APPALACHIAN
SEARCH & RESCUE
CONFERENCE, INC.
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I. Preparation
A. Litter and Rigging
B. Ropes and Technical Gear
C. Victim Support Gear:
   - Ensolite
   - Blankets or Sleeping Bag
   - Tarp
D. Medical/Trauma Kit
(C and D should go to the victim immediately; in a search, every team should have both)

II. Initial Actions
(These actions will be somewhat different in a situation involving extrication. See Basic Airplane Operations for details.)
A. Secure victim from additional hazards (falling, hypothermia)
B. Initial and secondary surveys: See attached.
C. Emergency treatment of life-threatening injuries or illness
D. Stabilize conditions enough to permit evacuation

III. Preparing Victim for Evacuation
A. Splinting of fractures
B. Use of backboards
C. Lifting and moving (don't grab splints!)
D. Securing Victim
   - Side to side: sandbagging
   - Out: lashing in (not around side rails)
   - Down: feet, crotch, or armpits
   - Head: sandbagging, tape
E. Protection from wind, rain, rocks, sun, etc.
   - Helmet
   - Tarp
   - Blankets
   - Other stokes
   - Faceshield

IV. Non-Technical Carries
A. Picking up and setting down:
   - backs straight up and down
   - slow and even
   - pull out, not up
B. Non-technical carrying:
   - Litter shouldn't stop
   - Even or head slightly up
   - Out of step
   - Litter bearers in pairs of equal height (except when slabbing long distances)
   - Head is the heaviest part
   - Wear gloves and loadstraps
   - Litter captain is front left
C. Rotating Bearers
- Two bearers ahead: scouting, moving logs, etc.
- They stand alongside trail, litter passes them
- Litter Captain (front left): "Ready to rotate!"
- New left rear bearer, after new bearers have secure grips on litter: "Rotate!"
- All shift forward on litter, and front two bearers leave litter, cross sides, and go ahead to clear trail, etc.

D. Tree Belay
E. Laddering
F. Over Obstacles

V. Steep Scree Evacuations
A. Braking Systems
   1) Six-carabiner
   2) Brake Bar
   3) Rappel Rack
B. Hauling Systems (including ratchets and pulleys)
   1) Direction Change
   2) 3:1 theoretical advantage with Prusik
C. Bearer Tie-ins

VI. Alternate Litters
A. Army
B. Reeves
C. Improvised (rope litter, pole and blanket, etc.)

VII. Alternate Transport
A. Back Carry (split-coil; 2" sling)
B. Two-person "chair carry"
C. "Log Roll" and carry

VIII. Evacuation
A. Planning backwards (Refer to Basic Orienteering for details)
B. Consider all possible modes and combinations:
   Helicopter          Snowmobile
   Boat                Elephant
C. Up vs. Down vs. Slabbing: advantages and disadvantages
D. Transport vs the Victim
   - Effect of transport mode on victim (bumpy jeep ride, etc)
   - Effect of waiting for better mode
E. Continuous monitoring of victim's condition, vital signs, comfort

IV. Airplane Operations
EMERGENCY MEDICAL TECHNICIAN

Lifesaving Survey of Accident Victim
(The following should be done simultaneously)

**FEEL**

- Pulse
  - Weak
  - None

Shocks
  - Elevate legs
  - Cover
  - Eliminate cause

Cardiac Arrest
  - Give cardiac compression
  - Give mouth-to-mouth resuscitation

Coma
  - Handle carefully as if spine injured
  - Check pupils

**TALK**

- Determine state of consciousness
- Reassure
- Inquire for painful areas

**OBSERVE**

- For bleeding
- For breathing

Clear airway
  - Mouth-to-mouth resuscitation
  - Seal chest wound
  - Stabilize flail chest

Multiple casualties: Survey systematically, stopping to treat only those with life-threatening problems

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Survey for Additional Injuries Not Endangering Life

**BRAIN AND SPINAL CORD**

- Question patient
  - About movement
  - About sensation

When arms move but legs do not, spine is injured below neck.
When neither arms nor legs move, neck is injured.
Handle with care:
  - Support neck
  - Use spine board

**FRACTURES**

- Observe for wound and deformity
- Question patient and test gently for:
  - False motion
  - Tenderness
  - Increase in pain

Splint fractures always
  - Do not replace protruding bone

**WOUNDS**

- Always cover
- Control bleeding

Abdomen:
  - Do not reinsert protruding intestines

Amputation:
  - Bring in severed parts

Foreign objects:
  - Do not remove

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Figure 13.7

Two charts detailing how and what the EMT should survey in an emergency patient. The chart on top is a lifesaving survey for the most serious, life-threatening conditions. The chart on bottom is for injuries which do not immediately endanger the life of the patient. (These surveys were developed by Sam W. Banks, M.D., and J. D. Farrington, M.D.)