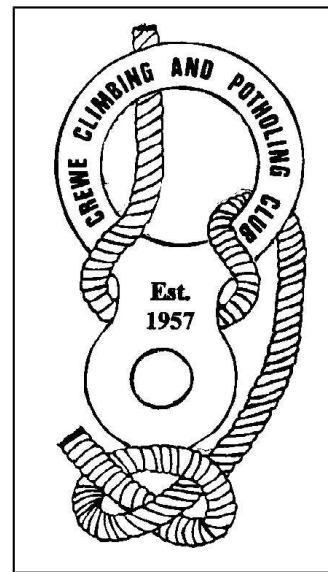


# C.C.P.C. Newsletter 111 November

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## EARTH LEAKAGE TRIP

In 1990, with his fellow explorer and cave discoverer, Mark Noble, our sadly departed mate, Keith Joule, climbed into a passage high above the downstream end of Giant's Windpipe and entered a well-decorated, roomy crawl which led them to (yet another) Mother of all Boulder Chokes. This was serious stuff, as the small crawl turned upwards into a large chamber which was filled with millions of small (but big-enough, if you know what I mean) boulders.

But these lads were determined, and were certainly not put off by trivialities when a chance for a major discovery was presented to them, and so they carried on digging upwards through a choke which kept fiendishly filling up on top of them. Yes, persevere they did, and they were eventually rewarded by entering a fairly large chamber, with at least four possible leads.

Because of the dangerous method of entry, they named the chamber Earth Leakage, and, because they couldn't make entry any safer (without major engineering work) the trip into Earth Leakage (earth leakage trip – geddit??) became something that Peak cavers forgot about. Best not go there ...

And that's how things remained for quite some time ... until up stepped desperate Dan Hibberts of EPC in February 2009, when he went back and patiently worked his way into Keith and Mark's chamber. With a little help

from his friends, Dan introduced scaffolding to make it a little safer and, gradually, a few other cavers began to visit the spot, and some even started to work on the ongoing leads – but the objective dangers of the entry point still remain.

And so it was that, at Keith's funeral, the subject of Earth Leakage was raised, and somebody mentioned that they had heard that I was interested in taking a look. Ben Stevens, who is working on one of the digs in there, asked me to let him know when I fancied a trip, because he needed to take in some scaffold to help shore up the entrance. I agreed, but it was three months before I got a text from Dave Ottewell letting me know that he and Ben were off into Earth Leakage, and did I want to join them?

And so, having just managed to dry my kit off from a working trip into Peak Cavern the night before, I drove down to Peakshill Farm – to be confronted by what looked like a sunbathing sheep in the car park. The Texel ewe looked over at me as I got out of my car, and waved a leg (literally), but it couldn't get up, and it was obvious that the poor thing wasn't well. Although I have a number for the Peakshill landowner, I didn't think there would be much point in ringing him as he was Manchester-based and rented out the land to other farmers. I rang Jess Stirrups who, being a vet, might have some suggestions, and she told me to get in touch with the Ritters at Perryfoot Farm, which I did, and they said they'd look into it and sort it out. (And, when we left the cave four hours later, the sheep was gone.)

Ben and Dave arrived and we carted the gear into the cave – this was basically rigging for Garlands, digging gear and two scaffold poles. The poles and a huge drum-like Pelicase I was carrying made an unearthly music as we moved through the passages, and I wondered if it would be possible to record something like this. I suggested this to Dave and Ben, saying that we could play it at Hidden Earth, but they pointed out that we'd probably have to sell drugs too, so that the other cavers could fully appreciate the art form. Having descended Garlands, we entered the Crabwalk and, ignoring the normal route up to the Eyehole (“We don't want to do the Eyehole with all this kit!”), we walked downstream looking for the climb to the top. Pretty soon, Ben started to climb, but Dave carried on, declaring the ascent to be “much too soon”. I followed Ben, and, sure enough, we topped out just before the hands and knees crawl on the upstream side of the Eyehole. Oh

well!! We still managed to get our bodies and our loads through, but, once on the far side there was no sign of Dave, who had carried on searching for “the right way up”... probably as far as Razor Edge Cascade! But, after much shouting, we heard the clank of scaffold on cave wall, and, shortly after, Dave’s head appeared at the top of the rift.

Not too far now, and we were soon swimming through Giant’s Windpipe, pushing our loads in front. Not too deep, but deep enough to make sure that we were thoroughly soaked by the time we pulled our bodies through the bubbly calcite into the passage where the notice warns you never to free-dive.

Two ropes hang down here. The correct rope is re-belayed just below the ledge into the passage, the other has no such re-belay and is OK for abseiling and useful for towing equipment up the pitch. Soon we were all at the top, de-kitting and sorting out our loads. The route into Earth Leakage had been described to me as a horrendous thrutch through mud and rocks, but it is in fact, a pleasant crawl, with some very pretty, stark white speleothems adorning its walls.

It’s not very long either, and we were soon negotiating the bend upwards and the careful climb through scaffolding and rocks. Earth Leakage itself is a very roomy chamber, with three definite leads going off, including the one we worked on. It is quite high up in the Giants system, and consequently it is well decorated with stalactites, curtains and flowstone. Its height also means that it may be the key to older passages which predate the sumped route taken by the present day stream.

Well worth the trip ... even if it does entail going through the Windpipe twice, although you could always do the Crabwalk, Magins, etc twice instead.

Alan Brentnall

## **Talk on First Aid for Cavers given by Tom Bailey, 10<sup>th</sup> November 2014**

This session was organised for CCPC Members by Alan Brentnall, and was held at the DCRO Rescue Base in Buxton: Those present were: Tom Bailey, Alan Brentnall, Peter Dell, Des Kelly, Gill Kelly, Steve Knox, Mark Lovatt, Rob Nevitt, Steve Pearson-Adams, Andy Platt, Mick Potts, Roy Rogers and Peter Savill. This account is based on my own notes, taken at the time, and is believed to be an accurate record of the information given by Tom (he has checked this account and says it is fine). The order is not necessarily based on degree of importance of the information, or of the actions !

**Cave Rescue First Aid** is different to any other kind of first aid (except, perhaps, that required during incidents in Confined Spaces Engineering, where a risk assessment will have been made, and emergency plans will be in place). Because of the nature of the activity, it is essential that cavers work hard to keep safe, and have a plan in place in case of emergency – at the very least someone needs to know where the cavers are, what they are doing, when they are expected to return, and (very important) what action to take if the cavers fail to reappear or make contact. Normally cavers do not carry large amounts of first aid kit underground.

**Sudden Accident:** When an incident occurs the first reaction of the other party members is likely to be denial: ‘That can’t have happened !’; ‘He’s O.K.’; etc. The next reaction may be guilt: ‘What have I done ?’

**Self Protection:** It is very important that other party members do not rush in. It is vital to pause, and take stock of the situation.

***What has happened ?***

***What are the dangers ?*** – It doesn’t help the situation if another party member becomes an additional casualty.

***Protection*** - Where is the casualty situated ? Does the casualty need to be moved away from danger (falling rock, out of water, etc.) ? If a move is necessary, do it early, and do it once. Caving suits are strong enough to use to get a good hold of while lifting and moving the casualty.

**Action:** At the scene you do what you can, with what you have, at the time. A Caving First Aid Kit, packed in a sealed plastic drum, is likely to contain a limited range of items. A suggested selection is:

Balaclava	Gloves	Mars bars
Matches	Candle	Light stick
Survival bag	Crepe bandages (x2)	Dressings (x2)
Batteries	Pain-killers (strong)	

**Pain-killers:** (well worth carrying). You can give Ibruprofin or Paracetamol, and they can be given together, or Co-codamol, but ***not*** Paracetamol ***and*** Co-codamol together.

**If the Casualty is Conscious, Communicate** - Talk to the casualty. Ask them where it hurts ! Keep positive, but don't make promises, eg. about how soon help will arrive. Help will be a long time arriving. Immediately after an incident has occurred, the casualty may feel that he is 'OK.', but it is important to monitor the casualty's condition closely, as his condition can deteriorate very quickly

### **Check for Injuries:**

**Bleeding:** Bleeding injuries are not common underground, but can be concealed by oversuits, etc.. Check each area of the casualty's body, front and back, by sliding a hand inside clothing and feeling, then check your hand for signs of bleeding.

**Fractures:** Lower limb fractures are common, plus wrist and clavicle fractures, through trips and stumbles. Check each limb by squeezing firmly while moving your hands up and down the limb. Fractures will often be indicated through pain, tenderness, loss of mobility, swelling, distortion (compare - left side with right, etc.).

**Back and neck injuries** can be very serious – if it is necessary to move the casualty, then do so with great care. If the casualty can move himself, then let him. Fractures of the spine are often fractures of the 'processes' on the vertebrae (the spikey bits), rather than actually affecting the spinal column itself.

***If the Casualty Appears to be Unconscious,*** try to communicate. Rub the casualty's chest firmly with a finger, or press a Karabiner hard against the bone in one of the casualty's fingers. This can rouse the casualty.

***Recovery Position:*** Nothing fancy, as long as the casualty is on his side and appears comfortable, and has an open airway.

The onset of ***Hypothermia*** (see below) is a serious risk as the casualty loses heat through inactivity, wet clothing, urination, and simply breathing.

### **If the Casualty Appears not to be Breathing:**

***Airway*** - Ensuring an open airway is essential. Make sure the casualty's head is tilted back (airway open), ***not*** slumped forward (airway closed).

It can be very difficult to find a **pulse** in a cold, wet caver underground.

Sometimes on close examination the casualty can be seen to be breathing – chest movement, or vapour around the mouth.

### **Getting Help:**

Someone needs to go out of the cave as soon as possible. Ideally the casualty should not be left alone at any time, but this will be impossible if there are only two cavers in the party. The caver (or cavers) going out should be competent and confident that they can reach the surface safely. Rushing may lead to further casualties. He/they need to be well equipped with lights, but should leave extra kit with the remaining group. Ensure ability to access a vehicle and mobile 'phone. He/they need to know how to raise the alarm on the surface.

### **Dealing with Injuries:**

***Bleeding:*** Apply pressure to body wounds. Ideally use a pad of some kind (folded balaclava ?) to press directly to the wound site to stop bleeding and help clotting. You can get the casualty to clamp his own hand over the wound site if it is practical to do so. Where possible elevate a limb wound above the level of the heart (raise a bleeding arm above the head / with the casualty lying down raise a bleeding leg and prop on boulder/kit-bags, etc.).

***Don't remove foreign bodies*** from a penetrating wound.

Once the wound is covered, and firm pressure applied, don't remove the covering to re-examine the wound. If necessary, add further dressing on top of the first dressing, and continue pressure. If a bandage is available (or tape), bind the pad in place. 'Conforming' bandage is best. In general, don't

try to bandage a head wound – apply padding and keep it in place with the casualty’s helmet.

With an **arm injury**, once bound to stop bleeding, support with a sling (medical triangle type – avoid the light ‘paper’ type, use real fabric: a 1 metre square cut diagonally makes two !) or a sling (caving-tape type - draped double over the back of the casualty’s neck gives two loops –one for elbow and one for wrist). An extra sling can be used around the casualty’s body; or use the casualty’s own clothing – whatever works, to immobilise and support. It is important to keep a continual check on the casualty, and fingers should be visible to enable a check to be made that there is still feeling and circulation. A walking casualty, able to help themselves, will get out of the cave much faster than a stretcher case.

Note: **Tourniquets** have very limited use underground, and should be left to medical professionals. When used on a limb they effectively mean that the limb will be lost below the site of the tourniquet. In crush injuries they can prevent toxins from the injury being released into the casualty’s body, once the crush is released. Rescuers should only attempt to release a **crush within the first 30 minutes**, otherwise they should wait for professional medical assistance to be on site.

**Fractures:** Often the casualty will be holding themselves in the most bearable position they can find – if so, don’t interfere ! With wrist injuries, etc., some padding, and a support sling may enable the casualty to help themselves towards daylight. For the majority of fractures the casualty is not going anywhere until plenty of help arrives with a stretcher.

**Hypothermia:** This is basically a serious drop in the core temperature of the casualty [body temperature is normally between 35 and 37 degree]. It can be a serious condition in its own right, or can be the cause of an accident happening, where an individual becomes increasingly confused as hypothermia develops (‘mumble, fumble, stumble !’). It can also develop in the casualty, or other party members, as they wait for rescue to arrive.

**Causes:** wet, cold, tired, hungry – sounds like most caving trips – be aware!! As soon as there is a suspicion that a party member is showing signs of hypothermia it is important to stop and take whatever steps are possible to warm the casualty up. Warm drinks (caffeine free if possible) and food will help, and give a real psychological boost. Keep talking to the casualty, and supply gloves and a balaclava, and place the casualty into a casualty bag (with the opening downwards, and with a small window cut or torn at face level). Once the casualty shows significant improvement, if possible, start to

move towards daylight, while continuously monitoring the casualty's condition.

### **Medical Conditions:**

***Heart attack:*** Full attack is tight, crushing pain, sweating. Don't move. (Low survival rate, even on the surface!)

Where there is no sign of life resuscitation may be attempted, but this is now limited to chest compressions (no mouth to mouth) only. It must be done with the casualty lying on a hard surface, and with the casualty's head back to maintain an open airway (folded rope or jacket under the casualty's shoulders). Compressions need to be done very firmly, at a steady, fast rate (reckoned to be about 100 to the minute – the beat of the song: 'Staying Alive'), in the middle of the chest, just left of the centre line. Change the person giving compressions every two minutes – it is impossible to keep going effectively otherwise, and don't worry about pressing too hard – breaking ribs is not an issue.

***Angina:*** Tight chest pain and pain in neck and jaw, radiating down the left side. If available, give one Asprin (if the casualty is not allergic – ask!) The pain can reduce following rest. Insulate the casualty and feed.

***Asthma:*** Reasonably common condition in cavers (the cave environment is good for sufferers) – most will carry their own inhaler, and can self-medicate. The casualty will appear short of breath, and will find breathing difficult. Keep the casualty in a sitting position.

***Epilepsy:*** The casualty may recognise warning signs (from previous attacks) and may alert his companions. Move the casualty to a place of safety if possible, and protect from danger, but do not attempt to restrain the casualty once an attack begins. Do not remove the casualty's helmet. Let the attack take its course. Afterwards the casualty may become unconscious and then sleep. If awake, they will feel very tired. Bright lights and loud noises can trigger another attack – keep the area around the casualty as quiet and calm as possible and use dimmed lights.

***Diabetes:*** A problem can occur if a diabetic finds themselves on a prolonged trip, beyond their initial expectations, resulting in a serious sugar deficiency. The casualty is likely to be sweating and sick. Sugary food or drink is needed immediately. If the casualty has become unconscious they may come round after about 20 minutes when stored sugar is released from their liver, but they will then need sugary food or drink immediately, and may need encouragement to take this.



**Glucose Gel** (in a tube) can be squeezed between the casualty's lips, onto their gums, where it can be rapidly absorbed. Never put your fingers inside a casualty's mouth, as this can result in a serious bite injury.

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I learned a lot from the session, and was reminded of many things that I knew once, but which had faded in my memory. Talking afterwards, it was mentioned how often we see cavers underground carrying absolutely nothing extra to use in emergency situations, either for members of their own group or for others that they might come across (- not CCPC Members surely!!). The same individuals would never think of going out for a day on the mountains without their personal selection of emergency kit in their rucksack. We have emergency bags available in Club Stores, and it seems reasonable to ensure that one is taken with us on every trip, in addition to the bits that we take with us in our individual emergency bags. More than anything, it brought home to me how vital it is that we cave carefully and safely, and look out for each other. Sometimes we are a long way from help.

Many thanks to Tom for giving up his time and knowledge freely, and to Alan for arranging the session and venue.

Steve Knox

**After a CCPC Cave Rescue Practice at Knotlow Mine: 5<sup>th</sup> March 1978.**



After receiving contributions from a number of older Members, the individuals shown in the above photograph have been identified as shown on the following table:

<i>Back Row (l to right):</i>	1. John Gillett	2. Peter Heath
3. Eric Rogers	4. Richard Wilson	5. Tony Reynolds
6. Liam Keely	7. Denise Pinnington	8. Heather Beech
9. Dave Riley	10. Tony Gamble	11. Alan Scragg
<i>Front Row (l to right):</i>	12. Bob Pointon	13. Paul Holdcroft
14. Malcolm Jump	15. Paul .....	16. Ralph Johnson

Where are they all now ?

Most have found other activities to keep them entertained, and sadly we have lost Tony Reynolds and Ralph (and possibly others that I don't know about) but it is good to know that John Gillett and Paul Holdcroft are still active Club Members. Although most of the group members above have stripped off much of their gear, it is interesting to see the differences compared with commonly used equipment today:- the most obvious being the almost universal use of neoprene wet-suits instead of an oversuit/undersuit combination, and 'Commando' soled boots worn instead of 'Wellies'. In the 1970s, for most casual caving trips, the helmets we used had peaks, and most lighting units had a heavy, belt-mounted battery, connected by a thick cable to a miner's-type cap-lamp on the front of the helmet (expeditions generally used carbide lights). Only John Gillett is still showing some of his personal gear, with his Figure-of-eight descender obvious. The CCPC Neil Robertson stretcher (stiff and heavy, and yes - that is bamboo around the casualty's torso !) can be clearly seen as the group pose on the concrete cap above the Knotlow 210' shaft.

I am continuing to gather old photographs of Club Members on caving trips (rather than at Blackpool !) and will be pleased to receive originals or copies which can be scanned for our archive. A note of the location, the date (as close as possible), the people shown, and who took the picture is really helpful. Any original material will be returned if required. Please agree to any such material you can supply being made available for others to enjoy.

Steve Knox. 18<sup>th</sup> November 2014.

**ADDENDUM** - Memory can play tricks. Some IDs were written on the back of the photo but I'm not convinced that even they are 100% correct - I forwarded the picture to those who (I think) I recognised who are no longer in the Crewe area and they had the following to add:

**Philip Marsden** [now in NZ] : I'm on the Far right at the back. I think that's Kevin [Mountford] in the stretcher.

**Liam Kealy** : [Ystradgynlais, South Wales]: Bob Panton in the front. The guy to my left was called Rick - don't remember his surname. He was from Crewe though. I think the girl's name was Helen.

**Kevin Mountford** [NZ] The girl on the left was Denise Pointen from Ralph's school

**Liam Kealy** : Ok, was Helen her friend then?

**Kevin Mountford**: Yes that was her. Denise got married to another club member and Helen became a nurse wow my memory is working well

The jury is out - any more suggestions?

Mark Lovatt 22<sup>nd</sup> November 2014

2014 Dates	Venue -often with easier alternatives (except AGM!)	Comments
Tues 9 Dec.	DCRO Training:	Equipment / Vehicle Buxton Rescue Base
Sat 13 Dec.	P.8 (Jackpot),	Derbyshire Fun trip – some basic SRT.
Mon 5 Jan	CCPC Meeting	+ <b>AGM 8.30 pm, The Bleeding Wolf, Scholar Green.</b>

## NEW CASTLETON TOURIST ATTRACTION

This year's traditional Derbyshire Yuletide mine collapse can be viewed by the Sparrowpit-Winnats Head road, right on the edge of the track pull-in to Peakshill Farm. The unroofed ancient working is coned off but the shaft is immediately next to the road edge and it is still running in. It looks to be about 40' deep to a stope which runs off under the road following Horse Stones Rake in the direction of Oxlow Cavern.



Whilst lacking the visual impact and sheer grandeur of last year's Slaters Engine Mine offering at Foolow, this one wins hands down for inconvenience. The farmers brand-new wall will need major patching and the road is officially closed to through traffic [although access is still currently allowed (30<sup>th</sup> Nov)]. The Highways Dept are investigating and should the hole prove to be unstable, access to Giants Hole may well be disrupted at the very least. Please take great care if you drive past it! **Mark L**