Concept and Training

The main excuse for the Wilderness EMS Field 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.)

But it also offers great training opportunities for those of you who come out to play.

- **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 read the contours on the map, and how to use the grid system.

- **Radio Communications**: communicating during a large multi-agency operation is different than everyday radio use. Learn how from the SAR team members.

- **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 the levels of medical training you have in your team, and the equipment available to you. For some stations, you’ll be able to 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. 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!

- **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.

**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. Hypothermia is a real concern, bring warm clothes and review conovers.org/ftp/Hypothermia.pdf. Getting poked in the eye with a sharp stick is a real danger when traveling off-trail, especially after dark. Safety glasses and a headlight are good. I’ve never seen any poison ivy at Kane Woods, but there are plenty of ticks infected with Lyme disease. See conovers.org/ftp/Ticks.pdf for how to defend against them.

**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 the 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 it.

- **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, this has happened on an 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, or even interact with them (they are, after all, invisible) unless your FTL or instructor tells you otherwise. For this exercise, invisible people will have some bright flagging tape around their left upper arms.

- **A Guardian Angel** is an invisible person assigned to a specific mock patient. Simple station scenarios will usually not have a Guardian Angel, the 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 can be visible or invisible. We’ve chosen to have ours mostly invisible, and they will have two bands of flagging tape on their left upper 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.

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**Team Identifier** (“Team Alpha”)

**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**

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**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. [archive.asrc.net](http://archive.asrc.net/ASRC-Communications/2007-03-12-ASRC-Radio-Crib-Sheet.pdf) describes standard SAR communications practices.

**Evacs**

When we move a patient in a litter, we call that an evacuation. If you want to learn about how to do an evacuation, either an improvised one, or with an organized SAR team, check out [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.

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.