

MEAT MINCER ENTRAPMENT, MELBOURNE, AUSTRALIA

Monday, 20 June 2005



This photo story is about a lady who had her hand stuck in a meat mincer and the subsequent rescue by MFESB fire fighters in Melbourne. The lady and meat mincer were taken to hospital where the rescue crew completed their rescue.

Incident number 4113 – 1831 hrs. - March 20th. 2005

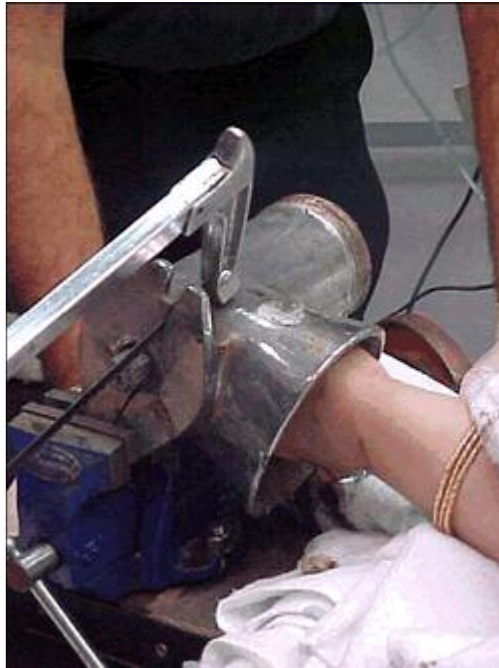
On arrival at the Alfred Hospital we were met by Dr. Mark Fitzgerald, Director Emergency and Trauma including medical staff who were awaiting the lady with the mincer.

We discussed the situation between us, as we knew it and medical teams were set up to arrange for a general anaesthetic to be administered on arrival. She was delivered by MAS crews and we were able to oversee the medical handover in casualty.

After the lady was put under, we were able to get closer and evaluate for the extrication.

We requested that hospital staff place another trolley alongside the patient's bed so we could affix the remote vice off Heavy Rescue 3 to it by means of the gee clamps.

This gave us a good solid platform to work off. We then placed the mincer with hand intact, into the vice to hold the right hand still.



Vice and G clamp in place, the first cut.

The surgeon tried to rotate the mincer auger by hand in the opposite direction, but quickly discovered it was very solid.

It was argued the best way was to split the mincer housing along its length on opposite sides, thus allowing us to separate the moving parts off the fingers before pulling them back through the feeder.

We discussed between us the options of using power tools but agreed that there was too great a spark risk with such an oxygen rich environment inside the hospital.

Consequently, both fire-fighters took it in turns to use the hand hack saw to cut through the length of the cast iron casing, duration approximately 1½ hours. Extreme care had to be taken to ensure no further damage was done to the hand.



The initial cut enters the casing of the mincer.

The Tigair saw was used for the areas well away from the hand. Many and varied options were put to us by hospital staff offering assistance, however, the only option we really had, was to use the hack saw.

After the casing was cut as much as we dared and as close as possible to the fingers, we experimented with various pieces of hydraulic equipment to crack the casing open.

Alligator jaws, the small combi-tool and finally a rabbit tool were delivered to us by P35.



Rabbit tool being carefully applied after cuts to both sides of the casing and mounting plate.

After placing the jimmy bar between the jaws we were able to push each side of the casing apart at the mounting bolt slots on the mounting flange of the mincer.



Jimmy bar being used to assist in splitting the casing of the mincer.

It opened up with a loud crack and the free casing and auger were easily removed.



The split main casing, being carefully removed from the vice.

The surgeon was then called back to assess the condition of the fingers and the lady was taken up to the operating theatre.



The casing open and injuries revealed.

After final pack up and returning to No3 station the overall timeframe was over 2 hours. A very interesting job and not something you see every day.



Cast iron casing revealing the auger and lower section.

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