

## Infection Control – Person Protective Equipment PC.130

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**Regulatory Citation(s):** OSHA 29 CFR 1910.1030(d)(3)  
**L-Tag(s):** None

**POLICY:** When there is the potential for occupational exposure to blood or other potentially infectious materials, Lifesong Hospice and Palliative Care requires employees to use appropriate personal protective equipment.

### DEFINITION:

***Personal Protective Equipment (PPE)** is specialized clothing or equipment worn by an employee for protection against a hazard. PPE must not permit blood or other potentially infectious materials to pass through to or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.*

### PROCEDURE:

1. PPE includes, but is not limited to gloves, gowns, laboratory coats, face shields or masks and eye protection, and mouthpieces, resuscitation bags, pocket masks, or other ventilation devices.
2. The hospice assures that PPE in appropriate sizes is readily accessible and available to patient care staff.
3. The hospice is responsible, at no cost to the employee, for cleaning, laundering, repairing, replacing and disposing PPE as needed to maintain its effectiveness
4. If blood or other potentially infectious materials penetrate a garment(s), the garment(s) must be removed immediately or as soon as feasible.
5. All PPE shall be removed prior to leaving the patient's environment and placed in appropriately designated areas for storage, washing, decontamination or disposal.

### Gloves

1. The use of gloves does not replace the need for hand washing before or after patient contact.
2. Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives are readily accessible to those employees who are allergic to the gloves normally provided.

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3. Gloves must be worn when it can be reasonably anticipated that there may be hand contact with blood, other potentially infectious materials, mucous membranes, and non-intact skin and when handling or touching contaminated items or surfaces.
4. Gloves should be inspected to assure they fit appropriately and are intact without tears.
5. Disposable (single use) gloves must be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised. Disposable (single use) gloves shall not be washed or decontaminated for reuse.
6. When wearing gloves, change or remove gloves during patient care if moving from a contaminated body site to either another body site (including non-intact skin, mucous membrane or medical device) within the same patient or the environment.
7. Gloves should be removed after caring for a patient and the same pair of gloves must never be used for the care of more than one patient.
8. Utility gloves may be decontaminated for re-use if the integrity of the glove is not compromised. However, they must be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.

### ***Masks, Eye Protection, and Face Shields***

Masks in combination with eye protection devices, such as goggles or glasses with solid side shields, or chin length face shields, shall be worn whenever splashes, spray, spatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated.

### ***Gowns, Aprons, and Other Protective Body Clothing***

1. Appropriate protective clothing such as, but not limited to, gowns, aprons, lab coats, clinic jackets, or similar outer garments shall be worn in occupational exposure situations. The garment type and characteristics will depend upon the task and degree of exposure anticipated.

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