



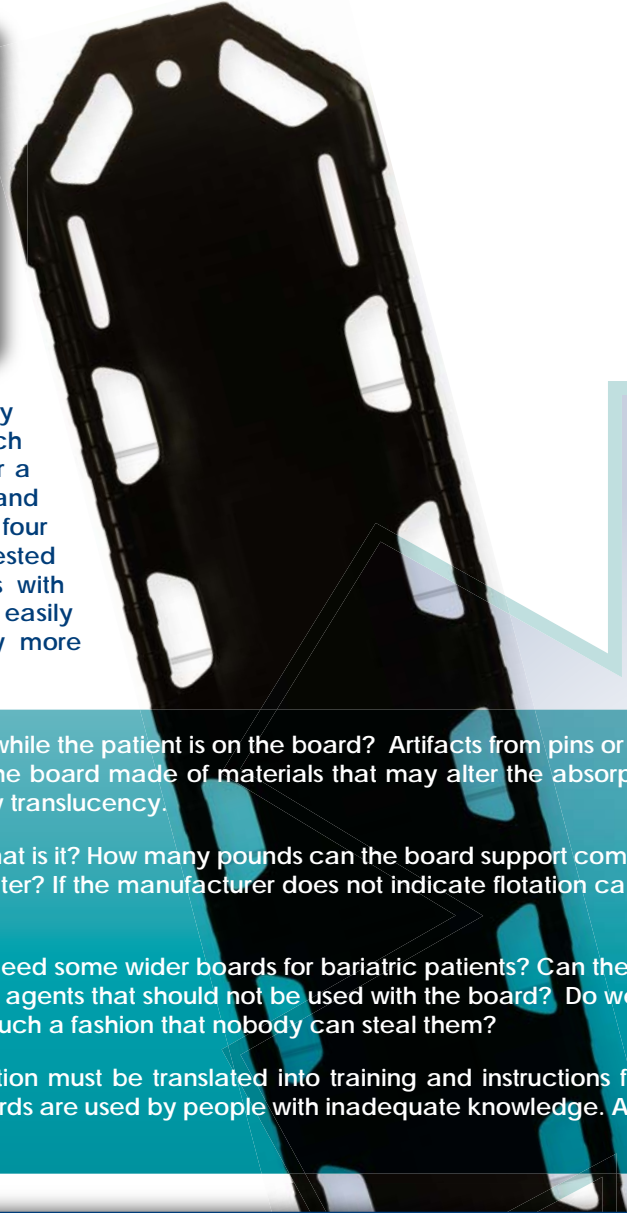
# VITALS

A Weekly Safety Newsletter For Medical Transport Professionals

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## Backboards: Not Just A Hunk Of Wood Anymore

Gone are the days when selecting a backboard was a simple process. Should backboards be made of high-density polymer or high-density polyethylene? It beats me. I see that on backboard product specification sheets. Frankly, I don't find that information particularly useful. If pressed I could describe the difference between polymer and polyethylene, but I am more interested in the usual specifications: length, width, depth, weight, attachment holes, number and placement of hand-holds, foot taper and capacity. I can't use it if it doesn't fit in my cabinets or on my cots.



I also want to know if the backboard meets my safety/liability needs. Rigidity is one concern. It is a measure of how much deflection, measured in inches, the board will sustain under a load. How much will the board bend with a 200 pound load and a two person carry? How about a 400 pound load and a four person carry? Where are the hand-holds? Which ones are best suited for which weight? Can you access the hand-holds with gloves? Are there offset handles so that the board can be easily picked up from the ground? Broken fingers are not any more acceptable than strained backs.

Can X-rays or other medical images be acquired effectively while the patient is on the board? Artifacts from pins or rods in backboards may obscure important clinical information. Is the board made of materials that may alter the absorption of radiation? You want the board you choose to have high X-ray translucency.

If the manufacturer states the board has flotation capacity, what is it? How many pounds can the board support completely above the water? How many pounds with the face above water? If the manufacturer does not indicate flotation capacity, should you use the board for a float?

Does the board accommodate adequate strapping? Do we need some wider boards for bariatric patients? Can the board be adequately cleaned and disinfected? Are there cleansing agents that should not be used with the board? Do we need high visibility boards? Can the boards be custom labeled in such a fashion that nobody can steal them?

All the information that we process during backboard selection must be translated into training and instructions for use. Patient and employee safety will be compromised if backboards are used by people with inadequate knowledge. After all, a backboard is not just a hunk of wood.



Sign Up for The  
**EVOC - "T3" Train-the-Trainer Course**  
August 25-27 in Iowa, or September 22-24 in California

American Integrated Training Systems, Inc. (AITS) is conducting an EVOC Train the Trainer course in conjunction with the Delaware TWP Fire Department, August 25-27 in Des Moines, Iowa, and with San Diego Medical Service in San Diego, California on September 22-24. The course will qualify instructors to present the classroom portion of the training and provide an orientation to the practical driving exercises. Each participant will act as a student and coach for ambulance driving exercises. Cost is \$575 and registration closes August 20. For more information please contact Billy Rutherford at 703-440-0914 or brutherf@aitstraining.com.

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