

## Extrication planning discussion Time for change

Planning:

A **plan** is typically any diagram or list of steps with timing and resources, used to achieve an [objective](#). See also [strategy](#). It is commonly understood as a [temporal set](#) of intended actions through which one expects to achieve a [goal](#)

<http://en.wikipedia.org/wiki/Plan>

I have covered this topic in a past document; “Extrication Plans”, where we discussed the “immediate plan and the primary plan”

In this discussion we will look at the need for a “Plan A (primary) and Plan B (immediate)”

For a long time there has always been the teaching to have a plan A and B, “plan A” being the primary/main extrication strategy and “plan B” being the evolution that allows for a rapid extrication should the casualty suddenly deteriorate by creating an egress route or freeing a limb.

This teaching fits the rescue format in that we need to assess and come up with an extrication plan that leads to a casualty centered rescue “plan A”, there is also the plan B, should the casualty deteriorate a means of rapid release has been factored in to the main plan, this has become widely known as the “plan B”

Do we need to have these as future terminologies?

Following incidents and training scenarios it is often asked by the supervisory officer (senior rank on scene) or indeed by the trainer what the plan B is, perhaps a good thing or is it just to enquire and make sure that this has been factored into the extrication path/plan.

Lets take it one step further; every rescue we attend is carried out in a professional casualty centered systematic approach, so do we need to actually have a plan A and B?

We should all know as rescuers what the format of a rescue is, and the officer in charge should have a strong grasp on what needs to be completed in view of the information that they receive from medical teams or on initial assessment.

Plan A and B should come together. Do we need both? The extrication strategy should encompass both and if not why not?

We should never be in the position that a rapid extrication is needed and there is not a route for the casualty to be taken out of the vehicle due to shortsightedness or lack of planning, would a roof be removed before lower limb entrapment is freed? As always in some cases that may happen, as with everything extrication the situation will dictate the order in which the rescue proceeds.

The extrication plan must recognise the needs of the casualty/s and by doing so will arrive at a systematic rescue plan and approach by initially creating the rapid extrication route should one be needed whilst at the same time building this into the main extrication path on in some cases both can be totally separate.

Do we need to verbalize that we have a plan B? shouldn't this automatically happen first, if we start to feed this way of thinking into our training, in time plan A and B will start to phase out and become one plan, "the extrication plan".

There shouldn't be a need to verbally state "for the plan B I want that door opening" it should happen as a matter of course from good planning, incident management and good interagency training and communication.

By improving the way we carry out an extrication will only lead to a better simultaneous casualty centered rescue.

If the way we train changes to take this new direction, **we must still communicate to the medic teams that a rapid extrication/release route is available and what that route is inline with their advice.**

This is not to be confused with the ongoing plans to be ready for any eventuality, plan progression is a must and has to be part of the extrication format. it is not to be thought as in the same way as the plan A and B mentioned here. Always have a progression plan and keep this going until all casualties are removed.

As always please send in your thoughts.

[rtc.rescue@gmail.com](mailto:rtc.rescue@gmail.com)

