

<b>Manitoulin-Sudbury District Services Board POLICY &amp; PROCEDURES MANUAL</b>	
Section: G. Emergency Medical Services	Effective Date: March 1, 2010
Topic: 8. Occupational Health and Safety	Replaces: New
Subject: 3.5 Fracture Board	
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**PURPOSE**

To outline safe workplace process in the use of the fracture board and Quick Connect Spinal Immobilization System (QC) for lifting and transferring / transporting of patients.

**APPLICATION**

Paramedics, EMAs, Management

**PROCEDURE**

Rationale for use

Indication for use:

- Immobilization and transportation of suspected spinal injuries.
- Immobilization and transportation of suspected fractured femur/hip or pelvis.
- Patient conveyance.

The long spine board is an immobilizing, lifting, transferring and conveyance device. It has application on many types of patients, particularly those with suspected head/neck/spinal injury.

It provides rigid support to the patients entire body. The use of straps provides for effective immobilization and increases patient safety

Description

The long spine board is constructed of:

- 2.5" vacuum molded plastic without seams make it easy to clean and decontaminate. The board features 14 large raised handholds to make it easy to grab, even with heavy gloved hands. Pins are carbon fibre tubes molded into the board, maximizing their strength. The board Includes strap holes for pediatric patients, eliminating the need to use towels to fill the extra space between patient and strap and is radiolucent.
- 1.7 cm (3/ 4), 7 - 9 ply hardwood covered in a "Phenalic" finish which is impervious to body fluids and which allows for rapid and effective clean up using house-hold cleaners and/or bleach. There



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is a “shock absorber” located around the perimeter of the board to help protect the board from “contact” damage. The Retroreflective stripe located on the board aids in identifying the board in low light situations. Fourteen integral anchoring pins within the spinal board allows for effective immobilisation of a variety of patient body sizes. The pins allow x-ray penetration of the board. Each of the pins can support approximately 400 lbs of weight.

### Procedure for Use

Body immobilization methods are dependent on the patient’s injuries/ condition and the clinical situation. Great care must be taken to prevent further injury to the spinal cord. Movement of the patient should be kept to an absolute minimum during treatment and transport.

- The patient’s neck should be stabilized with the use of a rigid cervical collar and manually controlled until the patient is fully secured on the board.
- Placement of the patient on the long spine board can be accomplished by using the log roll technique, scoop stretcher or by utilizing the KED.
- The long spine board should be placed next to the patient and positioned so that their head and feet will both be on the board when the patient is rolled/placed onto the board.

NOTE: It may be advantageous to place padding under the posterior side of the patient to fill in their body hollows (i.e. under the knees).

- The patient should be securely immobilized onto the long spine board. Objects should be removed from contact with the patient to help prevent pressure.
- If the patient is slim, a blanket roll may be placed along each side of the patient prior to strapping or if using the BaxStrap board the paediatric strapping methods can be utilized.
- Four safety straps are provided with each board. The straps have “clasps” on one end which are fitted to an anchoring pin as selected by the operator. On the other end of the strap is either a “tang” or “receptacle” (automotive style) buckle.
- The straps are applied in a cross-strap pattern across the chest. Snug up the straps so that the patient upper body is securely immobilized. Take great care that the patients’ breathing is not restricted by the safety straps.
- A horizontal strap is placed over the hips and knees of the patient unless contraindicated by injuries in those areas where a cross-strap technique or different strap position can be considered.
- A rolled towel is placed on each side of the patient’s head. And secured in place by attaching tape or a roll bandage across the patient’s forehead and under the spinal board.
- Consider occipital padding to maintain neutral alignment
- All lifting procedures are to be verbalized/ communicated to each other and the patient prior to commencement. Movements are to be smooth and

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- coordinated using appropriate lifting procedures.
- Generally a figure-of-eight bandage is required around the patients' feet, to help keep the legs "in line".
  - Various patient injuries and call circumstances may require adapting the strapping system; however, patients should always be "secured".

For more detailed instructions, please refer to your in-service training, document references and user's manual.

### Storage

After each usage it is to be stored safely and according to our existing policy "Securing Equipment (Policy and Procedure G. 6.11.).

### Cleaning

This device is to be disinfected after each usage according to "Disinfection of Vehicles and Patient Care Equipment", (Policy and Procedure G. 8.4.3

## REFERENCE

Laerdal BaxStrap,  
<http://www.laerdal.ca/document.asp?subnodeid=7910765>Ministry of

Health, Emergency Services Branch, 1993, *Patient Care Equipment Manual*,  
The Crown in Right of the Province of Ontario

Emergency Health Services, Occupational Health Services, 1991, *A Lifting Training Program for Emergency Medical Attendant*

Manitoulin-Sudbury District Services Board, *Ergonomics*,  
Policy & Procedures G.8.5.1.

Manitoulin-Sudbury District Services Board, *Securing Equipment*, 2004, Policy  
and Procedure G. 8.4.3.

Manitoulin-Sudbury District Services Board, *Disinfecting of Vehicles and Patient Care Equipment*, 2004, Policy & Procedures G.6.2.

Ministry of Health and Long-Term Care, Emergency Health Services Branch,  
2005, *Quick Connect Spinal Immobilization System*.