

Triple immobilising, log-rolling and flat lifting for suspected spinal injuries'

The following information is for familiarisation for ward staff with these procedures. Triple immobilising and log-rolling is lead by competent and trained members of staff only.

Remember! There may be many reasons that a patient will be restless, and resistant to spinal immobilising. It is vital to rule out reversible causes such as hypoxia, pain, fear etc. If the patient remains restless then techniques may need to be modified, as the use of restraint in resistive patients may potentially increase the risk of significant harm. Document rationale for actions In patient notes.

1	Avoid unnecessary patient movement and instruct the patient to keep still reducing the risk of injury to C-spine. However use clinical judgement regarding patient movement in life-threatening situations
2	Staff must explain to the patient what is happening and the rationale, offering reassurance throughout and keep the patient warm
3	Escalate as per procedure depending on setting
4	Obtain Hoverjack and scoop and ensure Patslide and glide sheet available.
5	Obtain hard collar (responsibility of each Clinical Board to hold stock) and Ferno head blocks if available to immobilise head. If Ferno head blocks unavailable, use rolled up towels.
6	Staff should try and reduce their own static forward leaning by finding a comfortable kneeling position, use of pillows on the floor / under bottom if needed
7	The patient should be maintained in neutral alignment: <ul style="list-style-type: none">• Nose, sternum and symphysis pubis in line and shoulders and hips equally horizontal.• Neck in neutral position slightly flexed with no rotation. DO NOT proceed to any further movement until the hard collar is fitted by competent staff.
8	Log roll onto scoop stretcher using 4 people in total (at least) following the lead who supports the head and neck at all times. A further person is required to manage scoop If the patient is small/thin then it might be necessary to pad the legs with towels/pillows to prevent movement of the lumbar spine <ul style="list-style-type: none">• Measure length of scoop against the patient, click out to make longer. To split the scoop into 2 halves push both buttons out• Lead person to give directions for the manoeuvre and supports head and neck by placing their hands behind the neck with thumbs on the patient's shoulders

	<ul style="list-style-type: none"> • Lead person holds the patient’s head/neck in their forearms • Second person supports the patient’s chest area by placing their arms over the shoulder and waist • Third person places one arm over the patient’s hip and then places one arm under patient’s thigh • Pre-hospital method is for the 2nd and 3rd person to cross arms during the procedure • The more usual method used within the acute setting is for the 2nd and 3rd person to not cross arms during the procedure <ul style="list-style-type: none"> ○ the lead person directs the approach and the ward staff follow • 3 hands are over knee and lower leg and 3 hands under knee and lower leg • Fourth person places hands under the calf and ankle • The lead person supporting the head/neck dictates the command to move • Everyone needs to know the command to move ie “ready, steady, roll” • Roll patient onto their side • Place the head end of the scoop (widest end) into position • Roll the patient onto their back on command onto half the scoop • Staff change sides to log roll patient onto their other side • Place the other half of the scoop into position • Place patient onto back and ensure button locking mechanism of scoop are all fully engaged, push buttons in well top and bottom • Staff will be discharged from the manoeuvre when the person in charge of the head completes the procedure. Staff will stand back when alignment is checked
<p>9</p>	<p>Once in the scoop stretcher “triple immobilise” head:</p> <ul style="list-style-type: none"> • Hard collar fitted • Side supports (Ferno head blocks) or IV fluid bags, sandbags or rolled towels placed either side of head secured by tape • Tape secured to stretcher sides across the forehead • Tape secured to stretcher sides across the chin • Patient is strapped onto the scoop.

10	See Hoverjack Guide for full instructions for use Place deflated Hoverjack next to patient
11	Patient to be manoeuvred in the scoop onto deflated Hoverjack using Pat Slide and lateral transfer using a minimum of 5 people. Inflate Hoverjack.
12	Senior clinician to lead lateral transfer of the patient from Hoverjack to bed/trolley using Pat Slide and glide sheet.
13	Once in the bed/on trolley the patient is log-rolled off the scoop and triple immobilised again as per above sections