

**PREHOSPITAL IMPLEMENTATION OF THE CANADIAN C-SPINE RULE**

*To the editor:* Ontario has a strong tradition of prehospital research. Unfortunately, we are often too slow to implement this research. Our delay in implementing the Canadian C-Spine Rule is an important example of one of these failures.

The Canadian C-Spine Rule is a clinical decision rule designed to speed cervical spine clearance and reduce unnecessary radiography in emergency departments. Use of the rule by paramedics benefits patients by avoiding needless, uncomfortable, and potentially risky immobilizations. The rule was first described in a study published in 2001<sup>1</sup> and validated for paramedic use in a study published in 2009.<sup>2</sup> Five Ontario ambulance services participated in the 2009 study, including Lambton EMS; however, the rule is still not being used routinely by paramedics in Ontario.

It is possible that implementation has been delayed because the research

group responsible for the rule is continuing with a further prehospital study.<sup>3</sup> But even without this additional research, the published studies provide enough evidence for the safety and efficacy of the rule. The Australians agree: the Queensland Ambulance Service (QAS) has been using the Canadian C-Spine Rule since 2011. The QAS had no difficulties with implementation of the rule and has not identified any patient safety issues (Sean Mutchmor, QAS Executive Manager for Clinical Standards and Quality, personal communication, 2013). The rigorous medical oversight provided by the Ontario base hospital system would surely be capable of identifying any safety issues with paramedic use of the rule if they were to arise.

Patients in Ontario are suffering needlessly because of the failure to implement this clinical decision rule, which already has more evidence than many routine prehospital practices. The clear benefits greatly outweigh any potential risk.

A change in practice such as this cannot be implemented by paramedics themselves in Ontario. There must be leadership and direction from the Ministry of Health and Long-Term Care, as well as from the base hospital medical directors. It is in the best interest of our patients that the Canadian C-Spine Rule be implemented without delay for paramedic use.

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**References**

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