



FASPLINT® Vacuum Splint

APPLICATION GUIDELINES

IMPORTANT: These application guidelines are intended solely as a guide to the appropriate procedures to be employed when using the FASPLINT® semi-disposable vacuum splint. You should **ALWAYS** follow the protocols established by your local medical director. These guidelines are for properly trained and authorized emergency medical personnel who operate under the direct medical supervision of a licensed Physician Medical Director.

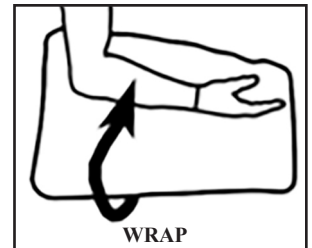
The FASPLINT is designed to serve as a semi-disposable vacuum immobilization device. It provides support and stabilization without circumferential pressure being applied to the injured area. The FASPLINT should perform well for many patient applications. The longevity of the product will depend on call volume and care and maintenance of the product. As with all medical and rescue equipment, you should always check and verify that the product is in proper working condition at the start of each shift and after each patient use before placing the product back in service. 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 local medical device regulatory authority.

PREPARATION

Always make sure that the basic ABC's of airway, breathing and circulation are intact prior to any splinting activities. Have all your equipment ready for use. This includes your evacuation source (manual pump or portable suction unit) as well as your fastening means (tape, Kling®, etc.)

WRAP

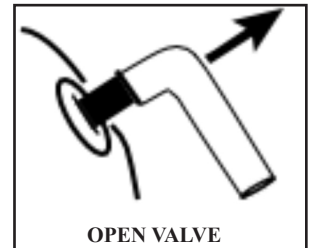
Maintain support of the injured area and apply the splint by wrapping the FASPLINT around the injured area so that the joint above and the joint below the injury site will be immobilized. Palpate distal pulses and check for capillary refill prior to application. See pictograms at right.



WRAP

OPEN VALVE

The FASPLINT valve is a simple push-pull plunger type valve. When the valve stem is pushed IN the valve is CLOSED. When the valve stem is pulled OUT the valve is OPEN. Open the valve by pulling on the right angle valve extension tube where it connects to the red valve stem.



OPEN VALVE

EVACUATE AIR

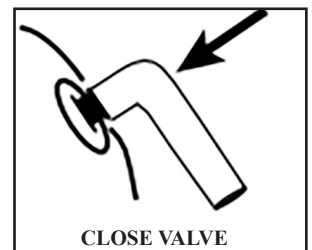
With the valve in the open position, connect your suction source to the FASPLINT. Insert the tapered tip of your FASPLINT pump hose into the right angle valve extension tube. Make sure you have a good connection and that the valve remains open. Evacuate the air from the FASPLINT until the splint forms a rigid cast around the injured area. (Note that a tapered tip adapter is available that allows you to utilize an EVAC-U-SPLINT® manual pump with the FASPLINT. Please call us for details.)



EVACUATE

CLOSE VALVE

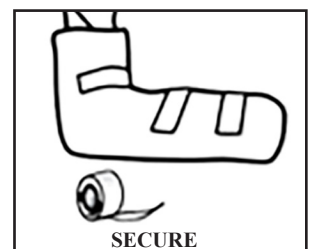
Once the desired firmness is achieved, close the valve on the FASPLINT. PUSH the valve stem IN to CLOSE the valve. After the valve is closed remove the suction source. Recheck the FASPLINT for firmness. If, for any reason, the FASPLINT does not retain its rigid supportive form, recheck the splint and evacuate the air from the splint again making sure to securely close the valve. If the splint still does not retain its rigidity, carefully remove the splint and apply a different FASPLINT of the same or larger size or another type of splint to securely stabilize the injured area.



CLOSE VALVE

SECURE IN PLACE

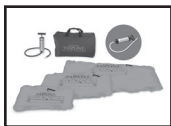
While maintaining support of the FASPLINT, which is now evacuated, recheck distal pulses and circulation. Once distal pulses and circulation have been confirmed, you may secure the FASPLINT with tape or other means. Continue to monitor circulation and sensory functions en route to the medical facility. **Also, continue to monitor the rigidity and effectiveness of the FASPLINT during transport.** Make adjustments if the patient condition changes. **ALWAYS FOLLOW YOUR LOCAL MEDICAL PROTOCOLS.**



SECURE

REMOVAL

Remove the fastening material (tape, Kling, etc.) prior to allowing air back into the FASPLINT. **DO NOT CUT the FASPLINT.** Make sure all hospital personnel are informed about these removal procedures. Open the valve and allow air to enter the splint. Remove the splint.



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CLEANING, MAINTENANCE AND REPAIR

The vacuum splint is easily cleaned using soap and water, a mild detergent, or a commercial cleaner/disinfectant. **ALWAYS** close the valve before cleaning the splint. Sodium hypochlorite (bleach) solutions may be used, but avoid prolonged exposure of the fabric to high concentrations of bleach because discoloration is possible. A 1-2% bleach solution will not harm the material, but **ALWAYS** rinse the splint thoroughly after cleaning. Allow the splint to air dry or towel dry before placing the FASPLINT® Vacuum Splint in its storage/carry case. Check the splint initially for leaks, and after each use. Small leaks or punctures less than 1/8" in size may be repaired by using one of the repair kits available on our website.

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

FASPLINT® extremity splints have a 6 month limited warranty against defects in material and workmanship. **REMEMBER TO ACTIVATE YOUR WARRANTY BY COMPLETING A PRODUCT REGISTRATION FORM AVAILABLE ON OUR WEBSITE** (www.HartwellMedical.com). 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.

STORAGE

Always inspect the product for damage prior to storing it. This will help ensure that the FASPLINT® Vacuum Splint is always ready to use under emergency conditions. The mattress should be stored in an area that is above freezing (32°F/0°C). The splint can be used in environments below freezing, down to -30°F (-34°C), but it **should not be stored in an area where the temperature is below freezing**. If there is any doubt, bring the product to a temperature that is above freezing before using it in the field.

DOCUMENTATION OF TRAINING

Everyone who will be using or operating the FASPLINT® Vacuum 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 Vacuum 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® Vacuum Splint ready for immediate use. If, at any time, the FASPLINT Vacuum 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 Vacuum Splint.

PEEL AND STICK PATCHES

If you have a need to patch your FASPLINT® splint product you may find Peel and Stick Patches for Vacuum Splints patches easy to use and quick to apply. Read ALL directions before applying a patch. Note: Patch kits are available at www.hartwellmedical.com

For best results wash and dry your hands before applying the patch. Apply to a clean, dry surface. Surface temperature of the materials to be repaired should be 50° F or warmer. The splint should be soft, not evacuated. Move the beads inside of the vacuum splint away from the area to be patched, creating as flat an area of fabric as possible. These patches are designed for and will provide the best results for use on small holes or cuts that are 1/4" or LESS in length.

STEP 1. CLEAN & DRY: Clean the surface to be repaired with an alcohol prep pad or a 50/50 mixture of rubbing (isopropyl) alcohol and water. Before proceeding, make sure the surface is completely dry.

STEP 2. PEEL: Carefully peel back half of the paper liner, touching just the edges or corners of the patch.

STEP 3. STICK: Position and anchor the exposed portion of the patch. Position the patch so the small hole or tear will be in the center area of the patch. Slowly peel back the rest of the liner while carefully applying the patch over the small hole – take care to avoid air bubbles. Smooth out the patch working from the center of the patch to the outside edges of the patch. Rub all edges to seal the patch and then rub the entire patch aggressively. Let the splint or mattress sit, undisturbed and not evacuated for one hour. Repair is now complete.

ALWAYS TEST THE PRODUCT BEFORE PLACING IT BACK IN SERVICE. Do not place repaired products into a washer or dryer. For best results, store patch material at room temperature.

Note: Temporary field repairs can be made using a small piece of nonporous adhesive tape or duct tape placed over the damaged area. If you have any questions about these repair procedures please contact us directly at 760-438-5500 or customerservice@hartwellmedical.com.



MedEnvoy Switzerland
Gotthardstrasse 28, 6302 Zug,
Switzerland



MedEnvoy Global B.V
Prinses Margrietplantsoen 33
Suite 123
2595 AM The Hague
The Netherlands

HARTWELL MEDICAL



Tri-Tech Forensics, Inc. dba Hartwell Medical
3811 International Blvd NE, Suite 100
Leland, NC 28451 USA
PH: (760) 438-5500
www.HartwellMedical.com