

Donning and Doffing

Female1: Hi, Renee.

Female2: Hi, Wendy.

F1: We're going to be talking about donning and doffing today. With the emphasis on the doff part.

F2: Emphasis on the doff because the donning or the putting on of protective equipment, the order you put it on really doesn't matter, because it's all clean. It's about making the decision about what PPE do you need to keep yourself safe and/or to keep the patient safe.

F1: So if we had a patient that had constantly having diarrhea. We didn't really know yet [because] we hadn't tested to see what was going on, how would that influence us and what we chose to use for PPE?

F2: Excellent question. So things like diarrhea. If it was caused by an infectious organism, would be spread by contact. And so you would go to your agency's resources, to your infection prevention and control resources, to see what you need. And if you look closely it'll say 'for undiagnosed diarrhea do this'. So you're going to put them onto some contact precautions. And then the instructions are all very clear on the signage. I think the most challenging part is somebody recognizing that somebody has diarrhea [and thinking] we better protect everybody [because] we don't want whatever this is [to be] spread throughout. Contact precautions has two different colours of signage. The one that I would suggest to students to go for is the brown one, so think 'code brown'. Because it's a little bit extra precautionous. So this is not just for nursing staff. This is also for

housecleaning staff. So the brown one, the housekeeping staff use different kinds of cleaners. So if that diarrhea is caused by C. diff, C. diff needs to be cleaned a certain way as opposed to diarrhea caused by salmonella, for instance. And then the instructions are all clear. So if you're working in an agency, you see either a big yellow cart or some kind of makeshift cart or some kind of signage, you just have to stop, read the directions. It's really important that us as nurses are teaching our visitors and teaching our patients about what they need to do to maintain that safety as well. PICNet, the Provincial Infection Control Network of B.C., lays it all out for us. [These are] the documents I've seen in the agency, this chart is actually just on the back of the signage chart.

F1: Oh, so you can just flip it over and see.

F2: Right, and there's a section here that tells you what you need to tell visitors and what visitors need to do. And [the document indicates] what to do if the patient needs to be transported.

F1: Wear a mask or--

F2: So just follow the directions. So a question that often comes up is 'can the patient leave the room'. And again, it depends on the organism. If they have a highly infectious organism like tuberculosis or Ebola, no, only if absolutely necessary can they leave the room. You would look for your instructions. So in this case let's say the patient has had T.B. That would be an airborne [organism and precautions]-- they would have to wear a procedure mask during transport.

Which leads us to our next conversation about there's different kinds of masks.

All of us know from our N95 annual training that N95 masks are for really small

particulate. So they're very good, and we always get reminded every year how to put them on. So it's a matter of putting it on your face, doing the top one first, then the bottom, and then when you take it off it's the bottom and then the top. Same thing with your surgical masks: Tie your top first, then your bottom and when you take them off, bottom and then top. So we have surgical masks. We have procedure masks which are just a little bit different. Again, it's all about what level of protection needs to happen.

I know what I want to talk about. Patients aren't necessarily restricted to their room when they have additional precautions in place. Infection control agencies talk about four C's. So is the patient **cooperative**? Are they cognizant, so do they understand what's going on? Can they follow directions? So if you ask a patient not to go to the kitchen because they have some kind of uncontrolled diarrhea, and they don't-- they can't abide by that, they have to stay in their room. So it's-- what did I say? Cognizant?

F2: Cooperative. Continent. And things have to be **contained**. So if I have a wound that has MRSA in it but it's oozing all over the place, I need to have a new dressing put onto there before I can leave the room. If I have an infectious organism in my lungs, I need to cover my face and contain those microorganisms before I can leave. [**Clean hands** and **clean gown** too]. So it's not completely isolating when you're in what we use to call isolation. But there's definitely some additional precautions that need to happen.

F1: Okay. Well, Renee, you can't talk to me now because you're all masked up. So I'm going to have to sit here and talk to myself. I see you're in the room, and I see

that you are in airborne precautions. And that you have your mask on. So that's your Fit Test 3M [N95] mask. I see that you have your gown on. I see you have your gloves on and that the cuff is over top of the gown as opposed to having the gown come down. And you want to come out. No. You have to stay-- oh, no, okay. Come on out. So what are you going to do to come out of the room? The first thing you're going to do is to take your gloves off. And as you can see that she's pulling them off and she's putting them inside each other. She's going to wash her hands. Okay, and they're dried. So now she's going to undo the back of her gown. She's going to pull it off by just hooking onto the gloves [Wendy meant to say sleeves]. She has to roll it up so that the dirty part is inside the gown, and she's going to throw that out, wash her hands again. And now she's going to come out of the room because the last thing she wants to take off is her mask because that's what's protecting her from the active T.B. that's in the room. How do you feel, and wash your hands again.

F2: Much, much cooler, yeah.

F1: And wash your hands again.

F2: Right. So the order for doffing is gloves first because gloves are often the dirtiest. If you have eyewear on, touch the sides of your eyewear, get them off. Your hands are clean because you've taken your gloves off and you've done some hand hygiene. Clean hands to clean back. Get your gown off. And then because-- then if you have a mask that needs to come off last and it needs to come off outside the room.

F1: Outside the room, yeah. Well, done. You survived another shift.