



Washtenaw / Livingston County MEDICAL CONTROL BOARD

Washtenaw / Livingston County Medical Control Corporation . . . a non-profit corporation serving the community

TO: All Washtenaw/Livingston Medical Control Authority EMS Providers & Hospital Representatives

DATE: September 11, 2013

FROM: Robert Domeier, MD, EMS Medical Director, Washtenaw/Livingston MCA

SUBJECT: Backboarding Practice

The National Association of EMS Physicians, in cooperation with the American College of Surgeons, recently published a revised position statement titled: *EMS SPINAL PRECAUTIONS AND THE USE OF THE LONG BACKBOARD* (attached). Much of the statement re-validates the use of selective immobilization which is our current practice. There are a couple of important additional items that will affect our use of backboards even under the existing protocol. These sections are highlighted below:

- Patients with penetrating trauma to the head, neck, or torso and no evidence of spinal injury should not be immobilized on a backboard.
- Spinal precautions can be maintained by application of a rigid cervical collar and securing the patient firmly to the EMS stretcher, and may be most appropriate for:
 - Patients who are found to be ambulatory at the scene
 - Patients who must be transported for a protracted time, particularly prior to interfacility transfer
 - Patients for whom a backboard is not otherwise indicated

Eliminating backboard use for some patients does not mean eliminating the use of spinal precautions. It is recognizing the potential adverse effects of the backboard and recognizing spinal precautions may be maintained without the use of a backboard. Based on these recommendations, please make the following changes in the use of the backboard for maintaining spinal precautions:

- **Do not use a backboard for patients suffering penetrating trauma unless there is evidence of spinal cord injury, cervical collar should be used if indicated based on patient exam.**
- **Do not use a backboard for patients who are ambulatory at the scene, cervical collar should be used if indicated based on patient exam.**
- **The use of a backboard for interfacility transport of the trauma patient is strongly discouraged, but should be left to the discretion of the sending physician. Cervical collar may be used as determined appropriate by the sending physician**
- **Spinal precautions may be maintained by securing the patient to the ambulance stretcher as usual. A patient with a collar and no board should never have the head independently secured to the stretcher. Sand bags/head beds and tape are not indicated in this situation.**

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