



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; March 2017; Dec. 2020; March 2021, January 2022; November 2022

REVIEW DATE: November 2018; Dec 2019; November 2022

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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, cleaning and disinfectant solutions. Please refer to Isolation Precautions and Guidelines, INC 4.5 and INC 4.6

PROCEDURE:

- A Point of Care Risk Assessment (PCRA) must be completed prior to any resident or resident environment contact to determine the resident's clinical presentation and the tasks to be performed. This will allow the health care provider to implement strategies that will decrease the risk of exposure and the transmission of microorganisms. Refer to IC policy 2.2c.
- Routine Practices are to be used for all residents during all resident care - Refer to IC policy 2.2a.
- Routine Practices must be incorporated along with Additional Precautions (transmission-based precautions) when Additional Precautions are in use - Refer to IC policy 2.2b.
- 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 while maintaining a distance of 2 metres (if 2 metres cannot be maintained – Doff just outside the resident room. In the situations whereby an N95 respirator is used this should only be removed once outside the room and the door is closed.
- Use of hand hygiene is mandatory after each resident contact or contact with the resident's equipment or environment (4 moments of hand hygiene) - Refer to IC policy 2.3
- 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, IC 2.12.

EQUIPMENT:

May include any or all of the following PPE:



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

HAND HYGIENE:

- Refer to IC policy 2.3 – Hand Hygiene

GLOVES:

- Refer to IC policy 2.19 – PPE – Gloves

MASK/EYE PROTECTION:

- Refer to IC Policy 2.21 – PPE - Face Shields, Protective Eyewear, Masks and Respirators

Reusable Goggle Cleaning and Disinfection Process:

- Refer to policy 2.21 – PPE – Face Shields, Protective Eyewear, Masks and Respirators

GOWNS:

- .
- Refer to policy 2.20 – PPE - Gowns

APPLYING AND REMOVING (Donning and Doffing) 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. If using N95 respirator, complete seal check



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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. Gloves should cover the cuff of the gown to reduce exposed skin.
- 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. N95 Mask: Grasp bottom strap of mask extend from head, and raise over, dropping in the front of the mask, then lean forward and grasp top strap of mask and raise over head allowing mask to fall off face. Dispose carefully in garbage being careful to not touch the contaminated front outer part of mask.
 7. 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:

- PIDAC, (2009). Routine Practices & Additional Precautions in all healthcare settings, 3rd Revision, November 2012

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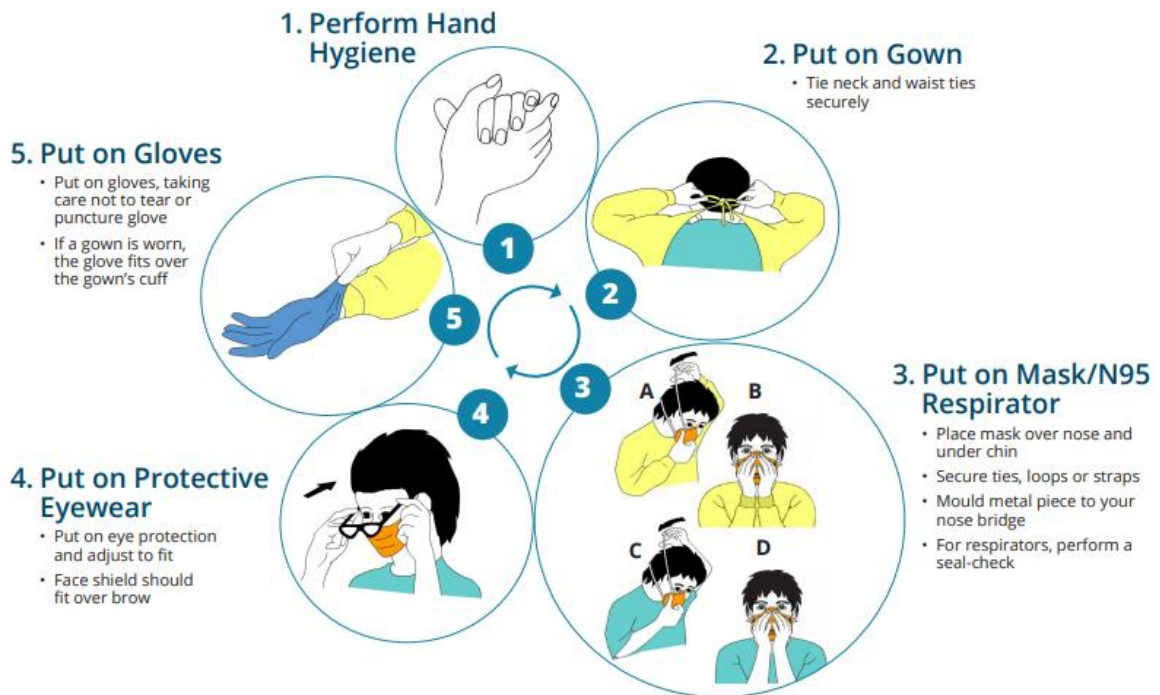
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**Recommended Steps:
Putting On Personal Protective Equipment (PPE)**



For more information, please contact Public Health Ontario's Infection Prevention and Control Department at ipac@oahpp.ca or visit www.publichealthontario.ca.

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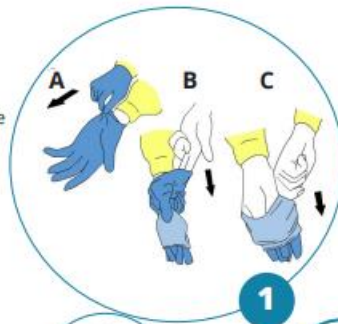
REVIEW DATE: November 2018; Dec 2019; November 2022

**Recommended Steps:
Taking Off Personal Protective Equipment (PPE)**



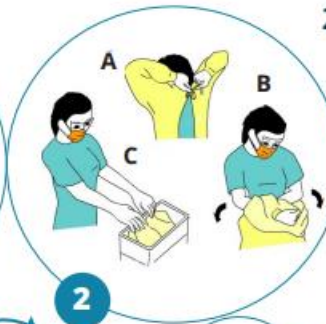
1. Remove Gloves

- Remove gloves using a glove-to-glove / skin-to-skin technique
- Grasp outside edge near the wrist and peel away, rolling the glove inside-out
- Reach under the second glove and peel away
- Discard immediately into waste receptacle



2. Remove Gown

- Remove gown in a manner that prevents contamination of clothing or skin
- Starting with waist ties, then neck ties, pull the gown forward from the neck ties and roll it so that the contaminated outside of the gown is to the inside. Roll off the arms into a bundle, then discarded immediately in a manner that minimizes air disturbance.



6. Perform Hand Hygiene

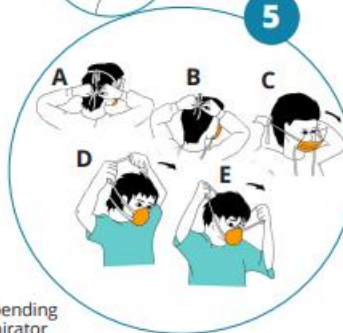


3. Perform Hand Hygiene



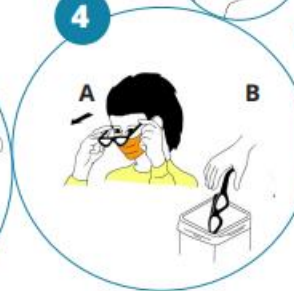
**5. Remove Mask/
N95 Respirator**

- Ties/ear loops/straps are considered 'clean' and may be touched with hands
- The front of the mask/respirator is considered to be contaminated
- Untie bottom tie then top tie, or grasp straps or ear loops
- Pull forward off the head, bending forward to allow mask/respirator to fall away from the face
- Discard immediately into waste receptacle



4. Remove Eye Protection

- Arms of goggles and headband of face shields are considered to be 'clean' and may be touched with the hands
- The front of goggles/face shield is considered to be contaminated
- Remove eye protection by handling ear loops, sides or back only
- Discard into waste receptacle or into appropriate container to be sent for reprocessing
- Personally-owned eyewear may be cleaned by the individual after each use



This is an excerpt from Routine Practices and Additional Precautions In All Health Care Settings (Appendix L) and was reformatted for ease of use.

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Putting on (Donning) Personal Protective Equipment (PPE)

1 Hand hygiene




A Using an alcohol-based hand rub is the preferred way to **clean your hands**.

B If your hands look or feel dirty, soap and water **must** be used to wash your hands.

3a Procedure/Surgical mask

- ◆ Secure the ties or elastic around your head so the mask stays in place.
- ◆ Fit the moldable band to the nose bridge. Fit snugly to your face and below chin.



3b N95 respirator

There are different styles of N95 respirators (pictured below). They include: a) molded cup, b) flat-fold, and c) v-fold.





All styles have the same basic steps for donning. Refer to the manufacturer for specific donning instructions.











A Pre-stretch both top and bottom straps before placing the respirator on your face.

B Cup the N95 respirator in your hand.

C Position the N95 respirator under your chin with the nose piece up. Secure the elastic band around your head so the N95 respirator stays in place.

D Use both hands to mold the metal band of the N95 respirator around the bridge of your nose.

E Fit check the N95 respirator.

4 Eye protection or face shields




- ◆ Place over the eyes (or face).
- ◆ Adjust to fit.

5 Gloves



- ◆ Pull the cuffs of the gloves over the cuffs of the gown.



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Original date: May 2014
 Revised date: April 13, 2021
 ECC Approved: April 14, 2021

For more information contact infectioncontrol@ahs.ca



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Taking off (Doffing) Personal Protective Equipment (PPE)

1 **Gloves**



A Grasp the outside edge of the glove near the wrist and peel away from the hand, turning the glove inside-out.

- ◆ Hold the glove in the opposite gloved hand.
- B Slide an ungloved finger or thumb under the wrist of the remaining glove.
- C Peel the glove off and over the first glove, making a bag for both gloves.
- ◆ Put the gloves in the garbage.

3 **Gown**



A Carefully unfasten ties.

B Grasp the outside of the gown at the back of the shoulders and pull the gown down over the arms.

C Turn the gown inside out during removal.

- ◆ Put in hamper or, if disposable, put in garbage.

5 **Eye protection or face shield**



- ◆ Handle only by headband or ear pieces.
- ◆ Carefully pull away from face.
- ◆ Put reusable items in appropriate area for cleaning.
- ◆ Put disposable items into garbage.

2 **Hand hygiene**



A Using an alcohol-based hand rub is the preferred way to clean your hands.

B If your hands look or feel dirty, soap and water must be used to wash your hands.

4 **Hand hygiene**



- ◆ Clean your hands. (See No. 2)
- ◆ Exit the patient room, close the door and clean your hands again.

6 **Mask or N95 respirator**



- ◆ Bend forward slightly and carefully remove the mask from your face by touching only the ties or elastic bands.
- ◆ Start with the bottom tie, then remove the top tie.
- ◆ Throw the mask in the garbage.

There are different styles of N95 respirators but all styles have the same basic steps for doffing.

7 **Hand hygiene**

- ◆ Clean your hands. (See No. 2)

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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 	