

UC Riverside, School of Medicine Policies and Procedures**Policy Title:** Personal Protective Equipment (PPE)**Policy Number:** 950-03-040

Responsible Officer:	Chief Medical Officer
Responsible Office:	Clinical Affairs
Origination Date:	12/2022
Date of Revision:	
Scope:	UCR Health Ambulatory Clinical Locations

I. Policy Summary

UCR Health is committed to providing a healthy and safe working environment at all clinical locations. This policy is designed to outline requirements when providing patient care and applying the use of personal protection equipment (PPE).

II. Definitions

- PPE: Personal Protection Equipment
- Transmission-Based Precautions: Second tier of basic infection control and are used in addition to Standard Precautions for patients who may be infected or colonized with certain infectious agents for which additional precautions are needed to prevent infection transmission

III. Policy Text

- Personal protective attire will be worn during patient contact whenever there is an expectation of possible exposure to an infectious material in accordance with Federal, State, and Local agencies. – PPE shall also be provided by UCR.ⁱ
- In addition to the application of Standard Precautionsⁱⁱ, Transmission-Based Precautionsⁱⁱⁱ will also be used for patients who may be infected or colonized with certain infectious agents for which additional precautions are needed to prevent infection transmission.
- Employees, with direct patient contact, are required to receive training upon hire on personal protection equipment application and N-95 fit test in accordance with federal, state, and local agencies and will maintain annual training requirements

IV. Responsibilities

UCR Health Employees with direct patient contact

ⁱ Cal/OSHA PPE Employer Financial Responsibility (cited 20, December 2022) <https://www.dir.ca.gov/dosh/employerinformation.htm>

ⁱⁱ CDC Standard Precautions (cited 20, December 2022) <https://www.cdc.gov/infectioncontrol/basics/standard-precautions.html>

ⁱⁱⁱ CDC Transmission Based Precautions (cited 19, December 2022) https://www.cdc.gov/infectioncontrol/basics/transmission-based-precautions.html#anchor_1564057963

V. Procedures

A. Personal Protection Equipment

1. Gloves
 - a. Hand hygiene – Policy 950-03-014^{iv} must be performed before donning clean or sterile gloves. Wear nitrile gloves when touching blood, body fluids, secretions, excretions, nonintact skin, rashes, and contaminated items.
 - b. Perform hand hygiene and put on clean gloves before touching mucous membranes and/or non-intact skin.
 - c. Change gloves between tasks and procedures on the same patient after contact with material that may contain a high concentration of microorganisms.
 - d. Remove gloves promptly after use and perform hand hygiene before touching items and environmental surfaces and before going to another patient to avoid transfer of microorganisms to other patients or environmental surfaces.
2. Mask, Eye Protection, Face Shield:
 - a. Wear a medical grade mask and eye protection or a face shield to protect mucous membranes of the eyes, nose, and mouth during procedures and patient-care activities that are likely to generate splashes or sprays of blood, body fluids, secretions, and excretions.
3. Gowns
 - a. Wear a gown to protect skin and to prevent soiling of clothing during procedures and patient-care activities that are likely to generate splashes or sprays of blood, body fluids, secretions, or excretions.
 - b. Select a gown that is appropriate for the activity and amount of fluid likely to be encountered. Fluid-resistant gowns are available for use (e.g., blue plastic gowns). A non-fluid resistant gown (i.e., isolation gown) may be worn in all other procedures not requiring a fluid-resistant or sterile gown.
 - c. Carefully remove a soiled gown so clothes are not contaminated. Gowns should be removed promptly when no longer needed and should be properly disposed of. Disposable gowns may not be used more than once.

B. Transmission Based Precautions

1. Contact Precautions – Required for use in patients with known or suspected infections that represent an increased risk for contact transmission
 - a. Ensure appropriate patient placement in a single patient space or room if available in acute care hospitals. In long-term and other residential settings, make room placement decisions balancing risks to other patients. In ambulatory settings, place patients requiring contact precautions in an exam room or cubicle as soon as possible.
 - i. Use personal protection equipment (PPE) appropriately, including gloves and gown. Wear a gown and gloves for all interactions that may involve contact with the patient

^{iv} UCR Hand Hygiene Policy https://medschoolcompliance.ucr.edu/sites/default/files/2019-10/950-03-014_hand_hygiene.pdf

- or the patient's environment. Donning PPE upon room entry and properly discarding before exiting the patient room is done to contain pathogens.
- ii. Limit transport and movement of patient outside of the room to medically necessary purposes. When transport or movement is necessary, cover or contain the infected or colonized areas of the patient's body. Remove and dispose of contaminated PPE and perform hand hygiene prior to transporting patients on Contact Precautions. Don clean PPE to handle the patient at the transport location.
 - iii. Use disposable or dedicated patient-care equipment e.g., blood pressure cuffs). If common use of equipment for multiple patients is unavoidable, clean and disinfect such equipment before use on another patient.
 - iv. Prioritize cleaning and disinfection of the rooms of patients on contact precautions ensuring rooms are frequently cleaned and disinfected (e.g., at least daily or prior to use by another patient if outpatient setting) focusing on frequently touched surfaces and equipment in the immediate vicinity of the patient.
2. Droplet Precautions- Required for use in patients with known or suspected to be infected with pathogens transmitted by respiratory droplets that are generated by a patient who is coughing, sneezing, or talking.
- a. Source control: put a medical grade mask on the patient.
 - b. Ensure appropriate patient placement in a single room if possible. In ambulatory settings, place patients who require Droplet Precautions in an exam room or cubicle as soon as possible and instruct patients to follow Respiratory Hygiene/Cough Etiquette recommendations.
 - c. Use personal protection equipment (PPE) appropriately. Don medical grade mask upon entry into the patient room or patient space.
 - d. Limit transport and movement of patients outside of the room to medically necessary purposes. If transport or movement outside of the room is necessary, instruct patient to wear a medical grade mask and follow Respiratory Hygiene/Cough Etiquette.
3. Airborne Precautions – Required for use in patients with known or suspected to be infected with pathogens transmitted by the airborne route (e.g., tuberculosis, measles, chickenpox, disseminated herpes zoster).
- a. Source control: put a medical grade mask on the patient.
 - b. Ensure appropriate patient placement in an airborne infection isolation room (AIIR) constructed according to the Guideline for Isolation Precautions. In settings where Airborne Precautions cannot be implemented due to limited engineering resources, masking the patient, and placing the patient in a private room with the door closed will reduce the likelihood of airborne transmission until the patient is either transferred to a facility with an AIIR or returned home.

^v CDC Respiratory Hygiene/Cough Etiquette (cited 20, December 2022)
<https://www.cdc.gov/flu/professionals/infectioncontrol/resphygiene.htm>

- c. Restrict susceptible healthcare personnel from entering the room of patients known or suspected to have measles, chickenpox, disseminated zoster, or smallpox if other immune healthcare personnel are available.
- d. Use personal protection equipment (PPE) appropriately, including a fit-tested NIOSH-approved N95 or higher-level respirator for healthcare personnel.
- e. Limit transport and movement of patients outside of the room to medically necessary purposes. If transport or movement outside an AIIR is necessary, instruct patients to wear a surgical mask, if possible, and observe Respiratory Hygiene/Cough Etiquette. Healthcare personnel transporting patients who are on Airborne Precautions do not need to wear a mask or respirator during transport if the patient is wearing a mask and infectious skin lesions are covered.
- f. Immunize susceptible persons as soon as possible following unprotected contact with vaccine-preventable infections (e.g., measles, varicella, or smallpox).

C. PPE Training and Education

1. Based on positions and work settings that may present a real or potential hazard. This includes but is not limited to, physicians, residents, physician assistant, nurse practitioner, registered nurse, front desk staff, medical assistant, clinic managers, and medical students.
2. Director of Quality, Patient Safety, Risk and Population Health will coordinate with clinic manager to schedule training and competency signed off.
3. Competencies will be kept in the employee's personnel file.
4. NIOSH Approved N-95 Respirator
 - a. Fittings will be performed per UCR Environmental Health & Safety (EH&S)^{vi} department and must meet NIOSH approved guidelines.
 - b. UCR Health is responsible for any fees associated with the fitting and providing employees with their N-95 respirator.
 - c. Employee is responsible for taking all brands/models of in-stock N-95 respirator with them to their fitting to ensure inventory is immediately available. To avoid issues with shortages, employees should be fitted for all available N-95 respirators; however, EH&S will determine which N-95 respirators are suitable for the employee.
 - d. School of Medicine Human Resources will maintain a spreadsheet which includes, employee name, N-95 masks certification, fitting date, and annual recertification date.
 - e. School of Medicine Human Resources will coordinate with clinic managers to ensure employees are scheduled for annual fittings per EH&S requirements.
<https://ehs.ucr.edu/safety/respiratory-protection/mandatory>

VI. Forms/Instructions

Attachment A – Contact Precautions

Attachment B – Droplet Precautions

Attachment C – Airborne Precautions

Attachment D – Sequence for Applying and Removing PPE

Attachment E – Example of Competency Validation

^{vi} UCR Environmental Health & Safety (EH&S) Respiratory Training <https://ehs.ucr.edu/safety/respiratory-protection/mandatory>

VII. Related Information

<https://www.cdc.gov/infectioncontrol/basics/transmission-based-precautions.html>
<https://www.dir.ca.gov/title8/3205.html>

VIII. Revision History

N/A

Approvals:

COMPLIANCE COMMITTEE (01/05/2023)

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1/5/2023 | 2:24 PM PST

DATE

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1/8/2023 | 12:23 PM PST

DATE

Attachment A



CONTACT PRECAUTIONS

EVERYONE MUST:



Clean their hands, including before entering and when leaving the room.

PROVIDERS AND STAFF MUST ALSO:



Put on gloves before room entry.
Discard gloves before room exit.



Put on gown before room entry.
Discard gown before room exit.

Do not wear the same gown and gloves for the care of more than one person.



Use dedicated or disposable equipment.
Clean and disinfect reusable equipment before use on another person.



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CS19-3061919-A

Attachment B

STOP **DROPLET PRECAUTIONS** **STOP**

EVERYONE MUST:
Clean their hands, including before entering and when leaving the room.

Make sure their eyes, nose and mouth are fully covered before room entry.

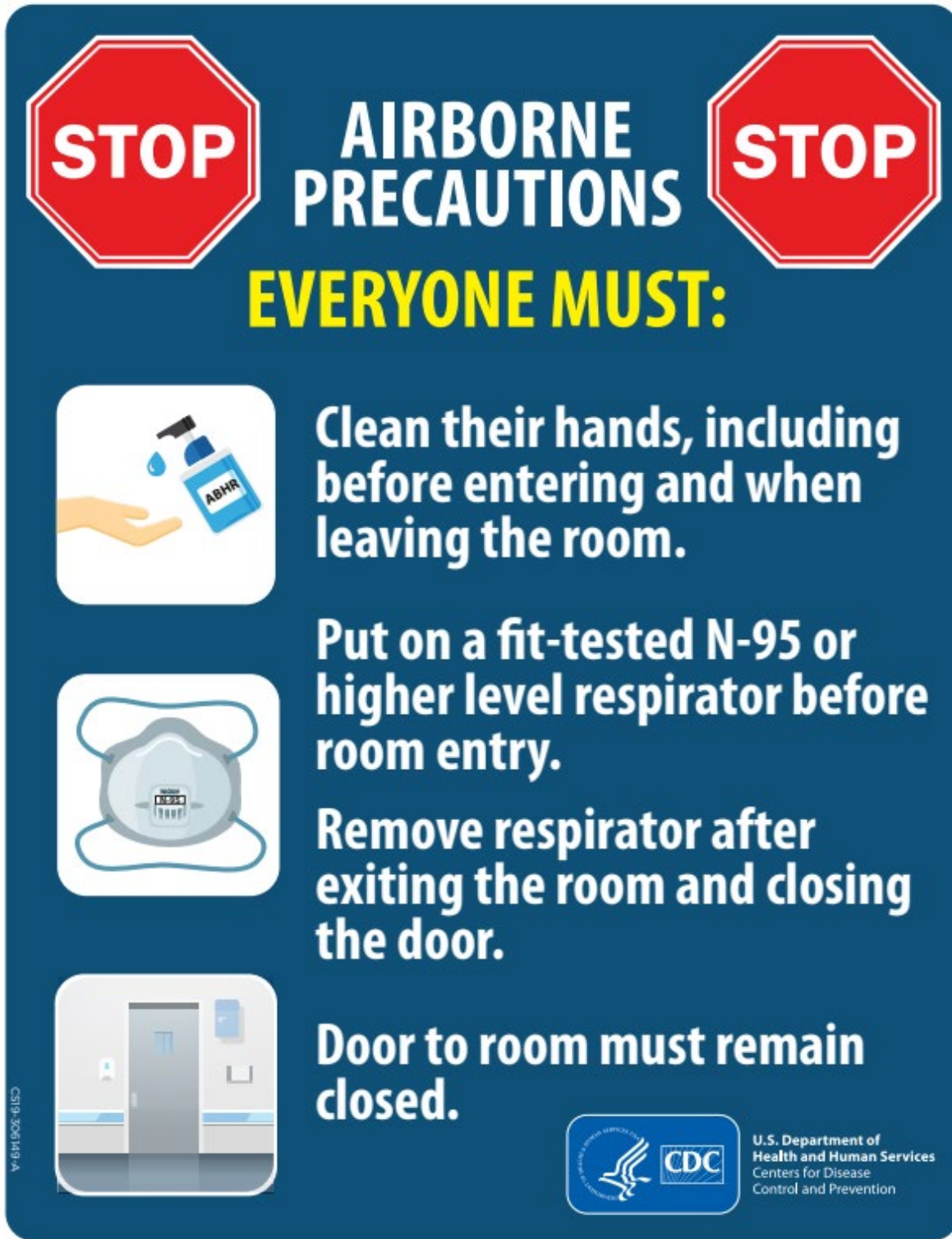
or

Remove face protection before room exit.

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Attachment C




STOP **AIRBORNE PRECAUTIONS** **STOP**

EVERYONE MUST:

-  **Clean their hands, including before entering and when leaving the room.**
-  **Put on a fit-tested N-95 or higher level respirator before room entry.**
-  **Remove respirator after exiting the room and closing the door.**
-  **Door to room must remain closed.**

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Centers for Disease Control and Prevention

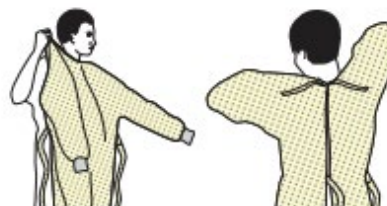
Attachment D

SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

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 procedure for putting on and removing PPE should be tailored to the specific type of PPE.

1. GOWN

- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
- Fasten in back of neck and waist



2. MASK OR RESPIRATOR

- 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



3. GOGGLES OR FACE SHIELD

- Place over face and eyes and adjust to fit



4. GLOVES

- Extend to cover wrist of isolation gown



USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene



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HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 1

There are a variety of ways to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Here is one 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:

1. GLOVES

- 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 palm area of the other gloved hand and peel off first glove
- Hold 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



2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band or ear pieces
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container



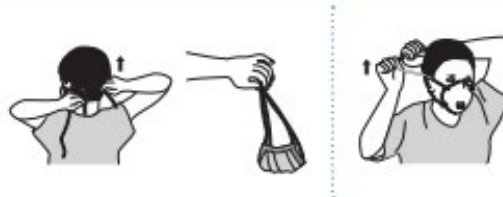
3. GOWN

- Gown 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
- Fold or roll into a bundle and discard in a waste container

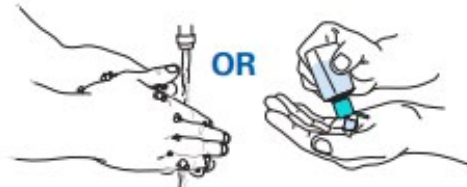


4. MASK OR RESPIRATOR

- Front of mask/respirator is 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 ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



5. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



**PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS
BECOME CONTAMINATED AND IMMEDIATELY AFTER
REMOVING ALL PPE**



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HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 2

Here is another way to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. **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:

1. GOWN AND GLOVES

- Gown front and sleeves and the outside of gloves are contaminated!
- If your hands get contaminated during gown or glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp the gown in the front and pull away from your body so that the ties break, touching outside of gown only with gloved hands
- While removing the gown, fold or roll the gown inside-out into a bundle
- As you are removing the gown, peel off your gloves at the same time, only touching the inside of the gloves and gown with your bare hands. Place the gown and gloves into a waste container



2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band and without touching the front of the goggles or face shield
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container



3. MASK OR RESPIRATOR

- Front of mask/respirator is 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 ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



4. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



**PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS
BECOME CONTAMINATED AND IMMEDIATELY AFTER
REMOVING ALL PPE**



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Attachment E

Personal Protective Equipment (PPE) Competency Validation
 Donning and Doffing
 Standard Precautions and Transmission Based Precautions

Type of validation: Return demonstration	<input type="checkbox"/> Orientation
	<input type="checkbox"/> Annual
	<input type="checkbox"/> Other

Employee Name: _____ Job Title: _____

COMPETENT	YES	NO
Donning PPE:		
1. Perform Hand Hygiene		
2. Don Gown:		
• Fully covering torso from neck to knees, arms to end of wrists		
• Tie/fasten in back of neck and waist		
3. Don Mask/Respirator:		
• Secure ties/elastic bands at middle of head and neck		
• Fit flexible band to nose bridge		
• Fit snug to face and below chin (Fit-check respirator if applicable)		
4. Don Goggles or Face Shield:		
• Place over face and eyes; adjust to fit		
5. Don Gloves:		
• Extend to cover wrist of gown		
Doffing PPE: Example 1		
6. Remove Gloves:		
• Grasp outside of glove with opposite gloved hand; peel off		
• Hold removed glove in gloved hand		
• Slide fingers of ungloved hand under remaining glove at wrist		
• Peel glove off over first glove		
• Discard gloves in waste container		
7. Remove Goggles or Face Shield:		
• Handle by head band or earpieces		
• Discard in designated receptacle if re-processed or in waste container		
8. Remove Gown:		
• Unfasten ties/fastener		
• Pull away from neck and shoulders, touching inside of gown only		
• Turn gown inside out		
• Fold or roll into bundle and discard		

COMPETENT	YES	NO
9. Remove Mask/Respirator (respirator removed after exit room/closed door):		
• Grasp bottom, then top ties or elastics and remove		
• Discard in waste container		
10. Perform Hand Hygiene		
Doffing PPE: Example 2		
11. Remove Gown and Gloves:		
• Grasp the gown in the front and pull away from your body so that the ties break, touching outside of gown only with gloved hands		
• While removing gown, fold or roll the gown inside-out into bundle		
• While removing gown peel off your gloves at the same time, only touching inside of gloves and gown		
• Discard in waste container		
12. Remove Goggles/face shield		
• Remove from back by lifting head band		
• Discard in waste container		
13. Mask or Respirator		
• Grasp bottom ties or elastic of mask/respirator, then top and remove		
• Discard in waste container		
14. Perform Hand Hygiene		
Standard Precautions & Transmission Based Precautions		
15. Staff correctly identifies the appropriate PPE for the following scenarios: (PPE to be worn based on anticipated level of exposure) *		
• Contact/Contact Enteric Precautions (gown & gloves)		
• Droplet Precautions (surgical mask)		
• Airborne Precautions (fit-tested respirator if applicable)		

**NOTE: Examples include mask for coughing/vomiting patient, goggles/face shield for irrigating draining wound, gown for dressing change if scrubs may touch patient, etc.,*

Comments or follow up actions:

Employee Signature

Validator Signature Date