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<b>SECTION D: CONTROL ACTIVITIES</b>			<b>D.6 PERSONAL PROTECTIVE EQUIPMENT</b>		
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## **D.6 Personal Protective Equipment**

### **STANDARD**

It is the responsibility of the Community Nursing Registry of Ottawa to ensure that Members have access to appropriate Personal Protective Equipment (PPE) when caring for clients in their homes.

Carrying a PPE Starter Kit is recommended to ensure CNRO members have the supplies readily on hand in the event they are needed prior to the medical supply delivery to the home. It is the members responsibility to ensure their PPE Starter kit is intact, replenished as needed.

Members who are providing staff relief to hospitals, Long Term Care Homes and other health care facilities will use the Personal Protective Equipment provided by the facilities and follow their procedures.

### **DEFINITIONS**

#### **Personal Protective Equipment**

Personal Protective Equipment (PPE) is specialized clothing or equipment worn by a Member for protection against blood and body fluids or potentially contaminated materials. For the purposes of this policy PPE refers to the use of gloves, gowns, masks and/or visors used when providing patient care.

#### **Appropriate Footwear**

For the purpose of this policy, appropriate footwear is deemed to have closed toes and closed heels, have non-slip soles and reflect the conditions of the environment and the care needs of the client.

#### **Non-appropriate Footwear**

For the purpose of this policy, non-appropriate footwear, regardless of the client environment, is deemed to be sandals, flip flops, Crocs and other recreational footwear.

#### **PPE Starter Kit**

- Two (2) pairs of Gloves (minimum)
- Two (2) Gowns
- Mask with visor
- Hand Sanitizer
- Instructions for Donning and Doffing PPE


### **RESPONSIBILITY**

It is the responsibility of all members to follow Evidence informed practice on the use and application of PPE to ensure their personal safety and that of their clients.

Members are responsible to inspect their PPE prior to use to ensure there are no holes or tears.

### **TRAINING**

1. All members will review this policy, Hand Hygiene and PPE to refresh their knowledge of Routine Practices during orientation.
2. Evaluation of knowledge uptake will occur through discussion during orientation. Gaps in knowledge will be corrected at that time.

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3. Annually, at least one Safety Talk will include information about PPE and protection against contamination from Airborne, Droplet or Bloodborne pathogens. The topic may not specifically be titled PPE but the contents will reflect the importance of using PPE.
4. Training records will be kept in the Health and Safety Training Log.

#### EVALUATION

The effectiveness of this policy and associated procedures will be evaluated by JHSC review of reported incidents and through an audit of PPE best practice during the annual Health and Safety to ensure this policy and the information provided to members is current.

#### PROCEDURE

##### Gloves

- Gloves are not a substitute for hand hygiene. They are worn as an additional protective measure to reduce the potential risk to the Member when performing patient care.
- Single use gloves will be used for one instance of patient/client care and not reused.
- Hand hygiene must be performed prior to removing gloves from the box or storage container.

##### Gloves will be applied when:

- There is risk of blood or body fluid contact with hands and/or when touching mucous membranes or non- intact skin.
- When the Member has open skin lesions on the hands.
- Before contact with the client or potentially contaminated material
- Before initiating a procedure for which gloves are required.

##### Use of Facial Protection


- Facial protection should be worn to protect mucous membranes of eyes, nose and mouth when client care activities would likely generate splashes or sprays of blood, body fluids, secretions or excretions.
- Facial protection consists of a mask with a visor.
- Masks are single use items and must be discarded after use. Health Canada recommends that masks should be changed if they become wet, interfere with breathing are damaged or visibly soiled.

##### Use of Gowns

- Gowns are to be worn when client care activities would likely generate splashes or sprays of blood, body fluids, secretions or excretions that could contaminate clothing.
- Gowns are single use items that must be discarded after use or if contaminated.

##### Donning and Doffing PPE

- Complete hand hygiene before accessing the PPE kit.
  - The PPE kit is considered clean and must not be accessed with dirty hands.
- Apply the PPE as per see appendix A.
- Once an item is removed from the kit it must be discarded. Used items may be discarded in the client's garbage.

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- Remove the PPE immediately upon leaving the client space as per appendix A.

### Footwear

- CNRO members who work in client facilities are expected to wear shoes that comply with the CNRO definition of appropriate footwear and the requirements of the facility.
- CNRO members working in the community will at a minimum wear shoes that comply with the CNRO definition of appropriate footwear.
- When determining the type of footwear that is appropriate to a specific community client environment, the members will take into consideration the following;
  - The amount and type of equipment used in the home
  - The space and proximity of furniture to the working area (small spaces or spaces where furniture and other personal items may increase the risk of injury)
  - The type of flooring (carpet, ceramic tile, laminate, cement, etc) in the client environment as it relates to the risk of slips/trips or repetitive injury to a member's feet or joints.
- CNRO members are expected to wear weather appropriate footwear when traveling to a client's home or facility.
- CNRO members are expected to carry indoor shoes and change from outdoor footwear on arrival to the client home.

### REFERENCES

Best Practices for Hand Hygiene in All Health Care Settings; Provincial Infectious Diseases Advisory Committee (PIDAC); Ministry of Health and Long Term Care; Reviewed and Revised December 2012

Infection Prevention and Control Reference Tool for Health Care Providers in the Community; Public Health Ontario; September 2011

### Appendix A

<b>Sequence for Putting on Personal Protective Equipment:</b>	
Perform hand hygiene.	Soap and water or hand sanitizer for >15 seconds
Put on gown.	Opening is in the back Secure at neck and waist
Put on procedure mask or N95 respirator (if required).	Place over nose, mouth and chin Fit flexible nose piece over the nose bridge Secure on head with elastic ear loops Adjust to fit
Put on eye protection or face shield if required).	
Put on gloves.	Insert hands into gloves Extend gloves over gown cuff (if worn)
Inspect	Inspect gloves, gown and face protection and ensure all



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	items are intact prior to entering the client space.
<b>Sequence for Removing Personal Protective Equipment:</b>	
Remove gloves	Grasp outside edge near wrist Peel away from hand, turning glove inside-out Hold in opposite gloved hand Slide ungloved finger under the wrist of the remaining glove Peel off from inside, creating a bag for both gloves Discard in Client's garbage
Remove gown	Unfasten ties Peel gown away from neck and shoulder Slip finger of one hand under the cuff-pull inside sleeve – reach across and push the sleeve off the other arm Turn contaminated outside toward the inside Fold or roll in bundle Discard in client's garbage
Clean hands	Soap and water or sanitizer for >15 seconds
Remove separate face shield, if used	Remove when more than 2 metres (6 feet) from ill person Discard in Client's garbage
Remove mask with or without attached visor	Remove when more than 2 metres (6 feet) from ill person; remove N95 immediately before exiting house/apartment Remove ear loops one at a time, or untie (bottom then top) Remove from face Discard in client's garbage
Clean hands.	Soap and water or hand sanitizer for >15 seconds