Dear Clinical staff,

Operating with proper Personal Protective Equipment (“PPE”) compliance has always been a priority for our Practice. In light of COVID-2019 Pandemic, proper PPE practices are as important as ever.

Because failure properly use PPE is not only violation of company policy but also violation of state and federal laws, we want to take this opportunity and remind you of some key PPE practices.

OSHA standards for bloodborne pathogens (BBP, 29 CFR 1910.1030) and PPE (found at 29 CFR 1910 Subpart I) **require** employers to **protect workers from occupational exposure to infectious agents.** The BBP standard applies when workers may have occupational exposure to human blood or other potentially infectious materials (OPIM), as defined in paragraphs (a) and (b) of the BBP standard. In these circumstances the regulations require the use of universal precautions to prevent contact with these materials. Adhering to standard and transmission-based precautions in healthcare settings is further recommended by the Centers for Disease Control and Prevention (CDC), and protects workers from a wider range of infectious disease hazards than just the BBP standard.

As per the CDC’s Guidelines for Infection Control in Dental Healthcare setting, universal precautions are based on the concept that ***all blood, and body fluids that might be contaminated with blood, should be treated as infectious because patients with bloodborne infections can be asymptomatic or unaware they are infected***.

 Preventive practices used to reduce blood exposures, particularly percutaneous exposures, include: 1) careful handling of sharp instruments, 2) use of rubber dams to minimize blood spattering; 3) handwashing; and 4) use of protective barriers such as masks, gloves protective eyewear, and gowns). *See* <https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5217a1.htm>

**Here are further specific recommendations on OSHA compliant PPE practices, as per the CDC:**

1. Attention should be paid to training on correct use, proper donning (putting on) and doffing (taking off), and disposal of any PPE.
2. Ensure employees demonstrate understanding on necessary PPE and proper disposal of PPE/ or maintenance and disinfection procedures of reusable PPE.
3. Ensure staff understands the limitations of PPE. For example, the limitations of Masks (versus N95 filtering face piece respirator).
4. Any reusable PPE must be properly cleaned, decontaminated, and maintained after and between uses. (If due to supply shortages you get auto-clavable non-single-use masks, auto clave them between each patient).
5. **Gloves**
	1. Perform hand hygiene, then put on clean, non-sterile gloves **upon entry into the patient room or care area**.
	2. **Change gloves** if they become **torn or heavily contaminated**.
	3. Remove and discard gloves **when leaving the patient room or care area**, and **immediately perform hand hygiene**.
6. **Gowns**
	1. Put on a clean isolation gown **upon entry** into the patient room or area. Change the gown if it becomes soiled.
	2. Remove and discard the gown in a dedicated container for waste or linen **before leaving the patient room or care area**.
	3. Disposable gowns should be **discarded** **after use.**
	4. Cloth gowns should be **laundered after each use.**
7. **Eye protection**
	1. Put on eye protection (e.g., goggles, a disposable face shield that covers the front and sides of the face) **upon entry to the patient room or care area**.
	2. Remove eye protection **before leaving the patient room or care area**.
	3. Reusable eye protection (e.g., goggles) must be cleaned and disinfected **according to manufacturer’s reprocessing instructions prior to re-use.**
8. **Respiratory protection**
	1. Disposable respirators or disposable masks should be removed and discarded **after exiting the patient’s room** or care area and closing the door. Perform **hand hygiene after discarding the respirator/disposable mask**.
	2. If anyone at your practice is using NIOSH certified disposable N95 respirator (note that due to supply shortages you will be extremely unlikely to secure this PPE item, unless you already have one) the respirator must be **properly fit tested and** that employee must be **trained** on the **proper use of respirators**, **safe removal and disposal**, and medical contraindications to respirator use. The practice must implement a proper Respiratory Protection Program to ensure compliance associated with using such PPE.
	3. Please note that as recently as March 10, 2020, the CDC posted new updated guidelines and recommendations on COVID-2019 on its website. These updated PPE recommendations more specifically addressed the use of masks – a common source of concern by DHCPs at this time. Based on local and regional situational analysis of PPE supplies, facemasks are ***an acceptable alternative when the supply chain of respirators cannot meet the demand.***The ADA recently weighed in on this issue, deferring to the CDC’s updated guidelines. According to the ADA, the CDC has not changed its guidance on single-use disposable facemasks, which are regulated by the FDA to **be single use and should be worn once and discarded.**

I hope you find this information to be a useful refresher on Personal Protective Equipment (“PPE”).

Stay well, healthy and safe.