

THOMAS SPLINT CLEANING INSTRUCTIONS

Cleaning can be achieved by either manual or automated methods - manual cleaning should only be undertaken when automated methods are inappropriate or unavailable. Automated cleaning is a controlled process that will allow more consistent results. Where available the use of mechanical cleaners such as washer-disinfectors and ultrasonic tanks is preferred to the manual cleaning of items. The cleaning method should be assessed to ensure the effectiveness of the cleaning process without damage to equipment.

Medical Devices Agency guidelines on the method of decontamination taking into account infection risk from the reprocessed device to the patient

Risk	Application of an item	Recommendation
High	In close contact with a break in the skin or mucous membrane. Introduced into sterile body areas.	Cleaning and Sterilisation
Medium	In contact with mucous membranes. Contaminated with particularly virulent or readily transmissible organisms prior to use on immunocompromised patients.	Sterilisation or disinfection required. Cleaning may be acceptable in some agreed situations
Low	In contact with healthy skin. Not in contact with patient.	Cleaning (physically) removes infectious agents without necessarily destroying them.

CLEANING GUIDELINES

Please refer to guidelines below for washing instructions.

Thomas Splint Component	Recommended cleaning method
Thomas Splint side members	Cleaning & Steam Sterilisation
Thomas Splint Thigh Hoops	Thermal Washer Disinfectors
Thomas Splint Disposable Slings and Hoop Covers	Single Patient Use 400 wash

MECHANICAL CLEANING - THERMAL WASHER DISINFECTORS (REPEATED EXPOSURE TO WET HEAT)

Initial Clean - at or below 35°C. Followed by a hot water disinfection rinse where the surface temperature of the item processed should reach a minimum temperature of 71°C for a minimum of 3 minutes, 80°C for 1 minute or 90°C for 1 second (HC(91)33 and BS 2745)

MANUAL CLEANING - NON IMMERSION

A warm water/detergent solution at correct dilution

A clean, disposable, absorbent, non-shedding cloth or mechanical drying facility (e.g. drying cabinet or industrial hot air dryer)

A chemical neutraliser, first aid kit and eye wash bottle, in case of splashing with detergent.

STEAM STERILISATION

Direct contact between the material being sterilised and pure dry saturated steam at the required temperature in the absence of air. The recommended combinations of time and temperature are given in HTM 2010, Part 3:

Sterilisation Temperature (°C)	115	121	126	134
Max Allowance Temperature (°C)	118	124	129	137
Minimum Holding Time (minutes)	30	15	10	3

Frame Measurements for Steam Sterilisation
(with side members fully retracted)

	Length	Width
Adult	80	21 cm
Paediatric	56	19cm

NOTE: The Thomas Splint System is designed for long term use, however regular inspection of adjustment areas and frame body is advised. Please replace if necessary.

THOMAS SPLINT SLINGS

All Thomas Splint slings are single patient use and must be discarded at the end of the treatment.



Wash 40°C



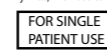
Do Not Bleach



Dry Flat, Do Not Wring



Do Not Iron



Single Patient Use Only

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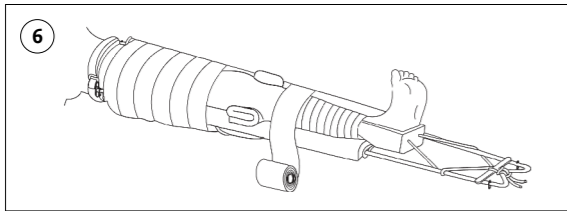
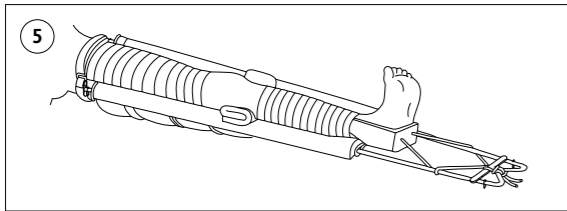
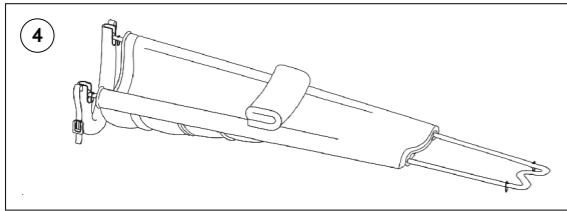
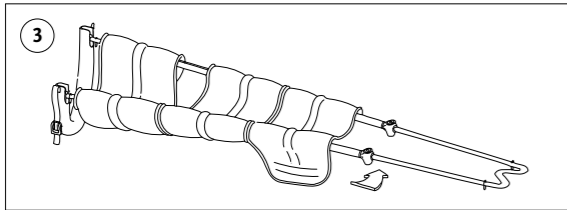
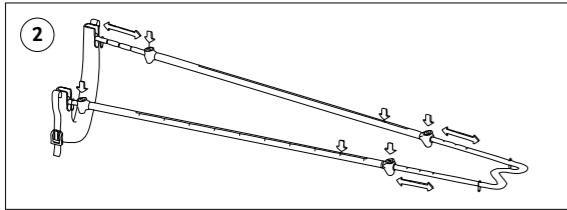
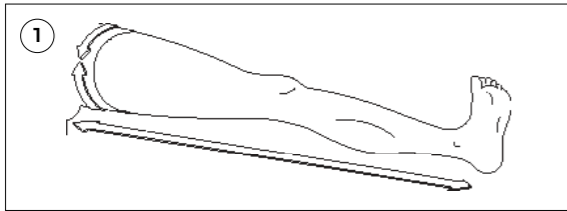
Instructions for Use

THOMAS SPLINT



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THOMAS SPLINT

FITTING INSTRUCTIONS

Selecting the correct sized splint and hoop is made easier as the system is designed to be adjustable. The splint itself comes in two sizes: adult and paediatric. The range of adjustment allows the adult size to be used for tall paediatric patients and the paediatric splint to be used for shorter adults. There are six thigh hoop sizes that cover the range and generally the four smallest will suit paediatrics whilst the four largest will suit adults thus giving an overlap of the middle two sizes.

SLINGS

Sling Width	Part No.
45 cm	TSVS 1
51 cm	TSVS2
60 cm	TSVS3

THOMAS SPLINT

Inside Leg Length	Kit	Kit without P.A.	T.S. Only	P.A. Only
45 - 65 cm	TSSP1	TSNPP	TS1	TSP1
65 - 100 cm	TSSP2	TSNPA	TS2	TSP2

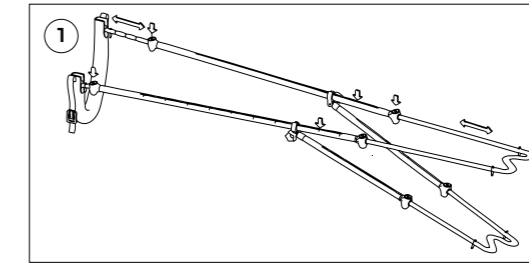
- PATIENT MEASUREMENT:** Measure the patients uninjured limb. An inside leg length measurement is required from the groin to the base of the heel. (Add a further 20- 30 cm to this measurement to allow for ankle plantar flexion in the splint). An oblique thigh circumference should be taken to determine the thigh hoop size. The thigh hoop is adjustable for swelling.
- SPLINT ADJUSTMENT:** Having selected the Thomas splint adjust the length to suit the inside leg measurement ensuring that both sides are adjusted to the same length. Length increments in both inches and centimetres are marked on the sides of the outer tubes, the small cap head screw acts as an indicator length. Attach the hoop by inserting both rods into the splint ensuring an audible click is heard. The hoop can then be adjusted for the right or left leg by extending one side until the desired angle is achieved.
- SPLINT PREPARATION:** From the traction kit select the fabric slings provided. Eight slings are provided, four large and four medium for the adult kit. 4 small and 4 medium for the paediatric kit. Starting from the top, drape each sling in turn over the outer tubes to form a trough, securing each on the other side with the hook and loop closure. Slings should cover the splint down to the malleoli, this allows for skin inspection and ensures ankle movement is not inhibited.
- SPLINT PREPARATION (CONTINUED):** From the traction kit select the two packs of gamgee padding. The longest piece should be placed along the full length of the splint directly on top of the slings and trimmed to size. The smaller piece of gamgee is to be folded into a pad and positioned to act as a fulcrum behind the knee to encourage slight flexion.
- POSITIONING OF LEG SPLINT:** Having applied the skin traction, the limb can now be placed onto the prepared splint. The hoop with cover attached should rest under the ischial tuberosity and the strap adjusted and fastened around the thigh, the strap cover should be used to aid patient comfort. The traction cords can now be tied off. A windlass is provided to take up the slack.
- SECURING LEG INTO THE SPLINT:** After the traction cords have been attached, the splint can be raised temporarily on a pillow whilst the limb is wrapped into the splint using the crepe bandages provided. The gamgee pad can be positioned as described in instruction 4. Following the final bandaging procedure the splint with leg encased can be supported by any one of a number of overhead "pulley and cord" systems. Cord eyes, four in total, positioned at either end of both side supports can be used for attaching the pulley cords. For extra support the cord should be entered through the cord eye and under the rod that holds the cord eye. Special attention should be paid to slings and padding on and around both the Achilles and heel areas in order to guard against impending pressure sores.

Thigh Circumference	0cm	33cm	40cm	48cm	60cm	75cm	90cm
Thigh Hoop code		TSH1	TSH2	TSH3	TSH4	IS115	TSHG
Thig Cover code		TSHC1		ISHC2		TSHC3	TSHC4

PEARSON ATTACHMENT

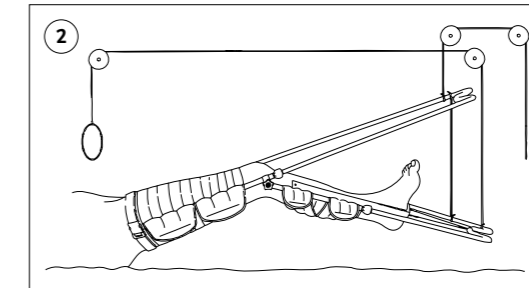
FITTING INSTRUCTIONS

Easily adjustable to a number of leg lengths, the Pearson attachment can be added to the Thomas Splint to offer earlier mobilisation for your patient.



PEARSON KNEE FLEXION ATTACHMEN

Early mobilisation, as advised by the medical professional, can be achieved by using a Pearson knee flexion attachment that is specifically designed for use with the Thomas splint. The attachments come in two sizes, adult and paediatric and are adjustable to match exactly the extended format of the Thomas splint that it is intended to be used in conjunction with.



POSITIONING OF LEG IN PEARSON ATTACHMENT

It is secured to the outer tube on either side of the splint with adjustable clamps in the areas adjacent to the knee axis. Subject to the type of traction being used the appropriate slings and the traction system are transferred from the Thomas splint to the Pearson attachment. once again subject to the type of overhead pulley system being used an adjustable cord may be used to gradually advance the range of permissible knee flexion and a further cord provided to allow the patient to assist knee flexion manually.

