16/09/2024

## **Appendix 2 – HCID Checklist Before Entering Room**

lame of healthcare worker (H&CW):						
Name of trainer of	observer (buddy):					
Date:	Time:	Location:				

PREPARATION FOR PUTTING ON PPE (DONNING)				
Trained observer checklist (tick items for completion)	Steps	Action – Check by trained observer (buddy) (read out)		
	Step 1	Where possible, allocate a designated zone for putting on (donning) PPE  Trained observer (Buddy check)— ensure ALL equipment is available and in the correct size:  • surgical scrubs/disposable scrubs (for wet symptoms only)  • disposable fluid resistant boots to the knee (for wet symptoms only)  • surgical hood (optional based on risk assessment)  • inner gloves (different colour if available)  • Impervious (fluid resistant) long-sleeved gown (lower than knees) correctly tied and able to provide adequate back cover.  • Respirator Mask: FFP2/FFP3 & H&CW fit tested. See Appendix 6 for PPE specifications.  • eye protection (Goggles/ Visor),  • outer gloves with long cuff – if available, two different colours (sterile gloves may be used not necessarily due to the need for sterility but because they are associated with fit and dexterity)  • stool/chair (cleanable)  • alcohol-based hand rub (self-dispensing or trained observer to assist)  • Detergent/ disinfectant wipes.  • Access to a mirror is recommended		

Step 2	Ensure that donning occurs in a quiet area (where possible)  The environment needs to remain calm – limit activity and discussion to donning only.
Step 3	Confirm that the H&CW is competent and has completed training on has undertaken transmission-based precautions training
Step 4	Confirm that the H&CW is wearing surgical scrubs and impervious, closed-toe boots/shoes (for wet patient only).
Step 5	Confirm skin integrity of H&CW. If H&CW has skin integrity breaks, then advise them not to care for patient. In the event of staffing contingency risk assess any skin breaks, small breaks/areas may be able to be covered by waterproof dressings where complete protection with PPE is also achieved.
Step 6	Ask the H&CW if they need a drink of water or to go to the bathroom.
Step 7	<ul> <li>Check the following for the H&amp;CW:</li> <li>all jewellery has been removed, for example, facial and ear piercings, necklaces, rings, watches, bracelets, religious items and so forth</li> <li>hair is off the face and collar, and tied in a ponytail or bun if required</li> <li>H&amp;CWs with facial hair to follow local facility policy (see recommendations for FFP2/3 fit check) Poster resources are available on the "Safe use of FFP2 respirator mask" <a href="https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/ppe/FFP2%20Masks%20Poster.final.pdf">https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/ppe/FFP2%20Masks%20Poster.final.pdf</a></li> <li>no jumpers/jackets/ etc. are on</li> <li>no wallets, phones, bleeps or pens are in pockets</li> <li>no lanyards/ID tag are hanging from scrubs.</li> </ul> Gather the PPE items required <ul> <li>Check PPE is the correct size</li> </ul>
Step 8	Record H&CW's temperature in logbook.
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PUTTING ON (DONNING) PPE				
	Step 1	For wet patient, put on surgical scrubs and closed-in shoes.  Ensure hair is off the face and collar and tied in a ponytail or bun.  If wearing own glasses-ensure secure with a head strap.		
	Step 2 Hand hygiene	H&CW to perform hand hygiene with soap and water or alcohol- based hand rub. Ensure hands are dry.		
	Step 3	H&CW to put on FFP2/FFP3 respirator.		
		Trained observer check:		
		(fit checking assist) – H&CW to perform fit check, use the "Safe use of FFP2 respirator mask" poster to instruct application and fit check-adjust if any air escapes and recheck		
Skip to step 7 if b	oots and hood	, are not needed.		
	Step 4 Boots (optional)	For wet patient, H&CW to sit down and put on disposable fluid repellent below-knee boots and tie any straps to prevent trip hazard (tying at the front facilitates easy removal).		
		Trained observer check:		
		boots are secure around ankles and knees and ties are tied.		
	Step 5 Hood (optional)	H&CW to put on surgical hood with flap/collar. Do not tie it.		
		Trained observer check:		
_		ensure surgical hood covers head, neck, and shoulders.		
	Step 6 Gloves	H&CW to put on inner pair of gloves.		
	Step 7 Gown	H&CW to put on impervious, long-sleeve gown and tie at the back, ensure long enough to cover the back.		
		If wearing, ensure inner gloves are tucked underneath the cuffs of the gown.		
		Trained observer check:		
		Check gown for any tears or holes and ensure inner gloves are tucked underneath the cuffs of the gown.		

	Step 8 Eye protection	H&CW to put on eye protection.
	Step 9 Gloves	H&CW to put on outer gloves with the longer cuff.  Ensure gloves go over the cuffs of the gown and no fabric showing.
_		Trained observer check: Check that gloves are over the cuffs of the gown.
	Step 10	Check PPE is secure and comfortable – extend arms, bend at waist, turn and walk up and down & check PPE skin cover is optimal – use the mirror to self-check and trained observer to confirm
		REMIND THE H&CW PRIOR TO ENTERING THE PATIENT ROOM
		Instruct the H&CW to use the room telephone if they need any assistance.
		Don't adjust or remove PPE in the patient room
		H&CW: Don't touch your face whilst wearing PPE
		Use ABHR on gloved hands during patient care whilst in the patient room
		H&CW is ready to enter the room.

Trained observer signature:		

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## Appendix 3 – HCID PPE Checklist for Removal

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:  Where there is a greater risk of contamination the buddy should also be equally protected wearing appropriate PPE (level 1 PPE)	
		Where possible a designated zone for removing (doffing) PPE is to be identified.  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. clinical waste bin  3. alcohol-based hand rub  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.	
	Step 2	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.	
	Step 3	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.	

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		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 4	Instruct H&CW to remove the outer gloves:	
		<ul> <li>slip finger underneath outer gloves and carefully remove without touching outside of gloves</li> <li>discard into designated clinical waste bin in doffing zone.</li> </ul>	
	Step 5	Inspect inner glove for any contamination, tear or cuts.  Remove any visible contamination and change gloves if needed, followed by hand hygiene. If torn or cut, don another pair of gloves.	
	Step 6	H&CW to remove impervious, long-sleeve gown.	
		<ul> <li>assume that the gown front and sleeves are contaminated</li> </ul>	
		<ul> <li>avoid contact with scrubs and hood underneath the long sleeve gown</li> </ul>	
		unfasten ties	
		<ul> <li>pull away gown from neck and shoulder area, touching outside of gown and remove</li> </ul>	
		<ul> <li>turn gown inside out while removing, and fold or roll into a bundle touching only the inside of the gown.</li> </ul>	
		Discard into clinical waste bin.	
	Step 7	Trained observer check:	
		Ensure H&CW inspects gloves prior to removal.	
	Step 8	Check gloves for contamination (if no visible contamination present go to step 9).	
		If visible contamination present, H&CW to clean gloves and disinfect with a disinfectant wipe and discard wipe into clinical waste bin. Remove gloves and perform hand hygiene. Put on another pair of gloves.	
	01	Go to step 10 if wearing boots.	
	Step 9	<ul> <li>grasping outside of glove with opposite gloved hand; peel off</li> <li>hold removed glove in gloved hand</li> <li>slide fingers of ungloved hand under remaining glove at wrist</li> <li>peel gloves off over first glove.</li> <li>Discard gloves into clinical waste bin.</li> </ul>	

Step 10 (Boots if worn)	If worn, perform hand hygiene and don new pair of gloves.  H&CW to sit on clean or covered stool/chair to begin removal of below- knee boots.  • roll the top of the boots down for two turns (both legs)  • carefully untie straps and remove the boot by grasping the heel area and pulling away from body  • discard boot into clinical waste bin  • place feet directly onto the floor away from the doffing zone.
Step 11	Remove gloves and discard into clinical waste bin. Perform hand hygiene.
Step 12	Put on another pair of fresh gloves.
Step 13	H&CW to remove hood (if worn), respirator and eye protection in one motion.  Grasp back of hood, tilt head downwards and pull forward in a downward motion, removing hood, respirator and eye protection together.  Place items in clinical waste bin.
Step 14	Remove gloves and perform hand hygiene with Alcohol- based hand rub (from an automatic dispenser) or soap and water, including forearms up to elbows.
Step 15	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 clinical waste and the H&CW should shower immediately. Any possible exposure/contamination should be reported to line manager and escalated accordingly.
Step 16	If there has been prolonged contact or high-risk patient care, then shower using a neutral soap and change into fresh scrubs.  At the end of the shift, all H&CWs must shower with a neutral soap.  If not contaminated, discard scrubs into routine linen for processing.

Trained ol	bserver signature:		