

## Safety Updates

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## "Do No Harm"

- Customer's expectations
- The MedEx Team expectations – We don't want to harm ourselves
- Always think about what you do and how your actions impact outcomes – You, your partner and your clients
- Function within your scope of practice

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## Work Place Safety

- Injury in the work place: Over 90% are preventable
- Has come down but we have MUCH more to go!!!
- How on the job injuries affect all of us
- Act and think safety at all times
- Dress for safety
- Know how to operate all equipment safely. When not familiar you must get guidance from your supervisor or manager
- Proper: Body mechanics + appropriate ergonomics + positive safety behavior = lowers injury at MedEx
  - Must have the power and strength to do the job
- If something or someone is unsafe → Report
- Immediately report injury in the workplace
- Compliance in work place safety

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### PPE: Gloves

- Wear when making contact only
- Never place exposed gloves in your pockets
- Remove the gloves when not involved directly in patient contact
- Remove when moving the patient on the stretcher through facilities
- Re-glove when resuming contact with the patient

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### PPE: Masks

- Wear N-95 when the patient is actively or passively passing body fluids or droplets out of any natural or un-natural opening of their body
- Wear N-95 when performing any procedure that may cause the patient to pass blood or body fluids or droplets from the any natural or unnatural opening of their body
- Wear surgical, or if not available, a N-95 mask if you are continually coughing. Or cough or sneeze into your sleeve or inside your jacket
- Facial hair must not interfere with the seal of the mask – if yes employee to get a PAPR (positive air pressure respirator)
- Request a re-fit of the N-95 when: Gain or lose > 20lbs; Pregnancy; Surgery which changes the shape of the face

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### PPE: Eye Protection, Gowns & Hand Hygiene

- Use when indicated: When isolation needs to be applied. Review hand out.
- Review CDC Presentation regarding:
  - Indications
  - Donning
  - Doffing
  - Hand hygiene = The very best to minimize the spread of pathogens

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## Patient Transfer Aid: Sally Tube

- Single patient use
- Multidirectional slide-tubes – Silicone coated tubular sheet – *Demonstration*
- When = 275 lbs or more or when needed
- 3 Regular and 2 Bariatric
- Log roll patient and tuck Sally Tube under the draw sheet or sheet – then un-tuck (or undo the accordion fold) the Sally Tube
- With the x2 EMT's on the same side, lean toward the patient, grab the draw sheet with a firm grip and slide the patient across the Sally Tube
- Can be used to position the patient for improved comfort (Head to toe & Side to side)

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## Techniques for using a SallyTube with Draw Sheet



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## Stretcher Operations

- Always use proper body mechanics – use your legs and not your back
- Always scan ahead when moving the stretcher – a minimum of 3 to 12 feet ahead to identify and plan/avoid uneven surfaces or holes
- Crew must have a firm grasp of the loaded stretcher at all times
- Maintain the loaded stretcher in the lowest possible position when moving from one place to another
- Use all stretcher safety belts at all times – What if I can't?
- Your safety and the patient's safety is paramount
- Review *Stretcher Presentation* of the Power Pro

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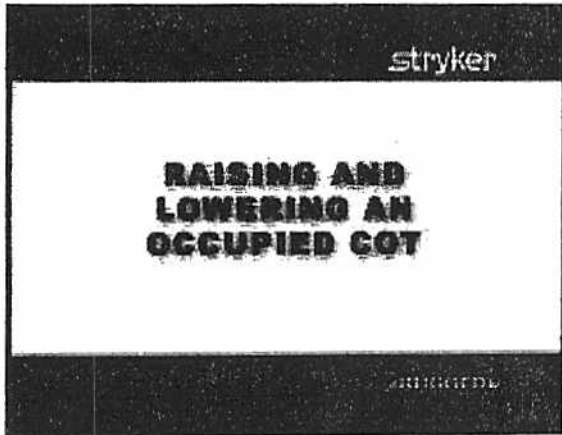
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**Driving**

- Over 80% of vehicle contacts are preventable
- There has been improvement over the past couple of years. Let's continue to improve
- Benchmark to no preventable & at fault accidents
- Do not be a distracted driver. NO distractions.
- When the vehicle is in gear – EVERYBODY in the vehicle must be seat belted
- Backing of the rig: Avoid backing whenever possible; Size up; Window down; Use a spotter – driver side preferred; How to do it; Use of mirrors

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**Accident Reporting**

- Report any vehicle contact
- Immediately report
- What to report
- Act professional. Don't allow your emotions to dictate actions
- Completion of the Accident Report
  - Driver & attendant responsibilities
  - Taking pictures at the accident scene
- Completion of the police report
- Post accident follow up
- Drug testing: Post accident/incident, Random and Reasonable cause

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## "BEAR – iatrics"

- Bariatric Equalizing Abdominal Restraint
- Attaches to the stretcher / longboard to assist in stabilizing the large abdominal mass of a large patient and restricts the arms from dropping = Improves safer transport
- Non-porous mesh fabric can be washed and disinfected
- Mesh tensile strength of 750 lbs and straps 1200 lbs
- Demonstration

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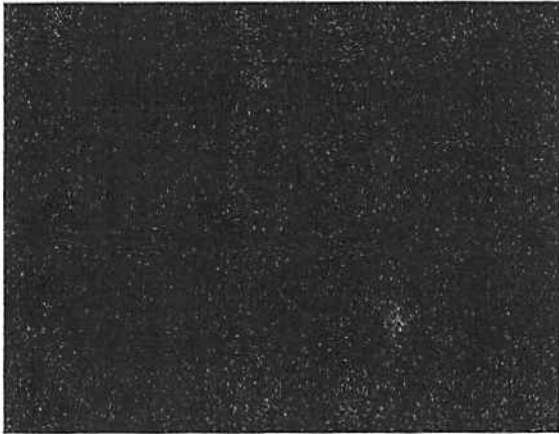
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## Qualitative Fit Testing

N-95 Mask -- Hands On

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## BEAR Safety Sheet

### Purpose

The purpose of the BEAR device is to more safely and reliably transport a bariatric patient in situations involving the use of an ambulance cot or a long spinal immobilization board.

### Materials Information

The Bariatric Equalizing Abdominal Restraint (BEAR) is made from top quality high-grade materials that are chemical resistant and UV resistant, and that may be washed with soap and water. The mesh fabric is constructed of nylon that is covered with a non-porous vinyl coating, and has a bursting strength of 539 psi. The 1 1/2" frame straps have a tensile strength of 750 pounds, and the 2" abdominal straps have a tensile strength of 1,200 pounds.

### Use Restrictions and Disclaimer

The Bariatric Equalizing Abdominal Restraint (BEAR) is designed as an accessory for transporting bariatric patients on an ambulance cot or a long spinal immobilization board. The intended use is for professionals who are trained in patient transports, patient care, and any other medical training that involves monitoring the patient's breathing, level of consciousness, and overall well-being. At no time should the device be used as a carrying device, a litter, or any other portable type stretcher. The BEAR is meant to be attached to the frame of the ambulance cot or a long spinal board, and then the patient is positioned onto the device. The nylon mesh is comfortably secure around the patient's abdominal mass to keep the abdominal mass from shifting laterally.

### Directions

1. Remove the BEAR device from its carrying bag and unfold.
2. Look for the end with the "H"; The "H" is the head end of the BEAR and faces UP.
3. Position the BEAR on the cot so the middle of the BEAR is equal to the middle of the patient's abdomen. *The top of the device should fit approximately 3" below the arm pit of the patient. Secure the HEAD END buckles first. (See attached sheet)*
4. Make sure that the eight 1 1/2" buckles (4 on each side) are facing down.
5. Run the 1 1/2" straps down between the side rail and the ambulance cot, around the frame, and back to the other half of the buckle. *On a Stryker cot, do not place the frame straps in close proximity to the slide rail located on the inside of the frame towards the foot end of the cot. Doing so will prevent normal operations of the Stryker cot.*
6. Secure the male and female ends of the buckles on each side and tighten all eight straps.
7. Place a flat sheet on the top of the BEAR and situate the patient onto the device.
8. Once the patient is on the ambulance cot, drape the nylon mesh fabric across the abdominal section of the patient.
9. Connect the left and right 2" nylon straps using the 2" plastic buckles.
10. Snug the 2" nylon abdominal straps only enough to keep the abdominal mass from shifting laterally.
11. DO NOT tighten the 2" nylon straps to a point of patient discomfort or in a manner that interferes with patient breathing. CONTINUE to monitor the tightness of the buckles and straps and the condition of the patient.
12. Once the BEAR is snug, apply the manufactures recommended metal seat belt buckles.

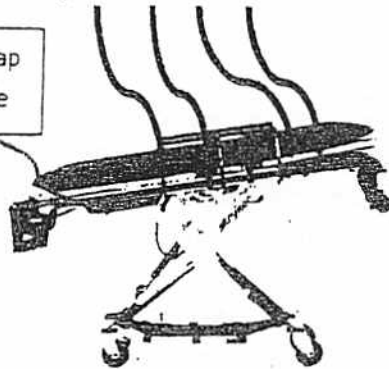
## Backboard Application

1. Open the BEAR bag and remove the device from the bag
2. Separate the three hook and loop straps in the middle of the device and lay the device down on a flat surface so that the three straps are facing upwards.
3. With the three straps separated and facing upwards, place the backboard on top of the device so that the application is in the middle of the backboard.
4. Thread the left and right straps through the left and right hand holds of the backboard.
5. Secure the straps together so the device is mounted on the backboard tightly.
6. Turn the backboard over and unfold the abdominal wrap portions of the device.
7. Place your patient on the backboard and secure the 2" buckles.
8. Tighten the 2" buckles ONLY to the point where it is snug around the patient's abdominal sections.
9. CONTINUE to monitor the tightness of the buckles and straps and the condition of the patient.
10. Continue to secure the patient to the backboard per your departments recommended protocols.
11. At no time is the B.E.A.R. device to replace your restraint system in the event of spinal immobilization procedures.

## Frame Strap Connections for Stryker

Strap #1 #2 #3 #4 in the flat position

Do not place a Frame Strap here on the internal slide



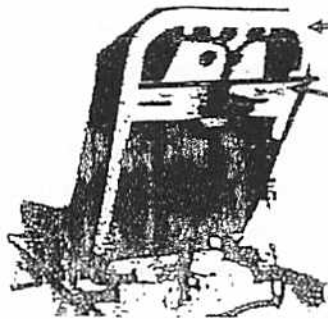
Connect strap #4 first. This will keep the device from sliding down while the application process is conducted

When the #4 buckles are connected together, they can rest on this mount and not interfere with the head end release mechanism



#4 Buckle assembly in the reclined position

The #4 buckle can wrap around the top corner frame tube and then connect the two ends of the buckle



The #4 buckle can wrap around the head end frame tube and then connect the two ends of the buckle