



Official Statement: EMS Changes to Pre-hospital Care of the Athlete with Acute Cervical Spine Injury

NATA has recently become aware of significant change to protocols of Emergency Medical Response Services in some parts of the country. The change affects how EMS will be transporting patients to the Emergency Department. In many cases of suspected spine injury, EMS might not recommend immobilizing a patient to a spine board for transport. Rather, patients may be transported with a cervical collar only and secured directly to the stretcher for transport.¹

EMS protocols may vary substantially between states and counties. Ultimately, state EMS regulatory agencies and individual EMS medical directors will determine the protocols that govern EMS personnel. With this change there are many implications for athletic trainers, such as equipment removal. In some cases a spine board may still be used to transfer the patient from the ground to a stretcher then removed, but in other cases responders may use an alternative method of transfer (e.g., scoop stretcher, sheet-carry, lift, etc.). Protocols may still allow for use of an immobilization method using a vacuum mattress or padded spine board.

Experts within the athletic training profession, including authors of the 2009 Position Statement, *Acute Care of the C-spine Injured Athlete*, are actively reviewing these changes, examining current recommendations and discussing short and long-term strategies for response. In the interim, the NATA strongly urges ATs to:

- Contact local EMS provider(s) as soon as possible to professionally review, discuss and rehearse current protocols for immobilization and transfer of a suspected spine-injured athlete as recommended by their medical director and/or state agency, including equipment intensive patients.
- Update Emergency Action Plans if necessary and be prepared for all aspects of the plan.
- Keep in mind that the current NATA Position Statements include language that allows for full body immobilization using methods other than a long spine board (e.g., vacuum mattress) and for removal of the athletic equipment in the pre-hospital setting, depending on circumstance. Furthermore, expert consensus now suggests that, in some cases, pre-hospital removal of athletic equipment may be advised. This is based on recent research and changes to AHA/ARC guidelines which prioritize compressions and AED deployment over ventilations, both of which require access to the chest.
- Actively seek new evidence through advanced training, solicitation of expert advice and by remaining up-to-date on the latest scientific research in this important area.

¹One example is shown in a video from New Hampshire regarding the changes already implemented in the state: <http://www.youtube.com/watch?v=OyFsV2CP15A&feature=youtu.be>. More information on these protocol changes may also be read in this article: <http://www.jems.com/article/patient-care/research-suggests-time-change-prehospita>