



 **eject**TM
helmet removal system

Aids in the safe removal of helmets when neck and spinal injuries are suspected.



Eject™ HRS helps prevent further neck and spine injury of crash victims.

Pulling the helmet off a crash victim can, in seconds, cause further trauma to the neck and cervical spine resulting in serious debilitating, and permanent damage. The Eject Helmet Removal System was designed to aid in the safer removal of a helmet by pushing the helmet off the head after the upper spine has been immobilized.

Mandated by the AMA and IRL.

The AMA (American Motorcyclist Association) has made the Eject Helmet Removal System mandatory for all licensed professional riders in their Supercross Series and Outdoor National Motocross Series. Likewise, the IRL (Indy Racing League) makes the system mandatory for all its drivers.

Easy to install and operate.

The Eject Helmet Removal System is a simple, ingenious device that is easy to install and operate. Read the installation instructions on the inside pages for more details on how to install the air bladder into a helmet, route the air tubing behind the helmet lining, and position the end of the tube just below the base of the helmet for easy access.

WARNING

Motor Sports and racing can be dangerous. Participation in these activities can result in severe brain, head, and neck injuries, which may result in paralysis or death. Perform these activities with caution and use/wear appropriate safety equipment. Shock Doctor does not claim to be able to eliminate such injuries by using Eject™.

eject Auto/Motorcycle Helmet Kit ITEM: 890-01-30



eject Auto/Motorcycle Helmet Kit with Inflator Bulb ITEM: 891-01-30



eject EMT / First Responder Helmet Removal Kit ITEM: 892-01-30



Installation Instructions – Helmet Kit

1. Place the helmet upside down with the chin bar facing away from you.
2. Where possible, place the airbag under the original helmet lining as shown in Figure 1A below. Where the helmet lining is permanently attached to the inner shell of the helmet, Eject may be fitted over the lining and covered with a crown pad, available from Shock Doctor.
3. Position the airbag centrally inside the top of the helmet with the plastic tube exiting to the right. Do not permanently attach the airbag at this stage.
4. Feed the plastic tube behind the helmet lining and down between the cheek padding as shown in Figure 1B below. (A small incision may be required in the lining of some helmets to feed the tube through.)

Note: Alternative routing of the tubing may be required on some helmets, depending on the design of the helmet interior. If alternate routing is used, ensure that the connector at the end of the tubing is positioned in an easily accessible location and affix the "Eject Equipped" helmet sticker so that it is visible at that location.

Important: Check that the tubing is not pinched or kinked at any point along its' length.

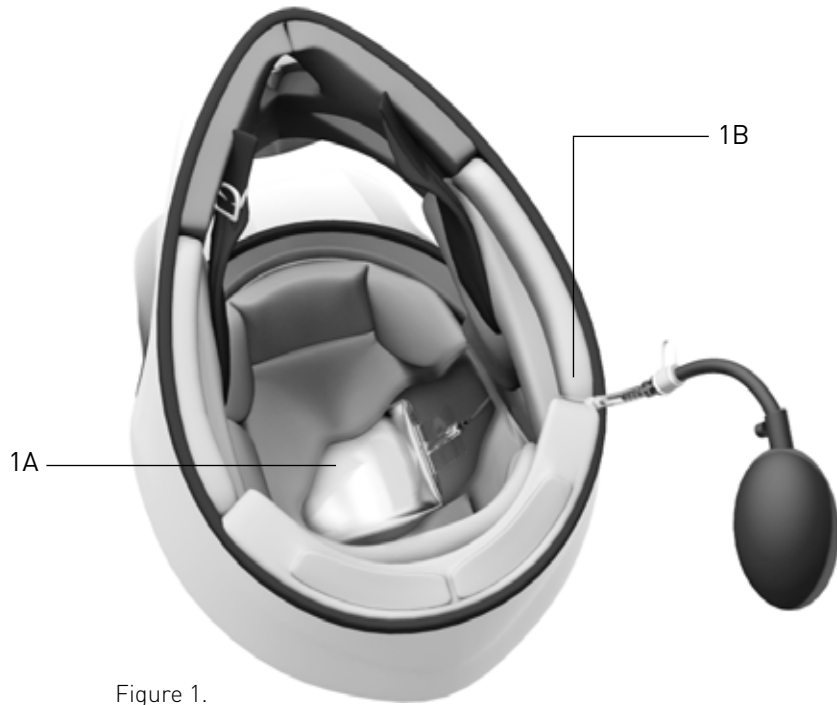


Figure 1.

Shock Doctor recommends replacing this helmet kit/air bladder every two (2) years. Please keep these instructions in a safe place and write down the date that you install your kit.

Date Helmet Kit Installed: _____



Figure 2.

5. Position the connector at the base of the helmet, using the Velcro fastener to secure it in position as shown in Figure 2.
6. Once the tubing has been properly located, firmly attach the airbag to the helmet interior using the double-sided tape supplied.
7. Reposition the helmet lining over the airbag if applicable, or attach the crown pad using the double sided tape supplied in crown pad kit. **It is your responsibility to make sure the airbag stays in place, check it regularly.**

8. Apply the Eject Equipped sticker to the outside of the helmet in close proximity to the location of the connector at the end of the tubing as shown in Figure 3 below.

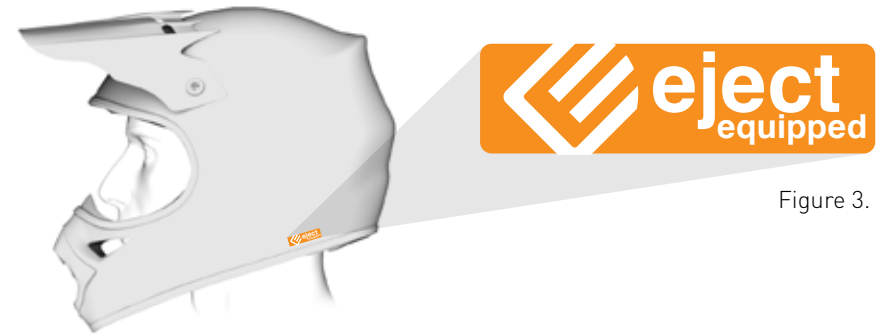


Figure 3.

Squeeze Bulb and Practice Bladder

These instructions are for demo bladder use only.

No one should use the Eject System in a real emergency without adequate practice. Care must be taken to follow the instructions found with the bladder and this inflation tool.

The first practice extrication should be on one's own self, which gives the opportunity to experience both the administering and receiving the helmet removal simultaneously, giving a more complete feel for the process.

The practice bladder should be used in that capacity. It may not have the reliability necessary for use in anticipation of an emergency, but it should serve several times for practice.

After use, the best way to remove most of the air from the bladder is to simply squeeze out the air. After it is completely empty, refold it using the creases as a guide. Thin (approx. 1/4 inch) strips of Scotch or masking tape can hold it together for reuse.

If the air tube is too short to extend under the rim of the helmet, bring it through the rear of the eye port.

This demo bladder is for practice ONLY and is never to be used as a new bladder. Once a new bladder is used for an extrication it is to be thrown away and a new bladder inserted into the helmet.



EMT Instructions



Eject Instructions

Only rescue personnel trained in spine immobilization should activate Eject after reading full instructions and practice.

Do not activate Eject if you suspect an underlying head injury or if there is gravel, glass or other foreign material in the helmet.

Because only rescue personnel trained in spine immobilization should activate the Eject™ Helmet Removal System after reading full instructions and practice, you should discuss the use of Eject™ with the owner or manager of the track where you ride or drive. Please leave this helmet removal instruction manual with the track owner, manager, or a family member or friend at the track who can provide them to a first responder if there is no one on site who is trained in the use of Eject™.

1. Determine whether Eject is pre-installed in the victim's helmet. Look for "Eject Equipped" helmet sticker and plastic air tube protruding from base of helmet. Based on that determination, follow the appropriate instructions below.

**If no air tube is found,
Eject is NOT pre-installed in the helmet.**

2. Before you attempt to insert the Eject air bladder into the victim's helmet using Eject EMT Kit, check helmet for structural damage indicating possible head injury. Do not insert or activate Eject if you suspect an underlying head injury or if there is gravel, glass or other foreign material in the helmet.



To insert and activate Eject

3. Carefully remove victim's glasses or goggles if worn.
4. Undo or cut helmet chin strap.
5. Place the Eject EMT insertion tool on the outside of helmet at the top center point to establish how far to insert the tool to reach the top center of the victim's head.



6. Gently take the weight of the helmet by the chin guard to create a gap at the victim's forehead sufficient to allow the Eject device to be inserted.
7. Push the Eject Insertion Tool into the helmet until located on the top of the victim's head.



8. Remove the white insertion tool by sliding it out of the helmet.

**If air tube is found,
Eject is pre-installed in the helmet.**

2. Check helmet for structural damage indicating possible head injury. Do not activate Eject if you suspect an underlying head injury or if there is gravel, glass or other foreign material in the helmet.



3. Before inflating Eject, check to make sure the helmet chin strap is undone or cut.



4. Attach the inflation bulb or air gun (air gun for use only by an EMT) to the connector on the Eject device and start to inflate the air bag.



5. Gently guide the helmet past the victim's nose, keeping the airways clear and maintaining manual stabilization of the cervical spine while removing the helmet safely from the victim's head.

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