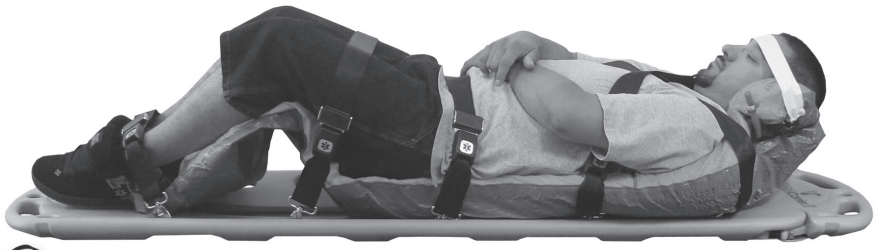
FASPLINT FULLBODY®

APPLICATION GUIDELINES



Model Number:
FSF 1000
FSF 1500
FSF 3000
FSF 3000C

INTRODUCTION

The purpose of the FASPLINT FULLBODY® is to provide both full body stabilization and comfort for patients during transport. A variety of patient handling devices, like the CombiCarrierII®, may be used with the FASPLINT FULLBODY. Unlike a conventional backboard, the FASPLINT FULLBODY utilizes vacuum technology to conform to the exact shape and contours of the patient's body, providing improved lateral and axial motion restriction and eliminating the discomfort of pressure points associated with traditional spine immobilization. The FASPLINT FULLBODY provides stabilization of the patient's head, neck and torso as one unit, plus it allows for additional support of the patient's legs in a flexed position which is more comfortable for many patients during transport.

Practical "hands-on" training is required prior to the use of this medical device. If you become aware of any serious incident related to the use of the device, you should report the incident to Hartwell Medical and to your medical device regulatory authority. If there are any questions, or if additional technical support is required, contact your local Hartwell Medical Dealer or Hartwell Medical Customer Service between 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.

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PREPARATION

1. Lay the FASPLINT FULLBODY® splint out on a flat surface near the patient. The "head and shoulder" logo indicates the head end of the splint.

2. Remove the red vinyl leashed cap from one or both of the MaxiValves™. Release any vacuum in the splint by pushing in the red valve stem. Keep the valve stem pushed in until the splint is pliable.

3. Manually smooth out the beads to form a level surface.

4. Connect the pump to the splint by fastening the pump hose connector to one of the valves on the splint. The pump can be attached at the foot end or at the head end. A portable suction unit can also be used to evacuate the splint.

5. Evacuate enough air to make the splint semi-rigid.

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

POSITIONING AND APPLICATION

There are multiple methods for stabilizing a patient in the FASPLINT FULLBODY and preparing the patient for transport. The preferred option is to use a CombiCarrierII® or a scoop stretcher as a transfer means, thus minimizing the amount of movement of the patient. Other methods would include a multi-person lift or a log roll procedure. A variety of patient handling devices can be used with the FASPLINT FULLBODY. **Always follow your local medical protocols approved by your medical director**.

Method #1: CombiCarrierII or Scoop Stretcher

1. Place a semi-rigid FASPLINT FULLBODY splint near the patient.
2. Apply the CombiCarrierII or scoop-type stretcher to the patient and use it to lift and transfer the patient onto the splint.
3. Position patient so their head is in the "head" circle and very close to the top edge of the splint.
4. Remove the scoop-type stretcher from around the patient and proceed with application of the splint (Steps 5-10).

Method #2: Log Roll

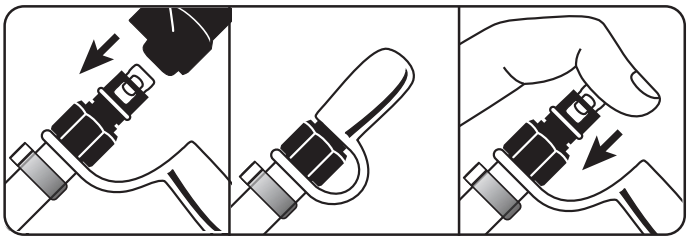
1. Place a semi-rigid FASPLINT FULLBODY splint on a backboard or other patient handling device.
2. Holding the splint in place on the backboard or other patient handling device, log roll the patient onto the splint using standard patient care techniques.
3. Position patient so their head is in the "head" circle and very close to the top edge of the splint.
4. Proceed with application of the splint (Steps 5-10).

For Both Methods:

5. If the splint was semi-rigid, open the MaxiValve at the foot end, allowing air to enter the splint. Keep the valve open until the splint softens and begins to conform to the shape 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 your local medical protocols approved by your medical director**.

6. Shape the splint around the sides of the patient's head, making sure to fill the voids by the shoulders and the neck of the patient. Do not shape the splint around the top of the head. Continue to hold these "head blocks" that you have formed until the splint is evacuated. A second person should hold the sides of the splint up to the hips of the patient until the splint is evacuated to ensure the splint conforms to this area, as well. Some patients may be more comfortable with their knees slightly flexed. Form the FASPLINT FULLBODY to meet the needs of the patient, using additional rescuers if required.

7. Evacuate the air from the splint 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 preferable to use the foot-end valve because it makes it easier to work around the patient's head. Under normal conditions, the manual vacuum pump may require up to 25 strokes to achieve rigid immobilization. At higher altitudes (4,000 ft. +), it may be necessary to use 30-35 strokes to completely evacuate the splint.



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

9. Finish securing the patient's head using medical-grade adhesive tape as dictated by your local medical protocols.

10. Secure the patient in the splint to your patient handling device using the strap configuration best suited to the patient's injuries and your local medical protocols. Always use caution when tightening patient restraint straps to avoid respiratory compromise or application of pressure to any injured area. Check the patient's neurovascular status and re-check all patient restraints prior to lifting or moving the patient. **Always follow your local medical director's protocols when using the FASPLINT FULLBODY® and when securing any patient restraints.**

Important Notes

CAUTION! Lift the FASPLINT FULLBODY with a patient handling device as dictated by your protocols and with sufficient properly trained personnel that can support the weight of the patient stabilized in the FASPLINT FULLBODY splint. **Follow your local medical protocols regarding safe transfer and transportation of patients stabilized in the FASPLINT FULLBODY**. Always check the rigidity of the splint and verify that the patient is properly secured as dictated by your local medical director prior to moving the patient on or off of an ambulance cot or other patient handling device.

The splint is X-ray lucent. The MaxiValve is plastic with an internal stainless-steel spring.

Cleaning, Maintenance and Repair

The FASPLINT FULLBODY splint is 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 splint. Sodium hypochlorite (bleach) solutions may be used, but avoid prolonged exposure of the splint to high concentrations of bleach because discoloration is possible. A 1% bleach solution is recommended by the Centers of the Disease Control (CDC). **ALWAYS** rinse the splint thoroughly after cleaning. Allow the splint to air dry or towel dry before placing it in its storage/carry case. Check the splint for leaks after each use. Small leaks or punctures less than 1/8" in size may be repaired by using the repair kit supplied with the splint 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 splint to pull some of the glue into the puncture site.
3. Release the vacuum, allowing air to enter the splint.
4. Allow the vinyl glue to dry for 24 hours at room temperature and then test the splint before putting it back into use.

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" please view the repair instructions for our EVAC-U-SPLINT® product line on our website or if you have any questions regarding repair procedures, please contact Customer Service directly at 760-438-5500.

Hartwell Medical warranty

The FASPLINT FULLBODY splint has a one-year limited warranty against defects in material and workmanship. The MaxiValve is guaranteed for the life of the splint. Please register your product by filling out the warranty registration form online at www.HartwellMedical.com or by calling Customer Service. Should you require service under the terms of this warranty, contact your local Hartwell Medical Dealer or Hartwell Medical Customer Service during normal business hours. Hartwell Medical accepts no liability for use other than the uses set forth herein.

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Documentation of Training

Everyone who will be using or operating the FASPLINT FULLBODY® splint 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 FASPLINT FULLBODY splint. You should utilize the training process that has been approved by your organization and is in accordance with your medical director's guidelines. Important items to document should be the training date, names of attendees, the instructor's name and title, and the training location.

Maintenance Log

Routine inspection and maintenance is required to keep the FASPLINT FULLBODY® splint ready for immediate use. If, at any time, the FASPLINT FULLBODY splint 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. As part of your preventative maintenance program, you should maintain a written log of any maintenance performed on the FASPLINT FULLBODY splint.

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