Rescue Communication and Terminology

The key, along with many other factors to a successful and effective rescue is the ability to communicate and maintain that communication throughout the rescue

The channels of communication

Communication on scene must be effective, a standard being the trichotomic approach to communication, with more complex incidents using the Tetrad approach to communication.

So, what do these terms mean

When attending an incident classified as an every day run of the mill job, it can generally be managed by the Initial appliance OIC (officer in Charge) so the 'Trichotomic approach is commonly used, this is where the communication streams are between the three key players. These are the OIC, the Technical team (crew members carrying out the rescue tasks) and finally the clinicians.

So, lets break this down.

It can be a very dynamic approach and I am sure everyone will have their own methods or communication on scene and prior to.
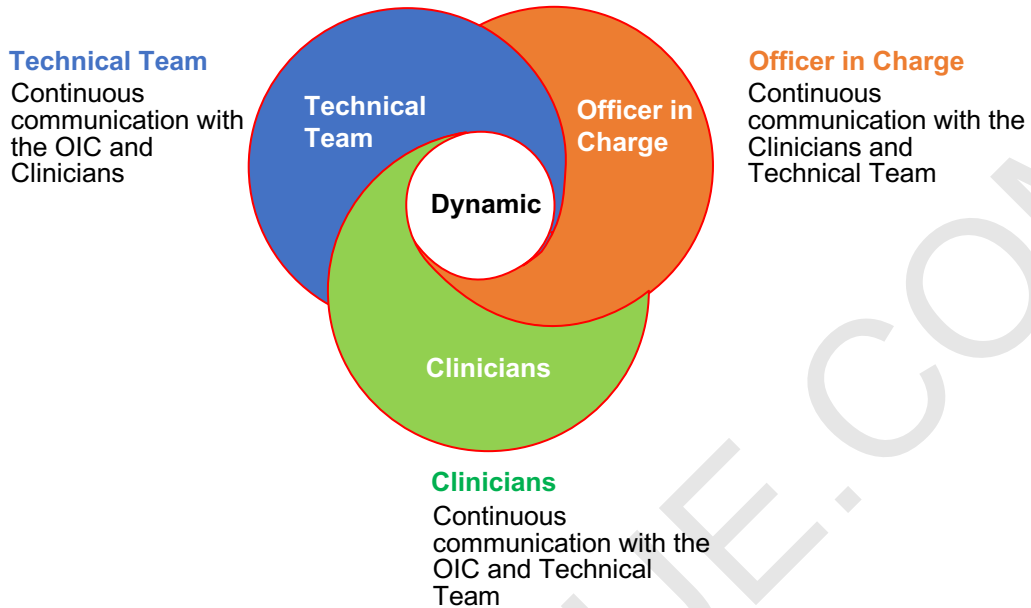
It can start as early as en route to the incident with the OIC passing on information to the crew and giving initial tasking of roles, potential hazards and the situation known at the time.

On arrival the communication continues with the clinicians if already on scene or as soon as they arrive, or the crew member carrying out the casualty care, passing on information relevant to casualty, rescue plans and rescue requirements.

The process of communication is then maintained throughout the rescue continuously updating everyone on the plan, any changes in the casualty and the current and perceived extrication path.

The trichotomic approach to communication has been proven to be very effective if it is achieved from the onset, the three main streams are the OIC, Technical team (firefighters - rescue team) and the Clinicians (on scene medics)

Technical Team
Continuous communication with the OIC and Clinicians

Technical Team

Officer in Charge

Dynamic

Clinicians

Officer in Charge
Continuous communication with the Clinicians and Technical Team

Clinicians
Continuous communication with the OIC and Technical Team

The trichotomic approach is the need to maintain good regular communication between all three streams is paramount to the effectual planning and orchestration of an effective rescue scene between all three agencies

The OIC must brief the technical team on the casualty situation and some basic information such as Name, known and potential injuries and the rescue plan that is relevant at that point in time.

The technical team need to feedback to the OIC and clinicians any information that could affect the rescue plan or have an adverse effect on the casualty's situation, another important factor for the technical team is to try and achieve the needs of the clinicians and feed this back to the OIC, the technical team should also be pre-warning the clinicians of any tasks that may have an impact on casualty treatment or the safety of both clinician or casualty, such as debris, noise and other hazards.

The Clinicians need to communicate with the technical team so that everyone knows the casualty's situation and the perceived plan, also if any of the rescue tasks are having a negative impact on the casualty or medical interventions. They also need to communicate with the OIC to inform them of any changes or timeframes for release. The OIC and Clinicians also need to both agree the rescue plan and update each other regularly.

The Tetrad approach to communication

The Tetrad approach is simply where we have a larger rescue scene or more complex rescue. Where the rescue plan is now being managed by a sector commander or rescue competent person and the OIC has taken a step back to manage the overall scene and maintain a Multi agency management position.

In this case the 4th communication stream will be from the OIC to the Sector Commander and then from the Sector commander to the Technical team and the Clinicians.

Only the information needed for the OIC to manage the rescue scene is passed on from the sector commander, the OIC must refrain from getting too involved and trying to manage the rescue plan, when this happens the effective management and communications can quickly become diluted impacting the rescue.

An exception to the rule is if the OIC needs to step in due to safety issues or the plan not being managed effectively or a simple nudge in the right direction is needed.

The Tetrad approach

Officer in Charge

Technical Team

**Dynamic**

Sector Commander

Clinicians

Terminology

An area that tends to attract some good discussions between rescuers and clinicians, sometimes leading to confusion on scene, which we could all agree doesn't help the rescue or promote a cohesive team approach.

Is the correct terminology important and what terminology do we use?

TERMINOLOGY

Yes, of course its important, we need to all understand what is going to happen and the terminology used needs to be simple and relevant to the situation and something that we are all familiar with. There are naturally variants between services and possibly something that will remain.
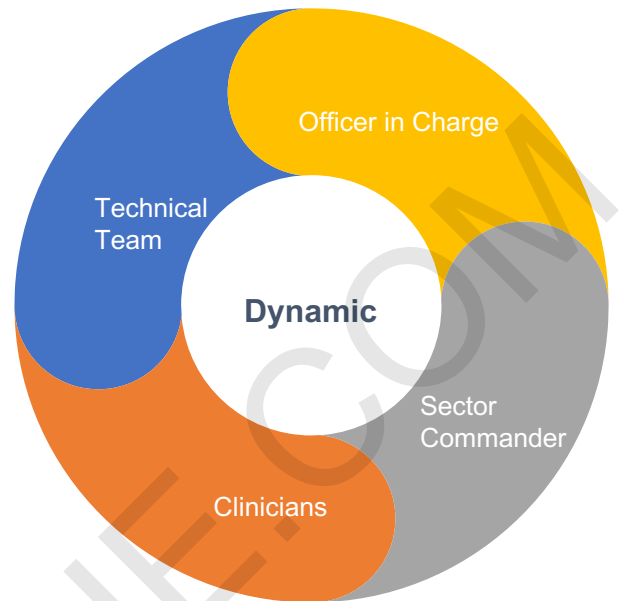
This itself raises the question of how important is it and what is the solution

Everyone needs to know what is going to happen and how, the only way to achieve this is with very good communication as already discussed. With an understanding of the terminology that's going to be used, as I have already mentioned there are going to be variants, so what is the answer?

There will be many solutions depending on who you talk to, we need a joined up approach as I have witnessed some excellent teamwork and space creation, only for it to be destroyed by poor casualty handling and communication during the extrication & packaging stage of the rescue.

We all know that there needs to be one person only, overseeing the removal of a casualty from a vehicle, with primary control being from the person managing the head / c-spine.

How many time have we witnessed a casualty removal where we have either lost momentum or there are so many people submitting their thoughts, the situation becomes out of control. Its an area of rescue that needs to be managed well with a clear person orchestrating this stage of the rescue.

The moving of a casualty from a vehicle can be a complex process and one that needs great control and understanding of the process from all those involved.

Some of the common terminology used:

Before you start the extrication and packaging of the casualty, make sure everyone is switched on and knows what the plan is and what's going to happen.

Not effective:

Is everyone ready

Try not to use this term, you will then end up waiting for everyone to answer, which in turn will delay things, especially if people are not paying attention.

Distance – 6 inches, 12 inches, 1 foot

Do not use distances, such as "we are going to slide them up the board 6 inches" what does this really mean to you, I'm sure everyone's 6 inches will be a different distance, this does not help.

MEDICAL TERMINOLOGY

Effective terminology:

Ready Brace Lift – Ready Brace Slide – Ready Brace Roll

Some simple terminology that we can all relate to, clear and defined in meaning and commonly used by clinicians.

Is anyone not ready

Short and conclusive, if no one speaks it would be fair to say everyone is ready

Slide, lift or move etc. **until I say stop**

Instead of using distances, use the term "**until I say stop**" by using this terminology the person managing the movement can tell people to stop the movement at any time once the required position has been achieved or sooner if there is a problem, it also stops over movement from people that get a bit carried away in the heat of the moment.

An example:

Ok we are going to slide "name" if known up the board until I say stop, brief on any injuries relevant to moving them (add to brief), is anyone not ready, brief pause? OK – Ready, brace, slide, STOP, reposition and repeat.

Summary:

It is important that we try and establish a standard set of commands to help promote collaborative working and effective casualty rescue.

As stated, there are slight variants depending on where you work.

Having discussed this with several Pre-Hospital Clinicians it would a fair to say that as long as we all know what's going to happen and everyone understands the terminology that will being used, that is then sufficient.

Make sure everyone knows the plan, the terminology being used and what their part of the action is and manage it effectively, one singer one song.

As with all rescue situations the key to success is effective and simple leadership and communication throughout the operation.

As always please send in your thoughts or comments to rtc.rescue@gmail.com