**Purpose**

To provide guidelines for the appropriate use of rigid long back boards (spine boards) or any equivalent device below:

1. Long back boards or similar rigid devices should be utilized for extrication and/or patient transfers to the stretcher, as well as support for chest compressions.
2. Devices such as the long or short spine board, scoop stretcher, K.E.D, pediboard, etc., should be considered extrication and/or patient movement devices. However, patients in traumatic cardiac arrest should be transported on a hard surface that facilitates adequate CPR. The K.E.D. should not be used on patients who require rapid extrication, and if used should be unbuckled and fully released (including head straps) once the patient is laid flat.
3. Spinal Motion Restriction includes a rigid cervical collar, manual in-line spine stabilization as necessary to maintain spinal alignment with movement, transfers, and securing the patient FLAT to the Ambulance Stretcher (i.e. no sitting up or head elevation). **Patients with need for Spinal Motion Restriction / Spinal Precautions DO NOT have a “clear” spine and SHOULD NOT sit up or be transferred to a sitting or head elevated position at the destination facility prior to evaluation of the spine by an emergency medicine provider.**
4. Patients with penetrating trauma to head, torso, or back with no evidence of spinal injury do not require Spinal Motion Restriction

**Indications**

Requirement for Spinal Motion Restriction as determined by the Assessment Based Spinal Immobilization procedure.

**Procedure**

1. Gather long back board, scoop stretcher, ambulance cot, or other Spinal Motion Restriction device, securing devices, and appropriate C-collars.
2. Explain procedure to the patient and assess / record neurological exam and pulse status.
3. Place the patient in an appropriately sized C-collar while maintaining in-line stabilization of the C-spine by the first ECP. In-line stabilization should not involve traction or tension, but rather maintain the head in a neutral, midline position while another rescuer applies the collar.
   a. If there is no appropriately sized cervical collar available to fit a specific patient, attempt to limit patient movement of cervical spine while they
transfer to cot. Reinforce to patient the importance of limiting movement of cervical spine and encourage neutral positioning. Document these actions in the patient care report.

b. Once the collar is secure, the first ECP should maintain their position to ensure cervical stabilization (the collar is helpful but will not do the job by itself).

4. If spinal motion restriction is indicated, and the patient has been ambulatory on scene or is without neuro deficit and able to self-extricate from a vehicle or situation, the preferred method of transfer is to bring the cot to the patient and have patient sit down and then lay flat.

5. For non-ambulatory patients or those requiring extrication from a vehicle or situation: place patient on a Spinal Motion Restriction device with log-roll or similar technique dependent on circumstances, if patient is supine or prone.

6. During extrication or where otherwise unable to be placed prone or supine, place patient on Spinal Motion Restriction device by the safest method available that allows maintenance of in-line spinal stability.

7. Stabilize the patient with straps / head rolls / tape / other devices as needed. Once the head is secured to the Spinal Motion Restriction device or stretcher, the first ECP may release manual in-line stabilization.

8. **NOTE**: Spinal precautions may be achieved by many methods. Never force a patient into a certain position to immobilize them. Such situations may require a second rescuer to maintain manual stabilization throughout the transport to the hospital. Special equipment such as football players in full pads and helmet may remain immobilized with helmet and pads in place.