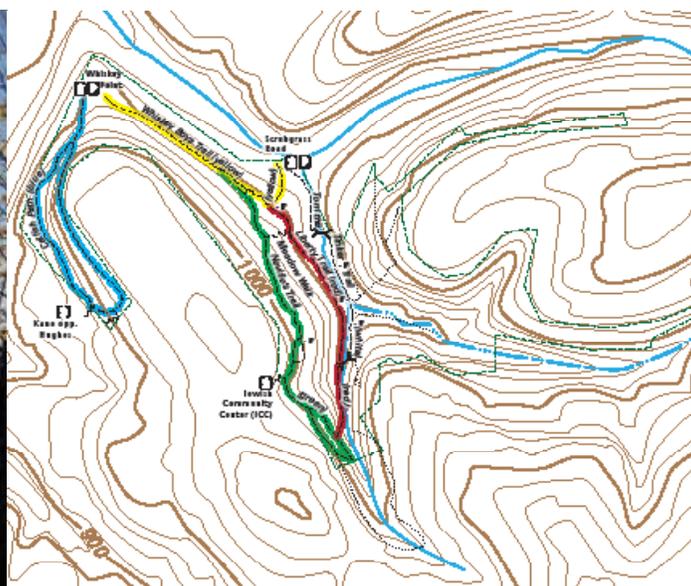


University of Pittsburgh EMS Fellowship Appalachian Search and Rescue Conference

WEMS Day 2025 Briefing



Required Reading

- <https://www.asrc.net/pub/ASRC-Essentials-for-SAR.pdf>
- <http://www.asrc.net/pub/ASRC-TYT-Radios.pdf>
- <http://www.asrc.net/pub/ASRC-Radio-Best-Practices.pdf>

Concept and Training

Wilderness EMS Day provides required 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 and navigate to the stations. 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. It also offers:

- **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:** the stations are almost all off trails, and you'll need to navigate to them, given just the USNG coordinates. If you don't know already, you should learn how to at least read the contours on the map, and how to use the USNG grid system. Learn more from the good navigators in your team. You will find it much easier to navigate if you download and communicate your position if you have the **CalTopo app** on your phone ahead of time, and have played with it a bit. <https://www.asrc.net/pub/>

[ASRC-Essentials-for-SAR.pdf](#) has a bit of information on land navigation. If you go to <http://www.conovers.org/ftp/AppSAR-Drafts/Individual-Chapters> and skim the incomplete draft of the Land Navigation chapter you'll get some more and more up-to-date background on land navigation.

- **Radio Communications:** communicating during a large multi-agency operation is *different* than everyday radio use. Read the links under Required Reading above.
- **Medical:** stations will have an instructor and a mock patient. The instructor and patient will present you with a scenario, and you 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. If you want to brush up on your wilderness first aid/EMS, before *or after* WEMS Day, go to <http://www.conovers.org/ftp/AppSAR-Drafts/> and skim the wilderness first aid chapters.

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 few 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 others. 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: <https://www.asrc.net/pub/ASRC-Essentials-for-SAR.pdf>

- Please bring a pack with adequate food, water, and **appropriate** clothing including raingear, extra warm clothing, boots or sturdy shoes (no shorts, no crocs, no cowboy boots) and extra warm clothing for being out in the field **all day**. After a couple of Indian Summer days, it will be cold on WEMS day, and you may get wet from the previous day's rain on brush. We will be out in the field until after dark, so you need a headlamp. Handheld flashlights and cellphone flashlights are totally unacceptable, you need both hands free. Your field team leader can, while signing out radios for the team, also sign out headlamps.
- **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 also have a team mentor, someone who knows their way around in the woods and on a search and rescue mission. If you get stuck as FTL, your mentor may let you flounder a bit for educational purposes, but should also do some teaching. If your mentor 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, such as:

- Safety first
- Conservation second
- Don't damage the staff
- Don't damage yourself
- Have fun and learn
- **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!** 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. If people say they're invisible people, 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 serves this function. For mock rescues, though, 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 "interesting" problem for you; a Guardian Angel and a patient whispering and giggling is usually a bad sign.

- **Safety Officers** 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 **strongly** 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. We will have printouts of this for you at WEMS Day.

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. And there is no place to set up a helicopter landing zone. Ignore those houses, cars, and marching bands.

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.) If you want to learn more including about improvised evacuations (one of our stations), read the current draft of the *Nontechnical Evacs* chapter at: <http://www.conovers.org/ftp/AppSAR-Drafts/>.

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 they 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.

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

Schedule/Dinner/Debrief

We meet at Keith's. Please park on the street so as to not block any driveways. We get organized and get a briefing. We then to carpool from Keith's to Kane Woods for the exercise (10-minute drive). There are three bathrooms; bottom of the stairs, top of the stairs, and across the Great Room from the stairs; **the bathroom push/pull knobs don't turn. Just push or pull. Knock first.** After the exercise, we head back to Keith's for a mostly-homemade dinner and debrief.

Saturday, November 2, 2024

0800 for instructors/fellows

0830 for students

until sometime after dark

Meet at:

Keith Conover's house
 55 Sigrid Drive, Carnegie, PA
 15106

Field exercise at:

Kane Woods Park, Whiskey Point
 Trailhead, Junction Old Bower Hill
 Rd, Main St, Scrubgrass Rd
 Google Maps:
 2 Main St, Bridgeville, PA 15017
 40.382081, -80.090371