

# **AUTO ACCIDENT RESPONSE GUIDELINES**

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## I. Dispatching

Western Reserve Joint Fire District fire and EMS units will be dispatched by Central Communications Center (CCC) for any auto accident where personal injuries are known or suspected.

The dispatcher will alert all firefighters and EMS personnel that there is a personal injury auto accident and shall give the location. The dispatcher will provide the district area (91, 92, 93, 94), cross streets, and whether or not extrication is required (or is unknown).

## II. Apparatus Response

The District's response shall be as follows:

<u>District</u>	<u>Apparatus</u>
91	E91, SQ91
92	E92, SQ92
93	E93, SQ93
94	E91, SQ91

Where an engine is unavailable, out of service, if (additional) jaws are needed, or if the status of extrication is unknown, the next available engine shall respond. This means that Engine 91 may respond as necessary to District 92 or 93. A Dispatcher, or Officer, may also request a mutual aid department to respond as necessary, if there will be a delay in the District's response or additional manpower or equipment if necessary.

Each engine responding shall have at least one FR or EMT on board, if available. If an FR/EMT is not available and is not on the apparatus, the officer in charge (OIC) shall inform dispatch that the engine is responding "with a limited response". If EMS personnel are on board, the OIC should indicate the number of personnel. The closest rescue or squad shall respond as well with EMS personnel, if available.

## III. Arrival on the Scene

Upon arrival at the scene, the OIC shall be responsible for providing a size-up in accordance with the District's standard operating guidelines. The OIC shall also be responsible for scene safety, and must immediately determine whether there is a life hazard to firefighters, occupants to the vehicle, other motorists, or property. Such situations may occur with hazardous material incidents, vehicle fires, leaking fuel, or particular objects which may be struck. If a vehicle fire, leak, or hazardous material incident is occurring, the District's SOGs for these occurrences shall be followed.

After a scene is secure, EMS personnel shall “size-up” the situation or triage all patients who are involved in the accident. The communication center shall be advised of the number of patients which will need to be transported. Patient care shall be rendered in accordance with written EMS protocols. WRJFD personnel shall, whenever possible, assist transporting units with patient care and patient removal from vehicles. Fire department or private EMS personnel shall remain responsible for patient care and treatment at all times.

#### **IV. Apparatus Placement/Safety**

Always maintain an acute aware of the high risk of working in or around moving traffic. Never trust moving traffic. Always look before you step! Always keep an eye on the traffic!

Always position apparatus to protect the scene, patients, emergency personnel, and provide a protected work areas. Where possible, angle apparatus at 45 degrees away from curbside. This will direct motorist around the scene. Apparatus positioning must also allow for adequate parking space for other fire apparatus (if needed), and a safe working area for emergency personnel. Allow enough distance to prevent a moving vehicle from knocking fire apparatus into the work area.

At intersection, or where the incident may be near the middle of the street, two or more sides of the incident may need to be protected. Block all exposed sides. Where apparatus is in limited numbers, prioritize the blocking from the most critical to the least critical.

For fire arriving engine companies where a charged hose-line may be needed, angle the engine so that the pump panel is “down stream”, on the opposite side of oncoming traffic. This will protect the pump operator.

The initial company officer (or command) must assess the parking needs of later arriving fire apparatus and specifically direct the parking and placement of these vehicles as they arrive to provide protective blocking of the scene. This officer must operate as an initial safety officer.

During daytime operations, leave all emergency lights on to provide warning to drivers.

For NIGHTTIME operations, turn OFF fire apparatus headlights. This will help reduce the blinding effect to approaching vehicle traffic. Other emergency lighting should be reduced to yellow lights and emergency flashers where possible.

Crews should exit the curbside or non-traffic side of the vehicle whenever possible.

Always look before stepping out of apparatus, or into any traffic areas. When walking around fire apparatus parked adjacent to moving traffic, keep an eye on traffic and walk as close to fire apparatus as possible.

When parking apparatus to protect the scene, be sure to protect the work area also. The area must be protected so that patients can be extricated, treated, moved about the scene, and loaded into rescues safely.

Once enough fire apparatus have “blocked” the scene, park or stage unneeded vehicles off the street whenever possible. Bring the rescue squads or one or two at a time and park them in a safe location at the scene. They may be “down stream” from other parked apparatus, or the rescue may be backed at an angle into a protected loading area to prevent working in near passing traffic. At residential medical emergencies, park rescue in driveways for safe loading where possible. If driveways are inaccessible, park rescue squads to best protect patient loading areas.

Place traffic cones at the scene to direct traffic. This should be initiated by the first company arriving on the scene and expanded, if needed, as later arriving companies arrive on the scene. Always place and retrieve cones while facing on-coming traffic. Traffic warning signs may also be placed to warn on-coming traffic.

Place flares, where safe to do, adjacent to and in combination with traffic cones for night time operations greatly enhances scene safety. Place flares to direct traffic where safe and appropriate to do so. Personnel directing traffic should wear D.O.T. vests, and use L.E.D. traffic hands.

A police response may be necessary. Provide specific direction to the police officer as to exactly what your traffic control needs are. Ensure the police are parking to protect themselves and the scene. Position rescue squads to protect patient loading area.

## **V.     Extrication Required**

Where extrication is required, the OIC of the engine (or a higher ranking officer) shall serve as the extrication incident commander. The incident commander shall assign specific tasks or duties to all personnel. A charged hose line capable of at least 100 gallons per minute flow shall be pulled to protect rescuers and patients. A safety officer shall be assigned.

Vehicle extrication is the procedure used to remove accident victims who are entrapped in wreckage by either the nature of their injuries and/or the entanglement of themselves in the vehicle wreckage and metal. Vehicle extrication procedures may involve the movement from around the entrapped victim, the rescuer’s access path or the victim’s removal path.

It is recognized that the traumatized patient’s recovery from injuries is directly influenced by the pre-hospital care and time taken to get that patient to a designated trauma center. That time is measured from the time of the incident to the time of the patient’s arrival at a trauma center and the care of a physician.

With this in mind, the commander and personnel called to these incidents must use careful, efficient means to accomplish the following in a timely manner:

- a) Assure that proper rescue tools are on the scene or enroute. The OIC must also determine what additional resources are needed and notify dispatch. When making this resource determination, the OIC shall consider, among other things, paramedic needs, manpower, special tools, transportation needs, and special hazards at the scene.
- b) Establish a tool staging area and action circle.
- c) Check for and control hazards.
- d) Stabilize the vehicle(s).
- e) Gain access to the patient(s).
- f) Perform primary patient survey, establish an airway and simultaneously establish adequate spine immobilization and care with trained EMS personnel.
- g) Perform controlled movement and/or removal of all metal and/or obstructions in order to properly package and remove the patient without further aggravating the patient's injuries.
- h) Prepare the patient for removal.
- i) Carefully remove the patient with due care to the C-spine, airway, fractures and bleeding.
- j) Prepare the patient for transport without delay.
- k) Secure any equipment used and secure the scene.

Command procedures must include establishment, transfer, sectorization, and staging. Sectorization may be assigned, but is not limited to, extrication, triage, hazard control, tool and resource, crowd control, transportation sector. Command should strictly control access to the action circle to those persons that are working the extrication, assigned to patient care or controlling on-scene hazards. All personnel located inside the action circle shall be in full protective gear whenever possible.

On extrication scenes, the overall scene is under control of command, while patient care is under control of the ranking medical officer. Ultimate responsibility lies with command, who must use judgment in light of advice from a ranking medical officer.

## **V. No Apparent Injury/Refusal of Treatment**

When information is received by the dispatcher or Poland Fire units enroute that no one is injured at the accident scene, the first due unit may downgrade to Code 2, at the discretion of the OIC of the apparatus. A fire unit with EMS personnel must continue to the scene, however, to independently

evaluate the occupants of the vehicle involved in the accident. If the occupants are refusing treatment or claim not to be injured, a refusal form must be completed.

If a District apparatus arrives on the scene, and the OIC learns that the occupants are not injured or are refusing care, the OIC should advise Central Communications accordingly. The OIC may reduce to Code 2, or cancel, the response of other apparatus still enroute. However, a refusal form should be completed by Poland EMS personnel.

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