

Policy Title: Spinal Immobilization		Policy Number 614
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- I. PURPOSE: To define the use of spinal immobilization by field personnel in Ventura County.
  - II. AUTHORITY: Health and Safety Code, Sections 1797.214, 1797.220, 1798, and 1798.200, CCR Division 9, Chapter 4, Sections 100175, 100179
  - II. POLICY: Field personnel in Ventura County may apply spinal immobilization devices under the following circumstances.
  - III. PROCEDURE: Patients who meet any of the criteria listed in Section A will be carefully evaluated according to criteria in Section B. Spinal immobilization will only be done on patients who meet the criteria of *both* Section A *and* Section B.
  - A. Patients who meet at least one of the following criteria will require further evaluation as listed in Section B to determine whether spinal immobilization is required. Patients who do *not* meet any of these criteria do *not* require spinal immobilization:
    - 1. Any patient with head or neck trauma who complains of neck or back pain, or weakness, numbness or radiating pain in a trauma setting.
    - 2. Any patient with altered level of consciousness, neurological deficit, or alcohol or drug intoxication to the extent that appreciation of pain is altered, or suffering from severe distracting painful injuries for whom the mechanism of injury is unknown or suspicious for spinal injury.
  - B. Spinal immobilization will be done on patients who meet criteria listed in Section A above if they have at least one of the following:
    - 1. Neck or spinal pain,
    - 2. Spinal tenderness,
    - 3. A painful distracting injury (e.g., long bone fracture),
    - 4. Neurological deficit, OR
    - 5. Inability to communicate effectively.
- The awake, alert patient, not under the influence of alcohol or drugs to the extent that appreciation of pain is altered, with whom you can communicate effectively, who

denies spine pain or tenderness, is neurologically intact, does not have a distracting injury, does NOT require spinal immobilization.

- C. Cervical immobilization is not necessary in the awake, alert patient, not under the influence of alcohol or drugs to the extent that appreciation of pain is altered, with whom you can communicate effectively who complains of isolated lumbar pain or tenderness but denies cervical pain or tenderness and does not have weakness or numbness in a trauma setting. Long board immobilization without cervical immobilization is adequate for this type of patient.
- D. In patients with penetrating torso or neck injury and unstable vital signs, transportation must be expedited. For potential spinal injury, the patient should be placed on a backboard. The head should be taped if a cervical spine injury is suspected.

VI. Special Procedure for Care of Potentially Spine-Injured Football Athlete

- A. The facemask should always be removed prior to transportation, regardless of current respiratory status.
  - 1. Tools for facemask removal include screwdriver, FM Extractor, Anvil Pruners, or ratcheting PVC pipe cutter should be readily accessible.
  - 2. All loop straps of the facemask should be cut and the facemask removed from the helmet, rather than being retracted.
- B. The helmet should not be removed during the prehospital care of the football athlete with a potential spinal injury, unless:
  - 1. After a reasonable period of time, the face mask cannot be removed to gain access to the airway,
  - 2. The design of the helmet and chin strap is such that even after removal of the face mask, the airway cannot be controlled or ventilation provided,
  - 3. The helmet and chin straps do not hold the head securely such that immobilization of the helmet does not also immobilize the head, or
  - 4. The helmet prevents immobilization for transport in an appropriate position.
- C. If the helmet must be removed, spinal immobilization must be maintained while removing.
  - 1. In most circumstances, it may be helpful to remove cheek padding and/or deflate the air padding prior to helmet removal.
  - 2. If the helmet is removed, the shoulder pads must be removed at the same time.
- D. If needed, the front of the shoulder pads can be opened to allow access for CPR and defibrillation. They should only be removed if the helmet is removed at the same time.