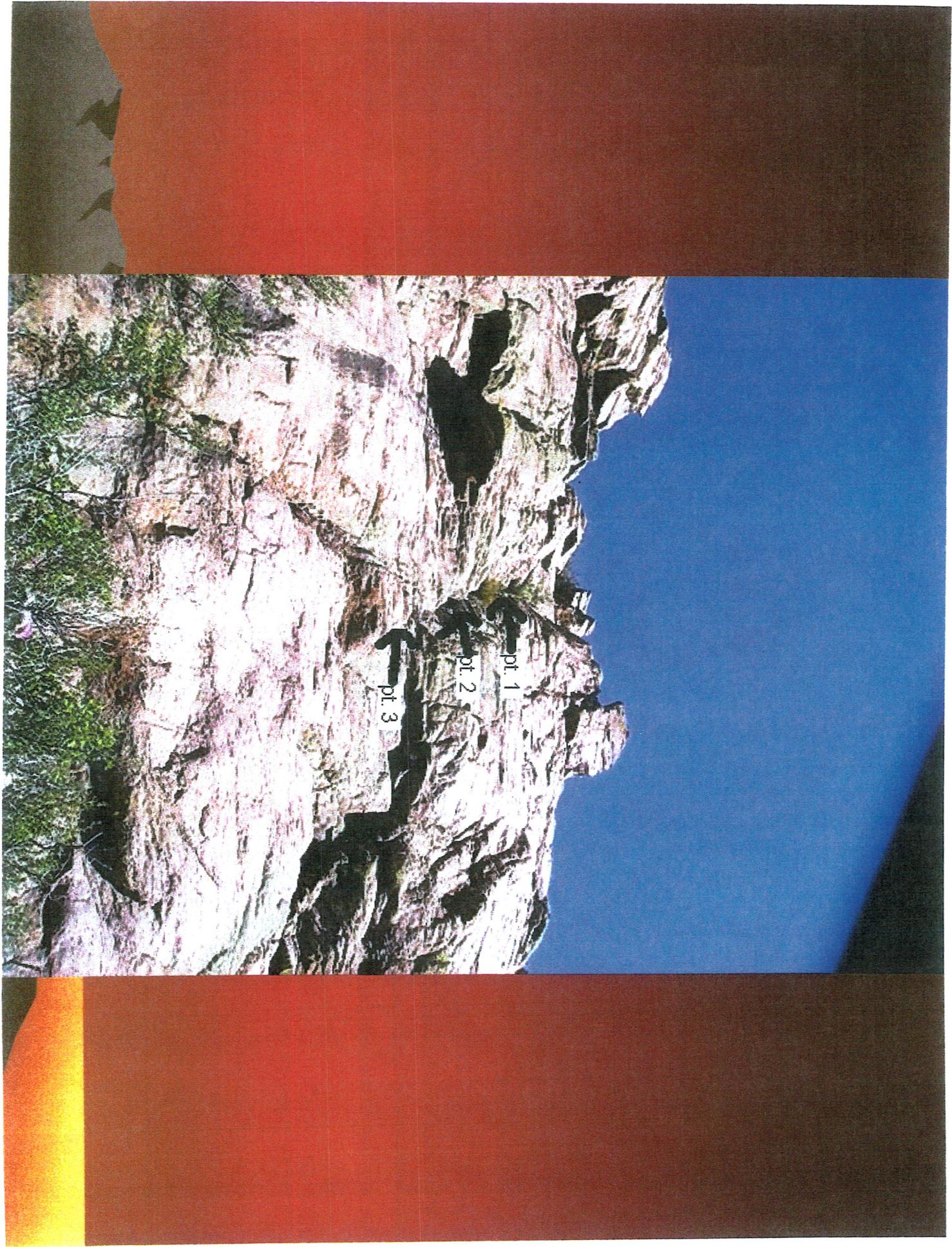


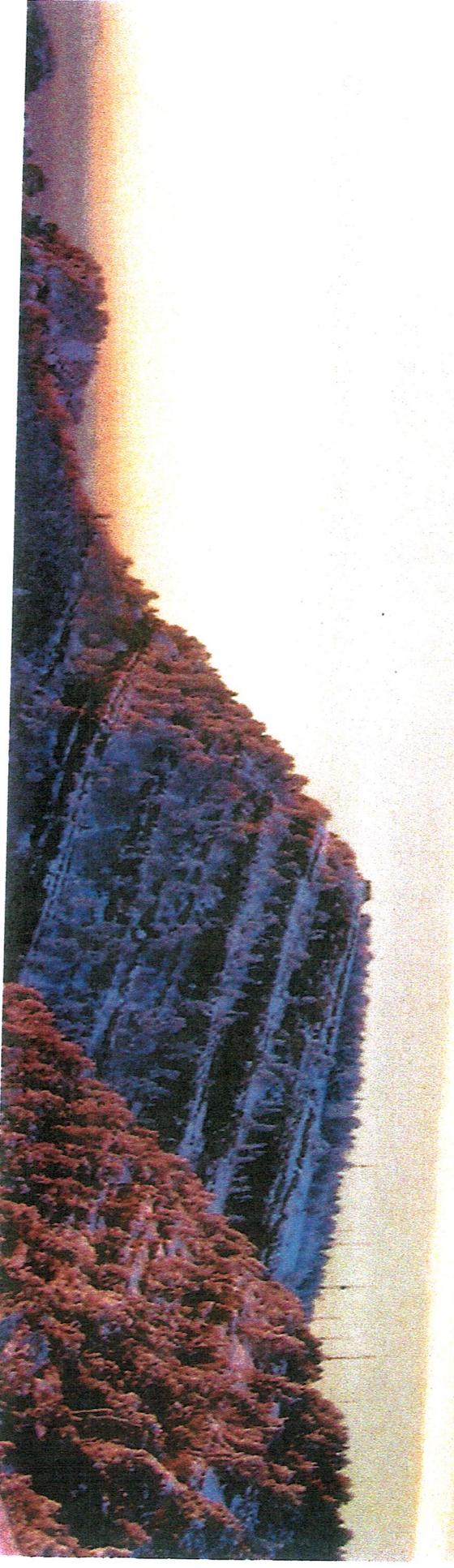


**What They Down Climbed**

Location of Pt. in vertical line







# Questions