



SURVIVING ADVENTURE

Accidents happen. If a fellow trekker stepped on an unexploded mine in a remote part of Croatia, would you know what to do? Mark Harris does now.

OUR GROUP WAS ON A MULTI-DAY HIKE IN THE FORMER YUGOSLAVIA WHEN WE HEARD THE SCREAM. ROUNDING A TREE, WE SAW A LAND ROVER CRASHED INTO SOME RUBBLE, LEAKING PETROL. LEAPING INTO ACTION, OUR TEAM LEADER HELPED A CONFUSED AND BLEEDING CHILD FROM THE BACK SEAT – NO SIGNS OF SERIOUS INJURY BUT HE WAS COLD AND HIS BREATHING RAPID.

I checked on the driver, an unconscious woman with multiple lacerations to her head and no seat belt. That meant a possible paralysing injury to her neck, but with the car ready to topple over, I'd have to risk

moving her. It was only then that someone spotted her daughter lying behind a nearby tree – with an open fracture of her femur that couldn't wait...

A nightmare scenario? Perhaps. But it's one that any hiker could face, especially as we venture ever further afield to explore exotic destinations with emergency services that aren't as prompt or effective as those at home. The Prometheus Surviving Adventure medical course aims to give walkers, bikers and climbers a solid grounding in pre-hospital care, in just a weekend.

The previous 24 hours had seen us face knife attacks in Kenya, bamboo injuries in Belize and facial burns in Latvia. 'Around the World in 80 Casualties' might be overstating

it, but if Michael Palin had staggered into our camp with snake bites and heatstroke, I reckon he'd have seen better treatment (and certainly better acting) than at Holby General.

The Surviving Adventure course is run by ex-Special Forces military instructors, each of them an expert in battlefield medicine, leading expeditions and even defusing bombs. If your last first aid course had you folding and re-folding triangular bandages in the classroom, get ready for a shock: St John Ambulance this ain't. Prometheus uses the same high impact educational 'moulages' as the SAS and professional paramedic courses.

Moulages are a series of scenarios where

instructors (and occasionally actors) take the part of victims, complete with convincing props, vocal performances and buckets of artificial blood. There was little warning about when casualties might appear or what injuries to expect, although rest assured you'll get plenty of opportunities to apply dressings, take pulses and even use some more esoteric bits of medical equipment. (If you think a 'nasal pharyngeal tube' is a tongue twister to pronounce, just wait until you have to insert this 10cm awkwardly curved tube into someone's nostril).

Instructors were always on hand to offer guidance and advice, but one of the strengths of the course was the way it emphasized individual initiative and

judgement. From flailing uselessly around our first victim (a 'simple' machete accident), we quickly evolved into calm pulse-taking, pressure-applying, jargon-spouting medics, learning to control bleeding, clear airways, check breathing and – always – reassure the patients and put safety first.

You won't be performing appendectomies or delivering babies, but the range of traumas we tackled with a simple first aid kit (supplied by Lifesytems and co-designed by the Prometheus docs) was surprisingly diverse. At a 'watering hole' in 'Cambodia', we learned all about sucking chest wounds. Now I've always been firmly of the opinion that all chest wounds suck, but apparently when there's frothy blood coming from a

punctured lung, it's particularly sucky. There's a knack to lifting someone's jaw up to secure their airway but the trick that really impressed me was using an empty crisp packet (no flavour specified) and three pieces of sticky tape to improvise a one-way chest valve.

In between the moulages, we warmed up inside with some lectures. With decades of expedition work under their utility belts, the instructors are walking encyclopedias of oddball medical information. I learned how to remove fish hooks from faces, manipulate dislocated joints, reseal knocked-out teeth and even mend wounds with Superglue.

One morning kicked off with an SAS doctor's slideshow of injuries he's treated. A





squaddy's bum riddled with mosquito bites raised a smile, but the aftermath of a bear attack was truly grisly (sorry), and no one who's just bolted a greasy full English breakfast should be exposed to a close-up of a frostbitten penis. The photos, hurriedly shot and often out of focus, bring home the reality of the Prometheus team's CV. No matter how remote your destination or how extreme the adventure you're planning, these guys have been there and done it already, probably at night and under fire.

For instance, there's something inherently credible about a bomb disposal officer with 15 years of practical experience and all of his original fingers. He said that with over 100 million unexploded anti-personnel mines scattered worldwide – many in popular trekking locations like Cambodia, Sri Lanka and Croatia - having to deal with blast injuries is sadly all-too common.

Possibly even scarier was the Situational Awareness and Hostage lecture, a two-hour lesson on the psychologies of kidnap that

had me looking over my shoulder for the rest of the weekend. We heard that the best time to escape is early on, when you're still fit and have some idea of where you are. Too late for me, then, when the major night exercise of the weekend rolled round, and it was my turn to play team leader.

By this time I'd been up to my elbows in gore all day and was just ready for a nip of brandy (strictly medicinal) and a warm bed.

Instead, we were given a stretcher (uh-oh) and led out into the storm-lashed, pitch-black darkness. Rural Hertfordshire doesn't really resemble the mountains of Afghanistan, but it comes an awful lot closer when you hear the deafening thump of a mine exploding and come across a hiker, soaked in blood and with his foot blown off. Luckily, earlier that day we'd been shown how to detect anti-personnel mines with nothing but a small metal rod and a handful of cocktail sausage sticks. Seriously.

After working our way towards him, a scant 3cm at a time, it was time to put my

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tourniquet skills to the test, just inches from unexploded ordnance. And here's where Prometheus's dedication to verisimilitude paid off – under all the fake blood and make-up, the 'amputee' turned out to be a genuine amputee. That might have made him slightly lighter to carry on the stretcher through muddy ditches to our evacuation point, certainly, but it was a real shock for novice medics already jacked up on adrenaline.

The course may have been called Surviving Adventure but it could just as easily have been called Surviving Real Life. Travel accidents happen when you least expect them – and often when you're hours (or even days) from professional help. By confronting us with real world injuries, portrayed convincingly, the Prometheus docs gave us something far more valuable than just a complimentary Lifesystems first aid kit.

We gained the confidence to step up and take action, and the knowledge that even complete novices with a little training can save lives. But one thing is still worrying me: those mines weren't really real, were they?

LIFESYSTEMS PROMETHEUS FIRST AID COURSE

A weekend Surviving Adventure course with Lifesystems Prometheus Medical (01568 613942, www.lifesystems.co.uk/prometheus) costs £295. Weekends throughout the summer.

Lifesystems Explorer (£17.99) and Mountain Leader (£39.99) medical kits are available from www.lifesystems.co.uk. The Explorer contains first aid essentials, while the Mountain Leader has everything from latex gloves to cutting shears.