



EMS Information Bulletin 2020-26

DATE: June 25, 2020

SUBJECT: PPE Usage (**Updated**)

TO: PA EMS Agencies

FROM: Bureau of Emergency Medical Services
PA Department of Health

***This information bulletin provides updates to and rescinds previously issued EMSIB 2020-16. ***

With the increase of EMS utilization of personal protective equipment, we have received numerous inquiries in the proper process for donning and doffing of that PPE. While EMS agencies are ultimately responsible for providing training related to all personal protective equipment, we wanted to provide some general quick reference guidelines that could help.

Routine Masking of EMS providers when there is no high risk for COVID-19:

EMS agencies and agency medical directors should establish policies that require EMS providers to use some sort of face covering in all patient care interactions. If there is not a high risk of COVID-19 being present, then either a surgical mask or cloth face covering may be used.

Furthermore, agency policies should further require that all EMS providers always wear at minimum a cloth face covering while on duty and are unable to social distance, including when in the station or in an EMS vehicle with a partner.

EMS agency administrators and medical directors should be familiar with the [Order of the Secretary of the Pennsylvania Department of Health Directing the Public Health Safety Measures for Businesses Permitted to Maintain In-person Operations](#) and utilize it and the most recent available CDC guidance in drafting agency specific policies addressing masking in the workplace.

Hand Hygiene:

EMS providers should wash hands frequently with soap and water. Hand hygiene with soap and water or alcohol-based hand sanitizer should be done before applying and after removing gloves. Hand hygiene should also be done before and after each patient encounter.

PPE when the patient has risk of having infection with COVID-19:

If a patient has respiratory symptoms or fever, is known to be COVID-19 positive, or has had close contact with someone who is COVID-19 positive, then full PPE should be used, including

an N95 mask or equivalent. Providers can be exposed to infection by improper donning and doffing of PPE.

Source Control by masking patients

When patients are masked for source control, simple surgical masks should be used. N95 masks are not appropriate for patient masking

The following resources from the Resuscitation Academy of King County, WA provide a helpful review:



For EMS providers, we recommend the easily recalled acronym **MEGG** for the order of donning PPE:

- N-95 **M**ask
- Protective **E**yewear
- Disposable **G**own
- Disposable **G**loves

When doffing PPE, the acronym is reversed: **GGEM**

- Place one opened bag on the ground and dispose of all contaminated PPE into the bag as each piece is removed.
- Remove **G**loves
- Remove **G**own
- Wash hands with soap/water or alcohol-based hand sanitizer
- Remove **E**ye Protection (Can be set aside, cleaned and re-used later)
- After all PPE has been removed, carefully remove **M**ask
- Wash hands with soap/water or alcohol-based hand sanitizer
- Seal bag of contaminated disposable PPE
- Put on new gloves to finish any remaining decontamination duties

The full document titled [COVID-19 10 Steps to Help Patients While Staying Safe](#) can be found by clicking on the hyper link. In addition, links to videos demonstrating correct donning and doffing technique can be found below.

[Seattle Fire Department Donning PPE Video](#)

[Seattle Fire Department Doffing PPE Video](#)

[Seattle Fire Department COVID-19 Decon Video](#)