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S:\Quality Assurance\Master Documents\General Public Restraint or Positioning Device Authorisation Letter - MD-029 MD-029 Revision Status 2

## GENERAL PUBLIC RESTRAINT OR POSITIONING DEVICE AUTHORISATION

This form is used when a restraint product is sold to the general public. We ask certain questions to ensure that the product will be used safely.

This restraint is to be used for (name) \_\_\_\_\_ Date \_\_\_\_\_

Carer/guardian/  
family member (name) \_\_\_\_\_ Phone \_\_\_\_\_

This restraint is to be used at (location):

In a care facility – Name of facility \_\_\_\_\_  
**No need to complete the Home Use Authorisation section below**

### Home Use Authorisation

- At home  
 Other (E.g. mix of home use and care facility use, please give a brief description)

\_\_\_\_\_  
\_\_\_\_\_

#### Why does Pelican need this information?

Care facility staff are training in safe restraint use. Families caring for someone at home are generally not trained in safe restraint use. This form ensures there is a safeguard in place to ensure people's safety is not being put at risk.

#### Warnings/notes:

- Before using a restraint, consider if other products would be more suitable, such as chair, bed or floor alarms, or hip protectors.
- Family and/or Carers must be properly trained in fitting the restraint or positioning device.
- Only use a restraint or positioning device if all other alternatives have been tried.
- Restrained patients should be kept under observation, as their behavior may alter and another restraint or positioning device may be more appropriate.
- Restraint or positioning devices may be a prescribed item, depending on your situation.
- The wrong restraint or positioning device, or the correct restraint or positioning device incorrectly fitted, can cause injury or death.

The following occupations are authorised to sign this form: Occupational Therapist, Physiotherapist, Clinical Nurse Manager, Registered Nurse, Doctor, or other suitably qualified healthcare person

#### Authorised by:

Name \_\_\_\_\_ Job Title \_\_\_\_\_  
Signed \_\_\_\_\_ Date \_\_\_\_\_  
Email \_\_\_\_\_ Phone \_\_\_\_\_

Please email this form to: sales@pelicanmanufacturing.com.au