

# Personal Protective Equipment (PPE)

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- 3-PPE is only as effective as the user's skill in use and removal
- 4-PPE must be assessed for each procedure
- 5-Change PPE whenever it is heavily splashed and between procedures with different patients

# The keys of wearing gloves properly

- 1. Washing hands prior to wearing gloves- removing jewelry
- 2- any cuts or abrasions present on hands should be covered(e.g plaster) prior to donning gloves
- 3- Wear fresh pair of gloves before each procedure. NEVER REUSE GLOVES.
- 4-Remove gloves using proper technique and dispose of them properly.
- 5-Wash hands after removing gloves.
- NB. Gloves are not a substitute for hand hygiene and do not provide a safe method of preventing hand contamination



#### STERILE GLOVES INDICATED

Any surgical procedure; vaginal delivery; invasive radiological procedures; performing vascular access and procedures (central lines); preparing total parental nutrition and chemotherapeutic agents.

# EXAMINATION GLOVES INDICATED IN CLINICAL SITUATIONS

Potential for touching blood, body fluids, secretions, excretions and items visibly soiled by body fluids.

DIRECT PATIENT EXPOSURE: Contact with blood; contact with mucous membrane and with non-intact skin; potential presence of highly infectious and dangerous organism; epidemic or emergency situations; IV insertion and removal; drawing blood; discontinuation of venous line; pelvic and vaginal examination; suctioning non-closed systems of endotrcheal tubes.

INDIRECT PATIENT EXPOSURE: Emptying emesis basins; handling/cleaning instruments; handling waste; cleaning up spills of body fluids.

#### GLOVES NOT INDICATED (except for CONTACT precautions)

No potential for exposure to blood or body fluids, or contaminated environment

DIRECT PATIENT EXPOSURE: Taking blood pressure, temperature and pulse; performing SC and IM injections; bathing and dressing the patient; transporting patient; caring for eyes and ears (without secretions); any vascular line manipulation in absence of blood leakage.

INDIRECT PATIENT EXPOSURE: Using the telephone; writing in the patient chart; giving oral medications; distributing or collecting patinet dietary trays; removing and replacing linen for patient bed; placing non-invasive ventilation equipment and oxygen cannula; moving patient furniture.



# 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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