

## SOP 5 Personal Protective Equipment (PPE)

*PPE as part of standard precautions involves the use of a variety of barriers, used singly or in combination to protect skin, mucous membranes, airways and clothing from contact with infectious agents. Protective barriers include gloves, gowns, aprons, masks and protective eyewear. PPE also provides protection against other hazards in the healthcare facility such as chemicals and physical injury.*

*The most suitable type of protective clothing varies according to the nature of the patient interaction and the equipment used, and is a matter of professional judgment following risk assessment. Where there is a risk of large splashes of blood or body substances, impermeable protective clothing must be worn.*

*Managers must ensure that PPE is made available and that staff members are trained in the use of PPE. All members of staff are responsible for ensuring the correct use and disposal of PPE.*

### 5.1 Procedures on Personal Protective Equipment

Each Dental Healthcare Worker (DHCW) should make a risk assessment of the planned procedure and select PPE depending on;

1. The nature of the procedure
2. The risk of exposure to blood and body fluids
3. The risk of contamination

#### 5.1.1 Glove wear

- Non latex procedure gloves are single use items, and are the preferred glove for clinical use in the HSE.
- Sterile gloves should be used when the hands are likely to come into contact with normally sterile areas. (Refer to 8.11 Aseptic Technique)
- Heavy duty gloves are only required if indicated by risk assessment.

##### Indication for Gloves on:

- When anticipating contact with saliva, blood, other body fluid, mucous membrane or non-intact skin.
- Contact with a patient (and his/her immediate surroundings during contact precautions).
- Dental sedation with IV insertion and removal.
- Prior to handling Dental Reusable Invasive Medical Devices (RIMD).
- When handling chemicals and waste.
- Cleaning and disinfection of the clinical environment

	<p><u>Indication for Gloves off:</u></p> <ul style="list-style-type: none"> <li>• As soon as gloves are damaged or thought to be damaged.</li> <li>• When contact with blood, another body fluid, non-intact skin and mucous membrane has occurred and has ended.</li> <li>• When contact with a contaminated body site on a patient has ended.</li> <li>• When surgery cleaning/contaminated instrument handling activity has ended.</li> <li>• Post RIMD decontamination.</li> <li>• When there is an indication for hand hygiene (WHO 5 Moments for Hand Hygiene).</li> </ul> <p>Dispose of gloves into general waste unless contaminated with blood and/or saliva (healthcare risk waste).</p>
<p><b>5.1.2 Eye Protection</b></p>	<p>Clinicians and dental nurses must protect their eyes and those of their patients from foreign bodies, aerosol and splatter by wearing protective glasses or visors during operative procedures. Face and eye protection is an important part of standard precautions. An individual's prescription glasses/contact lenses are not adequate eye protection. Glasses/visors with top and side protection must be used.</p> <p><u>Indication for eye protection</u></p> <ul style="list-style-type: none"> <li>• When chair side for a clinical procedure.</li> <li>• When there is potential for aerosol spray or splashes.</li> <li>• When dealing with chemicals and waste.</li> <li>• When decontaminating instruments and surfaces such as placing/removing instruments in/from the ultrasonic cleaner.</li> </ul> <p>Patients' undergoing examination or clinical treatment must wear protective glasses at all times to protect their eyes against possible injury. Visors and glasses must be inspected after each appointment and cleaned using a combined detergent/disinfectant wipe or as per manufacturer's instructions. Visors must be disposed of when cracked or damaged or if they are single use items.</p> <p>In the event of a splash to eyes, firstly rinse the eyes with a copious amount of cold water. In the event of a splash to eyes with contact lens in place; rinse eye with lens in place, then remove lens and rinse again. Lenses allow the chemical to stay in contact with the eye. (Refer to SOP 7)</p>
<p><b>5.1.3 Surgical Face Masks</b></p>	<ul style="list-style-type: none"> <li>• Surgical face masks are single use items and are recommended for all dental procedures as part of standard precautions.</li> <li>• Masks must be changed between patients and not pulled down around the neck and re-used.</li> <li>• Masks should be close fitting and cover the mouth and nose.</li> </ul>

- Avoid touching the outer surface of the mask during or following procedure as it should be assumed to be contaminated.

Follow the instructions below for putting on the face mask.

*Face Mask with Ear loops:* Hold the mask by the ear loops. Place a loop around each ear.

*Face Mask with Ties:* Bring the mask to your nose level and place the ties over the crown of your head and secure with a bow.

- Determine which side of the mask is the top. The side of the mask that has a stiff bendable edge is the top and is meant to mould to the shape of your nose.
- Determine which side of the mask is the front. The coloured side of the mask is usually the front and should face away from you, while the white side touches your face.

Follow the instructions below for removing the face mask.

Clean your hands with hand sanitizer or soap and water before touching the mask.

*Face Mask with Ear loops:* Hold both of the ear loops and gently lift and remove the mask.

*Face Mask with Ties:* Untie the bottom bow first then untie the top bow and pull the mask away from you as the ties are loosened.

- See 5.2 for the correct sequence for putting on/removing PPE to prevent contamination of the face, mucous membrane and clothing.
- Dispose surgical face masks into general waste unless contaminated with blood and/or saliva (healthcare risk waste).
- Perform hand hygiene after removing the mask in order to prevent contamination of your face and the surgery environment.

**5.1.4 Healthcare Respirator Masks**  
Airborne precautions

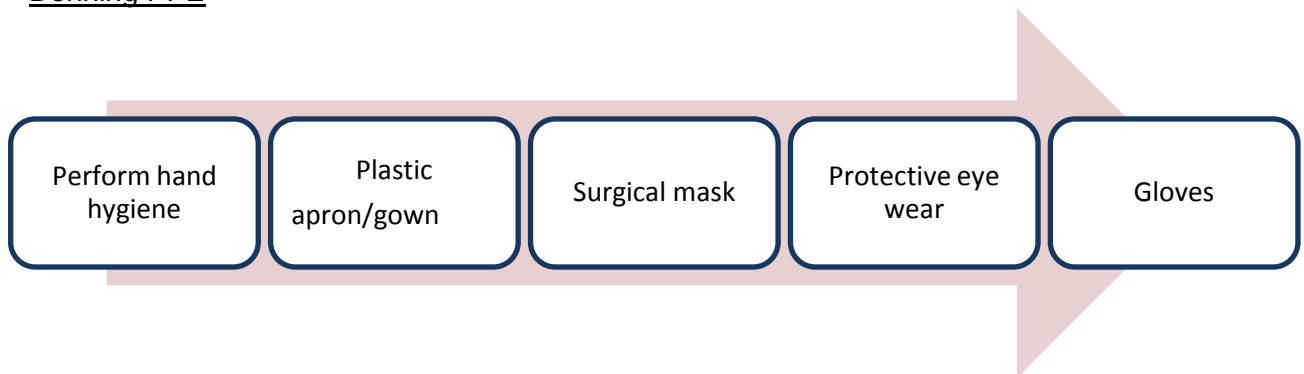
- Healthcare Respirator Masks should be available to staff.
- P2/FFP3 respirators are designed to protect the wearer from breathing in small airborne particles which might contain viruses.
- Staff must be trained in using these respirators.
- They should be worn only when carrying out aerosol-generating procedures on patients with a suspected or confirmed respiratory virus such as Pandemic Influenza or Infectious Tuberculosis/Multi Drug Resistant Tuberculosis, measles, chicken pox (*varicella-zoster virus*).
- These masks must be fit tested and are single use items. The purpose of fit testing is to identify which size and style of respirator is suitable for an individual, and to ensure that it is worn correctly. It also provides an opportunity to ensure healthcare workers are properly trained in the correct use of the mask.

	<ul style="list-style-type: none"> <li>Respirators must be used with other necessary personal protective equipment (PPE) such as gowns, gloves and compatible eye protection.</li> <li>Respirators should be discarded after each use into healthcare risk waste as they are used when transmission based precautions are required.</li> </ul>
<b>5.1.5 Gowns / aprons</b>	<ul style="list-style-type: none"> <li>Uniforms should be protected by wearing single use disposable impervious gowns for surgical procedures and plastic aprons in the decontamination process or in the event of needing contact precautions.</li> </ul>

## 1.2 Donning and Removing PPE

*PPE should be donned and removed in the following sequence so that the chance for skin or environmental contamination is reduced. Hand Hygiene is always the final step after the removal and disposal of PPE.*

### Donning PPE



### Removing PPE

