

RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER

Infection Prevention and Control

BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

**SUBJECT: WORKPLACE TRANSMISSION-
PERSONAL PROTECTIVE EQUIPMENT (PPE)**

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Personal protective equipment (PPE) protects employees from contact with potentially infectious materials. The type of PPE appropriate for a given task depends on the degree of exposure anticipated.

When occupational exposure is anticipated, appropriate PPE such as gloves, gowns, face shields or masks, eye protection, mouth pieces, resuscitation bags will be used by employees. PPEs should not permit blood or other potentially infectious materials to pass through or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time in which the PPE will be used.

Gloves

Gloves are the most widely used form of PPE. They act as a barrier between your hands and bloodborne pathogens.

1. Gloves will be worn when hand contact with blood or body fluids, mucous membranes or non-intact skin is anticipated.
2. Gloves will be worn while performing patient care services if there are open areas, cuts or abrasions on the hands.
3. Gloves will be worn when performing venipuncture and other vascular access procedures.
4. Gloves will be worn when handling contaminated items or surfaces.
5. Gloves can be torn or punctured by sharps. Cuts will be bandaged before donning gloves.
6. Gloves will be changed between patients, whenever torn, or when a needle stick or other injury occurs.
7. Gloves will be changed after contact with a contaminated site (i.e. infected wound) and prior to contact with a clean site on the same patient.
8. Disposable gloves will **NOT** be washed or re-used.
9. Sterile gloves will be used for all procedures involving contact with normally sterile areas in the body.
10. Utility gloves such as rubber household gloves may be used for housekeeping chores involving potential blood contact or gross microbial contamination, as well as for instrument cleaning and decontamination procedures. They may be decontaminated and re-used unless they are torn, punctured, cracked or peeling, and no longer provide barrier protection.
11. Hands will be decontaminated immediately after gloves are removed and before new gloves are donned.

12. All allergic reactions to gloves (i.e., hand rashes) are reportable to Employee Health Services for follow-up.

Gowns/Aprons

1. Fluid resistant gowns or aprons will be worn during procedures likely to cause splashing, droplets and spraying. (Examples: surgery, hemodialysis, radiology procedures which cause splashes of blood/body fluids).
2. Disposable gowns/aprons will be discarded in the trash after one use.
3. Reusable gowns will be handled as regular linen (all linen is handled as if contaminated).
4. Turn the outer, contaminated side of the gown inward and roll into a ball to contain contamination then discard into a designated container for waste or linen.
5. Clinical and laboratory coats or jackets worn over personal clothing are not considered PPE.

Mask and Protective Eyewear

Masks and protective eyewear include goggles, full face shields, masks with shields, or glasses with solid side shields.

1. Face shields or masks and protective eyewear will be worn during invasive procedures or other procedures that generate splashes or sprays of blood, body fluids, secretions or excretions to prevent exposure to mouth, nose and eyes.
2. Reusable eyewear or face shields will be washed with soap and water and wiped with a hospital-approved disinfectant.
3. Disposable masks and shields are placed in regular trash after one use. However, if visibly soiled with blood/body fluids, it will be placed in a red-lined trash can.
4. NIOSH-approved N-95 respirators or higher will be worn to prevent transmission of airborne diseases. They will be worn prior to entering Airborne Precautions isolation room. Employees can only wear an N-95 respirator if they have been fit-tested. Respirator fit-testing is done annually by Employee Health Services. A hooded Powered Air Purifying Respirator (PAPR), available from Respiratory Therapy Services, will be available to those who have failed the fit-test.
5. Masks and respirators should be changed when they become wet.
6. Removal of face shield, goggles, and mask can be performed safely after the gloves have been removed. The pieces that are considered clean are the ties, ear pieces, and headband, therefore, safe to touch with bare hands. The front of the mask, goggles, and face shield are considered contaminated.
7. Eyeglasses are not protective equipment.

PERSONAL PROTECTIVE EQUIPMENT (PPE) DURING PATIENT TRANSPORTATION:

In addition to Standard Precautions, PPEs are to be worn by healthcare worker(s) while transporting a patient on isolation precautions is dependent on the type of isolation as described above, the type of communicable disease, and the presence of dressings or drains, etc.

Four Key points to keep in mind:

1. Follow Standard Precautions and any other designated isolation posted for the patient in selecting PPE
2. Don PPE before entering the patient's room
3. Prepare the Patient
4. Safely remove and discard PPE before leaving patient's room. The only exception is the N95 respirator, which is removed outside of the patient's room after the door is closed.

It is important to prepare patients before taking them out of their rooms:

1. For a patient in Contact Precautions:
 - a. Make sure dressings are dry; if not, ask nursing staff to change the dressing.
 - b. Have patients wash their hands.
 - c. Have the patient wear a clean patient gown.
2. For Droplet Precautions isolation: if the patient has an open or unplugged tracheotomy tube, cover the tracheotomy tube opening with a surgical mask or if the patient has an unhealed tracheotomy stoma, cover the stoma with gauze provided that these interventions do not compromise their airway.
3. For Airborne Precautions isolation and/or patients symptomatic with a cough: have patients wear the surgical mask, covering the nose and the mouth provided that it does not compromise their airway.
4. When the patient is ready to be transported out of the room, remove PPE and dispose of them inside the patient's room. However, the following exceptions are approved by the Hospital Infection Committee:

Exception A: If the therapist will conduct therapy **immediately** outside of the patient's isolation room (i.e. in the hallway or other locations on campus), then the following must be in compliance:

- Remove PPEs before exiting the patient's room and dispose of them appropriately
- Don a new set of PPEs immediately outside of the patient's isolation room
- Ensure that the environment is not contaminated
- Remove PPEs immediately after the therapy session and dispose of them appropriately

Exception B: In Airborne Precautions isolation, remove the mask **after** you have exited the room **and** the closed door.

5. Perform hand hygiene and put on a new pair of gloves to transport the patient.
6. Report to the **receiving staff** about the patient's isolation status.

RESUSCITATION EQUIPMENT

Ventilation devices such as ambu bags, mouth pieces, pocket resuscitation masks with one-way valves, or other devices should be used in a code situation instead of resuscitating by mouth-to-mouth. This equipment is available in crash carts.

All PPE (gowns, masks, goggles, gloves) are removed prior to leaving work area. It shall be placed in an appropriately designated area or container for storage, washing, decontamination, or disposal.

NOTE: Familiarize yourself with the location of all PPE in your area. If equipment is unavailable, please notify your supervisor immediately.