

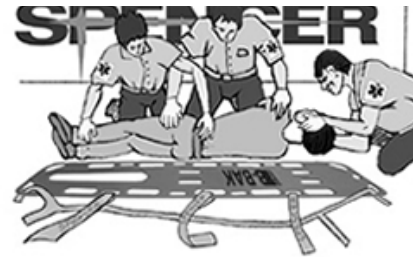
B-Bak user's manual



1. Place B-Bak Spinal Board beside patient. Start from patient's head, proceeding towards the feet, maintaining the neutral alignment of the spine (if it's possible, make this manoeuvre after having applied a cervical collar).

2. Turn patient on the flank, maintaining lower alignment between torso and limbs. Choose the side flank according to eventual trauma.

Caution: create an homogenous and linear surface along patient's flank eventually using some paddings. After having adequately inspected patient's back, approach the table to the patient so as to include head and feet paying attention to the head.



3. Raise the board up from the opposite side until you reach the contact between the surface of the spinal board and patient's back. Do not leave the side sliding on the ground to avoid removals between spinal board and patient.

Lean the knee on patient's shoulders and pelvis. Slowly turn round the patient and place him on the board.

Caution: all the movements must be co-ordinated and dictated by the co-ordinator, who controls the alignment of the torso. Carry the hands on the opposite side of the patient in order to control patient position on the board and favour his "loading".
Caution: the three rescuers must raise the patient from the flank to grant his the position according to the table.

4. Place the table on the ground. Keep patient still according to spinal board, while loading him.





5. Once loaded, patient position on the spinal board won't be balanced. It is necessary to carry out the "bridge" manoeuvre to adjust patient position.

One rescuer takes care of the alignment between patient's skull and shoulders, he places his hands under patient's bachelor and lock his forearms around patient's skull guaranteeing therefore the alignment during the complete manoeuvre.

The second rescuer seizes patient's pelvis and maintains alignment between pelvis and cervical spine.

The third rescuer seizes patient's legs and guarantees the alignment with the torso without inducing movements to the pelvis. In this position you can carry out the correction according to centre of the board, without raising the patient but simply leaving him aside.

6. When optimal position is reached, immobilise patient using a restraint system, that can fasten five points at least: head, shoulders, pelvis, knee and feet. Fastening must be carried out in symmetrical way.



7. Head restraining can be obtained using belts included with equipment and two filling pillows or using the proper head immobiliser.

8. Once carried out head immobilisation of the, stretch the restraining belts around patient's feet, in order to obtain a good distribution of the load tension also on the central belt of **Rock straps system**.

