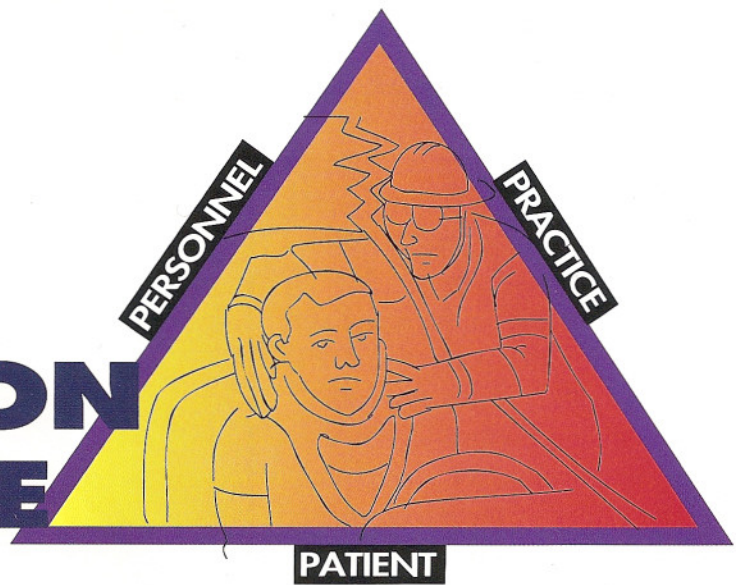


# THE EXTRICATION TRIANGLE



As members of the fire service we look to the successes and failures of different emergency operations. Often we see both those failures and those successes have one common theme, *the basics*. When the operation stresses the fundamentals, the basics, it shows that common knowledge skills and abilities help to generate teamwork, professionalism, and efficiency. When the fundamentals break down or are overlooked, the evaluation of the incident may show that the operation forgot to walk before it ran.

Looking at experiences and how the basics fit into the operations of an incident, one instance where the basics are forgotten is in extrication. We look beyond the problem at hand and try to envision the new hydraulic tools, advanced E.M.S. skills, and the like before we deal with the basics. The basics should become the foundation on which the more advanced techniques and operations are built.

We can break extrication down into three fundamental principles: (1) Patient, (2) Personnel, and (3)

Practice. The fire service uses the triangle to relate ideas and issues in different training situations. There are the fire triangle, the arson triangle, and the fire cause triangle, to name three. Now we can think of the extrication principles as the extrication triangle.

No single issue in the three-fold concept is more important than the other. The three issues are goals that work together to help articulate a well run, efficient extrication scene.

**Personnel.** Although no particular issue is more important than the other in relation to scene operations, the rescuers *must* remember why they are on scene. That reason is the patient. Often, the responding agency called for extrication forgets that the patient is their main purpose in providing extrication. They are called to extricate or remove the patient from entanglement. Sometimes this is lost in technique.

Proficiency in extrication does not mean the people are proficient in patient care. Emergency services

personnel must work hand in hand to ensure that the patient needs are met throughout the extrication process. This is probably the patient's first time being extricated from a motor vehicle. Rescuers must show compassion and care toward the patient as well as competence and efficiency in the task at hand.

**Practice.** Personnel issues are broken down into two concerns: (1) Command and Control of the Scene, and (2) Responder Safety. As you look into these two facets in more depth it is seen that one is directly related to the other. If safety is missing, then probably command and control is missing

Some one must take command of the scene. Although there may be different agencies on scene providing different functions and tasks, the scene needs an overall commander removed from any specific task. An "Incident Commander" participating in extrication or patient removal or care is not pro-

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**Extrication...**  
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viding the best outlook for those involved at the scene.

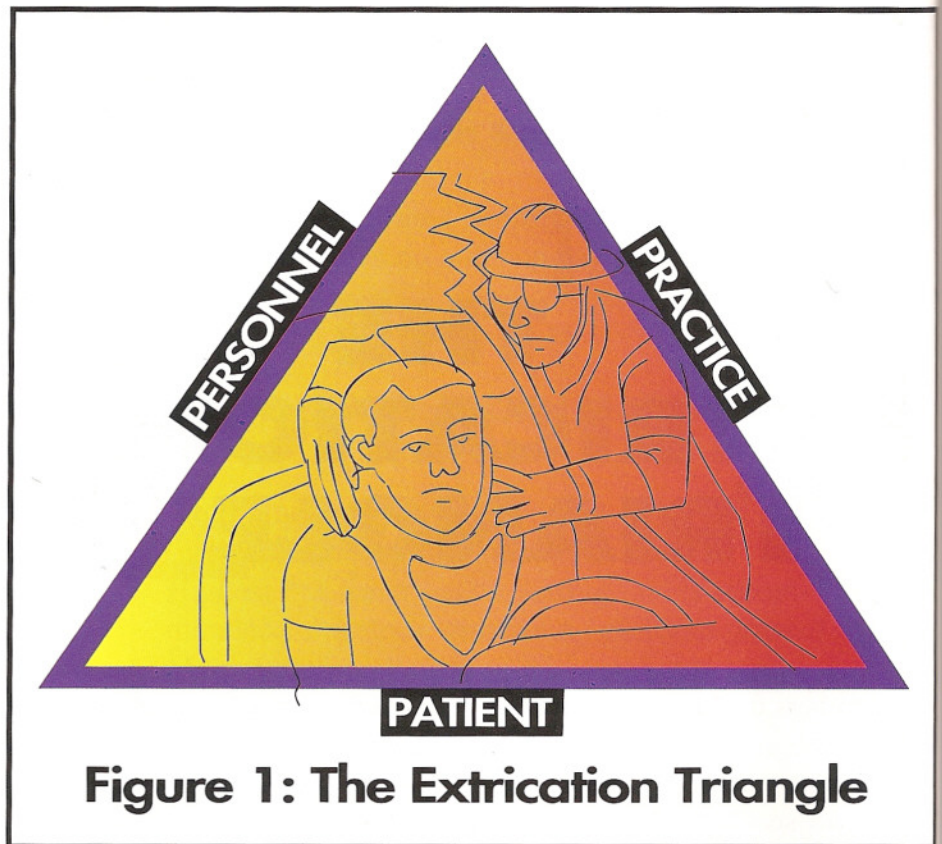
The incident commander must be able to look at the entire scene removed from any specific function. This gives him or her an objective outlook on the scene and the needs of the patient and the needs and safety of the rescuers.

The incident commander is ultimately responsible for scene safety and the safety of the people under him or her. Even so, each participating rescuer has a personal responsibility for his or her own safety. The entity with whom a rescuer is responding has an obligation to provide the responders with training and adequate safety equipment. What is more important, however, is that the responding emergency personnel have an obligation to use that training and safety equipment. Their obligation is simplified into one word: *attitude*.

**Practice.** Practice is the third leg of the extrication triangle. A famous axiom reminds us that "perfect practice makes perfect." Perfect practice in technique, perfect practice in tools and equipment, perfect practice in patient care, and perfect practice in personal safety are the objectives in patient access and extrication. If

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emergency services personnel continuously review and train on the knowledge, skills, and abilities needed on the emergency scene, then the same knowledge, skills, and abilities will come forward on the emergency scene.

Practice, using the incident command system. Practice with "patient" involvement. Practice, and the goals and objectives of the extrication triangle will be met. The emergency scene is no place to train new personnel or experiment with new techniques. The citizens served by your agency deserve a well-practiced and well-executed emergency services team.

As we sit and think of scenes that have gone poorly, or scenes that could have gone better, where did our extrication triangle break down? Did we forget our patient as the main focus of our operations? Did our scene lack the command,

control, or safety that we know is essential in all our operations? Where did we fail to train and train properly, fail to ensure our people could deliver the level of service that we promised to provide? Where have we gone wrong before, and where do we begin our improvement today? Improvement is based on our three extrication principles of patient, personnel, and practice.

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