

Guide to putting on respiratory Personal Protective Equipment (PPE)

✔ Keep gloved hands away from face

✔ Change gloves when torn or heavily contaminated

✔ Limit surfaces touched in the patient's environment

✔ Always clean your hands after removing PPE

The type of PPE used will vary based on the type of exposure, infectiousness, consequences of acquisition and likely harm of the organism that is suspected/confirmed.

Putting on PPE: Put on PPE in a safe area, before entering Isolation room

1 Perform hand hygiene



2 Put on an Apron or Fluid repellent gown

A fluid repellent gown should be worn in the following circumstances:

- ▶ When extensive splashing of blood and/or body fluids is likely or anticipated
- ▶ During Aerosol Generating Procedures (AGP)
- ▶ For all 'novel or emerging respiratory viruses'

3 Put on a Surgical or FFP3 mask

- ▶ Refer to information in the GHNHSFT Isolation procedure for specific advice regarding type of mask to be worn
- ▶ Wear an FFP3 mask for all AGPs on patients with confirmed/suspected respiratory viruses and patients with suspected or confirmed TB
- ▶ Wear FFP3 at all times for 'novel or emerging respiratory viruses'
- ▶ Wear an FFP3 mask at all times if Multi-drug resistant TB is suspected or confirmed

How to put on FFP3 mask

- ▶ Select mask according to fit testing
- ▶ Place over nose, mouth and chin
- ▶ Secure elastic bands at middle of head and neck
- ▶ Fit flexible nosepiece over nose bridge
- ▶ Adjust to fit
- ▶ Perform Fit Check
 - ▶ Inhale: mask should collapse
 - ▶ Exhale: check for leakage around face



4 Put on Visor

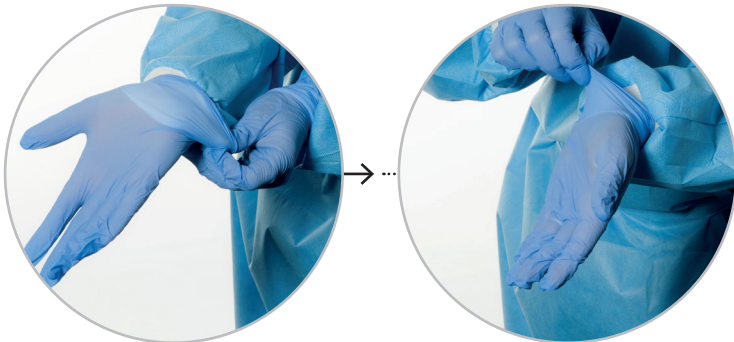
When to wear a visor:

- ▶ Must be worn for all AGPs
- ▶ For all 'novel or emerging respiratory viruses'
- ▶ If blood and /or body fluid contamination to the eyes /face is anticipated



5 Put on gloves

- ▶ Select according to hand size
- ▶ Put on gloves taking care not to tear or puncture glove
- ▶ Extend to cover wrist
- ▶ If gown is worn ensure glove fits over the gown's cuffs



i Aerosol Generating Procedures (AGP):

- ▶ Intubation, extubation and related procedures (e.g. manual ventilation and open suctioning)
- ▶ Open suctioning of airways
- ▶ Cardiopulmonary resuscitation
- ▶ Bronchoscopy
- ▶ Surgery and post mortem procedures in which high-speed devices are used
- ▶ Non Invasive Ventilation (NIV) e.g. Bilevel Positive Airway Pressure Ventilation (BiPAP), Continuous Positive Airway Pressure Ventilation (CPAP)
- ▶ High frequency oscillating ventilation (HFOV)
- ▶ Induction of sputum
- ▶ Some dental procedures (e.g. drilling)

The use of humidified oxygen and the administration of medication via nebulisers are not considered to be AGPs and do not represent a significant infection risk.

i Information on masks

- ▶ All masks are single use items
- ▶ Surgical masks must be changed when they become wet or damaged
- ▶ FFP3 masks offer HCW's the highest level of respiratory protection
- ▶ All staff required to wear an FFP3 mask for respiratory protection must undergo fit testing
- ▶ FFP3 masks can be worn for up to 8 hours continuous care
- ▶ Where a patient is isolated and Respiratory precautions are in place, the patient should, where possible, wear a surgical mask if leaving the isolation room

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BEST CARE FOR EVERYONE

Guide to removing respiratory Personal Protective Equipment (PPE)

Removing PPE: Immediately before leaving the Isolation room (near exit)

1 Remove gloves

Outside of gloves are contaminated

- ▶ Grasp outside edge near wrist and peel away, rolling the glove inside out
- ▶ Hold in opposite gloved hand
- ▶ Slide ungloved finger under wrist of the remaining glove
- ▶ Peel off creating a bag for both gloves
- ▶ Discard as clinical waste

2 Remove Apron / or gown

APRON: Front of apron contaminated

- ▶ Pull away and down from neck
- ▶ Break ties at waist
- ▶ Touching inside only roll into a bundle
- ▶ Discard as clinical waste

GOWN: Front and sleeves of gown are contaminated

- ▶ Unfasten neck then waist ties
- ▶ Remove using a peeling motion
- ▶ Pull gown away from neck and shoulders touching the inside of the gown only
- ▶ Gown will turn inside out
- ▶ Hold away from body
- ▶ Roll into a bundle
- ▶ Discard as clinical waste



3 Perform hand hygiene



4 Remove visor (if worn)

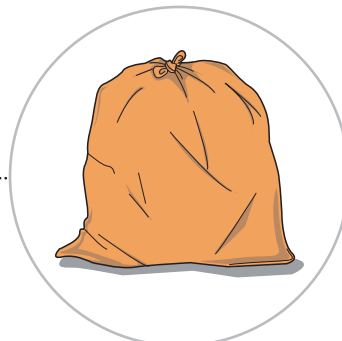

Outside of Visor contaminated



- ▶ Handle only by headband / elastic
- ▶ Lift away from face
- ▶ Discard as clinical waste

5 Perform hand hygiene









Immediately on leaving Isolation room

6 Remove surgical mask or FFP3 mask



6.1: SURGICAL MASK: Front of mask is contaminated



- ▶ Untie bottom then top tie
- ▶ Pull away from face using ties only
- ▶ Discard immediately into clinical waste bin


6.2: FFP3 MASK: Front of mask is contaminated

- ▶ Grasp bottom strap then top strap
- ▶ Pull forward off head ,bending forward to allow mask to fall away from face
- ▶ Discard immediately into clinical waste bin

7 Perform hand hygiene





 Refer to:

▶ GHNHSFT Isolation Procedure

▶ GHNHSFT Acute Respiratory Tract Infections policy

Reference: Coia J.E et al (2013) Guidance on the use of respiratory and facial protection equipment. Journal of Hospital Infection. 85,170-182.

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