

Vermont Psychiatric Care Hospital Policy and Procedure		
Personal Protective Equipment and Facemasks		
Effective: December 2021	Revised: August 2023	Due to Review: August 2025

POLICY

Personal Protective Equipment (PPE) is used whenever there is a likelihood of contact with blood and/or all moist body fluids, except sweat. PPE is provided by the Vermont Psychiatric Care Hospital (VPCH) and is accessible to staff.

PROCEDURE

Use of PPE is required for any likely exposure to blood, body fluids, mucous membranes, non-intact skin, potentially infectious or hazardous materials, or when otherwise ordered.

Gloves

Gloves should be used as an adjunct to, and not a substitute for, hand hygiene. Note that once contaminated, gloves can become a means for spreading infectious materials to the caregiver, other hospitalized persons, or environmental surfaces.

Gloves are to be used as follows:

- Clean, non-sterile exam gloves are recommended unless the task requires sterile gloves. Non-Latex gloves are provided as the current standard at VPCH.
- Gloves should be changed between hospitalized persons and hand hygiene performed after removing gloves. Failure to change gloves is an infection control hazard.
- Gloves should be changed between tasks and procedures on the same hospitalized person and after contact with material that may contain a high concentration of microorganisms. Always work from "clean to dirty".
- Gloves should be removed or changed when damaged or torn.
- If using gloves in a food service area, never go from "dirty to clean" - change gloves once you have gone from a clean to dirty surface (i.e., serving food to emptying trash).
- DO wear gloves when it can be anticipated that contact with blood or other potentially infectious materials or non-intact skin will occur.
- Do NOT wear gloves during routine procedures such as touching intact skin, performing vital signs, administering medication changing linens UNLESS body fluid or contamination is likely.
- Gloves are kept in the nurse's station, treatment room and in other secure areas on each unit.
- To maintain a safe environment, gloves are to be thrown away in a waste receptacle that is not accessible by hospitalized persons.

Gowns

- Gowns should be worn during care activities or procedures that are likely to generate

splashes or sprays of blood, body fluids, secretions, or excretions to protect skin and prevent soiling of clothing or when precautions requiring a gown are ordered.

- Soiled gowns should be removed at the room exit/entrance.
- Hand hygiene should be done after gown removal to avoid transfer of microorganisms to other hospitalized persons or environments.
- Gowns are kept in the clean utility room. A supply of gowns will be made available to the patient care units whenever indicated.

Face Masks

- Face Masks are a barrier to help prevent transmission of respiratory droplets. Face masks reduce the spray of droplets when worn over the nose and mouth.
- Face mask use is required when caring for a hospitalized person patient needing droplet precautions.
- Face masks should be changed if they become soiled, damp, or hard to breathe through.
- Face masks that are worn while caring for a hospitalized person requiring droplet precautions should be discarded/changed upon leaving the hospitalized person's room.
- Face masks that are used solely for source control can be worn for an entire shift if not damaged, soiled or difficult to breathe through.
- Hand hygiene should be performed immediately before and after any kind of contact with the face mask.
- Employees may be directed to wear a face mask indoors or when occupying a vehicle with another person for work purposes during the presence of emerging infectious disease in the community.
- Face masks are provided for source control as per VPCH's Respiratory Hygiene/Cough Etiquette element of Standard Precautions.
- Face masks may be required for source control at the discretion of VPCH leadership/infection prevention if respiratory virus transmission within the community is or facility is creating an undue burden on community health resources or the ability to maintain adequate staffing.

Face Shield / Eye Protection

- Face shields protect mucous membranes of the eye, nose, and mouth during procedures and patient-care activities that are likely to generate splashes or sprays of blood, body fluids, secretions, and excretions.
- Eye protection, such as goggles and some safety glasses protect the mucous membranes of the eyes during procedures and care activities that are likely to generate splashes or sprays of blood, body fluids, secretions, and excretions.
- Face shields and eye protection should be discarded if damaged or difficult to see through.
- Goggles may be reused by the same employee if they are not damaged, visibility is not compromised, and after they have been cleaned and disinfected.
- Face shields that are disposable should be discarded after use, except under certain circumstances (global pandemic and/or supply shortages); if reuse of a face shield occurs,

it shall only be worn by the same employee and cleaned and disinfected prior to reuse.

- Face shields or eye protection should be worn when indicated by transmission- based precautions.
- Employees may also be required to wear a face shield or eye protection as part of community transmission mitigation measures for certain infectious diseases (ex. SARS-CoV-2/COVID-19)

Respirators / Powered Air Purifying Respirators (PAPR)

- Respirators/PAPRs protect the wearer from inhaling potentially infectious aerosols.
- Respirators/PAPRs are to be used in accordance with VPCH's written respiratory protection program.
- Employees shall wear a NIOSH approved fit tested respirator when caring for hospitalized persons requiring airborne precautions.
- Disposable respirators (commonly referred to as N95s) shall be discarded when visibly soiled, damaged, or after caring for a hospitalized person requiring airborne precautions.
 - An employee may wear the respirator for extended use if caring for hospitalized persons who have been diagnosed with the same infectious agent; reuse of the same respirator by a single employee is allowable during supply chain shortages and may only be permitted throughout their work shift if the respirator is not damaged or soiled and if the employee can pass a user-seal check with every redonning of the respirator.
- PAPRs may be reprocessed and worn by different employees as per VPCH's written respiratory protection program.
- Respirators used solely for source control may be used throughout the entire shift and reuse is permitted if the respirator is not visibly soiled or difficult to breathe through.

PPE is kept at the nurses' station and clean utility room.

If a garment is penetrated with blood or other potentially infectious materials, the garment shall be removed immediately or as soon as feasible in a manner which prevents contact with non-intact skin and mucous membranes.

All PPE shall be placed in an appropriately designated area or container for storage or disposal.

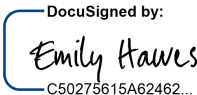
Staff with documented allergies or other contraindications to VPCH supplied PPE must provide written notification from a medical provider. Notification must be provided to employee's supervisor.

References (if applicable):

- Association for Professionals in Infection Control and Epidemiology (APIC). Infection Control and Applied Epidemiology Principles and Practice, 2nd ed., St. Louis, 2000.
- Centers for Disease Control and Prevention. Updated U.S. Public Service Guidelines for the Management of Occupational Exposures to HBV, HCV, and Recommendations for

Postexposure Prophylaxis. MMWR Vol. 50, 2001.

- Occupational Safety and Health Administration (OSHA) 29 CFR 1910.1030; Occupational Exposure to Bloodborne Pathogens; Federal Register; vol 56, no. 235; Dec. 6, 1991.

Approved by	Signature	Date
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