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 **Adult Trauma Protocol** and the **Spinal Injury Assessment Protocol.** The goal is to appropriately treat the patient while maintaining spinal precautions and being able to 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 while providing spinal precautions. The helmet interferes with a proper assessment of possible head injury and would 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, **provided there is a prearranged agreement between team training/medical staff, EMS providers and the likely receiving facility**, it may be preferable to leave the helmet and shoulder pads in place. If such an agreement is in place the procedure would be as follows (or as determined by agreement):

      i. If the patient is awake and able to protect his/her airway, the helmet should be left in place and the patient should have spinal precautions maintained using the helmet to assist with spinal precautions. The face shield must be removed prior to transport.
      ii. 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 should have spinal precautions maintained using the helmet to assist with spinal precautions. The face shield should be immediately removed to allow access to the airway.
      iii. If the face shield cannot easily be removed for any patient, the helmet and shoulder pads should be removed using in-line stabilization.
      iv. If the airway cannot be controlled for any reason with the helmet in place, the helmet and shoulder pads should immediately be removed, using in-line stabilization.

   b. If there has not been a prearranged agreement for the management of patients with Low Impact Helmets, the helmet and shoulder pads should be removed while providing manual in-line spinal precautions.

3. Low Impact Helmets without Shoulder Pads (i.e. baseball, bicycle, rollerblade, etc.):
   a. Whether the helmet is a closed or open faced style helmet, the helmet must always be removed while providing spinal precautions. The helmet interferes with a proper assessment of possible head injury and would cause the cervical spine into a flexion position while the patient is supine.

NOTE: When providing spinal precautions for patients with the helmet in place, cervical immobilization devices should generally not be used in these patients. The helmet should rest directly on the extrication device or stretcher 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 interface with team trainers/medical staff prior to the event and coordinate and agree to specifics of the care expected for the injured athlete. The expected receiving facility should also be consulted when the expected care includes leaving the helmet and pads on injured players.