THOUGHTS ON REMOTE AREA DIFFICULT ACCESS

"CLIMBING" INCIDENTS IN THE SOUTH WEST

By

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with additional information provided by James Mann and Dr Anthony Hopkins

INTRODUCTION

The UK is very fortunate in having sophisticated professional emergency services backed up by volunteers, working to professional standards, in specialised areas such as Mountain Search and Rescue. In established mountain areas the frequency of incidents is such that the services are used to working together in close cooperation based on a knowledge of each other's skills that has evolved. In addition in mountain areas many of those involved in outdoor pursuits are fully aware of the skills of Mountain Rescue Teams (MRTs) and are familiar with the concept of calling MRTs teams via the police with their SARCALL system.

I was asked by the British Mountaineering Council (BMC) to review an incident at the Dewerstone on Dartmoor on 15th March 2015 since I work with the South West Ambulance Service via my role with Devon and SW British Association For Immediate Care (BASICS) which comprises of volunteer doctors. I do have some local climbing experience and am active in the mountain medicine and mountain rescue community nationally and internationally. Since then I have also become aware of some other relevant sea cliff and inland incidents.

It appears that there are potential problems in the SW with medical/trauma incidents in areas such as Dartmoor, Bodmin Moor, Exmoor and on our extensive coastline with its excellent but committing rock climbs.

DEWERSTONE INCIDENT (OS: SX 538163)

Having seen the timeline from the casualty and being aware of the involvement of the South West Ambulance Service Foundation Trust (SWASFT), a Devon air ambulance, the Hazardous Area Response Team (HART) team, the RAF (at that time) Search and Rescue (SAR) services and the local MRT it became clear that the first error was that the casualty's companion called the ambulance service rather than the MRT via the Police and the ambulance service Clinical Hub (Control Room) did not appreciate the difficult access in a steep sided wooded valley despite a request from the casualty for a MRT. The HART team requested help from the local MRT appreciating that they had complementary skills and techniques but there was considerable delay prior to mobilising the full resources available.

The result of this communication failure was that it took 5 hours for the patient to get to hospital with his broken lower leg after a potentially dangerous winch through trees.

COMMANDO RIDGE, BOSIGRAN NOV 2015 (OS: SW 415367)

One evening in November it was fortunate that a group of experienced local climbers were resident at The Count House on the north coast of West Penwith between Pendeen and Zennor. They included authors of the local climbing guide, first ascentionists of climbs in the area, qualified professional instructors with rescue training and a climbing doctor. They became aware of two climbers benighted on the long but relatively easy climb known as Bosigran or Commando Ridge which finishes just below the coast path. They mobilised before arrival of the coastguard and reached the climbing team to find one has a minimal ankle injury. They assisted him up to the coast path using standard climbing rope techniques. When there they handed him over to the coastguards who were unable to reach him using their standard raise and lower techniques which are not suitable for work on a ridge.

NORTH DEVON COAST INCIDENTS (OS: SS 196150) 25/5/16 & 7/1/18

Incident One

At a rock climbing incident on the North Cornwall coast at Vicarage Cliff (25.5.16) the call came from some tourists on the coast path who had witnessed the incident and this further highlights the difficulties for SWASFT call takers. The call taker had information from non-climbing tourists with no knowledge of the area, access problems or the local coastguard facilities. The call taker initially had no knowledge of the potential problems of an incoming tide, difficult access to a spur of rock and flying difficulties in such complex topography. Fortunately with local knowledge we were able to liaise and call the Bristow SAR service and coastguard to back up the air ambulance which alone would have been useless.

Incident Two

On 7/1/18 another climber fell at the end of the day as it was getting dark with an incoming tide when climbing at Vicarage Cliff. It appears that both he and his companion were serving marines so thankfully had some first aid knowledge. I was called by the ambulance service but was away at the time. A BASICS colleague was also called and attended but is not a climber so was unable to access the patient. The ambulance service also mobilised the HART team who were stood down since their access skills would not be appropriate in this location. The air ambulance was mobilised but having no winch or night flying rescue ability dropped its doctor and paramedic with their heavy equipment at Bradworthy with its illuminated night landing facility where the transferred to a police car for the 15Km drive to the cliff. The coastguard were mobilised but again seem unable to access this area at high tide and cannot set up a vertical approach since cliff forms s fin into the sea. The only access was by winch from the Bristow's helicopter. The patient with apparent head and rib injuries was "stuck" so the winch operation took over two hours in the dark and on a very cold night with a need

to refuel. There was considerable medical expertise at the cliff top but no technical ability to reach the patient. The approach for an experienced climber would not have been hard.

Additional info RE: Vicarage Incident 7.1.18 compiled by J Mann following a telephone one discussion with both climber and belayer.

The accident took place at 16:25 with a rising tide with turned at 16:00. The climber was on Harpoon E2 5b. He had a helmet with him but was not wearing it at the time of the accident. He had placed a cam, a nut which fell out and a cluster of 3 small (microwires/RPs?) on the left hand rope. On the right hand rope the single remaining peg (higher of two described in West Country Climbs) was clipped. The climber commented that he felt that the peg was in good condition and climbed to a point 2/3 metres higher. At this point the climber fell (possibly due to the breakage of a foot hold). As he fell he inverted and came off the left hand side of the slab and into the hole formed by the gap between this part of the crag and Vicarage Tower. The climber came to rest here still in an inverted position. Most hand placed gear ripped during the fall apart from the first cam which prevented on outward pull on the other gear and the peg snapped. This gear is now being held by the police, so has not been available for inspection. The belayer climbed up to the casualty and turned him upright, pulled his tongue from his throat on which he was choking, performed other first aid to stem bleeding from head and left him with warm clothing. Due to a lack of phone signal the belayer was forced to run across the beach, climb to the coast path and go to Morwenstow Farm in order to make an emergency call. The farmer then ran the belayer back to the coast path above the descent by quad bike.

At 17:18 the helicopter arrived and dropped a winch man with the casualty at the base of the crag. The winch man performed first aid on the casualty. As above, the helicopter was forced to return to base in Newquay to refuel. The coastguard were in attendance but did not access the beach. Due to a rising tide and a large swell the belayer and winch man were forced to hoist the injured party to a point higher up. The belayer commented that he felt that with the manpower of the coastguard , that it would have been possible to move the casualty away from the threat of the tide. The helicopter then returned at around 19:00 and transferred the casualty to Derriford (Plymouth). Injuries are serious with damage to left foot, left hand including some nerve damage requiring surgery, two fractured vertebrae and most seriously of all a fractured skull with a large laceration to the back of the head. The casualty is at this time, (25.1.18) still recovering in a Neuro ward at Derriford.

Incident at Sennen Cove, 14th August 2016
Written 25th January 2018 by Dr Anthony Hopkins

I apologise I don't have exact timings for these events and am writing from memory and from discussions with friends who were present at the day. I have been involved in mountain sports since

2005 and completed Mountain Leader Training in 2006 as part of working with a university mountaineering club. I have no formal qualifications or professional interest but regularly participate in amateur climbing and hiking.

I started climbing the route Staircase as a lead and placed anchors for a belay without complications. Whilst placing anchors, my second climber untied from the rope and left towards the Central Area of the crag. Because of distance, my second was unable to clearly communicate to me why she had left.

Shortly after, ground crew from the Coastguard moved over the rock platform that lies at the base of the Sennen crag and a helicopter appeared. At one point, the winchman was brought to eye level with me and I gestured to signal I was alright. I presumed there had been an accident elsewhere on the crag and he was looking for the casualty. Whilst the helicopter was in close proximity to myself at this point, I felt I was heavily dependent on my anchors to stay on the rock due to the downdraft.

The helicoper appeared to identify the casualty and move away from me, at which point they lowered a rescue worker and a stretcher. When the helicopter moved away, I was able to unclip myself from my anchor system (Which I left in-situ) and move down to the platform via the usual descent gully, where I was able to talk to my second, another climbing pair in our group and other bystanders (All apparently capable climbers).

At this point, the story given by other people in my party and by other bystanders was that a German couple had been involved in a high ground fall from the route Banana Flake. The male parter, who had been belaying, had been in communication with the group. The female partner on lead had reached the top without complications, however there was a miscommunication. She believed she would lower off with her partner belaying and he believed she would top out and make herself safe. To this end, he took her off belay whilst she lowered off believing she was on belay and fell. This was supported by our clear observation of a complete climbing system of rope and traditional gear extending to the top of Banana Flake with no apparent mechnical failure or loose gear on the rope.

At this point, it became apparent that the Coastguard ground crew were having considerable trouble navigating and moving across the terrain of the Sennen platform. Their fitness level and equipment (Particularly boots) did not appear adapted to steep ground and they required guidance to find appropriate routes. In particular, several members of the team needed hands holding and direct instruction of feet and hands onto holds in order to move over the steep section between Central Area and Staircase Area. We used our own ropes in order to help them move their equipment over steep sections.

In my view, they did not demonstrate any prior planning or training for operating on steep, tidal rocks and were certainly not as able as the group of amateur rock climbers present on that day to move around independently. Their ability to operate on steep ground, from my view, was similar to that of undergraduate students who would join our club for taster sessions in mountaineering in their need for direct one-to-one supervision when negotiating steep terrain.

At one point, a belief seemed to be expressed by some in the coastguard that “The safety rope had failed”. This was contrary to our own observation above. The Coastguard members present did not appear to be familiar with the principles of traditional climbing, either of lead or of the use of traditional gear and seemed to be under the idea that the system was a top-rope, which was certainly incorrect.

ENQUIRIES MADE BY Dr Dave Hillebrandt

With some understanding of the complex nature of such incidents and the potential communication problems for incidents in remote/inaccessible area I have gradually managed to obtain background from the initial patient, from the control room of the ambulance service, from the HART team, from doctors with BASICS SW, from all four Dartmoor Rescue Groups. I have not contacted the Coast-guard teams who are responsible for sea cliff rescue.

SPECIFIC SW PROBLEMS

In more mountainous areas of the UK services are used to working together and most calls are initiated by people with mountain experience who know to call any MRT via the police who use the SARCALL system.

In the SW many calls are initiated by tourists or others who are not used to dealing with remote area accidents. This makes the work of SWASFT call takers even more difficult.

Happily such calls are rare but when they do occur previous, rarely rehearsed training, can easily be forgotten.

The relative infrequency of MRT/Coast Guard cliff calls means the Dartmoor MRTs have little idea of the pressure that SWAFT call takers work under. They deal with an average of one call every 60 seconds. Across the region SWASFT receive and coordinate 3000 “999” calls per day.

SUGGESTED ACTION

At all times the priority for all involved in this specialised field of South West remote area patient treatment and rescue must be good communications leading to well co-ordinated team work using he most appropriate skills for the terrain. Medical equipment needs to be realistically tailored to the terrain rather than the skills of those attending.

Climber education

The BMC have already tried to stress the need for remote area climbing accidents on Dartmoor to be reported to the Police to initiate a MRT call out. This is clearly documented in all Dartmoor rock climbing guides. In all SW sea cliff climbing guides it is made clear that the coastguard should be the first point of call via 999. It is possible that the BMC should make further educational efforts and even consider signs at parking places for popular climbing areas (Torbay, Dewerstone, Chudleigh, Chair Ladder etc).

Climber Action

If we lived in a compact mountain area such as the Lake District or Snowdonia a local MRT could be trained and offer assistance to the statutory services. The fact that the SW is a peninsular makes any emergency planning for any service very difficult since resources are scattered the length of the peninsular. Travelling time to any incident can be long, especially in summer when roads are crowded. There is no obvious easily accessible base where a team can train on a regular basis without pro-

longed travelling times for some members. This is the same as the problems that face many BASICS SW members.

Dartmoor MRTs

Sadly there does not appear to be one person to act as a liaison for Dartmoor Search and Rescue which is covered by four independent teams: Ashburton, Plymouth, Tavistock and Okehampton. It is understandable that each team has its own call out system based on Police initiation of SARCALL but this does not help liaison with the SWASFT control room staff under time pressures.

Possibly some members of each MRT should be invited to attend a BASICS training evening at SWASFT control when they could see the pressure of work on call takers in ambulance control and also be updated on expertise available. This awareness of the control room pressures may increase mutual understanding.

Ambulance Control

I would be very happy to run some educational sessions for control staff on this complex subject. Awareness is the key. They need to be fully aware of the expertise of local MRTs. This would go a long way in making their job easier and an ideal time for this education. The challenge is train them to look at the map of the incident area with a comprehension of the implications of contours, access routes and woodland areas.

It appears that SWASFT control room has no definitive map showing the boundaries of operation for each of the four Dartmoor MRTs. This must be remedied.

SWASFT would be keen to engage with one representative from MRT teams covering the south west to discuss and develop more consistent call out, SWASFT have previously looked into the use of SARCALL and would be happy to work with MRT to look into its **use.**

HART Team

This group currently do not routinely operate on the coast which is the responsibility of the coast-guard. They were set up by central government to respond to technically complex emergencies in hazardous areas and work on a regional basis. The team for the far SW are Exeter based. They have amazing expertise and equipment but need to remain aware of the additional difficult terrain skills of MRTs.

COASTGUARD

Like HART and the fire service this group have Standard Operating Procedures (SOPs) evolved from rope access techniques used on buildings, bridges and artificial structures. Anchor (belay) techniques are designed for this type of work and the system relies on direct vertical access from above. Natural features do not lend themselves to this system. Over many years climbers have evolved special equipment to facilitate anchors (belays) using natural rock features and also techniques to make traverses on rockfaces and ridges relatively safe. They can adapt their techniques to the terrain.

2017/18 UPDATE

Despite all my efforts and the efforts of others nothing has changed and we await the next incident with trepidation.

David Hillebrandt

Devon BASICS 20/7/16 updated 17/12/17 and 8/1/18