

LONG SPINE BOARD

APPLICATION PROCEDURE

- Assess and record distal pulses, motor function and sensation
- Place extra rescuers to control thorax, pelvis and legs
- Place backboard beside the patient
- Leave patient's arms at their side, avoid rolling patient onto injured side
- As the person maintaining C-Spine control counts off "One, Two, Three – Roll", carefully roll the patient onto their side in unison.
- Perform a rapid assessment of the patient's back for injuries or significant trauma
- Place the backboard snugly against patient's back
- As the person maintaining C-Spine control counts off "One, Two, Three – Roll", carefully roll the patient and the spine board back to the horizontal position (supine).
- Secure the spine board straps starting with the waist strap, then the legs, then the chest strap last.
- Secure chest straps tight enough to hold the patient but not so tight as to restrict breathing.
- Chest and waist straps may be fastened in an X fashion to aid in securing unresponsive patients.
- Extra padding may be placed beneath knees for patient comfort if no trauma to lower extremities.
- Secure the head to the spine board using foam head blocks and 2 tape across chin and forehead or commercially designed head immobilization device.
- Re-assess and document distal pulses, motor function and sensation.

