



British Cave Rescue Council

The representative body for voluntary underground rescue in the British Isles

Registered charity: 1137252

BRIEFING NOTE – 24 April 2020

Cave Rescue & Novel Coronavirus SARS-CoV-2

Update for teams and supporters compiled 16:00h BST, Friday 24 April 2020

All best wishes to cave and mine rescue teams, individual team members, families and friends during these unprecedented circumstances. During the current SARS-CoV-2 crisis, BCRC encourages the maintenance of an operational status amongst cave and mine rescue teams if at all possible. Albeit most likely for underground incidents not related to recreational caving and mine exploration, since UK and Irish caving has effectively been shut down. Teams may of course also choose to assist depleted, local Mountain or Lowland Rescue teams in surface SAR within their area.

There are several challenges in maintaining operational capability. A number of documents with key advice, have been circulated to team chairs, secretaries and wardens, and we are immensely grateful to BCRC Medical Officer, Brendan Sloan, for forwarding advice to teams at such a busy time, on management of casualty care to minimise risk of SARS-CoV-2 infection. That gratitude extends to MREW colleagues, Medical Director, Mike Greene and National Training Officer, Al Read who have also been pro-active in updating MR and CR teams in England and Wales on latest medical and operational advice. All team members should be aware of the following:

1. Duty of care requires both vulnerable team members and those with particular responsibilities for vulnerable family members to stand down at this time. Please notify your team secretary and/or update SARCALL if you are in this situation.
2. Some members may be obliged to self-isolate if experiencing symptoms of SARS-CoV-2, as a precaution, or if having to look after family members experiencing the symptoms.
3. The standard and top-up to personal accident insurance does not provide insurance cover for members who might contract the novel coronavirus, SARS-CoV-2 during a rescue incident. Members need to appreciate this in their consideration whether to remain available for call-outs.
4. Any team members who are doctors, paramedics or nurses quite understandably may not be available, with a priority to serve within NHS hospitals and ambulances. This extends to colleagues who are key workers in other sectors.

5. The six-month moratorium announced, should any team members' advanced first aid certificates expire during the lock-down period, is a welcome concession to maintain casualty care capability in case of a call-out.
6. In the event of a call out, team members should travel independently to the organised rendezvous. Ensure you first obtain the Police incident number from your rescue warden before travel in case pulled over by the Police to justify your journey.
7. Social distancing within the rescue environment of an incident, presents a major challenge in confined spaces, especially around a casualty. Appropriate procedures have been devised locally based on medical and PPE information circulated separately to team wardens and will be reiterated by your Surface Control during the initial briefing.
8. After a call-out, depending on the medical circumstances of the casualty and team members following the incident, those involved may need to self-isolate; responses to incidents would therefore be more challenging within that period with such a depleted call-out list.
9. Cross-infection via equipment is a possibility, and information on the recovery and decontamination of rescue kit has been circulated to teams. Several teams have circulated comprehensive and effective protocols to address this particular challenge.
10. Difficulty in accessing PPE is clearly universal and Dr Brendan Sloan, BCRC Medical Officer, has also circulated to teams, details of legitimate and reliable sources.

Peter Dennis

Chairman, BCRC