# Ebola Expert Working Group: Infection Control Section

### **Donning of PPE for Ebola Virus Disease: High Transmission Risk Option #2 - PAPRS**

### This procedure requires the following items:

•Scrubs • Socks • Coveralls • PAPR hood and breathing device • Outer Apron (optional) • Gloves

### **Before donning any PPE**

- 1. Verify PAPR Check has been performed as per the *Initial PAPR Check* instruction document.
- 2. Engage Trained Observer. The Trained Observer may observe the HCW donning process in the anteroom, with the HCW.
- 3. Remove Personal Clothing and all personal items (including jewellery). Eyeglasses may be worn.
- 4. Perform hand hygiene with ABHR and rub hands until dry.
- 5. Securely tie back hair if required.
- 6. Change into hospital scrubs and socks.
- 7. Inspect PPE Prior to Donning.

### **Donning PPE**

8. Put on coveralls up to the waist.



9. Put on rubber boots. Pull coveralls over top of boot so the boot is underneath the cuff of the leg of the coveralls.



10. Put on the top portion of the coveralls.



11. Zip the coveralls up.
Remove the adhesive strip
backing at the bottom portion
of the coveralls and seal the
coveralls completely.



12. Slide the belt of the PAPR through the clasp and secure. Ensure belt is snug and the blower unit is secure against the small of your back. Using the clip, secure the loose end of the belt.



13. Reaching behind you, grasp the loose end of the breathing tube and insert fully into the hole on the headpiece until click is heard.



14. Turn on the PAPR



15. Put on PAPR hood, ensuring it fully drapes down over shoulders. If applicable secure PAPR hood ties on both left and right side by tying a bow.



16. Perform hand hygiene with alcohol based hand rub and allow hands to dry.



17. Put on a pair of inner gloves. The inner gloves must be underneath the cuff of the sleeve.



18. Put on outer gloves, pulling the glove overtop of the cuff of the coverall sleeve.



19. You and the observer must 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 Ebola Patient Room: High Transmission Risk Option #2 - PAPRS

### **Inside Patient Room**

- 1. Engage Trained Observer. Trained Observer to notify PPE Doffing Assistant. While observing the HCW Doffing Procedure, the Trained Observer may not enter the doffing area and should observe from a designated room separated from the doffing area but with good visual and voice contact. If this is not possible, the Trained Observer may be separated from the HCW by an appropriate partition that provides the necessary physical separation.
- 2. Before entering the PPE Removal Area, inspect PPE.



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



4. Stand in the shuffle pit located inside the patient room for at least 30 seconds, adjacent to the door to the anteroom.



5. Step out of shuffle pit onto absorbent mat.



6. Wipe door handle with a new disinfectant wipe and exit the patient room into the anteroom.



7. Step on to absorbent mat.



8. Inspect the outer gloves for signs of cuts or tears. If cut or torn notify observer.



9. Disinfect outer-gloved hands with a disinfectant wipe or ABHR and allow to dry. Remove and discard outer gloves and place in biohazardous waste, taking care not to contaminate inner glove during removal process.



### In Anteroom/Enclosure

10. Inspect the inner gloves' outer surfaces for cuts/ tears. If inner glove is cut/torn remove inner glove and wash hands well with soap and water and don clean gloves. This is a breach.



11. If no cuts or tears, disinfect inner gloves with a disinfectant wipe and wait one minute.



12. Turn off PAPR.

13. Disconnect breathing tube from hood. Dispose of disposable hood in biohazardous waste container.



14. Untie left and right ties if applicable. Carefully remove hood. This step requires the worker to sit on a stool. Doffing assistant to carefully grasp straps and pinch the outside of the hood at the back. With other hand, doffing assistant to grasp breathing connection at the back of the hood. With healthcare worker leaning slightly forward, doffing assistant to pull hood forward and off. Discard hood in biohazardous waste



15. Remove and dispose of breathing tube cover (if used) and dispose in biohazardous waste container.



16. Unbuckle PAPR belt and place blower unit, breathing tube, belt and battery directly into designated reprocessing him



17. If stool was used wipe entire surface with disinfectant wipe.



18. Disinfect inner gloves with disinfectant wipe or ABHR and allow to dry.



19. Remove Coverall: with assistance if required, unzip and slowly remove the coverall, rolling it downward and away from you (inside out) until it is below the top of the boot. Avoid contact of scrubs with outer surface of coverall during removal, touching only the inside of the coverall.



20. Step out of coveralls and boots, stepping onto clean surface. Discard coveralls. Place boots in designated reprocessing bin.



21. Disinfect inner gloved hands with disinfectant wipe or alcohol based hand rub and allow to dry.



22. Remove gloves and dispose in biohazardous waste container, taking care not to contaminate bare hands.



23. Perform hand hygiene with ABHR or a clean sink.



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



25. Perform a final inspection for any indication of contamination of the hospital scrubs or otherwise on 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 healthcare workers performing high-risk patient care

### **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 next section.

### 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 and doffing assistant 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.