

Physician Practice Enhancement Program

**ASSESSMENT STANDARDS**

Personal Protective  
Equipment

## Introduction

Personal protective equipment (PPE) is used by staff in the clinical office to prevent transmission of microorganisms from patient-to-staff and from staff-to-patient. The selection of PPE is based on the nature of the interaction between the staff member and the patient and/or the likely mode(s) of transmission of infectious agents. Selection of PPE is based on the risk assessment. PPE includes gloves, gowns and facial protection.

The following topics are part of infection prevention and control in a clinical office:

1. Hand hygiene
2. Personal protective equipment
3. Environmental cleaning
4. Sharps safety
5. Waste management
6. Soiled laundry
7. Exposure control plan for infectious diseases

Each topic listed is addressed in its own respective assessment standard.

The medical director maintains oversight of and responsibility for all operational and administrative components. In a clinical office, where the care of patients is shared by a number of physicians (i.e. walk-in clinic, urgent care or multi-physician clinic), a single physician must be designated as the medical director. In a solo physician clinic, the physician is the medical director.

For detailed information on the roles and responsibilities of the medical director, refer to the College standard [\*Primary Care Provision in Walk-in, Urgent Care, and Multi-physician Clinics\*](#).

## Understanding the assessment standard

An assessment standard consists of three components:

1. **Standard** – a goal statement of achievable levels of performance. An assessment standard is identified by a first level whole number ending in “.0” such as 1.0, 2.0, 3.0 etc.
2. **Criterion** – activities or components of the standards that once implemented lead to the overall attainment of the standard. A criterion is identified by the first level number indicating the standard to which it is associated, and a second level number such as X.1, X.2, X.3, etc.
3. **Criterion descriptors** – specific actions for each criterion. Criterion descriptors are identified by the first level standards number, the second level criterion number and a third level criterion number such as X.Y.1, X.Y.2, etc.

A criterion marked by an **M** indicates that the criterion is mandatory and must be met. If the registrant is assessed by PPEP, the expectation is that the registrant has met this criterion.

Criterion that is not marked by an M is based on best practices using current provincial, national and international standards and guidelines. A non-M criterion should be met, but is not required. A registrant should use their best judgement to determine whether or not the unique circumstances of their practice necessitate meeting each non-M criteria.

## Standards

No.	Description	Reference
<b>PPE 1.0</b>	<b>PERSONAL PROTECTIVE EQUIPMENT</b>	
<b>PPE 1.1</b>	<b>Personal protective equipment (PPE) is available and used appropriately in the clinical office.</b>	
PPE 1.1.1	<b>M</b> The clinical office must have sufficient and appropriate PPE available and accessible for staff.	1,2
PPE 1.1.2	<b>M</b> Health-care providers and other staff who have the potential to be exposed to blood or body fluids must receive education on proper use of PPE.  PPE is selected and used based on the possibility of transmission of organisms due to either patient symptoms or clinical task(s).	1,2
PPE 1.1.3	<b>M</b> Staff must put on PPE correctly: <ul style="list-style-type: none"> <li>• no specific sequence of putting on PPE</li> <li>• most common sequence: perform hand hygiene, put on gown, put on facial protection, put on gloves</li> <li>• PPE should be put on just prior to the interaction with the patient or task</li> </ul>	1,2
PPE 1.1.4	<b>M</b> Staff must take off PPE correctly: <ul style="list-style-type: none"> <li>• PPE removal: most contaminated item to least contaminated item</li> <li>• sequence of removal: take off gloves, perform hand hygiene, take off gown, take off facial protection, perform hand hygiene</li> <li>• PPE is removed immediately and disposed of in appropriate receptacle</li> </ul>	1,2
<b>PPE 1.2</b>	<b>Gloves are available and used in the clinical office when it is anticipated that the hands will be in contact with mucous membranes, non-intact skin, tissue, blood, body fluids, secretions, excretions, or equipment and contaminated environmental surfaces.</b>	
PPE 1.2.1	<b>M</b> Gloves must be worn when it is anticipated that hands will be in contact with blood, body fluids, mucous membranes, non-intact skin or contaminated equipment.	1,2
PPE 1.2.2	<b>M</b> Gloves should be put on immediately before the activity for which they are indicated.	
PPE 1.2.3	<b>M</b> Perform hand hygiene before putting on gloves for a clean/aseptic procedure.	1,2
PPE 1.2.4	<b>M</b> Gloves are removed and discarded immediately after the activity for which they were used.	1,2
PPE 1.2.5	<b>M</b> Hand hygiene is performed after gloves are removed due to possible contamination of hands during glove removal.	

No.	Description	Reference
PPE 1.2.6	<b>M</b> The same pair of gloves must not be used for the care of more than one patient.	1,2
PPE 1.2.7	<b>M</b> Gloves are never washed or reused.	1,2
<b>PPE 1.3</b>	<b>A gown is worn when it is anticipated that a procedure or care activity is likely to generate splashes or sprays of blood, body fluids, secretions, or excretions.</b>	
PPE 1.3.1	When use of a gown is indicated, the gown should be put on immediately before the task and must be worn properly (both tied at top and around the waist).	1,2
PPE 1.3.2	A gown should be put on immediately before the activity for which it is indicated.	1,2
PPE 1.3.3	A used gown should be discarded immediately after removal and placed into appropriate receptacle. Do not hang gowns for later use.	1,2
PPE 1.3.4	<b>M</b> Do not go from patient to patient wearing the same gown.	1,2
<b>PPE 1.4</b>	<b>Facial protection includes a mask and eye protection and is used to protect mucous membranes (eyes, nose and mouth) when it is anticipated that a procedure or care activity is likely to generate splashes or sprays of blood, body fluids, secretions.</b>	
PPE 1.4.1	A mask and eye protection should be worn to cover mouth, nose and eyes during procedures that are likely to generate splashes or sprays of blood or other body fluids.	1,2
PPE 1.4.2	<b>M</b> A surgical mask must be worn when performing an aseptic or invasive procedure (in this case surgical mask is a barrier to maintain aseptic environment for the procedure).	1,2
PPE 1.4.3	When a mask is indicated, it should be worn immediately before the activity for which it is indicated.	1,2
PPE 1.4.4	A mask should be immediately removed after the activity for which it is used and never hung around neck.	1,2
PPE 1.4.5	A mask should be changed if it becomes wet.	1,2
PPE 1.4.6	<b>M</b> A mask must not be reused.	1,2
PPE 1.4.7	<b>M</b> Hand hygiene must be performed after the mask is removed.	1,2

## References

1. Ontario Agency for Health Protection and Promotion (Public Health Ontario), Provincial Infectious Diseases Advisory Committee. Routine practices and additional precautions in all healthcare settings [Internet] 3rd ed. Toronto: Queen's Printer for Ontario; 2009. [3rd revision 2012 Nov; cited 2016 Nov 16]. 113 p. Available from: [http://www.publichealthontario.ca/en/eRepository/RPAP\\_All\\_HealthCare\\_Settings\\_Eng2012.pdf](http://www.publichealthontario.ca/en/eRepository/RPAP_All_HealthCare_Settings_Eng2012.pdf)
2. Ontario Agency for Health Protection and Promotion (Public Health Ontario), Provincial Infectious Diseases Advisory Committee. Infection control for clinical office practice [Internet]. Toronto: Queen's Printer for Ontario; 2013 [revision 2015 Apr; cited 2016 Nov 16]. 116 p. Available from: [http://www.publichealthontario.ca/en/eRepository/IPAC\\_Clinical\\_Office\\_Practice\\_2013.pdf](http://www.publichealthontario.ca/en/eRepository/IPAC_Clinical_Office_Practice_2013.pdf)
3. Center for Disease Control and Prevention, National Center for Emerging and Zoonotic Infectious Diseases, Division of Healthcare Quality Promotion. Guide to infection prevention for outpatient settings: minimum expectations for safe care - version 2.2 [Internet]. Atlanta: Center for Disease Control and Prevention; 2015 [cited 2016 Nov 16]. 42 p. Available from: [https://www.cdc.gov/hai/pdfs/guidelines/Ambulatory-Care+Checklist\\_508\\_11\\_2015.pdf](https://www.cdc.gov/hai/pdfs/guidelines/Ambulatory-Care+Checklist_508_11_2015.pdf)

## Appendix A

### Glossary of terms

**alcohol-based hand rub (ABHR)**

A liquid, gel or foam formulation of alcohol (e.g. ethanol, isopropanol) which is used to reduce the number of microorganisms on hands in clinical situations when the hands are not visibly soiled. ABHRs contain emollients to reduce skin irritation and are less time-consuming to use than washing with soap and water.

**acute respiratory infection (ARI)**

Any new onset acute respiratory infection that could potentially be spread by the droplet route (either upper or lower respiratory tract), which presents with symptoms of a fever greater than 38°C and a new or worsening cough or shortness of breath (previously known as febrile respiratory illness, or FRI). It should be noted that elderly people and people who are immunocompromised may not have a febrile response to a respiratory infection.

<b>cleaning</b>	The physical removal of foreign material (e.g. dust and soil) and organic material (e.g. blood, secretions, excretions, microorganisms). Cleaning physically removes rather than kills microorganisms. It is accomplished with water, detergents and mechanical action.
<b>communicable disease</b>	One that is spread from one person to another through a variety of ways that include: contact with blood and bodily fluids; breathing in an airborne virus; or being bitten by an insect. Some examples of the reportable communicable diseases include hepatitis A, B and C, influenza, measles, and salmonella and other food-borne illnesses.
<b>contamination</b>	The presence of an infectious agent on hands or on a surface, such as clothing, gowns, gloves, bedding, toys, surgical instruments, care equipment, dressings or other inanimate objects.
<b>disinfectant</b>	A product that is used on surfaces or medical equipment/devices which results in disinfection of the surface or equipment/device. Disinfectants are applied only to inanimate objects. Some products combine a cleaner with a disinfectant.
<b>disinfection</b>	The inactivation of disease-producing microorganisms. Disinfection does not destroy bacterial spores. Medical equipment/devices must be cleaned thoroughly before effective disinfection can take place. See also <i>disinfectant</i> .
<b>eye protection</b>	A device that covers the eyes and is used by health-care providers to protect the eyes when it is anticipated that a procedure or care activity is likely to generate splashes or sprays of blood, body fluids, secretions or excretions, or when health-care provider is within two metres of a coughing patient. Eye protection includes safety glasses, safety goggles, face shields and visors.
<b>facial protection</b>	Personal protective equipment that protects the mucous membranes of the eyes, nose and mouth from splashes or sprays of blood, body fluids, secretions or excretions. Facial protection may include a mask or respirator in conjunction with eye protection, or a face shield that covers eyes, nose and mouth.
<b>health-care provider</b>	Any person delivering care to a client/patient/resident. This includes, but is not limited to, the following: emergency service workers; physicians; dentists; nurses; respiratory therapists and other health professionals; personal support workers; clinical instructors; students; and home health-care workers. In some non-acute settings, volunteers might provide care and would be included as health-care providers. See also <i>staff</i> .

<b>hand care program</b>	A hand care program for staff is a key component of hand hygiene and includes hand care assessment, staff education and an occupational health assessment. If skin integrity is an issue, hand moisturizing products and alcohol-based hand rub containing an emollient should be provided.
<b>hand hygiene</b>	A general term referring to any action of hand cleaning. Hand hygiene relates to the removal of visible soil and removal or killing of transient microorganisms from the hands. Hand hygiene for patient care may be accomplished using an alcohol-based hand rub or soap and running water. Hand hygiene includes surgical hand preparation.
<b>handwashing</b>	The physical removal of microorganisms from the hands using soap (plain or antimicrobial) and running water.
<b>health-care provider</b>	Any person delivering care to a client/patient/resident. This includes, but is not limited to, the following: emergency service workers; physicians; dentists; nurses; respiratory therapists and other health professionals; personal support workers; clinical instructors; students; and home health-care workers. In some non-acute settings, volunteers might provide care and would be included as health-care providers. See also <i>staff</i> .
<b>health-care associated infections (HAIs)</b>	A term relating to an infection that is acquired during the delivery of health care that was not present or incubating at the time of admission. Includes infections acquired in a hospital but appearing after discharge. It also includes such infections among staff. (Also known as <i>nosocomial infection</i> ).
<b>hospital-grade disinfectant</b>	A low-level disinfectant that has a drug identification number (DIN) from Health Canada, indicating its approval for use in Canadian hospitals.
<b>infection</b>	The entry and multiplication of an infectious agent in the tissues of the host. Asymptomatic or sub-clinical infection is an infectious process running a course similar to that of clinical disease but below the threshold of clinical symptoms. Symptomatic or clinical infection is one resulting in clinical signs and symptoms (disease).
<b>infection prevention and control</b>	Evidence-based practices and procedures that, when applied consistently in health-care settings, can prevent or reduce the risk of transmission of microorganisms to health-care providers, other patients and visitors.

<b>mask</b>	A device that covers the nose and mouth, is secured in the back and is used by health-care providers to protect the mucous membranes of the nose and mouth.
<b>personal protective equipment (PPE)</b>	Clothing or equipment worn for protection against hazards (e.g. gloves, masks, protective eyewear, gowns). General work clothes (e.g. uniforms, pants, shirts or blouses) are not intended to function as protection against a hazard and not considered to be personal protective equipment.
<b>point-of-care</b>	The place where three elements occur together: <ul style="list-style-type: none"><li>• the patient</li><li>• the health-care provider</li><li>• the care or treatment involving the patient</li></ul>
<b>respiratory etiquette</b>	Personal practices that help prevent the spread of bacteria and viruses that cause acute respiratory infections (e.g. covering the mouth when coughing, care when disposing of tissues).
<b>staff</b>	Anyone conducting activities in settings where health care is provided, including but not limited to, health-care providers. See also <i>health-care providers</i> .