



Volunteer Marine Rescue Brisbane Inc

Providing a Safer Marine Environment for Our Community

95 Allpass Parade, Shorncliffe Qld 4017

PO Box 201, Sandgate Qld 4017

t: 07 3269 8888 f: 07 3269 2245

e: management@vmrsandgate.net.au w: vmbrisbane.com.au

Rescue and Delivery

1.0 Introduction

The planning for a rescue follows the same logical sequence that is followed when planning for a search. The time required is much less, since most rescues will logically follow the conclusion of a successful search, and Search & Rescue units present on scene would be expected to carry out the required rescue without delay, if they were capable of doing so.

However, there are occasions when rescue planning is the first planning event, as would be the case of an incident where the location of the distress was known, e.g. cruise boat incident in enclosed waters where the location of the incident is well reported.

Generally, the rescue planning will involve diverting or dispatching helicopters, surface vessels or rescue personnel.

2.0 References

Queensland Police Service "The Search & Rescue System"

3.0 Detailed information

3.1 Influencing Factors

The Search & Rescue Mission Co-Ordinator (SARMC) must decide what method of rescue should be followed and what rescue facilities should be used. He should consider the following factors:

- Action taken by the sighting facility and other facilities on scene.
- Location of the survivors. Distance from safe delivery point.
- Condition of the survivors. If not known, it should be assumed that urgent medical attention will be required. If known, detailed description of injuries will determine for urgency and possible medivac situation.
- Number of persons reported to be on board the distressed craft.
- Available rescue facilities and their state of readiness.
- Weather conditions and their expected effect on both the rescue operations and survivor life expectancy.
- Time of day.

3.2 Magnitude of Situation

The magnitude of the rescue effort required is normally fairly easy to determine, if the following factors are considered:

- Number of persons reported aboard the distressed craft.
- Size of the distressed craft, if the number of persons is not reported.
- Probable method of evacuation.
- Access route and distance to travel.
- Amount and type of survival equipment available to survivors.

3.3 Medical Conditions

When the survivors are suspected or known to be injured, the delivery of trained medical personnel to the scene is of great importance. The seriousness and urgency of the situation usually dictates the need for medical personnel. These personnel may be delivered by helicopter, if the incident is within the helicopter's range and capabilities, or they may be delivered by marine surface craft.



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The capability of sustaining life after rescue is as important as the searching for and rescuing of survivors. The Search & Rescue System (SAR) involves four major medical considerations and these considerations must form part of the SARMC's plan.

These considerations are:

a) Specialised Personnel Trained in Emergency Care (EMRT)

Most major hospitals which operate an Accident and Emergency Centre will have members of their staff who are highly trained in the treatment of trauma patients forming part of the Hospital's Emergency Medical Retrieval Team (EMRT). As the name suggests, these personnel consisting of Doctors and Nursing staff, are available to proceed to the scene of an incident, render emergency medical treatment and assist with the medical evacuation (MEDIVAC) of the survivors from their immediate hostile environment, to an established medical facility. There, more elaborate patient care can be administered.

It is of the utmost importance that the EMRT is made familiar with and is trained in the various types of rescue craft which are available for use by the SARMC in delivering them to the scene of an incident. Further it important that the Search & Rescue Unit (SRU) crew members are made aware of what actions they can take to be of assistance to the EMRT. This can only be achieved by both the EMRT and the respective SRU crews having regular contact and joint training.

b) Lifesaving and Life Sustaining Assistance to Survivors

The members of all SRU's which are dedicated primary response units, must, by necessity, be trained in and capable of administering adequate first aid treatment to injured survivors of a SAR incident, pending the arrival of members of the EMRT. The EMRT can then further attend to the medical needs of survivors until they can be transported to either a safe delivery point or hospital, for more elaborate treatment.

If injured survivors are located by a SRU which is not a unit with an assigned primary duty of SAR, and there is no crew member available who is trained and capable of administering adequate first aid treatment to the injured, then immediate action must be taken to having trained personnel delivered to the scene.

c) Medical Evacuation of the Injured (MEDIVAC)

On the arrival of a SRU to the scene of an incident, or the location of a survivor, an immediate assessment of the survivor's physical and mental condition must be made by the SRU crew. This information must be conveyed to the On Scene Co-Ordinator (OSC) or SARMC immediately, to enable a decision to be made as to the necessity for MEDIVAC. This decision will be a decision for the OSC, SARMC, and EMRT after consultation.

In all situations, the safety of the survivor is paramount to his immediate evacuation from the scene. It may be more appropriate to delay the transportation of injured survivors from the scene by surface craft if, for example, the survivor is suffering suspected spinal injuries, than set out for shore before the survivor has been adequately stabilised.

However, if the SRU is within close proximity to a safe delivery point, or more adequate medical assistance, and the delay in the arrival of the EMRT may result in the death of the survivor, transportation may be the more appropriate course of action. This will be a decision for the OSC, SARMC and EMRT after consultation.

All SRU crew must be advised against adopting a snatch and grab mentality.

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d) Alerting Medical Facilities

On receipt of information concerning injured survivors, the SARMC must, once the magnitude of the situation has been assessed, notify the medical facility to which the injured survivors are to be taken. This advice must include such things as number of survivors being transported to then, types of injuries, estimated time of arrival at their facility, method of transport (i.e. aircraft – ambulance), and any other available relevant details.

3.4 Optimum Plan

The SARMC should, at the first available opportunity, develop a rescue plan which would be able to deal with any situation which presents itself in his area of control.

3.5 Selecting Delivery Point

The selection of a safe delivery point is usually determined by its nearness to the distress scene and by its suitability to receive the survivors or to accept delivery of a distressed craft.

Generally, the closest safe delivery point which can be reached by the SAR unit providing the transportation is selected. In an incident involving a large number of survivors, it may be necessary to establish a temporary safe delivery point for intermediate handling of survivors. This might occur in the case of a major aircraft or marine disaster, (fire aboard a packed tourist vessel). Survivors might be transported to a suitable nearby landing area, where a temporary emergency care centre would be established. The survivors would be processed, provided emergency care, and would then be transported to a permanently established emergency care centre.

4.0 Summary

By following this SOP a successful search, and Search & Rescue units present on scene would be expected to carry out the required rescue without delay, if they were capable of doing so.