

EMERGENCY ACTION CARD

Roadside Incident

v1.0

This EAC compliments the Roadside Incidents En-Route SOP

START

1 Prioritise team and patient safety

- Is the vehicle in a safe place and visible to oncoming traffic?
- **If patient on-board, ensure care continues.** If Retrieve vehicle involved in incident, dynamically assess and balance risk to team vs risk to patient of remaining on-board
- **Don high visibility vest or jacket** before getting out of vehicle
- Be aware of other traffic – **do not enter live carriageway**
- **Do not approach vehicles where there are signs of smoke or fire** (consider moving team and vehicle back 50m)

2 Assess incident

- **Do not** enter vehicles if at all possible
- Are there any injured parties? How many and how serious are their injuries?
- Are other emergency services present or have they been contacted?
 - **No injuries:** police
 - **Injuries:** police / fire / ambulance

3 Administer roadside care (Boxes A, B, C)

- Use FPOS bag +/- Retrieve equipment (if required)
- Care provided to third parties should always be limited to Good Samaritan care
- Record care on paper ARCEMS record

4 Contact Leadership SPOC who will:

- Redirect any referrals
- Request other sub-regional Duty Consultant to arrange a SWASFT ambulance for the patient you were en-route to and contact referring hospital
- Contact receiving hospital

Box A: TIME CRITICAL (EXCLUDING RTB PHASE)

- No legal responsibility to stop (unless Retrieve vehicle involved)
- Professional responsibility to provide first aid and ensure emergency services activated
- If injured party at immediate risk of death, provide Good Samaritan aid
- If no immediate risk of death, continue to destination

Box B: NON-TIME CRITICAL OR TIME CRITICAL RTB PHASE

- No legal responsibility to stop (unless Retrieve vehicle involved)
- Professional responsibility to provide first aid and ensure emergency services activated
- If injured party at immediate risk of death, provide Good Samaritan aid
- **Await emergency services**

Box C: GOOD SAMARITAN CARE

- c – direct pressure applied to catastrophic external haemorrhage.
- c – cervical spine control and support.
- A – airway opening manoeuvres and support with simple adjuncts (OPA/NPA). In the setting of cardiac arrest, insertion of an iGel would be appropriate.
- B – ventilatory assistance with a bag-valve-mask if required, administration of oxygen.
- C – CPR and defibrillation provided as required.