

Clinical Process Instruction Manual

Routine Practices and Personal Protective Equipment Process Instruction

Policy:

Trillium Gift of Life Network (TGLN) promotes recognized routine practices to establish universal precautions during tissue recovery and all other activities in support of recovery. Universal precautions is an approach to infection control to treat all human blood and certain human body fluids as if they were known to be infectious for HIV, HBV or other blood-borne pathogens. Suitable surgical attire and personal protective equipment (PPE) are used in combination with universal precautions to reduce potential exposure to communicable diseases during surgical recoveries and related support activities.

Surgical Recovery Coordinators (SRC), Tissue Recovery Coordinators (TRC), Multi Tissue Recovery Coordinators (MTRC), Organ and Tissue Donation Coordinators (OTDC), Inventory Assistants, Administrative Assistants – PRC Organ, Administrative Assistants – PRC Tissue, Administrative Assistants – Hospital Programs, Administrative Assistants – Physician Program, Clinical Specialists – Tissue, and Clinical Specialist – Organ are responsible for carrying out the duties in this process instruction.

Process:

General

1. This document describes the equipment, supplies and processes related to donning and doffing PPE.

Hand Hygiene

2. Hand hygiene is the single most important step in preventing infections, contamination, and cross contamination.
3. Hand hygiene shall be performed using alcohol-based hand rub (ABHR) or soap and water.
4. Alcohol based hand rub may be used for hand hygiene unless hands are visibly soiled.
5. For visibly soiled hands, antibacterial soap and water shall be used. Alcohol based hand rub may be used in conjunction with antibacterial soap, if desired.
6. Finger nails shall be kept natural, clean, healthy, and short.

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7. Hand hygiene is performed:
 - before taking gloves from a box to put on;
 - before contact with a donor or donor's environment;
 - before an aseptic procedure;
 - after exposure or risk of exposure to blood or body fluids;
 - after contact with a donor or donor's environment; and
 - before accessing and putting on gloves and immediately after removal of gloves.
8. Posters detail proper technique related to hand washing and use of alcohol based hand rub solutions. See Appendices 1 and 2.

Respiratory Hygiene

9. A tissue or face mask shall be used to cover the nose and mouth when coughing or sneezing.
10. A tissue or face mask shall be used once then dispose of it immediately and perform hand hygiene.
11. If a tissue or face mask is not readily available, cough or sneeze into your upper arm or elbow.

Personal Protective Equipment: Gloves

12. Gloves are single-use. Use only once, then dispose of them immediately after use.
13. Hand hygiene shall be performed before accessing and donning as well as immediately after doffing gloves.
14. New non-sterile gloves shall be worn to:
 - protect against hazardous/controlled chemicals;
 - help protect your hands from contact with blood, body fluids, excretions, secretions, mucous membranes or non-intact skin of donors;
 - handle dirty or potentially contaminated items; and
 - protect your hands if you have non-intact skin (e.g., open cuts, lesions or rashes).

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15. During musculoskeletal recovery a cut resistant or metal glove shall be worn on the non-dominant hand to protect it from injury.
16. Gloves shall be changed between care activities for the same donor (e.g., when moving from a contaminated body site to a clean body site).
17. Soiled gloves shall not be worn outside the immediate recovery area (morgue or operating theatre) unless carrying contaminated items or when cleaning spills of blood or body fluids.
18. Disposable gloves shall not be washed and alcohol based hand rub shall not be used on any gloves.
19. Sterile gloves are for sterile procedures.
20. Gloves are not necessary when handling clean supplies.
21. Donning and doffing posters detail the correct removal and disposal of gloves. See Appendices 3 and 4.

Personal Protective Equipment: Gowns

22. A gown shall be worn to protect exposed skin and clothing during activities that may involve splashes of fluid or contact with blood or body fluids (e.g., wound drainage).
23. Hand hygiene shall be performed before accessing and donning a gown as well as immediately after doffing a gown.
24. The tie strings at the neck and the waist shall be fastened. Make sure the sleeves cover your wrists.
25. Gowns shall not be used as housecoats or warm-up jackets. Do not wear gowns outside patient rooms/bed spaces, recovery areas, or supply rooms unless transporting contaminated items.
26. Remove soiled gown as soon as possible. Do not reuse gowns. After removing gown:
 - place in waste container if disposable;
 - place in linen bag if reusable. Donning and doffing posters detail the correct removal and disposal of gowns. See Appendices 3 and 4.

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Personal Protective Equipment: Surgical Masks and Eye Protection

27. If you need a surgical mask, you also need eye protection (e.g., face shields, visors attached to masks). Wear a surgical mask and eye protection to protect your mouth, nose and eyes during activities likely to cause splashes.
28. Hand hygiene shall be performed before accessing and donning as well as immediately after doffing a surgical mask and eye protection.
29. Proper use of a surgical mask includes:
 - ensuring a snug fit over the nose and under the chin;
 - molding the metal bar over the nose;
 - wearing the surgical mask with the moisture-absorbing side closest to the face;
 - changing the surgical mask when it is moist;
 - careful doffing after use, touching only the elastic or ties; and
 - not wearing surgical masks around the neck.
30. Prescription glasses do not meet workplace health and safety regulations for eye protection. Discard single-use masks and eye protection in waste container.
31. Donning and doffing posters detail the correct removal and disposal of masks and eye protection. See Appendices 3 and 4.

Personal Protective Equipment: Footwear

32. Hand hygiene shall be performed before accessing and donning as well as immediately after doffing footwear.
33. Non-slip shoe covers or dedicated OR shoes that are cleaned and disinfected between uses are required on all recoveries. Footwear shall be close-toed and short/flat heeled, non-slip, and have a wipeable surface.
34. Shoe covers shall be removed upon exit of the recovery suite, and a fresh pair donned at re-entry.

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Personal Protective Equipment: Respirators

35. Respirators shall be fit-tested every two years. Fit-testing shall be arranged by Human Resources.
36. Hand hygiene shall be performed before accessing and donning as well as immediately after doffing respirators.
37. Conduct a proper seal check every time before use.
38. Conduct an inspection before and immediately after use.
39. Donning and doffing posters detail the correct removal and disposal of N95 respirators. See Appendices 3 and 4.

Handling Patient Care Items and Equipment

40. Items labeled as single-use shall be discarded after use on one donor. Clean/disinfect reusable equipment after use, before use on another donor. Bring minimal supplies into recovery suites.
41. Gloves and, when appropriate, a gown shall be used when handling soiled items, equipment, linens. Handle soiled or used linens with minimal agitation and place directly in linen bag without sorting. Do not overfill bags. Double bag only if there is leaking.

Waste Handling

42. Gloves shall be worn to remove waste from recovery suite, or if the outside of the bag is soiled. Avoid contact with body. Remove gloves and perform hand hygiene.
43. Facility waste management sorting and disposal guidelines shall be followed.
44. PPE must be worn when handling hazardous waste. See *Hazardous Waste Disposal Process Instruction, CPI-9-1506*.

Sharps Handling and Disposal

45. Gloves shall be worn when handling sharps (e.g., needles, syringes, razors, scalpels, broken glass or any other object with a sharp edge). Refer to *Safe Handling, Use, and Disposal of Sharps Process Instruction, CPI-9-1509*.

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Records:

- No records

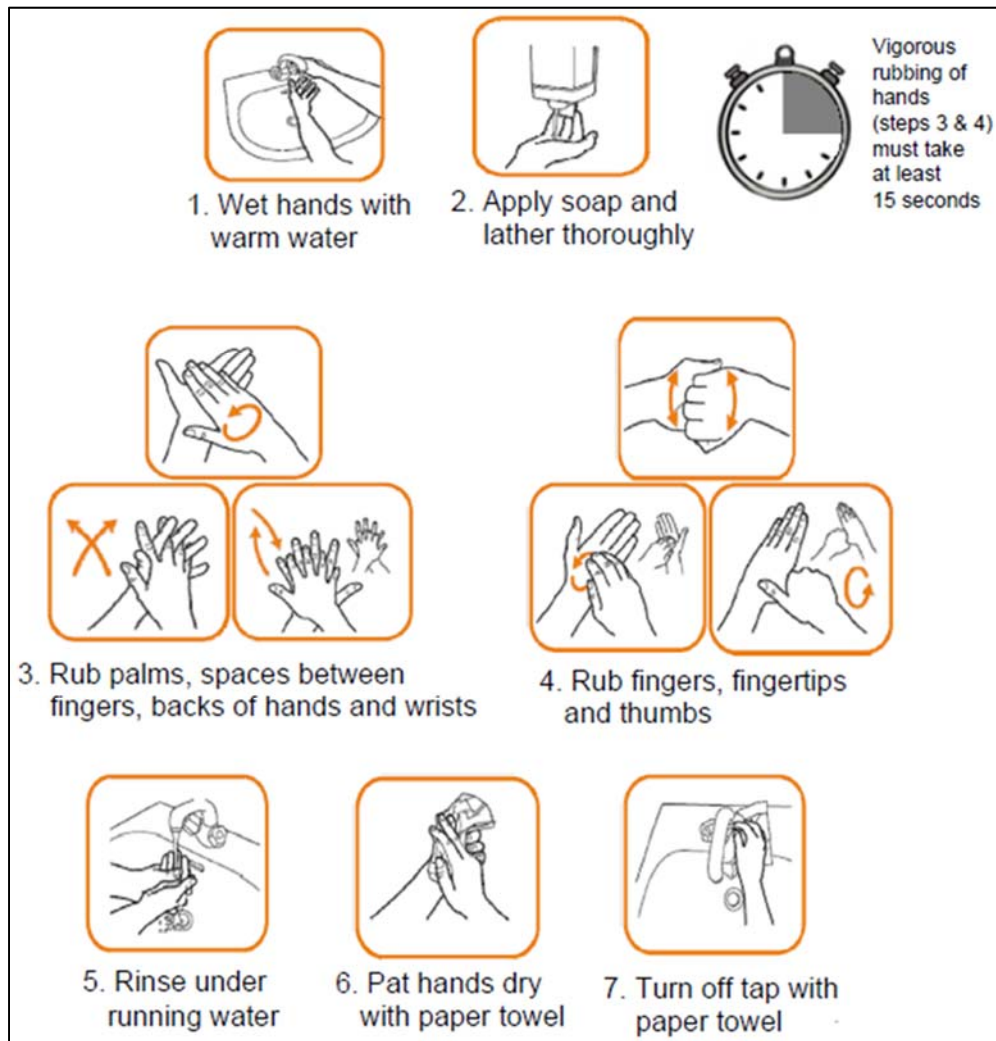
References:

- Standards for Tissue Banking, American Association of Tissue Banks, United States, 14th edition, 2017. J3.100, J3.200 (3), J3.300, J3.400, and J3.710
- Bloodborne Pathogens Standard 29 CFR 1910.1030(b) definitions
- Alberta Health Services. 2014. "Personal Protective Equipment." Accessed April 27, 2017. <http://www.albertahealthservices.ca/info/Page6422.aspx>

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Appendix 1: How to Hand Wash



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Appendix 2: Use of Alcohol Hand Sanitizer



Hands must remain moist with product for at least 15 seconds


1. Apply product to palm of one hand
2. Rub all the surfaces of your hands and wrists
3. Include fingertips and thumbs
4. Rub until hands are completely dry


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Appendix 3: How to Donn Personal Protective Equipment

1 **HAND HYGIENE**

A 

B 

A Using an alcohol-based hand rub is the preferred way to **clean your hands**.

B If your hands look or feel dirty, soap and water **must** be used to wash your hands.

2 **Gown**

A 

B 

A Make sure the gown covers from neck to knees to wrist.

B Tie at the back of neck and waist.

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3a Procedure/Surgical mask

- ◆ Secure the ties or elastic around your head so the mask stays in place.
- ◆ Fit the moldable band to the nose bridge. Fit snugly to your face and below chin.

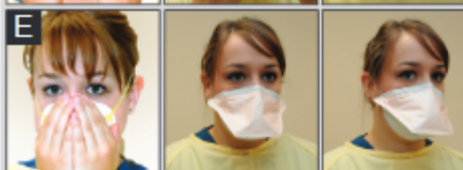
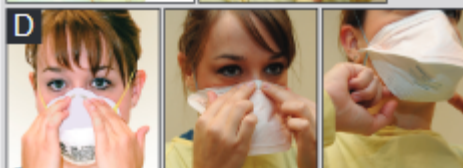
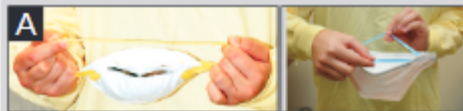


3b N95 respirator

There are different styles of N95 respirators (pictured below). They include: a) molded cup, b) duckbill, c) flat-fold and d) v-fold



All styles have the same basic steps for donning; molded cup and duckbill are pictured below. Refer to the manufacturer for specific donning instructions.



- A Pre-stretch both top and bottom straps before placing the respirator on your face.
- B Cup the N95 respirator in your hand.
- C Position the N95 respirator under your chin with the nose piece up. Secure the elastic band around your head so the N95 respirator stays in place.
- D Use both hands to mold the metal band of the N95 respirator around the bridge of your nose.
- E Fit check the N95 respirator.

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4 Eye protection or face shields



- ◆ Place over the eyes (or face).
- ◆ Adjust to fit.

5 Gloves




- ◆ Pull the cuffs of the gloves over the cuffs of the gown.

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Appendix 4: How to Doff Personal Protective Equipment

1 **Gloves**



A Grasp the outside edge of the glove near the wrist and peel away from the hand, turning the glove inside-out.

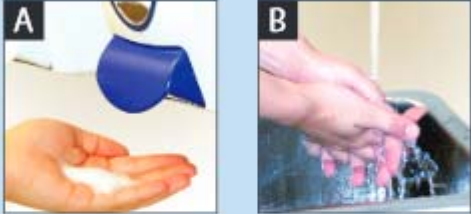
◆ Hold the glove in the opposite gloved hand.

B Slide an ungloved finger or thumb under the wrist of the remaining glove.

C Peel the glove off and over the first glove, making a bag for both gloves.

◆ Put the gloves in the garbage.

2 **HAND HYGIENE**




A Using an alcohol-based hand rub is the preferred way to clean your hands.

B If your hands look or feel dirty, soap and water must be used to wash your hands.

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3 Gown




A Carefully unfasten ties.

B Grasp the outside of the gown at the back of the shoulders and pull the gown down over the arms.

C Turn the gown inside out during removal.

- ◆ Put in hamper or, if disposable, put in garbage.

4 HAND HYGIENE



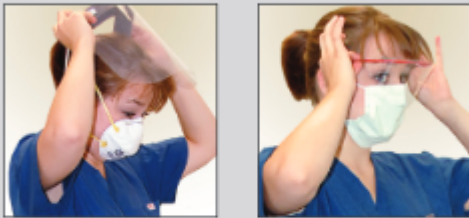
- ◆ Clean your hands. (See No. 2)
- ◆ Exit the patient room, close the door and clean your hands again.

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5

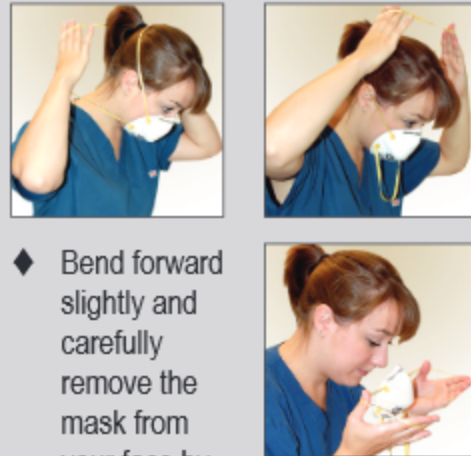
Eye protection or face shield



- ◆ Handle only by headband or ear pieces.
- ◆ Carefully pull away from face.
- ◆ Put reusable items in appropriate area for cleaning.
- ◆ Put disposable items into garbage.

6

Mask or N95 respirator



- ◆ Bend forward slightly and carefully remove the mask from your face by touching only the ties or elastic bands.
- ◆ Start with the bottom tie, then remove the top tie.
- ◆ Throw the mask in the garbage.

There are different styles of N95 respirators but all styles have the same basic steps for doffing.

7

HAND HYGIENE

- ◆ Clean your hands. (See No. 2)