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Sunnybrook  
HEALTH SCIENCES CENTRE



**WADEM Congress on Disaster and Emergency Medicine • 25–28 April 2017**

## **Session Title: Prehospital Spinal Care Immobilisation Roundtable Outcomes**

**Hosting Track or Organization:** WADEM EMR Special Interest Group

**Date:** Tuesday, 25 April 2017 - 16:30 - 18:00

**Session Format:** Roundtable Discussion

**Co-Chairs:** Joe Cuthbertson

### **Aim:**

To host a roundtable exploring best practice pre hospital spinal immobilisation

### **Panel Objectives**

1. Identify and review emerging evidence and changes in pre hospital care for spinal immobilisation
2. Consider implementation of a WADEM member working party to develop guidance and inform best practice

### **Background**

The practice of cervical collar application by first aiders is no longer recommended by ILCOR.

To be precise, the ILCOR recommendation is:

'We suggest against the use of cervical collars by first aid providers (weak recommendation, very-low-quality evidence)'

There is much interpretation that could be considered in this statement; the recommendation is weak, the evidence quality is low, the recommendation is in reference to first aiders, what is the risk to the patient if the practice is not performed....

Evidence gaps, whilst important, should not overshadow that there is a growing concern that this practice may be flawed and detrimental to those whom we seek to help. The call for more high quality studies to address the knowledge gaps identified provides a guide to EMS researchers to improve the evidence base of pre hospital care.

A specific call has been requested to investigate:

- manual stabilization (using hands/knees to restrict motion),
- trauma patients in the prehospital setting,
- high risk versus low risk patients,

- other forms of physical cervical spinal stabilization,
- implementation and education, and
- a review of the adverse effects as a consequence of application of a cervical collar

As many avid followers of evidence based practice in pre hospital care would be aware, spinal immobilisation has for some time been a contentious issue. There is no evidence to support hard backboards or cervical collars, and emerging evidence that suggests that hard backboards and cervical collars may actually be detrimental. In many services immobilisation as standard practice has been removed, reduced or replaced with alternative measures. Additionally spinal clearance algorithms adapted from NEXUS and Canadian C-spine has been adapted to pre hospital care in many services to limit inappropriate and/or unnecessary immobilisation.

Improved guidance has been provided to first aid practice, an opportunity exists in professional pre hospital care to provide similar leadership in this area of practice.

**Outcome:**

The roundtable participants queried the practice of prehospital spinal immobilisation in low resource environments and whether the disaster or humanitarian setting was applicable to this statement; expressed confusion as to which pre hospital providers the ILCOR statement referred to, and identified challenges in maintaining appropriate application of spinal immobilisation prehospital in low resource environments,

Evidence gaps, whilst important, should not overshadow that there is a growing concern that this practice may be flawed and detrimental to those whom we seek to help.

A specific call has been requested as an output of the roundtable for WADEM to provide leadership and guidance in this area of practice. An application has been presented to the elected board for the development of an organisational position paper on prehospital spinal care immobilisation.

