SEMAC Statement on Pre-hospital Spinal Immobilization

The SEMAC recognizes that there has been a lot of discussion and education about the practice of spinal immobilization and that this has created some confusion for our providers and ED staff. We issue this position statement to update the position of the SEMAC on the practice of spinal immobilization or spinal motion restriction.

The SEMAC affirms the NAEMSP's recommendation for ***judicious use of the long spine board and*** recommends the ***liberal use of appropriately sized cervical collars*** for patients with traumatic mechanism where unstable spine injuries are suspected or cannot be excluded. As directed by the NYS BLS Major Trauma criteria – a cervical collar should be placed when indicated. However, as is done in the hospital, spinal movement can be minimized ("spinal motion restriction") without associated long spine board use.

In many patient circumstances, a long spine board may be the best method of extrication. A spine board is **not** the best method in all cases, and in many, may be far more harmful than useful. In most cases of ambulatory patients, the placement of an appropriately sized cervical collar, followed by positioning the patient in a supine or semi-erect position on an ambulance stretcher, is sufficient to minimize spinal movement. A "standing-take-down" of patient onto a long spine board is an un-necessary practice and should not be performed.

The SEMAC recommends providers minimize spinal movement for patients with traumatic mechanism where unstable spine injuries are suspected or cannot be excluded. Methods for minimizing spinal movement may include:

1. Careful patient handling and transport on a padded stretcher
2. Transporting a patient using a scoop stretcher or other carrying device
3. Extricating a patient using a long spine board may be a useful method. Avoiding transport on the long spine board is preferred, unless removal would delay transport of an unstable patient or removal cannot be safely performed.

The SEMAC recognizes the increasing evidence of harm associated with long spine board use without clear evidence of its benefit. A robust understanding of the adverse effects of long spine board use should be incorporated into curricula. Long spine boards do not have a role in transporting patients between facilities **and in no case, shall failure to utilize a long spine board constitute a deviation from the standard of care**.

The SEMAC also supports the practice of Emergency Department registered nurses (RN) removing patients from long spine boards. As our focus is to recognize that the spine board is not an immobilization device, and when supported by individual hospital policy and practice, we support an RN initiated removal from the long spine board to minimize patient discomfort prior to a practitioner medical evaluation.