

# **RAPID EXTRICATION PROTOCOL**

## **Rapid extrication should be effected for any of the following criteria:**

- Unstable patient with immediate life threats and /or compromised airway.
- Apnea or severe respiratory distress requiring assisted ventilations.
- Shock (no radial pulses) or uncontrolled bleeding.
- Altered level of consciousness or unresponsiveness.
- Hazardous or uncontrollable environments.
- Fire or immediate danger of fire.
- Danger of explosion.
- Rapidly rising water or patient still in water.
- Increasing toxic exposure or hazardous atmosphere.

## **Rapid Extrication Procedure**

- One rescuer will maintain manual cervical spine immobilization.
- Perform a rapid primary survey.
- Apply cervical collar (unless danger of explosion, fire or toxic / hazardous environment)
- Slide long spine board beneath patient.
  - If seated, slide board beneath buttocks and rotate legs onto spine board.
  - The patient is then lowered onto the board while maintaining c-spine immobilization.
- Carefully slide the patient until they are completely on the spine board.
- Move patient a safe distance away from the hazard and secure to the backboard per the LONG SPINE BOARD protocol.
- Perform necessary treatment and / or assessment per protocols.

As emergency situations are a fluid environment, rapid extrication procedures may not be capable of being performed if the hazards dictate a more rapid removal of the patient. Life over limb should apply if the situation warrants that the patient will suffer detrimental harm or death if the time is taken even to perform a rapid extrication sequence. In such situations, attempt to maintain stabilization of the patient as best as possible while removing them from the environment or hazardous situation as quickly as possible.