

Coastal Carolina University
Athletic Training Department
Policy and Procedure Manual
Suspected Spinal Injury

Revised/Reviewed 6/2012

SUSPECTED SPINAL INJURY PROTOCOL:

General Guidelines

- Any athlete suspected of having a spinal cord injury should not be moved and should be managed as though a spinal injury exists. C-spine in-line stabilization should be maintained.
- The athlete's airway, breathing, circulation, level of consciousness (AVPU/Glasgow Coma Scale) and neurological status should be assessed. If airway is blocked use a modified jaw thrust maneuver to open the airway. If the athlete's breathing is inadequate, assist ventilations with bag-valve-mask and supplemental oxygen.
- EMS should be activated.
- The athlete should not be moved until immobilized unless absolutely essential to maintain airway, breathing, and circulation. If the athlete must be moved, the athlete should be placed in a supine position while maintaining spinal immobilization.
- In a situation where it may not be appropriate for on-site medical personnel to transfer the athlete to a long spine board prior to EMS arrival (lack of enough qualified help or other factors), the rescuer(s) should maintain in-line stabilization, place a rigid cervical collar on (if possible), and continue to monitor baseline vital signs and complete secondary evaluation while awaiting EMS.

Spine Immobilization

- If possible, a correctly sized rigid cervical collar should be placed on athlete prior to moving.
- When moving a suspected spine-injured athlete, the head and trunk should be moved as a unit by securing the athlete to a long spine board. L
- The 6-man lift technique will be preferred method in placing the injured student-athlete on the spineboard. In the event that there are not enough personnel, a modified log roll technique will be performed to move the injured student-athlete onto the spineboard.