The Third Man and One on One Rescues

THE THIRD MAN

In high-angle rescue situations, an additional person (or persons) is usually sent over the side on rappel. This person is referred to as the "third man" (or Fourth man, if additional rescuers are needed), although usually, this will be the first person over the side. The job of the third man is to secure and stabilize the subject, evaluate the subject's injuries, and assist in getting the subject safely off the wall. This may include assisting in loading the subject into the litter, or guiding the subject as they are lowered from above to the ground or an access point. This is a very demanding job and requires someone who has strong medical and technical skills. The third man will often manage radio communications for the litter team, as it is difficult to manage the radio and function as a litter bearer.

In the example of an injured climber, the third man must first access the subject and secure the subject to their rescue system or a separate system dedicated to the subject, which is managed by members at the top. A rescuer should generally assume that any equipment used by your subject has been compromised; you do not know the history or care of it. While it may appear perfectly strong, there is potential that it could fail at any moment. Once the subject is secured, the third man will often have to raise the subject to take the weight off of the subject's rope and disconnect the subject from their original system. If immobilization of the patient is required, it is generally best to apply a cervical collar and simply load the subject into the litter and immobilize them there or even after the litter or subject reaches the ground. It is difficult to immobilize a subject while the rescuers are on rappel without significant movement of the

patient. Mid-wall loadings are probably the most challenging tasks a rescuer will ever face.

ONE-ON-ONE RESCUE

In the event of a high-angle rescue that does not require a litter evacuation, a one-on-one rescue or Pick-Off is performed. The classic one-on-one rescue involves a single rescuer rappelling to the subject, attaching them to the rescuer's system, raising them to unweight the subject's original system, removing them from their system, and then lowering the subject to the ground. This is a very difficult and exhausting proposition for a single rescuer to undertake while on the wall. It requires a lot of gear, and the rescuer must be very careful not to get confused by the many ropes that will be in the way. These rescues are seldom performed, so you will only be proficient at this task if you practice it regularly.

There are alternative ways to accomplish this task that put much less stress on the rescuer and do not require such advanced technical skills. Lowering a subject is no different than lowering a litter, except that the load is generally less. A brake and uphaul system can be set up on top of the rock, and the raising and lowering can be done by people with their feet on the ground and with room to work. This is generally EPCSAR's preferred approach provided sufficient rescuers and equipment are available. The Third Man can rappel on a fixed line and bring a second load line to the subject. Once the subject is attached to the load line, the crew on the top can raise and lower the subject per the Third Man's instructions. Alternatively, the crew on the top of the rock can lower the rescuer to the subject, and the rescuer can secure the subject to their line. The crew on the top of the rock can then lower the rescuer and subject to the ground or haul them back to the top together. These techniques can be easily learned and performed by anyone with moderate technical skills.

PROCEDURES

The typical rigging for a single-rescuer rappel line will be a tensionless anchor on a suitable tree. In urgent situations, a single loop with a high-strength Bowline is acceptable. The Third Man should carry their rappel rope down with them by clipping the bag to the back of their harness. There are several reasons for this. First, throwing the rope may dislodge rocks or debris, which could strike the subject or others. Second, should the third man's descent route be determined to not be on the correct fall line to reach the subject, the rescuer can more easily adjust without having to move the rope below, risking dislodging debris or having the rope become stuck. Lastly, should the Third Man throw the rope down on the correct line, a panicked subject may attempt to grab the rope, risking a fall or preventing the rescuer from reaching them by essentially performing a bottom belay.

1. The first priority for any situation where a subject may be stranded on a rope or terrain feature is to get them secured to a system known to be solid and secure. Some situations may also have a belayer or other person as a component of the subject's system, who also needs to be secured.

2. The Third Man should approach the subject with caution. In a situation where a subject may be stranded on a ledge or hanging on questionable gear, they may attempt to reach out and grab onto you, which could throw them or both of you off balance, cause injury, or otherwise compromise safety. Stop above them, out of reach, and take a moment to assess the situation. Introduce yourself, advise them to stay calm, and not to try to grab onto you or your gear. Prepare the subject system to be connected to them as quickly as possible.

3. Then, approach the subject safely, and get them secured to the subject line you have brought down from the top. It is generally acceptable to use the subject's existing harness (if they have one on) unless it is obvious that it is damaged or otherwise unsafe. In that instance, a hasty chest harness using a webbing sling may be employed, which you can then back up with a NASAR-tied webbing harness (or a team-provided subject harness, if available).

4. Once the subject is secured to the SAR system, you can further assess for injuries, provide what treatment you can, and determine the best means of extraction of the subject. Be aware that substantial medical interventions are extremely difficult to do in a vertical environment, and often the subject will be better off to get them moved to the ground, a ledge, or other more stable terrain as quickly as possible so that more medical care can be provided.

In most cases, the preference would be to lower the subject to the ground. Lowering is simpler, less manpower intensive, and places less load on the system. It may be simpler to do a 400ft lowering than a 30 uphaul if the terrain or access below is better. However, use your judgment on the best approach, and then advise the member on top of your intentions and needs to accomplish it. Once off the wall, evacuate the subject as necessary.