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**SR – 000.00      COVID-19 PERSONAL PROTECTIVE EQUIPMENT USAGE****I. PURPOSE**

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The purpose of the COVID-19 policy is to prevent infection and spread of disease. This prevention relies on the elements contained in this document including the appropriate use of Personal Protective Equipment (PPE). Based on all available evidence to date and current CDC recommendations, employees who will directly care for or transport a patient with possible or known COVID-19 infection or who will be in the vehicle or aircraft or on scene with the patient will follow Standard, Contact, and Airborne Precautions in accordance with organizational policy.

**II. DEFINITIONS**

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1. Negative pressure - a phenomenon that occurs when the air pressure outside the area is greater than the air pressure inside the area.
2. NIOSH – National Institute of Occupational Safety and Health
3. Physical Distancing-The ability to maintain physical separation of at least 6 ft. from one person(s) to the next.
4. Physician/Licensed Health Care Professional-an individual whose legally permitted scope of practice (i.e., license, registration, or certification) allows him or her to independently provide or be delegated the responsibility to provide some or all of the health care services required.
5. Positive Pressure Respirator - a type of respiratory protection device in which positive air pressure is maintained within the facepiece while the device is in use and being worn properly.
6. Powered air-purifying respirator (PAPR) - a hood that takes ambient air contaminated with one or more type of pollutant or pathogen, actively removes (filters) a sufficient proportion of these hazards, and then delivers the clean air to the user's face or mouth.
7. Procedure Masks- Procedure masks have ear loops are not typically fluid impervious and not intended for use in setting where sterility is concerned.
8. Surgical Mask- Surgical masks are intended to be used in medical setting where a sterile field must be maintained have straps or ties that are meant to work with hoods, surgical caps or hair covers and offer some protection from bodily fluids

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Submitting Department:

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9. Qualitative Fit Test - A qualitative fit test (QLFT) is a type of respirator fitting test that relies on the user's sense to determine whether there is any leak in the seal of the respirator to his/her face.
10. Quantitative Fit Test - A quantitative fit test (QNFT) is a type of respirator fitting test that numerically evaluates respirator fit, measuring the leakage into the respirator.
11. Reuse: refers to the practice of using the same N-95 respirator for multiple encounters with patients but removing it ('doffing') after each encounter. The N-95 respirator is stored in between encounters to be put on again ('donned') prior to the next encounter with a patient. For pathogens in which contact transmission (e.g., fomites) is not a concern, non-emergency reuse has been practiced for decades. For example, for tuberculosis prevention, CDC recommends that a respirator classified as disposable can be reused by the same worker as long as it remains functional and is used in accordance with local infection control procedures.

## **II. POLICY**

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Based on all available evidence to date and current CDC recommendations, employees who will directly care for or transport a patient with possible or known COVID-19 infection or who will be in the vehicle or aircraft with the patient or on scene with a patient will adhere to the elements contained in this policy addendum and follow Standard, Contact, and Airborne Precautions. This policy is temporary in nature and is intended to work in conjunction with the GMR respiratory Protection Plan. It is expected that this policy will be followed in the absence of local policy guidance that is more stringent.

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## **PROCEDURE**

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### **A. Personal Protective Equipment Usage**

1. A procedure or cloth face mask will be worn at all times in GMR facilities and vehicles (i.e. between calls, when responding to calls for service and when in office facilities, crew quarters, maintenance site, etc.). Additionally, it is expected that employees will obey all state and local orders regarding mask usage.
2. If a cloth mask is preferred GMR provides appropriate 3 ply cloth masks that can be obtained by ordering from Staples via the Basware interface. Gaiters, bandanas, turtlenecks, scarves, etc. are not approved as emerging data suggests that they do not offer the same levels of protection afforded by a 3 ply cloth face covering.
3. Procedure or cloth face masks must be worn appropriately and not be allowed to hang freely from the ear or neck. Masks must cover the mouth and nose.
4. Drivers of company vehicles (hereafter referred to as driver) or pilots, if they provide direct patient contact or transport (e.g., moving patients onto stretchers), will wear all recommended PPE in accordance with this document
5. Procedure facemask and eye protection at a minimum are required for all patient contacts. Eye protection that fully covers the front and sides of the face (safety glasses, trauma glasses) with gaps between glasses and the face likely do not protect eyes from all splashes and sprays. Personal eyeglasses and contact lenses are NOT considered adequate eye protection.
6. Patients should be wearing their own cloth face covering (if safe) prior to the arrival of personnel and throughout the duration of the encounter, including during transport. If they do not have a face covering, they will be offered a facemask or cloth face covering. Facemasks and cloth face coverings should not be placed on young children under age 2, anyone who has trouble breathing, or anyone who is unconscious, incapacitated or otherwise unable to remove the mask without assistance.
7. If a nasal cannula is used, a facemask should (ideally) be worn over the cannula. Alternatively, an oxygen mask can be used if clinically indicated. If the patient requires intubation, see item 7 for additional precautions for aerosol-generating procedures.
8. N-95 respirators or respirators that offer a higher level of protection are used instead of a procedure facemask when patient source control is not possible or performing/present for an aerosol-generating procedure (Cloth face masks are not permitted to be used in patient care settings) in addition to-

- a) Eye protection that fully covers the front and sides of the face (safety glasses, trauma glasses) with gaps between glasses and the face likely do not protect eyes from all splashes and sprays. Personal eyeglasses and contact lenses are NOT considered adequate eye protection.
  - b) Where 3M model 8511 with easy flow valves are used source control MUST be used by the patient and all providers. These respirators are only permitted during times of acute shortage and are not used when non-valved respirators are available.
  - c) A single pair of disposable patient examination gloves. Change gloves if they become torn or heavily contaminated. Use hand sanitizers or wipes to clean gloves prior to doffing or touching face, eye protection or respirators and masks.
  - d) Isolation Gown—Gowns are prioritized for aerosol-generating procedures, care activities where splashes and sprays are anticipated, and high-contact patient care activities that provide opportunities for transfer of pathogens to the hands and clothing of EMS clinicians (e.g., moving patient onto a stretcher).
9. All personnel must avoid touching their face and eyes while working and strictly adhere to donning and doffing procedures. After completing patient contact and before entering the driver's compartment or aircraft, the driver or pilot should remove and dispose of PPE except for the appropriate mask (see provided donning and doffing procedures (provide hyperlink(s)) and perform hand hygiene with soap and water or an 60% alcohol based sanitizer to avoid soiling the compartment.
  10. If the transport vehicle (aircraft or ambulance) does not have an isolated (separate) compartment, the driver or pilot for operation of the transport vehicle should remove the protective eye wear, gown and gloves and perform hand hygiene. An appropriate mask or respirator will continue to be used in accordance with these guidelines during transport by the driver or pilot. For pilots, the N-95 respirator is appropriate to wear in the presence of helmets, visors and/or night vision goggles.
  11. The use of temporary partitions (sheets, blankets, plastic, etc.) is not approved in GMR ground or air vehicles. The value of these variable materials in this application is currently unproven and may present additional hazards for ground/air modalities during flight or ground transport and during decontamination procedures on these vehicles. The single most important risk mitigation strategy is the proper use of PPE in accordance with this guidance.
  12. On arrival, after the patient is released to the facility and the vehicle or aircraft is decontaminated in accordance with GMR vehicle decontamination procedures, affected staff should perform hand hygiene, remove and discard PPE and perform

hand hygiene again. All personnel should follow appropriate donning and doffing procedures. Used PPE is discarded in accordance with routine procedures.

**B. Appropriate N-95 Respirator Fit Testing and Facial Hair**

1. To be optimally effective at reducing the risk of airborne exposures, employees who are required to wear N-95 or greater respirator must first complete a respiratory medical questionnaire in accordance with OSHA standard 1910.134 appendix C and be cleared by a Physician or other licensed health care professional (PLHCP ) prior to fit testing. N-95 respirators must be appropriately fit tested for all employees engaged in the treatment or transport of patients. Fit testing must occur with applicable safety equipment in place (e.g. helmets, safety glasses). In addition, facial hair that comes between the sealing surface of the N-95 respirator and the face must be removed. Individuals that do not remove facial hair that interferes with a proper seal will not be permitted to engage in the treatment or transportation of patients given the substantial risk to themselves, other providers and the community.

**C. Exemptions and Employee Owned PPE**

1. There are no medical or religious exemptions allowed in accordance with OSHA standard 190.134. The use of employee purchased or owned PPE is not permitted.

**D. Respirator Re-Use**

1. Reuse of N95 respirators is permitted in the presence of controls that limit potential N95 respirator surface contamination (e.g., use of mask on patient or placing a cleanable face shield or procedure mask over the respirator to prevent droplet spray contamination). Additionally, unnecessary contact with the respirator surface must be minimized, strict adherence to hand hygiene and donning and doffing procedures must be practiced. Users must also physically inspect and perform a user seal check prior to each use. Respirators are used up to five times in a single shift and are discarded.

Safe N-95 respirator reuse is affected by a number of variables that impact respirator function and contamination over time. The guidelines below are designed to provide practical advice so that N-95 respirators are discarded before they become a potential risk for contact transmission or their functionality is reduced:

- a) Discard N-95 respirators following use during aerosol generating procedures.
- b) Discard N-95 respirators contaminated with blood, respiratory or nasal secretions, or other bodily fluids from patients.
- c) Discard respirators that become damaged or wet.
- d) Place your name on the strap of the respirator and place the used respirator that is **clean, undamaged and in working order** in a brown paper bag and place your name on the paper bag to ensure another person does not use your mask. Paper bags should be disposed of after each storage use..
- e) Avoid touching any area of the respirator prior to hand hygiene. Clean hands with soap and water or an alcohol-based hand sanitizer before and after touching or adjusting the respirator (if necessary for comfort or to maintain fit).
- f) Use a pair of clean (non-sterile) gloves when donning a used N-95 respirator and performing a user seal check. Discard gloves after the N-95 respirator is donned and any adjustments are made to ensure the respirator is sitting comfortably on your face with a good seal.
- g) The KN-95 is not approved for re-use.

#### **E. Support Staff**

1. Personnel who are located at operations, dispatch and maintenance locations must wear cloth or procedure masks at all times in addition to practicing appropriate physical distancing and practice routine hand hygiene. This includes administrative staff, air and ground maintenance staff, VST's, clinical and human resources staff. It expected that employees will obey all state and local orders regarding mask usage.
2. Procedure or cloth face masks must be worn appropriately and not be allowed to hang freely from the ear or neck. Masks must cover the mouth and nose.
3. Operations will maintain appropriate facility cleaning and disinfecting guidelines.
4. Vehicle Service Technicians, vehicle and aircraft maintenance staff that may come into contact with potentially infected equipment or vehicles must utilize appropriated PPE in these instances-
  - a) Procedure mask
  - b) Eye protection that fully covers the front and sides of the face (safety glasses, trauma glasses) with gaps between glasses and the face likely do

not protect eyes from all splashes and sprays. Personal eyeglasses and contact lenses are NOT considered adequate eye protection.

- c) A single pair of disposable patient examination gloves. Change gloves if they become torn or heavily contaminated.
- d) Use hand sanitizers or wipes to clean gloves prior to doffing or touching face, eye protection or respirators and masks.
- e) Isolation Gown-if the possibility of splashing exists

### **III. Policy Expectations**

It is expected that employees will adhere to this policy guidance. Failure to do so may result in individual infection, transmission of illness and/or disciplinary action.

### **IV. POLICY REVIEWS**

The evolution of COVID-19 transmission continues to evolve and this policy guidance is subject to change. This policy will be reviewed on an annual basis or as changes in procedure require a more frequent update.

### **V. POLICY RETENTION**

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Revised or replaced policies will be retained for a minimum of seven years, unless otherwise stated by the GMR Data Retention Policy. These must be archived and accessible if requested by legal counsel.

### **VI. POLICY POSTING**

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This policy will be posted to the policy library on the PMS at the appropriate disclosure level. This will be the only official posting of company policies, and the posted policies will be the only ones approved for use.