

GORDON'S SCHOOL
NECK AND SPINAL INJURY POLICY

The guiding principle in all situations is **Putting Students First**. Where there is any doubt, the casualty must be managed as having a suspected spinal injury. Only a competent member of the Gordon's School Medical Team may assess and clear a suspected spinal injury.

Recognition Criteria

Suspect a spinal injury when there is a significant mechanism of force, including:

- High-impact collisions (e.g. contact sport, road traffic collision)
- Falls from height
- Direct blow to head, neck, or back
- Violent bending, twisting, or axial loading (e.g. scrum collapse, diving accident)
- Being struck by an object (e.g. tackle, ball, equipment)

A spinal injury may also occur with lower-force trauma in individuals with underlying spinal risk factors (e.g. pathology, infection, tumour, severe arthritis).

Clinical Indicators - assume spinal injury if any of the following are present:

- Spinal symptoms
 - Central neck or back pain/tenderness
 - Visible or palpable deformity (e.g. step deformity, abnormal curve)
 - Local bruising, swelling, or muscle spasm
- Neurological signs
 - Limb weakness or loss of coordination
 - Altered/absent sensation (numbness, tingling, burning)
 - Loss of bladder or bowel control
 - Breathing difficulty after neck injury
- Reduced alertness or complicating factors
 - Confusion or reduced consciousness (ACVPU not "Alert")
 - Intoxication
 - Distracting injury masking spinal pain

First Aid Procedure

For a conscious casualty:

1. **Call 999 (Ambulance)** immediately and notify the Medical Centre.
2. **Do not move the casualty** unless there is immediate danger.

3. **Provide manual in-line stabilisation (MILS):** kneel behind the casualty's head, brace your elbows on the ground or knees, and hold both sides of the head to maintain a neutral position. Avoid all twisting, flexing, or extending of the spine.
4. **Reassure and instruct the casualty** to remain still and avoid any movement, including nodding or shaking their head when responding.
5. **If extrication is required**, this must be led by the trained person maintaining head control and performed by a **minimum of five competent responders** using the onsite spinal board, straps (applied before head blocks), and head blocks. Do not release MILS until head blocks secured.
6. **Continuously monitor** breathing, level of consciousness, pain, neurological symptoms, and vital signs, until an ambulance crew takes over

For unconscious but breathing casualty:

1. **Call 999 (Ambulance)** immediately and notify the Medical Centre.
2. **Do not move the casualty** unless there is immediate danger.
3. **Provide manual in-line stabilisation (MILS):** kneel behind the casualty's head, brace your elbows on the ground or knees, and hold both sides of the head to maintain a neutral position. Avoid all twisting, flexing, or extending of the spine.
4. **Continuously monitor** breathing, level of consciousness, pain, neurological symptoms, and vital signs until an ambulance crew takes over
5. **Only extricate if absolutely necessary.** This must be led by the trained person maintaining head control and performed by a **minimum of five competent responders** using the onsite spinal board, straps (applied before head blocks), and head blocks. Do not release MILS until head blocks secured.

If the casualty is unconscious and not breathing:

1. **Call 999 (Ambulance)** immediately and ask someone to get the nearest AED
2. Start CPR 30:2
3. Alert the Medical Centre

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