

EFMB Test Score Sheet EVAC — EXTRICATE CASUALTIES FROM A VEHICLE (For use of this form, see AMEDDC&S HRCOE Pam 350-10, the proponent is MCCS-OPE)		
CANDIDATE'S RANK AND NAME	CANDIDATE #	
TASK: EXTRICATE CASUALTIES FROM A VEHICLE.		
CONDITIONS: Given a conscious casualty with a suspected neck or spinal injury that is in the driver's seat of a vehicle and another casualty who does not have a suspected neck or spinal injury in the passenger seat of a vehicle after a motor vehicle accident or explosion. The tactical situation warrants extrication with a short spine board, Kendrick Extrication Device (KED), or Oregon Spine Splint II (OSS II) which is available. A long spine board is also available. A non-candidate Soldier is available to assist.		
STANDARDS: Secure and extricate casualties from the vehicle within 25 minutes without causing further injury to the casualty		
NOTE: THIS TASK HAS BEEN MODIFIED FOR EFMB TESTING PURPOSES ONLY.		
PERFORMANCE STEPS/MEASURES	GO	NO-GO
NOTE: The EFMB host unit will have the candidate perform this task on two to four casualties depending on the lane concept. At least one casualty will be extricated from a vehicle using a KED, OSS II, or short spine board. However, they will all be tested on the same testing lane. Failure of the candidate to perform any portion of the task to standard on any of the casualties will result in a NO-GO.		
NOTE: Time begins when the candidate begins attempting communication with personnel in the vehicle.		
1. Consider extraction priority (i.e., vehicle on fire, under direct fire from the enemy) and mechanism of injury.		
2. Gain access to the casualties.		
3. Identify all injuries and either treat or delay treatment until after extrication based on the severity of the injuries and the tactical situation.		
a. Prior to attempting to move the casualties, if the tactical situation permits, -		
(1) Evaluate the type and extent of the casualties' injuries.		
(2) Ensure that dressings over wounds are adequately reinforced, if applicable.		
(3) Ensure that fractured bones are properly immobilized and supported to prevent them from cutting through muscle, blood vessels, and skin, if applicable.		
b. Provide life threatening medical treatment at this time if warranted and if the tactical situation permits.		
4. Stabilize the cervical spine by directing a non-candidate Soldier to immobilize the casualty's head and neck using manual stabilization and apply a cervical collar, if necessary and the tactical situation permits.		
a. Directs the non-candidate Soldier to do the following:		
(1) Place the hands on both sides of the casualty's skull, with the palms over the ears.		
(2) Support the jaw (mandible) with the fingers.		
(3) Maintain manual stabilization until directed to release the stabilization.		
b. Select, measure, and apply an effective, properly-fitting cervical collar, if available, or improvise one.		
5. Apply a spinal stabilization device, using one of the following, if necessary and the tactical situation permits.		
NOTE: Candidate will be evaluated on either the short spine board, KED, or OSS II, depending on which is utilized.		
a. Secure the casualty to a short spine board.		

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NOTE: Apply a short spine board when extricating a casualty from a vehicle or location that will not accommodate the use of a long spine board. If available, use a KED which is a commercial spine board.		
(1) Push the board as far into the area behind the casualty as possible.		
(a) Tilt the upper end of the board toward the head.		
(b) Direct the non-candidate Soldier to position the back of the casualty's head against the board, maintaining manual stabilization, by moving the head and neck as one unit.		
NOTE: If the cervical collar or improvised collar does not fit flush with the spine board, place a roll in the hollow space between the neck and board. The roll should only be large enough to fill the gap, not to exert pressure on the neck.		
(2) Secure the casualty's head and head supports to the board with straps or cravats.		
WARNING: Ensure that the cravats or head straps are firmly in place before the assistant releases stabilization.		
(a) Apply head supports.		
(b) Use two rolled towels, blankets, sandbags, or similar material.		
(c) Place one close to each side of the head.		
(d) Using a cravat-like material across the forehead, make the supports and head one unit by tying to the board.		
(3) Secure the casualty to the short spine board.		
(a) Place the buckle of the first strap in the casualty's lap.		
(b) Pass the other end of the strap through the lower hole in the board, up the back of the board, through the top hole, under the armpit, over the shoulder, and across the back of the board at the neck.		
(c) Buckle the second strap to the first strap and place the buckle on the side of the board at the neck.		
(d) Pass the other end over the shoulder, under the armpit, through the top hole in the board, down the back of the board, through the lower hole, and across the lap. Secure it by buckling it to the first strap.		
(4) Tie the casualty's hands together and place them in their lap.		
b. Secure the casualty to an OSS II.		
(1) Move the casualty forward to allow two to three inches of space between the casualty's back and the seat maintaining the entire spine in alignment.		
(2) Remove the OSS from its case and unfold the two center sections.		
(3) Place the OSS behind the casualty in the space created between the casualty's back and the seat.		
(4) Release the groin and torso straps. The torso straps should rest just under the armpits of the casualty.		
(5) Pass the shoulder straps across the casualty's chest and attach them to the corresponding strap at each of the casualty's armpits. The buckle of each strap should be positioned on the anterior portion of the chest and be generally mid-clavicular.		
(6) Attach the second and third set of straps to their corresponding color.		
(7) Ensure that each strap is not tugged, but gently pulled to assure in-line stabilization.		
(8) Do not make the straps so tight as to make it difficult for the casualty to breathe.		
(9) Bring the groin straps under each leg by using a sawing motion and attach to the corresponding strap at each thigh.		

(10) Pad each strap in the groin area before connecting them.		
(11) Reassess all of the straps to ensure that none are too loose.		
(12) Place the provided padding between the casualty's head and the device as needed. This will help to ensure that the head and neck will maintain a neutral position. Do NOT place the padding behind the casualty's neck.		
(13) The candidate will now take over manual cervical spine stabilization and the non-candidate Soldier will position the head flaps along the sides of the casualty's head.		
(14) The candidate will direct the non-candidate Soldier to regain control of cervical spine stabilization and the candidate will position the forehead restraint strap with the padding toward the casualty. Move any hair from the casualty's forehead and place the forehead restraint strap on the casualty with the lower edge covering the casualty's eyebrows and attach to the Velcro on the head flaps of the device.		
(15) Place the collar strap on the rigid chin rest of the cervical collar. Pull the ends of the strap upward and at an angle and attach to the Velcro on the device.		
c. Secure the casualty to a KED.		
(1) Move the casualty forward to allow two to three inches of space between the casualty's back and the seat maintaining the entire spine in alignment.		
(2) Position the immobilization device behind the casualty.		
(3) Secure the device to the casualty's torso.		
(a) Immobilize the torso, from the top to the bottom strap.		
(b) Apply the pelvic straps, ensuring to pad the groin area.		
(4) Secure the casualty's head to the device.		
(a) Pad behind the casualty's head as necessary.		
(b) Place one cravat across the chin angle towards the ear, ensuring the cravat does not interfere with the airway. Tie cravats to the side of the device.		
(c) Place a cravat across the forehead angle towards the base of the head, and tie it to the side of device.		
(5) Evaluate and adjust the straps. They must be tight enough so the device does not move excessively up, down, left, or right, but not so tight as to restrict the casualty's breathing.		
6. Remove casualties from vehicle with the assistance of the non-candidate Soldier.		
a. Remove casualty from a vehicle, if the casualty does NOT have suspected neck or spinal injury and/or the tactical situation does not warrant extraction using a KED, OSS II, or short spine board (i.e., vehicle on fire, under direct fire from the enemy).		
(1) Laterally.		
(a) With the assistance of a non-candidate Soldier grasp the casualty's arms and legs.		
(b) While stabilizing the casualty's head and neck as much as possible, lift the casualty free of the vehicle and move them to a safe place on the ground.		
(2) Upward.		
NOTE: You may have to remove a casualty upward from a vehicle, for example, from the passenger compartment of a wheeled vehicle lying on its side or from the hatch of an armored vehicle sitting upright.		
(a) You may place a pistol belt or similar material around the casualty's chest to help pull them from the vehicle.		

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NOTE: A KED or OSS II may also be utilized to remove the casualty, following the directions in this task.		
(b) With the assistance of a non-candidate Soldier inside the vehicle, draw the casualty upward using the pistol belt or similar material or by grasping their arms.		
(c) While stabilizing the casualty's head and neck as much as possible, lift the casualty free of the vehicle and place them on the topmost side of the vehicle.		
(d) Depending on the situation, further move the casualty from the topmost side of the vehicle to a safe place on the ground.		
b. Remove casualty from a vehicle, if the casualty has a suspected neck or spinal injury and/or the tactical situation does warrant extraction using a KED, OSS II, or short spine board.		
(1) Laterally.		
(a) With the assistance of a non-candidate Soldier grasp the extrication device and the casualty's legs.		
(b) While stabilizing the casualty's head and neck as much as possible, lift the casualty free of the vehicle and move them to a safe place on the ground.		
(c) Reassess the straps on the spinal stabilization device after removing the casualty from the vehicle.		
7. Secure the casualty with a suspected spinal injury to a long spine board.		
NOTE: When positioning a casualty who is secured to a short spine board, on a long spine board, line up the hand grip holes of the short spine board with the holes of the long spine board, if possible, and secure the two boards together.		
NOTE: The pelvic straps of a casualty who is secured in a KED or OSS must be released after being placed on a long spine board.		
NOTE: Time ends when the casualty is secured to the long spine board		
8. Complete all required performance steps/measures within 25 minutes without causing further injury.		
9. Met all administrative requirements for this task		
NOTE: The casualty with a suspected spinal injury can be utilized in the Evacuate a Casualty using a SKED Litter task.		
EVALUATOR WRITES: CANDIDATE'S TIME FOR THE TASK:		
REASON(S) FOR FAILURE	DOES THE CANDIDATE WISH TO REBUT THIS TASK? (CANDIDATE INITIALS APPROPRIATE BOX)	YES NO
LANE OIC/NCOIC INITIALS	EVALUATOR'S SIGNATURE	DATE