Ebola Expert Working Group: Infection Control Section

Recommended Process for Donning Personal Protective Equipment (PPE) for Ebola Virus Disease: Lower Transmission Risk

This procedure requires the following items:

•Hospital scrubs • Fluid-resistant gown • Procedure mask or N95 • Full face shield • Bouffant cap • Fluid-resistant head covering • Knee-high foot/leg coverings • Healthcare appropriate footwear (as defined by OH&S) • Gloves (2 pairs)

Before donning any PPE

- 1. Remove personal clothing and all personal items and change into hospital scrubs. Put shoes back on.
- 2. Personal eyeglasses may be worn into the room.
- 3. Perform hand hygiene with alcohol-based rub.
- 4. Securely tie back hair if required.

- Ensure you are wearing appropriate footwear.
- Perform hand hygiene with ABHR and allow hands to dry before moving to next step.
- Inspect PPE prior to donning. Replace PPE if defects found.

Engage trained observer.

Put on knee-high leg and foot coverings.



12. Here is another option for

head covering.

9. Put on fluid-resistant, longsleeved disposable gown of sufficient length to reach midcalf.



13. If using an N95 respirator, perform a seal-check.



10. Put on bouffant cap, and procedure/surgical mask (or N95 if required), over top. Straps should be over the cap.





14. Put on full-face shield.



15. Put on inner-gloves. Ensure that inner gloves are under cuff of gown sleeve.





11. Put on fluid-resistant

head covering and ensure

all hair, ears and neck is

covered.

16. Put on outer gloves. Pull the glove completely over the cuff of the gown sleeve.



17. Confirm that the PPE is on correctly with no gaps that expose skin or mucous membranes.



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Doffing of PPE for Health Care Worker Exiting EbolaPatient Room: Lower Transmission Risk

Ensure the following items are prepped and available in the Patient Room:

• Disinfectant wipes • Biohazard waste container

Ensure the following items are prepped and available in the Anteroom:

•Biohazard container • Large blue pad • Steel/plastic stool • Disinfectant wipes • ABHR • Gloves (long type not needed)

Inside Patient Room

1. Engage Trained Observer. Trained Observer to notify PPE Doffing Assistant (if required). The Trained Observer should observe from outside the doffing area if possible, or maintain a suitable distance from the person doffing PPE. If the trained observer is also fulfilling the role of doffing

assistant, this person must

2. Before entering the PPE Removal Area, inspect PPE for gross contamination.



Disinfect outer-gloves hands with a disinfectant wipe or ABHR and allow to dry.



4. Disinfect door handle with a new disinfectant wipe and exit the patient room.



In Doffing Area/Enclosure

5. Step onto absorbent disposable mat.

don PPE.



6. Inspect outer gloves for cuts or tears. If outer gloves are cut or torn notify observer.



7. Disinfect outer-gloved hands with a disinfectant wipe or ABHR, and allow to dry.



8. Remove outer set of gloves using glove-to-glove technique taking care not to contaminate inner glove during removal process.



- 9. Inspect inner glove:
- a) If cut/torn, disinfect the glove with disinfectant wipe or ABHR. Remove the inner glove, perform hand hygiene with alcohol hand rub on bare hands and put on a clean pair of gloves.

 This is a breach.
- b) If no tears/cuts, disinfect inner gloved hands with a disinfectant wipe or ABHR and allow to dry.



10. Remove the face shield by tilting your head slightly forward, and pulling it over the head using the sides of the strap and supporting shield with your thumbs. Allow the face shield to fall forward and discard in biohazardous waste container.



11. Disinfect inner gloved hands with a disinfectant wipe or ABHR and allow to dry.



12. Remove head covering. Carefully grasp outer surface behind head, tilt head forward, close eyes and remove hood pulling towards front of face. Place in biohazardous waste container.





13. Disinfect inner gloved hands with a disinfectant wipe or ABHR and allow to dry.



14. Untie side strap of gown.

Do not reach behind neck to release the velcro neck snap. Instead, remove gown by pulling away from the body, rolling inside out being careful to avoid contaminating inner clothing. Place in biohazard bin.



15. Disinfect inner gloved hands with a disinfectant wipe or ABHR and allow to dry.



16. Sit down on designated stool.
Remove knee-high leg and foot coverings while sitting on stool.
Place leg and foot coverings in biohazardous waste container.



17. Remove inner gloves and dispose in biohazardous waste container.



18. Carefully perform hand hygiene with ABHR.



19. Put on a pair of new gloves (longer type not required).



20. Remove procedure mask or N95 respirator by straps. Do not touch the front of the procedure mask/N95 respirator. Discard in the biohazard waste container.



21. Remove bouffant surgical cap. Discard in biohazard waste container.



22. Disinfect shoes (with disinfectant wipes) while sitting on designated stool.



23. Disinfect gloves with a disinfectant wipe or ABHR and allow to dry.



24. Disinfect designated stool with disinfectant wipes.



25. Roll absorbent mat and discard in biohazardous waste container.



26. Remove gloves and discard in biohazardous waste container.



27. Carefully perform hand hygiene with ABHR or clean sink.



28. If eyeglasses were worn, put on a pair of clean gloves and disinfect glasses with a disinfectant wipe.



29. Perform final inspection for any indication of contamination of the hospital scrubs or otherwise on the body.



- a) If there is evidence of contamination in doffing area, remove scrubs and dispose in biohazardous waste. Put on a clean set of scrubs and walk to shower area. Discard these clean replacement scrubs in regular garbage. This is a breach.
- b) If there is not any evidence of contamination, walk to changing area to remove scrubs, and place these in regular garbage. Don a new set of scrubs.

Shower facilities should be available for HCWs caring for EVD patients.

IDENTIFYING A BREACH IN PPE

A breach involves a situation in which PPE has been totally or partially compromised resulting in potential exposure to the health care worker. Examples of a breach include:

• Gloves separate from gown leaving exposed skin

- Inner glove cut/torn, even if outer glove appears intact
- Visible cut/tear in gown
- Needlestick

A breach may be identified during patient care, during inspection of one's PPE before exiting the patient's room, or as otherwise specifically noted in certain steps in this document.

If you experienced a breach, remain calm and follow all the steps in this doffing document. Refer to the section immediately below – Process to Follow in the Event of a Breach.

Process to Follow in the Event of a Breach

- 1. If a breach in PPE is suspected and there has been exposure to a patient's body fluids, go to designated doffing area immediately.
- 2. Work with trained observer to remove PPE as per the step-by-step instructions for doffing PPE, taking care to avoid any further self-contamination.
- 3. If exposed area is intact skin, wash the affected area well with soap and water.
- 4. If exposed area is a mucous membrane or eye flush the area with generous amounts of water.
- 5. If a percutaneous injury occurs, do not promote bleeding by squeezing the wound and do not soak the wound in bleach or disinfectant. Wash the area with soap and water.
- 6. Report the exposure immediately to Workplace Health. If after hours or Workplace Health is unable to assist contact your health authority's Medical Health Officer on call for further instructions.