

Best Practice Guideline	Personal Protective Equipment
Date	April 26, 2024
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Revised Date	

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Site Applicability

All Vancouver Coastal Health owned, operated and contracted Long-Term Care and Assisted Living providers.

Scope of Practice

All Staff

Purpose

To provide guidance for staff for selection and use of personal protective equipment (PPE) to prevent the transmission of known and unknown organisms for routine care and additional precautions.

Background

The use of Personal protective equipment (PPE) is 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. Select PPE based on the nature of the interaction with the resident, the likely mode(s) of transmission of infectious agents and the risk assessment (e.g., interaction, status of resident) that dictates the PPE required to break the chain of transmission.

Indications for the use of Personal Protective Equipment

As per <u>Point of Care Risk Assessment (PCRA)</u>, follow the table for selection and application of gloves, gowns, mask and eye protection (mask and eye protections, and N95 respirator).

PPE	Selection	Application
1. Gloves	Select the appropriate type of	Apply gloves when:
	glove based on activity <u>Selection</u>	 Anticipating contact with blood and
	Guide for Non-Sterile Exam	body fluids (BBF)
	Gloves and Sterile Surgical	 Contact with non-intact skin
	Gloves	including rashes
		 Mucous membranes





PPE	Selection	Application
	 Vinyl gloves for short duration contact with minimal blood Nitrile gloves for prolonged contact with large quantity of blood Sterile gloves for invasive procedures for contact with sterile sites, tissues or body cavities 	 Handling soiled equipment or surfaces Indicated by additional precautions The use of gloves does not replace the need for hand hygiene
2. Gowns	Select the appropriate type of gown based on activity Cuffed long-sleeved cloth or disposable gown with rear closure when there is anticipated contact or splash of blood or body fluids, secretion or excretions to your clothing or skin and the gown should cover the front from the neck to mid-thigh	 Apply gown when Anticipating sprays or splashes to skin or clothing from BBF Cleaning up spills of BBF Indicated by additional precautions *Plastic aprons are not suitable as Personal protective equipment and should not be used
3. Mask and Eye Protection	Select the appropriate type of mask and eye protection based on activity. Mask and eye protection includes: Surgical/procedure mask and eye protection: Goggles Face shield Safety glasses Surgical/procedure mask with attached visor	 Apply mask and eye protection when: Performing activities likely to generate sprays or splashes of BBF to mucous membranes (eyes, nose, and mouth) Indicated by additional precautions Protection from sprays or splashes of body fluids is needed (i.e. Cough)
4. Respirators	Select the respiratorN95: Use style and size you have been fit tested for	Use respirators when:Entering room of residents on airborne precautions





PPE	Selection	Ар	plication
		•	Performing <u>aerosol generating</u>
			medical procedures (AGMPs) on
			known or suspected residents with
			Viral Respiratory Illness (VRI).

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PPE	Donning	Doffing
1. Gloves	a. Select appropriate glove size with a good fit for your hands b. Perform hand hygiene prior to putting on gloves. No hand jewelry should be worn. c. Put on gloves immediately prior to the indicated activity d. Perform hand hygiene and change gloves when going from one body site to another e. Remove gloves when gloves have tears or holes. Discard and perform hand hygiene and put on new gloves if needed f. Wear gloves for handling contaminated items, and when cleaning spills of BBF or as indicated on Safety Data Sheets	a. Remove gloves by grasping outside edge near wrist. Then peeling away from hand, turning the glove inside out. Remember to hold the glove in your opposite gloved hand. b. Slide ungloved finger under the wrist of the remaining glove. Peel off from inside, creating a bag for both gloves and then discard. c. Discard gloves and perform hand hygiene
2. Gowns	<u>Donning</u>	Doffing
	a. Perform hand hygiene	a. Perform hand hygiene
	b. Put on gown	b. Untie neck strings; avoid
	a. Tie gown string at neck	contact with skin and hair
	and waist	c. Untie waist strings d. For gowns with elastic, tear
	c. Apply gloves over the cuff of the gown	elastic from gown at back of
	d. Change gown if it becomes	the neck
	wet; perform hand hygiene	e. Roll gown down arms into a bundle and removing from



PPE	Donning	Doffing
		inside out, avoiding contact with the outside of the gown e. Discard into garbage (for disposable gown) or laundry hamper f. Perform hand hygiene g. Do not wear gowns for non- care related activities except when cleaning spills of BBF or as indicated on Safety Data Sheets
3. Mask and Eye Protection	a. Perform hand hygiene b. Apply mask • For mask with two ties: fasten the tie near the top of the head, and the second tie on the back of the neck • For masks with loops: fasten on ears c. Pinch metal nose band of mask and ensure mask fits securely over chin and cheeks d. Apply eye protection (if not attached to mask)	a. Perform hand hygiene immediately prior to taking off mask and eye protection b. Ensure you are 2 meters from the resident prior to removing c. Remove eye protection (if detached from mask). d. Discard in garbage if single use. e. Unfasten using ties or loops of mask. Do not touch the front of the mask f. Discard mask in garbage g. Clean and disinfect reusable eye protection once all PPE is removed and you are in a safe space h. Perform hand hygiene
4. N95 Respirators	Donning N95 respirator a. Perform hand hygiene b. Place the first strap at the back of the head, near the top c. Place the second strap at the base of the neck, underneath any hair Repeat until no leaks.	Doffing N95 Respirator a. Remove N95 outside the resident room b. Perform hand hygiene c. Remove strap at base of neck first then back of head. Do not touch the front of the N95 respirator



PPE	Donning Doffing
	d. Mold the metal noseband to d. Discard in garbage
	secure the seal around the e. Perform hand hygiene
	nose
	e. Check the seal by performing a
	<u>user seal check</u>
	a. Place both hands over
	the respirator edges
	and exhale sharply. If
	air leaks around the
	edges of the respirator,
	adjust the nosepiece
	and back straps and re-
	perform the seal check
	again.

Special Considerations for use of PPE

Gloves

- a. Gloves are NOT a substitute for hand hygiene.
- b. Gloves are not required for routine health care activities in which contact is limited to intact skin of the resident (e.g. taking blood pressure, dressing the resident).
- c. Gloves are task-specific and single-use for the task.
- d. Gloves must not be re-used.
- e. Gloves that fit snugly around the wrist are preferred for use with a gown because they will cover the gown cuff and provide a better barrier for the arms, wrists, and hands.
- f. To reduce hand irritation related to gloves:
 - a. Wear gloves for as short a time as necessary
 - b. Ensure hands are clean and dry before putting on gloves
 - c. Ensure gloves are intact, clean and dry inside
- g. Gloves are not required for charting, using the computer keyboarding, using telephones, etc.

Gown

- a. Gowns used as PPE must be cuffed and long-sleeved, and offer full coverage of the body front, from neck to mid-thigh or below.
- b. Gowns are single use.
- c. Do not go from resident-to-resident wearing the same gown



Vancouver CoastalHealth

Infection Prevention and Control

Mask

- a. Perform hand hygiene before taking a mask
- b. Mask must be securely covering the nose and mouth.
- c. Mask must be ASTM Level 2 or three.
- d. Mask must be able to endure for duration of the activity for which it is indicated, and then discarded (should not be reused or hung around neck)
- e. Mask must be appropriate for the indicated additional precautions category and as per PCRA.
- f. Mask is single use only
- g. Change when mask becomes soiled, damaged, moist or wet.
- h. Offer symptomatic residents a mask to limit potential dissemination of infectious agents from the resident to others.
- i. Perform hand hygiene if you touch your mask.

Eye protection

- a. Eye protection is single use and disposable or <u>cleaned and disinfected</u> between uses.
- Goggles, safety glasses, or face shields will fit over eyewear for those who wear prescription eyeglasses. Prescription eyeglasses do not provide adequate protection.
 Refer to VCH People Safety for confirmation of appropriate eye protection.
- c. Eye protection should be comfortable, not interfere with visual acuity and should be adjustable for a secure fit.

N95 Respirator

- a. Have a filter efficiency level of at least 95% against particulate aerosols free of oil when tested against a 0.3-micron particle.
- b. Provides a tight facial seal.
- c. NIOSH-approved.
- d. Only provide protection against particulates (not gases/vapors).
- e. Fit Testing is required prior to first use and annually thereafter.
 - Resources for fit testing:
 - Owned and Operated sites
 - Contracted and private sites
- f. Requires knowledge of how to perform <u>seal checks</u> and proper donning and doffing procedures.
- g. An individual must be clean-shaven where the N95 seals with the face.
- h. Are single-use disposable.

Related Documents





Donning of Personal Protective Equipment
Doffing of Personal Protective Equipment
Cleaning and Disinfection of Eye Protection
Commonly Used Disinfectant Table

References

- 1. Provincial Infectious Diseases Advisory Committee (PIDAC), Ministry of Health and Long Term Care, Routine Practices and Additional Precautions In All Health Care settings July, 2011, Ontario. http://www.oahpp.ca/resources/pidac-knowledge/index.html
- 2. Public Health Agency of Canada. *Routine Practices and Additional Precautions for preventing the transmission of Infection in Health Care*. 1999 www.phac-aspc.gc.ca/publicat/ccdr-rmtc/
- 3. Association for Professionals in Infection Control and epidemiology, Inc. (APIC). Carrico, R., et al, ed. *APIC Text of Infection Control and Epidemiology*, 3rd e.d, 2009, Washington DC







