



Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

To: Emergency Department Staff

From: New York State Department of Health
Bureau of Emergency Medical Services and Trauma Systems

Subject: Prehospital/EMS Use of Long Spine Boards

Date: November 10, 2015

At the direction of the New York State Emergency Medical Advisory Committee (SEMACE) the Department of Health, Bureau of Emergency Medical Services and Trauma Systems (BEMS) is completing the implementation of a new protocol regarding care of pre-hospital patients with potential spine injuries.

Historically, any patient that had the potential for having a cervical, thoracic or lumbar spine injury, mandated the EMS provider to transport the patient on a long spine board. After an extensive review of current literature, the SEMACE and BEMS have come to the conclusion that excellent spine care can be accomplished through the use of spinal motion restriction without transporting a patient on a long spine board.

Significant evidence exists indicating that the use of a long spine board can have potential negative patient outcomes. The most up-to-date New York State EMS protocol represents the support of position statements from the National Association of EMS Physicians/American College of Surgeons Committee on Trauma Joint Position on pre-hospital immobilization published in 2013. The SEMACE and the NYS EMS council (SEMSCO) have approved the protocol change.

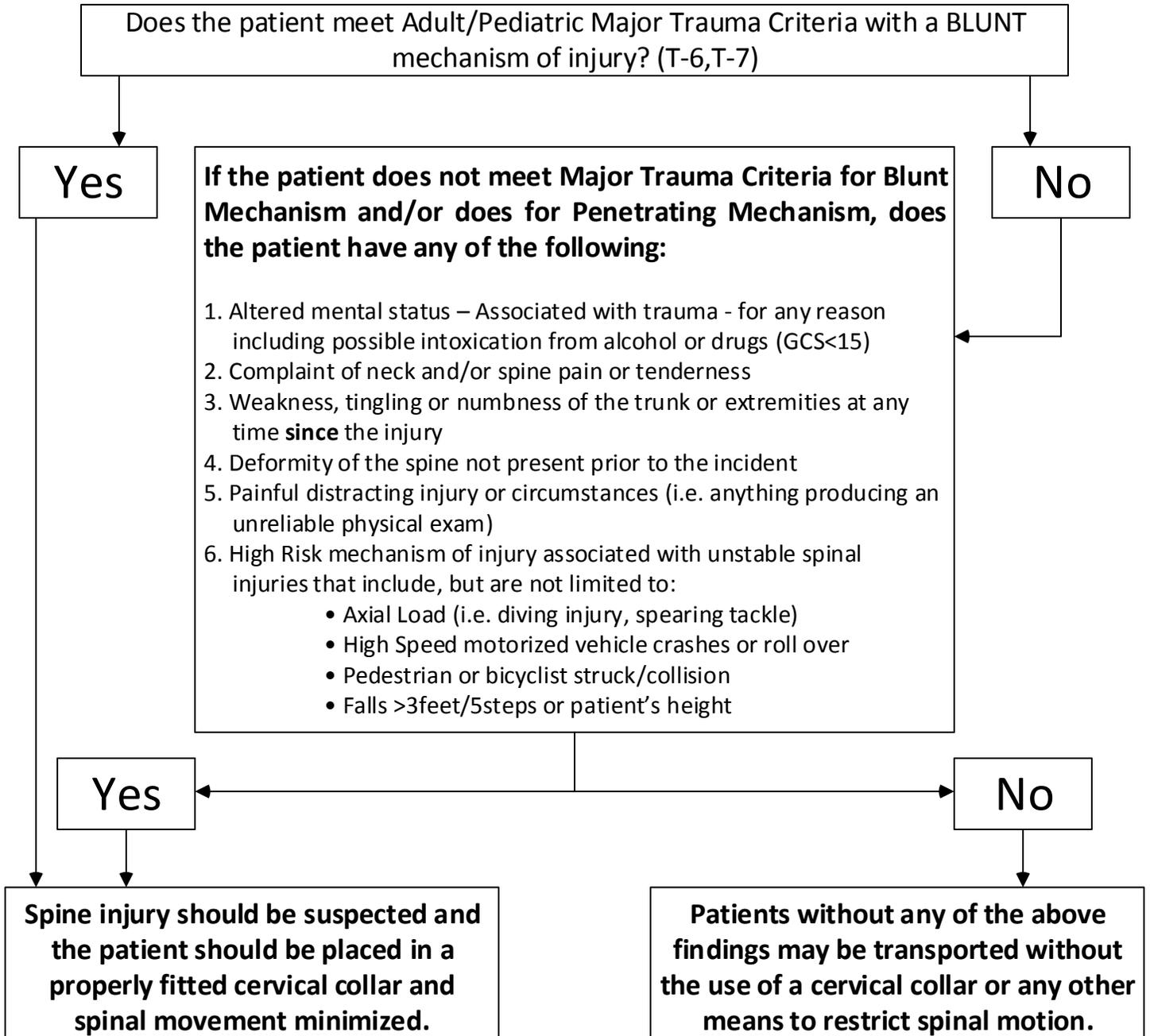
The biggest change to current practice will be the ability of EMS providers to apply a cervical collar without transporting a patient on a long spine board. The use of a long spine board will continue as a patient extrication and transfer device, but this protocol change acknowledges that the long spine board is just one of many ways to safely minimize movement of the spine. We believe that the key impact for Emergency Departments will be in the way patients are transferred from the EMS stretcher to the ED bed. This will ideally be accomplished by the use of a slide board and/or additional personnel to appropriately transfer the patient while maintaining spinal motion restriction.

The SEMACE, the Regional Emergency Medical Advisory Committees (REMACEs) and the Department will be actively monitoring the implementation of the new protocol and would be interested in any available outcome data to share with our pre-hospital providers and for regional Quality Assurance/Improvement processes. If you have any concerns about this or any other EMS protocol please do not hesitate to contact your local REMACE.

We appreciate your partnership in working for the best possible outcomes for prehospital patients in New York State.

Attachment:
NYS BLS 2015 – Suspected Spinal Injuries Protocol (T-8)

Suspected Spinal Injuries



Notes:

- Spinal movement can be minimized by application of a properly fitting rigid cervical collar and securing the patient to the EMS stretcher.
- When spinal motion restriction has been initiated and a higher level of care arrives, patients should be reassessed for spinal injury (per this protocol).
- When possible, the highest level of care on scene will determine if spinal motion restriction is to be used or discontinued (collar removed, etc.)
- A long spine board is one of multiple modalities that can be used to minimize spinal movement. Electing not to use a long spine board will not constitute a deviation from the standard of care.
- Long spine boards do not have a role in transporting patients between facilities