



New York State
Department of Health
Bureau of Emergency Medical Services

POLICY STATEMENT

Supercedes/Updates:

No. 88-01

Date: 02/09/88

**Re: Patient Carrying
Devices**

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SUBJECT: Patient Carrying Devices

There are many patient carrying devices in the EMS inventory, including orthopedic stretchers, stair chairs, canvas slings, spine boards, soft or rigid stretchers (such as the Reeves and the SKED) and single or multiple level ambulance cots.

Each of these carrying devices has been designed by the manufacturer for a specific use. The orthopedic stretcher to lift or move patients with orthopedic injuries; the long spine board to immobilize patients with potential spinal column injuries; the stair chair to move on stairs and around narrow hallways; the "Reeves" to facilitate moving individuals in a semi-rigid but flat position. There are overlaps in the capabilities of many of these devices. However, it is important to recognize that each of these devices has specific limitations which restricts its use in certain circumstances. In other words, no device can be used all of the time on all patients.

The State Emergency Medical Services Program recently investigated several circumstances where patient carrying devices were inappropriately used. It appears that the reason for the use is that the ambulance crew uses a particular device for every patient. Examples of inappropriate uses of devices include transporting a non-traumatized chest pain patient on an orthopedic or Reeves stretcher, thus preventing the patient from sitting up, and attempting to immobilize the spine of an injured patient on a Reeves or other soft stretcher. While there are sometimes extenuating circumstances in the field, routine use of these devices for the purposes given is clearly inappropriate.

EMTs have an obligation to weigh carefully the decision to use a specific piece of EMS equipment, including carrying devices, in order to assure that the equipment is appropriate for the patient, the problem, and the situation.

All providers should assure that patients transported by ambulance are strapped to the stretcher or crew bench. No patient should ever be transported strapped to a Reeves or long backboard but not to the stretcher. Strapping to the stretcher is the only way to prevent movement of the initial carrying device in the event the ambulance comes to a sudden stop. Patients should never be transported within the ambulance in a chair since these can not be secured. Children, however,

may be transported in their car seats if strapped to the stretcher or crew bench, assuming that their injuries do not require them to lay flat.

Your attention to these issues is expected in the interest of improving patient care.

Issued and Authorized by: Michael Gilbertson, Director