

Ebola - Doffing PPE - PAPR and Gown Checklist

HCW leaving the patient room
<input type="checkbox"/> HC worker inspects PPE for obvious signs of contamination (if so wipe with EPA-designated wipe)
<input type="checkbox"/> Disinfect gloves with EPA wipe or ABHR - Allow hands to dry
<input type="checkbox"/> Signal to enter doffing area
Trained Observer (required to be in CDC recommended PPE)
<input type="checkbox"/> Use a checklist
<input type="checkbox"/> Remind that you will be reviewing the steps aloud and to repeat back
<input type="checkbox"/> Remind steps should be done slowly and methodically
Disinfect outer gloves
<input type="checkbox"/> Alcohol based hand rub – Allow hands to dry
Remove outer apron (if used)
<input type="checkbox"/> Gently pull from neck or have trained observer untie
<input type="checkbox"/> Roll from inside out away from body and discard
<input type="checkbox"/> Inspect for contamination, cuts or tears and use EPA disinfectant wipe if necessary
<input type="checkbox"/> If trained observer has assisted, use ABHR and allow hands to dry
Disinfect outer gloves
<input type="checkbox"/> Alcohol based hand rub – Allow hands to dry
Remove boot/shoe covers
<input type="checkbox"/> Sit on chair designated and marked for “dirty”
<input type="checkbox"/> Remove boot /shoe covers and discard (remove based on manufacturer’s instructions)
Disinfect outer gloves
<input type="checkbox"/> Alcohol based hand rub – Allow hands to dry
*Remove outer gloves - Do not snap gloves which can cause spray
<input type="checkbox"/> Pinch glove and lift at the wrist
<input type="checkbox"/> Roll down until the glove is completely off hand and in a ball in the palm of the other hand
<input type="checkbox"/> Slide finger down and inside outer glove on other hand and pull it off until it's balled around the first glove.
<input type="checkbox"/> Dispose of outer gloves
Inspect Inner gloves
<input type="checkbox"/> Inspect both sides of gloves (if tear, hole or contamination - disinfect with ABHR or EPA wipe)
<input type="checkbox"/> If no signs of tears, holes or contamination perform hand hygiene with ABHR – Allow hands to dry
<input type="checkbox"/> If gloves are compromised: Perform hand hygiene with ABHR or EPA wipe <input type="checkbox"/> Remove gloves <input type="checkbox"/> Perform hand hygiene with ABHR <input type="checkbox"/> Don new pair of gloves
Remove PAPR (this will vary based upon manufacturer’s instructions) Use assistant and follow this order
<input type="checkbox"/> Assistant detaches hose from hood and turns off system
<input type="checkbox"/> Unclip belt (Assistant holds belt and HC worker unclips belt)
<input type="checkbox"/> Place all reusable PAPR components in designated area or container for later disinfection
Remove Hood
<input type="checkbox"/> Remove hood (Assistant stands in back, grasp outside of hood, roll hood to top of shoulders forming a cuff)
<input type="checkbox"/> Slowly remove hood (grab near ears, bend forward near waist, pull slowly until waist level and discard)
Disinfect Inner gloves
<input type="checkbox"/> Assistant - Alcohol based hand rub – Allow hands to dry
<input type="checkbox"/> HC Worker – Alcohol based hand rub – Allow hands to dry
Remove Gown
<input type="checkbox"/> Release gown tie
<input type="checkbox"/> Grasp gown at hip area, pull gown down and away from sides of body
<input type="checkbox"/> Roll gown inward away from body into tight ball
<input type="checkbox"/> Dispose of gown



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Disinfect Inner gloves
<input type="checkbox"/> Use Alcohol based hand rub – Allow hands to dry
Disinfect shoes
<input type="checkbox"/> Sit in clean chair
<input type="checkbox"/> Use EPA registered disinfectant wipe (top to bottom – include sole)
Disinfect Inner gloves
<input type="checkbox"/> Use Alcohol based hand rub – Allow hands to dry
Remove Inner gloves
<input type="checkbox"/> Remove inner gloves (*as indicated above)
<input type="checkbox"/> Discard
Perform hand hygiene
<input type="checkbox"/> Use Alcohol based hand rub- Allow hands to dry
Inspect body for contamination
<input type="checkbox"/> Check for rips, tears or contaminants on clothing
Exit Doffing area
<input type="checkbox"/> Remove scrubs and shower

Name of Healthcare Professional: _____

Room # _____ Time: _____ Date: _____

Assistant name: _____

Signature of Trained Observer: _____ Date: _____

