**Sample SOP/SOG #5**

**TITLE**: **Use of Personal Protective Equipment (PPE) and Appropriate Disinfection Procedures in Healthcare and Congregate Settings**

**PURPOSE**

EMS and fire personnel are at risk of transmission of SARS-CoV-2 from individuals confirmed or suspected to have COVID-19, especially in close proximity (<6 feet), or through touching contaminated surfaces. Performance of medical procedures and other close interactions in healthcare and congregate settings put individuals at additional risk of virus transmission. Workplace exposures to SARS-CoV-2 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 summarizes key actions to mitigate risk of virus transmission in healthcare and congregate settings.

**CONTENT**

1. All personnel must at a minimum wear a facemask while engaging in any patient care activities or in congregate settings.
2. Screen all individuals for signs and symptoms of COVID-19 to assess risk.
3. Maintain physical distance whenever possible and minimize the number of personnel exposed to the individual with confirmed or suspected infection.
4. All individuals in proximity to EMS and fire personnel should wear or be asked to wear a face covering for source control unless they are unable to due to their medical condition. Facemasks may be placed over oxygen delivery devices to reduce spread of viral particles.
5. When there is moderate community spread, suspect COVID-19 infection in all patient interactions.
6. For patient interactions where COVID-19 is suspected or confirmed, personnel must wear:
   1. N95 (or higher) respirator instead of a face mask when performing or present for an aerosol-generating procedure, or if the patient is unable to maintain source control through use of a face covering.
   2. Disposable examination gloves.
   3. Eye protection, such as face shield or goggles, unless wearing a full-face respirator.
   4. Gown or coveralls.
7. If the PPE becomes grossly contaminated or compromised (e.g., torn), doff and replace the PPE.
8. Following use, the following PPE should be processed for cleaning and reuse:
   1. [ITEM]
   2. [ITEM]
9. Following use, the following PPE should be discarded in an appropriate container:
   1. [ITEM]
   2. [ITEM]
10. When transporting individuals where COVID-19 is suspected or confirmed, limit the number of personnel in the patient compartment to minimize possible exposures.
11. When donning and doffing PPE, follow the CDC or local guidelines, as well as manufacturer’s user instructions, and have a coworker observe the procedure to reduce procedural errors that may lead to contamination. Contaminated PPE should be disposed of or stored and transported in a manner that avoids cross-contamination.
12. Upon completion of the response, use EPA-registered hospital grade disinfectant to disinfect non-porous surfaces of apparatus, vehicles, gurneys, clipboards, radios, and other frequently touched surfaces or equipment.
13. Launder reusable personal protective clothing (e.g., uniforms) or other porous materials according to the manufacturer’s recommendations if there is concern for contamination.
14. Use alcohol-based hand sanitizers with greater than 60% ethanol or 70% isopropanol, or wash hands with soap and water for at least 20 seconds when soap and water are available. Avoid touching your eyes, nose, and mouth.

**APPROVAL**

This SOP/SOG is authorized by:

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

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

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