



Puyallup Extrication Team

In the last article I covered Scene Size Up and Painting the Picture. In this article I am going to cover "Extrication Plans" as they pertain to mechanical extrication at a motor vehicle accident.

The extrication plans are dictated by a few contributing factors; Patient positioning, vehicle anatomy and its position (upside down, on its side etc..) and patient condition. It will need to be quickly identified if "Rapid" extrication is needed or is there time to perform a more systematic removal of metal from around the patient.

In our world there are two modes of mechanical extrication, Rapid and the patient is entrapped but stable so time is not as critical. The different between these two plans is time. As trained firefighters the extrication goal for an ALS "rapid" patient that is circling the drain is 10 minutes or less. If the patient is entrapped but not a "rapid" patient then we base our timeline on a 20 minute extrication. These times are part of the big picture, the golden (trauma) hour – our goal in getting the patient to the trauma center within one hour from time of the accident.

No matter what condition your patient is in you still need to have a rapid extrication plan in the event a patient starts to crash. This, like all extrication plans needs to be conveyed to everyone working on the extrication by way of the Extrication Leader. This director of tasks and assignments works with the Outer and Inner to determine the extrication plans. As stated the rapid can be a plan, for example; it can be as simple as determining that a single window or door opening will be the way the patient is coming out if they "crash". Make your rapid plan simple without spending too much time or resources creating it.

Once the rapid plan has been executed and conveyed it is time to establish the plans where the focus should be getting the patient out in less than 20 minutes. These plans are conveyed as follows; Plans A, B, C and so on. Once again the factors I listed above will determine (give you) most of your mechanical extrication plans. If you think about it there are only so many ways you can cut a vehicle up. One being the trunk another the roof, the doors and what we call the dirty side or under carriage which typically would not be a "plan A".

If the car is on its roof then obviously the roof is out. If it is on its side then that aspect/side of the car is out as well. The other factor we touched on earlier that assists you in determining your plans is the patient. The days of popping a single door, then placing three firefighters and a backboard in that opening to get the injured Mrs. Smith out of the wreckage are over. We have all been there where we torque and twist the poor patient out this small opening all the while possibly causing further injury because we chose to not go "long access".

The patient wants to come out long access meaning in a line, nose belly button toes. This method of removal will give you your next piece of the extrication plan. All you need to do at this point is look at that path and where is it leading, toward the trunk, the rear door? You can now establish the plans working in conjunction with your "Interior Stabilizer / Medic" to make sure your plans work for him or her as well. More on the Interior Stabilizer in the next article.

All of these steps only need to take a few minutes as we make every attempt to stay ahead of the clock in the extrication arena. The A, B and C plans are conveyed as simple terms such as; Maxi-Door, Roof Flap, Roof Removal and Trunk Tunnel just to name a few. One area where I see confusion with the “plans” is stabilization. Firefighters get confused thinking that basic or advanced stabilization is a “plan”. These are merely components of the actual extrication plan A, B, C etc..

The Extrication Leader should not have to tell you how to perform basic or advanced stabilization....what they do need to do is convey what the extrication plans are to everyone involved. That way everyone is on the same page especially those performing the stabilization so they will not place their stabilization equipment in the (path) way of the plan!

Every extrication situation is going to be dynamic-the information above is simply a foundation to work from. Because we have all been there where the extrication scene has gone chaotic amongst rescuers and the extrication does not go well – this is typically due to the lack of communication and organization. Hopefully the procedures I have offered up above will eliminate some of those issues and assist you in your extrication responses.

In closing I would like to see if there is anyone out there that has ever been contacted by an insurance company asking why you cut the car up to get their insured, Mrs. Smith out of the wreckage. I ask this question in each class we (The Puyallup Extrication Team) teach and I have yet to find one firefighter raise their hand in 12 years of instruction. So I ask you then, why not make a big hole to get Mrs. Smith out....please consider this and lets get away from the single door pop, three firefighters and a backboard crammed into the extrication path (single door) – thanks.

For more information about this particular topic please go to www.thePXTeam.org and on the home page click on the Tacoma Trauma Conference Video

Stay safe out there.

Extrication; The art of making space

Jeff Pugh is a Lieutenant with Central Pierce Fire & Rescue in Pierce County. He is the president as well as one of the lead instructors of the Puyallup Extrication Team (PXT) www.ThePXTeam.org . Jeff has 18 years on the job as a professional firefighter, 4 years as a volunteer and has been part of PXT since its inception (12 years). He has a strong background in technical rescue covering 15 years on his department’s special operations team and serves as a Rescue Squad Leader for WA-TF-1. The Puyallup Extrication team offers “hands on” extrication classes and is a mobile, DPSST certified, non profit company.

