Helmet Removal

Clinical Indications:

- 1. Helmet interferes with airway management or spinal motion restriction.
- 2. Improper fit, allowing head to move within helmet.
- 3. Patient in cardiac arrest.

Contraindications:

1. Airway and spinal motion restriction can be addressed without helmet removal.

Procedure:

- 1. High Impact Helmets (e.g., motorcycle, car racing) Whether the helmet is a closed or open-faced style helmet, the helmet must always be removed while providing spinal precautions.
- 2. Low Impact Helmets with Shoulder Pads (e.g., football, ice hockey, etc.) In those patients wearing a well-fitted helmet which conforms closely to the patient's head, it may be preferable to leave the helmet and shoulder pads in place after removing the face mask. If the helmet is removed, the shoulder pads must also be removed to maintain neutral spinal alignment.
- 3. Low Impact Helmets without Shoulder Pads (e.g., baseball, bicycle, rollerblade, etc.) Whether the helmet is a closed or open faced style helmet, the helmet must always be removed while providing spinal precautions.
- 4. Assess and document PMS.
- 5. While gently removing the helmet, maintain stabilization of the cervical spine. If indicated, place the patient in spinal motion restriction.
- 6. Reassess and document PMS.



Applies to: EMT

Paramedic

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