

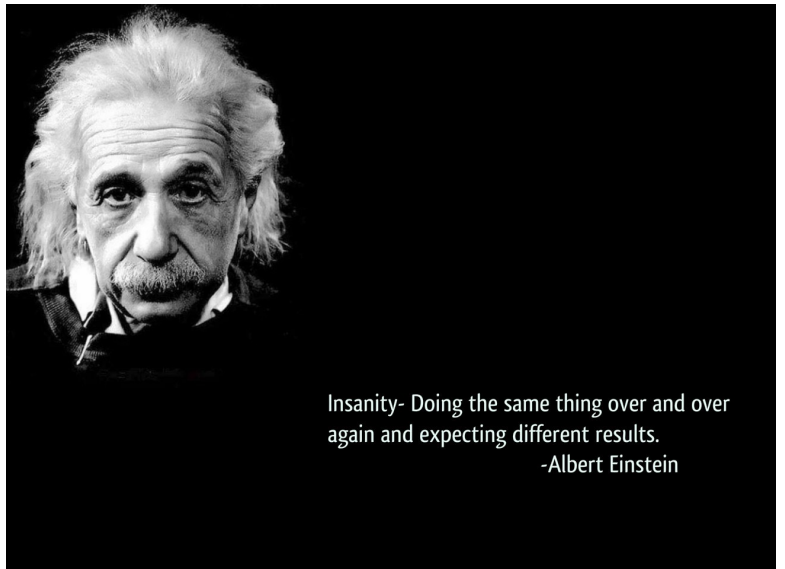


Technique management and decision making

Every incident attended is both similar and different, similar in the fact that there are vehicles involved that will have sustained some form of deformation of varying degrees. There is more than likely to be people requiring medical intervention as well as simple to complex entrapments. So far, we can say that these areas are common for most RTC's attended.

What is different are the techniques required to create appropriate space and clinician access to both triage, treat and extricate people from the vehicle. We could also debate that these too are similar, and it would be fair to say in a lot of cases we carry out techniques that we are used to and comfortable with.

Its of no surprise that we like to do what we are comfortable with. I have experienced people who will do the same techniques all the time, because in their mind it works, and they are comfortable with how to achieve it and brief it to the crew. To a degree this can be deemed as acceptable, if evidence suggests a good success rate over time. But this does have the potential for unacceptable failure.



Every incident needs to be assessed on its own merit, the situation, information gathered, casualty condition, clinician dialogue, mechanisms of injury, kinematics, available equipment and resources, location, type of vehicle and so on, need to be factored into the extrication plan. Techniques need to be planned around all this information. To just do the same thing without effectively interpreting this information is dangerous to both rescuer and casualty and does not create an effective rescue platform.

Extrication and rescue equipment that is now available to rescuers has developed a lot over the last few years, allowing the execution of more effective techniques and the ability to deal with stronger materials. More space creation options are available along with non-destructive techniques.

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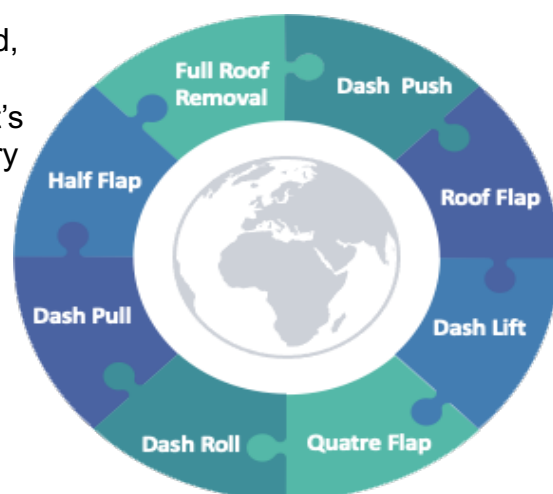
Do we need prescriptive methods, does it always have to be the same way every time? A good question that attracts some excellent discussions and debate.

In my opinion we need to have options not barriers. Do an assessment, plan it and carry it out based on the needs of the casualty, the vehicle type and available options.

There are lots of different ways to relocate a roof, roll a dash and remove a door to name just a few. Do not get into the mindset that it needs to be done this way every time. It will not always work and might not be the best evolution for that specific situation or vehicle.

Train using multiple techniques and remember try new things and develop your options.

Do we roll a dash on both sides or just the one, roll, lift and a roll, lift the facia, pull the dash with chain techniques and so on. All these techniques are valid, just use the one that fits the situation, we don't always need to ram on both sides just because that's what we've always done, remember, the more we try to achieve that isn't needed, just adds to the extrication time, and that is time that the casualty might not have.



Does it always have to be a roof flap, I've known rescuers that will default to this every time, so what if, on that one occasion it doesn't work, can we proactively and effectively change the plan, are we now out of our comfort zones, when was the last time a full roof removal was carried out operationally or in training? To late for that now!

There is never only one way, and its not always the same way! The situation, vehicle type, available equipment, crew ability and casualty injuries/entrapment will determine the technical options used.



Let us know your thoughts – rtc.rescue@gmail.com

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