

# **EVAC-U-SPLINT<sup>®</sup>**

## **Vacuum Mattress**

### **APPLICATION GUIDELINES**



#### **Model Number:**

- MT 3075-6
- MT 3075-6BP
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## **INTRODUCTION**

The purpose of the EVAC-U-SPLINT<sup>®</sup> Mattress is to provide full body stabilization when lifting and moving a patient to a stretcher or cot for transport. It provides an alternative to the full spineboard with sufficient rigidity to immobilize and protect a patient with a suspected spinal injury. Unlike a flat board, the mattress uses vacuum technology to conform to the exact shape and contours of the patient's body, providing improved lateral and axial immobilization, and eliminating the discomfort of pressure points associated with traditional spine immobilization.

Hartwell Medical has produced a training video showing the proper use of the EVAC-U-SPLINT Mattress. A complimentary copy is included with each vacuum mattress.

Practical "hands on" training is required prior to the use of this medical device. If there are any questions, or if additional technical support is required, contact your local Hartwell Medical Dealer or Hartwell Medical Customer Service during the hours of 8:00 am to 4:30 pm Pacific Time, Monday through Friday, at 760-438-5500.

These Application Guidelines are written on the premise that the user of this medical device has received approved emergency medical service training and certification, and is operating under physician medical control and protocols.

**Rx Only**



# EVAC-U-SPLINT® Vacuum Mattress

## APPLICATION GUIDELINES

### PREPARATION

1. Lay the EVAC-U-SPLINT® Mattress out on a flat surface near the patient. The “head and shoulder” logo indicates the head end of the mattress.
2. Remove the red vinyl leashed cap from the valve. Release any vacuum in the mattress by pushing in the red valve stem. Keep the valve stem pushed in until the mattress is pliable.
3. Disconnect the patient restraint strap from the mattress. Or, if desired, disconnect the strap only from the side of the mattress nearest the patient.
4. Manually smooth out the beads to form a level surface.
5. Connect the pump to the mattress by fastening the pump hose connector to the MaxiValve™ on the mattress. The pump can be attached either at the foot end or the head end. **NOTE:** The Pediatric EVAC-U-SPLINT Mattress only has one valve at the foot end of the mattress. Evacuate enough air to make the mattress semi-rigid.

The objective is to be able to move the mattress as a unit during positioning and have the beads stabilized enough to place the patient onto the mattress without pushing the beads to one side. With the correct amount of evacuation, the mattress surface should be smooth, but not dimpled.

### POSITIONING AND APPLICATION

1. Place the mattress next to the patient with the first buckle in-line with the patient’s axilla (armpit). The first buckle is positioned just below the “head and shoulder” logo on the mattress.
2. Log-roll the patient using standard patient care techniques.
3. Bring the mattress in tight behind the patient, keeping the first buckle in-line with the patient’s axilla.
4. Log-roll the patient back onto the mattress. Center the patient if necessary. You may find it easier to log-roll the patient onto the mattress with the patient’s head three to four feet down from the head end of the mattress. You can then move the patient along the long axis of their body into a position that is centered on the mattress.
5. Open the MaxiValve at the foot end, allowing air to enter. Keep the MaxiValve open until the mattress softens and begins to conform to the shape of the patient. It may be necessary to move beads either away from, or under the head of the patient, depending on the anatomy of the patient. Make sure there are sufficient beads to maintain neutral alignment of the patient. If necessary, pad appropriately to ensure neutral alignment. **Always follow the protocols established by your medical director.**

**NOTE:** An alternate method is to use a CombiCarrierII®, a scoop stretcher or a breakaway stretcher as a transfer means onto the EVAC-U-SPLINT vacuum mattress. The use of the CombiCarrierII or the scoop-type stretcher should be determined by your medical director. If the CombiCarrierII or a scoop-type stretcher is used, it is recommended to evacuate a small amount of air from the mattress to make it flexible, but not flaccid - more like modeling clay. Simply place the patient (who is secured to the CombiCarrierII) onto the vacuum mattress and then remove the CombiCarrierII from around the patient. Proceed with the normal application procedures as follows:

6. Attach the patient restraint strap. Keep in mind that one of the primary functions of the strap is to bring the sides of the mattress up around the patient’s body.

**Method #1:** Start at the chest with the first buckle and work toward the feet. In a zig-zag pattern, attach the black buckles and the white buckles in an alternating fashion. Finish by attaching the black buckle at the foot end.

**Method #2:** Attach all of the black buckles on one side of the patient. Then follow by attaching all of the white buckles on the other side.

**NOTE:** You may find it helpful to store your vacuum mattress with all the buckles attached and then unfasten only the buckles on the side of the mattress that will be slid under the patient. This should make it easier and faster to apply the mattress at the scene.

7. Starting at the head end of the mattress, remove slack by lifting at the center of each section of strap that spans the distance between two buckles. Excess strap is pulled through the BLACK buckle at the foot end of the mattress. **VIGOROUS PULLING ON THE STRAP MAY CAUSE THE PATIENT AND/OR MATTRESS TO ROTATE. THIS CAN BE AVOIDED BY ALWAYS FEEDING THE STRAP THROUGH THE BUCKLES WHILE YOU TIGHTEN THE STRAP.**

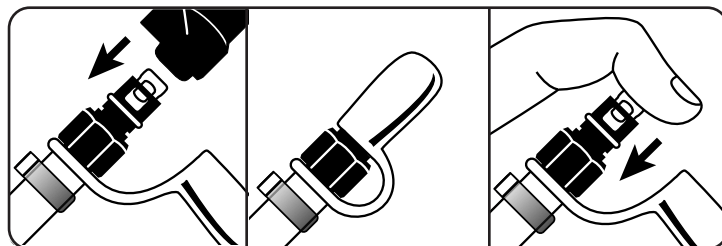
Repeat the strap tightening procedure working from the head end toward the foot end of the patient. If the buckles at the foot end are very close together, it may be easier to remove any excess slack by tightening the strap in the reverse direction, moving from the foot end toward the head end of the patient.

**ALWAYS USE CAUTION WHEN TIGHTENING THE PATIENT RESTRAINT STRAP TO AVOID RESPIRATORY COMPROMISE OR APPLICATION OF PRESSURE TO ANY INJURED AREA.**



8. Push any beads away from the area above the patient's head, but do not alter the support under the patient's head which is maintaining neutral alignment. Shape the mattress around the head, making sure to fill the voids by the shoulders and the base of the neck of the patient. Transfer stabilization to the outside of the mattress and continue to hold these "head blocks" that you have formed until the mattress is evacuated.

9. Evacuate the air from the mattress, using the valve located at the foot end. The head-end valve can be used, or both valves can be used simultaneously, but it is preferred to use the foot-end valve. This makes it easier to work around the patient's head. Under normal conditions, the EVAC-U-SPLINT® manual vacuum pump may require up to 35 strokes to achieve rigid immobilization. At higher altitudes (4,000 ft.+ ) it may be necessary to use 40-45 strokes to completely evacuate the mattress.



10. To prevent accidental valve opening, whenever a patient is being moved in the mattress or when the mattress is being put away, make sure to ALWAYS place the RED LEASHED CAP over the end of the MaxiValve™ .

11. Finish securing the patient's head using medical grade adhesive tape.

12. Snug up the patient restraint strap and check the patient's neurovascular status before moving the patient.

## IMPORTANT NOTES

**DO NOT** lift the EVAC-U-SPLINT mattress by itself from the ends. Use the point-of-balance lifting handles only. A minimum of two persons positioned at the sides are required. Patient size and weight will determine the number of personnel required to properly lift and move the patient for transport. The large handles on each side allow for two rescuers to grasp the mattress on each side. This provides four support points on both sides of the mattress for large or very tall patients. For extremely heavy patients, additional supportive devices may be needed in addition to the vacuum mattress.

When faced with a situation that requires lifting end-to-end (i.e., going up or down stairs), use a CombiCarrierII®, a long spineboard, scoop-type stretcher, or a "flat" stretcher underneath the mattress. Vertical rescue requires the use of a basket stretcher or similar device. When using any accessory stretcher always make sure the vacuum mattress is secured to the stretcher prior to moving the patient.

Always check the rigidity of the mattress before lifting the patient off the ambulance cot or other patient handling device.

The EVAC-U-SPLINT Mattress is X-ray lucent and MRI compatible (the MaxiValve is plastic with an internal stainless steel spring).

## CLEANING, MAINTENANCE AND REPAIR

The mattress and patient restraint strap are easily cleaned using soap and water, a mild detergent, or a commercial cleaner/disinfectant. **ALWAYS** place the red leashed cap on the end of the MaxiValve before cleaning the mattress. Sodium hypochlorite (bleach) solutions may be used, but avoid prolonged exposure of the fabric to high concentrations of bleach because discoloration is possible. A 2-10% bleach solution will not harm the material, but **ALWAYS** rinse the mattress thoroughly after cleaning. Allow the mattress to air dry or towel dry before placing the EVAC-U-SPLINT Mattress in its storage/carry case. Check the mattress initially for leaks, and after each use. Small leaks or punctures less than 1/8" in size may be repaired by using the repair kit supplied with the mattress and by following these procedures:

1. Apply a drop of vinyl glue to the puncture site.
2. Vacuum a small amount of air out of the mattress to pull some of the glue into the puncture site.
3. Release the vacuum allowing air to enter the mattress
4. Allow the vinyl glue to dry thoroughly for 24 hours at room temperature.

Temporary field repairs may be accomplished using a small piece of nonporous adhesive tape or duct tape over the puncture site. For holes larger than 1/8" or if you have any questions regarding repair procedures, please contact us directly at **760-438-5500**.

## HARTWELL MEDICAL WARRANTY

EVAC-U-SPLINT mattresses have a three-year limited warranty against defects in material and workmanship. The EVAC-U-SPLINT MaxiValve is guaranteed for life. **A COMPLETED PRODUCT REGISTRATION FORM MUST BE FILLED OUT AND RETURNED TO HARTWELL MEDICAL LLC.** Should you require service under the terms of this warranty, contact your local Hartwell Medical Dealer or Hartwell Medical Customer Service at 760-438-5500 during normal business hours.

Hartwell Medical LLC accepts no liability for use other than set forth herein.



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## APPLICATION GUIDELINES

### DOCUMENTATION OF TRAINING

Everyone who will be using or operating the EVAC-U-SPLINT<sup>®</sup> Mattress should be required to actively participate in the initial training and all subsequent refresher training sessions. This will ensure a clear understanding of the function and capabilities of the EVAC-U-SPLINT Mattress. These are suggested documentation formats. Additional copies may be necessary to meet your organization's needs. Photocopy or create additional forms according to your medical director's guidelines.

Date	Attendees	Instructor's Name	Training Site

### MAINTENANCE LOG

Routine inspection and maintenance is required to keep the EVAC-U-SPLINT Mattress ready for immediate use. If, at any time, the EVAC-U-SPLINT Mattress is suspected of not functioning properly it should be taken out of service until such time that it can be thoroughly inspected and properly repaired or replaced.

Date	Maintenance Performed	Technician's Name	Signature

## HARTWELL MEDICAL

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