

To: Mecklenburg County First Responder Agencies
From: Doug Swanson, MD, FACEP
Medical Director, Mecklenburg EMS Agency
CC: Mike Price, CPCC
Date: Date: 06/15/2015
Re: Pre-hospital Long Spine Board Utilization

A handwritten signature in black ink, appearing to read "Doug Swanson", is positioned to the right of the "From:" line.

The Mecklenburg EMS Agency, in coordination with CFD is committed to providing excellent pre-hospital care. With this commitment there are advancements and adjustments to the performance of that care for the benefit of our patients.

18 months ago, in coordination with updates with the North Carolina College of Emergency Physician's NC EMS Protocols, MEDIC began the practice of *Selective Spinal Immobilization* of patients involved in traumatic events.

We are now advancing this further. In coordination with position statements from the American College of Emergency Physicians, the National Association of EMS Physicians and the American College of Surgeons Committee on Trauma, we are amending our field care to eliminate the use of a long spine board (LSB) for the purpose of patient transport to the emergency department.

- * As background; the long spine board was developed and introduced as a patient extrication and movement device and not intended for patient transport
- * Numerous studies have noted multiple potential and realized complications related to the use of the LSB in patient transport without any demonstrated benefit
- * There are no randomized trials noting benefit to the patient via utilization of a LSB during transport

Impact to First Responder Agencies:

- * Patients should not be "packaged" in classic full spinal protocol prior to MEDIC arrival
- * Appropriate patients should have manual cervical spine stabilization or a rigid cervical collar placed as indicated per patient history and physical exam
- * LSB may be utilized to transition patients to the EMS stretcher as indicated and the LSB subsequently removed (by log-rolling the patient or other appropriate method) with the patient subsequently firmly secured to the EMS stretcher in supine position for transport
 - o A variety of methods may be utilized to safely and effectively move patients from their field location to the EMS stretcher including LSB, scoop stretcher, Megamover, etc. dependent upon the patient presentation; clinical judgement is paramount as to determining the most appropriate method
 - o A rare occasions, related to logistics of patient movement in the field, it may be necessary to move and transport the patient on an LSB – this however is not to be the standard method of patient transport to the ED
- * All clinical care protocols have been amended to reflect this change

Amended protocol will be implemented **August 1, 2015**