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**COLORADO MENTAL HEALTH INSTITUTE AT FORT LOGAN**

**POLICY AND PROCEDURE**

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**TITLE: PERSONAL PROTECTIVE EQUIPMENT**

**PURPOSE:** Personal Protective Equipment (PPE) is considered a vital line of defense in preventing exposure to disease causing microorganisms through exposure to blood, body fluids, and other potentially infected materials during sterilization processing and/or environmental exposure..

- POLICY:**
- A. The Institute provides Personal Protective Equipment to healthcare workers to prevent occupational exposure to disease causing microorganisms.
  - B. Requisitions for needed supplies are completed by the SPD technician.
  - C. Personnel fill daily needs by removing the required items from the SPD supply/storage
  - D. The facility provides, cleans, launders, repairs, disposes of and replaces personal protective equipment to maintain its effectiveness at no cost to the employee.
  - E. The healthcare worker is responsible for selecting and properly using PPE when the task performed by the healthcare worker has the potential for exposure to blood, body fluids or other potentially infectious materials.
  - F. All PPE are to be removed prior to leaving the immediate need area.
  - G. All non-reusable PPE contaminated (as defined by OSHA) with blood, body fluids or other potentially infected material are discarded into the biohazard trash. Non-contaminated PPE are discarded into the regular trash. If the staff is unsure of the contamination status of the PPE it is discarded into the biohazard trash. All reusable PPE are discarded into designated laundry containers.
  - H. PPE will not allow blood or other potentially infected material to pass through or reach the healthcare worker's clothes, skin eyes, mouth or other mucous membranes under normal conditions.

Types of Personal Protective equipment: (See SPD 2.04 for specific policy/procedure applicable to SPD)

**1. Gloves**

- a. Gloves are available to staff/volunteers/visitors to provide a protective barrier and prevent gross contamination of the hands when touching blood, body fluids, secretions, excretions, mucous membranes, and/or non-intact skin.
- b. Gloves are available for use to reduce the likelihood that disease producing microorganisms present on the hands of personnel will be transmitted to

POLICY (CONT)

1. Gloves (cont)

- b. the patient during invasive or other individual care procedures that involve touching a patient's mucous membranes and/or non-intact skin. Therefore, it is the responsibility of all healthcare workers to wear gloves in the following circumstances:
    - 1. When contact with blood, body fluids or other potentially infectious material is anticipated.
    - 2. When employee skin on their hands is not intact.
    - 3. When examining abraded or non-intact skin.
    - 4. When performing venipunctures.
    - 5. When handling contaminated items or surfaces.
    - 6. Whenever the staff is in doubt as to contamination status.
  - c. The SPD department supplies two types of disposable gloves – Powder-free latex and non-latex sterile or non-sterile.
  - d. Disposable, one time-use gloves are replaced as soon as possible after contamination, between individual contacts and/or if they are torn, punctured or otherwise lose their ability to function as an “exposure barrier”. They are removed promptly, before touching non-contaminated items and environmental surfaces, and are discarded in the biohazard trash.
  - e. Wearing gloves does not replace the need for hand hygiene. Hands are to be washed (see Hand Washing Procedure) before applying and directly following removal of gloves.
  - f. Utility Gloves – May be decontaminated and reused unless they are cracked, torn, peeling or exhibit other signs of deterioration. (See Housekeeping and Maintenance Manual)
  - g. For use of gloves when handling caustic materials see “Housekeeping and Maintenance Procedures”.
2. **Gowns/Garments** – An impervious, fluid resistant disposable gown/garment is worn whenever potential exposure to blood or other potentially infectious materials to the body or soiling of the employee’s clothing is anticipated. (Lab personnel may wear washable lab coats in the course of their duties). If blood or other potentially infected materials penetrate the gown/garment the gown/garment is removed immediately or as soon as possible.
- a. Personnel will wear a protective gown, apron, or lab coat when performing a task or tasks that will likely soil the employee's clothing with infected material (E.g., blood, feces (containing visible blood), body fluids, tissues, etc.) that may occur when clothing has substantial contact with the patient, environmental surfaces, or items in an individual's room.
  - b. When use of a gown is ordered, staff must apply the gown before entering a dedicated or isolation room. The gown must be large enough to cover the clothing of the person applying the gown.

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- c. Protective gowns are to be removed and discarded into the biohazard trash container before leaving a designated or isolation room.
  - d. Protective gowns shall protect all areas of exposed torso skin when used in conjunction with gloves and tightly cuffed at the sleeve when providing direct care to a patient in isolation or when handling contaminated material.
  - e. After removal of gown, the employee will ensure that clothing does not contact potentially contaminated surfaces to avoid transfer of microbes to other individuals, themselves or the environment.
  - f. Hands are washed after removing the gown or other protective apparel.

### 3. Face Masks

- a. Face masks are provided to personnel and visitors to help prevent the spread of air-borne pathogens. They are one time-use only.
- b. The Institute supplies a combo-mask (obtained from CMS) that provides protection to the staff's eyes, nose and mouth. This mask is designed to protect the staff from splashes or spraying of contaminated liquid or gas into the face.
- c. When the patient is diagnosed with a large-particle droplet respiratory infection (e.g. Mycoplasma), a mask will be worn when employees/visitors are within 3 feet of the patient if order by the physician.
- d. When a patient is diagnosed with a small particle droplet respiratory infection (e.g. Tuberculosis) that might remain suspended in the air and have ability to travel for longer distances mask use may be ordered by the physician.
- e. Face masks are effective for 30 minutes only and must be changed after these 30 minutes.
- f. If the mask becomes wet or moist, it must be changed to retain effectiveness.
- g. A mask should not hang off the neck when not in use,

- 4. **Shoe Covers and Caps** - Shoe covers and caps are one-time use only and are to be used as directed..

All Personnel

Refer to **Clinical Nursing Skills: Basic to Advanced Skills**, 7<sup>th</sup> Ed. Located on each patient unit  
SPD Manual – SPD 7.01 Donning and Removing PPE

#### REFERENCES:

OSHA Bloodborne Pathogen Standards CFR 1910.1030  
Colorado Department of Public Health and Environment Regulations: Chapter XV111 (14)