University Health Network Policy & Procedure Manual Infection Prevention & Control: Personal Protective Equipment

Policy

Proper use of personal protective equipment (PPE) protects both the patient and the health care worker from transmission of communicable diseases. PPE includes <u>gloves</u>, <u>gown and apron</u>, <u>mask or respirator</u>, and <u>eye protection</u>.

Gloves

Gloves must:

- Be worn whenever there is a risk of contact with a patient's body substances.
- Not be used for routine activities such as delivery of meal trays or transporting enclosed specimens.
- Not be washed and re-used.
- Be removed immediately upon leaving the patient's room, before leaving any laboratory area, before entering common use spaces, before answering the telephone, before touching a computer keyboard, or before opening doors.
- Not be worn in any public areas including elevators, stairwells and offices.

Not be considered as an alternative to hand hygiene. Hand hygiene must be practiced each time gloves are used/removed. (See <u>Hand Hygiene</u> policy 4.20.002.)

Gown & Apron

Reusable long sleeved cloth gowns, disposable gowns or disposable aprons are to be worn when clothing and skin are likely to be soiled by splashes of blood or body substances. Gowns should be long enough to cover clothes, and the sleeves should fully cover the arm and wrist. Gowns should be worn for patient care activity. Gowns are not to be worn in common areas, e.g. nursing stations, public areas.

Mask or Respirator

Masks are worn to prevent exposure of the mucous membranes of the mouth and nose during procedures that are likely to generate droplets or splashes of respiratory secretions, blood or other body fluids. They are also used to prevent transmission of

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respiratory secretions from person to person. If masks become wet or soiled they should be changed.

Masks used at UHN are:

- surgical mask
- <u>fluid-resistant procedure mask</u>
- respirators (N95)
 - **Note**: Respirators prevent exposure of mucous membranes to droplets or splashes. In addition, respirators will protect the wearer against small particle aerosols, which are important in the transmission of diseases such as tuberculosis, measles and varicella. Respirators, rather than masks, should be worn during aerosol generating procedures (e.g. bronchoscopy). Respirators must be fit tested through Occupational Health and Safety.

Eye Protection

Protective eyewear (glasses, goggles or face shields) is worn to protect the eyes during procedures and patient care activities that are likely to generate splashes of blood or other body substances.

Procedure

Gloves

- 1. Assess the type of gloves required based on the degree of exposure anticipated.
 - Vinyl gloves are recommended for routine patient care.
 - Latex gloves may be indicated in situations when a more secure fit is required.
 - Nitrile gloves are recommended for handling of chemotherapeutic agents and aldehyde disinfectants.
- 2. Remove gloves from the box and inspect them for tears prior to use.
- 3. Ensure proper fit before administering care to reduce the risk of contamination.
- 4. A single pair of gloves is sufficient for most tasks. If prolonged exposure to large amounts of blood or body fluids is expected, double gloving may be considered; e.g. in the operating room.
- 5. Upon completion of the task or delivery of care, remove gloves one at a time using the glove-to-glove, skin-to-skin technique described below:

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- With one finger of a dirty-gloved hand, grasp or hook the **outside** surface of the cuff of the other glove at the wrist and pull it down towards the fingers (glove to glove). This should turn the glove inside out. Continue to hold the glove in the remaining dirty-gloved hand.
- Insert the ungloved hand or finger **inside** the cuff of the gloved hand at the wrist and pull it down towards the fingers (skin to skin). This should turn the second glove inside out, enveloping the first glove.
- Throw out both gloves into an appropriate waste receptacle.
- For visual instruction, refer to the Infection Prevention and Control Routine Precautions video at http://intranet.uhn.ca/departments/infection_control/.
- 6. If double gloves have been used, remove both gloves on each hand at the same time.
- 7. Perform hand hygiene as per <u>Hand Hygiene</u> policy 4.20.002.
- 8. Put on a new set of gloves for each patient encounter or when moving from a dirty to a clean procedure on the same patient.

Gown & Apron

- 1. Perform hand hygiene before putting on gown. (See <u>Hand Hygiene</u> policy 4.20.002.)
- 2. Put on gown with opening tied at the back.
- 3. To remove gown undo the ties and avoid touching clothing.
 - Allow gown to fall off shoulders and pull sleeve inside thereby turning gown inside on itself.
 - Roll gown into a bundle away from clothing and discard in soiled linen receptacle. If gown is disposable, discard in regular waste.
 - Perform hand hygiene after removing gown as per <u>Hand Hygiene</u> policy 4.20.002.
- 4. Remove wet gowns immediately to prevent contaminating clothing.

Masks or Respirators

1. Ensure that the mask covers both the nose and mouth and fits snugly under the chin and over the bridge of the nose.

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- 2. Discard masks immediately after use as they are single use items. Masks are not to be worn around the neck when not in use.
- 3. Perform hand hygiene after disposing of mask. (See <u>Hand Hygiene</u> policy 4.20.002.)

Eye Protection

- 1. Put on eyewear before situations where splashes of blood or other body substances are likely to occur. Shared eyewear is to be cleaned with hospital-approved disinfectant after use.
- 2. In case of eye contamination with blood/body fluids:
 - Flush immediately with copious amounts of running water.
 - Complete an Employee Incident Report (form 3004). (Refer to <u>Accident/</u> Incident Reports policy 6.10.015.)
 - Report to Occupational Health and Safety during office hours, otherwise report to the Emergency Department at either Toronto General Hospital or Toronto Western Hospital.

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