



Posey® E-Z Clean Gait Belts

Posey® E-Z Clean Gait Belts provide the caregiver with a secure point to hold while assisting patients in walking and transfer activities. When used properly, it may also help prevent back injuries to the caregiver. The belt is secured around the waist of the patient and held by the caregiver (see instructions below). When not in use, the belt can be worn by the caregiver to ensure immediate availability when needed. Posey® E-Z Clean Gait Belts can be wiped clean with a mild disinfectant between uses.

[REF] #6545 E-Z Clean Gait Belt (Black)

[REF] #6546 Premium E-Z Clean Gait Belt (Black)

[REF] #6546B Premium E-Z Clean Gait Belt (Blue)

[REF] #6546P Premium E-Z Clean Gait Belt (Pink)

Application Instructions:

1. Wrap the belt around the patient and pull the strap through the buckle to tighten.
2. Adjust the belt so it is snug, but not uncomfortable for the patient. Make sure you can slide your open hand (flat) between the belt and patient.
3. Verify proper buckle closure before use.

To Launder:

Wipe clean with mild disinfectant. Do not submerge in any cleaning agent for extended periods.



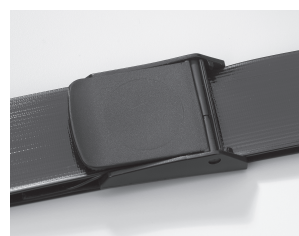
WIPE CLEAN



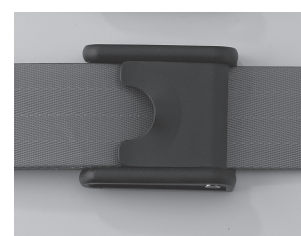
Inservice Video Available!

"The Proper Use of Posey Gait and Transfer Belts", Cat. No. 8508. This 15 minute video demonstrates the proper application of Posey Transfer and Walking Belts. It reviews nine basic rules for successful transfers and illustrates these rules by demonstrating three common transfer procedures.

Available on a FREE 30 day preview. Call 800-447-6739.



#6545



#6546

NOTE: THIS PRODUCT IS NOT INTENDED TO BE USED AS A RESTRAINT! The Posey Company recommends the user of this product check and follow its facility's written procedures for approved assisted walking, lifting, and/or transfer procedures.

Clinical References Supporting The Use Of Posey Gait Belts

Title: **Analysis of Back Injury Reduction Measures at Medical Center**
Author: **Terri Harbert**
Publication: **Journal of Healthcare Safety, Compliance & Infection Control, November 1997**

Study Objective: In response to an increase in facility back injuries, the Anderson Area Medical Center implemented a Back Injury Prevention (BIP) Subcommittee which conducted quarterly departmental training sessions to control lost time, decreased productivity and spent Worker's Compensation dollars. The BIP Subcommittee provided each employee in four units with gait belts and coordinated special training by the Physical Therapy Department on their proper use.

Results: The implementation of the quarterly training sessions resulted in a 61 percent reduction in back injuries between 1993 and 1995. **The units provided with a gait belt and special training had a 38 percent reduction in the number of back injuries reported** for the time period 1995 to 1996 and a 30 percent reduction in the number of restricted and lost work days.

Recommendation: Because the study verified that the use of gait belts, along with training on their proper use, significantly reduces the number of back injuries, **the BIP Subcommittee recommends that each employee who is involved with moving patients be provided with a gait belt and "hands-on" training with regard to transfers, lifts, and ambulating of patients.**

Title: **Back Stress Isn't Part of the Job**
Author: **Bernice Owen and Arun Garg**
Publication: **American Journal of Nursing, February 1993**

Study Objective: Under contract from the National Institute of Occupational Safety and Health, authors Bernice Owen and Arun Garg studied the effect of ergonomics in reducing back stress related to patient transfers. After analyzing sources of back strain related to patient transferring, the authors looked for devices to assist staff in reducing lower back stress. Assistive devices evaluated during the manual transfer (of patients able to bear weight) included the walking belt, gait belts, slings, and a turntable (a circular disk that rotates when a patient stands on it).

Results: Manually lifting the patient without a transfer aid proved the most stressful and yielded the greatest amount of compressive force to the lower back. **The Ergonomic Walking Belt, cat. #6534 (manufactured by Posey Company) averaged the lowest for stress and compressive force. Coupled with teaching intervention, the Ergonomic Walking Belt cut the back injury rate nearly in half, from 83 to 47.** Lost and restricted work days also declined, dropping to zero during the last four months of the study. In the two year period following the study, back injuries have remained below normal showing long term positive effects.

Recommendation: "Assistive devices appear to be the most promising approach to reducing nurses' back strain." The use of a walking belt, coupled with teaching intervention, can significantly reduce the stress on the lower back during patient transfers.

J.T. Posey Company

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