Healthcare Worker (HCW) DOFFING Personal Protective Equipment (PPE) Procedure

*HIGH RISK*

**High risk:**
Client is suspected OR confirmed to have Ebola Virus Disease AND
- has high risk symptoms such as bleeding or uncontrolled diarrhea or uncontrolled vomiting; or
- is unstable and requires a high risk procedure such as an aerosol generating medical procedure (includes intubation, open respiratory/airway suctioning, high-frequency oscillatory ventilation, nebulized therapy, non-invasive positive pressure ventilation), cardiopulmonary resuscitation, central line insertion, or any procedure that could potentially result in copious amounts of body fluid generation or exposure

Remove PPE slowly and discard one piece at a time in a hands-free waste receptacle.

**PPE Doffing (to take off) Area Inspection**
- Area in close proximity to and outside of client room (e.g., anteroom or adjacent vacant room) where healthcare workers can take off and discard PPE
- If a hallway is used outside client room, construct physical barriers to close hallway traffic (thereby creating an anteroom)
- Alternatively, some steps of the PPE removal process may be performed in a clear designated area of the client room near to door, which ensures that all doffing steps can be seen and directed by the trained observer (e.g., through a window so that the instructions of the trained observer can still be heard)
- Doffing PPE instructions posted
- N95 respirator instructions posted
- SHR Sanitize Your Hands and Wash Your Hands posters
- Three wipeable chairs or stools (two at minimum)
- Covered hands-free, leak-proof infectious waste receptacle
- Hand sanitizer
- Hospital-grade approved disinfectant wipes (e.g., Accel Prevention)
- Supply of nitrile gloves – all sizes
- Post appropriate signage indicating room designation and purpose

**Pre-Doffing Activities (Healthcare worker)**
- Trained observer is assigned to monitor and document the steps of the Checklist for PPE Doffing

**Pre-Doffing Activities (Trained observer)**
- The trained observer will wear shoe covers, gown, face shield and gloves
- Read aloud each step of the PPE doffing procedure to the HCW and provide reminders to avoid reflexive actions that may put them at risk, such as touching eyes, nose and mouth, especially after taking off the N95 respirator
1. **Take off gloves**

- Take off in client room
- Glove-to-glove, then glove-to-cuff
- Discard one at a time – do not ball gloves together to minimize risk of self-contamination
- Enter designated anteroom for removal of PPE

2. **Inspect**

- Trained observer inspects PPE for visible contamination or tears, including shoe covers
- Inspect gloves
- Assess exposure risk to non-intact skin or mucous membranes

3. **Gown**

- Trained observer to keep side visual of HCW when taking off gown to monitor for HCW contamination risk
- Trained observer unfasten back, starting under back of hood at neck, then outside waist tie, then inside waist tie
- HCW slide 2 fingers under cuff of gown, pull hand into gown. Using covered hand, grab opposite sleeve and pull over hand.
- Fold gown inward, rolling it outside-in, away from you

4. **Take off gloves**

- Glove-to-glove, then skin-to-skin
- Discard one at a time – do not ball gloves together to minimize risk of self-contamination

5. **Hand hygiene**

- Perform hand hygiene
- Follow the Sanitize Your Hands or Wash Your Hands SHR resources
- Soap and water is used when hands are visibly soiled

6. **Put on gloves**

- Ensure your hands are dry
- Put on gloves to remove shoe covers
### 7. Shoe covers
- Sit on a clean wipeable chair
- Roll top edge down, stretch ankle elastic
- If range of motion allows, with knees apart, lift heel keeping toe planted and slip off heel, then lift toe keeping heel planted and slip off front of shoe – avoid crossing legs over knee to prevent uniform contamination
- Discard one at a time

### 8. Take off gloves
- Glove-to-glove, then skin-to-skin
- Discard one at a time – do not ball gloves together to minimize risk of self-contamination

### 9. Hand hygiene
- Perform hand hygiene
- Follow the Sanitize Your Hands or Wash Your Hands SHR resources
- Soap and water is used when hands are visibly soiled

### 10. Put on gloves
- Ensure your hands are dry
- Put on gloves to remove face shield

### 11. Face shield
- Handle only by the strap, grasp the strap where it meets the foam band and pull it out and up and bring it forward to discard

### 12. Take off gloves
- Glove-to-glove, then skin-to-skin
- Discard one at a time – do not ball gloves together to minimize risk of self-contamination

### 13. Hand hygiene
- Perform hand hygiene
- Follow the Sanitize Your Hands or Wash Your Hands SHR resources
- Soap and water is used when hands are visibly soiled
| 14. Put on gloves | • Ensure your hands are dry  
• Put on gloves to remove surgical hood |
|---|---|
| 15. Surgical hood | • Remove prescription glasses  
• Grasp top of hood with dominant hand and bottom middle of hood with non-dominant hand  
• Bend slightly forward, close eyes and pull hood from top, forward and down, in a slow controlled motion  
• Non-dominant hand assists hood away from N95 respirator |
| 16. Take off gloves | • Glove-to-glove, then skin-to-skin  
• Discard one at a time – do not ball gloves together to minimize risk of self-contamination |
| 17. Hand hygiene | • Perform hand hygiene  
• Follow the Sanitize Your Hands or Wash Your Hands SHR resources  
• Soap and water is used when hands are visibly soiled |
| 18. N95 respirator | • remind HCW not to touch face after removal until hand hygiene is performed  
• Remove prescription glasses if not already done so  
• Both hands go to base of neck, grasp bottom strap lifting up and over keeping hands away from front of respirator and pull past chin  
• Hold bottom strap taught with one hand, your free hand goes to your ear, grasp top strap lifting up and overhead  
• Bring both arms forward and bring the respirator away from your face and discard |
| 19. Hand hygiene | • Perform hand hygiene  
• Follow the Sanitize Your Hands or Wash Your Hands SHR resources  
• Soap and water is used when hands are visibly soiled |
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<td>20. Put <strong>on</strong> gloves</td>
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<td></td>
<td>• Ensure your hands are dry</td>
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<td></td>
<td>• Put <strong>on</strong> gloves to clean shoes</td>
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<td>21. Clean shoes</td>
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<td>• Sit on a clean wipeable chair designated to clean shoes</td>
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<td>• Trained observer to give HCW hospital-grade disinfectant wipes using one wipe for each shoe</td>
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<td></td>
<td>• Wipe top, sides and bottoms of each shoe</td>
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<td>22. Take <strong>off</strong> gloves</td>
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<td>• Glove-to-glove, then skin-to-skin</td>
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<td>• Discard one at a time – do not ball gloves together to minimize risk of self-contamination</td>
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<td>23. Hand hygiene</td>
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<td>24. Trained observer to pick up items on floor</td>
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<td>• While still wearing PPE, trained observer will pick up any items, one at a time, that fell to floor and discard</td>
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<td>25. Trained observer to take <strong>off</strong> PPE</td>
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<td></td>
<td>• Using the Trained Observer DOFFING PPE instructions</td>
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