

Interim statement on the use of cervical collars for prehospital spinal immobilisation

The Faculty are conscious of the need for clear guidance in relation to the use of cervical collars for pre-hospital spinal immobilisation. We are aware that practice in relation to collars is becoming an increasingly polarising subject of debate.

We are actively developing consensus guidance to inform practice but given the current evidence gap and ongoing clinical trials, meaningful evidence-based guidance is some time away.

In the interim we are supportive of the following principles:

- There is a need for more evidence in this area and the Faculty are supportive of studies to improve our knowledge and understanding.
- Decision making in relation to collars should be customised on an individual patient basis considering the patient group, and best-informed estimates of the risk of injury and risk of harm from collar application.
- A decision to use or not use a collar may differ dependent on the phase of care, the information available and dynamic patient and practitioner factors.
- There should be a shared awareness that patient groups will have a different risk profile and as such guidance may vary. For example, guidance is likely to be different between contact sports and patients injured in motor vehicle collisions.
- Practitioners should be supported to work with their governing and responsible bodies to develop clear patient centred standards of care. Where possible, such standards should recognise the uncertainty in this area and be supportive of individual patient level decision making.
- Various guidance exists in this area; as such practitioners are likely to be supported to make different decisions. This should be accepted and handled with respect and kindness.

The Faculty will continue to regularly monitor the evidence in this area and update guidance when appropriate.

Prof David Lockey, Dr Tim Nutbeam, Dr Andy Smith