

GORDON'S SCHOOL
NECK AND SPINAL INJURY POLICY

The core principle that guides everything we do is **Putting Students First**.

Recognition

Suspect spinal injury if abnormal forces have been exerted on the back or neck and particularly if a casualty complains of any changes in sensation or difficulties with movement. If the incident involved violent forward or backward bending, or twisting of the spine, you must assume that the casualty has a spinal injury.

You must take particular care to avoid unnecessary movement of the head, neck, and spine at all times. Although spinal cord injury may occur without any damage to the vertebrae, spinal fracture greatly increases the risk. The areas that are most vulnerable are the bones in the neck and those in the lower back.

The following incidents may indicate the possibility of a spinal injury:

- Falling from a height
- Falling awkwardly
- Diving into a shallow pool and hitting the bottom
- Falling from a horse or motorbike
- Collapsed rugby scrum
- Sudden deceleration in a motor vehicle
- A heavy object falling across the back
- Injury to the head or face

When the vertebrae are damaged there may be:

- Pain in the neck or back at the injury site. This may be masked by other, more painful, injuries
- A step, irregularity or twist in the normal curvature of the spine
- Tenderness and/or bruising in the skin over the spine

When the spinal cord is damaged there may be:

- Loss of control over the limbs – movement may be weak or absent
- Loss of sensation, or abnormal sensations such as burning or tingling; they may report stiff; heavy or clumsy limbs
- Loss of bladder and/or bowel control
- Breathing difficulties

First Aid Procedure:

If the casualty is conscious:

1. Call for an ambulance immediately
2. Do not move the casualty unless it is necessary due to imminent danger
3. Reassure the casualty and advise them not to move (ask them not to nod their head when answering questions)
4. Kneel behind the casualty's head
5. Rest your elbows on the ground or on your knee and grasp both sides of the casualty's head to steady and support their head in a neutral position (where head, neck and spine are in line)
6. Ask a helper to place rolled up blankets, towels, or items of clothing on either side of the casualty's head and neck, while you keep their head in the neutral position.
7. Continue to support the casualty's head until emergency services take over, no matter how long this may be
8. Get a helper to monitor the casualty's vital signs

If the casualty is unconscious and breathing:

1. Call for an ambulance immediately
2. Do not move the casualty unless it is necessary due to imminent danger
3. Reassure the casualty and advise them not to move (ask them not to nod their head when answering questions)
4. Kneel behind the casualty's head
5. Rest your elbows on the ground or on your knee and grasp both sides of the casualty's head to steady and support their head in a neutral position (where head, neck and spine are in line)
6. Open the casualty's airway using the 'jaw thrust' technique ('jaw thrust': place fingertips at the angles of the jaw, gently lift the jaw upwards to open the airway, do not tilt the neck)

7. Continue to support the casualty's head until emergency services take over, no matter how long this may be
8. Get a helper to monitor the casualty's vital signs
9. Maintain the 'jaw thrust'
10. If the casualty needs to be turned onto their side use a log roll if enough people are available (in this instance the person supporting the head takes the lead)

If the casualty is unconscious and not breathing:

1. Call for an ambulance and an AED if available (ask a helper to do this if available)
2. Start CPR
3. If the casualty needs to be turned onto their side use a log roll if enough people are available (in this instance the person supporting the head takes the lead)

Julie Unsworth
Lead Nurse
January 2024