
Forsyth County EMS

Skill Procedure: Spinal Immobilization

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| | MR / EMT | |
| | Expanded Scope EMT | |
| | EMT-I | |
| | EMT-P | |

Clinical Indications:

- A. Need for spinal immobilization as determined by protocol.

II. Procedure:

- A. Gather a backboard, straps, C-collar appropriate for patient's size, tape, and head rolls or similar device to secure the head.
- B. Explain the procedure to the patient.
- C. Place the patient in an appropriately sized C-collar while maintaining in-line stabilization of the C-spine. This stabilization, to be provided by a second rescuer, should not involve traction or tension but rather simply maintaining the head in a neutral, midline position while the first rescuer applied the collar.
- D. Once the collar is secure, the second rescuer should still maintain their position to ensure stabilization (the collar is helpful but will not do the job by itself).
- E. Place the patient on a long spine board with the log-roll technique if the patient is supine or prone. For the patient in a vehicle or otherwise unable to be placed prone or supine, place them on a backboard by the safest method available that allows maintenance of in-line spinal stability.
- F. Stabilize the patient with straps and head rolls/tape or other similar device. Once the head is secured to the backboard, the second rescuer may release manual in-line stabilization.
- G. NOTE: Some patients, due to size or age, will not be able to be immobilized through in-line stabilization with standard backboards and C-collars. Never force a patient into a non-neutral position to immobilize them. Such situations may require a second rescuer to maintain manual stabilization throughout the transport to the hospital.
- H. Document the time of the procedure in the patient care report (PCR).

III. Certification Requirements:

Maintain knowledge of the indications, contraindications, technique, and possible complications of the procedure. Assessment of this knowledge may be accomplished via quality assurance mechanisms, classroom demonstrations, skills stations, or other mechanisms as deemed appropriate by the local EMS System. Assessment should include direct observation at least once per certification cycle.

Approved by:
Dr. R.L. Alson
Medical Director
May, 2006