Helmet Removal

Purpose: To insure proper handling of patients suspected of sustaining a head, neck or back injury while wearing a protective helmet.

Policy: In the event that an individual is injured while wearing a protective helmet, the initial assessment should proceed as outlined in the primary assessment protocol with concern for assessing airway, breathing and circulation while addressing the potential for cervical spine injury. **The goal is to appropriately treat the patient in terms of cervical spine immobilization and manage the patient's airway.**

Pre-Medical Control
MFR/EMT/SPECIALIST/PARAMEDIC

1. High Impact Helmets (i.e. motorcycle, car racing)
   A. Whether the helmet is a closed or open faced style helmet, the helmet must always be removed prior to immobilization because it interferes with a proper assessment of possible head injury and will cause the cervical spine into a flexion position while the patient is supine.

2. Low Impact Helmets with Shoulder Pads (i.e. football, ice hockey, etc.)
   A. In those patients wearing a well-fitted helmet which conforms closely to the patient's head, it is generally preferable to leave the helmet in place:
      a. A well-fitted helmet can be determined by trying to place the first and second fingers between the forehead of the patient and the frontal pad of the helmet. If this cannot be achieved, the helmet is well-fitted.
      b. If the patient is awake and able to protect his/her airway, the helmet should be left in place and the patient immobilized using the helmet to assist with immobilization. The face shield must be removed prior to transport.
      c. If the patient has an altered level of consciousness or, for any other reason, is unable to protect his/her airway, the helmet should be left in place and the patient immobilized using the helmet to assist with immobilization. The face shield should be immediately removed to allow access to the airway.
      d. If the face shield cannot easily be removed, the helmet must be removed using in-line immobilization.

   B. If the airway cannot be controlled for any reason with the helmet in place, the helmet should immediately be removed, using in-line immobilization.
   C. In the event that the helmet must be removed, the patient's shoulder pads must be removed to maintain neutral alignment of the cervical spine for immobilization.
   D. It is common that in these types of sports the athlete will wear a well-fitted helmet without shoulder pads in the pre-season. If this is the case, the helmet must be removed prior to immobilization because it will cause the cervical spine into a flexion position while the patient is supine.

3. Low Impact Helmets without Shoulder Pads (ie. baseball, bicycle, rollerblade, etc.),
   A. Whether the helmet is a closed or open faced style helmet, the helmet must always be removed prior to immobilization because it will cause the cervical spine into a flexion position while the patient is supine.

NOTE: When immobilizing patients with the helmet in place, the cervical immobilization portion of most immobilization devices will cause the neck to flex forward when the patient's head is placed on it. For that reason, head immobilization devices should generally not be used in these patients. The helmet should rest directly on the backboard with towel rolls used to provide lateral support to the helmet.

EMS crews should work closely with sports medicine personnel (team trainers and physicians) for organized team sports. When providing scheduled standbys at sporting events, EMS personnel should introduce themselves to the sports medicine personnel of the teams prior to the game.