

Section:	Infection Prevention and Control	
Subject:	Infection Control and Personal Protective Equipment (PPE)	
Issue to:	All Staff	Pages:1 of 7
Issued by:	Director, Programs and Professional Practice	Developed: September 2016 Revised: March 2020

1.0 POLICY

The personal protection of all employees is of paramount importance, and as such The Safehaven Project for Community Living (Safehaven) practices universal or routine precautions.

Universal or routine precautions are standardized infection control practices designed to protect people from the transition of microorganisms and diseases spread by blood and certain body fluids. Always assume that all “blood and body fluids” are infections for blood-borne diseases such as HBV (Hepatitis B Virus), HCV (Hepatitis C Virus) and HIV (Human Immunodeficiency Virus).

Routine practices include hand hygiene during the 4 Moments of Hand Hygiene, disinfecting equipment and patient environments between patient use and wearing appropriate Personal Protective Equipment (PPE) to prevent exposure or contact with body fluids, blood, secretions, excretions and non-intact skin or mucus membranes.

2.0 PURPOSE

The purpose of this policy is to protect the employees of Safehaven from exposure to workplace hazards and the risk of injury through the use of PPE. PPE is to be used in conjunction with other controls, such as hand hygiene.

Clients, families, staff, students and visitors are provided with information on how to access PPE based on risk of infection.

3.0 SCOPE

This policy encompasses all Safehaven employees, students, and volunteers.

4.0 RESPONSIBILITY

Employees are responsible for:

- a) Completing all training and reviews as required;
- b) Understanding their role in the application of this policy;
- c) Notifying their Client Care Coordinator/direct supervisor when a concern about a client becomes evident;
- d) Wearing and maintaining all provided PPE as directed by their Client Care Coordinator; and
- e) Following direction and guidance provided by the Client Care Coordinator and the organization.

Client Care Coordinators are responsible for:

- a) Promoting a culture of safety;
- b) Responding in a timely manner to any reported concerns and implement changes as required; and
- c) Ensuring employees have access to appropriate PPE.

The Chief Executive Officer (CEO) / DPPP are responsible for:

- a) Understanding this policy and applying it appropriately;
- b) Teaching, coaching and guiding staff in its application; and
- d) Ensuring employees have access to appropriate PPE.

5.0 DEFINITIONS

- 5.1 **N95 Respirator:** An N95 respirator is a respiratory protective device designed to achieve a very close facial fit and very efficient filtration of airborne particles.
- 5.2 **Procedure Mask:** is intended to be worn by health professionals to catch the bacteria shed in liquid droplets and aerosols from the wearer's mouth and nose.
- 5.3 **Procedural Gown:** gowns intended to protect the wearer from the transfer of microorganisms and bodily fluids.
- 5.4 **Donning:** putting on personal protective equipment.
- 5.5 **Doffing:** removal of personal equipment.
- 5.6 **Isolation:** voluntary or compulsory separation and confinement of those known or suspected to be infected with a contagious disease agent (whether ill or not) to prevent further infection.
- 5.7 **Outbreak:** sudden increase in incidence of a disease, including epidemics and pandemics.
- 5.8 **Droplet Precautions** – guidelines for reducing the risk of transmission of infectious diseases that are in small drops of liquid.
- 5.9 **Contact Precautions:** guidelines recommended by the Centers for Disease Control and Prevention for reducing the risk of transmission of epidemiologically important microorganisms by direct or indirect contact.
- 5.10 **Bacterial:** constitute a large domain of a single cell microorganisms.
- 5.11 **Viral:** Infection caused by the presence of a virus in the body.
- 5.12 **Disinfection:** the process of killing harmful bacteria and other microorganisms using various agents such as chemicals, heat, UV light or radiation.
- 5.13 **Cleaning:** Wiping the surface of visible dirt.
- 5.14 **Sanitation-** the development and application of sanitary measures for the sake of cleanliness, protecting health etc.; the disposal of sewage and solid waste.

6.0 REFERENCES and RELATED STATEMENTS of POLICY and PROCEDURE

- Safehaven's Hand Hygiene Policy
- Safehaven's Cleaning and Disinfecting Client Areas Policy
- In accordance to Accreditation Canada Infection Prevention and Control Standards 5.4
- Routine Practices and Additional Precautions In All Health Care Settings, 3rd edition

7.0 PROCEDURE

Personal Protective Equipment is used alone or in combination to prevent exposure, by placing a barrier between the infectious source and one's own mucous membranes, airways, skin, and clothing. PPE should be put on prior to interactions with clients. When the interaction for which the PPE was used has ended, PPE should be removed immediately and disposed of in the appropriate receptacle.

Personal Protective Equipment (PPE) can consist of the following components: gowns, gloves, masks and safety goggles.

PPE must be worn after a "Risk Assessment". A risk assessment must be done before every interaction with a client.

Examples of situations and what PPE is required:

Situation	PPE required
Performing personal hygiene	Gloves
Known Respiratory illness	Mask, gown, gloves and goggles
Gastrointestinal illness	Mask, gown and gloves
Vomiting	Gloves
Projectile vomiting	Gloves, gown, goggles and mask
Soiled linens and clothing	Gloves
Preparing disinfections	Goggles and gloves
Cleaning tub	See cleaning tub policy
Respiratory outbreak deemed by public health	N95 respirator, gown, gloves and goggles
G-tube care	Gloves
If child on cytotoxic medications	Gown and gloves
Suctioning	Gloves, goggles, mask
Garbage disposal	Gloves
Dis-impaction, enemas, suppository, cath.	Gloves
Blood	Gloves, gown

1. Gloves

- A) Employees will not touch any surface with gloves on that have come into contact with soiled items / blood / body fluid. Gloves DO NOT replace handwashing.
- B) Employees will use gloves while taking care of clients at any time they come in direct contact with blood or bodily fluids, including but not limited to the following situations:
 - changing diapers
 - changing a G-tube
 - while suctioning
 - while cleaning vomit or mucous
 - while changing dirty linens
 - during specimen collection
 - applying topicals

Gloves must be worn when it is anticipated that the hands will be in contact with mucous membranes, non-intact skin, tissue, blood, body fluids, secretions, excretions, or equipment and environmental surfaces contaminated with the above.

Employees will remove gloves as follows:

- a. Take gloves off properly by carefully turning them inside out to avoid contamination.
- b. Avoid touching the outside of the glove with your bare hand.
- c. Grasp the top edge of one glove and pull towards the fingers (so that the inside of the glove now faces out).
- d. Once the glove is off your hand, hold it in the palm of the other hand.
- e. Remove the second (2nd) glove in the same manner, pulling the glove towards your fingers, and over the first (1st) glove.
- f. The first (1st) glove is now inside the second (2nd) glove, now tie the top.
- g. Wash hands.

2. Donning and Doffing Personal Protective Equipment

The following of proper Donning and Doffing PPE equipment

- a) Gloves
- b) Mask and Respirator
- c) Goggles
- d) Gown

See Attachment 8.1.

3. Disposal of Personal Protective Equipment

PPE such as gloves, aprons and masks are single use items and should be disposed of after each procedure or activity to prevent cross-transmission of micro-organisms. When these items are worn primarily to protect the wearer, the importance of their prompt removal between tasks on the same client or between patients can easily be overlooked and give rise to the possibility of contamination.

All PPE must be removed before leaving the area and disposed of correctly, and any body fluids that have inadvertently contaminated the skin washed off immediately. PPE should not replace other infection prevention and control practices such as hand hygiene.

- a) All surfaces, including change tables, need to be cleaned with SWISH cleaning products after every use. Follow the instructions on the disinfectant to ensure maximum effectiveness. Ensure proper personal protection, referencing the WHMIS sheets if necessary.
- b) The medication counter will be disinfected each time before medications are prepared for administration.
- c) No clients will be changed, bathed or toileted during medication administration times.
- d) Feeds will be prepared and set up in food preparation areas only.
- e) Client's feedbags will be cleaned, in food preparation area, as follows:
 - i. Rinse bags with hot tap water
 - ii. Fill bags with boiled water (can be cooled) and 1 teaspoon of baking soda. Close bag and shake well. Allow all water and baking soda to drain out.
 - iii. Rinse bag again with hot tap water and allow to drain completely.
 - iv. When not in use, poles and feedbags must be stored in the client's bedroom.

- f) Each client will have their own toothpaste, toothbrush; syringes; med cups; g-tube extensions; masks or any other item that comes into contact with blood or body fluid. These items will not be shared.
- g) All syringes and extensions will be disinfected as follows:
- i. Rinse and brush out with warm water after use.
 - ii. Place in 3:1 solution of water and hydrogen peroxide for 60 minutes.
 - iii. Rinse and place in boiled water (can be cooled) for 60 minutes.
 - iv. Remove and allow to air dry.
 - v. Cleaned items must be placed into a drawer or covered storage container before any client is bathed / changed in the medication administration area.

8.0 ATTACHMENTS

8.1 Donning and Doffing Instructions Contact & Droplet Precautions

SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)	HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 1
<p>The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedures for putting on and removing PPE should be tailored to the specific type of PPE.</p>	<p>There are a variety of ways to safely remove PPE, without contaminating you, clothing, skin, or mucous membranes with potentially infectious materials. Here is an example. Remove all PPE before exiting the patient room except a respirator, if worn. Remove the respirator after leaving the patient room and closing the door. Remove PPE in the following sequence:</p>
<p>1. GOWN</p> <ul style="list-style-type: none"> • Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back • Fasten in back of neck and waist 	<p>1. GLOVES</p> <ul style="list-style-type: none"> • Outside of gloves are contaminated • If your hands get contaminated during glove removal, immediately wash your hands or use an alcohol-based hand sanitizer • Using a gloved hand, grasp the wrists of the other gloved hand and peel off the glove • Roll removed glove in gloved hand • Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove • Discard gloves in a waste container
<p>2. MASK OR RESPIRATOR</p> <ul style="list-style-type: none"> • Secure ties or elastic bands at middle of head and neck • Fit flexible band to nose bridge • Fit snug to face and below chin • Fit-check respirator 	<p>2. GOGGLES OR FACE SHIELD</p> <ul style="list-style-type: none"> • Outside of goggles or face shield are contaminated • If your hands get contaminated during goggles or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer • Remove goggles or face shield on the back by using head band or ear pieces • If the face is disposable, place in designated receptacle for respiratory equipment, discard in a waste container
<p>3. GOGGLES OR FACE SHIELD</p> <ul style="list-style-type: none"> • Place over face and eyes and adjust to fit 	<p>3. GOWN</p> <ul style="list-style-type: none"> • Clean front and sleeves are contaminated • If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based hand sanitizer • Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties • Pull gown away from neck and shoulders, touching inside of gown only • Turn gown inside out • Roll or roll into a bundle and discard in a waste container
<p>4. GLOVES</p> <ul style="list-style-type: none"> • Extend to cover wrist of isolation gown 	<p>4. MASK OR RESPIRATOR</p> <ul style="list-style-type: none"> • Top of mask is either contaminated — DO NOT TOUCH • If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer • Grasp bottom rim or straps of the mask/respirator, then the area of the top, and remove without touching the face • Discard in a waste container
<p>USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION</p> <ul style="list-style-type: none"> • Keep hands away from face • Limit surfaces touched • Change gloves when torn or heavily contaminated • Perform hand hygiene 	<p>5. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE</p>
	<p>PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE</p> 

FRONT

CONTACT & DROPLET PRECAUTIONS

(Please Report to Nurse's Station)

EVERYONE MUST:



- Clean hands when entering and leaving room
- Follow Standard Precautions
- Gloves & mask when entering room



- Gowns are required before entering room if anticipated patient or environmental contact.
- Wear eye protection if splash/spray to eyes likely

DOCTORS AND STAFF MUST:



- Use patient dedicated or disposable equipment.
- Clean and disinfect shared equipment.
- If contact with body fluids likely use gown, glove, mask and eye protection



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BACK

Contact & Droplet Precautions

Display sign outside the door. Remove sign after room is cleaned.

Family and other visitors to follow precautions.

Common Conditions:

- Seasonal Influenza
- Pertussis (whooping cough)
- Bacterial Meningitis (N. meningitidis)
- Mumps
- Multidrug Resistant Organisms
- Scabies
- Methicillin-resistant Staphylococcus aureus (MRSA)
- Wounds or abscesses with uncontained drainage
- Vancomycin-resistant Enterococcus (VRE)
- Clostridium Difficile Infection

Dishes/Utensils:
No special precautions. Kitchenware sanitized in dishwasher.

Equipment and Supplies:

- Use dedicated or disposable equipment when available.
- Clean and disinfect reusable equipment including intravenous pumps, cell phone or pagers (if used in room), other electronics, supplies and other equipment prior to removing from patient's room.
- Ensure blood pressure cuff and stethoscope are cleaned and disinfected between patients.
- Only essential supplies in room.

Linen Management:
Bag linen in the patient's room.

Personal Protective Equipment:

<p>Put ON in this order:</p> <ol style="list-style-type: none"> 1. Wash or sanitize hands 2. Gown (if needed) 3. Mask 4. Eye cover 5. Gloves (if needed) 	<p>Take OFF & dispose in this order:</p> <ol style="list-style-type: none"> 1. Gloves (if used) 2. Eye cover 3. Gown (if used) 4. Mask 5. Wash or sanitize hands (even if gloves used)
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Private Room:
If not available, room with patient that has the same organism but no other infection.

Room Cleaning:
Routine cleaning procedures with the addition of cubicle curtain changes if visibly soiled.

Transport:
Essential transport only and place surgical mask and gown on patient. Clean and disinfect transport vehicle. Alert receiving department regarding patient's isolation precaution status.

Discontinue precautions as per hospital policy or Infection Preventionist instructions.

8.2 PPE Declaration Form

Putting on and Removing
Personal Protective Equipment(PPE)
Declaration form

I, _____ acknowledge that I have viewed and understood
(Print Name)

the online video that describes the step by step process for putting on and removing Personal Protective Equipment(PPE)

The video discussed the following key points:

- How to put on PPE
- How to Remove PPE
- What PPE equipment to use based on the type of isolation

I agree to abide by The Safehaven Project for Community Living's Accessibility Standards for continuing to reduce the spread of infection by applying the appropriate PPE when needed.

Employee Signature

Date

Supervisor Signature

Date