

# Time for a swift EXIT?

Spinal Motion Restriction and Extrication in Remote Trauma: Aligning UK and Australian Practice to Support Non-Paramedic Retrieval Teams

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# Does everyone need to be immobilised? Does every patient need a controlled extrication?

> Response Time	45 min
> Flight	90 min
> Drive to scene	60 min
> Extrication	60 min
> Drive to aircraft	60 min
> Flight to Adelaide	120 min
> Journey time	435 min



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# Traditional (Metropolitan) approach

- > 'Don't move the patient until help arrives'
- > Manual and Rigid immobilisation
- > Roof and doors off

**Is this the standard we should be applying?**



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# What we used to believe

- > Spinal injuries are common
- > Made worse by movement
- > Immobilisation reduces risk

## Prioritise immobilisation



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# The EXIT Project



- > Evidence review
- > Retrospective cohort studies
- > Biomechanical studies
- > Patient values and preferences
- > Expert clinical judgement
- > Evidence-based recommendations

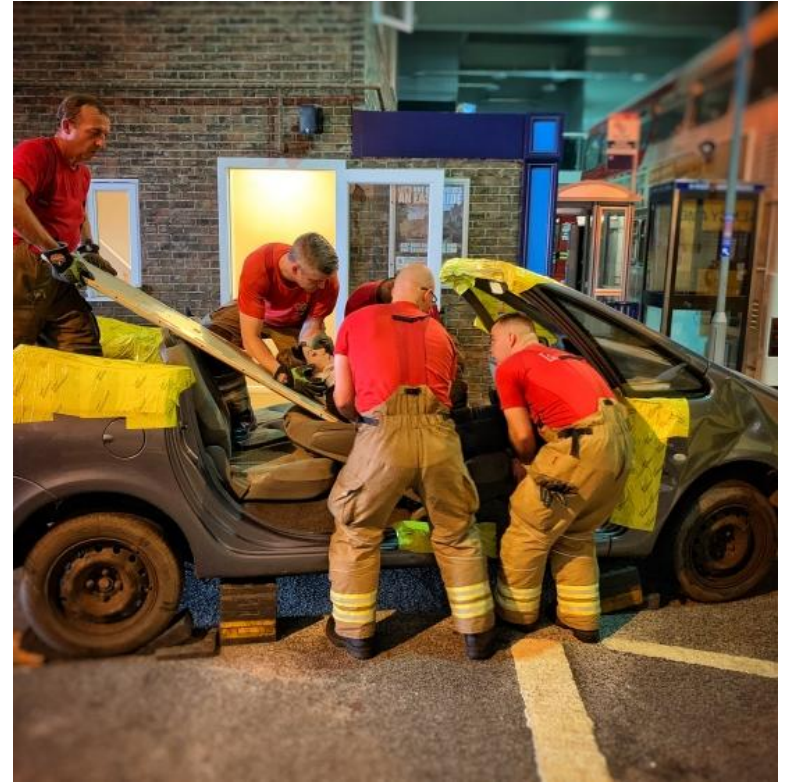


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# Key findings

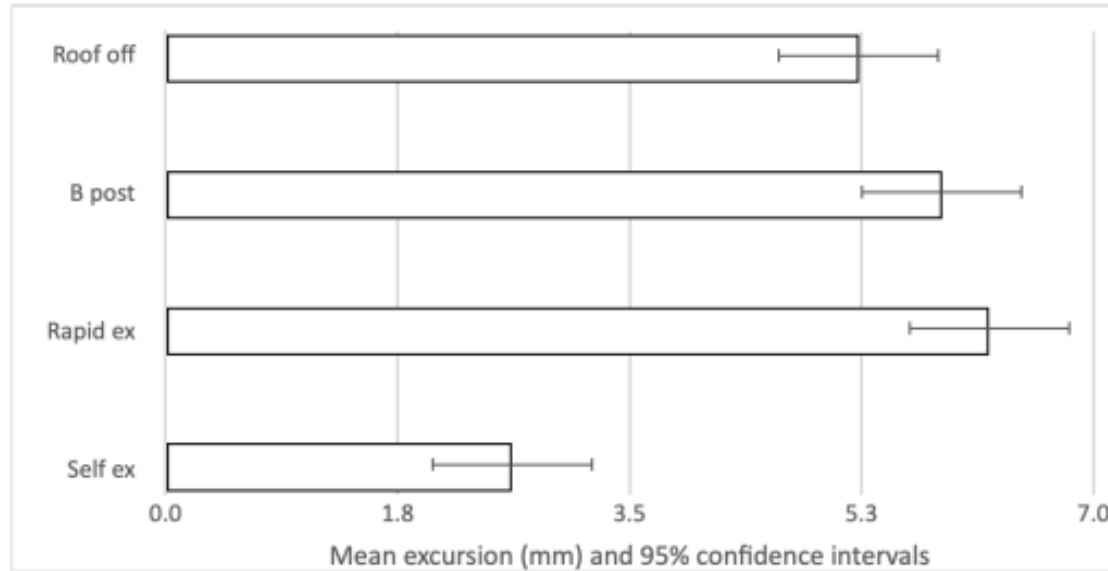
- > Higher morbidity and mortality with prolonged entrapment
- > Only 0.7% of patient have significant spinal cord injury

**Minimise extrication time**



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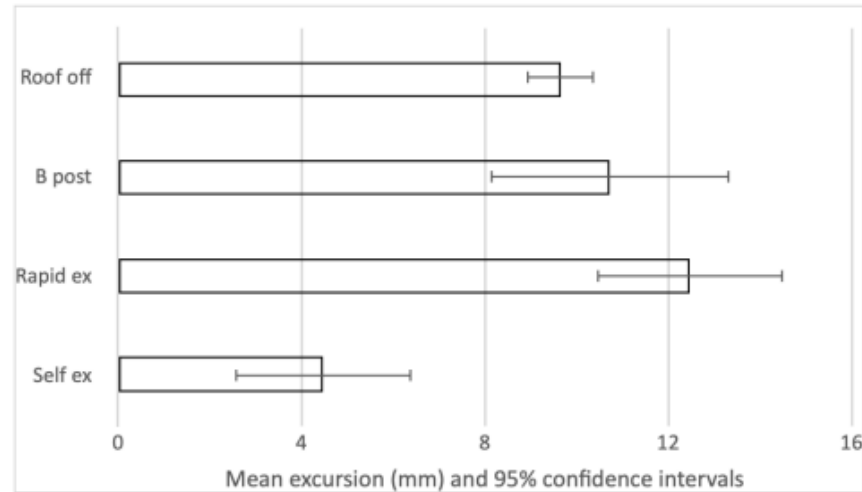
# C-Spine Excursion v Extrication Type



# Time to extrication (excluding cutting time)

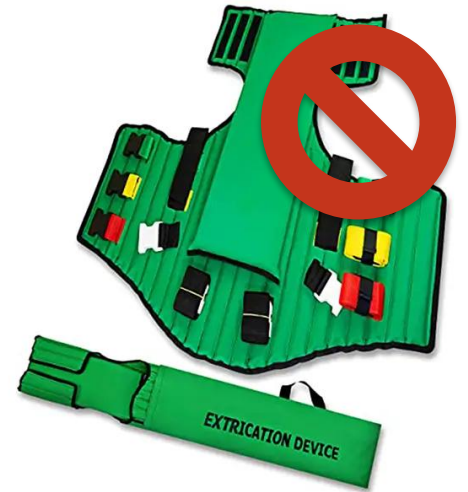
## Time taken and confidence intervals (s)

Note – times above do not include “cutting” time.



# Faculty of Pre-Hospital Care 2024 Guidance

- > Immobilisation → Spinal Motion Restriction (SMR)
- > Self-extrication preferred
- > Long boards: extrication only
- > Collars: selective, loosen/remove



Nutbeam et al. Scand J Trauma Resusc Emerg Med (2025) 33:3

Extrication following a motor vehicle collision: a consensus statement on behalf of The Faculty of Pre-hospital Care, Royal College of Surgeons of Edinburgh

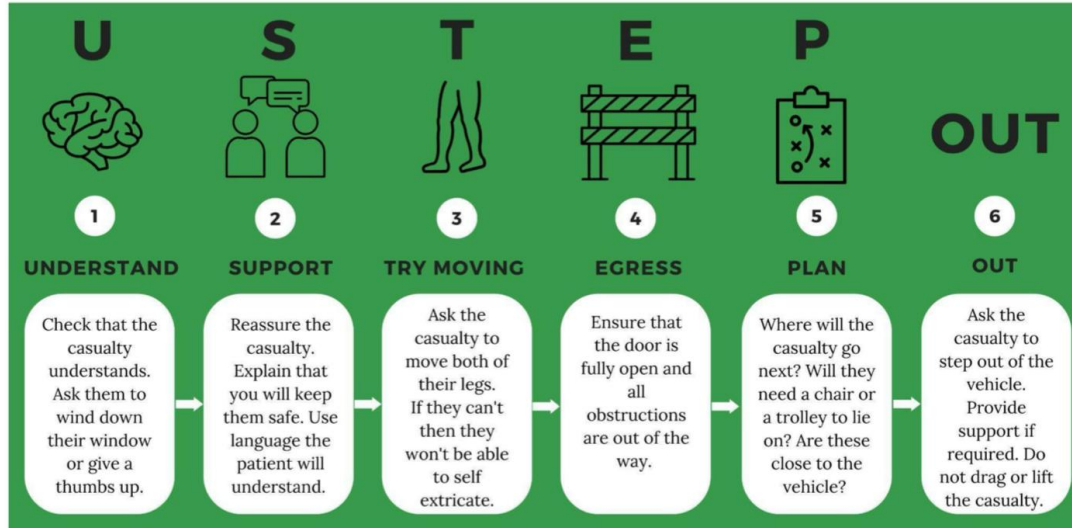


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# Self-extrication

U-STEP OUT, A HOW-TO GUIDE

**STOP: DOES THIS CASUALTY NEED A SNATCH RESCUE**



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# How does the FPHC guidance compare to Australian Practice 2025

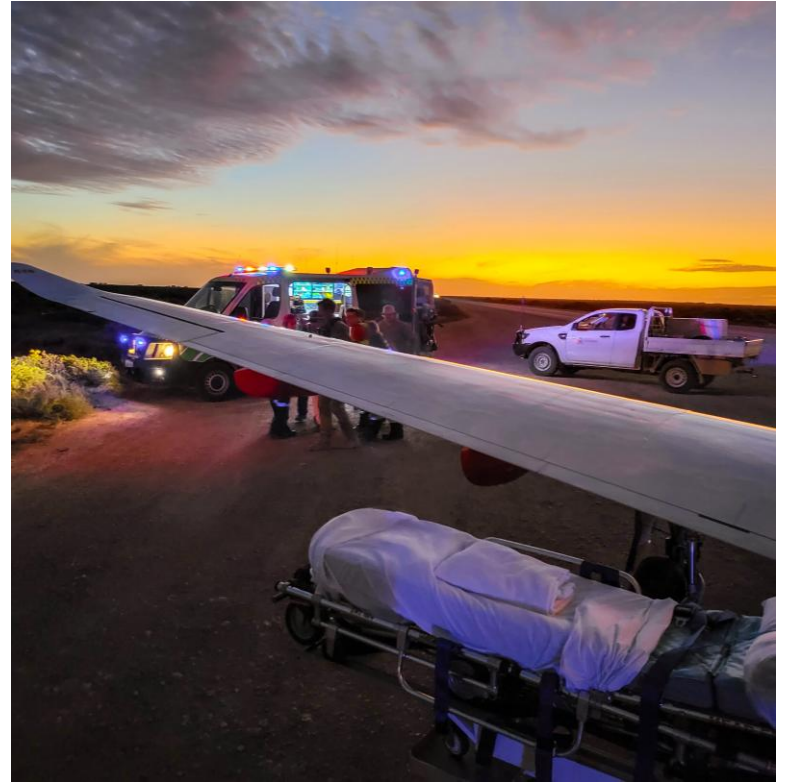
- > State-based clinical practice guidelines (CPGs): QAS, AV, NSW, St John WA, etc.
- > NEXUS/Canadian C-Spine decision rules widely used
- > Boards: extrication only, transfer to stretcher/vacuum after
- > Foam collars/manual support preferred/some lanyard use to alert regarding C-Spine injuries
- > Some outliers are still recommending rigid collars
- > Scoop stretchers minimise movement
- > Balance between self extrication and controlled/delayed extrication
- > Australian Practice has often been innovative and ahead of British Practice but no national consensus



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# But this is Australia...

- > Most jurisdictional ambulance services have moved away from routine rigid cervical immobilisation
- > Some guideline variability



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# Extrication in Rural and Remote Australia

- > 2% of Australians live remote/very remote
- > Retrieval times measured in hours
- > Fixed-wing only to airstrips  
Scarce fire/rescue resources
- > Limited capacity for 'controlled' extrication

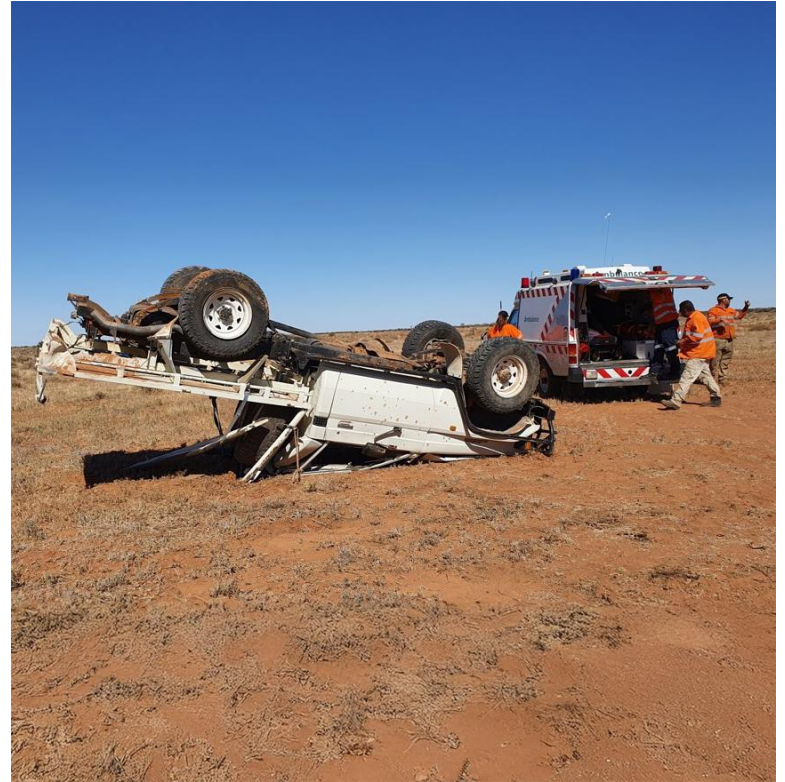


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# How does EXIT help?

## Evidence base and guidelines that support:

- > careful assessment and early removal of patients from vehicles
- > reduced on-scene time
- > reduced time to medical care
- > reduced time to definitive care.



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# How does EXIT help?

- > Response Time 45 min
- > Flight 90 min
- > Drive to scene 60 min
- > Extrication 60 min
- > Drive to aircraft 60 min
- > Access/stabilise 30 min
- > Flight to Adelaide 120 min
- > Journey time 435 min



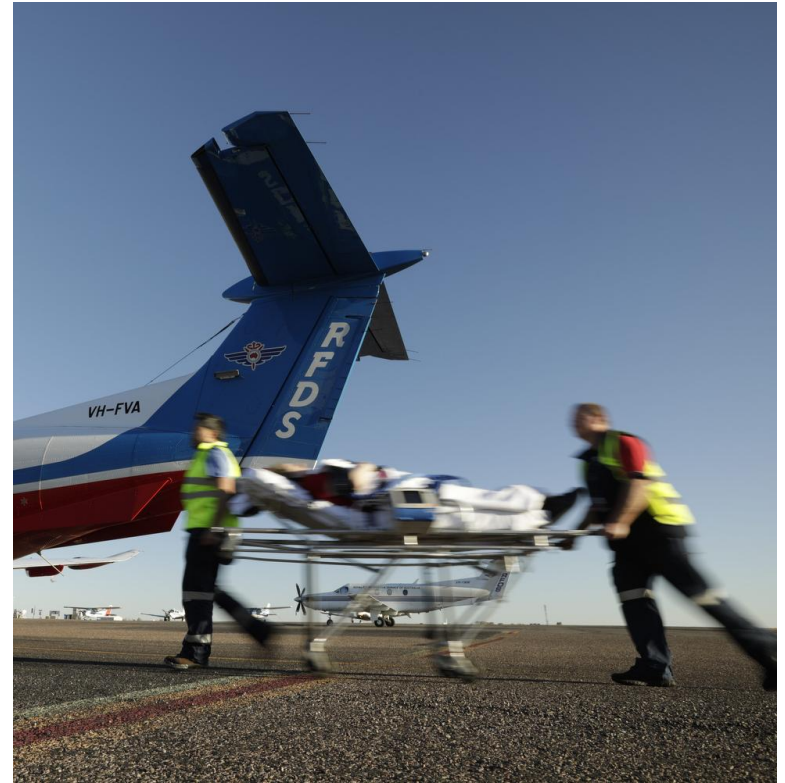
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# What next?

National consensus and guidelines would be helpful.

Alignment, integration and training:

- > within our own system
- > with other retrieval systems
- > with state/territory ambulance services
- > with other emergency services
- > with industry and mines



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