



**LONDON'S**  
AIR AMBULANCE  
roadside intensive care



## Pre-hospital Care Standard Operating Procedure On-Scene Personal Protective Equipment [PPE]

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| <b>REVIEW:</b>                  | May 2010   |                     |
| <b>APPROVAL/ ADOPTED:</b>       | PHC Policy Board   |                     |
| <b>DISTRIBUTION:</b>            | PHC Doctors<br>PHC Paramedics  |                     |
| <b>RELATED DOCUMENTS:</b>       | SOP Safety at Scene<br>SOP Working at height<br>SOP Observers – Response Cars<br>Equipment folder – Lifejackets, Fall arrest harnesses |                     |
| <b>THIS DOCUMENT REFERS TO:</b> | PHC Clinical Practice<br>PHC Non-clinical Practice<br><input checked="" type="checkbox"/> PHC Operational Procedure                    | Ref:<br><b>OP-2</b> |

### Aims:

- To list the minimum levels of personal protective equipment (PPE) that HEMS Doctors and Paramedics should carry to scene.

### Background:

Personal safety is the first priority in pre-hospital emergency medicine. PPE will be organized prior to arrival of new registrars and paramedics and is the responsibility of the helipad manager. It is each individual's responsibility to always be appropriately kitted out with PPE for the job in hand.

### Policy:

PPE available to the HEMS Doctors and Paramedics consists of:

- Flight suit: Flame retardant and high visibility. Loses flame retardancy after multiple washes. Should however be kept as clean as possible. Medic1 badge to go on right arm. LAS (top of left arm), BASICS / SP Services badges on left arm, Investec badge across the back, above the Velcro patch, Saints badge on left arm, UK HEMS (HCC) on right arm beneath Medic 1 badge.
- Clinical gloves: 2 pairs in flight suit for every mission. This allows rapid changing should a clean pair be needed or one bursts
- Boots: Steel toe-capped and soled.
- Eye protection: Glasses are worn where risk exists of eye injury or infection from blood products.

- Helmets: Must be worn for road traffic accidents involving extrication, “one unders”, working at height, industrial sites or other hard hat areas, and on any other job in which there are potential falling objects. Ensure that you bring helmets for all observers and make sure all members of the team wear a helmet in these situations. The HEMS team may wear helmets even though others at scene do not.
- Fall Arrest Harness – see SOP Working at height for detailed explanation.
- Ear defenders: Worn whenever enplaning and deplaning with rotors running.
- Body armour: The body armour protects against penetrating trauma from knives and handguns. High velocity rifle rounds will penetrate it. Individuals are responsible for donning the armour before attending a penetrating assault incident, and therefore must ensure the armour is on the aircraft or in the car at the start of the shift. If the mission activation sheet indicates penetrating trauma then the co-pilot will inform the medical team. The team will then ensure that body armour is worn before departure, which may require deplaning. If the team is tasked to penetrating trauma whilst in the air then the team should don body armour as soon as they have left the rotor disc. In summary, medic 1 is responsible for ensuring that team members are wearing body armour before approaching the scene of any penetrating trauma, but body armour should not be put on in flight.

Such scenes should only be entered once declared safe by the police. Observers without body armour should remain in the aircraft or response car.

HEMS crews have been threatened in the past at scenes involving civil disturbance. It is every individual's responsibility to always be aware of danger from other members of the general public.

- Life Jackets: To be worn when transported by boats or ships or working on unsecured vessels on water. Wearing them should also be considered when there is a risk of falling or being knocked into water from the shore side, a moored vessel or an over-water structure. The HEMS lifejackets are of the automatic inflation type, which means they will trigger the inflating gas at a water depth of 10 cm. If they do not automatically inflate, there is a red toggle at the bottom right part of the jacket which should be smartly pulled. If the jacket starts to deflate, there is a tube to blow into (adjacent to your face). Ensure that the leg straps are tightened when wearing to avoid facial injury due to the jacket riding up during the sudden inflation. They are to be donned on scene and not worn in the aircraft or car. Three jackets are stored in the ‘bus shelter’ next to Ops and placed on the aircraft when required, and 3 are in DA77. They are serviced annually.