19 December 2015
CCT VR Team Training Report

Training was held on the Northern Buttress using Centaur.
Many thanks to all who attended, for putting up with the heat and the annoying Fat Controller.

The objective of the exercise was to:

"USING RESCUE RATED SYSTEMS TO SAFELY RAISE A PATIENT TO THE TOP OF THE NORTHERN BUTTRESS THROUGH A REBELAY AND, TO LOWER A PATIENT BACK DOWN THROUGH A REBELAY".

A briefing was held at the car park at 9.30am. The walk up, raise and lower through a re-belay was completed by 12.30. Whilst there is much room for improvement, this sort of performance (I know from years of experience) can be considered an impressive and successful effort.

Briefly:

- Andy led up (very efficiently in approach shoes!) and fixed the first re-belay.
- Will followed on ascenders, cleaned and towed the belay and main line. With all the gear, ropes and stuff he looked like he was aiding "The Nose"
- The fixed line was attached at re-belay 1 with two CAPS being installed.
- Ivan jugged up and fixed the re-belay 1 belay system. Serena followed up and assisted in organising the lower counterbalance haul.
- Whilst this was happening Andy and Will continued up to the top towing a fixed line.
- As soon as Ivan was rigged, Chris started to haul Kim and got him to the first belay in about ten minutes.
- Kim was fixed at re-belay 1 and Andy (who had descended) attached the new belay line and haul line and continued the haul to the top.

Will jugging pitch 1

KEY LEARNINGS:

1. We can make the haul safer by using the fixed line to jug and descend on whilst attaching with an ascender to the haul line (or use a similar system of attachment to the fixed line). This in effect gives complete redundancy and greater control to the raise. It's disadvantage is that it will be a little slower and necessitates a complete fixed line system. The consensus seems to be that this is a worthwhile trade off as the fixed line is (in the reality of a rescue) essential as a travel, problem fixing, patient care and get out of trouble line. This also resolved the control issue if there is a disparity in weight.
2. Sequencing of rope towing is critical. Maybe a double check with ground control before leaving the re-belay. On raises, tow the end rather than carry the bag.
3. The orange ropes are hard to handle on The belay. Shall we change to using them as main line? At this stage I have just read e packed them ready to go. Comments please from Ivan and Will who belayed. I like the orange for belay etc.

Andy (middle) on the counterbalance haul, with Kim (bottom) being hauled from the Pitch 1 rebelay. Will providing backup belay from top.

4. Rope handling is really challenging. We need to develop strategies for this. Here are three for consideration and testing:
- Rope bags – Hard to pack when your taking in on the belay;
- Rope hooks – easier to handle, light weight and worth a try;
- Fix a sling or similar – this works but needs a bit of time;

5. Full frog (2 ascenders) systems are far more efficient and less exhausting than the RAD system. Lifting 40 to 50 m of rope through the ID is tiring and slow. Serena ascended far quicker and with less effort than any of the climbers. If we are only doing a couple of pitches the RAD is fine but anything long will really test. I suggest we give consideration to making the change to twin ascenders??? Thoughts?

THE LOWER

This took 20 minutes including the changeover at the re-belay. We can do better with practice.
Andy acted as rescuer with Kim. Will belayed the top pitch, Ivan belayed the bottom pitch, Serena acted as cluster control.

Andy (left) descending with Kim from the top of Pitch 2.

KEY LEARNINGS

1. Rigging the rescue is the time consuming bit. In this way reaching the patient to stabilise will be the priority. The first task will be climb/descend (isolate and contain around patient) and rig the main traffic line as quickly as possible.
2. Use a long bunny ears to tie in the rescuer and victim to the belaying the lower.
3. Pre fixed Mariners with clips should be prepared at each re-belay for the initial attachment of the patient on arrival.
   The sequence for the transition at the re-belay can be:
   - Patient attached to pre prepared mariner on CAP;
   - Rescuer attaches PAS to anchor system.
   - New belay rope is attached with bunny ears.
   - Load is transferred onto Patient Mariner clip and Rescuer PAS
   - ID Transfer to next Mainline
   - Systems check
   - Remove top (now redundant) belay rope
   - Unload rescuer PAS.
   - Unload patient Mariner
   - Descend

Arriving at the Pitch 1 re-belay for transition to new ropes.

4. We need rope bags but rope hooks could be really useful. All our experience suggests ropes should not be dropped down the cliff so rope handling is paramount. Easy said, much harder to do!

CONCLUSIONS

- Whilst some refinement is possible the Team and the System are now quite functional and even efficient!
- Clearly the sequencing and complexity of the raise response requires practice.
- The belay system needs practice before anyone can be used on a job!
- The team are working well as a group with cross checking, value adding, being flexible and having a desire to improve. This is really positive.

FUTURE TASKS

- Try out a figure 8 rather than an ATC for the pre loader.
- Obtain some stuff
- Storage?
- Work on ascending efficiency.
- Talk to the police to arrange a bit of joint training.

Completing the descent with rescue package on pitch 1 after re-belay transition.

Most importantly; as the purpose of the group is to reach the climber before time frame for survival has expired, it is now time to have the discussion about response times and preparedness in terms of gear and personal gear packed. There is no point in being efficient on the cliff if it takes us 3 hours to call out and get ready?

Regards and thanks again
Stu