



WEARING OF SURGICAL MASKS DURING SHIFTS SUPPORTED INDEPENDENT LIVING

With the recent acquisition of surgical masks CLA is able to institute a protocol for every day use of surgical masks.

Each SIL staff will be provided with two masks per shift to be worn when in close proximity to the Individuals supported (i.e. in their home). The following is the correct process to don and doff surgical masks:

DONNING MASK

Prior to entering the home:

- Donning the mask at the and wear the mask throughout the time in the home.
- To ensure a proper fit:
 - Secure ties or elastic bands around head (or ears) so that the mask stays in place
 - Mold the nose bridge band to your nose. Fit should be snug to face and continue to wrap under the chin.
- Masks will be changed should they become contaminated.

DOFFING MASK

Upon exit from the home doff the mask by:

- Bending forward slightly, and carefully remove the mask from your face by touching only the ties or elastic bands. (Start with bottom tie and then remove the top tie.)
- Putting the mask into the designated disposal container for masks.

GENERAL RULES FOR DONNING PPE CHECKLIST

1. PREPARATION

- Remove extra items on person (rings, watch, etc.)
- Secure long hair off of face and neck

2. HAND HYGIENE

- Perform hand hygiene using alcohol based hand rub.
- If hands look or feel dirty use soap and water.

3. GOWN

- Insert arms through sleeves
- Ensure gown covers from neck to knees to wrist.
- Tie at the back of the neck
- Tie at the back of waist.

4. PROCEDURE / SURGICAL MASK

- Secure ties or elastic bands around head (or ears) so that the mask stays in place
- Mold the nose bridge band to your nose.
- Fit should be snug to face and continue to wrap under the chin.

5. EYE PROTECTION OR FACE SHIELD (if not integrated into the procedure mask)

- Place eye protection over the eyes.
- If using a face shield, place band around the head with foam perpendicular to the forehead.
- Adjust to fit

6. GLOVES

- Pull cuffs of gloves over the cuffs of the gown

RATIONALE:

1. Jewelry and extra items can get caught in your PPE, especially on removal, resulting in self contamination, putting you at risk. Such items can become contaminated as a result of breaches in PPE or unconscious touching/practice and are difficult to clean. Rings or sharp edges can cause tears and breaches in your PPE. Hair can become contaminated through splashing, touching, or being tangled in PPE.
2. When donning PPE, it is important to start off with clean PPE. Performing hand hygiene removes germs that may contaminate your clean PPE.
3. Careful and methodical donning of your PPE is important to ensure proper coverage and movement for your body. Donning begins with your gown to ensure proper coverage around your neck and torso (including your back). Securing the ties prevents the gown from dragging across contaminated objects in the environment and prevents unconscious practices of reaching under your gown to retrieve items on your person (e.g., pens, pagers, phones, resources)
4. Careful donning/securing of the mask ensures that your mouth and nose are properly covered. If your mask is not secure, it may slip and result in you consciously or unconsciously touching it to adjust, thereby risking contamination of your mask and mucous membranes. A poorly fitted mask can result in gaps around your mouth and nose, which defeat the purpose of wearing a mask in the first place.
5. If you are thinking you should protect your respiratory tract, you should also be thinking about protecting your eyes as they are a mucous membrane. Microbes can land on your eyes, and the eyes can become a portal of entry into your body. Eye glasses do not provide sufficient protection from droplets.
6. Gloves should cover the cuffs of your gown, as this will significantly reduce the risk of contamination of your hands, wrists, and arms during your doffing (removal of your PPE)

GENERAL RULES FOR DOFFING PPE CHECKLIST

INSIDE ROOM

1. GLOVES

- Grasp outside edge of glove near the wrist and peel away from the hand, turning the glove inside-out. Hold removed glove in opposite (still gloved) hand. o Slide an ungloved finger or thumb under the wrist of the remaining glove.
- Peel the glove off and over the first (removed) glove, making a bag for both gloves.
- Put gloves in the garbage.

2. HAND HYGIENE

- Perform hand hygiene using alcohol based hand rub. If hands look or feel dirty, use soap and water

3. GOWN

- Carefully unfasten ties. (Neck tie first.)
- Grasp the outside of the gown at the back of the shoulders, and pull the gown down over the arms.
- Gently turn the gown inside-out during removal.
- Place in the hamper in the patient room or, if disposable, put in the garbage.

4. HAND HYGIENE

- Perform hand hygiene using alcohol based hand rub. If hands look of feel dirty, use soap and water.
- Exit room. (If door is closed when leaving patient room, ensure to perform hand hygiene again prior to removal of eye protection.)

OUTSIDE ROOM

5. EYE PROTECTION OR FACE SHIELD

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

6. PROCEDURE / SURGICAL MASK

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

7. HAND HYGIENE

- a. Perform hand hygiene using alcohol based hand rub. If hands look of feel dirty, use soap and water

RATIONALE:

Each step of the removal process should be done carefully, deliberately and gently to avoid contamination.

1. Always remove PPE working from dirtiest (most likely contaminated) to the cleanest. Gloves are the dirtiest. The technique described is the least likely method to contaminate your hands and wrists. Do not peel off the gloves and gown together, as in the operating room, as you are not double gloved and therefore would have no protection for your hands once the outer layer is peeled off.
2. Always perform hand hygiene after you have removed your gloves. Glove manufacturers are allowed to have up to 5% defects and so there may be micro-tears in the gloves that grow larger, the longer the gloves are worn. Microbes can pass through these micro-tears and contaminate

hands. Also, gloves provide a nice warm environment for microbes to grow, so any residual microbes on your hands or the interior surface of the gloves will have increased in number with wear.

3. To remove your gown, work from the cleanest part to the dirtiest. Therefore, always start with the neck tie and then move to your waist tie. Pulling your hands inside the gown prevents you from dragging the gown sleeves over your arms and contaminating them. NB: this is why covering your cuffs with your gloves is important as it reduces the contamination of your gown cuffs when you pull your arms inside. Leaning over to draw your gown off from your shoulders allows gravity to help you remove the gown. Gently rolling the gown inside out helps prevent self-contamination and maintains contaminants within the garment.
4. Hand hygiene should be performed again to mitigate risk of contaminating your hands in the gown removal process. This is important as you are now moving up to your facial area / mucous membranes' PPE pieces. Steps 1-4 are done inside the room, where the area is contaminated. In isolation rooms, the garbage and dirty linen hampers are inside the room near the exit so you can easily remove the dirtiest pieces of your PPE and exit the room.
5. Eye protection is removed next as it sits over your mask. If you remove your mask first, you risk fumbling with your eye protection, which may result in contamination. Use both hands to remove your eye protection so that it does not flip or slip and possibly contaminate your face. Bending over slightly will allow gravity to assist you with the removal.
6. The last piece of PPE is your mask. Always use both hands to remove to ensure that it does not flip back onto your face creating aerosols and/or contaminating your skin directly. The outside of your mask is contaminated; so, to prevent contamination of your face and hands, only handle your mask by the ear loops or ties. Again, lean forward to allow gravity to help the mask gently fall from your face to the waste receptacle. (During the 2003 SARS pandemic, the manner in which staff doffed their masks resulted in self-contamination and ultimately infection with SARS. Some staff died or were severely compromised as a result of being infected with SARS.) The final step is always to perform hand hygiene to mitigate the potential risk of contamination of your hands during the doffing process.