



Designation: F1557 – 94(Reapproved 2007)

Standard Guide for Full Body Spinal Immobilization Devices (FBSID) Characteristics¹

This standard is issued under the fixed designation F1557; the number immediately following the designation indicates the year of original adoption or, in the case of revision, the year of last revision. A number in parentheses indicates the year of last reapproval. A superscript epsilon (ϵ) indicates an editorial change since the last revision or reapproval.

INTRODUCTION

The objective of this guide is to begin to address the recognized need to support and immobilize the components of the spine or spinal cord. Although this guide does not quantitatively address performance standards for this device, it does address the characteristics of the device(s) used to provide support and immobilization of the components of the central nervous system for the patient suspected of receiving trauma to that body system.

1. Scope

1.1 This guide establishes minimum standards for devices, designated here as full body spinal immobilization device(s) (FBSID), commonly known as long boards. The FBSID is designed to be used as the base structure for immobilization and transport of a patient with potential spine or spinal cord injury by emergency medical service personnel.

1.2 This guide does not identify specific degrees of limitation of motion achieved by placement of a FBSID on a patient. Definitive requirements for immobilization of the spine, and, in particular, the degree of limitation associated with the use of a FBSID, have not been established in the medical literature.

1.3 *This standard does not purport to address all of the safety concerns, if any, associated with its use. It is the responsibility of the user of this standard to establish appropriate safety and health practices and determine the applicability of regulatory limitations prior to use.*

2. Referenced Documents

2.1 *ASTM Standards:*²

[F1177 Terminology Relating to Emergency Medical Services](#)

¹ This guide is under the jurisdiction of ASTM Committee F30 on Emergency Medical Services and is the direct responsibility of Subcommittee F30.01 on EMS Equipment.

Current edition approved Feb. 1, 2007. Published February 2007. Originally approved in 1994. Last previous edition approved in 2002 as F1557 – 94(2002). DOI: 10.1520/F1557-94R07.

² For referenced ASTM standards, visit the ASTM website, www.astm.org, or contact ASTM Customer Service at service@astm.org. For *Annual Book of ASTM Standards* volume information, refer to the standard's Document Summary page on the ASTM website.

2.2 *Centers for Disease Control Standard:*

[Guidelines for Prevention of Transmission of HIV and HBV to Healthcare and Public Safety Workers](#)³

2.3 *OSHA Standard:*

[29 CFR 1910.1030 Occupational Exposure to Bloodborne Pathogens; Final Rule](#)⁴

3. Terminology

3.1 *Definitions:*

3.1.1 *retention system*—a retention system is an adjunct to or an integral part of the primary platform that allows the patient to be securely attached to that platform, used in whatever configuration and size necessary to accomplish the goal, while still allowing reasonable and necessary access to the patient.

3.1.2 *spinal immobilization*—spinal immobilization refers to immobilization of the entire spine and its contiguous structures, the pelvis and skull.

3.1.3 *spine*—the spine shall include the cervical, thoracic, lumbar, and sacral vertebrae.

3.2 *Definitions of Terms Specific to This Standard:*

3.2.1 *directions of movement*—include flexion, extension, rotation, distraction, lateral motion, and axial compression motion.

3.2.2 *full body spinal immobilization device*— a platform upon which a patient can be secured, that will support the entire length and weight of the patient during immobilization and transportation.

³ Available from Centers for Disease Control & Prevention (CDC), 1600 Clifton Rd., Atlanta, GA 30333, <http://www.cdc.gov>.

⁴ Available from Superintendent of Documents, U.S. Government Printing Office, Washington, DC, 20402.