



## Crash Concerns or Why does the FD go to Crashes?

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Recently I ran a crash involving a mini-van and a car. I had two patients one of whom was trapped in the vehicle. I established command and we went about taking care of the situation. More recently I ran a crash involving a car and a 2-door SUV. There were four people in the SUV, all complaining of neck and back pain, and one person in the other car. I did not establish command, this time. A battalion chief arrived and he did not establish command either he just helped me work through the call. Everything went relatively well in both cases, everyone was transported and all were relatively minor injuries. After thinking things over I had some concerns:

### Concern #1

It seems to me that the focus at collisions, especially ones that involve high speeds and deformed vehicles, gets shifted away from the people involved in the crash [the victims] and towards the mangled cars as if we were dispatched to deal with the cars.

### Solution

Reinforce incident priorities for collisions and enforce the idea that those priorities apply to all FD personnel operating at the scene. The priorities for crashes are much like the priorities for a fire.

#### **Incident Priorities**

*Life Safety* – Creating a safe working area, mitigating safety hazards [fires/gas spills/ car batteries/ etc...] evaluating and protecting the patients

*Incident stabilization* – vehicle stabilization, hazardous fluid control, patient care

*Property conservation* – restoring traffic flow, cleaning up big pieces of debris, covering spills etc...

This listing is not the end all be all. I just threw out what was on the top of my mind. We have developed a pretty intense system for mitigating fires and we go to more crashes than fires...the time has come.

This would also solve the problem of what happens many times after the extrication is complete, the squad gets to cleaning up, the engine starts racking the hose line, and the two guys on the ambulance or paramedic unit are left to package the patient on their own.

Truth is team that the job is not done until the patient is secured in the back of the transporting unit. Everyone needs to help.

### Concern #2

We think all the time, myself included, that crashes are an everyday thing, and usually they are, except when they are not. What I mean is if we are to take the time to establish command on a crash then we should establish sectoring like we do on fires. Sure most crashes can be handled by one person without a clipboard, but then so can most fires.

When we go to fires we use sectors, even on the little ones, so that when we have the “big one” using sectors will feel natural. I argue that the same is true of crashes. Having just five injuries is not taxing for a major fire department, but if we don’t practice the various sectors with five patients it will not work well for the day when we have 500 patients.

### Solution #2

From now on if the crash is serious enough that I need to establish command I will also begin to establish groups and divisions as well. It does not matter if the triage group only has one person in it or the rescue branch is more like the rescue trunk. I think that by doing things this way I can avoid having one person say put the ALS unit in service only to have another person ask five minutes later for an ALS unit [for the same patient who was transported BLS].

If I assign a triage officer that person will be responsible for establishing the priorities of patients. If I assign a transportation officer I can monitor the entire scene and not be caught up checking the status of area hospitals. It sounds cheesy but I think things will be smoother this way.

### Concern #3

C-spine immobilization is not something that can be on again off again. Once you initiate stabilization you are committed to that act until the patient is secured to the board.

### Solution #3

A review of back boarding and immobilization is in order. Once you start the process you are stuck with it. It is not wise to walk through the scene placing c-collars on people as you leave them to care for others. It is also not wise to place a c-collar on someone and then walk him or her over to a backboard. STOP BEING LAZY!

If you are the first to arrive at the scene be careful to evaluate the entire scene, ensure adequate on site resources, and ensure adequate triage has been done before you start immobilization.

#### Concern #4

I notice hesitancy among some to cut up cars. After both of these collisions someone asked me why we cut up the car after a minor crash with minimal damage. I suppose they would rather us drag the patient across the front seat.

#### Solution #4

I do not see the point in stabilizing a car, placing a c-collar, perhaps even a KED or short board on someone in a car, to reach in and then twist them out of the car. **WHAT IS THE POINT?**

If the person in the car is complaining of symptoms sufficient to warrant the c-collar and back board then their complaints are sufficient enough to cut the car. In the State of MD and many others EMS is allowed to clear c-spines after collisions according to a very narrow protocol. The assumption when the collar is placed is that the person's injury, the nature of the crash, or some other combination of variables demonstrates that the patient might have a spinal injury. We all know how devastating spinal injuries are. So why take chances?

**HAVE THE RESCUE SQUAD REMOVE THE CAR FROM THE PATIENT.** It is so very silly to talk about unnecessary damage to a car while you place a person in a collar on a board.

#### Concern #5

This kinda goes back to my 4<sup>th</sup> concern but I think it is sufficiently different and important to warrant its own entry. The trick to heavy rescue work, the reason we buy thousands of dollars of hydraulic, electric, and other equipment is so that we do not have to physically shake the car.

Imagine the age-old metaphor for the relationship between the head and the spinal cord: a bowling ball atop a broomstick, right. Why shake the car to push a door back with your bare hands while the rams sit unused on the rig? Why beat a windshield with an axe head when the cordless reciprocating saw is sitting on the hood of the car?

When people get tired or frustrated or just don't know how to use their tools they tend to revert back to their more primal habits and start using brute force. Extrication is not truck work. Extrication is a mind game of physics, finesse, and teamwork.

I think though that if we never forgot why we were on the scene in the first place...to take care of the sick and injured, we would be more careful and I would have nothing to write about.