

## Total Sidewall Removal procedure:

In my last article I discussed options for safe patient removal as a result of a severe side impact intrusion, utilizing cross-ramming procedures from inside the vehicle.

In this article I would like to discuss another time-tested option that can be used for more common “moderate side impact crashes” where the occupant compartment is not severely damaged but the patient is still trapped.

This method has been around quite a few years now and has been referred to by a number of different names: Maxi Door, Two Door Swing, Rip and Blitz, 5<sup>th</sup> Door Conversion etc, Whichever term you use, the procedures and end results are similar.

As always, ensure all your department’s protocols are followed before you begin extrication as far as scene survey, stabilization, battery disconnection, glass management, supplemental restraint identification, etc.

### Step 1.

Start by accessing the rear door on the impacted side. One method you can choose is the “Vertical Spread/ Crush” technique; remember always place hard protection whenever you are working in the vicinity of patients/rescuers. Insert spreaders vertically into the rear window just above the door handle. Make sure your top spreader tip is placed a little further past the top of the doorframe where it meets with the roofline; the other spreader tip should rest on top of the doorsill. See Photo 1

When you start spreading, the tool opens in an arc and crushes the doorsill down and away creating a gap or large opening to expose the Nadar pin. Depending on how wide your spreader arms open will determine how much of an opening you can achieve. Most of the time the door will pop open completely, if not, and you have made a large enough opening to expose the latch area, you may insert the tips to pop it open the rest of the way. This method works well if the patient’s head or body is in contact with the B-Pillar, as you do not want to aggravate any potential injuries by pushing the crushed metal in towards the patient, which is likely to occur when you attack the latch horizontally. See Photo 2

### Step 2.

You may need to extend the rear door slightly to ensure proper tool placement, take your cutters and make a relief cut at the bottom of the B-pillar, horizontally with the rocker channel. Try not to cut into the rocker itself by cutting at too much of an angle.

### Step 3.

Place the spreaders at roughly a 45 degree angle with one tip placed at the bottom corner of the rear door or if there is enough room at the bottom hinge. Place the other tip on the rocker channel and start spreading. This spreading action will start a tear where the relief cut was made. Continue to spread until the bottom of the B-pillar separates at the spot welds. See Photo 3 & 4

#### Step 4

Again we need to put heavy emphasis on inserting hard protection between the tool and the patient. You can now cut the top of the B-pillar away from the roofline. By doing this cut last you keep the top of the B-pillar from having a tendency to want to move toward the patient's head when you are spreading the bottom of the B-pillar out. The whole unit is now ready to be swung out of the way. You can cut the whole sidewall section off or over extend it to give you more room to attend to the patient.

See Photo 5 & 6

With a little practice, competent tool operators can perform this procedure in less than three minutes.

Good luck  
Randy Schmitz



PHOTO 1



PHOTO 2



PHOTO 3



PHOTO 4



PHOTO 5



PHOTO 6



PHOTO 7

