

<b>C M H C INFECTION CONTROL MANUAL</b>	Effective Date: 10/12/17	NUMBER: B-14.31
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	Formulated: 1997	
<b>PERSONAL PROTECTIVE EQUIPMENT AND OTHER PROTECTIVE SUPPLIES</b>		

**POLICY:**

The unit medical department will provide a sufficient quantity of personal protective equipment (PPE) in suitable sizes to ensure that workers have equipment available when there is potential for occupational exposure.

**DISCUSSION:**

In addition to standard precautions which are employed at all times all workers will use appropriate PPEs whenever there is the possibility of contracting an infection from a bloodborne, enteric, or droplet-borne pathogen or from an exposure to a wound or other discharge (see individual departmental manuals for specific precautions and/or recommendations).<sup>1</sup> The determination of which PPE is appropriate is based on the nature of the patient interaction and the likely mode of transmission.

The supervisor will ensure that the employee uses appropriate PPE unless the supervisor shows that the employee temporarily and briefly declined to use PPE when, under rare and extraordinary circumstances, it was the employee's professional judgment that in the specific instance its use would have prevented the delivery of health care or public safety services or would have increased hazard to the safety of the worker or co-worker. When the employee makes this judgment, the circumstances shall be investigated by the supervisor and documented in order to determine whether changes can be instituted to prevent such occurrences in the future.

The unit medical department is responsible for providing guidance on the use of protective equipment.

**DEFINITIONS:**

- A. **Disinfectant/Germicide** – A chemical substance capable of killing a wide variety of organisms, except for spores, with which it is in contact for a standard period of time. **Occupational exposure** – reasonably anticipated percutaneous, skin, oral, airway, eye, or mucous membrane contact with blood or other potentially infectious materials or with enteric or droplet-born pathogens that may result from the performance of a worker's duties.

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**B. Other potentially infectious materials --**

1. Human body fluids including pleural, pericardial, peritoneal, cerebrospinal, synovial, and amniotic fluids; semen and vaginal secretions; saliva associated with dental procedures; anybody fluid that is visibly contaminated with blood; and all body fluid in situations where it is difficult or impossible to differentiate between body fluids
2. Any unfixed tissue or organ (other than intact skin) from a human (living or dead)
3. HIV containing cell or tissue cultures, organ cultures, and HIV, or Hepatitis C containing culture media or other solutions.

**C. Personal protective equipment** – a variety of barriers used alone or in combination to protect skin, street clothes/uniforms or undergarments, mouth, airways, eyes, and mucous membranes from contact with infectious agents.

## PROCEDURES

### I. DISTRIBUTION OF EQUIPMENT

The unit health administrator is responsible for maintaining adequate levels of protective supplies and establishing procedures for issuance of supplies to designated locations. Unit locations are determined by the warden, with the assistance of the unit health authority or his/her designee. Replacement equipment will be ordered from the medical supply warehouse.

### II. USE OF PPE

Each employee is responsible for inspecting protective equipment before use to ensure that defective equipment is not used.

- A. **Latex or vinyl gloves** will be worn whenever hand contact may occur with
- blood or body fluids (eg, **phlebotomy procedures**), mucous membranes, nonintact skin, or other potentially infectious material;
  - patients who are infected or colonized with pathogens transmitted by the contact route, eg, VRE and MRSA
  - visibly or potentially contaminated patient care equipment or environmental surfaces.

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**Hypoallergenic** gloves, glove liners, powderless gloves, or other similar alternative will be made available by the unit health administrator for employees who are allergic to the gloves normally provided.

1. **Disposable (single use) gloves** such as surgical or examination gloves shall
  - be changed as soon as possible if they are torn, punctured, or when their ability to function as a barrier is compromised
  - be changed between offenders/patients
  - be donned last if they are worn in combination with other PPE
  - not be washed or decontaminated for re-use
2. **Utility gloves** may be decontaminated for re-use if the integrity of the glove is not compromised. However, they must be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised. Hands should be **washed** immediately after gloves are removed.

**B. Gowns, aprons, and other protective body clothing**

1. **Protective clothing** such as gowns shall be worn in situations in which occupational exposure may occur. The type and characteristics will depend upon the task and degree of exposure anticipated. Gowns are always worn in combination with gloves. Gowns are donned first.
2. **Surgical caps or hoods and/or shoe covers** or boots shall be worn in instances when gross contamination can reasonably be anticipated (e.g., self-mutilation).

**C. Masks, eye protection, and face shields**

1. **Masks**, in combination with eye protection devices such as goggles or glasses with solid side shields, or chin length face shields, shall be
  - worn by the worker whenever splashes, spray, splatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated.
  - Placed on coughing offenders/patients suspected of having droplet-borne or airborne pathogens when workers must work within 6 feet of them
2. When these items become contaminated, they should be removed with gloved hands and placed in a clear plastic bag marked with a bio-hazard label and sent to the house supply officer for decontamination.

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**D. CPR masks**

1. **CPR mask kits** will be a required component and stocked in, or with, unit First Aid Kits (See CMHC Policy D-28.4, First Aid Kits). At least one pair of disposable gloves should also be included in the First Aid Kit. Unit inventory logs and any addenda to them should list those items as components of First Aid Kits.
2. After use, the **contaminated** CPR mask and one-way flow valve is to be returned to the unit health administrator to exchange for a new mask and one-way flow valve. The contaminated CPR mask is then disposed of in the contaminated waste receptacle.

**III. REPLACEMENT AND REMOVAL OF EQUIPMENT**

- A. The unit shall replace the protective equipment as needed to maintain its effectiveness.
- B. If PPE is penetrated by blood or other potentially infectious materials, it will be removed immediately or as soon as feasible.
- C. All PPE will be removed prior to leaving the work area.
- D. When PPE is removed, it shall be placed in an appropriately designated area or container for storage, washing, decontamination, or disposal.

**IV. OTHER PROTECTIVE SUPPLIES**

- A. **Spill Kits** - The unit medical department will provide Spill Kits for the entire unit. The kits are to be used to clean up (decontaminate) blood and body fluids to which standard precautions apply. The kits must contain at a minimum:
  - Two pairs of gloves
  - Fifteen paper towels
  - Four rags
  - One large clear plastic bag
  - One large red plastic bag
  - Bottle of hospital “disinfectant”
  - Instructions for use of kit

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Spill Kits are to be strategically located on the unit as determined by health authority or his/her designee, with the assistance of the unit warden. After the kit is used, it is to be disposed of properly in the contaminated waste receptacle, and a new kit obtained from the medical department for restocking. Any staff involved in the use of a Spill Kit must notify the medical department so that the kit can be replaced.

- B. **Safety Kits** - The unit medical department will provide Safety Kits for the entire unit. The kits are to be used whenever gloves alone would provide insufficient protection for clean up (decontamination) of blood or body fluids to which standard precautions apply.

The contents of a kit are to be placed in a large ziplock bag (12" x 15") and must include at a minimum:

- Gown
- Gloves
- Goggles or safety glasses
- Mask
- Yellow plastic “Contaminated Linen” bag
- Large clear plastic bag

Safety Kits are to be strategically located on the unit as determined by the warden, with assistance of the unit health authority or his/her designee. All the items, other than the goggles and safety glasses, are disposable. Any disposable item that has been contaminated with blood or body fluids should be disposed of in the contaminated waste receptacle. Any staff removing items from a Safety Kit must notify the medical department so that the item/s can be replaced.

- C. The Unit Safety Officer should be informed of the locations of the Spill Kits and Safety Kits and is responsible for inspecting each kit on a monthly basis.
- D. **Contaminated waste receptacles** will be placed in key locations on the unit to collect disposable items and other potentially infectious waste. The unit health authority and warden will jointly establish the sites for these receptacles. The unit health administrator will establish procedures for the daily servicing of these receptacles to ensure waste pick-up, insertion of clean bags, and inspection of the receptacle for serviceability and proper use. Because of the potentially hazardous nature of the receptacle and workload involved in servicing them, the number of locations should be minimized. Only workers who have received training in these procedures will service these receptacles.

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E. **Yellow "contaminated linen" bags** - The unit medical department will also issue yellow "contaminated linen" bags for use in handling contaminated linens and clothing. Contaminated linens should be placed in water soluble bags before being placed in the yellow bags.  
Procedures will be established between the unit health authority and laundry supervisors.

- F. **Germicides/Disinfectants** – HIV can be inactivated by a
- Sodium hypochlorite (household bleach) solution **prepared daily** as one part bleach to 9 parts water (1:10 dilution)
  - Hospital disinfectant (which is also tuberculocidal when used at recommended dilutions)
  - Phenol type product which meets EPA requirements (eg, Super WEXCEL)

No germicide works well unless the surface has been cleaned of gross contamination first.

## V. **EQUIPMENT FAILURE AND POSSIBLE EXPOSURE TO PATHOGENS**

Employees who experience a failure (malfunction or breakage) of protective equipment which may have resulted in exposure to a bloodborne infection shall report this exposure to medical personnel and to their supervisor.

Reference: [http://www.cdc.gov/hicpac/2007IP/2007ip\\_part2.html](http://www.cdc.gov/hicpac/2007IP/2007ip_part2.html), Section II.E,