HEMCO HEALTH EQUIPMENT

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Quality Endorsed ISO 9001

GENERAL PUBLIC RESTRAINT DEVICE AUTHORISATION

GPDA:\Quality Assurance\Master Document\General Public restraint Device Authorization Letter – HHE-MRD-026- Revision Status 1.

This form must be completed when a restraint device is supplied for use by a member of the general public. The information collected helps ensure the product is used safely and appropriately.

Name: _____ Date: _____

Carer/Guardian/Family Member: _____ Phone: _____

Location of Use: _____

☐ Care Facility (Facility Name): _____ (Home Use Authorization not required)

☐ Home

☐ Other (please describe): _____

Why is this information required?

Care facility staff are trained in the safe use of restraint devices. Where products are used in the home, an appropriately qualified healthcare professional must authorise their use to help ensure safety for the user, family members and carers.

Important Information

Consider alternative products before using a restraint device.

Family members and carers must be trained in the correct fitting and use of the device.

Restraints should only be used when appropriate alternatives have been assessed.

The patient must be monitored at all times; Continual monitoring is required to ensure support remains appropriate as needs and behaviors change over time.

Incorrect selection, fitting or monitoring may result in serious injury or death.

Home Use Authorization

I confirm that I am suitably qualified and consider this product appropriate for the intended user and environment.

Authorised By:

Job Title:

Organization:

Signature:

Date:

Email:

Phone:

The following occupations are authorized to sign this form: Clinical Nurse Manager, Registered Nurse, Doctor, Occupational Therapist, Physiotherapist, or other suitably qualified health care person.

Please download, complete and email this form to: health.sales@hemco.com.au