

**INFECTIOUS DISEASE/PANDEMIC EMERGENCY
POLICY AND PROCEDURE MANUAL**

SUBJECT: PERSONAL PROTECTIVE EQUIPMENT POLICY

POLICY:

This facility promotes appropriate use of Personal Protective Equipment (PPE) to prevent the transmission of pathogens to residents, visitors, and other staff.

Definitions:

“Personal protective equipment”, or PPE, refers to a variety of barriers used alone or in combination to protect mucous membranes, skin, and clothing from contact with pathogens. It includes gloves, gowns, face protection (facemasks, goggles, and face shields), and respiratory protection (respirators).

Policy Explanation and Compliance Guidelines:

1. All staff who have contact with residents and/or their environments must wear personal protective equipment as appropriate during resident care activities and at other times in which exposure to blood, body fluids, or potentially infectious materials is likely.
2. PPE will be utilized as part of standard precautions regardless of a resident’s suspected or confirmed infection status.
3. Multiple factors determine the appropriate selection of PPE for a particular task:
 - a. The type of exposure anticipated (e.g., splash/spray versus touch)
 - b. The volume of fluid or tissue to which there is a potential exposure
 - c. The likelihood of exposure
 - d. The probable route of exposure (e.g., direct contact versus inhalation)
 - e. The need for transmission-based precautions
4. Indications/considerations for PPE use:
 - a. Gloves:
 - i. Wear gloves when direct contact with blood, body fluids, mucous membranes, non-intact skin, or potentially contaminated surfaces or equipment is anticipated.
 - ii. Perform hand hygiene before donning gloves and after removal. Gloves are not a substitute for hand hygiene.
 - iii. Non-sterile gloves are appropriate for most tasks. Use sterile gloves for sterile procedures.
 - iv. Change gloves and perform hand hygiene between clean and dirty tasks, when moving from one body part to another, when heavily contaminated, or when torn.
 - v. Select gloves according to hand size. Extend the gloves to cover the wrist.

- vi. The outside of gloves are contaminated. Remove gloves to prevent contamination of hands by grasping outside of glove with opposite gloved hand, peel off, hold removed glove in gloved hand, slide fingers of ungloved hand under remaining glove at wrist, and turn the second glove inside out while pulling it away from your body (leaving the first glove inside the second).
 - vii. Dispose of gloves in appropriate waste receptacle.
 - viii. Do not reuse gloves.
- b. Gowns:
- i. Wear gowns to protect arms, exposed body areas, and clothing from contamination with blood, body fluids, and other potentially infectious material.
 - ii. Gowns should fully cover torso from neck to knees, arms to end of wrist, and wrap around the back. Fasten in back at neck and waist.
 - iii. Change gowns when heavily contaminated or torn.
 - iv. The gown front and sleeves are contaminated. Remove gown to prevent contamination by pulling down in a peeling motion so that gown turns inside out, holding gown away from the body, and rolling the gown into a bundle.
 - v. Dispose of gown into appropriate waste receptacle.
 - vi. Do not reuse gowns. (*See policy on strategies to optimize PPE use)
- c. Face protection:
- i. Wear a mask to protect the face from contamination with blood, body fluids, and other potentially infectious materials during tasks that generate splashes or sprays.
 - ii. Wear goggles or face shield as added face/eye protection. Personal eyeglasses are not a substitute for goggles.
 - iii. Keep hands away from face.
 - iv. Change when heavily contaminated or torn.
 - v. The outside of goggles and face shields are contaminated. Remove to prevent contamination by grasping the “clean” headband or earpieces and pulling away from the body.
 - vi. The outside of facemasks are contaminated. Remove to prevent contamination by grasping only the bottom, then top ties/elastics.
 - vii. Place into appropriate waste receptacle.
 - viii. Do not reuse. (*See policy on strategies to optimize PPE use)
- d. Respiratory protection:
- i. Wear a NIOSH-approved N95 or higher-level respirator to prevent inhalation of pathogens transmitted by the airborne route.
 - ii. Select the size according to fit testing.
 - iii. Remove according to instructions for the type of respirator.
 - iv. Do not reuse single-use-only respirators. (*See policy on strategies to optimize PPE use)

5. Sequence of donning/removing PPE when using multiple types:
 - a. Put on PPE in this order: gown, mask or respirator, goggle or face shield, then gloves.
 - b. Remove PPE in this order: gloves, goggles or face shield, gown, then mask or respirator. Perform hand hygiene immediately after removing all PPE.
6. PPE supply management:
 - a. The central supply clerk is responsible for ordering and maintaining adequate PPE supplies and stocking in appropriate facility locations to ensure access to staff who need them.
 - b. Direct care staff shall check supply of gloves in each room during shift change and restock as needed.
 - c. The charge nurse shall check isolation supply carts twice per shift (such as beginning and halfway point), and replenish as needed.
 - d. The Infection Preventionist shall notify the supply clerk and/or Director of Nursing when more than usual supplies are needed (i.e. during periods of outbreaks, flu season, pandemic, or when there are more than usual number of residents on transmission-based precautions).
7. Staff will receive training on the why, what, and how of PPE upon hire, annually, when new products are introduced, and as needed.

References:

Centers for Disease Control and Prevention. *2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious*