**Sample SOP/SOG #3**

**TITLE**: **Face Coverings in the Workplace**

**PURPOSE**

EMS and fire personnel are at risk of transmission of COVID-19 from coworkers in any workplace setting. Transmission of the virus that causes COVID-19 is most likely to occur from exposure to respiratory droplets released during actions such as breathing, coughing and talking. This is especially true when individuals are in close proximity (<6 feet) but may occur in enclosed environments even at greater distances based on the circulation of small particles suspended in air. Workplace exposures to COVID-19 represent an important risk to personnel safety and maintenance of a healthy and active workforce making mitigation practices important to the continued operations of the agency. This SOP/SOG addresses the key action of using face coverings to mitigate risk of virus transmission throughout the workplace, including in the station, apparatus, and vehicles.

**CONTENT**

1. All personnel must wear a face covering that covers the mouth and nose while in a station, apparatus, vehicle, or other work location where they may be in close proximity to coworkers or other individuals.
2. This SOP/SOG applies to all workplace settings, including those outside of where encounters with individuals confirmed or suspected to have COVID-19 are anticipated. For example, the station or in apparatus or other vehicles with no patient on board.
3. Face coverings may be removed when eating or sleeping at the following locations when maintaining appropriate physical distancing and maximizing air circulation. Whenever possible, use of a face covering should be otherwise maintained at these locations.
   1. [LOCATION]
   2. [LOCATION]
4. Individuals with any concern about the ability to maintain face coverings in workplace settings must contact their supervisor prior to initiating a work shift.

**APPROVAL**

This SOP/SOG is authorized by:

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_