

THE **OREGON™ SPINE SPLINT II (OSS™ II)**

The spinal immobilizer designed for **VEHICLE EXTRICATION** and for use with the **SKED® STRETCHER**, backboards or other patient transport devices.



INSTRUCTIONS

(07-04)

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INSTRUCTIONS FOR USE OF OREGON™ SPINE SPLINT II

I. INTRODUCTION - A WORD OF CAUTION



The Oregon™ Spine Splint II is a professional device designed to be used by properly trained and certified pre-hospital and hospital Emergency Medical personnel. The device should only be used by Emergency Medical Technicians (EMT's) or others properly trained and certified in the considerations and management of Spine Trauma, who operate under proper Medical Control or under the medical supervision of a Physician Medical Director.

WARNING: Use by persons without proper previous training can present a danger to the patient resulting in permanent spine damage or other critical conditions and should not be attempted. The instructions furnished here are for the use of properly trained Emergency Medical personnel and serve as guidelines. The exact method of use and indication and contraindication for use must be determined by the service's Medical Director or other local pre-hospital medical authority.

The **Oregon™ Spine Splint II**, like all similar equipment, is designed to accommodate a wide range of varying sizes and proportions throughout the range of normally expected adult anatomy. It does not assume extremely large or obese sizes beyond the classical range, nor is it designed for pediatric size ranges or adults who more closely approximate pediatric sizes. It should also not be used on persons with chronic extreme spine shapes or irregularities.

II. GENERAL CONSIDERATIONS

The **Oregon™ Spine Splint II** is a vest-type device which is designed - when properly used in conjunction with a properly fitting, effective cervical collar- to provide immobilization for a patient in a sitting or supine position, or a patient in a complex rescue situation where the physical environment makes it



impossible or dangerous to apply a long spineboard or equivalent immediately. The device, as are all vest-type or “half-board” devices, is designed solely to offer adequate immobilization from a sitting position until the patient can be placed onto a suitable long spineboard (or other rescue long device such as a **SKED® STRETCHER** or stokes litter). Proper full-body spine immobilization can NOT be achieved using any “sitting” half-board device. The **Oregon™ Spine Splint II**, like other vests, is designed to be used to move the victim onto a rigid longboard (or

equivalent). Ensuring proper immobilization prior to transport requires that the patient and the **Oregon™ Spine Splint II** be also immobilized to such a longboard (or equivalent).

When immobilizing a patient, understanding of a general sequential overview is of key importance, regardless of which device is employed. These general concepts should be followed and focused upon so that they are not lost in the detail of specific straps, etc.

General Considerations For Application Of A Device To A Sitting Patient:

1st - Assure safety of the scene and situation.

2nd - Unless contraindicated, position the patient’s head in the neutral inline position and manually Immobilize. Maintain the manual immobilization until the device has been completely applied.

3rd - Assess the patient’s ABC’s and provide key intervention as needed. Evaluate whether the patient’s condition allows time for the use of an interim device, or demands speedy placement with manual immobilization directly onto a longboard using an accepted technique for Rapid Extrication.

4th - Check MSC x 4 (Motor function, Sensory response and Circulation in all four extremities).

5th - Apply a properly fitting, effective, cervical collar.

IF TIME ALLOWS USE OF AN INTERIM DEVICE:

6th - Prepare and install the device properly behind the patient, and hold it in the proper anatomical position at the patient’s posterior torso.

7th - Fasten the device to the patient’s torso, so that it cannot move up-and-down on the torso or left-and-right at either the upper or lower torso.

8th - Readjust all torso straps/parts as needed for proper overall immobilization of the device to the torso and of the patient in the device. Make sure that this immobilization does not restrict circulation or proper chest excursion.

This readjustment must be done prior to fastening the patient’s head to the device. If the torso straps are readjusted after the head is immobilized to the device, movement of the device when adjusting the straps will result in movement of the head and possibly compression or movement of the cervical vertebrae.

9th - Pad behind the patient's head as needed to fill the void between the back of the head (when in a neutral position) and the device, to ensure maintenance of the neutral in-line position when the head straps are later applied.

10th - Immobilize the head to the device. Without losing manual in-line support of the head, place the lateral head support pieces (flaps, pads, pillows, or blanket - depending on the device) against the lateral flat planes of the patient's head, and either:

a) fasten the Forehead Restraint Strap first and then fasten a strap across the cervical collar

or

b) fasten the head to the device with tape (3" adhesive tape, Colban, Medi-Rip, etc.) by wrapping first around the forehead to include the anterior part of the supraorbital ridge, then four or five times around the forehead and upper head, and finally around the cervical collar and neck portion of the device.

Check to assure that the patient's vision and respiration are not impaired and that the patient's mouth can open or be opened with ease should vomiting later occur.

WARNING: Use of anything that acts as a chin cup or seats the molars - holding the mouth closed -is CONTRAINDICATED and, if vomiting occurs, can be fatal.

11th - Recheck the patient's ABC's and Motor, Sensory and Circulation in all four extremities.

12th - Place patient on long spineboard and secure patient and device to the board. Position a long spineboard (or equivalent) adjacent to the patient and rotate the patient onto it (or, if not possible, lift the patient and the device **together** onto the longboard. Position the patient/device correctly on the long spineboard, lower the patient's legs, tie his feet and ankles together, and immobilize the patient/device to the longboard in the prescribed manner. Use additional padding and support as needed to package the patient before beginning transportation. Periodically re-check the patient's ABC's and MSC's. If the groin straps loosen when laying the patient down, be sure to tighten them before transporting the patient.

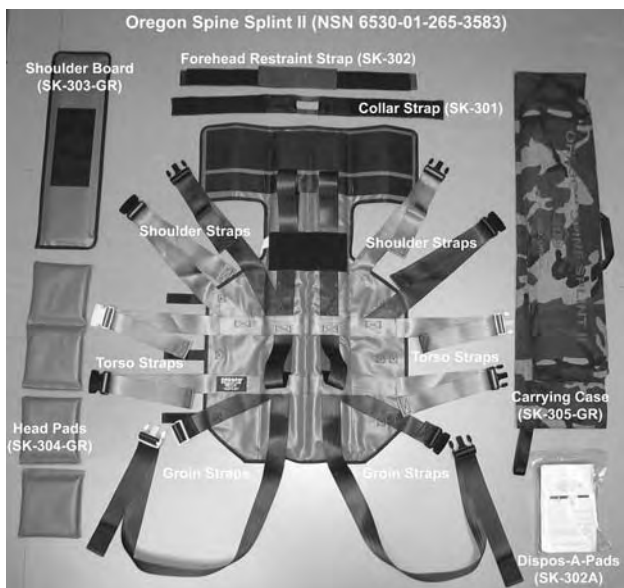
The specific steps for application of the **Oregon™ Spine Splint II** (or any device for a sitting patient) should be in keeping with these general concepts and should follow this basic sequence. These guidelines and general sequence should be fully understood and learned. The long detailed list of substeps for the use of a particular device is presented to introduce the EMT to the proper itemized use of the device. Once the EMT is familiar with all of the steps, memorization of the detailed list is unnecessary and impractical. Knowledge of a more general sequence will cause the correct substeps to occur logically.

WARNING: Application of any device to a patient should **ONLY** be done by personnel fully familiar with the device and only after repeated supervised practice on a "mock" patient. Only after EMT personnel have successfully demonstrated their ability to apply the device to the required level of competence in a skill station and have been cleared by the Medical Director or a suitable EMS Instructor should the device be placed in service for use on patients.

WARNING: The Oregon™ Spine Splint II is designed for use with a proper firm or rigid cervical collar. Both use of the Oregon™ Spine Splint II and application of a cervical collar require, as a prerequisite, that the patient's head be in a neutral in-line position. In cases when placing the patient's head in a neutral in-line position is contraindicated and his head must be maintained in another position, use of a cervical collar and/or the Oregon™ Spine Splint II IS ALSO CONTRAINDICATED and would be extremely dangerous.

For situations where moving patients into a neutral in-line position is contraindicated, check with your Instructor or Medical Director. They may wish to reference a source text, such as *PRE-HOSPITAL TRAUMA LIFE SUPPORT TEXT* by the PHTLS Committee of the National Association of Emergency Medical Technicians In Cooperation With The Committee On Trauma Of The American College Of Surgeons; Butman and Paturas, General Editors; Emergency Training® 1986, Akron, Ohio; chapters 9 & 10.

III. GUIDELINES FOR APPLICATION OF THE OREGON™ SPINE SPLINT II



Color Coded Straps and Buckles

The Oregon™ Spine Splint's shoulder, mid-torso, and groin straps are color-coded for ease of identification. When used in the normal manner, each strap will fasten to a strap of the same color (orange to orange, green to green, gray to gray, and black to black).

- One shoulder cross strap is orange and the other is green.
- The mid-torso straps are gray and the male and female parts of the upper torso straps have white buckle parts and the lower torso straps have black buckle parts.
- The groin straps are black. The left pair of groin straps has white buckle parts and the right pair has black buckle parts.

Buckles

Each pair of straps fastens with a positive-fastening quick-clip buckle. One matching strap has a "male" end which can be recognized by its three prongs. The other matching strap has a "female" end which can be recognized as a hollow receiver. The buckles are fastened by inserting the male end into the female receiver until a positive click is felt as the prongs of the male buckle lock into place.

The shoulder straps have a length adjustment ability on both the male and female parts of the buckle, allowing the closed buckle to be positioned in the best anatomical location for each patient. The torso straps and groin loops have a pre-set fixed length at the female part of the buckle, and can be adjusted to the varying girth of different patients at the male buckle part only.

Head Straps

The head straps are easily identified, since they are detachable, short and are the only straps without buckles. They fasten at each side of the head with Velcro. The upper strap, (Forehead Restraint Strap) has a replaceable forehead pad (Dispos-A-Pad) on it. The lower strap (Collar Strap), has two black bands to go across the cervical collar.

IV. APPLICATION STEPS FOR THE OREGON™ SPINE SPLINT II SITTING POSITION

The following steps represent the application sequence recommended as guidelines for properly trained, certified personnel. It is ideally performed by three EMT's - one at each side and one behind the patient. It can, if necessary, be done with only two EMT's - one behind the patient and the second EMT at one side.

1. Check Safety, Scene, and Situation.
2. Determine that immobilization is indicated from the mechanism of injury or the presence of patient symptoms.
3. Position the patient in a neutral, in-line position unless CONTRAINDICATED. MANUALLY support and immobilize the patient's head in a neutral in-line position. **Maintain this position throughout the following steps without interruption.**
4. Perform a rapid Primary examination (ABC's, etc.).
5. Check Motor ability, Sensory response, and Circulation in all four extremities (MSC x 4).
6. Examine the patient's neck for:
 - a. jugular vein distention
 - b. mid-line alignment of the trachea
 - c. sub-cutaneous emphysema
7. Select, measure, and apply an effective, properly-fitting cervical collar.



8. If necessary, while one EMT carefully maintains manual in-line support of the patient's head and the second EMT provides mid-thoracic (Chest Area) support, the third EMT moves the patient into a full upright sitting position and slides him forward so that the patient's back is two inches from the back of the seat.



9. Remove the **Oregon™ Spine Splint II** from its case. Open the **white** Velcro fastener which holds the two center slats together and unfold the two center sections until they are inline. Remove the head straps and place them on the seat or otherwise close at hand. The torso flaps remain fastened together to contain all of the other straps for ease of insertion behind the patient. Hold the vest by the still-fastened torso flaps.



10. With the back side of the OSS II (the side containing the sewn straps and handles) facing away from the patient's back, hold the OSS II with its lower end below the level of the seat. Insert the OSS II on an angle, head end first, between the arms of the EMT holding the patient's head (EMT behind the patient).



Bring the OSS II up into place at the patient's back and straighten it, so that the midline of the OSS II is at the midline of the patient's back. Release the Velcro tabs which hold the two torso flaps together and release the black groin straps from the storage position. Straighten out all of the straps so that they are displayed and available - untangled - at each side of the patient.



11. Pass the upper **ORANGE** strap (male buckle part) over the patient's **LEFT** shoulder. Reach across and bring the lower **ORANGE** strap (female buckle part) under the **RIGHT** armpit. Close the buckle by inserting and connecting the male and female end of the **ORANGE** straps. Adjust the strap until snug.



Since both the male and female sides of the shoulder strap buckles allow you to adjust the length of the straps, manipulate them alternately until the buckle is to the left side of the anterior chest at about the mid-clavicular line, below the clavicle and cervical collar. Now pull the strap tight.



12. Pass the upper GREEN strap (male buckle part) over the patient's RIGHT shoulder. Reach across and bring the lower GREEN strap (female buckle part) under the LEFT armpit. Close the buckle by inserting and connecting the male and female end of the GREEN straps. Adjust the strap until snug. As with the previous shoulder strap, both the male and female sides of the shoulder strap buckles allow you to adjust the length of the straps. Manipulate them alternately until the buckle is to the right side of the anterior chest, below the clavicle and cervical collar. Now pull the strap snug.



The ORANGE and GREEN straps have formed and "X" over the upper anterior thorax with the straps continuing over the shoulders and under the arms immobilizing the OSS II from moving up-and-down. Adjust and tighten both straps as needed. Be sure that the **Oregon™ Spine Splint II** is centered and that both the ORANGE and GREEN straps are equally tight.



NOTE: *When tightening the cross straps, the adjustment will be correct when the top of the head piece is at the same level as the top of the patient's head. With extremely short waisted people it may be higher but it should not be significantly lower.*

13. Bring the top GRAY torso straps (GRAY straps with WHITE buckle parts) from the LEFT and RIGHT around the torso and fasten them together. Pull so that they are snug but not overly tight. Straps which circumferentiate the mid-thorax should never be pulled very tight, as this will limit chest excursion and inhibit ventilation. A good method is to tighten the straps with your hand between the strap and the patient's body. This assures that once you remove your hand the strap will be snug but not restrictive.



14. Bring the lower GRAY torso straps (GRAY straps with BLACK buckle parts) from the LEFT and RIGHT around the lower torso and fasten them together. Pull the straps snug but not tight. Straps which are positioned over the soft anterior abdomen should never be pulled too tightly, as this can result in undesirable localized pressure over injured or friable abdominal organs. Remember, the purpose of both mid-torso straps is to hold the thorax and abdomen to the rigid back-piece of the device, NOT to provide a key element in immobilizing the device to the torso.



15. Next, take the LEFT long groin strap (BLACK strap with WHITE male buckle) and pass it under the LEFT leg just proximal to the knee (from the patient's left lateral side towards the midline.) Be sure that it is not twisted. With a careful back-and-forth sliding motion, work it under the patient's left leg and buttock until it is in a straight line from its origin at the bottom of the vest posteriorly to between the patient's legs anteriorly. Now carefully place it on the LEFT side of the patient's genitalia and bring it up across the left pelvis and back to the female WHITE buckle on the LEFT side of the vest. Fasten the buckle and pull the strap snug. (See 3 lower pictures - this page)



NOTE:

The now-completed LEFT groin loop passes under the buttock, between the legs, around the left side of the groin and around the pelvis along the same anterior line that would be made by a pair of briefs or bikini. A groin loop should NEVER be around the upper leg or thigh, since movement of the patient's legs would change the strap tension, resulting in pulling on the vest. **Correct groin loop placement secures the bottom of the Oregon™ Spine Splint II to the PELVIS (not to the upper legs)** which allows the legs to articulate freely at the hips without affecting the vest. Moving the legs is necessary in order for the patient to be removed from a vehicle and also when the legs are lowered and extended flat on the long spineboard.



16. Repeat this process with the RIGHT groin strap (BLACK strap with BLACK buckle parts). Thread it under the right leg and move it back and forth until it is in a straight line from the back of the vest through the groin. Place it on the RIGHT side of the genitalia and bring it up and across the right pelvis (on the “brief” line), and fasten it to the RIGHT female groin buckle. Pull until snug. Check with the patient that both LEFT and RIGHT groin loops are correctly positioned on the pelvis clear of the genitalia, and then pull both groin loops tight.



17. Next, recheck all torso straps (shoulder, mid-torso, and groin) and adjust them as necessary to assure that the device is firmly immobilized to the torso and cannot move up-and-down or left-and-right.



ALTERNATE TO STEPS 11 and 12

When injury to the upper thorax (such as a fractured clavicle) makes it necessary to place straps so that they do not cross over the upper anterior thorax, the design of the upper straps (ORANGE and GREEN) allows for an alternate method. The ORANGE and GREEN straps on the LEFT side (and similarly the GREEN and ORANGE straps on the RIGHT side) have opposing male and female buckles. This allows the EMT to pass the LEFT ORANGE strap over the LEFT shoulder and the LEFT (lower) GREEN strap under the LEFT armpit. Now connect these straps (LEFT ORANGE and LEFT GREEN) and tighten until snug. This forms a loop at the left upper thorax surrounding the left arm. Now adjust both straps so that the buckle is positioned on the anterior aspect and not on top of the shoulder or in the armpit. Once in place, pull it tight. Next, place the RIGHT (upper) GREEN strap over the RIGHT shoulder and bring the RIGHT (lower) ORANGE strap under the armpit. Connect and position the buckles correctly and tighten them in place.



NOTE:

This alternate method produces a loop from the vest over the shoulder, around the arm, and through the armpit on each side, without putting localized pressure on the clavicles in an undesirable place or crossing the upper thorax. These loops, if properly adjusted, will immobilize the upper vest to the torso. Care must be taken to ensure that these loops are each over the shoulders and on the torso and are not laterally placed or allowed to slide down onto the upper arm.

Now that the OSS has been properly fastened to the torso, so that it cannot move up and down or left and right, it is safe to proceed to fastening the head.

NOTE:

*In most patients the scapula is more posterior than the back of the head. This results in a space ranging from one-half to two inches between the back of their head and the head-piece of the OSS. This void behind the HEAD must be filled with the correct amount of padding so that tightly fastening the patient's head to the device will not cause the head to move to hyperextension. Differing anatomy will cause the back of the head of a few patients, when maintained in a neutral in-line position, to rest directly on the head-piece of the **Oregon™ Spine Splint II** - in which case **NO padding is necessary**. In all cases, care must be taken not to insert too much padding, resulting in moving the head to flexion.*



PADDING BEHIND THE PATIENT'S HEAD, AS NEEDED, IS KEY TO MAINTAINING PROPER NEUTRAL ALIGNMENT.

NO PADDING is necessary (or advised) **BEHIND THE NECK** when a properly fitting rigid cervical collar (e.g., Stif-Neck, Philadelphia, etc.) is used, as the collar will support the neck. Padding behind the neck can inadvertently cause localized posterior to anterior pressure at the cervical spine.



18. Carefully, without moving or jarring the hands of the EMT who is maintaining manual in-line immobilization, pad behind the head as needed to completely fill the space between the patient's head and the device. Use one or more sections of the **ORANGE** padding provided with the Oregon™ Spine Splint II, or use a small towel folded to the correct thickness. Fit the padding to the patient, **NOT** the patient to the padding. Be sure the padding does not extend horizontally beyond the width of the two center slats of the head portion of the OSS.



19. Without losing manual support and manual in-line immobilization (alternating if necessary between hands or between one EMT behind the patient and one in front), fold in the head flaps so that they are alongside the flat lateral planes of the head. Maneuver each flap so that when finally in place, the EMT behind the patient is providing manual in-line support with his hands on the outside of the flaps.



20. Turn the Forehead Restraint Strap (black strap with open cell foam Dispos-A-Pad) so that the non-slip pad is toward the patient's forehead. Pull back any hair that covers the forehead. Place the pad on the forehead so that the bottom edge covers the eyebrows and so that it is centered left-to-right. Pull both ends of the strap posteriorly, and fasten the strap to the Velcro surfaces of the lateral head flaps on each side. Be sure that the Forehead Restraint Strap is tight enough to grip the forehead and immobilize the upper head.



21. Place the Collar Strap (black lower head strap, with two narrow strips at its center section) on the rigid anterior portion of the cervical collar. Be sure that it is centered from left-to-right. Bring the ends of the strap posteriorly and slightly upwards, and fasten them to the Velcro surfaces of the lateral head flaps on each side. Ensure that the strap is snug enough to restrict any anterior movement of the cervical collar or neck, but not so tight as to push the cervical collar posteriorly or deform it.



NOTE:

An alternative method of securing the patient's head to the device is to use Kolban, Medi-Rip, or three inch adhesive tape. Wrap the tape first around the forehead three or four times to include the anterior part of the supraorbital ridge, then around the cervical collar and neck portion of the Oregon™ Spine Splint II.

Check to assure that the patient's vision and respiration are not impaired and that the patient's mouth can open/be opened with ease should vomiting later occur.



WARNING: Use of anything that acts as a chin cup or seats the molars - holding the mouth closed - is **CONTRAINDICATED** and, if vomiting occurs, can be fatal.

22. Check both head straps and adjust them as necessary for proper immobilization of the head. The EMT behind the patient can now release the manual immobilization and move his hands to support and steady the OSS II and patient together by holding the upper loops or the upper torso.

NOTE:

ACCESS TO ANTERIOR CHEST AFTER OSS APPLIED

The vest portion of the **Oregon™ Spine Splint II** and the positioning of the straps has been designed so that most of the anterior chest remains uncovered to allow for chest auscultation and the placement of EKG monitor leads **WITHOUT** the need to adjust or remove any part of the immobilization device.



23. Recheck ABC's and Motor, Sensory, and Circulation in all four extremities (MSC x 4).

24. In the prescribed manner, place a long spineboard on the seat just under the patient's outside-facing buttock. Rotate and lower the patient onto the longboard. Holding the legs up slightly, slide the patient in controlled increments towards the head of the spineboard until he is properly positioned on it.

ALTERNATE TO STEP 24

In some situations, rotating the patient onto a prepositioned long spineboard will not be possible. In such cases the patient will have to be lifted onto the longboard, stokes litter, rescue sled, or SKED. **DO NOT** lift the patient by the OSS II! With one EMT on each side, place your arms under the patient's legs and around his back and the OSS II, and lift both the patient and the splint together as one unit. The loops at the back of the Oregon™ Spine Splint II are furnished solely to provide a positive grip for the hands at the patient's back when lifting correctly. These loops are stitched as an integral part of the "basket" formed by all of the webbing and stitching which encompass the patient and provides the underlying strength of the Oregon™ Spine Splint II. The webbed straps, when properly applied to a patient, form an extremely strong unit whose strength surpasses parameters of possible patient lifting weight. However, lifting solely by these loops may cause unwanted pressure on the patient. It can invite some movement of the device on the torso and result in an unstable center of gravity. Such localized lifting should be avoided and should

only be considered in unusual rescue situations such as hoisting the patient through a narrow manhole or hatch. Even then a properly fitted tied or sewn **full body** harness should be applied around the patient and the **Oregon™ Spine Splint II** to prevent movement of the device on the patient as he is lifted from the hole. It should be recognized as a dangerous maneuver and additional slinging as well as rescuer guidance and stabilization are necessary to properly guide and protect the patient. Such rescue maneuvers should only be performed by personnel properly trained in these procedures, which lie outside of normal EMT training.

25. Slowly and carefully lower the patient's knees and legs until the patient is in a fully supine position on the longboard. In most patients, since the groin loops are over the pelvis, no adjustment is necessary prior to lowering the legs. In a few cases where the patient is very muscular or obese, it may be necessary to loosen the tension on the groin loops slightly (but **DO NOT REMOVE** them!) prior to lowering the legs.

26. Provide necessary additional treatment. Tie the patient's feet together, immobilize both the patient and the **Oregon™ Spine Splint II** to the long spineboard, and secure the patient's legs to the board. Add any additional straps, padding, etc., as needed to completely package the patient for transport.

27. Recheck the patient's Motor, Sensory, and Circulatory status in all four extremities, and continue to monitor the patient's ABC's while enroute to the hospital.

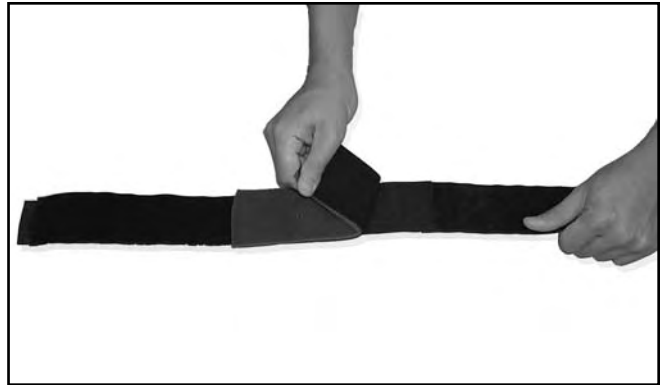
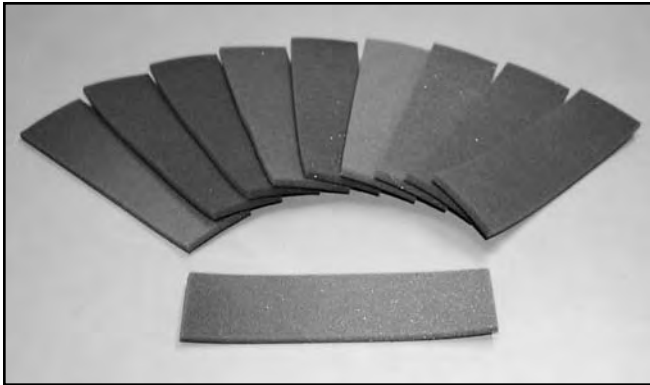
NOTE: USING THE OSS WITH THE SKED® STRETCHER

The **Oregon™ Spine Splint II** comes with a rigid Shoulder Board (approximately 20" x 5"). When the OSS II is to be used in rescue situations in conjunction with a blanket lift, flexible curved rescue sled, slatted fabric longboard, or SKED, this board should be added after the **Oregon™ Spine Splint II** is applied to the patient and just prior to lowering the patient and OSS onto the blanket, flexible curved rescue sled, slatted longboard, or SKED. The board fastens to the Velcro square at the back of the OSS, found just behind the shoulders. It should be centered and extend parallel to the shoulders, perpendicular to the midline of the patient's back. It is designed so that the side-bending effect of the blanket, flexible curved rescue sled, slatted longboard, or SKED, will not rotate the patient's shoulders anteriorly as can occur with any vest used in conjunction with these specialized devices. When the **Oregon™ Spine Splint II** is used in conjunction with a normal long spineboard, scoop litter, or stokes litter this piece is NOT necessary.



NOTE: REPLACEMENT VELCRO BACKED FOAM DISPOS-A-PADS FOR THE FORE-HEAD RESTRAINT STRAP

Replacement pads are provided for the Forehead Restraint Strap. These pads should be replaced after each use. Simply pull it off the Velcro on the head strap and replace it with a new pad, positioning it with the Velcro side against the centered area of Velcro on the forehead strap.



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SPECIAL CONDITIONS

Where limited resources such as a military or off-road situation exists, since the OSS II has rigid slatting, and where no splint specifically designed as an arm or leg splint, or other suitable rigid splinting material be available, the Oregon™ Spine Splint II can be temporarily used.

Use of the OSS II to immobilize the pelvis, hip or any other such use should not be attempted unless it is specifically recommended by a Physician Medical Advisor.

Anti-shock trousers do not present any problems when used in conjunction with the OSS.

The complete anterior torso is open and accessible for any pre-hospital diagnosis or treatment without compromising the immobilization.

REPACKING THE OREGON™ SPINE SPLINT

Always inspect the OSS for damaged parts or excessive wear prior to repacking it. If damage has occurred, replace or repair those parts before placing the OSS back in service. The OSS can be cleaned with mild detergent or soapy water. Allow 24 to 36 hours drying time before storing it in its carrying case. Bleach solutions can also be used for prevention of bloodborn pathogens.

Repacking Procedure - Pull the groin strap buckles down to within 1 inch of the end of the strap. Then pull these straps up inside of the OSS over the top and secure them to the shoulderboard Velcro on the back. Fold the OSS at the center and fasten the white tab to the shoulderboard Velcro. Turn the OSS over and spread out all of the chest and body straps. Neatly fold all straps against the OSS on the side (Torso) flaps.

Do not stack any of the buckles on each other. Attach one end of the Collar and Forehead Restraint Straps to each side of the head flap Velcro and lay the other ends the length of the OSS on top of the straps and buckles. Lift the side fabric flaps to form a pouch encasing all of the straps and buckles and attach three Velcro tabs to hold them in place. Fold the head flaps

against the OSS and place it in its carrying case closing the Velcro closure on the bag. Place the Dispos-A-Pads along with the Shoulderboard and Head Pads in the zippered pouch. The OSS bag can then be inserted in a rolled-up Sked® Stretcher within the Sked bag for storage.



**PATENT NO.'S 4,665,908 & 5,027,833
OTHER PATENTS PENDING**



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