

**NORTHSTAR SKI PATROL
OEC 1997**

Skills Performance Checklists

Spine Immobilization - Leadership

Objective: To develop an efficient, workable plan that recognizes the priority procedures in treating a backboard patient, and provides for a rational, systematic approach in assigning task responsibilities among the rescuers providing the treatment.

Leadership Roles: There are two distinct leadership roles in managing any backboarding problem: (i) the site leadership role; and (ii) the patient handling leadership role.

Site leadership: The site leader is responsible for the overall handling of the problem from the initial contact with the patient until the patient is handed off to the helicopter or ambulance crew. The site leader makes the decisions about patient evaluation and treatment, necessary equipment and supporting personnel, and patient evacuation and transportation to medical facilities. Ordinarily, the site leader is responsible for radio contact with dispatch.

Patient handling leadership: The patient leader is stationed at the patient's head, providing manual C-spine immobilization until the patient is fully secured to the backboard. Because of the patient leader's vantage point, he/she is responsible for coordinating and directing all efforts involving manipulation of the patient: coordination of all logrolling efforts; coordination of the helpers' activities in applying O₂ and the C-collar, or in tying down the cravats or straps on the patient's body; coordination of all efforts involving lifting or moving the patient's body. Because manual C-spine immobilization must be applied continuously until the patient is fully secured to the backboard, the patient leader is stuck at the head throughout the majority of the problem, and his/her hands are not free for other tasks, such as keying the radio, adjusting the C-collar, clearing an airway, or demonstrating a preferable tie-down technique with a cravat or strap.

The first rescuer on the scene initially fills both leadership roles: site leadership as well as patient handling leadership. As trained help arrives, however, it makes sense to split the leadership roles, with a trained helper taking over patient leadership responsibilities, while the first rescuer concentrates on the decisions and actions related to the site leadership role. If resources are scarce, however, the first rescuer may find himself/herself in the unenviable and partially disabling position of having to continue to fill the two leadership roles simultaneously.

The following grid identifies and follows the patient leadership role, realizing that this role may be filled by one of the first trained helpers who arrives on the scene as backup to the site leader. The site leader role is not reflected on the following grid, but if helpers are scarce, the site leader will be carrying out tasks assigned to Helper B or Helper C. The grid assumes only four rescuers are working the problem. Four rescuers is a minimum number for efficient backboarding treatment; five or six would be preferable.

Patient/Site Leader is on-scene with patient:

1. Completes primary and secondary survey.
2. Calls for equipment and assistance.
3. Immobilizes head and neck as C-spine precaution.

Assistance Arrives On-Scene

Events	Patient Leader	Helper A [Helper Airway]	Helper B [Helper Backboard]	Helper C [Helper C- Collar]

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Events	Patient Leader	Helper A [Helper Airway]	Helper B [Helper Backboard]	Helper C [Helper C-Collar]
Assistance arrives.	<p>Immobilizes head and neck.</p> <p>Coordinates and directs all tasks involving patient manipulation: i.e.; application of O₂ mask and C-collar.</p> <p>Directs all helpers that if patient vomits, patient will be logrolled toward Helper A, with Patient Leader coordinating the effort.</p>	<p>Brings O₂ to patient.</p> <p><i>Preferred side for Helper A is patient's left because if airway needs to be cleared by logrolling, it's better to roll onto left side. Helper A will be responsible for applying necessary suction during logroll.</i></p> <p>Sets up system for delivery.</p> <p>Applies mask to patient and sets proper O₂ flow.</p> <p>Works with Helper C to apply C-collar.</p>	<p>Prepares backboard.</p> <p>Determines "head" of board and tapes padding in place.</p> <p>Assembles straps and necessary cravats. <i>Need 10-12 cravats if straps not used.</i></p> <p>Obtains blanket and rolls and tapes it to form "horse collar" for stabilizing head.</p> <p>Obtains padding for lumbar region of back and beneath knees.</p> <p>Positions all equipment near patient on side opposite from Helper A and O₂. <i>Generally on patient's right side.</i></p>	<p>Measures patient for C-collar size.</p> <p>Obtains proper C-collar and brings to patient.</p> <p>When O₂ mask is in place, works with Helper A to apply C-collar.</p> <p>Assesses spacing between back of patient's head and surface plane when neck and head are in neutral in-line position (eyes straight ahead) and obtains sufficient padding to prevent excessive neck extension or flexion when backboard is in place.</p>
O₂ mask and C-collar in place.	<p>Immobilizes head and neck.</p>	<p>Obtains suction equipment and brings it to</p>	<p>Helper B or Helper C (depending on who is first available) obtains 2 cravats and ties patients hands</p>	

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	Coordinates and directs all tasks involving patient manipulation: i.e.; tying cravats and applying straps to patient's body.	patient.	together and then feet together. Other Helper "sizes up" patient relative to backboard hand-hold locations, and positions straps (or ties off one end of the necessary cravats) for the shoulder/thoracic area tie-downs, and the pelvic area tie-downs.	
<p>Ready to logroll patient onto backboard.</p> <p>Need to recruit bystander or additional trained helper to assist in logroll at patient's lower trunk and legs.</p>	<p>Immobilizes head and neck.</p> <p>Coordinates and directs all tasks involving patient manipulation: i.e.; logrolling patient.</p>	<p>Assists in logroll; responsible for patient's upper trunk.</p> <p>Continues to monitor patient's airway, breathing, circulation and vomit impulses.</p> <p>Prepared to clear airway and perform suction if patient vomits.</p> <p>Every 5 minutes takes and records vital signs. Affixes strip of medical tape to patient's body in prominent location. Vitals recorded on</p>	<p>Responsible for placing backboard as patient is logrolled.</p> <p>Observes and palpates patient's spine if Patient Leader was unable to complete this portion of secondary survey.</p> <p>Positions backboard correctly against patient's back, confirming proper longitudinal placement. Considers placement 12" high if longitudinal drag will be necessary to "center"</p>	<p>Responsible for patient's mid-section, overlapping with Helper A at upper trunk, and overlapping with bystander helper at patient's lower back and pelvic area.</p>

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		tape. Monitors O ₂ level in tank. Prepared to call for replacement tank when needed.	patient. Inserts padding behind patient's lumbar spine as patient is rolled back onto board.	
Reposition patient on backboard.	Immobilizes head and neck. Coordinates and directs all tasks involving patient manipulation: i.e.; repositioning patient. Longitudinal drag toward head to accomplish "centering."	Assists in repositioning. Longitudinal drag toward head. Place hands on solid (skeletal) area; don't drag flab or stretch clothing.	Assists in repositioning. Longitudinal drag toward head. Place hands on solid (skeletal) area; don't drag flab or stretch clothing.	Assists in repositioning. Places padding beneath patient's head (or, perhaps, shoulders as in the case of a child with a disproportionately large head) to prevent excessive neck extension or flexion.
Apply cravats and straps to secure patient to backboard.	Immobilizes head and neck. Coordinates and directs all tasks involving patient manipulation: i.e.; tying of cravats and straps to patient, starting at shoulders and working toward the	Continues to monitor patient's airway, breathing, circulation and vomit impulses. Prepared to clear airway and perform suction if patient vomits. Every 5 minutes takes	Helper B and Helper C, working together, apply cravats and straps to patient's body, starting at shoulders and working toward the feet. Helpers B and C are especially diligent in synchronizing their tightening efforts to avoid twisting or torquing the patient's body out of straight alignment.	

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	<p>feet. Especially need to ensure that Helper B and Helper C are working together down the patient's trunk, synchronizing their tightening efforts to avoid twisting or torquing the patient's body out of straight alignment.</p>	<p>and records vital signs (written on medical tape). Continues to monitor O₂ level in tank.</p>		
<p>Apply "horse collar," blanket roll or head blocks to secure patient's head and fasten with cravats and tape.</p>	<p>Immobilizes head and neck until "horse collar" (or blanket roll or head blocks) is secured in place.</p>	<p>Continues to monitor patient's airway, breathing, circulation and vomit impulses. Prepared to clear airway and perform suction if patient vomits. Assists Helpers B and C by placing patrol belt, quick splint, etc., under head of board to raise it slightly to</p>		<p>Helper B and Helper C, working together, lift head of board so that patrol belt, quick splint, etc., can be placed under it to keep is raised slightly during taping. Helpers B and C then apply "horse collar," blanket roll or head blocks, and fasten these stabilization devices with cravats and tape to patient's head and backboard.</p>

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		facilitate taping.		
Load patient into sled or onto litter.	Coordinates and directs all tasks involving patient manipulation: i.e.; lift of backboard and movement to sled or litter. Assists in patient lift and movement to sled or litter.	Positions O ₂ tank and regulator on backboard between patient's legs and secures for transport. Assists in patient lift and movement to sled or litter. Continues to monitor patient's airway, breathing, circulation and vomit impulses. Prepared to clear airway and perform suction if patient vomits. Continues to monitor O ₂ level in tank.	Finishes sled preparation. Assists in patient lift and movement to sled or litter.	Finishes sled preparation. Assists in patient lift and movement to sled or litter.

End of Newsletter