FUSSI Newsletter

Vol. 22 | No. 2 | 2010

Committee

PRESIDENT
Michael Meynell-James

SECRETARY
Bronya Alexander

SAFETY OFFICER
Paul Waclawik

TREASURER
Thomas Varga

EQUIPMENT OFFICERS
Nate Koch

Shane Organ

LIBRARIAN
Alison Thompson

ASF REPS
Bronya Alexander

Clare Buswell

NEWSLETTER EDITOR
Edwina Virgo
edwina.virgo+FUSSI@gmail.com

WEB MASTER
Edwina Virgo

CONTENTS

Search and Rescue at Corra Lynn	p. 3
News from the Timor Caves court case	p. 12
News from around the place	p. 14
Future Trips	p. 14

Front Cover Photo:
Hauling the 'causality' along a narrow crawl way in Y1, Corra Lynn.
Front Cover Photo Credit:
Bronya Alexander

Web address:
www.FUSSI.org.au

All correspondence to:
Flinders Uni Speleological Society Inc.,
C/- Flinders One
Allan Mitchell Sports Building
Flinders University
GPO Box 2100
Adelaide, SA 5001.

SEARCH AND RESCUE TRAINING DAY

OTHER NEWS

Y1 CORRA LYNN CAVE, YORKE PENINSULA.

Clare Buswell

People involved: Clare, Bronya, Thomas, Sam, Nate, Edwina, Elizabeth, Kat, Iain, Michael.
Date of exercise: 23/5/10.

The day began with a straight forward, 'lost a member of your caving party' scenario. I had asked Bronya and Thomas to 'get lost' before we had entered the cave, so the scheme was presented as a 'let's go caving' exercise. In the case of the group that Thomas was in, it took them 8 mins to realise he was missing. As a group they back-tracked to where he was last sighted and found him happily sitting in the dark (or was that light).

In the case of Bronya, she was missed within a couple of minutes and I had to string out a few mistruths, "she was just sorting out a bit of gear, or tying up shoe laces", and I found a sudden enthusiasm for a bit of cave I had not seen for a while: "This looks as if it will go ..." anything to prolong the exercise. Other members of the party insisted we go and find her, so we did. She was very upset to have only had half a page of her book read!

It appears that this crowd of cavers keeps a very close eye on who is where in their group, so as an exercise, it worked on the group togetherness scale quite well. Particularly, for those who had to insist to the leader that they go back and find the missing person. As a search exercise it really didn't work. Next time I will do it the other way and place someone or something in the cave for a group to find, so as to be able to use real search skills: search main drags, search to known haunts, then go back and search side passages.

The next session was the rescue/extraction exercise.

Location

I had chosen the area near Rope Crevasse as it involved:

- Narrow, low crawling and quite restricted drag mat hauling and hauler organization.
- Some open stand up passages: to allow for passing of the injured party with some ease (leap frogging).
- A 3m vertical lift, but with ledges where people can be strategically placed to facilitate a lift. It did not require any vertical gear.
- 100m from the entrance.

Scenario

- A party of 3 entered Y1 Corra Lynn Cave in the early hours of Sunday morning after arriving from Adelaide.
- Two members of the party arrived in a distressed state at the farmer's home around 4:00am to report that:
- The group had successfully made their way out to Skeleton Crevasse, and then back to the Wombat Runs. At this point they had attempted to climb up Rope Crevasse but one member of the party, Bruce, on almost reaching the top of the pitch, fell.
- He reported severe pain in one of his legs, back and arms.
- None of the party had eaten since the Saturday night meal that they had at the Curramulka pub.
- A moderate quantity of alcohol had been consumed at the pub to celebrate the group's win over the Curramulka locals in a pool match. The locals had also won the afternoon football match over Minlaton.
- None of the group has slept since Friday night.

- Being in the region, you are called upon to rescue the injured caver.

SCOPE

The exercise will require the participants to:

- Ensure the safety and well-being of other participants.
- Obtain and organise the necessary equipment.
- Accurately record details pertinent to any subsequent inquest/inquiry.
- Locate, assess and manage the casualty.
- Extricate the casualty from the cave.

The exercise started at 1pm and finished at 3pm. A debrief was held in the Curramulka pub afterwards.

REVIEW

Below are the thoughts of those who attended the exercise. They are in no particular order.

EDWINA

I thought the importance of leadership was highlighted by the exercise. Initially there was no designated leader and people seemed to act as individuals or small groups, doing what they thought was best but not always communicating well with the rest of the team and subsequently the best possible action was not necessarily performed. A good example of this is when the initial scout team was sent on ahead to stabilize the victim, but the paramedic got left behind with the rest of the group. However, once Nate stepped up to the role of leader and began issuing orders, things started moving along a lot more smoothly. Everyone knew what they were meant to be doing and what was happening further down the line and there were fewer instances of people standing around not knowing what was meant to happen next. Despite his inexperience in such a role, Nate quite successfully aided coordination and communication amongst the rescue team, thus enabling the rescue to be performed much more efficiently and effectively than it otherwise would have been.

Choosing the doctor to play the role of victim was a stroke of brilliance, as she had the required medical knowledge to improvise a complicated medical scenario within the bounds of the training exercise, which really put the team and the medic through their paces. The only downside to this was when a 'treatment' deteriorated into a lengthy debate between doctor and medic on the best treatment method, when the priority should really have been placed on stabilizing the victim and getting them out of the cave in the quickest, most efficient way possible. I felt an adequate solution to the problem that was chosen and performed immediately would have been better than a perfect solution performed only after a lengthy discussion.

During the rescue there was also good improvisation in the use of available gear, such as the use of caver's waist packs to cushion and protect the victim's head during extraction. It did seem that more could have been done to protect the victim's broken leg, as it seemed to get knocked and jostled frequently during the extraction, although whether this could have been done with the available

equipment is beyond my knowledge. In general, I think the exercise went well even if there was room for improvement, but I think frequent practice and training would help to negate this issue.

KAT (the casualty)

Going down-under in Down-Under: a Canadian's perspective on Caving in Australia. Those who explore the natural wonders of miles of unspoiled forests, lakes, rivers, and much more might not realize there is another wilderness adventure just beneath the surface. And what might happen when you send 6 Australians, 2 Americans and 2 Canadians into the deep dark depths of a three-level maze cave? One is bound to be coming out on a stretcher! And that was exactly my experience one windy and wet Sunday morning. As we all know, practicing emergency procedures is at the cornerstone of any sport safety. Especially when it involves manoeuvring a person through winding, narrow tunnels and over 3 metre boulders! But nothing gives you a better appreciation of the skill and team coordination required for effective evacuation when you're the person being rescued. Thanks to my courageous team and the guidance from our fearless leader Clare, I was able to see another wet and windy winter day in South Australia. I'd have to say though, being a novice caver myself, two-hours of lying on your back looking at the cave ceilings was definitely a different perspective!

Kat and bum bag 'spine

ELIZABETH (the paramedic)

The day went really well. After playing around for an hour or so we had lunch outside the cave, which was really nice. After lunch, we started the rescue exercise, which was that the subject had fallen from a shaft inside the cave and had possible spinal injuries. We were sent in because her two companions had made it out of the cave and sought help. I thought this was a very realistic scenario; I've been on many calls in the past that have played out the same way. Hauling the rescue gear into the cave was a little challenging in some of the tighter spots but we reached the patient without too much hassle.

I was the second medical person to reach the patient and I began my assessment by looking for any possible danger to myself, and the other rescuers mimed the act of putting on gloves and began my assessment and introductions. It was a little confusing doing it in such a tight space, where I had to be conscious of my light shining into the patient's eyes. I had to shut mine off and had Ian, sitting at her head, direct his light my way. Hypothermia was an issue and that was taken care of pretty quickly, after completing a physical assessment and finding possible spinal injury, neck and chest tenderness, left arm weakness, abdominal pain, a femur fracture on the left leg and a laceration on the lower left leg that was bandaged before I arrived. I didn't remove the bandaging due to fear of tearing off any scabbing that may have formed, reopening the wound and wasting supplies. A sleeping bag was used to insulate the patient, and we used a log roll to slide her onto the mat after attempting some leg stabilization. I wonder about the use of a sleeping pad as insulation; I use them on every patient in an outdoor setting for insulation, but is it too much to bring in to the cave? Does the rubber drag mat insulate well enough?

I then used two bum bags and some athletic tape to attempt some c-spine stabilization. The confines of the cave made moving the patient onto the drag mat difficult; normally, with a log roll, you roll the patient towards you, but we couldn't do that as there was a wall on one side and rolling her towards us would mean rolling her onto her injured leg. So we had to push her away from us, leading to concerns about spinal stabilization. We secured her to the mat and were off.

Bronya, Sam and Thomas tie up Kat and the drag mat.

I was a little flustered in dealing with the patient in the beginning, because it was such a new scenario for me. I was so preoccupied with thinking about moving the patient and the space limitations, that I forget a few things and had to be reminded. Although we did organize an advanced aid party, it would have been great to organize it better. A navigator, c-spine stabilization person and note taker (Bronya stepped up) would have been great. Bronya had to remind me about paperwork and began to take notes as I dictated, though I was hesitant to give too much detail within the patient's hearing. If she hadn't known about certain injuries or how bad they really were, I wouldn't wish to cause panic by revealing it in front of her. Though there wasn't much space to get away from the patient.

I didn't give any pain management; I doubt anything lower than morphine would have helped with pain from a femur fracture. Any NSAID can possibly cause stomach issues and with nothing in her stomach but beer for at least the past 12 hours, a NSAID could cause nausea, vomiting and a potential chocking hazard if we couldn't turn her in a tight spot of the cave. She was also on two medications for high blood pressure and a beta blocker, which she hadn't taken for at least a day. I didn't know what those two medications were and didn't wish to give any medication that might interfere with pre-existing conditions. A NSAID wouldn't have messed with the heart, but as I didn't know what the medications did, I didn't wish to mess with it. The fear of being sued is in me! There was also pain on abdominal palpitation, which could indicate any number of things, internal bleeding being high among them. Giving any NSAIDS that are also blood thinners would have been very bad. Since I didn't actually know what the over the counter medication was (different names in the states) I played it safe with the meds.

It was challenging to stay at the patient's head the whole time, due to how we had to navigate the terrain. Negotiating certain areas of the cave was hard and the patient was put in several positions that I wouldn't have wanted to stay in for any length of time. Head facing downhill is, most the time, something to avoid. There are a few situations where you'd want the feet elevated, but it wasn't appropriate for our particular scenario. I imagine that dealing with shock would be extremely difficult in a cave. Spinal stabilization was basically nil, due to the layout of the cave and the flexibility of the drag mat. Wonder about an inflatable sleeping pad that is partially rigid on the top ... insulation and stabilization ... or possibly reinforcing the top part of the mat. I think it would be difficult to negotiate the cave with anything but the drag mat, because you don't have the space.
The flexibility of the mat is great. C-collar definitely would have helped, but you have to work with what you've got. Bum bags were the best we could do in the situation. Maintaining c-spine with a helmet is interesting too...

Overall though, I think it went great. For it being the first rescue scenario for most people, and a few obstacles being particularly difficult, the communication and execution was great. Disorganized in the beginning, but it all worked out once we got the patient. It was fun!

Co-ordinating the lift,
Bronya, Edwina, Elizabeth, and Nate.

THOMAS

What could be done better/more efficiently?

Considerable time was spent on sorting out the next step, what to do, who does what, etc. Having said that, this was with a group with no prior expertise. I imagine that with ongoing practice this could be improved - assuming the same group of people were consistently training specifically for such scenarios.

Possibly the largest issue was the 'head-first' vs. 'feet-first' dilemmas and trying to pivot 180 degrees in too tight spaces. In retrospect we should have identified spots where turning around was going to be easy and then plan how to get from one such spot to another.

In the heat of the moment (moment being a solid two hours) I think there was less consideration for the safety of others apart from the casualty. For example, I am not sure if we checked if someone was left behind or not as we progressed from one section to another? I think it is important to avoid compounding an already bad situation and making it worse by having to rescue a rescuer.

As we progressed I do not think we communicated back to 'Jim' what was going on, i.e. prepare the surface support for what was needed (e.g. relay the medical condition of the casualty).

Prior to embarking on the rescue we did not assess if we were in fact able to successfully perform the rescue ourselves. For example, my headlight was fading by the end. Ideally we would have sat down and assessed how long it was going to take and if everyone had enough battery power. How about water and nutrition for the rescuers, etc?

What could be left out?

The above-mentioned head vs. feet first riddle.

Utilisation of people's skills.

Elizabeth's paramedic skills were obviously utilized the best. The rescue did not require elaborate rigging and rope management so there was no opportunity to showcase such skills. I was happy that I knew how to tie a tape knot and can imagine that adding some extra knots to my arsenal may come in useful in other situations. Interpersonal skills came through and I don't think there were issues there. Even though there was the occasional conflict of ideas there were no arguments or egos exploding.

Knowledge of the cave (for those of us who had done that route before) took the guesswork out of getting to the scene of the accident. We did not think about what obstacles needed to be overcome before setting off however. Ideally we should have traced along the map the route and highlighted any challenging parts that may need extra equipment, etc.

Realistic expectations.
During my last first aid course, the instructor said that as first aiders our role is to treat the casualty for shock and make them as comfortable as possible until medical help arrives (and apply CPR if necessary). It is not about, showing off fancy dressings and making an ill-informed diagnosis followed up by some form of treatment. (He told the story of receiving bad first aid himself after he was involved in a motorbike accident. The first aider wanted to do everything by the book and apply such-and-such a dressing, put him in the appropriate position, etc. All he wanted however was to have someone hold his broken limb in a particular position that relieved him from the pain.)

Without any immediate medical support I think realistically all that can be expected is 1) make the casualty comfortable and 2) try to get them to medical assistance as soon as possible.

The haul crew in a crawl way.

Equipment: was it used usefully, what is missing?
The route was not technically challenging, so there was not much reliance on equipment - apart from the drag mat and items needed to haul the drag mat. First aid equipment was obviously used as well as was the sleeping bag to keep the casualty warm.

I was wondering if it would make sense to take a small gas burner and canister to heat some water and make a cup of tea or similar? If I were stuck underground for 8+ hours I would sure be grateful for a hot cuppa. (Especially if it was going to take 2 hours to get me to the surface and then another 2 hours to a hospital.) Or just use a thermos.

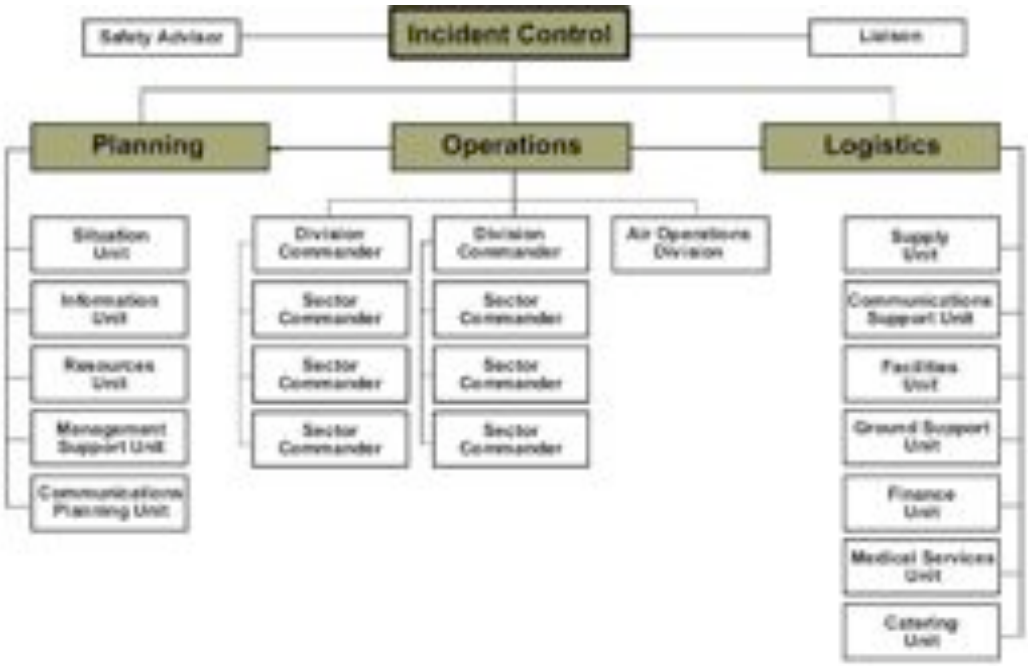
Chocolate.

Anything else that comes to mind?
At the beginning the 'advance team' should have taken the paramedic with them.

MICHAEL
I thought it went really well and was a fun exercise. I thought both the casualty and paramedic did an exceptional job. I guess one thing that wasn't clear at a couple of points was whether we were making our own decisions or if we were responding to an incident controller's request. For example, when choosing supplies from the first aid kit. Obviously if there were paramedics on the scene we would leave it up to them. Then, if there weren't paramedics etc, would we make the decision ourselves to move a casualty?

It highlighted the need for more muscle power, not necessarily decision-making power. There seemed to be at least two clear roles. One related directly to the casualty and their safety and wellbeing. The other, the operation to extract them from the cave. There was probably at least one other role that we did not play out and that is for the 'gate-keeper', or surface liaison. This role would interact with all parties outside of the cave to ensure the correct planning and preparation has been made for when the casualty makes it to the surface, as well as procuring the requests of the team inside the cave.

In the CFS we use the AIIMS system (Austral Asian Interagency Incident Management system. This is the same system used by all emergency services in the country (but not the South Australian police - SAPOL). One of the many things it outlines is the 1:5 span of control. This states that one person can only ever be in direct control of five people. E.g. Fire truck has 6 seats, one person is the leader and the other 5 are crew. A strike team consists of one command vehicle and five appliances, and so on. The structure is outlined below.



NATE

The weather was cool with the potential to rain, but that didn't matter because we were going underground. We had eleven of us on this trip, which was a pretty good-sized crew. Upon arriving at the mouth of Corra Lynn cave we broke up into two teams. My team was "Team America", because there were two Americans in it and we nominated the other team, "Team Canada" 'cause they had two Canadians. We took a right then jaunted left, ducked into a crawl and scrambled to the upper level, where we found ourselves looking at a broken-off stalactite that rested at an angle, giving it the appearance of a giant ant leg. I could tell we were close to the

The final lift outside the cave entrance

centre of the earth. After exploring around the honeycomb section that we were in for an hour, we came to the conclusion to head back to Grand Central and meet up with “Team Canada”. After meeting the other group it was lunchtime, which was pretty exciting ‘cause I had a self-made ham, cucumber and sprout sandwich screaming my name from the surface.

Take two. Part of this trip was to be dedicated to a simulated rescue mission. We were all given a piece of paper that laid out what the circumstances were and then given the assignment to extract the injured person from a section in the cave. We nominated a person to play the victim, Kat, who just so happened to be the doctor in the group, Murphy’s Law. I then suggested that the group nominate a leader; due to the size of the group we needed someone to make the final decision at times when the stress was high. That was ultimately ignored until later when I ended up being nominated. The organization of the group was a little sloppy, but then this was a first for all of us. Thomas, Elizabeth and Michael were put on the medical crew and they were sent first to check on the condition of Kat.

After reaching her, I assigned a group to secure Kat to our stretcher that was fitted for caving extraction. Myself and three other people then went ahead to decipher the best way to get Kat out safely. We lined up a couple of ropes and webbing to tie to the stretcher and pull her through sections that were virtually impossible to move her in any other way. We pulled her through several sections where there were low ceilings and had two to three people assisting along the way to make sure she was stable and so as to not jar her too badly. The hardest task was getting her up a four-meter wall. We first tied a strap to either side of the stretcher, running those lines up the sides of the wall, where there were conveniently located ‘shelves’ for a person to brace themselves from. Iain and Clare were assigned to the shelves with line in hand. There was also a rope tied to the front of the stretcher for security, and hauling, which had Sam and Edwina on the end of it. Michael, Thomas, Elizabeth and Bronya were at the base of the wall to lift the stretcher-encased Kat as high as they could and I was in the middle in a crevasse that ran the length of the wall to assist Kat’s weight while everyone worked together to get her to the top of the wall. This task was difficult with the equipment at hand and might have been done ever so slightly more efficiently.

Our team did an excellent job for not ever having done anything like it before. The last bit of the cave wasn’t too difficult and we traded between people so as to not wear anyone out too much.

IAIN

I felt things generally went pretty well. I think the exercise was very useful and definitely reminded me of the dangers involved in the activities that take up the majority of my free time. One thing I noticed that might warrant comment was nearing the end of the activity (as we were approaching the last few turns before the cave entrance). I thought the team got a little excited about getting Kat out and rushed through the final passageways. People were tired and relieved to have gotten her out and I wonder if things had a greater opportunity to go awry. I've noticed that same phenomenon in climbing before, when we are topping out of a long climb, we're tired, and anxious to be on flat ground. I've often observed what we call 'a case of the stupids' where we make decisions too fast and move without consideration. Just some thoughts.

CLARE

This is the third or forth time I have run this exercise and each time it has been handled differently by those involved. It is also the first time that we have had a trainee paramedic and trainee doctor on board. As a result it changed the focus of the exercise, highlighting

some medical processes, such as keeping the patient level, asking questions concerning feet first or head first through crawls and over undulating surfaces. This increased communication between the medical team and the hauling team resulting in the latter having to turn the patient around to accommodate these requirements and no doubt learning more in the process.

We failed on the note-taking side of the exercise. Not only did the note-taking start late, but also we lost the notes! So in a court of law, when the judge asks, "what do your notes record?' we would have to answer that: "the dog ate my homework, Me Lord!"

One issue that I think warrants highlighting is the need, when first being told of an accident and that your expertise is required, to stop, sit down and take a few minutes to *really* plan through things. Think about how to utilize *all* the skills of the group that you are part of. Who would be a good leader and appoint him or her there and then. Appoint the medical first response group based on their skills. Appoint hauling crews and communication people. The small amount of time taken to do this prevents long delays in sorting out this organizational skill base half way through the exercise. It is, however, very difficult to do when the adrenaline is pumping and you want to rush in to help. Sometimes it is best to remember that the road to disaster is paved with good intentions.

For a first-time effort the exercise went really, really well, and a big thank you to all of you. When's the next practice?

Some comments recorded during the exercise and at the debrief. They are in no particular order.

Where is the nearest Hospital? In the FUSSI first aid kits there is a list of important phone numbers, police, the poisons hot line, list of major hospitals with A and E and other local hospitals near caving areas.

Need to communicate with the surface crew; let's have "Jim" as the contact.
Tell Jim that we have located casualty, and that they are conscious and have treated open wounds.

A woman should be appointed as 'the boss', as blokes when working like this tend to get into power spins. Need to be able to stand people down, to be able to rest them or rotate them.

Great to have real medical people there.

Kat stated that it was great that Elizabeth kept talking to her, asking about her medical history, taking her pulse, and asking about any medication that she was on.

Getting a medical history early is important, you can relay any possible problems to the surface crew so that associated medical backup can be prepared for it. It helps determine any drug issues and prevent any possible problems.
Write on patient's forehead, any medication given as this will obviously go with the patient and will not get lost! Elizabeth stated that she put this on the tape that was used in the improvised C spine bum bag stabilization. But that it had been removed before the lift up the crevasse, just in case the bum bags fell off.

How did you Kat, as the patient, deal with people discussing how we are going to do this haul or lift, or the constant stop start situation? Kat replied that: "as I knew you, it was not a problem. I knew that you had some concerns getting up the rift, but I had confidence that

you knew what you were doing. It may have been different if others unknown to me did the same [had the same discussions]".

Keeping people talking is really important; don't allow them to go to sleep. It is a way of checking for serious neurological problems.

We need to investigate a comfortable helmet that allows for the spine to be stable.

CAVE CONSERVATION BATTLES IN NSW

Clare Buswell

In August or September of last year, 2009, the call went out from the Australian Speleological Federation to help with a court case that one of our NSW caving clubs, Newcastle & Hunter Valley Speleological Society Inc (NHVSS), was mounting to try and stop or at least modify the quarrying of the caves and karst landscape in the area known as the Timor karst region, in the Hunter Valley in NSW.

FUSSI donated $200.00 to their court costs, which were considerable, (around the $20,000.00 mark I believe). The court case took place over 4 days or so in February of this year. Although the mine was not stopped, considerable concessions were made in favour of the NHVSS argument. Below is the summary of the case. As it shows, more discussions will be forthcoming, and it appears that the members of NHVSS will be in for the long haul, keeping watch over this area. It seems that history is repeating itself, and I am reminded of the campaign of the Central Queensland Speleological Society to save Mt Etna caves from being mined. The Mt Etna issue became Australia's longest running conservation battle, 40 years!

Jodie Routledge from NHVSS kindly sent through the Citation below, stating that they were going back to court on Monday, 31/5/2010 to continue discussions.

Citation: Newcastle & Hunter Valley Speleological Society Inc v Upper Hunter Shire Council and Stoneco Pty Limited (2010) NSWLEC 48.

On the 31st March 2010, the NSW Land & Environment Court held that it, if appropriate conditions can be drafted to address matters raised in the judgment, the Timor Limestone quarry **is appropriate to be approved**.

Below is a brief overview of the following main issues:

1. **The impact of caves and cave fauna**
2. **The impact on the White Box Endangered Ecological Community**
3. **The impact on the Squirrel Glider**
4. **Local roads**
5. **Rehabilitation**

1. **The likely-hood of caves & impact on cave fauna (biota)**

The court found it **likely** that small interconnected voids and fissures would exist in the limestone to be quarried and that there was a sufficient enough possibility that these voids would contain biota, therefore activating the *precautionary principal*.

Consequently, the court requires that a pre-blasting assessment protocol be drafted between the parties as well as an ongoing monitoring program to ensure that the impact on specialised

cave fauna (biota) is avoided. This monitoring program is to extend throughout the life of the project and rehabilitation phases.

The pre-blasting assessment protocol requires the development of measures to assess the limestone for caves and voids before blasting occurs. The protocol will be developed jointly between Stoneco Pty Limited, Upper Hunter Shire Council (UHSC) and NHVSS under the guidance of the NSW Land & Environment Court.

In the instance that a cave is excavated during the quarrying process, a protocol has been developed between the parties to assess the significance of the cave and manage accordingly to avoid any further damage.

NHVSS is pleased that the court recognises the value of karst conservation and specialised cave faunas and specifically, the potential that sensitive cave environments exist at this site. We feel that this monitoring program will provide positive outcomes adding to the understanding of ground dependant faunas in Eastern Australia and hope that this will lead to greater understandings and research opportunities in this area.

2. The impact on the endangered ecological community (EEC)
   The court agreed with NHVSS's expert witness's that the entire project site contains the White Box EEC (lifting the originally claimed affected EEC area from 0.2ha to 6ha). However it was judged that the development would not place the EEC at risk of extinction because the White Box EEC exists beyond the project boundaries of the site.

3. Squirrel Gliders
   It was judged that no significant impact on the Squirrel Glider population and their habitat was likely to occur and therefore a species impact study is not required. During the court proceedings Stoneco adjusted the project site plans to lessen the impact on the Squirrel Glider's habitat.

4. Local Roads & Bridges
   There is a condition that requires UHSC to ensure that all roads and bridges affected are compliant to carry the planned haulage of material from the quarry.

5. Rehabilitation plan
   The court requires a plan for the rehabilitation of the site be developed.

OTHER NEWS AROUND THE CAVING WORLD OF AUSTRALIA

The ASF held a postal vote on the reviewed Minimal Impact Caving Code and the Minimal Impact Code of Ethics for the Scientific Investigation of Caves and Karst; both were passed. We will need to update our handbook with these new versions.

Adelaide hosted its first colony of Grey Headed Flying Foxes that it has seen. SA usually has only insectivorous bats, you know – those that eat mossies etc. Flying Foxes eat flowers/nectar and would you believe are related to rhinos and horses on the evolutionary tree! As they have keen eyesight they do not use echolocation, like insectivorous bats, to

locate dinner, etc. It is believed the visiting mob came over from Naracoorte. The colony of 2000 or so took up residence in a pinus tree in the suburb of Fullarton for about 2 weeks. Battos from the S.A. Museum, Adelaide and Flinders Universities devised a plan to move them on, but the weather decided the bat's travel plans instead. They don't like the cold and hang out in warmer climes. They are an endangered species with a declining population and a declining habitat.

The Department of Environment and Heritage (DEH) called for submissions on the proposed declaration of a small section of the South Australian side of the Nullarbor karst region to be declared a Wilderness Area. FUSSI placed a submission to DEH pointing out problems with the proposal, namely that the area under consideration was inadequate and should continue as currently designated: the Nullarbor National Park. We await the Minister's decision.

Writing of the Nullarbor, service stations and towns from Ceduna to Norseman have developed a Nullarbor Golf Links. According to *The Age* (Saturday May 29, travel section, p. 8), the 18 holes can be played by paying $50.00 for a golf card, which lists locations, par and a course map. The course is 1400km long and takes in the usual and the unusual golf course hazards: roughs, sand, crows that steal your golf balls, the Bunda Cliffs and wombat holes. (No mention of caves.) You can either organise the game and the associated travel yourself or you can take the organised coach tour. Gold and silver packages encompassing: meals, accommodation, basic clubs and cultural experiences cost $3450. Ex Adelaide or Perth!

FUSSI also placed an application with Sport and Rec to try and get some money to replace some of the stolen gear. The ASF and the Hon. Mr. Sibbons, the new Member for Mitchell, supported our application. Mitchell is the state seat in which Flinders Uni is situated. We will know the result around August. This is the second time we have applied for this grant; let's hope that this time we are successful.

FUSSI FUNDRAISING EFFORTS

Bronya Alexander

In mid June FUSSI was lucky to secure the position of sausage sizzle provider for the Bunnings at Marion. After having run a BBQ earlier this year at the Mt Barker Bunnings and barely breaking even there, some of us were reluctant to try again. But we'd been assured that Marion was a much busier place and we still had leftover supplies to get rid of. So with our gained insights from running the first BBQ we agreed to run the Marion one. And it was a good decision. We came away with almost $1000 profit from the day, which was HUGELY rewarding!

There were a number of things suggested to improve the run efficiency if we ever tackle another BBQ (whoever thought there'd be so much involved in cooking up a snag or two!), but the most notable is the number of staff required. When lunchtime hit, it hit hard. From a bit after midday the masses came, and we had about 4-5 people helping at the time which wasn't quite enough. Six people would be good between 12:30-1:30, but during the morning and afternoon 3 people would have sufficed.

An added bonus in the morning was the activation of the fire alarm (Paul swears he wasn't burning the sausages!). So customers were forced out of the building and made to wait right in front of us – very good for sales indeed!

Thanks to all who helped source the bits and pieces, and to everyone who helped on the day (especially the three vegetarians!).

Bronya and Thomas (in his awesome Batman tee) get snapped with the Bunnings staff, while Paul and Deb work hard cooking the snags.

Cave Rescue Orientation Programme (CROP)
Weekend Training
Sat/Sun Sept 18 & 19 at Corra-Lynn Cave.

What is CROP? CROP is a US-developed caver rescue program, which is being adapted to Australian conditions. It is a training programme for caver rescue, involving everything from physical extraction from a cave, to co-coordinating communications and logistics with other organizations. The Australian Speleological Federation's Commission, Australian Cave Rescue Commission (ACRC) is in the process of adopting and training up club members in CROP.

Richard Harris, (CEGSA) and myself are the SA co-coordinators of the ACRC. Richard has managed to get Ross Anderson (convener of the ACRC) from WA, to come over for this weekend.

Richard, Ross and some other CEGSA members will be running the programme. It should be very informative, and will pick up from our training session in Corra-Lynn cave in May. I advise all to attend and have a great deal of fun. Below is the notice that Richard sent around.

Clare Buswell.

The weekend will consist of interactive talks, hands-on demonstrations and a practical search and rescue exercise in the cave itself. Ross Anderson (convener of the ACRC) from WA will guide us through the course with some of the sessions being run by CEGSA members. Once we have completed a successful course under Ross's supervision, we should be able to run subsequent courses independently, and progress to higher level cave SAR training (this programme is a prerequisite for the vertical rescue programme).

Programme Outline

Sat am	Presentations
Sat pm	Outdoor practical stretcher handling exercise
Sun am	Practical rescue scenario
Sun pm	Program conclusion and feedback

We will commence at 0800hrs Saturday for check in and late registrations with talks commencing at 0830, so you will probably need to come over Friday night. Exact venue and accommodation to be advised.

Discussion topics will include:

- ASF and local rescue organisation
- The Cave Environment
- Incident Command Systems
- Logistics of Cave rescue
- Communications
- Medical Topics and practical first aid in the cave

I anticipate the cost will be $35.00/head + accommodation and dinner Saturday night. Course notes, Lunch on Sat/Sunday and Morning teas will be provided.

Other groups to be invited to participate include FUSSI, local Police, SES and Ambulance service.

Please respond to docdive@bigpond.net.au with the likelihood of your attendance:

YES, I am very keen to attend
Interested but not certain yet
NO, I am unlikely to attend

This will really help with our planning. I will send more information to anyone who responds 1) or 2).
Many thanks. Harry

Richard Harris

WHAT IS ON

MID YEAR BREAK: 5th to 23rd of July

July 9-12th	Flinders Ranges Trip. Michael co-coordinating. A weekend spent walking and searching for caves in the mid Flinders area. Leave 4pm Friday afternoon, return late Monday night. We will be in either the Blinman or Bunkers area.
July 29th	General Meeting: Caving gear, what's good, what works and what causes problems. Rm 241 SSN. The usual place. 6pm - 8pm. BYO something to munch on.
August 14-15th	Lower South East. Just so we can get wet! Bronya co-coordinating.
August 26th	General Meeting. A talk on CROP. Rm 241 SSN. The usual place. 6pm - 8pm. BYO something to munch on.

CAVING CONFERENCES

August 2-17th	International Symposium on Vulcanospeleology. Undara QLD. Pre-Symposium Excursions: - Mt Eccles, Western Victoria. 7-10th August. Info at: ozspeleo@bigpond.net.au.
April 2011	National Conference. Australian Speleological Federation's Biennial Conference. Chillagoe. Far North QLD. JUST GO TO IT.
May 2011	Australasian Cave and Karst Management Association's Conference. Ulverstone. Tasmania Just go to that TOO.