**GENERAL GUIDELINES**

A. Athletic helmets (e.g. football, ice hockey) are frequently custom fitted to the individual. Their design will generally allow easy airway access once the face guard is removed.
   1. The best way to remove the face guard is with a screwdriver (cordless screwdriver is best). Sometimes the face guard will need to be cut off at the mounting points with pruning shears.

B. Unless special circumstances exist, such as respiratory distress coupled with inability to access the airway, the athletic helmet should not be removed in the prehospital setting.

C. The athlete with shoulder pads has his neck in a neutral position when on the backboard with the helmet in place.

D. For prehospital providers, field removal of an athletic helmet is a last-ditch procedure. The four main reasons to consider field athletic helmet removal are:
   1. Face mask cannot be removed in a timely fashion
   2. Airway cannot be controlled due to design of the helmet and chin strap
   3. Helmet and chin straps do not hold head securely
   4. Helmet prevents stabilization for transport in an appropriate position

E. Motorcycle helmets often must be removed in the prehospital setting because:
   1. Often designed with continuous solid face guard that limits airway access
   2. Not custom designed and frequently are poorly fitted to the patient
   3. Large design will usually produce significant neck flexion when patient supine

**PROCEDURE**

A. One EMT positions himself above or behind the patient. Place hands on each side of helmet and stabilize head and neck by holding the helmet and the patient’s neck.

B. Second EMT positions self to the side of the patient and cuts chin strap of athletic helmet or removes strap of motorcycle helmet

C. Second EMT assumes stabilization by placing one hand under neck and occiput and the other hand on the anterior neck with the thumb pressing on the angle of the mandible and the index and middle fingers pressing on the angle of the mandible on the other side.

D. First EMT removes helmet by pulling out laterally on each side to clear the ears and then up to remove. Tilt full-face helmets back to clear the nose (tilt the helmet, not the head)
   1. If patient is wearing glasses, remove them through the visual opening before removing the full face helmet.

E. After removal of the helmet the first EMT assumes stabilization of the neck by grasping the head on either side, with fingers holding one angle of the jaw and the occiput.

F. Second EMT applies suitable cervical collar.

G. If patient wearing shoulder pads, padding must be inserted under the head