A LIFE IN THE BALANCE.

How Basic First Aid Training saved a life.

Written by Garry K. Smith (Special thanks to Robert Hodyl for checking this reports accuracy)

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A group on a Scout Association Canyoning Course (November 1995), had just completed a series of abseils though a canyon in a remote area of the Newnes Plateau, about 150 km NW of Sydney, when abseiler Sherrie Hocking was unknowingly bitten by an unseen snake. The pleasurable adventure had turned into a race against time. This chilling story shows how a misfortune changed our lives.

Sherrie Hocking and her group of five companions (which included two instructors) had completed the last abseil in a series of pitches down Surefire Canyon. They met up with another Scouting group at the exit point and had a short lunch break before starting the long climb out of the canyon. Being a fit and energetic 21 year old, experienced abseiler, caver and bushwalker, it was uncharacteristic of Sherrie to lag behind after a few short climbs.

Upon hearing Sherrie call "Could someone come down here please?", instructors Robert Hodyl and Bill Allanson immediately ran to her aid. Sherrie has a very independent personality and isn't the sort of person to ask for help, but she sat with eyes closed and said she felt dizzy and sick. The time was 12:35.

What is Canyoning?

Canyoning is not a sport for everyone, but for those people who are physically fit, the excitement and adventure of traversing through a canyon is hard to surpass. Beginners to the sport experience the thrill and adrenalin rush as they abseil into the damp dark depths of that unknown world. Even diehards who have been there before are humbled by the shear size and potential might of waterfalls which relentlessly gouge away at the base of shear sandstone cliffs. However while one part of a canyon may have a deafening roar of water plummeting into a pool creating an icy breeze which could chill even the best dressed canyoner. There are other places where just a faint sound of a babbling stream or the occasional dripping of water breaks the eery silence. In these places it is not uncommon to see misty trails of water vapour gently drifts upward from small patches where shafts of sunlight strike the floor of the canyon. Dew covered ferns sparkle on shear rock walls high above and one is left spellbound by the beauty of such a place. You can experience the tranquillity of long crystal clear pools while leisurely paddling a li-lo and may even encounter a dark passage lit only by millions of glowworms covering the sculptured rock overhangs. Typically the Blue Mountains area, west of Sydney is unique as deep narrow canyons have formed over thousands of years in the soft sandstones. These are not the places for the inexperienced or ill prepared.

They asked her questions such as:- "What did you have for lunch?", "Did anything bite you?", "Are you allergic to anything?" and "What is your blood type?", at the same time checking her limbs for bites. Bill found on Sherrie's lower left leg what looked like three sets of puncture wounds consisting of small red dots about a centimetre apart. There was no blood. They immediately applied a pressure bandage over the suspected snake bite wounds and marked the location on top of the bandage with a pen.

Sherrie Hocking

Sherrie had not seen a snake or felt any bites. This was understandable as one tended to be regularly scratched on the legs and arms by the prickly vegetation and she was still wet from the cold canyon water which dripped from her short wetsuit. (Even more bizarre was the fact that Sherrie had that morning warned some instructors about her dream of a male Venturer being bitten by a snake in the canyon.)

The team return to the "Hole in the Wall" canyon Newnes Plateau, in February 1996. At front Marilyn Hocking (Sherrie's mother), then Sherrie, Brian Reeves and Terry Cousins. Photo by Garry K. Smith.

As they knew the canyon, Nicole Bartels and Kerry Griffin set off to get additional help and notify the emergency services. Brian Reeves, with the help of the others, organised the manufacture of a stretcher out of small saplings, slings, tapes, prussic cord, towels and wetsuits.

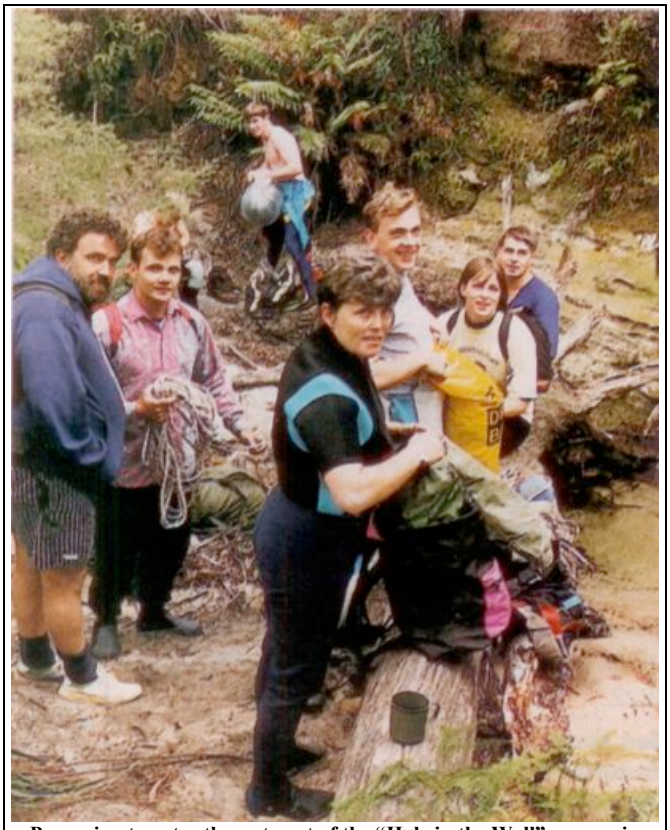
Sherrie's condition quickly deteriorated and she lapsed into unconsciousness at 12:55. Everyone was surprised and shocked at how quickly Sherrie had lost consciousness. The canyoning trip had turned into a life and death situation in just 20 minutes. Bill and Robert checked her pulse and breathing regularly. Her condition was recorded in a diary.

Sherrie was wrapped in space blankets and securely tied into the bush stretcher. The 9 remaining canyoners then began the race against time. The route was narrow, very rough and slippery. Every effort was made to keep the stretcher horizontal. This often meant rescuers at one end had to crouch while the other end was supported on shoulders or at arms length above their heads. On numerous occasions the terrain was so rugged that six stretcher bearers had to be reduced to 2 to get past obstacles. Major drops of 3 metres made the going difficult. Ropes were tied to the poles and the stretcher lowered to those below. Several times people fell and the stretcher was partly dropped.

Often Sherrie would dry retch. Progress was halted and she was turned on the side while her airway was cleared and condition stabilised. Lymphatic glands in her neck were very swollen, which made breathing shallow and difficult. To reduce the swelling the group used wet clothing and at one stage resorted to a large chunk of cold moss.

By 2:30 pm they had covered some 300 metres of extremely rough track and rested under a cliff overhang. Everyone was extremely tired from carrying the stretcher. Sherrie was shivering so she was rolled on the side with her head supported and rescuers lay beside her for warmth. Pulse remained weak at 60 BPM. Four people went back to where the rescue had begun to collect some packs containing food and clothing. When they returned the patient was carried to a larger overhang 100 metres further on. Thick low cloud had closed in and rain began to fall heavily.

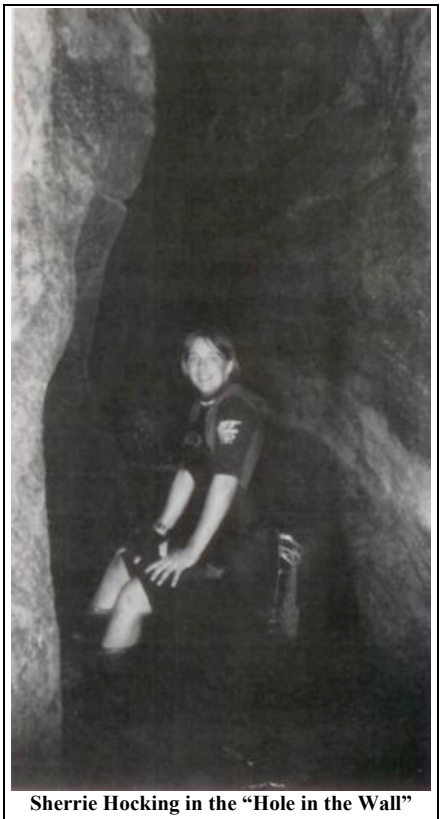
Outside the canyon, help was on the way. Two groups of people had been dispatched from base camp to try and make contact with the emergency



Preparing to enter the wet part of the "Hole in the Wall" canyon in February 1996. Photo by Garry K. Smith

services. David George drove Wendy Visser back along forestry roads to a point where a mobile phone could be used to ring 000. Ambulance HQ then rang her back to get the details. The other group managed to make contact shortly after on a phone at the old Forestry HQ.

I had led a group down Breakfast Creek and Rocky Creek Canyons and was on the way back to camp with a carload of Venturer Scouts when the frantic waves from Kerry caught my eye. Our vehicles ground to a halt. Upon hearing about the situation, no one in my group hesitation to assist, despite being tired from the strenuous day of canyoning. We knew the canyon involved as I had led our group through it on the previous day. I followed Kerry's vehicle which contained five other rescuers and we drove to the Surefire Canyon car park. This made a total of eleven people in the two vehicles. At the parking spot, wetsuits were once again put on and we set off at a cracking pace down the ridge toward the canyon exit. It took the ten of us just 20 minutes to cover the 1.5 Km to the victim. Nicole had stayed at the vehicles in case the Ambulance and Voluntary Rescue personnel arrived.



Sherrie Hocking in the "Hole in the Wall" canyon. Photo by Marilyn Hocking

I vividly remember climbing over a sizable boulder to the sight of a large overhang cave with drenched canyoners sheltering from the rain. A roaring fire was going. Brian Reeves was making warm drinks for those who were cold. Bill Allenson lay next to the unconscious Sherrie to keep her warm. Elaine Turner and I checking her condition. We must get her to hospital, I thought. I called for more space blankets and she was wrapped in them before being strapped back into the bush stretcher. Everyone pitched in to begin carrying her up along the base of the cliff. Our relief rescue group was made up of stronger individuals than most in the first rescue group. Robert and Bill elected to stay with Sherrie and assist with the last part of the rescue while the others went back for the packs and equipment.

Where possible six people carried the stretcher as the pace picked up to a jogging speed. Several people ran ahead to pick the best route along the exit gorge and clear the path of movable obstacles. When large fallen trees were encountered some would jump the log and be ready on the other side to grab the stretcher. This leap-frogging of people allowed the fast pace to continue unimpeded.

As the exit canyon began to widen, the small track disappeared and gave way to thick vegetation, vines, large fallen trees, rock ledges of 2 to 3 metres in height and a section of sandy creek bed. On a number of occasions the unconscious Sherrie would have spasms and attempt to dry retch. Progress was halted while her airway was cleared and condition stabilised. As stretcher bearers became tired they called for assistance and one of those running ahead would fall back to relieve. Although physically drained the relieved person would find enough energy to run ahead and begin clearing a track or locate the easiest route for the stretcher crew. For at least an hour the pace alternated between a fast walk and a jog. Then progress slowed as our group pushed up the steep muddy slope below the exit cliff with the stretcher being passed from person to person. By now everyone was feeling sapped of energy, but continued to give everything they had.

The next obstacle was a narrow and slippery route between trees to the base of the cliff. This section although difficult, was probably a confidence builder to those in the group who had not taken part in a real or simulated rescue before. Then came the daunting appearance of the cliff.

The cliff is reasonably difficult to climb on your own but when there is a stretcher and unconscious patient involved the difficulty is compounded. Rescuers found themselves lifting the stretcher with both hands while standing on less than a toe hold in the cliff. Other people were stretched out physically holding their feet in place on the slippery wet rock while others held their clothing and body for

balance. When the stretcher progressed past their grasp others were already positioned to take the weight and those left behind managed to re-position themselves on the cliff to hold the feet of the ones above. The twelve rescuers must have looked like ants sprawled out across the rockface.

Next the crevice posed a major obstacle. Several ideas were bandied around, before someone suggested forming a human conveyor belt. I grabbed the idea, “lets do it”. Thinking back to the situation I must have sounded like a “sergeant major” because everyone immediately jumped to it. A couple of us unstrapped Sherrie from the stretcher on the small ledge half way up the cliff. Some people were already positioned up the 45° sloping base of the 13 metre long shoulder width crevice. In rockclimbing terms, known as a chimney. People were so tightly packed in that their feet were placed on the shoulders or head of the person below, depending on the width at a particular location. A rope was lowered down through the crevice from the top of the cliff and attached to the unconscious Sherrie's abseiling harness, which she still wore. Two people took some of her weight on the rope while those positioned in the crevice passed her `hand over hand’ up the crevice. Each person had very little choice other than use the person below as a footrest so that Sherrie could be physically pulled over their bodies and up the steep slope. When she passed overhead those further down the human conveyor belt, began chimneying over the top of everyone to the head of the group and re-positioned themselves so that Sherrie was kept on the move. One must also consider that this rescue technique had not been rehearsed and as far as I can determine never used before in a rescue. The whole exercise was an amazing piece of ingenuity, teamwork, physical effort and is a credit to all those who took part in the rescue.

Upon reaching the top the stretcher was adjusted. New space blankets were produced from peoples first aid kits to replace torn ones, as Sherrie was re-strapped into the stretcher. Her condition had worsened with pulse rate dropping to 40 beats per minute. Now on top of the escarpment, everyone seemed to gain a new burst of energy or should one say we were running on adrenalin. The track clearers had a particularly difficult job in this section of thick scrub. Large trees made it difficult to manoeuvre the stretcher around tight bends. Then the members of the first rescue group caught up. They had had to return to where Sherrie was bitten to collect some packs and equipment left behind. Their amazement at the progress made, was obvious since there was now only about 150 metres to the vehicles.

One hundred metres from the car park, the sound of a siren could be heard. The Volunteer Rescue and Ambulance personnel had heard us coming and met our group fifty metres from the car park carrying an orange plastic stretcher. A paramedic checked her condition and Robert read out his list of vital statistics on Sherrie's condition and blood type. At 6 pm, Sherrie (still unconscious) was transferred into the plastic stretcher and carried to the four wheel drive ambulance. The paramedic commented that everyone had done a good job and that the improvised stretcher was very effective. The people back at camp had been making hot tea, coffee and soup. This was very welcome as rain continued to fall. Dry clothes and sleeping bags had also been sent in case anyone was suffering from hypothermia.

Rover Sherrie Hocking of Nelson Bay, NSW. Photo by Max Sproule

Sherrie was driven to Lithgow Hospital, where blood tests confirmed the presence of Tiger Snake venom, the 3rd most toxic land snake in the world. Twenty minutes after receiving an injection of anti-venin, Sherrie regained consciousness. She had been unconscious for 6.5 hours. *(Update - Today Sherrie has completely recovered, despite a period of approximately 6 months with no feeling in her leg below the bite. Sherrie is a very lucky young lady as the venom from the Tiger Snake, attacks the nervous system and doctors were uncertain at the time of the bite, whether her nerves would recover.)*

The Scout Association can be very proud that its members are well trained in rescue techniques and first aid, to be able to undertake such a difficult rescue. Without their persistence Sherrie would not have

been out of the canyon for at least another 24 hours. By then it may well have been too late. Doctors are amazed that Sherrie has survived several bites from one of the worlds most venomous snakes. It has been indicated that this successful rescue may cause some aspects of standard rescue procedure to be reviewed.

Written by Garry K. Smith.
A canyoning instructor with the Scout Association.

People in the first rescue group were:- Bill Allenson, Volker Baungart, Rob Hodyl, Adam Murray, Ben Ortner, Peter Paine, Matthew Parsons, Brian Reeves, and Elaine Turner. (Kerry Griffin and Nicole Bartels were in the canyon when Sherrie was bitten and went for help).

People in the relief rescue group were:- James Allen, David Chapman, David Falconer, David Griffin, Kerry Griffin, Dave McLachlan, Martin Roberts, Garry Smith, Andrew Weatherstone and Glenn Wood, Also Robert and Bill from the first group.

In camp were:- Tamara Allanson, Joshua Baumgart, Daniel Finedon, David George, Barclie Grayson, Clare Howell and Glenn Platt. Wendy Visser stayed with the ambulance. Richard Lamacraft and Ian Syphers phoned for help at the old Forestry HQ.

So what did we learnt?

1. If the patient had been left at the accident site, she would probably have died waiting for medical attention as a helicopter rescue was impossible because of mist and low cloud.

2. Many small first aid kits when pooled together make a comprehensive large one.

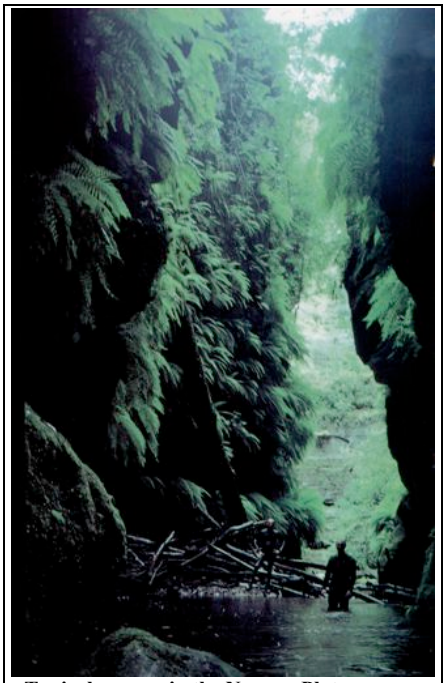
3. Treat all suspected bites as potentially fatal and apply the correct pressure bandaging immediately.

4. Where possible send two people for help and make sure that someone stays at the access points to direct emergency personnel to the incident.

5. Stabilise, counteract and record the patients condition during the rescue. Eg. Clear airways, reduce swelling, warm when cold etc.

6. Be resourceful and use available equipment and materials.

7. On this particular rescue, at least another 6 fit people in the relief rescue team would have been an advantage. However, if holdups had occurred, there was the possibility that rescuers could suffer from hypothermia while waiting around.



Typical canyon in the Newnes Plateau area. Photo Garry K. Smith

8. Locked mobile phones will allow people to ring 000 when in range of a repeater station. Usually indicated by four bars appearing on the display. When dialling 000 on a mobile phone the call may be directed to an operator hundreds of kilometres away from the accident. Therefore very clear and explicit instructions must be given to the operator and rescue personnel.