Guidance on Personal Protective Equipment for Law Enforcement - Procedures for Putting On (Donning) and Removing (Doffing)

(Not intended for Fire or EMS first responders)

BACKGROUND

Ebola Virus Disease (EVD), other viral hemorrhagic fevers and other blood borne pathogens can spread through direct contact with blood and some body fluids (such as saliva or urine) of an infected person or objects contaminated with the blood or body fluids. Contact with blood or body fluids should be prevented by properly wearing the recommended personal protective equipment (PPE). All pieces of PPE should be worn properly throughout the period of potential exposure to assure protection.

EXPOSURE RISKS AND PERSONAL PROTECTIVE EQUIPMENT

Ebola Virus Disease is rare in the U.S. and has only occurred as a result of importations or exposures to known Ebola patients. The likelihood of contracting Ebola in the United States is extremely low unless a person has direct unprotected contact with the blood or body fluids (like urine, saliva, feces, vomit, sweat, and semen) of a person who is sick with Ebola Virus Disease. Health care workers caring for known EVD patients are among those at the highest risk of exposures resulting in infection. Therefore, high level personal protective equipment (PPE) is recommended for health care workers in facilities caring for known or suspected EVD patients. Most available guidance for the use of PPE by first responders refers to EMS workers and medical first responders. The same high level PPE is not indicated for law enforcement officers unless they are responding to an incident involving a known or suspected EVD patient.

PPE RECOMMENDATIONS FOR ROUTINE LAW ENFORCEMENT DUTIES

Community policing activities, such as patrol, traffic control and response calls, present a low-risk for EVD exposure when Ebola is rare in the community. The recommended PPE when the potential for exposure is low is a minimum of waterproof disposable gloves. The use of additional PPE such as eye protection may be needed if contact with body fluids is anticipated.
**PPE RECOMMENDATIONS FOR HIGHER RISK LAW ENFORCEMENT DUTIES**

High level PPE may be indicated for law enforcement officers assigned to assist in detaining individuals known or suspected to have EVD under public health order for quarantine or isolation. Recommended PPE for potential high-risk EVD exposure is impermeable gowns, full body suits, hoods, and booties.

Guidance specific for non-medical first responders is limited but additional information can be found at the following links:

- **Personal Protective Equipment (PPE): Escorts, Secondary Exit Screeners, Law Enforcement**
  

- Interim Guidance for Emergency Medical Services (EMS) Systems and 9-1-1 Public Safety Answering Points (PSAPs) for Management of Patients with Known or Suspected Ebola Virus Disease in the United States
  

**DONNING PPE**

Although law enforcement officers may not require high-level PPE, it is useful to view steps for donning and doffing PPE to prevent contamination. A video demonstrating the appropriate way to don and doff PPE recommended for high-risk exposure settings like a health care facility can be found at the following link:

[http://www.gnyha.org/ebolatraining](http://www.gnyha.org/ebolatraining)

Once you put your PPE on, the outside of each item is considered contaminated. To prevent contaminating yourself, you must put on and take off PPE in the correct order and in the way described below.

Put on the PPE as follows:

1. Face mask:
   - Place over nose, mouth, and chin.
   - Secure ties or elastic bands at middle of head and neck.
   - Pinch the flexible band to tighten over bridge of nose.
• Mask should fit snugly to face and below chin.

2. Face shield (preferred) or goggles:
   • If wearing a face shield, position over face and secure on brow with headband.
   • If wearing goggles, position over eyes and secure to the head using the ear pieces or headband.
   • Adjust to fit comfortably.

3. Gloves:
   • Wash hands with soap and water if available or cleanse with alcohol based hand cleanser; let dry.
   • Insert hands into gloves.

4. Gown: (The use of a gown is optional.)
   • Put arms through the armholes; the opening goes in the back.
   • Fasten in the back at the neck and waist.
   • Gown should extend all the way around the body, overlapping in back; if gown does not reach around your body, use two gowns, the first tied in the front and the second tied in the back.

If there is the possibility of exposure to blood, body fluids or other potentially contaminated materials, attempt to limit the exposure immediately and stop working as soon as possible. Wash affected skin surfaces with soap and water if available or use alcohol-based sanitizer. Affected mucus membranes should be irrigated with copious amounts of water or eyewash solution.

DOFFING PPE

1. Gloves:
   • Grasp outside of one glove with other gloved hand and peel off, turning inside out.
   • Hold removed glove in the hand that is still gloved.
   • Slide a finger and thumb of the ungloved hand under remaining glove at wrist.
   • Pinch and peel glove off from inside, turning glove inside out (over other glove), such that the two gloves are inside out and wrapped up inside each other in a single ball and creating a “bag” for both gloves; discard both gloves.
   • If there has been a potential contamination avoid touching any soiled areas of PPE with ungloved hands.

2. Gown (if applicable):
   • Unfasten ties at neck and waist.
   • Pull gown away from neck and shoulders, touching inside of gown only.
   • Turn gown inside out.

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• Fold or roll into a bundle; discard.

3. Goggles or face shield:
   • Grasp on sides by head band or ear pieces; discard.

4. Face mask:
   • Untie the bottom and then the top tie; if mask has elastic bands, remove mask by pulling up bottom band first.
   • Remove from face; discard.

5. Wash hands with soap and water immediately after removing PPE, or alcohol-based hand rub if soap and water are unavailable.

All disposable PPE is to be placed in an appropriate biohazard trash container for handling and disposal.

Additional Do’s and Don’ts of wearing PPE:

• Do change gloves if yours become torn or very dirty; wash hands before putting on new gloves.
• Do wash your hands thoroughly with soap and water or an alcohol based hand rub after removing PPE. If hands are visibly dirty, use soap and water.
• Do limit the number of surfaces, items, and people you touch while wearing PPE to prevent contamination.
• Don’t touch your face or adjust your PPE with contaminated gloves.
• Don’t wash or reuse disposable gloves.