

Sked Rigging for a Vertical Lift or Lower Figure 9 - 107

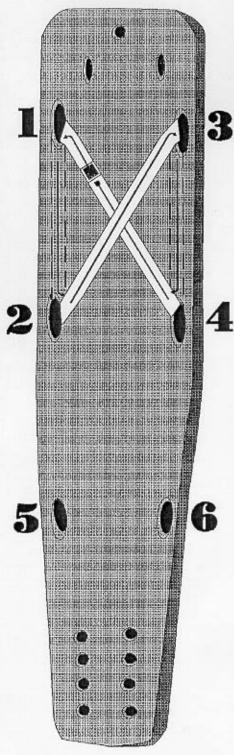
- Use a top-lowering or hauling system, attaching the main lower/haul line to the double-loop figure-8 at the top of the Sked bridle. Attach the safety line to the carabiner connecting the main lower/haul line to the bridle. The safety line should be connected to the bridle at a butterfly knot located approximately 4 feet from a figure-8 knot in the end of the rope. This figure-8 knot will be attached to the patient's harness as a safety in training. A shock absorber may be placed between the safety line butterfly knot and the bridle/main line carabiner. If a shock absorber is used the length of rope between the butterfly and end knot of the safety line should be extended to allow approximately 18-inches of slack (approximately 5 feet).
- Use two tag lines on opposite sides of the lower end of the Sked to prevent it from spinning. Each tag line may be secured to one of the lower handles of the Sked with either a carabiner or a knot.
- Attach a 20-foot section of tubular webbing to the foot end of the Sked by feeding a loose end through the open grommet at the lower end panel or the bottom handles and pulling it through to equalize the two ends. Use this strap to lower the bottom of the Sked into a vertical position after it has been placed over the edge. After the Sked is vertical, the webbing section may be removed by simply releasing one of the ends and pulling it through the grommet.

ROLLING UP THE SKED STRETCHER:

- o Lay the stretcher out and fold all the patient securement straps to the inside of the Sked, with the exception of the foot straps which should be laid outside the stretcher.
- o Starting at the head end, roll the Sked up as tightly as possible.
- Continue to roll the Sked up, using your knee to keep the stretcher from unrolling.
- Wrap the foot straps around the rolled-up Sked and secure them back to their buckles. Place the Sked stretcher in its backpack.

SECURING THE PATIENT TO THE BACKBOARD:

- One method is accomplished using two 12- to 14-foot long straps with rescue grade buckles at one end of each strap.
- Begin by lacing the loose end of one of the straps through hole 1 (see figure on next page) from the top, traveling underneath the board to hole 2, where the loose end of the strap should be fed through the hole from the bottom. The buckle end of the strap should be placed over the patient's shoulder and placed approximately in the middle of his/her chest. NOTE: Some backboards do not have a hole high enough to do this without causing a downward pressure on the patient's shoulders after tightening the straps. If this is the case, place the buckle end of the strap under the patient's arm rather than over the shoulder. Be cautious not to cause excessive pressure to the patient's diaphragm which will restrict breathing.
- Now bring the loose end of the strap upward and across the patient,s chest, where it should then be fed through hole 3 from the top.
- Allow the loose end to travel downward, underneath the board to hole 4, where it should be fed through from the bottom.
- o Bring the loose end upward, back across the patient's chest and fasten it into the buckle issuing from hole 1. Tighten the strap well, so as to secure the patient's upper body to the backboard.
- Repeat this procedure with the second strap through holes 2,5,4, & 6, in the same fashion as above, to secure the patient's lower body to the backboard. At least two straps should always be used to ensure proper immobilization to the backboard. Backboards with runners should be used to make feeding of the straps underneath the board easier.



Backboard Securement Figure 9 - 110