Before caring for patients with confirmed or suspected COVID-19, healthcare personnel (HCP) must:

• Receive comprehensive training on when and what PPE is necessary, how to don (put on) and doff (take off) PPE, limitations of PPE, and proper care, maintenance, and disposal of PPE.

• Demonstrate competency in performing appropriate infection control practices and procedures.

Remember:

• PPE must be donned correctly before entering the patient area (e.g., isolation room, unit if cohorting).

• PPE must remain in place and be worn correctly for the duration of work in potentially contaminated areas. PPE should not be adjusted (e.g., retying gown, adjusting respirator/facemask) during patient care.

• PPE must be removed slowly and deliberately in a sequence that prevents self-contamination. A step-by-step process should be developed and used during training and patient care.

Donning (putting on the gear):

More than one donning method may be acceptable. Training and practice using your healthcare facility’s procedure is critical. Below is one example of donning:

1. Identify and gather the proper PPE to don. Ensure choice of gown size is correct (based on training).
2. Perform hand hygiene using hand sanitizer.
3. Put on isolation gown. Tie all of the ties on the gown. Assistance may be needed by another HCP.
4. Put on NIOSH-approved N95 filtering facepiece respirator or higher (use a facemask if a respirator is not available).

• If the respirator has a nosepiece, it should be fitted to the nose with both hands, not bent or tented. Do not pinch the nosepiece with one hand. Respirator/facemask should be extended under chin. Both your mouth and nose should be protected.

• Do not wear respirator/facemask under your chin or store in scrubs pocket should be extended under chin. Both your mouth and nose should be protected.

5. Put on face shield or goggles.

• When wearing an N95 respirator or half facepiece elastomeric respirator, select the proper eye protection to ensure that the respirator does not interfere with the correct positioning of the eye protection, and the eye protection does not affect the fit or seal of the respirator.

6. Put on gloves.

• Gloves should cover the cuff (wrist) of gown.

7. HCP may now enter patient room.

Acceptable Alternative PPE – Use Facemask

Face shield or goggles ………

N95 or higher respirator

When respirators are not available, use the best available alternative, like a facemask.

One pair of clean, non-sterile gloves

Isolation gown

Remove gloves. Ensure glove removal does not cause additional contamination of hands. Gloves can be removed using more than one technique (e.g., glove-in-glove or bird beak).

2. Remove gown. Untie all ties (or unhook all buttons). Some gown ties can be broken rather than untied. Do so in gentle manner, avoiding a forceful movement. Reach up to the shoulders and carefully pull gown down and away from the body. Rolling the gown down is an acceptable approach. Dispose in trash receptacle.*

3. HCP may now exit patient room.

4. Perform hand hygiene.

5. Remove face shield or goggles. Carefully remove face shield or goggles by grabbing the strap and pulling upwards and away from head. Do not touch the front of face shield or goggles.

6. Remove and discard respirator (or facemask if used instead of respirator).* Do not touch the front of the respirator or facemask.

• Respirator: Remove the bottom strap by touching only the strap and bring it carefully over the head. Grasp the top strap and bring it carefully over the head, and then pull the respirator away from the face without touching the front of the respirator.

• Facemask: Carefully untie (or unhook from the ears) and pull away from face without touching the front.

7. Perform hand hygiene after removing the respirator/facemask and before putting it on again if your workplace is practicing reuse.

*Facilities implementing reuse or extended use of PPE will need to adjust their donning and doffing procedures to accommodate those practices.