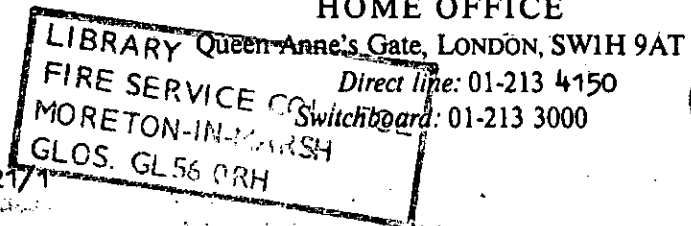




HOME OFFICE



Our reference: FIR/80 620/2171

Your reference:

The Director General
Greater London Council

The Chief Executive

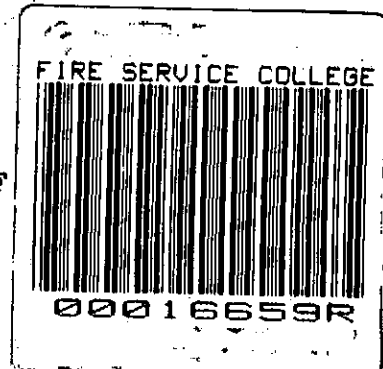
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25 November 1981

Dear Sir

FIRE SERVICE CIRCULAR NO. 15/1981
FIRE SERVICE DRILL BOOK

1. DRILL FOR EFFECTING A RESCUE, FACE TO FACE, BY MEANS OF ESCAPE (OR EXTENSION) LADDER, USING A RESCUE LINE
2. ADDITIONAL RECOMMENDATIONS CONCERNING RESCUE DRILLS

Face-to-Face Method of Rescue

Part 'A' of Dear Chief Officer letter No 7/1981 dated 27 May 1981, said that the Drill Book Sub-Committee of the Joint Training Committee was reviewing the contents of the Fire Service Drill Book, and that it had recommended that rescue drills E4 and E9 (described on pages 77, 78 and 88 of the current edition of the Drill Book) should be discontinued.

2. The Sub-Committee has completed its examination of rescue drills, and has recommended that drills E4 and E9 should be replaced by the 'face-to-face' method of rescue described in the annex to this circular. In making this recommendation, the Sub-Committee concluded that the face-to-face method of rescue best met the needs of the present day service. The method differs only slightly from the E4 drill, but it is safer for the rescuer and more comfortable for the patient. Emphasis is placed on the need to take a rescue line into a building by crew members on all appropriate occasions.

3. The recommendation has been accepted by the Joint Training Committee of the Central Fire Brigades Advisory Council and, subject to comments from the service, will be included in the next edition of the Drill Book. In the meantime, fire authorities will wish to take action on the recommendation.

Additional Recommendations Concerning Rescue Drills

4. The Drill Book Sub-Committee have made the following allied recommendations on rescue drills:-

- a. 'Live' drills using the conventional fireman's carry should be continued for whole-time and part-time recruit training only.
- b. The two man picking up drill should be practised regularly during normal station training using live bodies, followed by subsequent carrying on the flat and also up and down inclines and stairs.

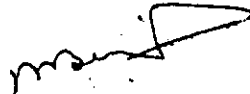
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c. There is no need for continuation training within brigades in the conventional fireman's carry down, having regard to b. above.

5. There are no additional cost or manpower implications arising from this circular.

6. An additional copy of this circular is enclosed for the information of the Chief Fire Officer.

Yours faithfully



P R BURLEIGH

Issued to : Greater London Council and County and Metropolitan County Councils in England and Wales.

Copies sent for information to: The Association of County Councils and the Association of Metropolitan Authorities.

Drill for effecting a rescue, face-to-face, by means of an escape (or extension) ladder, using a rescue line (four men).

NOTE:

1. This drill is to be carried out by using an escape (or extension ladder), a lowering line and a dummy.
2. Because abrasion may occur between the lowering line and the top round of metal extension ladders it is advisable to use a line protector to avoid abnormal wear to a line which is in constant use for drill. A line protector is not essential in operational use.

Preliminary detail As detailed in PD3.

'Get to work'. The escape or ladder is slipped and pitched as in drills E1 and E3, L2 or L3 and L4 or L5 as appropriate. The head of the ladder being pitched level with, or just above, the sill.

No. 2 foots the escape or ladder.

No. 3 mounts the ladder, climbs to the head and enters the building.

No. 4 mounts the ladder, remaining near the heel.

No. 1 provides a lowering line, places it at the side of the ladder and passes the whipped end to No. 4.

No. 4 climbs to the head of the ladder and passes the running end of the line behind the ladder, then between the head iron and rollers and the top round (on ladders not fitted with a head iron between the two top rounds) before passing it over the head of the ladder to No. 3

No. 3 pulls sufficient slack line into the building to reach the patient.

No. 4 follows no. 3 into the building and assists him to secure the line around the patient using a bowline, with a knot in the centre of the patient's back.

When the line is secured Nos. 3 and 4 lift the patient onto the window ledge and place him in a sitting position on the sill with legs above the head of the ladder and the trunk leaning slightly backwards into the building.

No. 3 maintains his hold on the patient whilst No. 4 straddles the sill, taking up a position on the ladder with his shoulders level with the sill. No. 3, assisted by No. 4, then eases the patient forward until the thighs are resting, one on each shoulder of No. 4, with the lower limbs hanging behind his back. In circumstances where it is necessary for No. 4 to give physical assistance with both hands a leg lock should be taken.

Meanwhile No. 1 passes the lowering line to the rear of the ladder, behind the props if fitted, and feeds it outwards under the heel of the escape, jack beam or bottom round of the ladder. No. 1 then stands behind No. 2, takes up the slack line partially taking the weight of the patient to ensure that the trunk remains upright as No. 4 descends the ladder. When No. 4 reaches the foot of the ladder No. 1 will assist him to lower the patient to the ground and remove the bowline.

'Make up'

Nos. 1 and 2 clear the line from the escape or ladder, No. 3 descends and the escape or ladder is made up as detailed in drills E3, L2, L3, L4, or L5 as appropriate.

Note: When the rescue is to be carried out in difficult conditions or when it would be impractical for No. 4 to regain his position on the ladder when the body is in position on the sill eg in the case of a narrow window, this drill may also be carried out by five men; in these circumstances No. 5 should provide the lowering line and after passing the whipped end to No. 4 he should mount and climb the ladder following No. 4, until his shoulders are level with the sill. No. 4 should remain inside the building and assist No. 3 to position the patient's legs on the shoulders of No. 5 who then descends with the patient.