



Section 14: Appendix 2: Medical Procedures

SECTION 14: HELMET REMOVAL

E	EMT	E
A	AEMT	A
P	PARAMEDIC	P

REMOVAL OF HELMET	LEAVE HELMET IN PLACE
<ul style="list-style-type: none"> Inability to access, assess and maintain airway and breathing Improperly fitted helmet allowing for excessive head movement within helmet Proper C-spine alignment and immobilization cannot be achieved Cardiac arrest EMTs are trained in technique 	<ul style="list-style-type: none"> Helmet fits well with little or no movement of head in helmet No impending airway or breathing problems Removal may cause further injury Proper C-spine alignment and immobilization can be achieved with helmet in place There is no interference with the ability to assess and reassess airway and breathing

KEY POINTS

Helmet Types:

- Sport (Football, Ice Hockey, Field Hockey, Fencing, Baseball)
 - Typically open anteriorly
 - Easier to access airway
 - If shoulder pads are used in conjunction with helmet and helmet is removed then shoulder pads need to be removed simultaneously for proper C-spine alignment.
- Motorcycle / Bike / Skateboarding
 - When full-faced, airway is harder to access and maintain.
 - Face shield may be removed for airway access.

SPORTS HELMETS PROCEDURE:

- Most fit athlete tightly, especially football. They should be left in place.
- All are equipped to have face piece removed separate from helmet. In most cases, removal of facemask is all that is needed, as the alignment of c-spine can be done with shoulder pads and helmet in place.
- Removal of facemask may be done by cutting snubber straps that hold it in place to access airway.

Removal:

- If helmet must be removed due to unusual circumstances, at least 4 people are needed.
- Shoulder pads need to simultaneously be removed. (When shoulder pads are involved is to use forearms to stabilize helmet and place hands at base of neck grasping the shoulder area).
- While maintaining manual c-spine**, Helmet's inside face pads may be loosened by use of a tongue blade to unsnap them with a twisting motion. Then cut the shoulder pads laces and straps and all shirts and jerseys from end of sleeve to center to allow for quick removal.
- Lift patient flat up for removal of equipment. Helmet should be grasped and tilted slightly to remove – **DO NOT SPREAD SIDES OR BACK EDGE OF HELMET, WILL IMPINGE UPON NECK.**
- At same lift, pull off shoulder pads and clothing.
- Lower patient down and apply c-collar.



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SECTION 14: HELMET REMOVAL-Cont.

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MOTORCYCLE / BIKE / SKATEBOARDING HELMETS PROCEDURE:

1. Usually do not fit tightly and may allow movement of head inside helmet.
2. If head can move, no c-spine immobilization is possible.
3. Some have separate face piece that can be moved for airway access.
4. Some have full face design that is not moveable where chin section is a rigid continuation of the helmet.
5. C-spine alignment difficult due to no shoulder padding. Must create pad to form straight alignment.
6. If unable to secure c-spine of airway, the helmet should be removed at the scene.

Removal:

- Take eyeglasses off before removal of the helmet.
- One EMT stabilizes the helmet by placing hands on each side of the helmet with fingers on mandible to prevent movement.
- Second EMT removes any straps by cutting them.
- Second EMT places one hand on the mandible at the angle of the jaw and the other hand posteriorly at the occipital region.
- The EMT holding the helmet pulls the sides of the helmet outwards away from the head and gently slips the helmet halfway off and stops.
- The EMT maintaining stabilization of the neck repositions hold by sliding the posterior hand superiorly to secure to head from falling back after complete helmet removal.
- Helmet is then completely removed.