



## **Cervical Collar Policy 2010**

Version 1

For implementation in 2011

## **Introduction**

The Australian Rugby League is committed in providing the best possible care for all players who play the game of rugby league. Unfortunately injuries occur and sometimes some of these injuries can be quite serious, especially those injuries that affect the head and spine.

In 2010, a National Head and Spinal Injury workshop was developed and introduced to further enhance the underpinning knowledge and practical management of both head and spinal injuries in both the Level one and Level two trainers' courses as part of the National Sports Trainers Scheme.

The introduction of this cervical collar policy is to assist Australian Rugby League Sports Trainers in managing players with suspected head and cervical injuries by immobilising the cervical spine until more advanced assistance arrives in the form of ambulance personnel and/or doctors.

This policy outlines pre requisite training, cervical collar application competencies and specific assessment criteria for suitably qualified assessors to assess competency of candidates who take part in the course to comply with the policy.

This policy will be strictly adhered to. Failure to do so **WILL** result in disciplinary proceedings by the Australian Rugby League and the National Safety Education Manager. This could include being removed the national Sports Trainers database.

The introduction of this workshop and policy is an exciting step forward for the trainer scheme in managing player welfare and improving trainer knowledge, skills and competency.

John O'Halloran

**NATIONAL SAFETY EDUCATION MANAGER**

### **Pre-requisite requirements and Recognised Prior Learning**

Before a candidate can participate in cervical collar training, the candidate **MUST** complete the Head and Spinal Workshop in a face to face environment. There will be **NO** equivalency or recognised prior learning (RPL) for this course unless specific approval is given by the National Safety Education Manager. This approval will, in most cases only be given if the candidate is a Qualified Paramedic in a State or Territory Ambulance Service employed by the state or territory or suitably qualified doctor. Volunteers or honorary ambulance officers are **NOT** exempt and will **NOT** be given any recognised prior learning or exemption for completing this training.

### **Assessor requirements**

Assessors presenting any training in relation to this policy **MUST** have relevant qualifications recognised by the National Safety Education Manager and have both theoretical and practical knowledge and skills as determined suitable by the National Safety Education Manager. No unauthorised personnel will facilitate any training in relation to this policy without the direct approval by the National Safety Education Manager.

### **Approved collars**

The Australian Rugby League understands and recognises that different Ambulance Services nationally utilise different equipment to immobilise the cervical spine. The only two cervical collars approved by use will be the Laerdel Stiffneck and Ferno Wizlock cervical collars. Under **NO** circumstances will accredited Sports Trainers fit a soft foam cervical collar. Local arrangements with clubs and ambulance services will dictate the type of collar that the club/s will use for ease of exchange. Other brands of cervical collars will be considered on a case by case basis under consultation with the National Safety Education Manager. See Annexure one (1).

### **Removal from play**

Trainers who fit a cervical collar to a player/s **WILL** call for an ambulance to attend the ground and the player/s will be assessed by Ambulance Paramedics. During the delivery of the courses associated with this policy, candidates will be shown and assessed on how to utilise a scoop stretcher to aid in removal of a player off the field of play. All relevant documentation **WILL** be recorded on the Injury Report form including name of the trainer or person fitting the collar, type of stretcher used as well as the name of the destination hospital of player.

### Course Content and delivery

<b>Duration</b>	<b>Content</b>	<b>Delivery</b>
1.5 hrs	Head Injuries	PowerPoint and video (skeletal aids if available)
1 hr	Spinal Injuries	PowerPoint and video (skeletal aids if available)
1 hr	Cervical Collars	PowerPoint and practical
1 hr	Scoop Stretcher	Practical
30 mins	Assessment	Written Paper

**Annexure One (1)**



Wiz-lock Cervical Collar



Laerdel Stiff Neck Cervical Collar

## **Underpinning Theory**

A cervical collar will assist in preventing a secondary injury that could result from unnecessary movement of an unstable cervical spine. A properly fitted cervical collar will help limit any excessive cervical motion and is essential in the general spinal immobilisation in conjunction with manual immobilisation.

Any player, where a mechanism exists and the trainer has an index of suspicion of spinal injury, a cervical collar will be fitted. Cervical injuries may be classified as sprains and strains, fractures and dislocations as well as other spinal cord conditions. A cervical collar should be used in conjunction with other spinal immobilisation procedures where applicable i.e. manual immobilisation. If a patient's airway is potentially unstable and has an altered conscious state, the patient should be placed on their side as airway always takes precedence.

A cervical collar will be fitted to all players who have an altered level of consciousness, who are unconscious or have recently regained consciousness, even though a full return of conscious states exists, as the mechanism involved to cause this type of injury is quite substantial and underlying injury could still exist.

Posturing a patient, in the sitting position with a real or potential spinal injury may compromise such injury.

**It is essential that an ambulance is called as soon as practical.**

The accredited Sports Trainer can use their discretion in applying these cervical collars and provide manual immobilisation and emotional support until further assistance has arrived such as ambulance personnel or doctors. The cervical collar is a tool to assist accredited trainers to efficiently complete their duties. If a train chooses not to apply a cervical collar and wishes to maintain manual immobilisation and wait for assistance, this will be a more than acceptable practice, however this must be documented appropriately.

A spinal injury includes pain and/or tenderness over or around the spinal vertebrae, muscle spasm around the vertebrae, impaired extremity sensation and impaired extremity motor function.

The accredited Sports Trainer needs to be aware of fractures to the clavicle when applying these cervical collars.

Cervical collars must not inhibit the patient's ability to open their mouth in case vomiting occurs – must not obstruct the airway.

**Practical Skill / Competency – Must be correctly Demonstrated**

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- Immediately on recognising a possible or potential spinal injury, the patient’s head and neck should be manually immobilised.
- Demonstrate manual in-line immobilisation in a standing, sitting and supine patient and with a log roll of the patient in the supine, prone and lateral positions.
- Correctly size collar, select and fit where appropriate.
- Correctly apply multi-size collar to the patient.
- Effectively correctly fit both cervical collars to sit on the chest, posterior, base of the cervical, top of thoracic spine, the clavicles and trapezius muscles. The head is immobilised under the angle of the mandible and at the occipital of the skull.
- Demonstrate manual spinal immobilization, both pre and post cervical collar application.

**Comments:-**

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COMPETENT / NOT YET COMPETENT (CIRCLE APPROPRIATE)

Assessor: ..... Qualification: .....

Candidate: .....