Chapter 35
Gaining Access and Rescue Operations

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U.S. DOT Objectives Directory

U.S. DOT Objectives are covered and/or supported by the PowerPoint™ Slide Program and Notes for Emergency Care, 11th Ed. Please see the Chapter 35 correlation below.

***KNOWLEDGE AND ATTITUDE**

- **7-2.1** Describe the purpose of extrication.
- **7-2.2** Discuss the role of the EMT in extrication. Slides 4-5, 19, 22-24
- **7-2.3** Identify what equipment for personal safety is required for the EMT. Slides 12-13
- **7-2.4** Define the fundamental components of extrication. Slides 6-26
- **7-2.5** State the steps that should be taken to protect the patient during extrication. Slides 4, 20, 24
- **7-2.6** Distinguish between simple and complex access. Slides 17-18

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Fundamentals of Extrication

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Role of Non-rescue EMT

- Advocate for patient care
- Assure patient removed without further injury
- Vigilant about scene safety

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(cont.)

Role of Non-rescue EMT

- Follow chain of command
- Critical patient care before extrication unless delay endangers patient/rescuer

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Ten Stages of Extrication

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Ten Stages of Extrication

- Stage 1: Preparation
- Stage 2: Sizing Up the Situation
- Stage 3: Recognize & Manage Hazards
- Stage 4: Stabilize the Vehicle
- Stage 5: Gain Access to the Patient
- Stage 6: Initial Assessment
- Stage 7: Disentangle the Patient
- Stage 8: Immobilize & Extricate the Patient
- Stage 9: Detailed Exam, Treatment & Transport
- Stage 10: Terminate the Rescue

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Step 1: Preparation

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Step 2: Size Up the Situation

- Evaluate scene hazards.
- Any additional resources needed?
  - Additional EMS units
  - Fire suppression
  - Technical rescue team
  - Police department
- Extent of patient entrapment

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Step 3: Recognize and Manage Hazards

- Power lines
- Fuel spills and fires
- Airbags
- "Loaded" bumpers
- Traffic and bystanders

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Step 3: Recognize and Manage Hazards

- Choose appropriate level of protection:
  - Headgear
  - Eye protection
  - Hand protection
  - Body protection

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Scene Hazards

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Protective Clothing for Extrication

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Step 4: Stabilize the Vehicle

- Prevents motion of vehicle
  - Safety of rescuers
  - Prevent injury to patient
- Methods vary with type of vehicle and positioning.

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Step 4: Stabilize the Vehicle

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Step 5: Gain Access to the Patient

- Safety aspects of vehicle may hinder rescuers.
- Courses are designed for skills needed.

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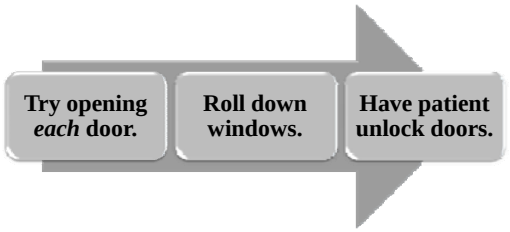
Simple Access: No Equipment Needed



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Complex Access: Special Equipment Needed

- Beyond scope of EMT course
- Courses available for interested EMTs:
  - Trench rescue
  - High-angle rescue
  - Basic vehicle rescue

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Step 6: Initial Assessment

- Perform assessment of life threats.
- May be limited due to access
- Control life threats:
  - Airway/C-spine
  - Major bleeding

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Step 7: Disentangle the Patient

- Remove vehicle from around patient.
- Keep patient informed of activities.
- Protect patient from glass, sharp metal, and other hazards.

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Step 8: Immobilize and Extricate the Patient

- Prevent further injury.
- Coordinated approach to removal is essential.

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Step 8: Immobilize and Extricate the Patient

- Maintain cervical spine stabilization.
- Complete initial assessment.
- Provide critical interventions.

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Step 8: Immobilize and Extricate the Patient

- Immobilize spine securely:
  - Short spine board
  - Rapid extrication
- Lift and move patient, not short spine board, unless designed for this purpose.

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Step 8: Immobilize and Extricate the Patient

- Use sufficient personnel to lift and move patient.
- Choose path of least resistance.
- Continue to protect patient from hazards.

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Step 9: Detailed Exam, Treatment, and Transport

- Perform as dictated by patient condition.
- Transport to appropriate hospital.

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Step 10: Terminate the Rescue

- Replace equipment.
- Note any damages/maintenance required.
- Critique incident.

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Review Questions

1. Explain the role of the EMT in the size-up of a motor-vehicle collision.
2. Discuss what the EMT should do upon arrival at a collision if a power pole is broken in half and the lines are down in the street.
3. Explain who you should call for assistance in your community if, on size-up of a collision, you observe a truck turned on its side and leaking fuel.

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Review Questions

4. Discuss ways to stabilize a vehicle that is resting on its wheels, a vehicle that is resting on its side, and a vehicle that is resting on its roof.
5. Explain the difference between simple access and complex access to a patient in a vehicle.

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Street Scenes

- What are the scene safety issues that you need to address?
- What techniques should you consider for extrication?

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Street Scenes

- Should rapid extrication be considered for this patient?
- Describe assessment for this patient.

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Sample Documentation

PATIENT NAME: Malik Cooper PATIENT AGE: 30

CHIEF COMPLAINT: Unresponsiveness

PAST MEDICAL HISTORY: None; Allergy to; Hypertension; Seizures; COPD; Other (List); Stroke; Diabetes; Cardiac; Asthma

Unknown

Current Medications (List): Unknown

VITAL SIGNS	TIME	RESP	PULSE	B.P.	SKIN	R PUPILS L	SKIN
	0010	Rate: 28; Regular; Shallow; Labored	Rate: 90; Regular; Irregular	120/76	Alert; Voice; Pain; Unresp.	Normal; Dilated; Constricted; Sluggish; No Reaction	Unremarkable; Cold; Warm; Moist; Dry; Pale; Cyanotic; Flushed; Jaundiced
	0015	Rate: 28; Regular; Shallow; Labored	Rate: 90; Regular; Irregular	124/76	Alert; Voice; Pain; Unresp.	Normal; Dilated; Constricted; Sluggish; No Reaction	Unremarkable; Cold; Warm; Moist; Dry; Pale; Cyanotic; Flushed; Jaundiced
		Rate:	Rate:	/	Alert; Voice; Pain; Unresp.	Normal; Dilated; Constricted; Sluggish; No Reaction	Unremarkable; Cold; Warm; Moist; Dry; Pale; Cyanotic; Flushed; Jaundiced

NARRATIVE Our patient is the victim of an apparent slow-moderate speed crash. He was restrained with a seatbelt. A witness reported the vehicle impacted on the driver's side door into a telephone pole. On our arrival, our patient is noted to be unresponsive with snoring respirations. Patient is accessed after forcible entry. We immediately maintained an airway, applied manual C-spine stabilization, and O_2 by nonrebreather mask. A rigid cervical collar is also applied prior to the arrival of heavy rescue. We determine this patient to be unstable. After a brief extrication, our patient is removed from the vehicle on a long backboard with appropriate manual stabilization. Patient has a bump on the left side of his head and a swollen left ankle, which was pinned down by the brake pedal. Once en route, we performed a quick reassessment. Patient's mental status improved to "verbal" during transport to the hospital.

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Limmer et al., *Emergency Care, 11th Edition*