Appendix 3 – HCID PPE Checklist for Removal (Doffing)

For: Confirmed case
Suspect case: Suspect case with High level of suspicion based on History/ Epi risk and clinical presentation
or
Suspect case: but higher risk of potential transmission e.g. wet case (fluid producer – bleeding, vomiting or diarrhoea, widespread systemic rash), clinically unstable patient

Refer to the HCID doffing poster as a visual guide. Access this poster on the HPSC website here

Name of healthcare worker (H&CW):

_____

Name of trained observer:

_____

Date: _____ Time: _____ Location: _____

PPE REMOVAL (DOFFING)		
Trained observer checklist **(tick items for completion)**	**Step**	**Action – Check by trained observer (read out)** Depends on the location of the trained observer (buddy) and interaction: Risk assess: where there is a greater risk of contamination the trained observer (buddy) should also be equally protected wearing appropriate PPE
□	**Prepare to doff**	**Removal of PPE must be done with a trained observer (buddy)** **Request for help of a trained observer (buddy) if not one is not already present.** **Do not attempt to remove PPE without a trained observer present.** Where possible a designated zone for removing (doffing) PPE is to be identified. **Do not exit into a clean (Green) zone wearing PPE.** Trained observer to ensure all equipment is ready for removal. Trained observer ensures the area is quiet and free from other staff and distractions. Equipment required for removal: 1. rigid plastic stool or chair that can be cleaned and disinfected near the door 2. healthcare risk waste bin 3. alcohol-based hand rub (ABHR) 4. detergent/ disinfectant wipes 5. additional gloves – different in colour compared with inner pair of gloves of H&CW, if available. Ensuring that these items are within one step of the H&CW

		and ensures that there is no unnecessary movement.
		Trained observer instructs H&CW that this will be a calm, smooth process and to tell the buddy if they need assistance at any time. **If the H&CW is aware of any PPE breach or high exposure contamination, inform the trained observer before removing PPE & follow procedures to report as an incident.** **Reminder: perform hand hygiene at any stage during the doffing steps, if there is a potential risk of contamination**
☐		**Trained observer check:** Ask the H&CW if they inspected their PPE for visible contamination, cuts or tears before leaving the room and remove it with a detergent/ disinfectant wipe prior to leaving the room.
☐		Trained observer to inspect the PPE to assess for visible contamination, cuts or tears before starting to remove.
☐		If visible contamination present, H&CW to clean first and disinfect with a disinfectant wipe and discard wipe into clinical waste bin. Trained observer to also observe from a distance to inspect for any visible contamination.
☐	**Step 1** Apron	**Remove in patient room/ or Red zone** • H&CW to remove apron, pull forward at the front of the apron to break the neck and waist strings. • Roll the apron inside out ensuring that only the inner “clean” side is touched. • Roll up and place in the healthcare risk waste bin. **Do not push down**
☐	**Step 2** Outer gloves	**Remove in patient room/ or Red zone** Instruct H&CW to remove the outer gloves: • Use the pinch and pull method. Grasp outside of glove with opposite gloved hand; peel off • hold removed glove in opposite gloved hand • slide fingers of hand (gloved removed from) under remaining glove at wrist • peel gloves off over first glove • carefully remove without touching outside of gloves • discard into designated clinical waste bin in doffing zone.

		Inspect inner glove for any contamination, tears or cuts.
☐	**Step 3** Gown Middle layer gloves	**In the yellow zone** H&CW to remove impervious, long-sleeve gown. • assume that the gown front and sleeves are contaminated • avoid contact with scrubs and hood underneath the long sleeve gown • Untie the gown at the side • pull away gown from neck and shoulder area by grabbing the shoulder areas to release the Velcro at the back of the neck • Pull the gown away from the chest, turn gown inside out while removing, and fold or roll into a bundle. • The taped long nitrile gloves should come off easily when removing the gown. Carefully place the gown into the healthcare risk waste bin. **Do not push down into the healthcare risk waste bin.** Perform hand hygiene: trained observer will dispense alcohol based hand rub into H&CW's gloved hands
☐	**Step 4** **Visor/ face shield**	**In the yellow zone** H&CW to remove visor/face shield. • Reach for the elastic strap at the back of the head. Close eyes and lift the strap upwards and over the head • Avoid bending head forward-as this brings the visor in contact with "clean" upper body • Carefully place face shield/ visor into the healthcare risk waste bin. **Do not push down into the healthcare risk waste bin.** Perform hand hygiene: trained observer will dispense alcohol based hand rub onto H&CW's gloved hands.
☐	**Step 5** Hood	**In the yellow zone** Remove the hood - only touching the outer surface. • Use both hands and pull the hood's front and bottom part downward and forward slightly at the chin level.

□	**Step 6** Hood	**In the yellow zone** • H&CW close eyes and bend forward at the hips. Keep the chin well away from the chest • Lift the hood up and over the head and then away from the face • Stand straight and place the hood into the healthcare risk waste bin. Perform hand hygiene: trained observer will dispense alcohol based hand rub onto H&CW's gloved hands
□	**Step 7** Inner gloves	**In the yellow zone** • Remove inner nitrile gloves using pinch and pull technique • Dispose in healthcare risk waste bin. Perform hand hygiene: trained observer will dispense alcohol-based hand rub onto H&CW's hands
□	**Step 8** FFP3 respirator	**In the yellow zone** • Reach to the back of the head and lift the bottom strap of the FFP3 respirator mask over the top of the head to meet the top strap • Bend hips slightly forward • Avoid bending neck as this allows the respirator to touch the upper body • Close eyes and remove by allowing the FFP3 respirator to fall away from the face. Place in the healthcare risk waste bin Perform hand hygiene: using alcohol-based hand rub
□	**Step 9** Boots Step 1	**Yellow/ Green zone** H&CW can stand or sit on clean stool/ chair near to the clean zone to begin removal of below- knee boots. • If needed, step onto each heel of the boots to loosen them for removal Step out of the boots and into the clean zone (Green zone) **Do not step back into the dirty area (Yellow zone)** • Place feet directly onto the floor away from the doffing zone.

☐	**Step 10** Boots step 2	**Green Zone** Perform hand hygiene Turn to face yellow zone, without entering yellow zone. Pinch the inner surfaces of the boots together and place in a rigid healthcare risk waste bin (for boots only) **Do not touch outer surface of boots** If unable to reach boots easily, leave where they are and they can be moved by the next person entering the doffing zone.
☐	**Step 11**	**Green Zone** Used boots must not be re-worn, isolate boots until HCID results are known Refer to Appendix 7 for advice on how to clean and disinfect boots (for boot re-use post HCID ruled out).
☐	**Step 12**	**Green Zone** Without touching anything in the environment and including self the H&CW performs hand hygiene by hand washing.
☐		Final inspection by both trained observer and H&CW for any contamination. If contamination is identified, the scrubs should be carefully removed and disposed of as healthcare risk waste and the H&CW should shower immediately. Any possible exposure/ contamination should be reported to line manager and escalated accordingly.
☐		If there has been prolonged contact or high-risk patient care, then shower and change into fresh scrubs. At the end of the shift, all H&CWs must shower. If not contaminated, discard scrubs into routine linen for processing.

Trained observer signature: _____