Paramedic – Cradle Mountain Wilderness Incident

At the time of this incident David Stanley (a pseudonym) has ten years operational experience as a Paramedic, and 1 year’s experience as a Rescue Paramedic. The following incident was transcribed during an interview with Valerie Ingham in early 2006.

I was working ‘on-road’ as a Paramedic. It was 1600 hours and I’d been on shift since 0800 and due to finish at 1800 hours. It had been a heavy day, they were always heavy. I was starting to get hungry and thinking of the evening and how I would spend it. It was the Easter holiday period. I had been working with someone on the road, but when the call came through it was for a single Paramedic Officer response.

A call came in that a bushwalker had been injured, probable fractured leg, in a wilderness area called the Cradle Mountain National Park. This area is pretty inaccessible by road, it would have taken about 5 or 6 hours to get there by vehicle. As the crow flies it’s not that far, so a helicopter response was requested.

I was told that the exact location of the injured bushwalker was known and that the helicopter would be able to land next to the patient and return before it got dark, because the helicopter was not licensed or authorised to fly after dark. I was also told that I would not require any extra personal or medical equipment other than that which you would normally find on a road ambulance.

I went with my street clothes, shirt and trousers and shoes and I took ambulance equipment: a cardiac monitor, a drug box, and traction sp.int, a spine board, and a trauma kit (a box with dressings, some IV and some fluid in it) and a neck collar. Significantly, all the equipment was designed for use from the back of an ambulance i.e. lifting and moving just a few meters, and my clothing was designed for an urban environment. For instance, the drug box was like a big fishing tackle box, you carried it like a suitcase.

My partner drove me, about ten minutes under lights and sirens, to a helipad just outside Hobart. On the way I was considering the possible injuries that the patient may have suffered and deciding the most appropriate equipment to cover the possibilities, knowing that I couldn’t take everything. For instance I obviously wouldn’t have taken a mid wifery kit or a burns kit to this case, with the story I was given. I assumed there was someone with the patient for us to have received the message.

I arrived at the helipad at the same time as the police officer, and the pilot was warming up the helicopter, which also needed to be reconfigured. The seats needed to be taken out and a stretcher put in. This took about 5 minutes and I helped to do this. Then I had to load my equipment in. The helicopter was quite small and there were outside lockers to stow the gear in. It was very squasy as the stretcher takes up the room for 2 seats, so it moves from a 5 seater to a three seater. It’s also very noisy, you can’t talk to the person next to you without using earphones and microphones.

I had been on about four or five other helicopter rescues prior to this callout.
The crew of the rescue helicopter consists of the pilot, a police officer who is trained in winching, and the paramedic. I had not worked with any of these people before. The others knew each other; at the time there were only one or two policemen trained in helicopter winching and only one or two helicopter pilots and about twelve paramedics who could have gone. Consequently the paramedics went less frequently.

The flight time would have been about 45 minutes, making our arrival at the scene about 5 pm, with darkness not far off. We were told we would be able to land right next to the injured bushwalker. It was touch and go with the times. There was always the possibility, if we picked him up while it was still light, of taking him to a closer hospital such as Launceston.

So we flew to the grid reference we had been given and we were unable to locate the patient. We were in radio contact (the pilot) with ambulance communications.

Two or three bushwalkers had found the injured bushwalker after hearing him yelling for help. Two stayed with him while the third walked out of the park and raised the alarm. This person most likely said to ambulance communications “on such a such a track” but once he had raised the alarm, he disappeared out of contact. So all ambulance communications had was the information they had got from this original report.

So we flew around for about ten minutes, at about 100 meters above the ground. The terrain was mountainous and heavily wooded in the valleys below the craggy mountain tops; the sun was going down. In the chopper the mood was calm, but a little frustrated that were unable to locate him. As the light started to deteriorate we saw a torch flashing and we located the patient and two bushwalkers. They were half way down a cliff face on a ledge, about a couple of hundred meters down a place called Weindorfers Towers, part of the Cradle Mountain complex. The injured bushwalker had been walking along the top of the mountain and fallen and landed on a ledge about the size of a small bedroom. He’d fallen and bounced about 20 or 30 meters.

The police officer suggested I meet up with the ground police rescue and walk in and I agreed with the plan. There did not appear to be any other options, the light was fading.

Because the injured bushwalker was on a ledge we couldn’t land the helicopter. We couldn’t even get close as the blades would hit the cliff. The wind was so strong that the pilot couldn’t hold the helicopter still, the helicopter being above the mountains to stop the blades hitting the cliff. So the decision was to land me at the base of the mountain where the helicopter could land and where I would meet up with two police search and rescue officers. They had walked into the area and were already making for the injured bushwalker. They knew the general area on one of the formed tracks. I was dropped, landed next to them, and unloaded the ambulance equipment.

So I landed, met up with the two police and collected the equipment out of the helicopter. And because the light was now rapidly fading the helicopter and the police officer winch man flew off. They landed just outside the park because they couldn’t
go any further as it was dark by now. Luckily for them they were able to spend the night at the Cradle Mountain Lodge, where they were able to refuel.

The temperature was starting to drop, it was looking like rain. The two police officers suggested that the quickest way to the patient would be to cut through the bush in straight line and walk ahead in as straight a line as possible through the bush. We may have been about one kilometre away from the patient, separated by uneven and steep terrain. You can imagine that in mountainous conditions the ground that you may be covering is not flat, but goes up and down, undulating. I thought to myself “These guys are police search and rescue, the experts, they know the area and I’ll be guided by their local knowledge.” So even though I didn’t feel too happy about the plan I decided to acquiesce to their local knowledge, because I did not know the area. One police officer was a really big fellow- he was so big his nickname was Tiny, and the other was about my size, about five foot seven inches.

I really had to make a decision then about what equipment I was going to take and what to leave behind. I had to leave most of the equipment behind. I was hoping that I was choosing the right equipment as I really didn’t know what I was going to find when we arrived at the patient. As everything else had not turned out as expected I was starting to wonder at about the accuracy of the reported information concerning the injured bushwalker’s condition. I chose to take a donway traction splint for two reasons. One was that I expected the patient to have a fractured leg and two, because it came in a bag into which I could put other equipment. Into the bag I put a survival collar, some dressings, a penthrox inhaler (analgesia) and I took some IV equipment and two bags for fluid replacement. I left the monitor, the drug box and the trauma kit and the spine board behind. We just couldn’t carry that sort of equipment, it was designed for an urban environment.

When I say that I was in street clothes, the only other equipment I had was a pair of cotton overalls to put over the shirt and trousers. I had no jumper on, no wet weather gear, no walking boots, and a hand held radio that didn’t work because of the terrain. I took it with me in case we got high enough to use it. It was like carrying a brick.

You can see now where I am going to spend the night with no food or drink and it looked like rain! I had all my equipment in my bag with the splint in it and in my pockets. The two police had backpacks with light survival gear for themselves. We started to push on through the bush and it was very thick, it was probably about chest to head high, thick bracken and interspersed with low snow gums. Climbing up, to get through it, I had to throw the bag in front of me and then pick it up and throw it again. It was too difficult to drag it though the bush. And then it started to drizzle and it got dark. With all the activity I was pretty warm, although the temperature was dropping all the time. And I lost sight of both the police officers – there was one in front and one behind, because the bush was so thick and it was now dark. I did not have a torch. We’d sort of got a feature on the landscape that we were aiming for, a bit of an oxbow in the mountains, it was a dip on the crest. From there we planned to move sideways towards the patient. Then I heard the policeman behind me, Tiny, shout out “I can’t go on anymore. The patient is more important, you go on ahead”. He was having trouble because he was so big, it was easier to be smaller, to get though the bush. He was dropping more and more behind until he couldn’t go on any further. We called out to each other and said we’d meet at the agreed feature, which we did do. It
took a couple of hours for myself and the smaller policeman in front to make it to the feature. When we arrived we couldn’t see where the patient was, we didn’t know his location, we didn’t know where he was. We decided to rest for ten minutes. We couldn’t hear Tiny coming. We were then met by another walking party of about six volunteer search and rescue people. They had walked along a footpath and collected all the gear I had left behind and carried it up on the footpath. They couldn’t understand why the equipment was in boxes and not in backpacks. So there was a footpath all along! These fellows were very confident in their knowledge of the area, they gave out confidence and they knew what they were talking about. They suggested we split into groups and search for the patient. They did not have radios – they would not work because of the terrain. I said “No, I’ll wait here. You go and find him. When you have found him come back and get me. I’ll wait here. Come back for me when you locate him.”

I made a rain coat out of a garbage bag as now it was raining. I emptied one of the backpacks that had been left behind and got the lower half of my body into that, and I sort of sat in that with the garbage bag over my shoulders. I was trying to sleep because, as you can imagine, I was pretty tied having beer on shift all day. I wanted to be okay once they found the injured bushwalker. I was also feeling quite hungry.

About an hour went by during which they located the patient and then returned to fetch me. The fellow that found him said to me “Have you done any rock or mountain climbing before?” I said “No” and he looked very worried and disappointed. I was thinking “Oh no. It was bad enough when Tiny said ‘Go ahead without me’ and we split into two groups and we hadn’t even reached the patient yet.” He said “Well, just follow me and we should be alright. I’ve laid some flares.” The flares were like a pencil that lit up when dropped and they gave a bit of light. Now it was really dark, which was just as well as I wasn’t able to see where we were going. The flares were on the ground and in the rocks. We moved from one flare to the other. It wasn’t like a burst of light, just something glowing. And we started to cross a rock face, hanging on with our hands. I still had the bag, which my guide took, and then I had the use of both my hands and feet. And he said “It’ll be okay, just follow me”. And then he said “ahhhh” and fell about ten meters down the side of the rock into the bush. I couldn’t see him. So I waited for about 5 minutes thinking “What do I do now?” He slowly climbed back up, uninjured. And we continued on our way to the patient and it would have been about ten o’clock by the time we arrived. My guide had not conveyed what shape the patient was in. Our little trek took about 20 minutes.

The patient was lying supine, on his back, on a rock shelf about three by three meters with an angle of about 30 degrees on a bed of loose shale. The two bushwalkers who had remained with him then left, they knew their way out in the dark, and they left the way we came. They were cold and hungry.

Now there was myself and the two rescue people who had come with me. The injured bushwalker was conscious, with a fractured lower leg and spinal injuries and he was cold and damp and in pain. He had been there about ten hours, at least, by now. It had been the middle of the day when he had fallen and it had taken quite some time for him to attract someone’s attention. He was lucky it was Easter and there were a lot of people bushwalking on the long weekend. Mid week there may have been no one there.
I treated his injuries. I put a cervical collar on as he was complaining of neck pain. I gave him pain relief through the pentroxa inhaler and applied a traction splint to his leg. As a Paramedic I had often worked in less than optimal conditions so the small rock ledge and the darkness were not too much of a problem. We were able to erect the fly of a tent over him, but because of the terrain we weren’t able to put the tent up. The fly protected him from the rain and wind. The two search and rescue people were also on the small rock ledge. We put the patient inside a sleeping bag that they had with them. And then we all spent the night under the fly. The search and rescue people had some food, sort of like fruit bars, and they boiled up tea.

We were sitting up until it got light the next day. We still had no radio contact. I’m not sure if the other four search and rescue people stayed or walked out in the night. The next day a large party walked in with a rescue stretcher and it had lots of hand holds and ropes and winching devices. The patient actually went inside it. We were able to move the patient to where the helicopter could just land. Even so, it came down just above the ground and did not quite land as the ground was not even enough. So the pilot and police officer from the previous day and myself and the patient and flew off. The other two had to walk out. We arrived in Hobart about 11 am.

**Lessons learned**

**Poor communication**
There was poor communication all the way along. We didn’t have a precise location and once we landed there was no communication with each other or back to Hobart.

Now there are satellite phones.

**Ill prepared equipment**
The equipment was not suitable for carrying over distances and I had no personal survival equipment. After this incident things were changed so that anyone going on the helicopter, no matter what time of day and no matter what the incident, took survival gear - a tent, food, stove, walking boots and warm clothes.

The medical equipment was also located in a back pack and cut down to a minimum. The equipment I took was inappropriate in that the drug kit was in a fishing tackle box. You can’t carry that for very far in the bush. After this incident the drug kit was taken from hard boxes to soft backpacks. We took and left behind the oxygen therapy equipment. You had to hold it with one hand, now it comes in a pack which can be converted to a backpack, but would still be too heavy for that terrain so there is a specialised package which is much lighter.

Not only is the gear now in soft packs, it is also specialised. Instead of taking a C bottle of oxygen, a smaller, B bottle is used. Instead of taking enough drugs to perform a full cardiac arrest, there is a much reduced inventory.
Knowledge of the local terrain
After this incident 1:25000 maps were supplied and a compass. It can snow there any time of the year and you can imagine what it was like with street shoes and cotton overalls. People have died in that park when storms have come in, from hyperthermia.

Training
Up until that time to be an ambulance rescue officer, as I was, you had to have familiarity with the helicopter, but there was no wilderness training. So for instance they could have sent out a 60 year old paramedic who had never been in the bush in his or her life. A training program was brought in for wilderness training, before being sent out.

Procedures
As a result of this incident only Paramedics trained in wilderness rescue are sent out into wilderness areas for rescue.

Bigger helicopters that can fly at night
The helicopters now used in search and Rescue have a greater capacity and can fly at night.

Some of the major decision points
- What equipment to take?
- To follow the advice of the local search and rescue volunteers, the second team of 6 - they knew what they were about, they found the patient and they got us out.
- Not to go looking with the search and rescue volunteers, instead instructing them to come and get me once they had found the injured bushwalker