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# Standard Guide for Characteristics for Adjunct Cervical Spine Immobilization Devices (ACSID)<sup>1</sup>

This standard is issued under the fixed designation F1558; 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 ( $\epsilon$ ) 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 adjunct cervical spine immobilization device (ACSID); a lateral stabilizer for the head is an example of this type of device. The ACSID is designed to be used to assist in the immobilization of the cervical spine, by emergency medical services personnel.

1.2 This guide does not identify specific degrees of limitation of motion achieved by placement of an ACSID on a patient. Definitive requirements for immobilization of the spine, and, in particular, the degree of limitation associated with the use of an ACSID, 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:*<sup>2</sup>

**F1177 Terminology Relating to Emergency Medical Services**

<sup>1</sup> 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.

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<sup>2</sup> For referenced ASTM standards, visit the ASTM website, [www.astm.org](http://www.astm.org), or contact ASTM Customer Service at [service@astm.org](mailto: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 *OSHA Standard:*

**20 CFR 1910.1030 Occupational Exposure to Bloodborne Pathogens; Final Rule**<sup>3</sup>

2.3 *Centers for Disease Control Standard:*

**Guidelines for Prevention of Transmission of HIV and HBV to Healthcare and Public Safety Workers**<sup>4</sup>

## 3. Terminology

3.1 *Definitions:*

3.1.1 *retention system*—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*—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*—directions include flexion, extension, rotation, distraction, lateral motion, and axial compression motion.

3.2.2 *immobilization*—limitation of motion.

3.3 For definitions of other terms used in this guide, refer to Terminology F1177.

## 4. Significance and Use

4.1 The intent of this guide is to identify characteristics that an ACSID shall possess.

<sup>3</sup> Available from Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402.

<sup>4</sup> Available from Centers for Disease Control & Prevention (CDC), 1600 Clifton Rd., Atlanta, GA 30333, <http://www.cdc.gov>.