

## REGIONAL STANDARD OPERATING GUIDELINES

### Extrication Group

#: 104.03

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**SCOPE:** This policy will relate to all mechanical and non-mechanical extrication activities.

**PURPOSE:** The purpose of this policy is to identify the responsibilities of the Extrication Group.

**SAFETY:** Extrication activities allow for a multitude of dangerous opportunities. It is the responsibility of each member to recognize these situations and protect against them.

**PPE:** All personnel operating within immediate area of a mechanical extrication shall be in full turn outs (Coat, Pants, Boots, Gloves, Hood, and Helmet with eye protection).

**HANDLINE PROTECTION:** The Extrication Group Supervisor will ensure that a charged handline is in place with at least one firefighter manning the hoseline. The firefighter will be in full PPE & SCBA. The purpose of this handline is to provide protection to personnel performing extrication in a flash related event.

#### **PROCEDURE:**

The Extrication Group is utilized in multiple patient incidents that require physical disentanglement and/or the removal of trapped victims. Extrication is responsible for removing and delivering patients to a treatment area. Extrication will assist triage with any patient treatment that is necessary prior to disentanglement. Extrication and triage groups should be assigned separately (see *Model Procedures Guide for Emergency Medical Incidents*, National Fire Service Incident Management Systems Consortium, 1996). This clearly distinguishes between two important, though distinct functions. . . identifying patient number and severity (triage), versus victim disentanglement and removal to a treatment area (extrication).

### **Extrication Group Responsibilities**

The following items represent the standard operations that will normally be performed by the Extrication Group:

1. Determine the location, number and condition of all patients (coordinate with Triage).
2. Determine if triage will be performed in place or at the entrance to the treatment area (see "Triage Group").
3. Determine resources.
4. Assign and supervise extrication teams.
5. Extricate and deliver patients to the treatment area(s) or to a casualty collection point.
6. Provide frequent progress reports to Command.
7. Ensure safety and accountability of all patients and assigned personnel.
8. Coordinate activities with other groups.
9. Notify Command when all patients have been removed and that companies are available for reassignment.

The Extrication Group Supervisor should be positioned in a readily visible location that is accessible to arriving companies and maintain a view of the scene. Face-to-face communication should be used within the group. Company officers should use messengers to relay information to the Group Supervisor.

The Group Supervisor shall provide frequent progress reports to Command. As a general rule, patients should be triaged and tagged in the impact area. However, Depending on the safety of the site and the arrangement of the patients, there may be instances when triage is performed at the entrance to the treatment area.

Regardless of where triage is performed, the triage process requires close coordination between triage, extrication and treatment group supervisors. The first priority for removal to the treatment area will be IMMEDIATE patients followed by DELAYED patients. IMMEDIATE patients should be moved to a treatment area without delay. These patients can easily be spotted with night-reflective IMMEDIATE labels placed on or near their bodies by the triage team(s). In some cases of confined entrapment, removing "DELAYED" patients may occur before access can be gained to "IMMEDIATE" patients. These patients may need to be moved to the treatment group ahead of "IMMEDIATE" patients.

All non-ambulatory patients should be moved on backboards, with cervical spine precautions if indicated. Companies may be assigned as "litter bearers" to assist in this movement. Pick-up trucks, baggage carts or similar conveyances may also be used. Full spine immobilization may not be possible during the early stages of an incident.

The Extrication Group Supervisor should assign personnel to help size-up the situation. An evaluation of the number of patients involved and the complexity of extrication requirements is an immediate priority. A reasonable guideline is an initial commitment of one company per five (5) victims. This is reasonable for extending initial and immediate care when numerous patients are involved in a major incident. The goal, as resources and priorities permit, is to provide all resources necessary to extricate and move patients to the Treatment Group. If the patients are spread over a large area, Extrication should assign companies to a specific area or group of patients. The company officer assigned will determine the immediate needs of those patients and request assistance if necessary. The Company Officer has responsibility for all those patients until they are delivered to a treatment area or assigned to another company.

If the incident site involves a large area, it may be necessary to create more than one Extrication Group. Responsibility should be divided geographically with appropriate division designations. (e.g. "Alpha Extrication). Branch operations may be required to coordinate this effort. Most ALS personnel should be assigned to the Treatment Group. However, some paramedics may also need to be assigned to the Extrication Group to provide ALS treatment for critical patients undergoing extended extrication efforts.

When victims require forcible extrication, extrication-capable units should be assigned. Extrication apparatus should be brought in close to the scene while other apparatus is parked at a distance to avoid congestion. If the extrication requires specialized equipment (i.e., wreckers, cranes, cutting torches), these must be requested through Command. The Extrication Group Supervisor is responsible for assuring the safety of the area where patients are being extricated. This will require the commitment of personnel with protective lines and extinguishing equipment where a fire risk exists. If fire is involved, coordination with firefighting teams will be required. The safety of patients and Fire Department personnel must be a primary concern.

To reduce confusion and congestion, Triage will initially direct all MINOR (ambulatory) patients using the *S.T.A.R.T.* criteria to a specific area. Extrication Group Supervisor is later responsible to further assess these patients once more critical activities have taken place. Extrication may decide to remove these patients to an "Assembly Area." Green salvage covers can be used to identify this area. A city bus or other vehicle can be used to transport these people to a suitable location. As patients are moved from the extrication area, fewer resources may be required.

The Extrication Group Supervisor should advise Command when companies or personnel are available for reassignment.