

Module

2

transambulance

Assurance working environment for patient and care team in emergency



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3. Personal protective equipment

El primer paso para generar un entorno seguro es la autoprotección. The first step for security is the self-protection con **Equipos de Protección Individual**. Dependiendo del entorno, necesitaremos unas u otras medidas de autoprotección como se estudiará with **personal protective equipment (PPE)**. Depending on the environment, we will need some or other protective clothes and equipment. It is defined as personal protective equipment to all equipment designed to be worn or held by the worker to protect him against one or more hazards likely to endanger safety or health, and any addition or accessory designed for this purpose. It is important to note that the PPE do not eliminate the risk; the risk is still present in the environment of the performance.

PPE must be appropriate to the identified risks, adapt to the user and make him feel more risks than to be protected. The technician, meanwhile, must properly use and care for personal protective equipment, place the personal protective equipment after use in the right place for it, and report immediately to their immediate supervisor any defect, malfunction or damage appreciated in the personal protective equipment used that, in his view, can lead to a loss of protective efficacy.

3.1. Responsibilities

It is the responsibility of each Emergency Medical Technician to read this guideline and to adhere to it.

3.2. Types of PPE

Although there may be many more PPE, for the purpose of this guideline, personal protective clothing includes:

- High visibility clothing.
- Gloves.
- Face: mouth, hearing and eye protection.
- Aprons and gowns.

3.2.1. High Visibility Clothing

For the risk of being run over by vehicles or machinery in motion. Fluorescent materials, reflective and non-fluorescent woven or reflective support (Figure 1 and 2) are combined.



Figure 1. High Visibility Clothing. Vest and T-shirt with reflective ribbons.



Figure 2. High Visibility Clothing for Winter.

3.2.2. Gloves

The hands must be protected against mechanical risks (impacts, abrasions, punctures), chemical risk, or risk heat against biohazard. Except you need full protection, shall be used in one kind or another, since there is no glove on the market that protects all these risks while allowing good handling of medical equipment. Due to possible allergic problems can lead to latex gloves, elastomeric materials are used as nitrile, PVC or neoprene.



Figure 3. Ergonomic gloves, high sensitivity.

3.2.3. Face protection:

3.2.3.1. Respiratory protection

The airway is the most important route of exposure to occupational level, as it represents the gateway to environmental pollutants, whether chemical, biological, radiological and even.

Sanitary masks are simple respiratory protective devices, made with cellulose or textiles that are fastened to the head by one or two bands. They can live for exhalation valve and filter holder, presented the problem of adjustment to the anatomy of the face. They can also be placed over the mouth and nose in patients suspected of having infectious diseases and avoid contact with spittle, through coughing (flogge drops), vector of infection in these cases.

3.2.3.2. Hearing protection

Hearing protection is one element that has been used erroneously least for this group, perhaps because of the discomfort of use or prevent clear listening to conversations inside the cab and radio communications, a far cry of reality and that adequate hearing protection must not reduce conversational frequencies (around 4,000 Hz) but the sirens, considerably higher, primary purpose for which the equipment is used. Currently the sound pressure levels have fallen sharply in the interior of vehicles and use care not usually necessary. The measurement and comparison with legal limits values to determine this will be the end. The attenuation and the type of sound pressure for which they are designed specifically should display protector.

3.2.3.3. Eyes and face protection

Eyes and face protection are design to protect the mucus membrane of the eye during all procedures where the risk of splashing of blood or body fluids or aerosol spray is likely (Figure 4).



Figure 4. Face protection and glasses, extremely light weight.

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3.2.4. Gowns and aprons

3.2.5. Other types of PPE

PPE is also considered a protective moisturizing creams or sun, necessary for outdoor work or specific boots.

3.3. Guideline

The use of personal protective clothing in addition to normal clothing is essential to protect both the Ambulance Personnel and the patient from potential risks of cross-infection.

A risk assessment is required in order to decide which personal protective clothing is most appropriate for the task/situation, depending on what the wearer may be exposed to e.g. blood/body fluids.

Many clinical activities involve no direct contact with body fluids and do not require the use of protective clothing, e.g. measuring pulse, blood-pressure or temperature.

3.3.1. Gloves

Aim of wearing gloves:

Protect the users hands from becoming contaminated with organic matter and micro-organisms when exposed to blood, body fluids, secretions, excretions, mucus membranes and non-intact skin.

Protect users hands from certain chemicals that may adversely affect the condition of the skin.

Reduce the risk of transmission of infection by preventing the transfer of micro-organisms from Emergency Medical Technician's to patients and from patients to Emergency Medical Technician's.

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Factors to consider before wearing gloves:

The likelihood of exposure to blood, body fluids, secretions and excretions.

The potential for contact with non-intact skin and/or mucus membranes.

The length of the procedure/contact.

Potential contact with chemical agents.

The patient/users sensitisation to Natural Rubber Latex.

Examination gloves are classed as medical devices and therefore must conform to relevant European Standards.

Gloves must be worn for invasive procedures, contact with non-intact skin, mucus membranes and all activities that have been assessed as carrying a risk of exposure to blood, body fluids, secretions and excretions; and when handling sharp or contaminated instruments. Gloves must be worn by Ambulance personnel in contact with any patient with an infectious illness or clients who are immune compromised.

Gloves must be appropriate for their intended use, they must be well fitting to avoid interference with dexterity, friction, excessive sweating, finger and hand muscle fatigue. Therefore the supply and choice of the correct size of glove, e.g. small, medium or large is important.

Expiry dates/lifespan of gloves should be adhered to, according to manufacturers instructions.

It is company policy that only non natural latex rubber gloves that are powder free be used to minimise the risk of allergic response in employees using the gloves.

Where gloves are worn in the non-emergency situation, they should be put on immediately before an episode of patient contact or treatment and removed as soon as the activity is completed. Emergency Medical Techni-

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cian's should change gloves and decontaminate hands between caring for different patients or between different care/procedures for the same patient. Gloves should not be worn while travelling to a call and should be put on just prior to contact with the patient.

In the emergency situation and when dealing with multiple traumas it may not be possible to change gloves as above, however this must be the exception and not the general rule. Emergency Medical Technicians must be aware that gloves are a means of transmission of infection as our hands are and therefore they must be changed as soon as is practical.

Gloves are not a substitute for hand hygiene, this must be performed each time gloves are removed.

Never perform hand hygiene while wearing gloves.

Torn, punctured or otherwise damaged gloves should not be used and should be removed immediately (safety permitting) if this occurs during a procedure.

When removing gloves, do so with a technique that avoids contamination of the hands and the environment, see Appendix 1 for correct procedure.

Gloves are designated as 'single-use' and should never be reused under any circumstances.

Gloves that are contaminated with blood or body fluids and gloves that are used for contact with an infectious patient must be disposed of as healthcare risk waste immediately following removal.

Debris gloves must be worn over Infection Control gloves when contact with environments where puncture is possible e.g broken glass or metal.

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3.3.2. Aprons and gowns

Disposable plastic aprons must be worn whenever there is a risk that clothing or uniforms may become exposed to blood, body fluids, secretions and excretions. They must also be worn in the environment of /and when in contact with an infectious patient.

In some emergency situations it may not be practical to wear an apron or gown, however staff must wear outer protective clothing to protect their normal clothing from contamination with blood and body fluids. If normal clothing does become soiled it must be changed as soon as is practical.

Plastic aprons/outer protective clothing must be worn as single use items for a procedure or single episode of patient care.

Long-sleeved impermeable aprons are available where there is a risk of extensive soiling of blood or body fluids.

To avoid surface contamination of aprons they should be stored in a clean dry area, away from any source of potential contamination or soiling, or deterioration e.g heat.

When removing aprons avoid touching the front or areas likely to be contaminated. Break ties and remove in a manner that reduces dispersal of contaminants. Please refer to Appendix 1 for the correct procedure.

Aprons must be disposed of as health care risk waste immediately following removal.

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3.3.3. Surgical Face Masks

Surgical face masks are required for patient care in the Ambulance Services when:

Splashing of blood and body fluids is anticipated or when in contact with a patient requiring droplet precautions.

In order to protect the wearer from acquiring specific airborne infections e.g. T.B., SARS, an ordinary surgical mask does not offer the protection required. It is recommended that a filtering type mask (FFP2 or FFP3) is used in these instances as they provide a more efficient filtration. A high efficiency masks requires specific training and fit testing.

When using a mask ensure that:

- It is appropriate for the intended purpose.
- Worn correctly and close fitting.
- Handled as little as possible.
- Changed between patients or if it becomes wet.
- Removed only when away from the patient's environment.
- Avoid contact with the front of the mask. Please refer to Appendix 1 for the correct procedure.
- Discarded immediately after removing.
- Do not wear around neck.
- Wash hands immediately following removal.

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3.3.4. Face and eye protection: (Goggles, Visors, Face Shield)

Face and eye protection should be worn to protect the mucus membrane of the eye during all procedures where the risk of splashing of blood or body fluids or aerosol spray is likely.

Face and eye protection should be worn when dealing with chemicals and for cleaning procedures that are likely to generate splashes.

Comfort and visual acuity are essential and it must fit correctly. The eye protection should be replaced if it becomes scratched or damaged.

Multi-use eye protection must be washed with detergent and water following each use, dried and stored dry. If contaminated with blood or body fluids, eye protection should be washed and then disinfected as per manufacturers instructions.