

## First Due tasks at the MVC Fire engineering supplement

Response to a MVC today can be a bewildering event today. Even though we respond to more MVCs than any other emergency except medical emergencies, think of what we need to evaluate, assess and begin to mitigate on scene. Over time think of how our response and the hazards we encounter has changed. The vehicle is still the dynamic hazard in the equation however think of what need to look for today. SRS systems, battery(s) and their subsequent locations, motive power, vehicle glazing are all items that we need to consider today. Add into this we need to do this size up quickly and completely to ensure an effective plan of



action.

So let's look at this from our arrival. We need to ensure our safety before we even step off so we must position our apparatus in a "fend off" manner. This vehicle positioning helps to protect us and our patients by placing the apparatus between the incident & traffic. We must then begin to evaluate the incident. Scan the area for scene hazards.

As we approach the vehicle(s), let's take in how the vehicle appears. What orientation is the vehicle, upright, on it's side or overturned? What kind of stabilization do we need to consider? How is the vehicle damaged? How much "crush" do you observe? This information should clue in potential entrapment & possible injuries. Do you see any deployed SRS systems? We should strive to approach the front of the vehicle to we can make visual then verbal contact with our patient(s). Once we find our patient and establish contact we should maintain it through out the incident. We have assessed the scene and located & begun to mitigate the hazards. When we are assured that the scene is safe we need to stabilize the vehicle to manage unwanted vehicle movement. This ensures a stable foundation for our space making evolutions and minimizes movement to our patient.



Once we have the vehicle stabilized we make access and begin hands on patient management. ABCs, Manual C-Spine management, C collar and O2 as indicated. Take a good look at the vehicle's interior. Where are any SRS systems, deployed or undeployed? Damage to the interior? Any physical entrapment to our patient? We need to then secure the vehicle's power. Ensure the vehicle is shut off and remove the vehicles keys. Remember, today's vehicles can have proximity keys that need to be more than 15 feet from vehicle to ensure it cant be accidentally started. Then disconnect the 12v battery. However, can we find the battery? Or

even batteries, depending upon the vehicle. Remember, a substantial percentage of vehicles today have the battery elsewhere than the engine compartment. But even there it can be hidden. We need to ensure that the vehicles power is



secured for two important reasons today. First, by shutting down the power we start the process of draining the energy storage component of the SRS system computer. This goes toward ensuring our safety with SRS systems. Second, this will also shut down the high voltage drive power in a hybrid vehicle. However, we also need to see what power accessories, such as windows & power seats, are in the vehicle before power is removed. The officer in charge should document when power was shut down and document the items hit upon above.

How is our patient? Stable? What presented or potential injuries? And are they medically entrapped?

Remember that we might need to make space to disentangle the patient, even if they are not physically pinned.

The officer in charge of the rescue effort must devise a tactical plan of action

based on the information presented at the crash. Where as the IC knows the strategic goals at a MVC is life safety of our personnel and patient care of the injured. The tactical plan of action and various versions of it must take into account the many variables, much more than in the past. And must be done many times faster than in the past as well. Protect us from traffic and evaluate scene hazards. Scan the vehicle looking at damage,



potential entrapment and hazards. Find any patients and begin pre hospital care of them. Stabilize the vehicle and then secure the vehicle's power. Evaluate the patient's injuries. Make space to disentangle the patient. Remove the patient and send them to the appropriate medical facility. The crew checks the equipment, services what is needed and returns to service. So even if the MVC is a common emergency we respond regularly, how easy is it managed today? Think about it...