

“I’m a Casualty, Get Me Out of Here”: Preliminary Results from a Cross-Sectional Survey of Extrication Equipment and Training in UK Mountain Rescue Teams.

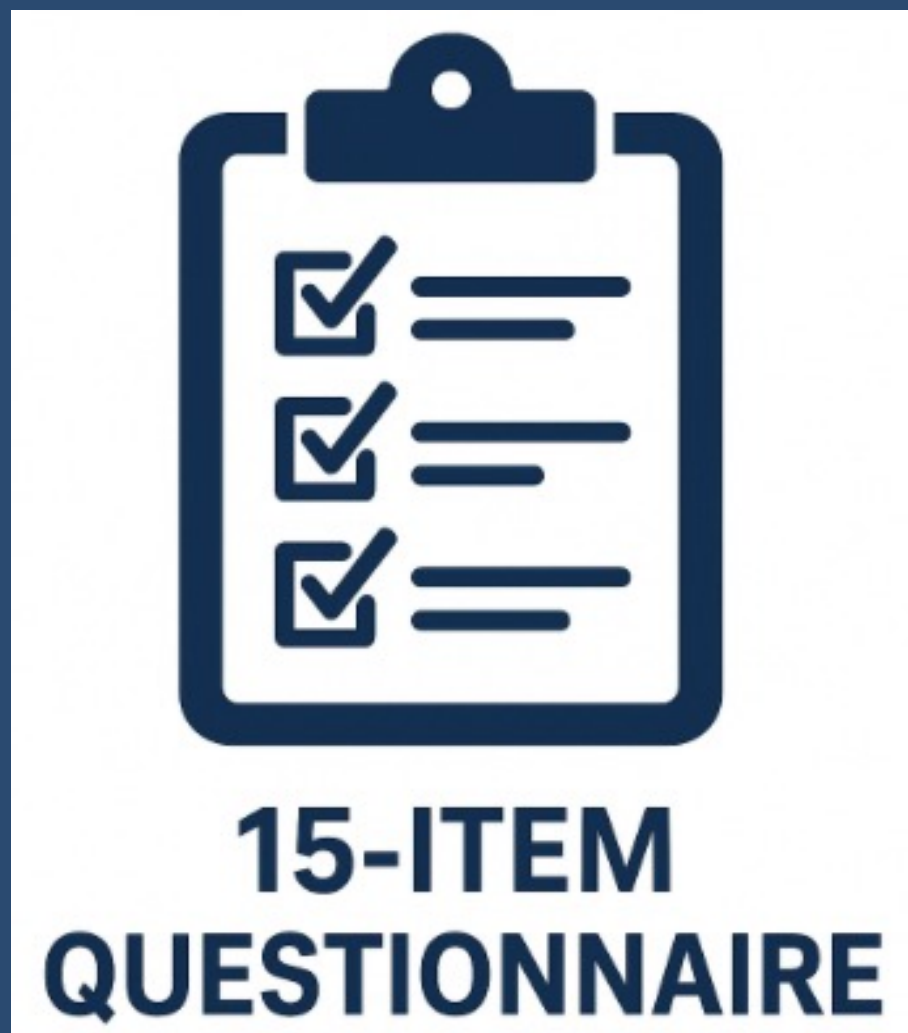
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Introduction

Mountain Rescue Teams (MRTs) provide critical pre-hospital emergency care in remote and often hazardous UK environments. Governance by Mountain Rescue England and Wales (MREW) and Scottish Mountain Rescue (SMR) allows operational autonomy (1), which may contribute to variation in extrication practices. While extrication techniques in conventional pre-hospital settings have advanced (2), there is little published research describing how these are applied in the mountain rescue context. Establishing a national baseline is essential to inform training, guideline development, and resource allocation.

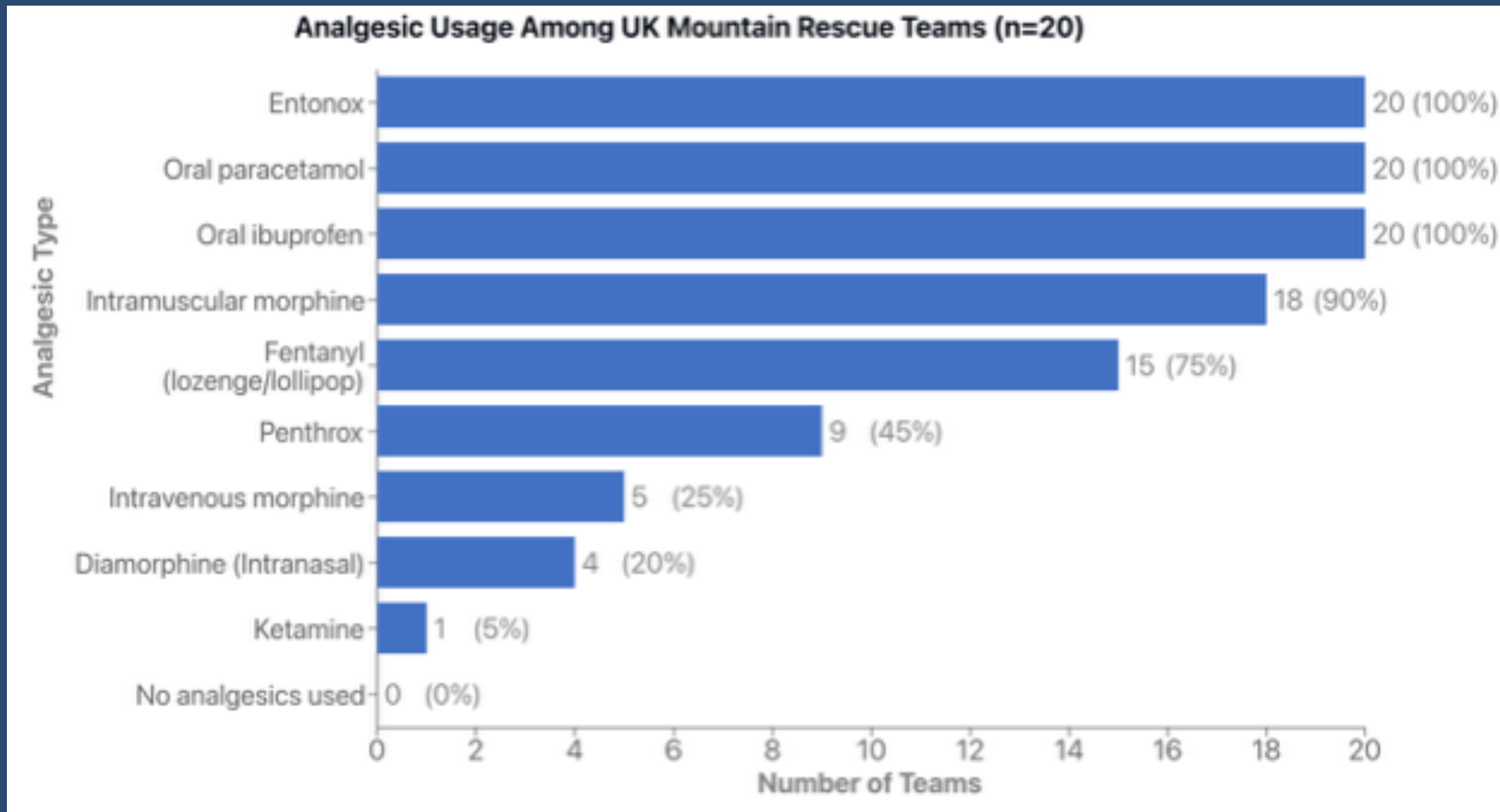
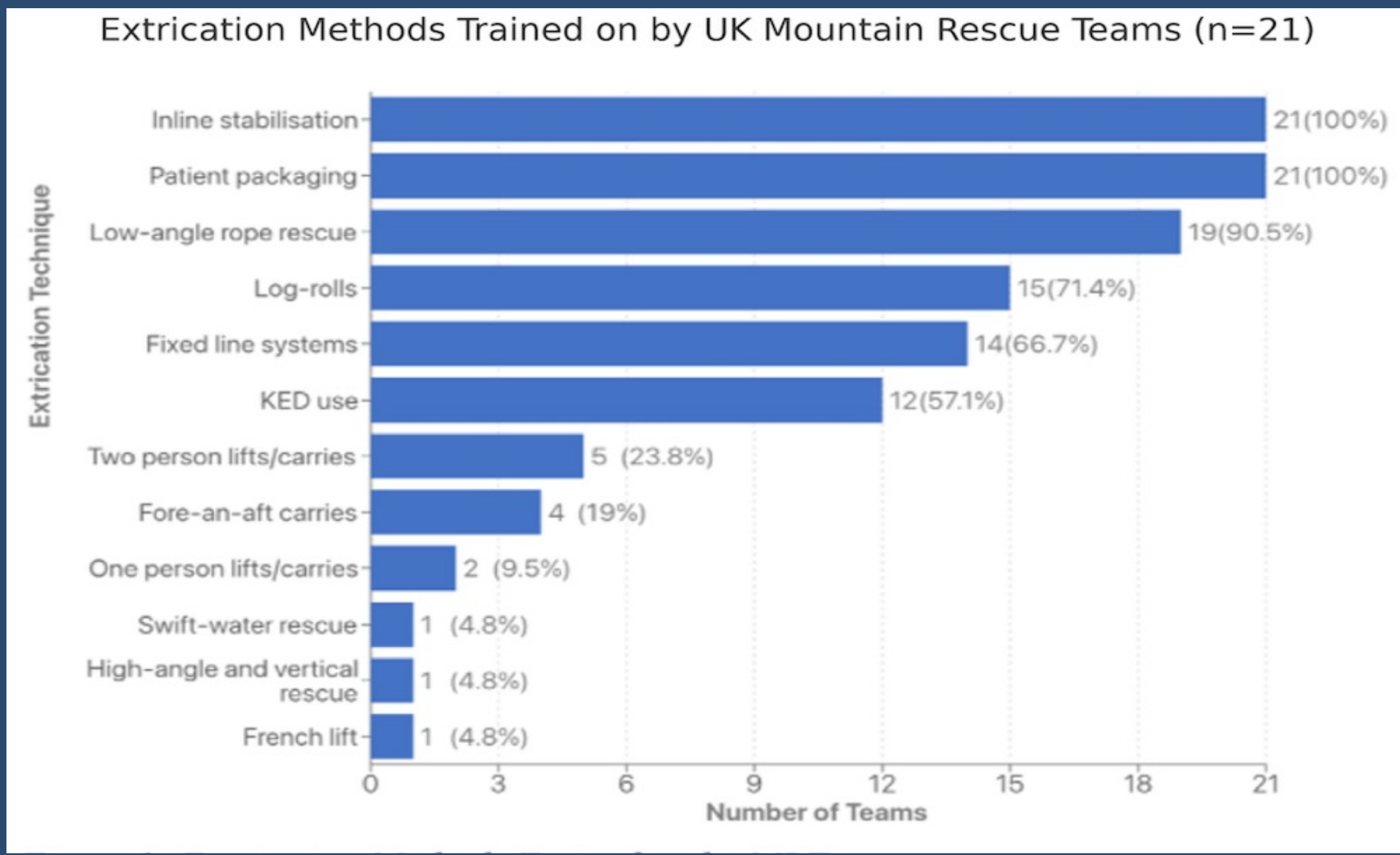
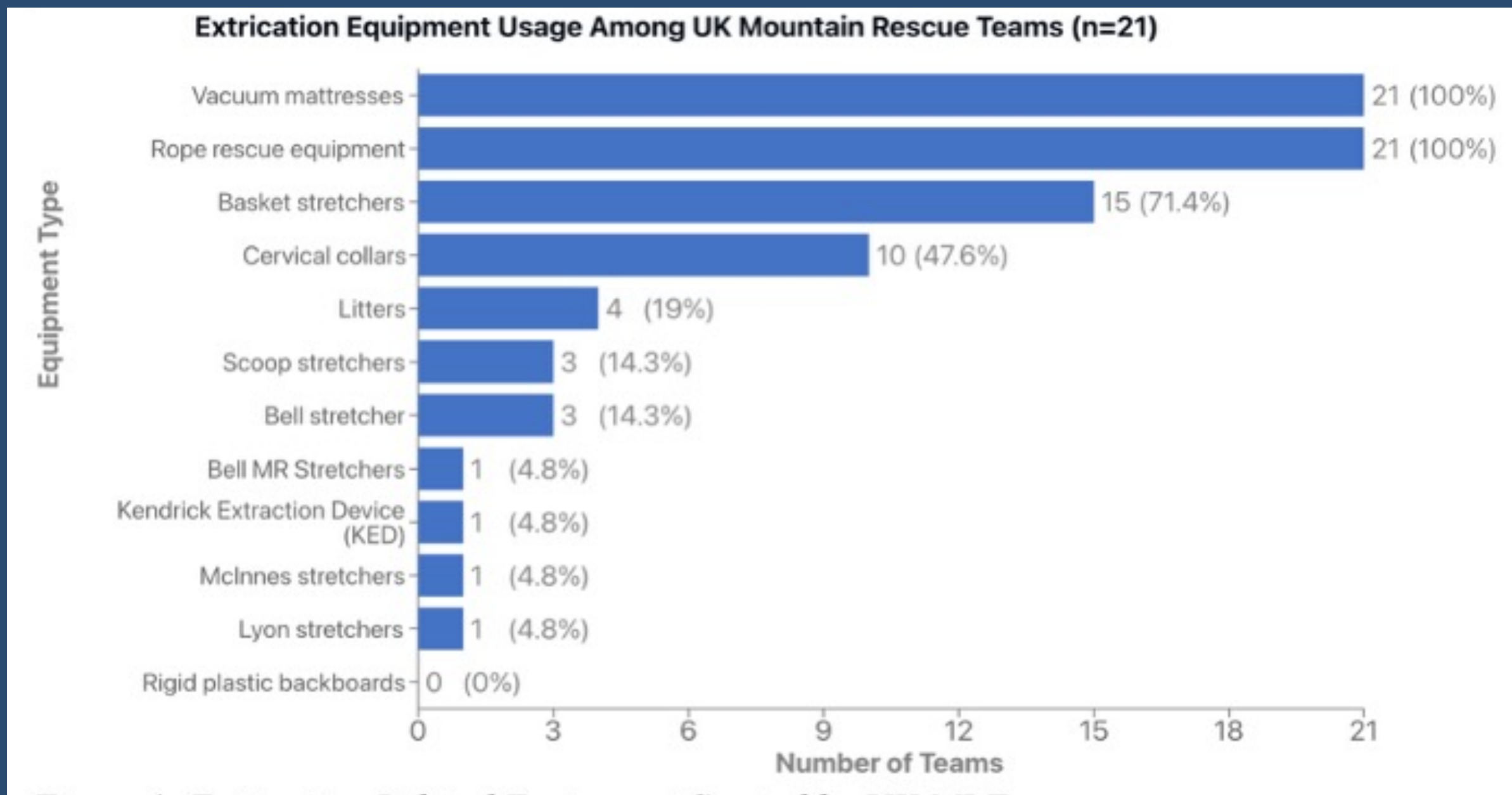
Methodology

Following ethical approval, a 15-item cross-sectional survey was distributed to all 73 UK MRTs (January–March 2024). Survey domains included team characteristics, equipment, training frequency, extrication protocols, and analgesia provision. Data were analysed descriptively, and qualitative responses underwent thematic analysis.



Results

Twenty-one teams responded, representing a range of geographical regions. All reported using vacuum mattresses and rope rescue systems; however, other equipment varied. Cervical collars were used by 48% of teams despite evidence questioning their routine use in trauma (3). Training frequency ranged from monthly (57%) to biannually (5%), with all teams practising inline stabilisation and patient packaging. Analgesia was universally available, but formularies varied in agents and routes. Most teams (91%) reported formalised extrication protocols, though the content and detail differed. Qualitative themes identified local adaptation to terrain, resource constraints, and differing interpretations of pre-hospital evidence. The modest response rate likely limits representativeness.



Conclusion

This first national survey of UK MRT extrication practices identifies core commonalities alongside significant variation in cervical collar use, analgesic formularies, and training frequency. These findings have direct relevance to pre-hospital care in austere environments, providing a foundation for consensus-building, targeted training, and future research. Key areas for further investigation include analgesia effectiveness in mountain settings, the role of cervical collars during prolonged extrications, and optimal mechanisms for knowledge translation within voluntary rescue services. This baseline supports efforts to standardise practice where appropriate, while respecting necessary local adaptations. A follow-up survey is underway to increase response rates and validate these findings.

References

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3. Kolli S, Williams R, Murray R. Cervical collars in trauma: Current evidence and evolving practice. Clin Transl Dis. 2024;4(1):e316. Available from: <https://onlinelibrary.wiley.com/doi/full/10.1002/ctd2.316>