

Falls: Assisting Patient Post-Fall in Acute/Sub-Acute Care

Site Applicability

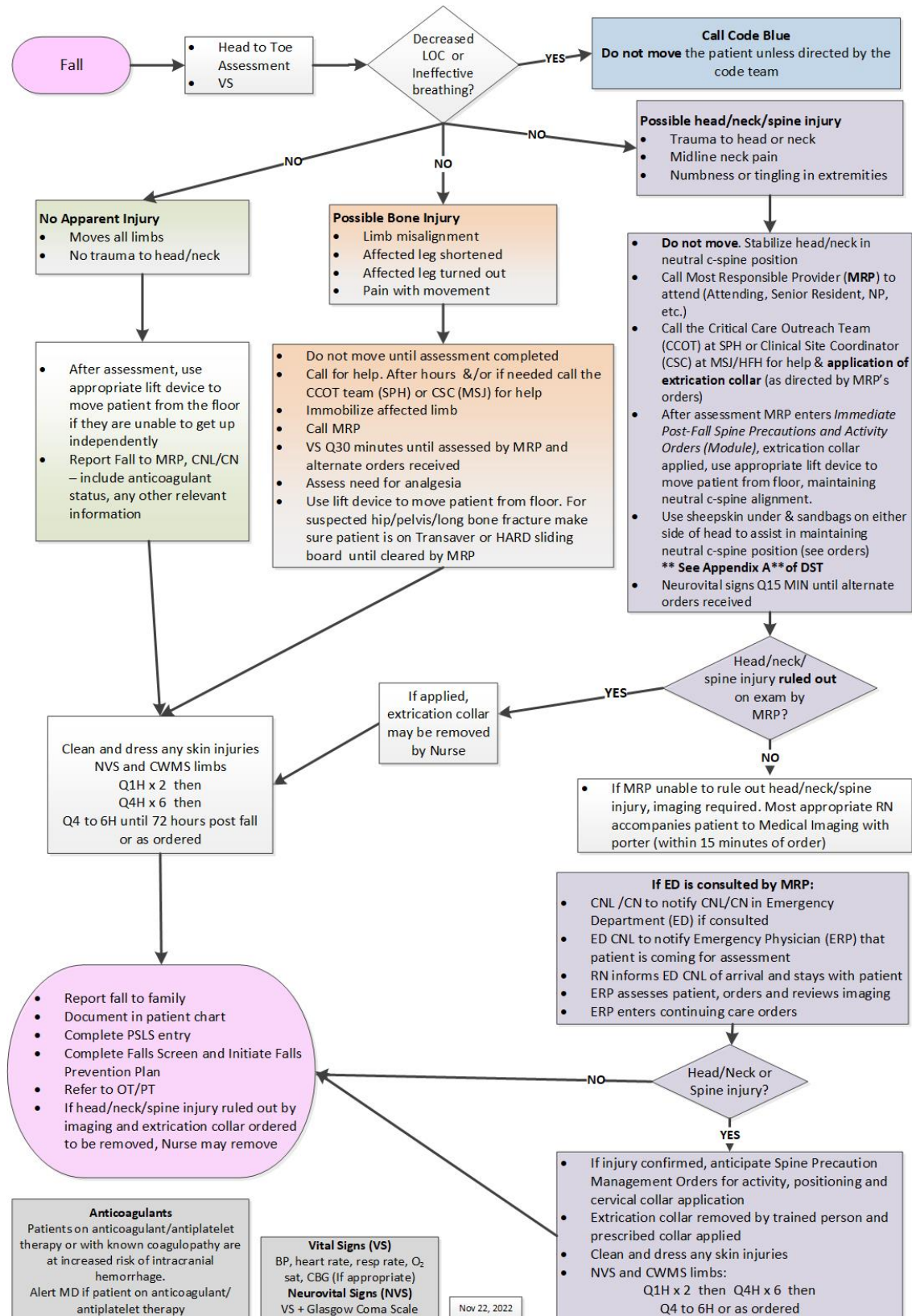
PHC Acute and Sub-Acute Units

Practice Level:

Basic: RN, RPN, LPN, Occupational Therapist, Physiotherapist

Algorithm

See next page



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Need to Know:

- Patients over 65 years old are at higher risk of C spine injury.
- Patients who are seen falling or suspected to have hit head, face or neck, sometimes require CT head AND C-spine; as determined by most responsible provider (MRP).
 - If CT head and C-spine required, MRP to complete the Immediate Post Fall Precautions and Activity Orders (Module)
- The Modified Nexus Criteria is referred to as a decision making tool used by BC Ambulance and Physicians to determine the need for extrication collar.
- Extrication collar to be applied after MRP/NP assessment of patient and need has been determined.
- Call Critical Care Outreach Team (CCOT) at SPH or Clinical Site Coordinator (CSC) at MSJ for help with application of extrication collar. At HFH-Rehab contact MRP for orders that may include calling Emergency Health Services (EHS) – Ambulance.
- Mechanical lifting devices that are total body lifts are used to assist in getting patients up from the floor after a fall, **after it has been determined** that the patient is conscious **and** has not sustained a known or possible head, neck, spine or hip/lower extremity injury. Mechanical lifts must be used within their designated weight limits, located on the device.
- If patient weight exceeds the weight limit of the floor or ceiling lifts, then the HoverMatt/Jack unit **MUST** be used to assist the patient from the floor. The weight limit of HoverMatt/Jack is 1000 lb. For Locations of HoverMatt/Jack unit. See [Appendix B](#).
- The HoverMatt/Jack unit can be used by staff at any time instead of a mechanical lift to assist a patient from the floor, if that is staff preference ([Appendix C](#)).
- Sling selection is based on the appropriate dimensions to suit the patient. All slings meet or exceed the weight limit of their associated lift.
- If a patient is not conscious **and/or** has sustained a head, face, neck, and/or hip/lower extremity injury after a fall, then the HoverMatt/Jack unit **MUST** be used to assist the patient from the floor ([Appendix A](#)).
- A Transaver or hard sliding board may also be necessary depending on the injury sustained (see [algorithm](#) (page 2) and [Appendix A](#))
- For suspected hip/pelvis/long bone fracture injury, patient must be lying on either Transaver or HARD sliding board to go for imaging tests and until cleared by physician.



Transaver board

- Conduct post fall debriefing that may help to identify safety gaps and prevent the recurrence of falls or reduce injuries from falling
- Spine Precautions video (VCH) - <https://youtu.be/yEXYUEwfFIE>

Equipment

- Pillow
- Blanket
- Transfer belt
- Mechanical total lift or ceiling lift
- Sling for mechanical total lift or ceiling lift
- Sheepskin and sandbags (if ordered)

Procedure

1. Initial Assessment and Interventions:

As per algorithm

2. Ongoing Assessment:

- Subdural hematomas can take several hours to develop; continue VS/NVS Q4 to 6H for 72 hours post fall.
- Consideration: If a patient with cognitive impairment falls, reassess their cognitive status, including presence of delirium.

Moving the Patient post-fall without suspected spinal cord or head injury

I. If patient requires minimal assistance - Two staff members required.

Procedure	Rationale
1. Make the patient comfortable. Put a pillow under the head and cover with a blanket.	Don't panic. Patient is already on the floor. Develop a plan and communicate it with other staff helping out.
2. An RN is to assess patient for any injuries and get medical help, if necessary.	
3. Assess the patient's ability to help: mobility, strength, balance, weight and ability to follow instructions.	To enable the caregiver to choose the right technique.
4. If the patient is assessed as likely to be able to move and bear the majority of their weight, and is able to follow instructions, get patient up from the floor by: <ol style="list-style-type: none"> Explain planned procedure to patient Help patient to side lying then sitting. If patient requires more than minimum assistance to move from lying to sitting, follow instructions below for moderate to maximum assist using total lift. Put transfer belt around the patient's waist and grasp the transfer belt at the back of the patient. Caregiver on each side of patient. Move a chair or wheelchair (apply brakes!) in front of the patient Ask patient to push up to kneeling onto hands and knees Caregivers can give minimal assist by using transfer belt. Do not lift patient! Ask the patient to hold onto the chair or another stable object in front of the patient. Ask the patient to put one foot flat on the ground. Ask the patient to stand up on the count "1, 2, 3" and give minimal assistance, if needed. 	<ul style="list-style-type: none"> Two or three caregivers will be necessary for this technique. Clean up any fluids on the floor that may have spilled/occurred during the fall. Just because a patient can sit up does not mean that they can get up into standing position! Keep your back in neutral while doing this by bending at your knees and hips. If at any point during this procedure more than minimal assistance is required, return patient to the floor & get the mechanical total patient lift Pull in your abdominal muscles while assisting patient to stand to further protect your back.

ii. **If patient requires moderate -maximum assistance** - Three staff members and a **mechanical lift required**. Also See [Appendix A](#) for HoverMatt/HoverJack instructions

Procedure	Rationale
<p>1. If the patient is unable to get up from the floor independently or with minor assistance or cannot follow instructions or cannot get into sitting independently:</p> <ul style="list-style-type: none"> If patient is in an awkward space e.g. between toilet and wall, move into an open area by rolling patient onto side and putting green repositioning sling underneath. If ceiling lift is accessible <ul style="list-style-type: none"> slide patient directly under motor, place sling under patient. Motor needs to be directly above patient i.e. black lifting strap cannot be on an angle. Raise patient and transfer to bed or wheelchair If using mechanical total lift (e.g. Carlo, Arjo) <ul style="list-style-type: none"> Get the mechanical total lift and appropriate sling and put under patient. Make sufficient space around the patient. Approach patient from their feet with base of lift broadened. Lift patient's legs & place them over the top of the base. Move lift in as far as possible. Lower tilting frame as low as possible and attach sling at the lower extremities first & then chest. Raise patient & transfer to bed or wheelchair. For possible head/neck/spine injury: Inform the physician. As per the order, use sheep skin under head and sandbags either side of head for spine stabilization along with the extrication /vista collar. Sandbags and sheepskin are stored with HoverMatt and HoverJack. Use HoverMatt and HoverJack to transfer the patient off the floor. 	<ul style="list-style-type: none"> Just because a patient can sit up does not mean that they can get up into standing position! Will need 2 to 4 caregivers to get repositioning sling or bed sheet under patient to reposition. Staff will need to kneel or squat to move patient onto sheet to maintain a good ergonomic position. Pull in abdominal muscles to protect your back while doing this. Patient should not have to be moved too far as most floor lifts fit through all standard doorways. 3 or more caregivers needed for mechanical floor lift – 1 for machine and 1 for each side of patient. Legs can be heavy. Need one person on each side to do this. Do not twist back. Pull in your abdominal muscles when leg is lifted. <p>Refer to Appendix A for detailed instructions on how to manage C-spine precautions</p> <ul style="list-style-type: none"> Refer to Appendix E for information about sheepskins and sandbags

Documentation:

1. Complete a PSLS report.
2. Document the fall and the interventions taken in iView in the Electronic Health Record.
3. Complete Falls Risk Screen and initiate falls prevention interventions
4. Report fall to family and document

Patient Education and Resources:

- Education pamphlets available from Print Health Education Materials Resource Catalogue:
 - Prevent Falls, Stay in the Game! (VCH)
 - Prevent Falls, Stay on your Feet! (VCH)
 - Vista collar
 - Aspen collar
 - Minerva brace
 - Jewett brace

Staff Education and Resources:

- Vista Collar Fitting
- Aspen Collar Fitting
- Jewett Brace Application
- Minerva Brace Application

Related Standards & Resources:

1. [B-00-07-10011](#) – Falls Injury Prevention (Acute and Sub-Acute Care)
2. [B-00-10-10002](#) – Fall Risk Care Plan - Inpatient
3. [BD-00-07-40028](#) – Falls: Promoting Independence and Reducing Risk of Falls Related Injury in Long Term Care
4. [BD-00-07-40071](#) – Vista Cervical Orthosis (Collar), Client Care and Management in Acute Care
5. [Appendix D](#) - Quick Mobility Screen
6. Video (VCH) Spine precautions - <https://youtu.be/yEXYUEwfFIE>
7. Video How to use HoverMatt/HoverJack - https://www.youtube.com/watch?v=Skq5i2gKL_E&t=15s
8. Video Cervical Collar (extrication collar) - <https://www.youtube.com/watch?v=tzobASnovRc&t=1s>

References:

1. Australian Commission on Safety and Quality in Health Care. (2009) Preventing Falls and Harm from Falls in Older People. *Best Practice Guidelines for Australian Hospitals*. Commonwealth of Australia. Accessed October 2021 at <http://www.safetyandquality.gov.au/>.
2. BCEHS. (2019) Potential Spinal Trauma- Medical Principles. Accessed at

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<https://handbook.bcehs.ca/treatment-guidelines/adult-guidelines/major-trauma/potential-spinal-trauma/potential-spinal-trauma-medical-principles/>

3. WorkSafeBC (2021) Patient Handling, Assessing the risks. Accessed October 19, 2021 at <https://www.worksafebc.com/> (Resources).
4. Hoffman, J.R., Mower, W.R., Wolfson, A.B., Todd, K.H., Zucker, M.I. (2001). Validity of a set of clinical criteria to rule out injury to the cervical spine in patients with blunt trauma. *Journal of Neurosurgical Anesthesiology*, 13(1), 60-61. doi:10.1097/00008506-200101000-00016
5. Stiell, I. G. (2001). The Canadian C-Spine Rule for Radiography in Alert and Stable Trauma Patients. *Jama*, 286(15), 1841. doi:10.1001/jama.286.15.1841
6. Tran, J., Jeanmonod, D., Agresti, D., Hamden, K. and Jeanmonod, R. (2016). *Prospective Validation of Modified NEXUS Cervical Spine Injury Criteria in Low-risk Elderly Fall Patients*.

Persons/Groups Consulted:

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Appendix A Patient Identified as “Risk of Spinal Cord/Head Injury”

<p>1. Assign a designated leader to direct the team This person requires the knowledge and skills to manage the patient in a neutral c-spine position (using a cradle hold) and directing 3 point turns for cervical spinal management. SPH: Call Critical Care Outreach Team (CCOT) if qualified person not available on unit MSJ: Call Clinical Site Coordinator (CSC) if qualified person not available on unit HFH- Rehab – call MRP</p>
<p>2. Leader assigns roles for 5 people Equipment – one person to obtain the HoverJack, HoverMatt, sheep skin, sand bags, HARD sliding board or Transaver and extrication collar. Reads the directions out loud to the team HoverJack & HoverMatt Operator – Inflates HoverJack/HoverMatt as per directions Patient Care – One person reassured and provides information to the patient of each step. Assistant – one person to assist with the application of the extrication collar, patient turns and transfer at the direction of the leader Communicator - contacts the most responsible physician to attend the situation, obtains stretcher for transfer. Assists with turns and transfer if required.</p>
<p>3. Leader Assesses the situation and determines position of safety for patient, maintaining spine alignment; supports the cervical spine in neutral position by using the cradle hold (avoiding flexion, extension and rotation of the neck). Awaits MRP or NP to assess patient and decision that application of extrication collar is appropriate</p>
<p>4. Leader and Assistant Maintain neutral c-spine position while qualified staff applies the extrication collar. Follow directions for sizing included with the collar packaging. SPH - Call Critical Care Outreach Team (CCOT) if qualified person not available on unit MSJ/HFH - Call Clinical Site Coordinator (CSC) if qualified person not available on unit</p>
<p>5. Once the collar is applied, Leader maintains the cradle hold of the cervical spine throughout turns, and transfer using the HoverJack/HoverMatt.</p>
<p>6. Equipment person reads out HoverJack/HoverMatt directions. Operator inflates HoverJack/HoverMatt</p>
<p>7. Leader directs patient transfer from HoverJack/HoverMatt to stretcher. Sheepskin can be placed under patients head and sandbags can be placed on either side of head (Appendix E) while patient on stretcher</p>
<p>8. Once patient on stretcher, unit staff returns HoverJack/HoverMatt to original location for cleaning</p>
<p>9. The most responsible nurse who is trained to cradle hold and log roll to accompany patient for CT Scan.</p>

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Appendix B LOCATIONS, SECURITY, CLEANING & MAINTENANCE

HoverMatt™ and HoverJack™

Locations:

- o Portable carts containing a HoverMatt, a HoverJack and an air supply canister with hose are available at PHC and are located in the following areas:

FOR USE AT:	LOCATED ON:
ST. PAUL'S HOSPITAL	
10 th floor	10C - Equipment Room # 10204
9 th floor	9CD - Laundry Room #9214
8 th floor	8C - Equipment Room # 8219
7 th floor	7D - Equipment Room # 7204
6 th floor	6C - PD Supply Hallway
5 th floor	5AB - Equipment Room
Emergency Department Mental Health/2East, 2North	Emergency Acute 1
MOUNT SAINT JOSEPH HOSPITAL	
4East, 4West, 1South	4East - Medication Room #4240C
3East, 3West, Emergency	3East - Room #3203
HOLY FAMILY HOSPITAL	
Rehab 1 & 2, Rehab Gym	Rehab 1, Med Room

Security:

- o Each cart is locked to the wall inside the designated locations above, using a STAXI-type locking mechanism. The STAXI key is available at each nursing unit associated with the equipment.
- o On each cart, the supply canister is secured to the top shelf of each cart so that it cannot be removed.

Cleaning:

If the **HoverJack** or **HoverMatt** ***IS NOT*** soiled with blood/body fluids, then Housekeeping is responsible for cleaning the unit after each use.

- Dirty **HoverJack**: leave inflated and call the Housekeeping Call Centre within the location of the soiled HoverJack/HoverMatt
- Dirty **HoverMatt**: Identify a clean surface to lay the mat on e.g. a clean stretcher
- Use disinfectant solution such as Virex 252, Virox or Sani-Cloth wipes to wipe down either the HoverJack or the HoverMatt
- Return the cleaned HoverJack/HoverMatt to the storage cart and secure the cart to the wall again in the designated storage area for that floor. (See locations on page 1)
- If the **HoverJack** or **HoverMatt** ***IS*** soiled with blood/body fluids, handle as follows:

Unit Staff

1. Call Linen Services (local **68128**) to advise that HoverJack or HoverMatt is coming down for laundering.
 2. Have the area Ward Aid deliver the HoverJack or HoverMatt ***directly*** to linen services between the hours of 0600 and 1500
- **DO NOT SEND TO LAUNDRY**

Laundry Services

- Buckle all clasps and close all valves
- Wash at max temperature 105 degrees F, bleach strength 1:50

Ward Aid

- Indicate on the storage cart that the HoverJack or HoverMatt has gone for cleaning by placing a masking tape label on the cart e.g. ***"Sent to laundry on 01/01/16"***
- Pick up the unit from Linen Services. Linen Services staff will call when the unit is ready for pick up
- Return the HoverJack or HoverMatt to the storage cart in the designated location

Repair:

- Send the damaged unit (HoverJack or HoverMatt) to physical plant with requisition specifying repair needed
- If the HoverJack or HoverMatt are needed while the designated unit is out for repair, borrow a unit from one of the other identified locations

Maintenance:

- Once a week the unit Ward Aid checks the cart to ensure
 - The storage cart is in place in the designated location OR has a masking tape label indicating where it is
 - The contents of the cart are in place i.e. HoverMatt/Jack, air supply canister with hose, masking tape for labelling, sheepskin and sandbags.

Appendix C: Instructions for Use: HoverJack™ HoverMatt™



1. A minimum of THREE (3) staff members must be present when using the **HoverJack™ & HoverMatt™** to logroll and raise a patient from the floor in supine position. Additional staff may be required if the patient is over 180 pounds.
2. Never leave a patient lying unattended on the **HoverJack™ or HoverMatt™**

Step 1: Positioning the Patient on the Burgundy HoverMatt & Blue HoverJack

- Place the **burgundy HoverMatt** on the floor beside the patient, with the foot end of the mat adjacent to the patient's feet.
- Have Hard sliding board/Transaver ready as needed.
- Position the patient on the **burgundy HoverMatt** by: logrolling the patient into side-lying position; rolling the matt in half lengthwise; sliding the rolled half of the mat under the patient. Slide appropriate board under patient if being used. Then logroll the patient onto his/her other side and flatten out the mat underneath him/her. Adjust board so patient is lying full on the board on top of **burgundy HoverMatt**.
- Connect the patient safety straps on the **burgundy HoverMatt** so that they lie loosely over the patient's torso & legs. Do not over tighten; the straps tighten up while the mat is inflating.
- Place the **blue HoverJack** on the floor parallel to the **burgundy HoverMatt**. Line up the valve-end of the **blue HoverJack** with the foot-end of the **burgundy HoverMatt**. Make sure that the chamber identified with valve #4 is on the top and the chamber with valve #1 is against the floor.
- Securely tighten all 4 of the red-capped DEFLATION valves on the **blue HoverJack** (one in each chamber to maintain inflation of the mat). Uncap the 4 white INFLATION valves (one in each chamber).
- Undo the patient safety straps on the **blue HoverJack** and tuck them underneath before starting the transfer.
- Slide the **blue HoverJack** over, tucking the edge of the **blue HoverJack** as much as possible under the edge of the **burgundy HoverMatt**.

Step 2: Inflating & Moving the Burgundy HoverMatt

- Undo the velcro closure on the foot end of the **burgundy HoverMatt**, to expose the port for the air hose from the portable air supply. There is a port on each end, use whichever is most convenient.
- Plug in the portable air supply.
- Insert the flexible hose into the port on the **burgundy HoverMatt**, snap the hose into place and re-seal the velcro closure.
- Turn on portable air supply. The air supply MUST remain turned on to keep the **burgundy HoverMatt** inflated while you are transferring the patient.
- Grasp handles on the **burgundy HoverMatt** and pull the patient on an angle, either head first or feet first until patient is centered on the **blue HoverJack**.
- Turn off the air supply and remove the hose; this allows the **burgundy HoverMatt** to deflate.

Step 3: Inflating blue HoverJack

- Secure the patient with the patient safety straps on the **blue HoverJack**.
- Insert the hose into the valve #1 inlet on the **blue HoverJack** (i.e. the chamber closest to the floor) and hold it in place. Turn on air supply and inflate the first chamber.
- Remove hose when chamber is fully inflated (takes about 10 to 15 seconds). Valve will automatically close, maintaining inflation in that chamber.
- Using the same process, inflate the 3 remaining chambers in sequence from bottom to top, using valve #2, valve #3 and valve #4. NOTE: Ensure that each chamber is fully inflated to prevent the patient from tipping off the mat.
- When inflating valve #4, monitor the tightness of the safety strap on the patient's torso and legs, adjusting as needed.
- Turn off air supply and cap all 4 white inflation valves.

Step 4: Moving the patient from HoverMatt/Jack to a stretcher or bed

- Make sure transfer surfaces are as close together as possible. If possible, have the stretcher or bed slightly lower than the **blue HoverJack**.
- Unbuckle the patient safety straps on the **blue HoverJack**.
- Re-attach the air hose to **burgundy HoverMatt** and turn on the air supply.
- Grasp handles on **burgundy HoverMatt** and pull patient on an angle, either head first or feet first until patient is centered on the stretcher or bed.
- Turn off the air supply to the **burgundy HoverMatt** once the patient is transferred. Unbuckle the patient safety straps on both the **HoverMatt & HoverJack**

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- Logroll the patient off the **burgundy HoverMatt**, stabilizing the body as necessary.
- **NOTE:** If patient is on Hard sliding board/Transaver use that to slide patient off the burgundy **HoverMatt** onto the bed.
- **CAUTION:** If it is necessary for any reason to lower the patient back down to the floor, release air from the chambers **one at a time. NEVER RELEASE ALL CHAMBERS AT ONCE.** Start with the top chamber, opening the red deflation valve slowly. When the top chamber is fully deflated, move in succession downward to each chamber in succession.
- Once the patient is off the **blue HoverJack**, allow it to deflate one chamber at a time, starting at the top. It is easiest to deflate if a staff member lies on the mat while it is deflating.

Appendix D: Quick Mobility Screen



Quick Mobility Screen

If patient unable to perform any step, do not proceed.
Refer to physiotherapy.



1. Alternate Hip and Knee Flexion

Can the patient move knees (one at a time) upwards off the bed towards chest without assistance? Indication of range of movement (ROM) and strength of legs.



2. Bridging

Can the patient lift buttocks off the bed without assistance? Indication of ability to bear weight while standing (strength).
Contraindicated if possible hip/pelvis/lumbar spine fracture.



3. Rolling

Can the patient bend knees up, reach across body with the uppermost arm and roll over onto one side without assistance?



4. Lying - Sitting

Can the patient move from lying to sitting without assistance? If assistance is required do not proceed to standing without obtaining assistance from another team member and/or referring to physiotherapy.



5. Static Sitting Balance

Apply transfer belt for safety. Ensure bed is in its lowest position and patient's feet are flat on the floor. When sitting without back support can the patient keep balance? Can the patient maintain this position if you gently nudge chest? Indicates safety for independent sitting. If the patient cannot maintain balance, do not proceed to standing without obtaining assistance from another team member and/or referring to physiotherapy.



6. Dynamic Sitting Balance

Ensure transfer belt is on. Ensure bed is in its lowest position and patient's feet are flat on the floor. Ask the patient to reach forward to touch your hand. Alternatively, you can ask the patient to try putting on their shoes, but this may be too difficult for some elderly patients. The patient who fails the sitting balance test will likely need 1 or 2 assist to stand up, transfer and ambulate. Do not proceed to standing without obtaining assistance from another team member and/or referring to physiotherapy.



7. Sit to Stand

Ensure transfer belt is on. Ensure bed is in its lowest position and patient's feet are flat on the floor. Place a walker or large heavy chair in front of patient to use for assisting balance if necessary. Can the patient move from sitting to standing without any assistance? Pause in standing – can the patient maintain balance? If the patient cannot maintain balance in stationary standing, do not proceed to walking.

***Mobilization is everyone's responsibility.**

Screening for mobility contributes to safe, early patient ambulation, and protects patients and staff from injury.



8. Static Standing Balance

Ensure transfer belt is on. Place a walker or large heavy chair in front of patient to use for assisting balance if necessary. Can the patient maintain balance if you gently apply pressure to the trunk? Indicates sufficient balance for walking without a walker. Do not proceed to walking if unable to do this safely.



9. Dynamic Standing Balance

Ensure transfer belt is on. Can the patient maintain balance if you ask them to reach forward with hands to touch your hand? Do not proceed to walking if unable to do this safely.



10. Walk

Ensure transfer belt is on. Can the patient march on the spot safely? If so, proceed with walking. Use a walker only if the patient reports using a walker at home – use the same type (wheeled or non-wheeled) as the patient uses at home.

PHC-PM160 (May-07)

Appendix E – Sandbags and Sheepskins

Sandbags and Sheepskins are stored with the HoverMatt/HoverJack equipment

Sheepskin



ORDER # / ITEM ID: 00138811
Australian Green Bed pads 24" X 30" (sheepskin)
PAD ROLYAN SHEEPSKIN POLYESTER 24X30IN
(VENDOR ITEM ID: 55986201)

Sheepskin can be put under head and neck with the collar and sandbags on either side of head. Large sheepskin can be cut in half. Fold the half sheepskin in half again and place inside pillowcase. Use the remaining piece of sheepskin for later or for another patient

Used with a provider order:

- For unstable spine precautions sandbags and sheepskin are used in combination
- For stable spine that requires precautions, sandbags and sheepskin are used in combination
- For stable spine, only collar required

Cleaning: Send to laundry separately, **do not place in laundry hamper**

Sand bags



ORDER # / ITEM ID: 00137693
2LB SANDBAG 4"W X 9"L RECTANGLE- ORDER 2 PIECES
(VENDOR ITEM ID: ALIMED 936982)

Used with a provider order:

- To stabilize head while waiting for application of extrication collar
- To maintain neutral spine in combination with collar while on stretcher going to imaging
- For unstable spine precautions sandbags and sheepskin are used in combination
- For stable spine that requires precautions, sandbags and sheepskin are used in combination
- For stable spine, only collar required

Cleaning: Using two-step process (Clean and disinfect) clean with either Accel or Cavi wipes