

## **STANDARD OPERATING GUIDELINE - 4.3.2**

### **TOPIC - RESCUE - MOTOR VEHICLE ACCIDENTS**

#### **PURPOSE:**

To provide a uniform approach to the resolution of issues surrounding motor vehicle accidents.

#### **GENERAL:**

Each motor vehicle accident (MVA) has its own unique set of conditions which require specific attention. However, we also recognize that each MVA response will contain elements that are consistent with other events of the same nature. This guideline will address considerations for the common elements, which will allow for a creative approach for the resolution of those unique concerns.

#### **GUIDELINE:**

##### **SCENE CONTROL**

1. To establish control of the scene an effective size-up must be performed, beginning with the initial radio report and the establishment of command. Consider the following:
  - a. Access routes into the scene and placement of apparatus.
  - b. Type and number of vehicles involved in the incident.
  - c. The nature of the accident and condition of the vehicle(s) (head-on, T-bone, rollover, etc.),[vehicle over an embankment, tree across the top, vehicle on its side, etc.].
  - d. Number of patients, the nature of their injuries, and the location of the patients. Is there entrapment or entanglement? Is there a need to establish a medical division or group?
  - e. Consider that there is a high potential for motor vehicle accidents to become hazardous material incidents.
  
2. An effective size-up should allow the IC to decide the type and number of resources that are necessary to control the incident.
  - a. Make sure that the established minimum response is enroute (2-Rescues, 1-Engine).
  - b. Call for additional resources as required. It is reasonable to ask for more apparatus simply to gain more personnel.
  - c. Whenever there are multiple patients consider requesting additional medic units. The concept here is to be sure that there are enough, remembering that it is easier to disregard an incoming unit than to get one started out this way. The general rule to apply is: one (1) medic unit for each critical patient.
  - d. Call for additional fire service resources as necessary (Haz-Mat team, water rescue, rope rescue, mutual aid, etc.).
  - e. Always consider the length of time that it takes for a resource to

- travel to the scene. Be sure to make your requests as soon as the need is recognized or perceived.
- f. Request necessary resources that are not part of the normal Fire/EMS response (police, tow truck, utility company, etc.)
3. To gain control of the scene the IC must make provisions addressing safety concerns for our personnel, the victims, and any other persons in the immediate area.
    - a. Assign a safety officer.
    - b. Establish perimeters of the scene by setting cones or through placement of apparatus.
    - c. The establishment of traffic control early on in the incident will provide a safer environment for operations. Follow S.O.G. 4.4.1.
    - d. Provide at least one fire fighter for each patient.
    - e. Consider how to manage any by-standers.
    - f. Make provisions for there to be a charged and attended hose line in place, up-hill and up-wind if possible, to guard against the potential for fire.
    - g. Stabilize the vehicle so that it does not create any additional safety concerns.
    - h. If there are power lines down across the vehicle do not make physical contact with the vehicle under any circumstances. Crews must wait for the appropriate utility company to ensure that the vehicle is not energized.
    - i. If possible disconnect the battery cables in the vehicle(s).
    - j. Consider any other potential hazards in the immediate area of operation.

## EXTRICATION & DISENTANGLEMENT

1. Ensure that there are sufficient numbers of hydraulic, and other, rescue tools enroute to the scene, and that there are qualified personnel to operate the equipment.
2. Assign an extrication coordinator, if possible and as necessary.
3. Assess the specific requirements surrounding access and disentanglement associated with the vehicle.
4. Communicate the approach decision to those persons in and around the vehicle.
5. Be creative, but follow recommended procedures regarding the selected tool and its limitations.

6. Always back up any lifting or separating activity with necessary cribbing. Insert blocks under or between surfaces as the action will allow, and as needed by the nature of the activity.
7. Monitor the movement of items being lifted or separated, maintaining an awareness of their affects on the patient.

#### PATIENT CARE

1. Conduct rapid initial triage as necessary.
2. Determine the need for enacting the trauma system.
3. Stabilize patient(s), concentrating on basic life support and "C" spine management.
4. Monitor patient(s) during heavy extrication efforts.
5. Conduct primary and secondary injury assessments for each patient.
6. Prepare the patient(s) for transport.  
**NOTE:** Relay patient information to incoming medic unit(s) as soon as possible.
7. During large/complex MVAs establish a Transportation Division for direct communication with incoming medic units and the hospital(s). Consider using the first in medic unit as commander of this Division.

#### INCIDENT TERMINATION

1. Determine that the rescue is completed.
2. Confirm that all patients are accounted for and have received attention.
3. Determine that the area is in a safe condition.
4. Terminate or transfer command as appropriate.