

Space Creation

Why do we create space at an RTC / MVA?

We create space not only to enable extrication, with the saying that we make the hole fit the casualty. We also make space and room for the clinicians to assess and treat the casualty. Some evasive airway management techniques can only be carried out from the front of the casualty, so better access would be needed, and this is just one example.

We know that a complete roof removal is the gold standard for creating the best amount of space with a vehicle resting in various positions, obviously if its viable for the situation.

But, how many times do we see the doors and B-post left in situ?

Why is this? We get such tunnel vision into removing the roof, that all other techniques get missed, left or ignored. Why?

How many times have we struggled to take the roof off, while avoiding tripping or getting caught on the doors that are now in the way?

How often do we see the medics trying to work around the B-post and over damaged doors?

This needs to stop, we need to look at our extrication plan and re-evaluate.

An exception to the rule is where a rapid extrication is needed and time does not permit these techniques, unless required to free the casualty.



Lets look at a scenario:

A vehicle has been hit on the driver's side and then ended up head on into a tree, minimal damage to the front of the vehicle but considerable damage has been done to the drivers front door and the B-post which are both intruding into the vehicle cell.

On arrival we see that the paramedics are working in and around the vehicle with access from the passenger side, crews set to work stabilizing the vehicle and getting their rescue tools set up ready for a roof removal.

Nothing has been done to the driver's front door?

On further investigation and by trying the door handle from inside and out, we manage to open the driver's front door, why was this not done in the early stages? Something so simple and yet so often missed.

This would have given the clinicians better access to the casualty and more room to work.

The roof was removed and the casualty taken out over the rear seats on a long-board. The B-post and doors were left in situ.

We can see that sometimes the simple act of trying a door and not getting caught up in the situation can make life a lot easier. However simple, this is often overlooked.

If it is not a time critical rescue we should be planning to remove doors and b-posts to create the maximum amount of room, if they are going to cause an obstruction, these techniques do not take long to achieve, with good training, vehicle knowledge and incident management.

Removing the doors and B-post gives the clinicians a lot of room to access and assess the casualty; we can then look at further evolutions and removing the roof.

Removing the doors and B-post first is often preferred because once we have removed the roof we loose a lot of the structural integrity in the vehicle. Which can then make these techniques trickier to achieve.

This will not always be possible, and a roof removal may be all we can do. Remember do the right thing for what you are faced with.

Even if we do not have a side on impact we should be factoring door and side management into the extrication plan.

As I mentioned earlier we are there not only to free the casualty but also to create the room for medical intervention. They both go together, but are very often working in two separate modes.

Lets create that space; we have the skills and knowledge so no excuses!!!!

Lets all be proactive in promoting simultaneous physical and medical intervention.

Please send in any comment to rtc.rescue@gmail.com

