



HOMES AND SENIORS SERVICES

POLICY & PROCEDURE NUMBER: 2.22

DEPARTMENT: *Infection Control*

SUBJECT: *Personal Protective Equipment for the Healthcare Provider*

APPROVAL DATE:

REVISION DATE: March 2016

REVISION DATE: March 2017

REVIEW DATE: November 2018

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PURPOSE/POLICY:

To outline the practices for barrier precautions for the health care provider through the correct use of Personal Protective Equipment (PPE) including gowns, gloves, mask and/or eye protection to prevent healthcare provider (HCP) contact with a resident's blood, body fluids, secretions, excretions, non intact skin or mucous membranes. Please refer to Isolation Precautions and Guidelines, INC 4.5 and INC 4.6

PROCEDURE:

- Routine Practices are to be used for all residents during all resident care.
- Routine Practices must be applied when transmission based precautions are in use.
- Routine Practices are to be used for the cleaning of all shared resident care equipment.
- Barriers or PPE are used alone or in combination to protect mucous membranes, skin and clothing from contact with infectious agents.
- PPE should be put on outside the resident's room and removed just prior to leaving the resident room.
- Use of hand hygiene is mandatory after each resident contact or contact with the resident's equipment or environment.
- Resident hand hygiene should be encouraged and assisted when necessary to decrease potential for environmental spread.
- The user of sharps is responsible for the correct disposal of the sharp. See policy Handling of Sharps, **INC 2.12**.

EQUIPMENT:

May include any or all of the following PPE:

- Gowns
- Gloves: Non-sterile latex free gloves
- Fluid resistant surgical/procedure mask
- N95 Respirator
- Goggles
- Combination mask/face shield
- Alcohol based hand rub or soap and water



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HAND HYGIENE:

- Perform hand hygiene with an alcohol based hand rub or with soap and water before and after any direct contact with each resident.
- Perform hand hygiene after contact with blood, body fluids, secretions, excretions and contaminated items, whether or not gloves are worn.
- Perform hand hygiene immediately after gloves are removed, between resident contacts, between tasks and procedures on the same resident, and when otherwise indicated, to avoid transfer of micro organisms to other residents, to the HCP or to the environment.
- Use soap and water when hands are visibly soiled.
- Alcohol based hand rub (AHBR) is the preferred method when hands are not visibly soiled.
- Instruct residents and family members on proper hand hygiene.
- Encourage and assist residents with frequent hand hygiene and before all meals.
- Refer to policy 2.3 – Hand Hygiene

GLOVES:

- Gloves refer to non-sterile disposable latex-free gloves.
- Wear gloves as an additional measure, not as a substitute for hand hygiene.
- Gloves are not required for routine resident care activities in which contact is limited to resident's intact skin.
- Wear gloves when there is a risk of hand contact with blood, body fluids, secretions, excretions, mucous membranes, non-intact skin and contaminated objects.
- Change gloves between tasks and procedures on the same resident.
- Remove gloves promptly after use, dispose in garbage and then perform hand hygiene. Do not wear gloves outside the resident room.
- Do not reuse or wash gloves (single use only).
- Refer to policy 2.19 – PPE – Gloves

MASK/EYE PROTECTION:

- Wear mask and eye protection to protect mucous membranes (eyes, nose and mouth) during procedures and patient care activities that are likely to generate splashes or sprays of blood, body fluids, secretions or excretions.



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- Wear mask and eye protection directly before resident contact. Do not wear mask and eye protection outside of the resident room.
 - Remove mask/shield combo promptly if it becomes visibly soiled.
 - Discard mask/shield combo in garbage after use and perform hand hygiene.
 - If using reusable eye safety goggles these must be cleaned and disinfected after each use.

Reusable Goggle Cleaning and Disinfection Process:

- At nearest sink, wash eye goggles in hot soapy water, rinse and dry.
- Then spray all surfaces of goggles with hospital grade disinfectant and allow to air dry.
- Or if available, use a disposable disinfectant wipe to wipe all goggles surfaces and air dry.
- Wash hands.
- Refer to policy 2.21 – PPE – Face Shields, Protective Eyewear, Masks and Respirators

GOWNS:

- Are not required for routine resident care.
- May be required as an additional precaution.
- Wear gowns to protect uncovered skin and prevent soiling of clothing during procedures and resident care activities that are likely to generate splashes or sprays of blood, body fluids, secretions or excretions.
- Long sleeved disposable gowns preferred.
- Wear gown directly before resident care and do not wear outside of resident care room.
- Remove a soiled gown as promptly as possible and then perform hand hygiene.
- Dispose of used disposable gown in garbage and perform hand hygiene.
- Refer to policy 2.20 – PPE - Gowns

APPLYING AND REMOVING PERSONAL PROTECTIVE EQUIPMENT: (see attached)

- Apply the PPE immediately before performing the task for which the protection is needed.
- PPE is applied in the following order:
 1. Perform hand hygiene.
 2. Gown: Select appropriate type and size and put on with opening to the back.
 3. Mask: Place over nose, mouth and chin with flexible band over nose. Adjust to fit by pinching adjustable band on the nose bridge.



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4. Eye protection: May be provided by mask/shield combo or reusable plastic eye goggles. Reusable eye protection must be cleaned and disinfected after each use.
5. Gloves: Select correct size and type.
- PPE is removed in the following order:
 1. Gloves: Remove carefully using the 'glove-to-glove' and 'skin-to-skin' method and discard in the garbage.
 2. Gowns: Unfasten gown and grasp at the upper inside shoulders folding contaminated outside toward the inside and discard in garbage or place in laundry hamper if linen.
 3. Perform hand hygiene.
 4. Eye protection: Handle safety goggles by the goggle arms being careful not to touch any contaminated surfaces.
 5. Mask with a Shield: Untie the bottom tie, then the top tie and handle mask by the ties only and discard carefully in the garbage being careful not to touch the contaminated front outer part of the mask. If using a mask with elastic straps lean forward slightly when removing to avoid contaminating hands or clothing with outside of mask.
 6. Perform hand hygiene.
- Remove the PPE at doorway before leaving the resident's room when task is complete. Hands are to be washed immediately after removing PPE. Hands may also be washed in between removing items of PPE if hands get soiled in the process.

REFERENCES:

- Health Canada (1999). Infection Control Guidelines: Routine Practices & Additional Precautions for Preventing the Transmission of Infection in Health Care.
- Hamilton Infection Prevention and Control Policy IC – Routine Practices/Standard Precautions May, 2006.
- PIDAC, (2009). Routine Practices & Additional Precautions in all healthcare settings, 3rd Revision, November 2012

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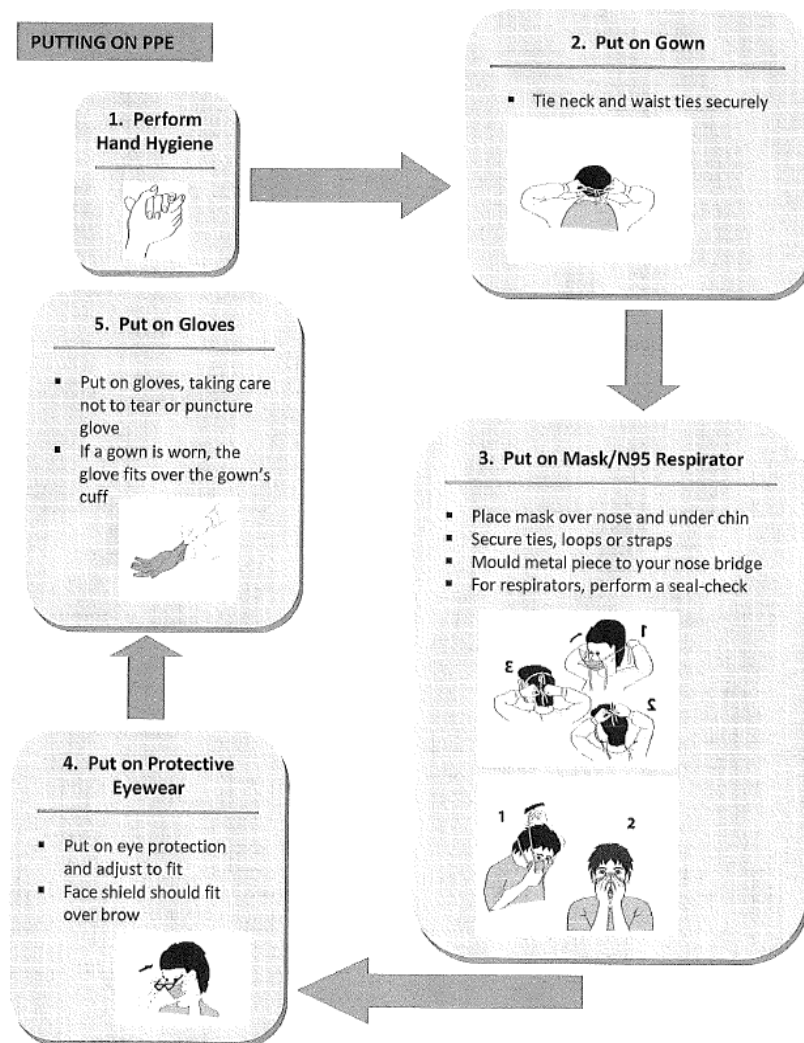
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APPENDIX L: RECOMMENDED STEPS FOR PUTTING ON AND TAKING OFF PERSONAL PROTECTIVE EQUIPMENT (PPE)

[Images developed by Kevin Rostant.

Some images adapted from Northwestern Ontario Infection Control Network – NWOICN]



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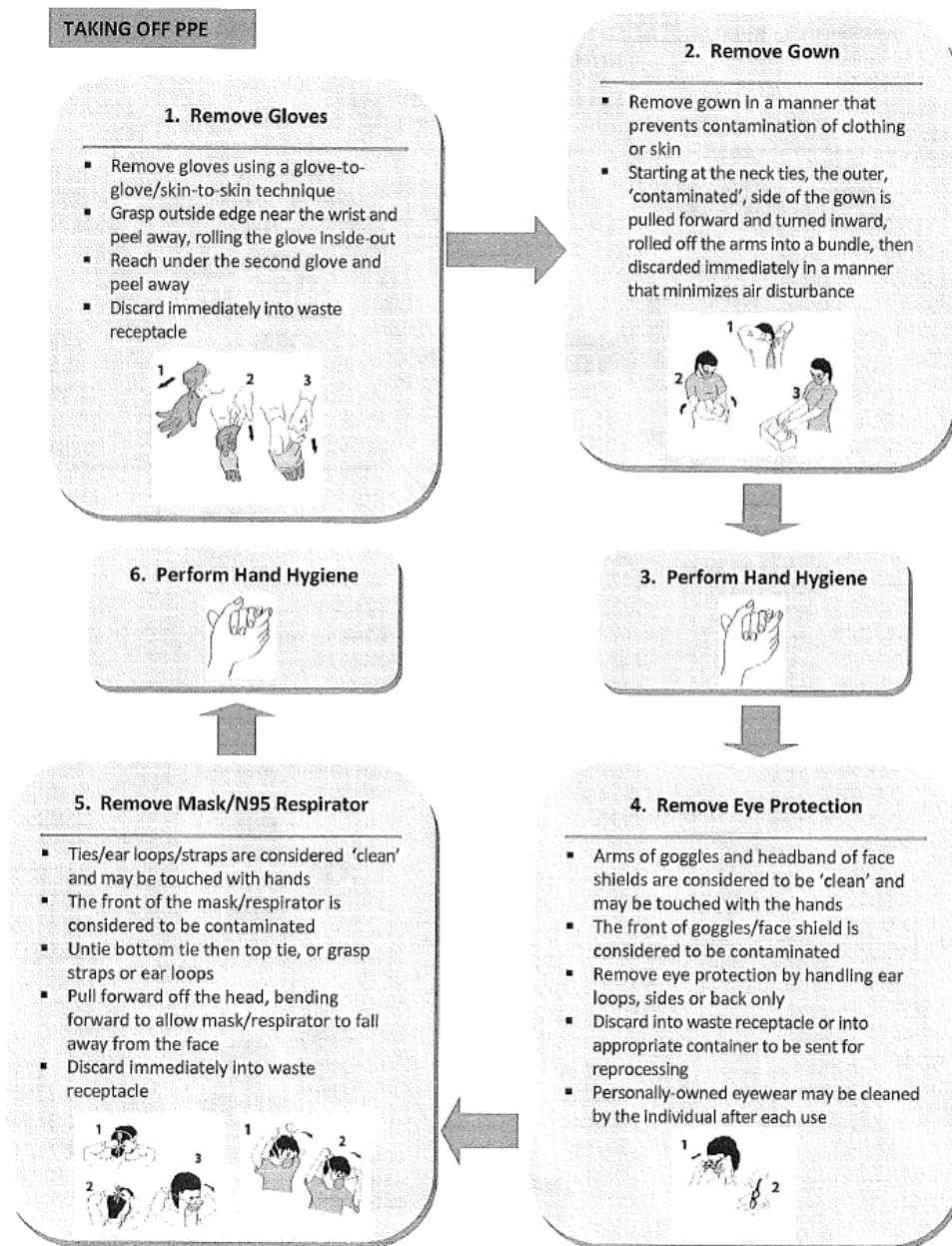
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APPENDIX M: ADVANTAGES AND DISADVANTAGES OF PPE

MEDICAL GLOVES

Type	Use	Advantages	Disadvantages
Vinyl	<ul style="list-style-type: none"> ▪ Protection for: <ul style="list-style-type: none"> ○ Minimal exposure to blood/body fluids/infectious agents ○ Contact with strong acids and bases, salts, alcohols ○ Short duration tasks ▪ Protection for staff with documented skin breakdown 	<ul style="list-style-type: none"> ▪ Good level of protection but based on the quality of manufacturer ▪ Medium chemical resistance 	<ul style="list-style-type: none"> ▪ Not recommended for contact with solvents, aldehydes, ketones ▪ Quality varies with manufacturers ▪ Punctures easily when stressed ▪ Rigid – non elastic
Latex	<ul style="list-style-type: none"> ▪ Activities that require sterility ▪ Protection for: <ul style="list-style-type: none"> ○ Heavy exposure to blood/body fluids/infectious agents ○ Contact with weak acids and bases, alcohols 	<ul style="list-style-type: none"> ▪ Good barrier qualities ▪ Strong and durable ▪ Has re-seal qualities ▪ Good comfort and fit ▪ Good protection from most caustics and detergents 	<ul style="list-style-type: none"> ▪ Not recommended for contact with oils, greases and organics ▪ Not recommended for individuals in the vicinity of those who have allergic reactions or sensitivity to latex
Nitrile	<ul style="list-style-type: none"> ▪ Protection for: <ul style="list-style-type: none"> ○ Heavy exposure to blood/body fluids/infectious agents ○ Tasks of longer duration ○ Tasks with high stress on glove ○ Tasks requiring additional dexterity ○ Chemicals and chemotherapeutic agents ○ Recommended for contact with oils, greases, acids, bases ○ Sensitivity to vinyl ▪ Preferred replacement for vinyl gloves when a documented allergy or sensitivity occurs 	<ul style="list-style-type: none"> ▪ Offers good dexterity ▪ Strong and durable ▪ Puncture-resistant ▪ Good comfort and fit ▪ Excellent resistance to chemicals 	<ul style="list-style-type: none"> ▪ Not recommended for contact with solvents, ketones, esters
Neoprene	<ul style="list-style-type: none"> ▪ Replacement sterile glove for latex when a documented allergy or sensitivity occurs ▪ Recommended for contact with acids, bases, alcohols, fats, oils, phenol, glycol ethers 	<ul style="list-style-type: none"> ▪ Good barrier qualities ▪ Strong and durable ▪ Good comfort and fit ▪ Good protection from caustics 	<ul style="list-style-type: none"> ▪ Not recommended for contact with solvents

[Adapted from Sunnybrook Health Sciences Centre, Patient Care Policy Manual Section II: Infection Prevention and Control [Policy No: II-D-1200, 'Gloves'. Revised July, 2007 and London Health Sciences Centre, Occupational Health and Safety Services, 'Glove Selection and Use'. Revised April 26, 2005.]



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MASKS AND N95 RESPIRATORS

Type of Mask	Use	Advantages	Disadvantages
Standard Face Mask ('procedure' mask or 'isolation' mask)	<ul style="list-style-type: none"> ▪ Protection for: <ul style="list-style-type: none"> ○ Minimal exposure to infectious droplets ○ Short duration tasks ○ Tasks that do not involve exposure to blood/body fluids ▪ Protection from client/patient/resident during transportation outside of room 	<ul style="list-style-type: none"> ▪ Inexpensive 	<ul style="list-style-type: none"> ▪ Not fluid or water resistant
Fluid Resistant Mask	<ul style="list-style-type: none"> ▪ Protection for: <ul style="list-style-type: none"> ○ Heavy exposure to infectious droplets or blood/body fluids 	<ul style="list-style-type: none"> ▪ Good comfort and fit ▪ Fluid resistant 	<ul style="list-style-type: none"> ▪ Expensive
Surgical Mask	<ul style="list-style-type: none"> ▪ Protection for: <ul style="list-style-type: none"> ○ Exposure to infectious droplets or blood/body fluids ○ Long duration tasks 	<ul style="list-style-type: none"> ▪ Good comfort and fit ▪ Fluid resistant ▪ Inexpensive 	
NIOSH-certified N95 respirator	<ul style="list-style-type: none"> ▪ Protection for airborne pathogens 	<ul style="list-style-type: none"> ▪ Provides protection from small particle aerosols ▪ Better face seal prevents leakage around mask 	<ul style="list-style-type: none"> ▪ Requires fit-testing, training and seal-checking ▪ Expensive ▪ Uncomfortable for long periods of use

EYE PROTECTION

Type of Eyewear	Use	Advantages	Disadvantages
Safety Glasses	<ul style="list-style-type: none"> ▪ Protection for: <ul style="list-style-type: none"> ○ Exposure to infectious droplets or blood/body fluids 	<ul style="list-style-type: none"> ▪ may be cleaned and re-used until visibility is compromised ▪ may be worn over prescription eyeglasses ▪ good visibility 	<ul style="list-style-type: none"> ▪ with continued use, visibility may be compromised
Goggles	<ul style="list-style-type: none"> ▪ Protection for: <ul style="list-style-type: none"> ○ Exposure to infectious droplets or blood/body fluids 	<ul style="list-style-type: none"> ▪ may be cleaned and re-used until visibility is compromised ▪ may be worn over prescription eyeglasses 	<ul style="list-style-type: none"> ▪ poor visibility
Face Shield	<ul style="list-style-type: none"> ▪ Protection for: <ul style="list-style-type: none"> ○ Exposure to infectious droplets or blood/body fluids 	<ul style="list-style-type: none"> ▪ may be worn over prescription eyeglasses ▪ good visibility 	
Visor attached to Mask	<ul style="list-style-type: none"> ▪ Protection for: <ul style="list-style-type: none"> ○ Minimal exposure to infectious droplets or blood/body fluids 	<ul style="list-style-type: none"> ▪ May be worn with prescription eyeglasses ▪ Quick to put on 	