

NAME	PRINT NAME	IDENTIFICATION #	DATE
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OBJECTIVE

Given: Given appropriate equipment (EMS PPE and germicidal wipes or spray)

Demonstrate:

- Proper Donning of 'Full' EMS PPE for patient who presents with signs of **Febrile Respiratory Illness**
- Proper Doffing of 'Full' EMS PPE for patient who presents with signs of **Febrile Respiratory Illness**
- Decontamination of EMS Equipment (Aid Kits, Vent Kit, Radio(s), Clipboard, etc.)

PPE DONNING

(must demonstrate in the following approved order...MEGG)

<p>Mask (Fit-Tested)</p> <input type="checkbox"/> Fit to bridge of nose <input type="checkbox"/> Check seal <input type="checkbox"/> Mask patient (if indicated)	<p>Eye / Face Protection</p> <input type="checkbox"/> In place	<p>Gown</p> <input type="checkbox"/> Secured	<p>Gloves</p> <input type="checkbox"/> Cover Gown sleeves
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PPE DOFFING (REMOVAL)

(must demonstrate in the following approved order)

<p>Gloves</p> <input type="checkbox"/> Grab cuff /remove <input type="checkbox"/> Insert finger in cuff and remove <input type="checkbox"/> Discard	<p>Gown</p> <input type="checkbox"/> Ties from back/neck <input type="checkbox"/> Fold dirty side in and bundle <input type="checkbox"/> Clean hands w/ waterless cleaner	<p>Eye / Face Protection</p> <input type="checkbox"/> Remove <input type="checkbox"/> Save glasses or discard shields	<p>Mask (Fit-Tested)</p> <input type="checkbox"/> Exit contaminated space <input type="checkbox"/> Remove by straps on back of head <input type="checkbox"/> Clean hands w/ waterless cleaner
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- Glove up and **decontaminate** equipment & glasses with germicidal cleaner (using approved technique)

CRITICAL FAIL CRITERIA All elements above are **CRITICAL CRITERIA**

ADDITIONAL CRITICAL FAIL CRITERIA

- Touches face or any unprotected area with gloved hands
- Touches dirty area with 'clean' hands during removal

MEETS STANDARDS (RECERT)

IF NO, EXPLAIN	<input type="checkbox"/> YES <input type="checkbox"/> NO
EVALUATOR SIGNATURE	IDENTIFICATION # 2nd ATTEMPT <input type="checkbox"/> YES <input type="checkbox"/> NO