



RESTRAINING INSTRUCTIONS

FOR FURTHER INFORMATION CONTACT

INNOFOCUS

339 GLENRIDGE DRIVE,
WATERLOO, ON.,
N2J 3W7

Phone: 519-888-0997

Fax: 519-725-3658

e-mail: lud@pinelmedical.com

CHRONIC

IMPORTANT NOTES:

CHOOSE YOUR PRIMARY NEED FIRST. PRACTICE!!!
WHEN HANDLED WITHOUT DIFFICULTY, CONSIDER THE NEXT POSSIBLE USE.

COLORS REFER TO BINDING AROUND ITEMS TO BE USED IN PROCEDURE.







YOUR PROBLEM		LOCATION	RESULTS
PREVENT FALLS. KEEP PATIENT in BED/STRETCHER.	GO TO	WAIST BELT in BED Pages 3	
PREVENT FALLS. KEEP PATIENT in ANY CHAIR.	GO TO	WAIST BELT in CHAIR Pages 4	
PATIENT is ABLE to SLIDE from WAIST BELT without being OVERLY AGGRESSIVE.	GO TO	PELVIC STRAP (BEAVER TAIL) Pages 5	
PATIENT is ABLE to SLIDE from WAIST BELT; but, is MORE AGGRESSIVE.	GO TO	SHOULDER Pages 6	
PATIENT REMOVING TUBES.	GO TO	CUFF RESTRAINING Pages 7	
ALL WARNINGS	GO TO	WARNINGS Page 1.	READ ALL WARNINGS and EQUIPMENT LIMITATIONS
LOCKING and OPENING PINS	GO TO	LOCKING SYSTEM Page 2.	BASIC OPERATION for ALL ITEMS

CRISIS

IMPORTANT NOTES:

CHOOSE YOUR PRIMARY NEED FIRST. SELECT METHOD AND PRACTICE.
WHEN DONE WITHOUT DIFFICULTY, MOVE TO THE NEXT POSSIBLE USE.

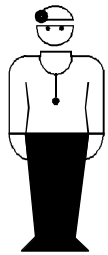
COLORS REFER TO BINDING AROUND ITEMS TO BE USED IN PROCEDURE.

YOUR PROBLEM		LOCATION	RESULTS
DANGEROUS UNCONTROLLED PATIENT	GO TO	RAPID 4-POINT LIMB RESTRAINT Pages 9 & 9A	
CONTINUED AGGRESSION	GO TO	CONTROL to 7-POINT RESTRAINT Pages 8 & 8A Pages 10 & 10A	
PATIENT CALMING but STILL UNPREDICTABLE	GO TO	DE-RESTRAINING Pages 8 & 8A Pages 11 & 11A	
DANGEROUS AMBULATORY PATIENT.	GO TO	AMBULATORY Pages 12 & 12A	
DANGEROUS PATIENT TO BE CONTROLLED and TRANSPORTED.	GO TO	LIMITER Pages 13 & 13A.	
GETTING the BEST USE out of THE CUFF	GO TO	LIMB CUFF RESTRAINING Page 7 & 7A.	
ALL WARNINGS	GO TO	WARNINGS Page 1.	READ ALL WARNINGS and EQUIPMENT LIMITATIONS.
LOCKING and OPENING PINS	GO TO	LOCKING SYSTEM Page 2.	BASIC OPERATION for ALL PINEL ITEMS.

PINEL BASIC INFORMATION

WARNING!

INAPPROPRIATE and/or **INCORRECT USAGE** of any **RESTRICTIVE PRODUCT** MAY RESULT in **INJURY** or **DEATH**. **USE** as a **LAST RESORT** after **ALL OTHER ALTERNATIVES** have been **EXHAUSTED!!**



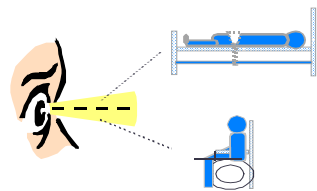
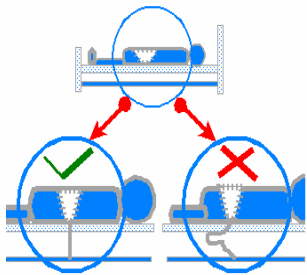
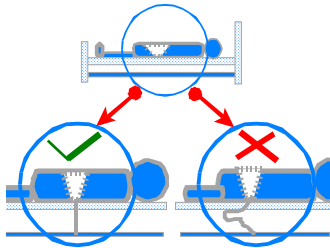
1. **US Federal law restricts the sale/use of this device in order of licenced healthcare practitioner.** Also ensure that all staff applying PINEL equipment have viewed the video, read the training material and understand its procedures and limitations.

2. **Ensure that the PINEL items are on the bed or chair as tightly as possible.** The patient is not connected directly to the portion that is secured to the bed/chair/stretchers; therefore any excess tightness on the attachment straps will not affect the patient's comfort.

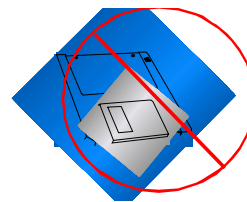
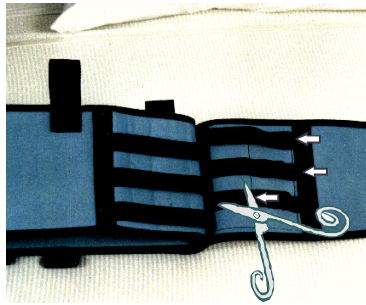
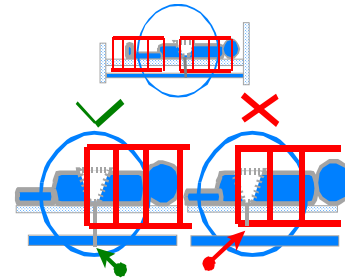
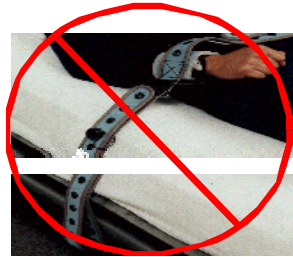
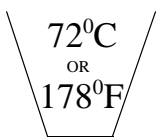
3. **Ensure that all items are on SNUGLY and in the right place.** Loose restraints will only encourage patient to slide out. It is during these attempts that serious accidents occur. The Waist belt should be centered in the narrowest portion of the patient's waist and never on the chest. Recheck tightness often.

4. **Monitor patient in restraints frequently.** PINEL items are very comfortable on the patient; therefore, there could be a tendency to be overly confident in the product. Always follow the local restraint monitoring protocol.

5. **The PINEL System is highly flexible and should be secured with the least restrictive yet safe configuration.** If patients are attempting to slide from the Waist belt, consider using the Pelvic or Shoulder belts.



6. When using the restraint in Chairs, keep in mind the limitations of the chair itself. e.g. ability to tip over or walk off with the complete Chair.



7. **Always inspect before use and discard cut or worn items.** Damaged materials could fail and cause injury or death.

8. **Do not connect PINEL restraints to Bed Rails or around the mattress.** Connect to a solid member of the bed/chair/stretchers. Should the connection be to a portion of the bed that can move relative to the patient, recheck for strap tightness each time the position is changed, e.g. lowering.

9. PINEL materials are designed to be difficult to cut. **For an emergency escape from the waist belt, cut the interlocking straps** connecting the patient portion and the bed portion of the belt only.

10. The PINEL KEYS have been proven safe with most known equipment (pacemakers and Holter monitors). The Key still **has a magnet which should be kept away from sensitive electronic equipment such as disks.**

11. **It is prohibited to provide patients with sharp objects or smoking material.** Although the materials are fire retardant and are resistant to cutting, patients will use anything to burn or cut their way out at which time they may injure themselves.

LAUNDRY RECOMMENDATIONS

- Avoid using **CHLORINE**, i.e. chlorine bleach.
- Any temperature can be used but for product longevity **WARM** wash and **LOW** heat drying.
- Remove all **PINS** and **BUTTONS** prior to laundering.
- A protective cover has been provided to cover the **Velcro HOOKS** during washing/drying cycle. This must be removed prior to use.

PINEL BASIC INSTRUCTIONS

Although the Patented PINEL Locking System provides clear advantages of EASY and very FAST OPENING & LOCKING, all staff **must KNOW** this BASIC Operation.

ESTABLISH A KEY PROTOCOL THAT ENSURES THAT AN **OPENING KEY IS ALWAYS AVAILABLE**.

KEEP BLUE MAGNETIC KEY **AWAY FROM SENSITIVE ELECTRONIC EQUIPMENT**.

LOCKING PROCEDURE:

1. A steel pin is inserted through the grommet holes of the materials to be held together. The Pin is able to accommodate up to 4 layers of Pinel material.
2. Insert the black Locking Button onto the top of the Pin. Remove the Button from the Key first.
3. Tug on the Button to ensure lock engagement.
4. The materials are now locked together by a force of approximately 1200 lbs.

UNLOCKING PROCEDURE:

This lock has a unique characteristic - **it will not unlock with the Key until all pressure is removed from below the Black Button**. Therefore, always:

1. Slide a finger under the Pin base and press upward.
2. Simultaneously, press material located near the Button downward in a pinching motion.
3. Insert Key onto top of the Button.
4. Using slight finger pressure on the side of the Button to assist lift, lift off Button.
5. Should there be resistance, jam Button up and down twice and restart procedure.

NOTE: Current Locking Buttons should be **replaced approximately every TWO years** to ensure proper operation. Newer buttons will have colour identification to permit advisory recall every two years.

For disinfection of Button, ensure that no disinfectant enters into Button hole. If required, clean hole with cotton swab. If bodily fluids entered deeply into Button, discard button.

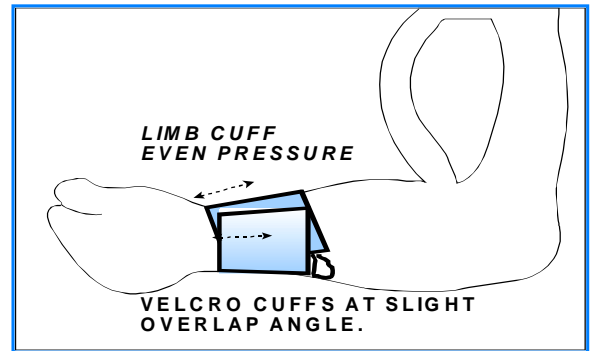
PINEL CUFF RESTRAINING.

Grasp the BLACK Velcro loop with one hand and the WHITE Velcro Flap with the other hand. **REMEMBER - BLACK followed by WHITE**.

Tightly pull the Black part over limb - as close to hand/foot as possible.

Fold White Velcro tightly over cuff to lock.

By allowing the cuff flaps to cross naturally, the flaps should align in a slight V. The resulting slight angle allows the cuff surfaces to align with the slope of the limb. This means:



- 1) no tight spots, 2) no excessive loose spots that may assist escape, 3) even pressure across the wrist/ankle and therefore less required pressure to keep the patient secure.

The Velcro also allows the precise tightness required for security without cutting off hand/foot circulation.

To prevent the patient from rubbing or tearing apart the Velcro with the teeth:

- a Security strap (END-STRAP) has been provided which is applied in complete safety. It is only required for longer-term restraining or when patient is not under constant observation.

- the END-STRAP is passed over the CUFF and passed through the Buckle. The strap is now pulled back over itself. A Pin is inserted and locked to ensure that the Security strap stays in position covering the Velcro locks.

WARNING: This Security Strap is not intended to add any additional pressure on the Limb. It merely locks down the Velcro surfaces. Do not over-tighten

NOTE: Velcro grip will wear over time. Check frequently for strength. If weak, contact PINEL for Velcro replacement.

WAIST BELT (PINEL #1) in BED.

Used for **maximum patient comfort but keeping patient in bed.**

SIZES: **Universal** = 7 inches wide. Waist 21" to 44". BLACK trimmed.
Medium = 6 inches wide. Waist 18" to 40". GREY trimmed.
Small = 5 inches wide. Waist 15" to 38". BLUE trimmed.
Extender is fitted between waist flaps and adds another 10".

- Attach long straps of WAIST restraint to a solid and non-moveable portion of the BED (1). With extra strap length and many grommet holes, there are many attachment choices. For larger beds, use the **SIDE STRAPS** as extensions. If attachment is made on a portion of the bed which is stationary relative to bed raising and LOWERING, ensure that **strap tightness is checked after each raising or lowering.**

Straps must be very TIGHT and CENTERED on the BED.

Do not attach to Bed Rails. Ensure no interference with Bed rail movement.

- Place PIN(s) (two for additional patient comfort and security) in pockets of Waist belt (2).
- **Wrap flaps around patient's waist ONLY, SNUGLY. Re-check for tightness frequently.**

AIM to wrap at the center of patient waist and ensure tightness. Tight enough to prevent sliding; yet without interference to patient breathing. Any looseness will encourage patient to slide up or down the restraint and place him/her in a dangerous situation. RECHECK after INITIAL APPLICATION.

- Lock with PIN/Button and provide extra tug on Button for security. See separate LOCKING instructions.

Patient is now able to sit up, roll to either side and even sit on the edge of the bed (3) - BUT is unable to leave the BED or Stretcher.

Other items can be attached to provide additional security, e.g. apply long LIMB restraint to permit a patient to self-feed; yet unable to reach an IV.

A useful attachment is the light and comfortable **SHOULDER Restraint** which prevents ANYONE from sliding up or down. Check video and instructions.

The recently developed **PELVIC restraint** fits to the bottom of the Waist restraint, through the patient's legs and attaches to the same locking pin(s) that hold the waist together in the front (4). Prevents pulling up of waist belt over the diaphragm where it could cause chest compression and death.

The **SIDE STRAPS** are used to limit rolling and as SAFETY ANCHORS.

The Side strap is attached to the patient by LOOPING it through the buckle of the Waist restraint (5). To restrict a patient from rolling to a particular side, attach the Side strap to the opposite side Waist buckle and connect to a PIN on the main Waist restraint. This prevents patient from rolling onto an injury.

To position a patient on his/her side for bathing or back treatment, roll patient on side and loop Side strap through the UP buckle. Cross Side strap over patient and attach to Waist attachment Pin facing Patient. This is a very gentle means of holding a patient in the side position.

IMAGE 1.

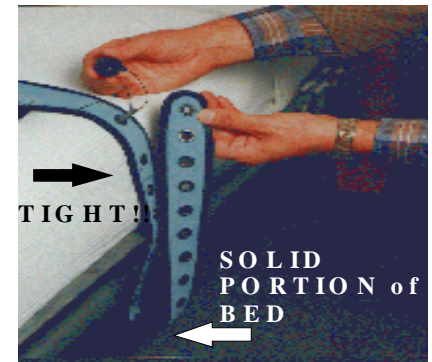


IMAGE 2.

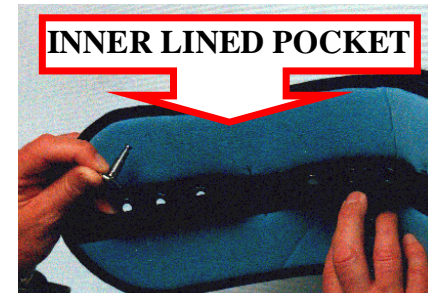


IMAGE 3.



IMAGE 4.

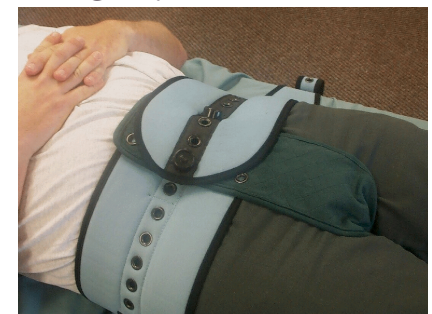
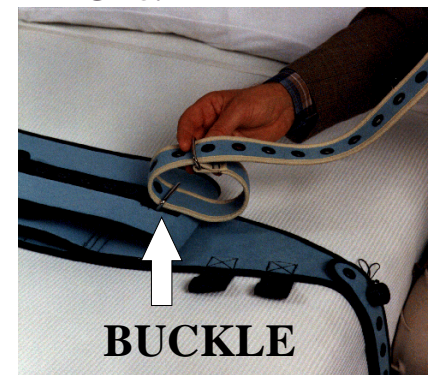


IMAGE 5.



WAIST BELT (PINEL #1) in BED

Used for maximum patient comfort but limiting patient to ANY CHAIR.

These items show the flexibility of the PINEL System in the TRADE-OFF of balancing **Comfort and Security**.

SIZES: Universal = 7 inches wide. Waist 21" to 44". BLACK trimmed.
Medium = 6 inches wide. Waist 18" to 40". GREY trimmed.
Small = 5 inches wide. Waist 15" to 38". BLUE trimmed.
Extender is fitted between waist flaps and adds another 10".

- Patient can be moved into chair directly from bed with belt on or Waist belt can be positioned into chair first before placing patient (1). **Always consider the stability of each chair.**
- Belt should be placed deep and low into the back of the chair seat.
- Attachment straps are attached tightly to the back of the chairs by PIN/BUTTON (3). If available, the straps should pass under the chair arms or other chair protrusion that will prevent the belt from being pushed upward over the chair back.
- Patient is now placed into the belt giving him/her ample of room for movement within the chair. Although this maximizes patient comfort, it provides minimal patient security. Problems may occur with active patients who may try to slide downward and out of the belt (submarining) - a dangerous action responsible for many chair accidents.
- For additional security, use the **SIDE STRAPS** by inserting them into the Waist buckles(2). Tighten at the back of the chair (3). This basically pulls the Waist belt more firmly into the back of the chair and adds another security level against the patient sliding downward and out of the belt. It limits a patient's movement within the chair.
- An additional level of security can be added that ensures that a patient will not slide downward by using one of the **SIDE STRAPS** as a crotch strap. The longest end of an attachment strap is used as part of the extension. A **SIDE STRAP** is attached to this end and passed under the chair and between the patient's legs (4). The strap is then secured to the main waist belt PIN in the patient's front. IT IS NOW IMPOSSIBLE for the PATIENT to SLIDE DOWNWARDS and OUT of the RESTRAINT; YET, minimally interferes with the patient.

STAFF ARE ABLE TO PROVIDE the APPROPRIATE LEVEL of COMFORT and SECURITY DEPENDING on PATIENT'S REQUIREMENT by MAKING SIMPLE ADJUSTMENTS.

ALWAYS AIM for LEAST RESTRAINT!!

IMAGE 1.



IMAGE 2.



IMAGE 3.

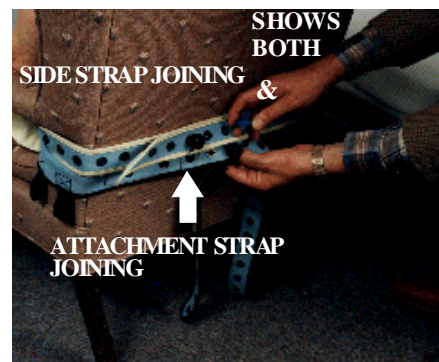


IMAGE 4.



PELVIC STRAP (BEAVER TAIL) - PINEL #11

- INTENDED for patients who are able to slide Waist upward. In combination with improper placement of Waist belt, this could cause patient to hang over the side with full body weight pressing against the diaphragm. **This position can cause CHEST COMPRESSION/DEATH.**
- Tenacious Velcro surfaces (1) are joined together under the Waist belt so that the narrow portion of the BEAVER TAIL is between the mattress and Waist belt (2).
- Although patient is laying on joined surfaces of Velcro; ascertain that Waist belt is very tight around the BED/STRETCHER. Don't forget, **tightness here does not affect tightness around patient.**
- Insert extra PIN, 2 spaces from the other Pin and centered in the Waist. This widening of Beaver Tail permits stability of material in the crotch area.
- Insert Beaver Tail (wider portion) over Pins. Ensure snug fit in crotch. Depending on patient size, this attachment can be made directly; or first passed over Waist belt and then over Pins for SMALLER patients.
- Close Waist flap over Pins and lock (3 & 4).
- Patient is able to move in all directions, as before.
- To prevent Waist restraint from being pulled down; ensure that center holding line of Waist belt is slightly above the widest portion of patient's waist. This position should prevent the patient from pulling Waist belt downwards. Beaver Tail will prevent them from pulling Waist belt upwards.

WARNING - OBSERVE PATIENT CLOSELY after first USE of BEAVER TAIL. WATCH for his/her ALERTNESS to method of attachment and AGILITY in attempts to remove the VELCRO SURFACES. **VERY ALERT/AGILE PATIENTS WILL BE ABLE TO UNDO THE VELCRO CONNECTION.** PINEL Shoulder belt is recommended for these exceptional patients.

BEAVER TAIL ADVANTAGES:

- More difficult for patient to slide from Waist Belt.
- Easier for staff to attach/remove for frequent washing. Makes Beaver Tail more likely to be applied in marginal risk cases.
- Perceived to be less inhibiting to the patient.

IMAGE 1.

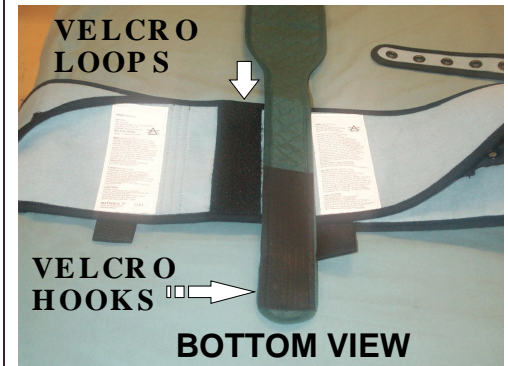


IMAGE 2.



IMAGE 4.



IMAGE 5.



SHOULDER BELT (PINEL # 3).

The Shoulder belt is used for that very small number of elusive patients who are able to slip from the Waist belt without the additional security. It is also used for more violent patients who need to have security of the shoulders against the mattress. It is universally sized to fit the most patients. For unusually sized patient torso, please contact PINEL.

- The most important step is the initial lay out behind the patient. The straps must have the X of the belt directly under the small of the patient's back and the Green Pockets of the Shoulder straps must be facing upward (**IMAGE 1**).
- There are two main sets of straps to the belt - the two OVER-THE-SHOULDER straps and the two UNDER-THE-ARM straps (**IMAGE 2**).
- The UNDER-THE-ARM straps are first passed through the two flaps that are attached to the top of the Waist restraint (**IMAGE 2**). It is easier to attach if the patient is in a sitting position.
- The patient may now lay down and the OVER-THE-SHOULDER straps are passed over the shoulder to connect to the single PIN which holds the patient into the Waist belt (**IMAGE 3**). Attach snugly.
- The left (facing the patient) UNDER-THE-ARM strap is passed as closely to the ARMPIT as possible and passed through one of the appropriate slots sewn into the left OVER-THE-SHOULDER strap (**IMAGE 4**). It is then attached to a PIN placed in the right OVER-THE-SHOULDER strap close the patient's right ARMPIT.
- The left remaining strap is now directly placed over the same PIN (**IMAGE 5**). Ensure that these straps are on snugly. Tuck the excess strap in one of the strap pockets.

NOTICE: Patient still has full movement but is unable to slide Waist belt further upwards or downwards.

SECURITY of MORE VIOLENT PATIENTS.

For those patients who must have the upper torso secured against the mattress to prevent the lifting of the upper body.

Attach the Shoulder belt, as above. Now pass the **Brown BED STRAP** through the slots in the back of the OVER-THE-SHOULDER straps. The Bed Strap is then secured tightly onto the bed frame.

IMAGE 1.



IMAGE 2.

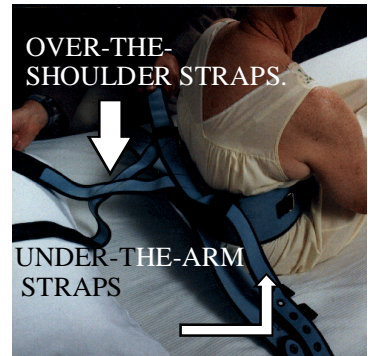


IMAGE 3.



IMAGE 4.



IMAGE 5.



LIMB CUFF RESTRAINING

The PINEL Cuff Locking System has TWO levels of security.

The first uses a quick-connect aggressive Velcro, the second an overlapping security strap that prevents the Velcro from being lifted by the patient. The Velcro is designed for speed - the strap, for long-term security. This combination not only provides speed and security but also patient comfort.

INITIAL CUFF LOCK.

1. Provided by overlapping tenacious Velcro locks that fit to the shape of the wrist or ankle; thereby providing even pressure across the patient's limb (1). Used when speed is paramount. See rapid restraining for more details. **NOTE:** Earlier CUFF models had two LOOPS on either side of the cuff. New ones only one central one.

Limb restraint can be attached directly to a separate anchoring point on the bed or to the same Pin/Button which holds the main Waist restraint onto the bed. If you anticipate a need for rapid adjustment to a more locked position, it is recommended that the Limb belt be first passed through the buckle on the side of the Waist restraint (2). This allows staff to pull in arm rapidly and safely.

SECURITY LOCK (Secondary Lock).

1. Used longer term cuff restraining or when Limb is lengthened to allow self-feeding. Prevents Velcro opening.
2. First pass the end strap over the locked cuff and through the buckle at the base of the cuff (3).
3. Secondly, insert a Pin at the center of the cuff and pass the end strap back over cuff so as to lock onto this Pin (4).
4. Now tighten the strap sufficiently so as to lock down the Velcro and lock the strap onto the Pin (5).

CAUTION: A recent adjustment to the cuff construction has added an additional buckle and also relocated it closer to the base of the cuff. This will allow staff to tighten the end strap over the cuff much tighter than previous models. This now adds more security in to slide apart the Velcro. Staff must also be aware of the possibility of over tightening and cutting off blood flow. **ALWAYS CHECK for APPROPRIATE TIGHTNESS.**

REMEMBER: The purpose of the Security lock is to lock down the Velcro surfaces; NOT to increase pressure on the wrist/ankle.

PINEL now has a Velcro HOOK protector to prevent Velcro from locking together during washing and prevent lint collection.

IMAGE 1.

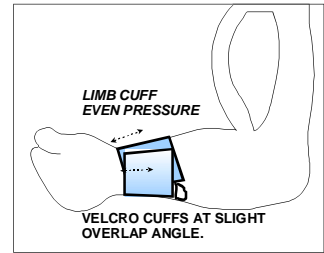


IMAGE 2.

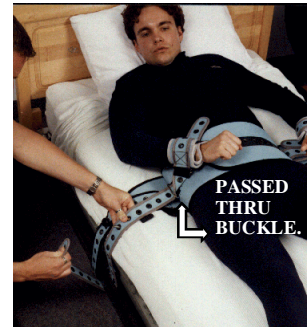


IMAGE 3.

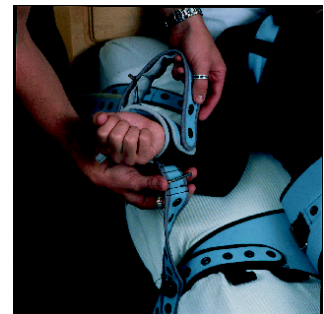


IMAGE 4.

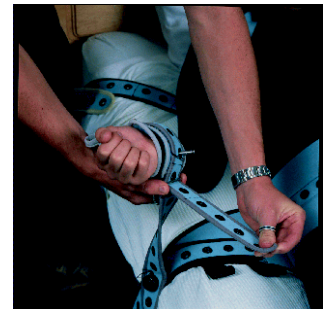
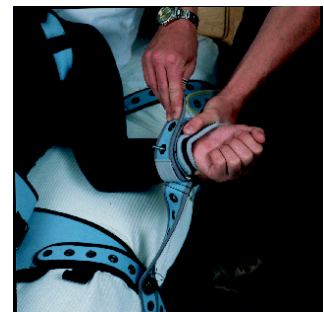


IMAGE 5.



MULTI-FUNCTIONING BED STRAP.

The **BROWN BED STRAP** is a multiple-used strap which is used both to increase patient security and in some circumstances, patient comfort.

The **BED STRAP** is the primary strap to secure a patient's shoulders. In (1) it is used for **rapid control** of the upper body (see RAPID ATTACHMENT - ADDITIONAL PATIENT CONTROL).

In (2) it is used in conjunction with the Shoulder Belt where the patient is placed in a more comfortable position while still having shoulders held to the bed/chair. This may be required for a patient who whips about his upper body. Here however, a bit more time is required to pass the **BED STRAP** through the slots in the back of the over-the-shoulder strap of the Shoulder belt. The **BED STRAP** is then secured to the bed frame. Shoulders are pinned onto the bed but, the patient is more comfortable than in (1).

The **BED STRAP** is also used as an attachment strap which permits patient leg mobility while still secured by the LIMB straps. For unpredictable patients this method ensures that the legs can be quickly secured to prevent leg kicks should aggression return. Permits maximum leg movement during passive stage. Images (3) to (5) show the **BED STRAP** sequence.

- The **BED STRAP** is secured to the bed frame at the approximate position of the normal ankle position. Attaches like the Waist belt.
- The GREY Limb straps which are already attached to the patient are then passed through one of the four black straps (3), depending on the amount of leg-spread required for comfort
- The Limb belts are now attached either directly to the Bed frame or to the Pin/Button which holds the **BED STRAP** to the bed (4). This permits adjustment of the Limb length and therefore the amount of patient limb freedom desired.
- (4) Shows additional Limb slack and resulting leg freedom. This position allows the patient to roll about in bed in a more natural fashion and encourages rest.
- (5) Shows immediate and safe adjustment to a more restrictive format. Limb straps are pulled tightly against the black flaps restricting leg movement. The leg is fully secure.

NOTE: Always strive for patient's maximum amount of limb movement and freedom.

IMAGE 1.

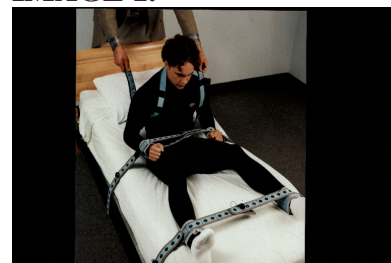


IMAGE 2.



IMAGE 3.



IMAGE 4.

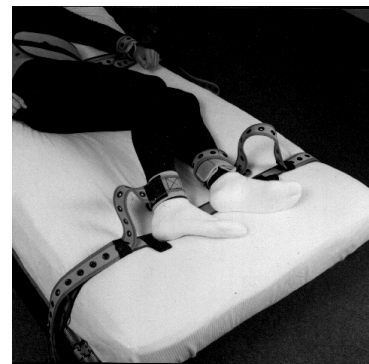


IMAGE 5.



RAPID ATTACHMENT - BED/STRETCHER

- ALL CUFFS are same size for ankles & wrists.

TRADITIONAL PREPARED BED

- Limb straps can be attached to any bed/stretchers/chair on a solid portion of the frame (1) in advance of crisis.

PINEL permits tucking of straps under mattress to minimize intent of restraining OR

STRAPS READY for UNPREPARED BED

- Prepare two sets of 2 LIMB straps each. Join Long portions to each other by Button/Pin (2).

- Total LENGTH should fit under YOUR bed frame so that CUFFS lay where patient's hands/feet will be (3). Joining Pin adjusted for your BED or STRETCHER WIDTH (2).

- Pass joined SET under Bed to partner. Do NOT be concerned about twisting of straps.

ISOLATE LIMB and LOCK in Wrist/Ankle

- Control limb movement & Wrap wrist/ankle in cuff (4).

- Pull "LOOP" (BLACK) over limb first; then, cover with "FLAP" (WHITE). Aim as close to HAND/ANKLE and as TIGHT as possible. Initial lock will hold. Adjust later.

- If joined rapidly, a "natural" cuff shape will ensure all cuff surfaces are equally placed on tapered limb. Cuffs cross at a slight angle so that there is a slight "V" with sharp end of "V" pointing towards patient's head (5).

WITH HELP, ADJUST EACH CUFF

- Remove jewelry/clothing under cuff and re-tighten.

REMEMBER:

- Initially, DO NOT worry about details - just speed.
- Your task - LOCK down YOUR LIMB, quickly/ securely.
- PRACTICE before CRISIS as a TEAM!

FOR MORE SECURITY, SEE NEXT SECTION.

IMAGE 1.

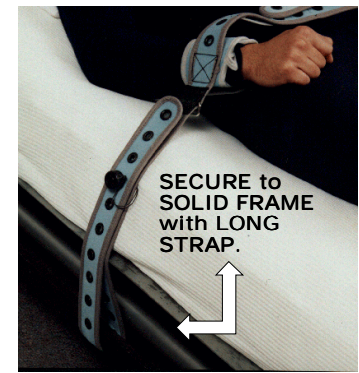


IMAGE 2.

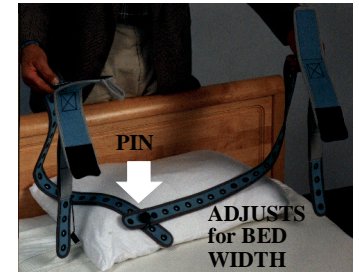


IMAGE 3.



IMAGE 4.



IMAGE 5.

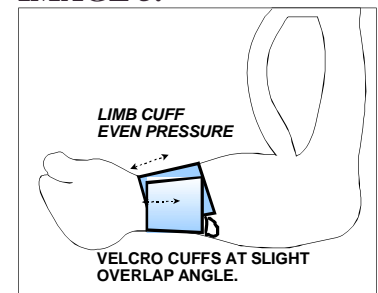


IMAGE 1.

ADDITIONAL PATIENT CONTROL

■ PREVENT HIP-BUCKING

- Join the short ends of the LIMB straps together with PIN/BUTTON and the ankles and at the WAIST (1).

Caution: Join straps ONLY across patient's hips. Do not pressure diaphragm and impede breathing.

■ SECURING UPPER TORSO

If patient is very violent, the lunging of his upper TORSO is dangerous to staff through Biting or Head Butting. More importantly, this trashing often injures the PATIENT, i.e. Head Wounds. To prevent further injury:

- Use Brown BED STRAP to hold shoulders onto the bed.
- From behind the patient lay the BED STRAP centered at the nape of the neck (2).
- Pass strap ends to the front and OVER SHOULDERS, then UNDER the ARMPITS (2).
- Pull forcefully back on strap ends and attach them to a solid bed point behind the patient with PIN/BUTTON. If your Bed does not have a convenient attachment point, use the SIDE STRAPS (Yellow) as extenders. LOOP Side Straps over a Bed member and pass through the Side Strap Buckle. Now join Side Strap and end of Bed Strap with PIN/Button (3).
- Increased tightness of this restraint will cause patient discomfort over the longer term since strap does bite into Arm Pits. It is YOUR judgement call to determine benefits/consequences of this arrangement.

PATIENT NOW RESTRAINED RAPIDLY AT SEVEN POINTS (4).

REMEMBER:

- Fast four-point restraint allows outward strikes of limbs.
- Joining the short ends prevents patient outward strikes and locks down limbs more securely. Keeps HIPS stable on bed/stretcher.
- Upper body lunging can cause head butting and biting and patient injury. Securing the upper torso is aggressive but effective. It is slightly uncomfortable to the patient and used for short-term only. YOU must balance and decide on ALL of the consequences.



IMAGE 2.

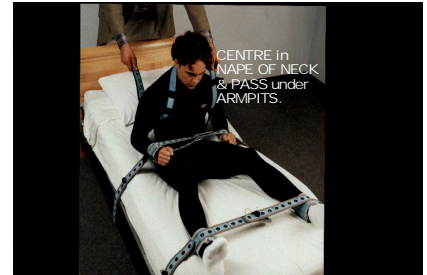


IMAGE 3.

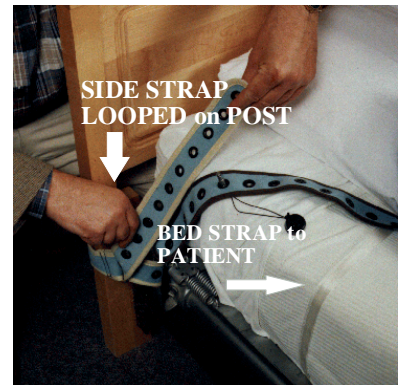


IMAGE 4.



IMAGE 5.



DE-RESTRAINING PATIENT.

Restraining a patient quickly to a secure seven-point position is very important to prevent injury to staff, to other patients and often to the patient himself. However, it takes a higher degree of professionalism to now **de-restrain a patient when his condition warrants greater freedom**. Patients improve more rapidly if staff adjust the level of security for the individual's situation which may change rapidly over time. PINEL strongly encourages you to permit the patient as much freedom of movement as you consider to be safe. PINEL allows this flexibility by simple adjustments of its equipment. The objective is to take the patient from the 7 point restraint in **Image 1** to the full mobility of only a Waist belt.

- Pass the Waist belt under the patient (1) and attaching the long straps to the Bed TIGHTLY. Now pass WAIST flaps around patient's center of the waist and wrap snugly. LOCK.
- The first item to be removed should be the **Bed Strap** used as the temporary shoulder immobilization strap. This strap is uncomfortable over long periods of time.
- LOCK each one of the wrist LIMB straps to the WAIST restraint with PIN/BUTTON. This ensures security of the arms while adjustments are made.
- DISCONNECT the LIMB straps from one another (2).
- PASS LIMB strap through Waist Buckle first then re-CONNECT (3) to a separate anchorage point on the bed. This ensures that if the Waist restraint becomes detached, the patient is still held to the Bed with the Limb restraints. With some beds this connection can be made to same Pin which holds the Waist belt to the bed.
- The joined short straps across the HIPS may now be removed. These SHORT straps can now be used as the security strap to cover the CUFF (see LIMB CUFF).
- The LIMB strap can now be adjusted to any length to accommodate the patient's limited motion (4). Any violent behavior requiring further restrictions of the arm can be quickly made by drawing the Limb belt into the Waist buckle.
- Similar step-by-step adjustments can be made to the ANKLE restraints using the BED strap instead of the WAIST restraint. The black flaps act similar as the Waist buckle as pivot points to retract the legs in quickly, if required (5).
- If there is no risk of strikes, all limb straps can be removed.

IMAGE 1.



IMAGE 2.



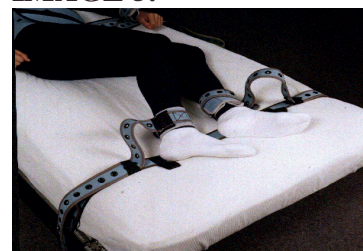
IMAGE 3.



IMAGE 4.



IMAGE 5.



AMBULATORY RESTRAINTS.

OBJECTIVE: To permit patient freedom to mix with other patients while still ensuring that he/she is unable to strike out at other patients or staff.

Using the two **YELLOW SIDE STRAPS** form a waist belt to which the **GREY Limb straps** can be attached.

The two **SIDE STRAPS** are buckled together to form one unit which is then attached to the back of the patient **(1)**. Put on tightly. Patient will try and work it downward. Passing this buckled belt through his/her pant loops will further impede the sliding downward.

Place a **PIN** into the sides of the straps and attach the Limb belts to the **PIN** and lock **(2)**. Length of the Limb strap will determine the amount of arm freedom and will depend on your purpose of restraining. If you wish patient to permit eating, smoking or bathroom self control, the Limbs can be left long; however, this reduces security considerably. It is possible to leave one belt longer while the other is closer to the body thereby limiting his striking ability.

Cover the cuff strap with the additional security or end strap to lock down the cuff. Ensure that this has been put on tightly without compromising the patient's blood flow to the hand. Don't forget patients may be able to work away in private to try and remove the cuffs or may find another patient to assist him/her in sliding it off.

Lock down any excess straps behind the patient so that they cannot be used as a weapon or as a strangulation device.

An excellent use of this procedure has been in-patient showering or bathing.

This procedure follows **PINEL**'s objective to reduce restraints and permit the patient maximum freedom. Current research finds that permitting even potentially aggressive patient ambulation among other patients improves the socialization process over bed restraining or seclusion. Other patients also feel more secure with an aggressive patient in ambulatory restraints and do not regard this patient in disdain.

IMAGE 1.

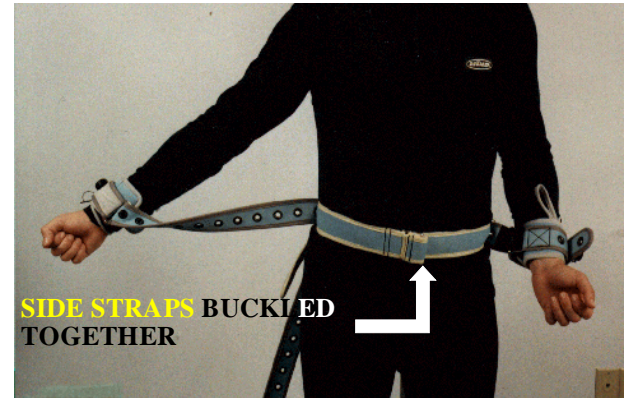
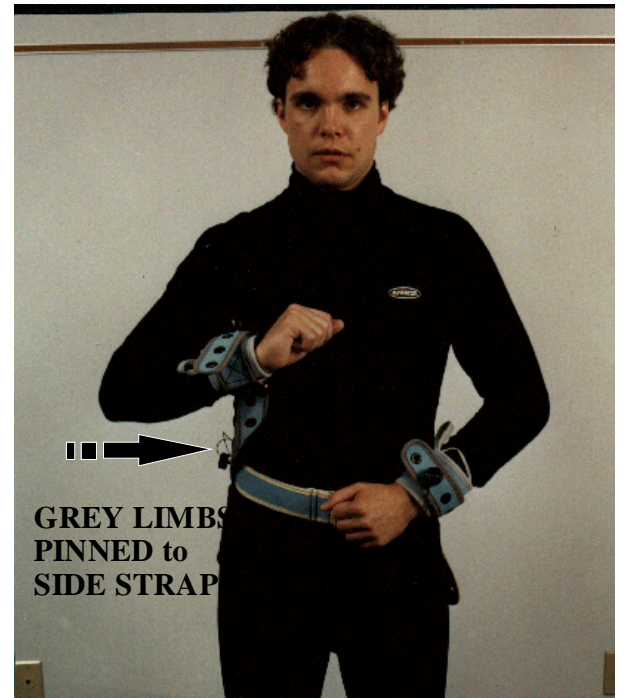


IMAGE 2.



LIMITER or SOFT CUFF (PINEL #9)

The **LIMITER** is a replacement for Handcuffs used by police. Developed to handle violence in open area, away from a bed or stretcher (4).

The same equipment also serves as a restrictive device to limit the pace at which a patient could walk or run (5).

USE as SOFT HANDCUFFS:

- The patient is approached from behind and the wrists are wrapped by the Velcro cuff (1). Same procedure applies as described in “Limb Cuff Restraining”.
- Adjustment to patient’s torso width can be made by moving cuffs apart by relocating Pin/Button which holds the two portions together (2).
- The END STRAPS are joined together at the patient’s waist front. Lock with a Pin/Button. Ensure that this strap is tight enough to prevent patient from sliding down the joined straps. If available, pass one of the straps through a patient’s pant belt first.
- Patient is now limited in arm strikes (4) and therefore much easier to control for transportation.

USE as WALKING LIMITER:

- This concept first used after a patient accident where a patient was able to escape his attendant by outrunning him and eventually committing suicide.
- The cuffs are applied in the same manner as suggested in “Limb Cuff Restraining”; but unlike above, the End strap is now used a Secondary Security strap (5).
- Prevents patient from kicking.
- Walking pace adjusted by length of joined straps.

NOTE: For climbing stairs, make sure straps are long enough.

IMAGE 1.

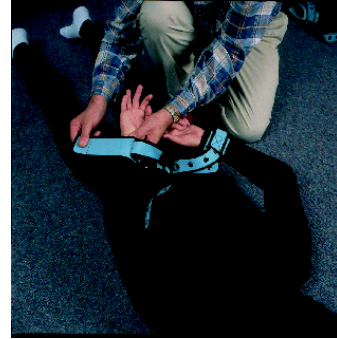


IMAGE 2.

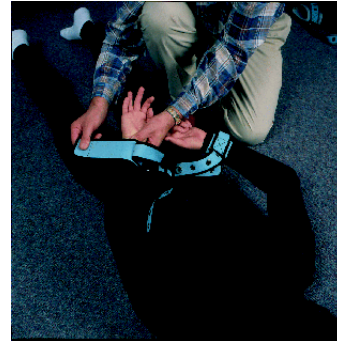


IMAGE 3.

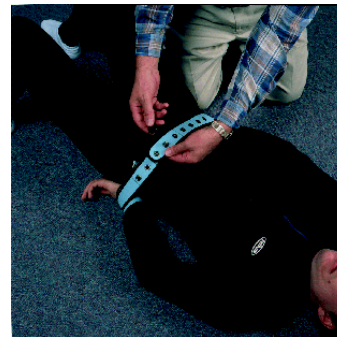
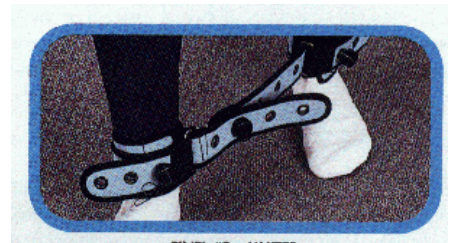


IMAGE 4.



IMAGE 5.



PINEL WASHING INSTRUCTIONS

MATERIAL COMPONENT:

- 35 % KEVLAR
- 25 % POLYESTER
- 40% BALLISTIC POLYESTER

Remove all Pins/Buttons before laundering. Pins will damage laundry equipment. Buttons/Pins can be cleaned with anti-bacterial solution. Block hole at bottom of Button to ensure NO solution enters into the Button.

For Limb Restraints, ensure that the Velcro Cover (provided since mid-2000) covers the HOOK portion of cuff. This not only prevents deposit of lint on Hooked portion but also prevents cuff from being locked during washing/drying cycle. Experience has shown that heat fixes both Velcro surfaces closely together and after the initial separation, much of the strength has dissipated. ENSURE THAT COVER is REMOVED AFTER WASHING/DRYING CYCLE.

If Velcro hold is too weak, contact PINEL or representative for replacements at minimal cost.

DO NOT USE CHLORINE-BASED COMPOUNDS in WASH.

If a “bleach” is required, use a Peroxide compound (most common in Hospital laundries). Procter & Gamble recommends “TIDE with BLEACH” since it does not contain any CHLORINE compounds.

Use any water temperature or drying temperature that is comfortable to you; but for longer life and better appearance, you are strongly encouraged to use cooler rather than hotter temperatures.

The Outer Material is saturated with an anti-bacterial agent and PINEL restraints sterilize (any known method) without difficulty.

The product consists of a very loose weave and therefore releases moisture quickly.

If you have the luxury of one hour of time, it is preferable that the PINEL items be hung to dry. Perma-press drying cycle is about 15 minutes.

NOTE: Initially, the belts will be slightly stiffer than preferred for patient comfort; however, one washing will remove most of the stiffness. Repeated washings makes material even more pliable.