

Extrication Plans

The Immediate plan and the Primary plan

The extrication phase of an incident has always taught us to have a Plan A-B and so on. So that if one technique doesn't work or creates a problem we move on to the next plan and so on until the space creation phase is complete.

In some cases the plan B had been associated with the Rapid Extrication plan, this is the plan that is used should the casualty suddenly deteriorate and we need to extricate them as soon as possible.

Firstly why is it referred to as the plan B, it should in most cases be the initial plan (A) and completed as the first part of space creation.

Its no good us having a Plan A and removing the roof and the casualty deteriorates and we need them out quickly but they have lower limb entrapment, we now have no rapid extrication plan because they are still trapped. So our Rapid plan (plan B) will be to free the lower limbs and then commence with the Primary plan.

So our plan (A) or now Immediate plan should be the Rapid Extrication Plan and carried out initially and the Primary plan will be our main extrication plan.

We are calling it the immediate plan because that is what we will complete first / immediately before anything else, obviously initial stability etc will be completed prior to this.

In a car resting on its wheels with one casualty, there is no access as the doors are jammed shut, no actual entrapment, just relative entrapment due to spinal injuries.

Our Immediate plan will be to either break a window for access or force open a door, this will give us a viable Rapid Removal route, this will then develop as the incident evolves, so our Primary plan will be to remove the roof, as doors are opened and more space created the Immediate plan will change to a more suitable opening, so as the incident progresses the Rapid Extrication route progresses and the extrication route will improve.

Another example is if the casualty has lower limb entrapment, our Immediate plan will be to release the lower limbs first, which will allow us to remove the casualty should they deteriorate and our Primary plan will be Side and roof removal.

In some cases our immediate plan will be a roof removal because the requirement of evasive airway management will take priority over freeing the lower limbs, in this case we may have two Immediate plans one being the roof and the other being a dash roll / lift which will require the upmost skill and simultaneous teamwork from crews.

This may cause you some confusion but with study and experience these options will start to make sense.

The primary plan could be full roof removal, we always teach to have a plan B - C etc so if that doesn't work we move to the next technique, or shall we just call this, plan progression?

We have formulated our Immediate plan and also our Primary plan, we then progress our plan as the incident evolves thinking ahead should one technique not work we have a secondary primary plan to change to and so on.

Its always good practice to try and make the Immediate plan part of the Primary plan so that less work is required and scene time is reduced. For example if our Immediate plan is to remove the drivers side front door, and our Primary plan is a Full roof and side removal, we should carry out the Immediate plan on the side we want to perform the side removal technique, again this reduces scene time and unnecessary extrication work.

In summary:

We must always formulate an Immediate plan inline with our Primary plan, we must make sure we have completed our Immediate plan so that there is always an extrication route for the casualty should they require immediate removal to definitive care or require stabilizing within the ambulance/ roadside.

Our Immediate plan can be as simple as opening the tailgate as this would be a viable rapid removal route where there is relative entrapment.

Or our Immediate plan could be the release of the lower limbs by either a dash lift, dash roll or forced seat removal and then moving onto our Primary plan, full space creation. By freeing the lower limbs we are now able to remove the casualty at anytime in consultation with the on scene medics/ doctors

After all is said and done our aim here is to make sure we are able to rapidly remove the casualty before our primary plan is complete should the need arise.

A point to remember in all of this, at no times should we put our selves or the casualty at any more risk or cause any more harm to the casualty. Unless the benefit outweighs the risk