

**PHOENIX REGIONAL
STANDARD OPERATING PROCEDURES**

EXTRICATION SECTOR

M.P. 203.03

03/00-R

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An Extrication Sector 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 sectors 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 Sector Responsibilities

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

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 Sector").
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 sectors.
9. Notify Command when all patients have been removed and that companies are available for reassignment.

The Extrication Sector Officer shall wear a sector vest for identification purposes

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

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 sector ahead of "IMMEDIATE" patients.

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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 Officer 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 Sector.

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 Sector. Responsibility should be divided geographically with appropriate sector designations. (e.g. "North Extrication). Branch operations may be required to coordinate this effort.

Most ALS personnel should be assigned to the Treatment Sector. However, some paramedics may also need to be assigned to the Extrication Sector to provide ALS treatment for critical patients undergoing extended extrication efforts.

When victims require forcible extrication, ladder companies should be assigned. Ladder 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 Officer 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 sectors 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 Sector 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 Sector should advise Command when companies or personnel are available for reassignment.