

TO: All OEC Instructors, Instructor Trainers, Regional OEC Administrators, OEC Division Supervisors, OEC Refresher Committee

FROM: David Johe, M.D., National Medical Advisor; and Deb Endly, National OEC Program Director

CC: Bill DeVarney, Asst. National OEC Program Director

DATE: 30 August 2018

RE: Changes to New OEC Refresher Workbook, Instructors Guide and Support Materials

On August 9, 2018 the leading organizations in Emergency Medicine, The American College of Surgeons Committee on Trauma (ACS-COT), American College of Emergency Physicians (ACEP), and the National Association of EMS Physicians (NAEMSP) published a consensus document on "SPINAL MOTION RESTRICTION IN THE TRAUMA PATIENT – A JOINT POSITION STATEMENT".

During the 2018 Cycle B OEC refresher cycle (the current refresher cycle), the same topic was published and emphasized by the National Medical Committee and the National OEC Educational Committee, for the NSP to use the term "spinal protection" v. "spinal immobilization". The OEC Cycle B workbook published by the NSP, was under the pretense that the above four organizations were leaning in that same direction and following the evidence-based medicine on cervical collars and spinal immobilization that was available.

What it means to the Cycle B Refresher Spinal Protection Protocol:

The concepts established by the National OEC Medical Committee are not wrong, as the overuse of spinal immobilization devices such as long spine boards must be reduced. This can be accomplished by conducting a thorough assessment on scene and selecting an appropriate spinal immobilization device.

The committee's use of the term spinal protection should be replaced with the medically accepted consensus term of **Spinal Motion Restriction (SMR)**. *Also the use of cervical collars is required with all patients who need Spinal Motion Restriction.*

The final change is that spinal motion restriction may be achieved with the use of a backboard, scoop stretcher, vacuum splint or ambulance cot. Patients in toboggans cannot be sufficiently secured and the toboggan cannot be used in lieu of a backboard, or other SMR device.

SUMMARY OF CHANGES:

- Correct terminology is now "spinal motion restriction"
- A cervical collar is required for all patients who are placed on a spinal motion restrictive device (backboard, scoop stretcher or ambulance cot) when Spinal Motion Restriction is needed.
- A toboggan **cannot** be used as a spinal motion restrictive device

THINGS THAT HAVE NOT CHANGED:

- Full spinal motion restriction is needed, including a cervical collar for pelvic fractures.
- Full spinal motion restriction is not needed, nor is a cervical collar, when using the backboard or other spinal motion restrictive device for a patient with a mid-shaft femur fracture where a traction splint is applied
- Full spinal motion restriction is not needed, nor is a cervical collar, when using the backboard or other spinal motion restrictive device for the purpose of lifting or transportation means

UPDATING OF ONLINE REFRESHER MATERIALS AND CANDIDATE MATERIALS

Updates to the SPINAL MOTION RESTRICTION FLOWCHART, and both the Hybrid and Traditional Instructor Guides are complete. The only changes in the Instructor Guide were changing the term spinal protection to spinal motion restriction.

The online module will be corrected to remove the section on when not to use a c-collar and updating the terminology to reflect the move to spinal motion restriction.

The above noted changes in terminology as well as when to apply/use a cervical collar will be updated in any OEC materials including candidate testing that are affected.

Please make changes immediately to all training presented going forward. In addition, please update anyone who received the previous spinal protection training through a Refresher, CE or OEC course. If you have any questions going forward, please contact your Division Medical Adviser or Division OEC Supervisor.

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The consensus document on Spinal Motion Restriction was also endorsed by the following organizations: The American Association for the Surgery of Trauma; The Eastern Association for the Surgery of Trauma; The Western Trauma Association; The National Association for State EMS Officials; The National Association of Emergency Medical Technicians; Emergency Medical Services for Children Innovation and Improvement Center; The Pediatric Trauma Society; The National Association of EMS Educators; The American Pediatric Surgical Association; The Society of Trauma Nurses; The American Academy of Pediatrics; The Emergency Nurses Association.