



BUREAU OF OPERATIONS
EMS COMMAND ORDER 2010-158
September 2, 2010

MONTHLY DRILL FOR SEPTEMBER 2010

1. GENERAL INFORMATION

- 1.1 The designated drill for September 2010 is Core Skill: Spinal Immobilization. Station Officers shall conduct drills in accordance with EMS Operating Guide Procedure 104-03, Addendum 2, *Drills and Instruction Periods*.
- 1.2 The Drill includes a review of summary of Operating Guide Procedures and Command Orders issued between August 4, 2010 and September 1, 2010 (EMS Command Orders 2010-143 to 2010-158) that effected policy or procedures. All members should be familiar with these orders. The original orders are available for review on the FDNY Intranet which can be accessed through the station and ePCR computers.
- 1.3 Video drill materials have been distributed by the EMS Academy. The other training materials have been distributed from EMS Operations via e-mail and through TRAQs. **Station Commanding Officers shall contact the EMS Academy if the video and training devices have not been received.**

2. PROCEDURE

- 2.1 Officers shall prepare for the monthly drill by reviewing the drill materials, facilitator guide, skill sheets and the original Command Orders listed in the policy and procedure review.
- 2.2 EMS Officers conducting drills shall discuss the details of each order in the policy and procedure review with members during drill and instruction periods.

3. MATERIALS

- 3.1 Core Skill: Spinal Immobilization DVD, facilitator guide and skill sheets.

4. POLICY AND PROCEDURE REVIEW

4.1 EMS Command Orders

- | | |
|-----------|---|
| 2010-144 | Announces the distribution of new RAD -57 oximeters. |
| 2010-145A | Announces portable refrigerators being carried by Conditions Officers for the NYC Project Hypothermia Prehospital Research Program. |
| 2010-146 | Describes detergent suicides and operational considerations. |

- 2010-147 Announces the John Jay College Reimbursement Program for the Fall 2010 semester.
- 2010-149 Describes the features of the new RAD-57 oximeters.
- 2010-150 Reminds members of the need to contact On-Line Medical Control post-resuscitation.
- 2010-151 Describes changes to the Computer-Aided Dispatch (CAD) system.
- 2010-154 Describes the Boot Field Testing Project.
- 2010-154A Revises the Boot Field Testing Project.
- 2010-155 Describes the procedure for notifications of cardiac arrest resuscitation.
- 2010-156 Announces the Ninth Anniversary of September 11th events.
- 2010-157 Announces Captains Promotional opportunities.

BY ORDER OF THE CHIEF OF EMS COMMAND

NEW YORK STATE DEPARTMENT OF HEALTH
Emergency Medical Services

FDNY EMS
Skill Evaluation Form

PLEASE PRINT

**SPINAL
 IMMOBILIZATION OF A
 SEATED PATIENT**

Participant: _____ Shield: _____ Station: _____

Facilitator: _____ Initials: _____

Date: _____ Start Time: _____ Stop Time: _____

This skill station is designed to test your ability to provide spinal immobilization on a patient using a short spine immobilization device. You and an EMT assistant arrive on scene of an automobile crash. The scene is safe and there is only one patient. The assistant EMT has completed the initial assessment and no critical condition requiring intervention was found. For the purpose of this skill evaluation, the patient's vital signs remain stable. You are required to treat the specific isolated problem of an unstable spine using a short spine immobilization device. You are responsible for the direction and subsequent actions of the EMT assistant. Transferring and immobilizing the patient to a long backboard should be accomplished verbally. You have ten (10) minutes to complete this skill.

	Points:	Possible	Awarded	Comments
Takes, or verbalizes, body substance isolation precautions	C			
Directs assistant to place/maintain head in the neutral in-line position	C			
Assesses motor, sensory and circulatory function in each extremity	1			
Applies appropriately sized extrication collar	1			
Positions the immobilization device behind the patient	1			
Secures the device to the patient's torso	1			
Evaluates torso fixation and adjusts as necessary	1			
Evaluates and pads behind the patient's head as necessary	1			
Secures the patient's head to the device	1			
Verbalizes moving the patient to long board	1			
Reassesses motor, sensory and circulatory function in each extremity	C			
Did not release or order release of manual immobilization before it was maintained mechanically	C			
Patient was not manipulated or moved excessively, to cause potential spinal compromise	C			
Did not move device excessively up, down, left, right on the patient's torso	C			
Head immobilization does not allow for excessive movement	C			
Torso fixation does not inhibit chest rise, resulting in respiratory compromise	C			
Upon completion of immobilization, head is in the neutral position	C			
Immobilized the torso before the head	C			
Participant completed station within the 10 minute time limit	C			

Note: Participant must complete all critical criteria and receive at least 6 points to pass this station

TOTAL =

Total to pass = 6 Maximum Total = 8

Pass _____

Fail _____



**CORE SKILL: SPINAL IMMOBILIZATION
FACILITATOR GUIDE**

1. DESCRIPTION

- 1.1 This month's drill will focus on the proper procedures to successfully complete the New York State Department of Health EMS skills for immobilizing a patient suspected of having a spinal injury. Acute spinal cord injuries cause a permanent and profound impact on an individual and remain a devastating consequence of traumatic injuries. These injuries often lead to a significant decrease in the quality of life and decrease life expectancy. Pre-hospital care and the initial management of a patient with a spinal injury can have major implications for the patient, and mishandling of these patients may result in catastrophic consequences. Utilizing the proper technique when immobilizing a patient suspected of having a spinal cord injury will decrease the chances for further injury. During this video drill, several skills will be demonstrated including measuring and applying a rigid cervical collar, the standing takedown, supine immobilization and seated immobilization. The skills that the participants will practice and be evaluated on by the facilitator during the selected times in the video include supine immobilization and seated immobilization utilizing either the vest type immobilization device or the short spine board. Properly immobilizing a patient suspected of having spinal cord injury is critical in order to prevent further injury. All EMS providers must be able to successfully perform the immobilization skills according to the New York State Department of Health EMS standards.

2. LESSON OBJECTIVES

- 2.1 At the end of this lesson the participants will be able to:
- 2.1.1 State the goals of properly identifying and treating a patient with suspected spinal injury.
 - 2.1.2 Identify the criteria for selective spinal immobilization.
 - 2.1.3 Successfully perform spinal immobilization of a patient according to the New York State Department of Health Immobilization skills standards.

3. SKILLS

- 3.1 Perform spinal immobilization of a supine patient suspected of having spinal injury utilizing a long backboard.
- 3.2 Perform spinal immobilization of a seated patient suspected of having spinal injury utilizing a vest type device and a short spine board.

4. EQUIPMENT

- 4.1 DVD Player.
- 4.2 CORE SKILL: SPINAL IMMOBILIZATION drill DVD.
- 4.3 Long backboard
- 4.4 Rigid cervical extrication collar
- 4.5 Two 9 foot straps, One 2 piece strap
- 4.6 Vest type immobilization device
- 4.7 Short spine board
- 4.8 Head Bed
- 4.9 2 inch tape
- 4.10 Cravats
- 4.11 4x4's and 8x10's for padding
- 4.12 Facilitator Guide with timeline and modified NYS DOH skill forms

5. DRILL

- 5.1 The Officer should review the "CORE SKILL: SPINAL IMMOBILIZATION" video with the crews.
- 5.2 The DVD video drill should be viewed in its entirety by all participants and the skills practiced during selected times in the video.
- 5.3 The Officer should present scenarios and utilize the modified NYS DOH skill evaluation forms at designated practice times during the video.
- 5.4 Each crew member should demonstrate proper immobilization procedures according to NYS DOH standards for the designated skills.
- 5.5 The Officer should participate during the immobilization scenarios and act as the victim or 3rd rescuer if necessary.
- 5.6 The Officer should discuss with the participants:
 - 5.6.1 Scene safety and appropriate PPE to be utilized when immobilizing a patient.
 - 5.6.2 Importance of utilizing proper technique when immobilizing a patient in order to prevent further injury.

- 5.6.3 The majority of spinal cord injuries are a result of motor vehicle accidents and falls. Other less frequent causes of spinal cord injuries are from sports injuries, and penetrating trauma near the spine.
- 5.6.4 Up to 25% of injuries to the spine occur after the initial injury.
- 5.6.5 Common causes of spine injuries sustained after the initial incident are due to mishandling of the patient, improper extrication from the vehicle, movement of the patient by untrained personnel, and improper transport of the patient.
- 5.6.6 Patients should be immobilized based on the mechanism of injury or when one or more of the criteria for selective spinal immobilization is met.
(REMAC BLS Protocol 421 Head and Spine Injuries)
- 5.7 Officers should review the attached timeline and the modified NYS DOH skill evaluation form prior to conducting the drill.
- 5.8 Officers should ensure that crews restock any equipment utilized and that they are in compliance with Part 800 procedures prior to returning to service.

TIMELINE

Task	Materials	Skill	Video & or Skill Time	Responsibilities
Prepare skills area and gather equipment	DVD player, gloves, long back board, head bed, 2" tape, extrication collar, short board, vest type immobilization device, two 9 foot straps, one 2 piece strap, padding and cravats	None	5 min	Officer and Crew
Didactic and video presentation. (Intro)	Drill notes and DVD Video	None	10 min	Officer
<u>SUPINE IMMOBILIZATION</u>	Gloves, long board, extrication collar, head bed, 2" tape, 9 foot straps x 2 and one 2 piece strap	Participants shall successfully immobilize a patient in the supine position utilizing a long board according to NYS DOH skill standards. (10 minutes each participant)	20 min	Officer to evaluate participant's performance utilizing the modified NYS DOH skill form.

Task	Materials	Skill	Video & or Skill Time	Responsibilities
<u>SEATED IMMOBILIZATION</u>	Gloves, vest type immobilization device or short board, extrication collar, head bed, 2" tape, 9 foot straps, padding and cravats	Participants shall successfully immobilize a patient in the seated position utilizing a vest type immobilization device or short board according to NYS DOH skill standards. (10 minutes each participant)	20 min	Officer to evaluate participant's performance utilizing the modified NYS DOH skill form.
DISCUSSION AND CRITIQUE	RESTOCK EQUIPMENT	None	5 min	Officer and Crew

(ALL TIMES ARE ESTIMATED AND ARE ONLY INTENDED AS A GUIDE IN ORDER TO COMPLETE THE DRILL IN THE 1 HOUR DRILL PERIOD)

Attached are the modified NYS DOH evaluation skill forms for:

- Spinal Immobilization of a Supine Patient
- Spinal Immobilization of a Seated Patient

Prior to the participants beginning the designated skill, the facilitator should read the scenario included in the skill evaluation form.

FACILITATOR NOTES:

NEW YORK STATE DEPARTMENT OF HEALTH
Emergency Medical Services

FDNY EMS
Skill Evaluation Form

PLEASE PRINT

**SPINAL
 IMMOBILIZATION
 OF A SUPINE
 PATIENT**

Participant: _____ Shield: _____ Station: _____

Facilitator: _____ Initials: _____

Date: _____ Start Time: _____ Stop Time: _____

This skill station is designed to evaluate your ability to provide spinal immobilization on a patient using a long spine immobilization device. You and an EMT assistant arrive on scene of an automobile crash. The scene is safe and there is only one patient. The assistant EMT has completed the initial assessment and no critical condition requiring intervention was found. For the purpose of this skill station, the patient's vital signs remain stable. You are required to treat the specific, isolated problem of an unstable spine using a long spine immobilization device. When moving the patient to the device, you should use the help of the assistant EMT and the facilitator. The assistant EMT should control the head and cervical spine of the patient while you and the facilitator move the patient to the immobilization device. You are responsible for the direction and subsequent actions of the EMT assistant. You have ten (10) minutes to complete this skill.

	Points:	Possible	Awarded	Comments
Takes, or verbalizes, body substance isolation precautions	C			
Directs assistant to place/maintain head in the neutral in-line position	C			
Assesses motor, sensory and circulatory function in each extremity	1			
Applies appropriately sized extrication collar	1			
Positions the immobilization device appropriately	1			
Directs movement of the patient onto the device without compromising the integrity of the spine	C			
Applies padding to voids between the torso and the board as necessary	1			
Secures the patient's torso to the device	1			
Secures the patient's legs to the device	1			
Secures the patient's head to the device	1			
Secures the patient's arms to the device	1			
Reassesses motor, sensory and circulatory function in each extremity	C			
Did not release or order release of manual immobilization before it was maintained mechanically	C			
Patient was not manipulated or moved excessively, to cause potential spinal compromise	C			
Did not move device excessively up, down, left, right on the patient's torso	C			
Head immobilization does not allow for excessive movement	C			
Upon completion of immobilization, head is in the neutral position	C			
Immobilized the torso before the head	C			
Participant must complete station within the 10 minute time limit	C			

Note: Participant must complete all critical criteria and receive at least 6 points to pass this station
 Total to pass = 6 Maximum points = 8

TOTAL =

Pass _____
Fail _____



**BUREAU OF OPERATIONS
EMS COMMAND ORDER 2010-159**

September 2, 2010

**DISPATCHER OF THE MONTH
MAY, JUNE & JULY 2010**

1. GENERAL INFORMATION

- 1.1 In association with EMS Command Order 2008-054, *Dispatcher of the Month Recognition Program*, the following members are recognized as the Dispatcher of the Month for May, June & July 2010:

2. UNIT CITATION

- 2.1 In recognition of their exemplary service, the following members of the EMS Command are hereby awarded Unit Citations:

May 2010

June 2010

July 2010

EMT Tanika Ortiz

EMT Dawnette Waterman

EMT Melonie Mitchell-George

- 2.2 Presentation of Certificates and Unit Citation ribbons will take place at Emergency Medical Dispatch on Wednesday, September 22, 2010 at 1200 Hours.

BY ORDER OF THE CHIEF OF EMS COMMAND