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

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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:

F 1177 Terminology Relating to Emergency Medical Services²

2.2 Centers for Disease Control Standard:

Guidelines for Prevention of Transmission of HIV and HBV to Healthcare and Public Safety Workers³

2.3 OSHA Standard:

29 CFR 1910.1030 Occupational Exposure to Bloodborne Pathogens; Final Rule⁴

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 Description 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.

3.2.3 *immobilization*—limitation of motion.

3.3 For definitions of other terms used in this guide, refer to Terminology F 1177.

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.

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² *Annual Book of ASTM Standards*, Vol 13.02.

³ Available from Centers for Disease Control and Prevention (CDC), 1600 Clifton Rd., Atlanta, GA 30333.

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