

BACKCOUNTRY PROBLEMS – WHO’S IN CHARGE?

By Rich McAdams, June 2023

During the course of a backcountry emergency, there can be, and often are, several team members that play important leadership roles. It is ok to have multiple people in charge if they each have a different and defined role. Although the titles given to these individuals may vary from group to group, accident to accident, or even agency to agency, the role they play for the function they serve remains the same. Within WTS, we have a naming scheme simply to minimize the confusion. Everyone needs a name.

First, it is important that, in some fashion, the team determine their leadership. This can be decided before reaching the trailhead, or in real-time as the emergency unfolds. In the absence of available personnel, one individual may even need to fulfill several functions.

Stay flexible. Develop a plan. Remain flexible.

INCIDENT MANAGER (IM)

This individual oversees the end-to-end **Backcountry Incident Management Process** by acting as the primary focal point for communication and coordination. Providing specific advice and direction, although important, is somewhat secondary. Acting as the focal point, the IM will be the one individual that clearly understands what the metaphorical left hand and the right hand are doing. Unless the requirements of the emergency dictate otherwise, the IM should refrain from being a **key** worker bee.

Determining who will be the IM can take several forms. This person may already be the officially designated trip leader or school instructor, may have relevant experience or skills making him/her better suited, or perhaps, is simply an individual who steps up to the plate and volunteers. The latter is often the norm.

- The focus of the IM is a supervisory role. The IM needs to provide coordination between the First Aid Team leader, the Get Help Team leader, and the Bivy Team leader.
- The IM needs to be constantly monitoring the overall welfare of the trip participants. For example, is the First Aid Team so focused on treating the patient that they do not realize they are getting cold and wet? You don't want to start with one patient then end up with more.

Note: The Bivy Team is responsible for *resolving* any “welfare” issues identified.

- The IM needs to ensure that the four BIM steps are considered, starting with **Securing the Accident Site**.

As the First Aid Team is working through that first **Initial Patient Assessment**, the IM needs to ensure the patient and the larger team are not susceptible to further accident or

injury. He/she must assess the potential for follow-on avalanche, rock fall, or lightning, and (if prudent) coordinate the relocation of the patient and team to a safer site. If the Initial Patient Assessment suggests that the patient's injuries are to the extent that it is not prudent to relocate, the first aiders may need to treat the patient where they are. Of course, personnel not immediately necessary should still seek safety but, hopefully, still available should they be needed.

FIRST AID LEADER

The First Aid Leader should be the one with the most **appropriate** medical experience. A certified Wilderness First Responder (Woofers), or even a Wilderness First Aider (Woofa) may be better suited to apply emergency first aid than a licensed General Practitioner. It depends. Stay flexible. As a reality check, although we are looking for the appropriate first aid skills, we are also looking for someone who will expeditiously jump in and begin the assessment and treatment. Later, once things begin to settle down, it may be appropriate to transition the First Aid role to someone else, especially if the initial First Aid Team needs relief, food, potty, warmth, or a bit of downtime to recharge mentally.

Important – An initial immediate response to tend to the patient is always better than a drawn-out debate trying to determine who has the most/better training. Debates can be unprofessional (often it is only someone's ego confusing the situation) and can further agitate the patient when they really need our help.

The focus for the First Aid leader is to quickly assess and begin treatment for the patient. It is also very desirable to identify a first aid helper, identified as the Scribe, (one who will retain that role and not wander off). The first aid team will always need something or some additional help; they are very needy. They may need a tarp, ground insulation, water, or more first aid materials. The Scribe is primarily responsible for recording patient vital signs as well as providing support to the First Aid Leader.

Some elements to consider during the Initial Patient Assessment (in a preferred order):

- Is the patient breathing and is there a heartbeat?
- Is there any significant bleeding?
- Can you detect an injury to the neck or spine?
- Do any of those injuries impact the ability to move or relocate the patient?
- Is the patient protected from the elements?
- While monitoring the patient, is his/her condition getting better or worse?

GET HELP LEADER

Obviously, this role should consist of individuals that still has the requisite strength, stamina, and endurance to make the journey back to the trailhead. Secondly, does the leader for this role have the IM's confidence that he/she can orient, navigate, and find the route back?

Important – Unless there is no other choice, a Get Help “team” consisting of only one individual is problematic. For this important activity, two brains during the journey out are always better than one.

The focus for the Get Help Leader is to first build a team of several assistants, understand the nature of the patient’s injuries, discuss and decide on the Get Help plan, receive plan approval from the IM, then execute that plan.

The plan should consider the following elements:

- Do you know the exact location of the incident site on your map?
- Will you mark or flag the route on your way out?
- Will you escort the rescue team back to the patient, or will they be on their own?
- Do you understand the nature of the patient’s injuries?
- Is the patient getting better, stabilizing, or getting worse?
- What will you do when you reach the trailhead?

Comments, opinions, and the sense of urgency will help the SAR rescue team determine its actions. Depending on weather conditions, time of day, and the nature of the patient’s injuries the rescue team may decide (for example) to wait until morning to minimize unnecessary risk their personnel.

Very Important – Getting help by hiking out should not be your first option. Using your cell phone to contact 911 should be the obvious first choice, followed by texting if voice communication is challenging. There is great benefit in having the Get Help Team stay at the incident site if using those cell phone options are workable. Alternatively, as you might suspect, once the Get Help Team has departed they are gone and now inaccessible should the situation change.

BIVY LEADER

Since the First Aid Leader has specific skills, as does to a lesser degree, the Get Help Leader, there typically is more wiggle room in determining who should be the Bivy Leader. Ideally, this individual might have previous experience implementing a backcountry bivy.

- An initial inventory of equipment among the trip participants may provide bivy options not apparent at first glance.
- The Bivy Leader will also want to check with the Get Help Team (prior to their departure) if they have any essential items possibly needed for the patient’s well-being.
- The Bivy Team also needs to discuss and coordinate possible signaling for help.

The focus for the Bivy Leader is to first identify his/her team which usually consists of individuals from the remaining trip participants. Next would be organizing the set-up of a

shelter for the patient and First Aid Team, then, secondarily, assist with coordinating shelter for the remaining trip participants. When time allows, determine a location to build a fire for warmth and to heat water. Finally, continue to develop that inventory and awareness of any remaining on-site resources (equipment, food, signaling devices) at hand.

Some elements to consider for the bivy:

- What materials do you have, and how will you quickly set up your shelter(s)?
- Can you construct a shelter over the patient and the First Aid Team, or will they need to be relocated (again?) to a spot where shelter building is more conducive?
- How will you get the patient into the shelter?
- Will there be room in the shelter for the patient and the First Aid Team?
- Will you need additional shelters for the other trip participants?
- Where will you build your fire? How will you build your fire?
- Who will monitor the fire and who will continue to gather wood?
- Do you have a metal cup to heat water? Can you store excess hot water for later?
- What extra food is available for the team?
- What materials are available for signaling for help? Are they handy in the event a helicopter or plane should fly by? Who is responsible for signaling?

IN REALITY...

Please refrain from getting your feelings hurt if you are not identified as one of the leaders. As a participant, you too have important responsibilities supporting the team through your actions and initiative.

During the course of an emergency, leaders sometimes snap orders to their teammates. Please do not take offense. Emergencies are stressful situations, and most of us leaders have little to no experience providing this form of aid. Everyone is trying to do the best they can. For the moment develop some thick skin; the apologies will come later.

Typically, everyone tends to his or her responsibilities in a different fashion. Unless there appears to be immediate danger to the team, or the treatment provided to the patient seems risky, it behooves everyone to keep the mental intensity minimal by not being verbally critical. When overheard, criticism and second-guessing are distressful to the patient. Please channel any concerns or suggestions through the IM.

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