SPINAL IMMOBILIZATION

APPROVED: _____ _____

EMS Medical Director EMS Administrator

1. Indication
   - 1.1 Patients who sustain a mechanism of injury sufficient to produce spinal trauma who do not meet exclusion criteria.
   - 1.2 Patients with complaint of pain in the spine or neurological deficit
   - 1.3 Once the patient is placed in spinal immobilization it should be continued until transfer of care to the receiving hospital

2. Exclusion Criteria: The need for spinal immobilization in the prehospital setting may be deferred for patients who demonstrate ALL the following findings on paramedic assessment:
   - 2.1 Absence of tenderness at the posterior midline of the cervical spine
   - 2.2 Absence of focal neurological deficit.
   - 2.3 Normal level of alertness.
   - 2.4 The ability to communicate well to paramedic independently or through an interpreter.
   - 2.5 No evidence of intoxication or impairment due to drugs or alcohol
   - 2.6 No clinically apparent painful injury that might distract them from the pain of a spinal injury

3. Documentation:
   - 3.1 Neurological status prior to and after spinal immobilization
   - 3.2 If spinal immobilization is not done and patient has a mechanism that is sufficient to produce spinal trauma all the exclusion criteria shall be documented on the PCR.

4. Spinal Immobilization Procedure
   - 4.1 Patients with neurological deficits are to be immobilized with minimal movement in the position found unless precluded by airway and/or

extrication considerations. Maintain manual spinal immobilization (not traction) in neutral position until immobilized on a long spine board.

4.2 Approved devices for cervical spine immobilization
- 4.2.1 Cervical Immobilization Device (CID)
- 4.2.2 Rigid cervical collar properly fitted
- 4.2.3 Kendrick Extrication Device (KED) (or approved equivalent)
- 4.2.4 Straps to immobilize the spine to the backboard

4.3 Approved long board devices for spinal immobilization
- 4.3.1 Scoop stretcher
- 4.3.2 Long spine board - wood or equivalent radiolucent material
- 4.3.3 Miller board (or approved equivalent)
- 4.3.4 Stokes litter-high angle rescue only (or approved equivalent)
- 4.3.5 Full body vacuum splint
- 4.3.6 Pediatric immobilization device

4.4 Securing Patient to Devices
- 4.4.1 Trunk
  - 4.4.1.1 Place straps across the patient's chest, pelvis, and legs to secure their body to the long immobilizer.
- 4.4.2 Head
  - 4.4.2.1 After the patient has been secured on the long immobilizer, apply lateral neck supports such as towel rolls, "Headbed", "XP One", or equivalent and tape the patient's head across the forehead. Sand filled and IV bags are not approved bolsters.

5. Patients In Football Helmets And Pads

5.1 Leave football helmets and pads in place, but remove the facemask.

5.2 In the rare case when face mask removal alone does not allow for adequate management of the airway and/or severe bleeding, careful removal of the helmet and shoulder pad may be undertaken.

5.3 If the player is wearing a helmet without pads, the helmet should be removed for immobilization.