

Updated June 22nd, 2020

VERMONT DEPARTMENT OF CORRECTIONS

COVID-19 Guidelines

Operational Guidelines for COVID-19 Response will be updated frequently to incorporate the latest scientific, medical, and governmental recommendations. Please ensure you are using the most current document.

[Attachment 5](#) contains additional steps or different steps that will be taken when a “Stay Home, Stay Safe” order is in effect. This addendum has been removed due to changes in the Governor’s Executive Orders.

COVID-19 GUIDELINES – Field

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Definitions

- a. **Close contact:** For the purpose of this protocol, close contact is defined as 6 feet or less from another person or in an area contaminated by their respirations.

- b. **Vulnerable** – Vulnerable will be used as defined by the CDC as at higher risk. The CDC currently lists as vulnerable: adults over the age of 65, pregnant women, and those with heart disease, lung disease, or diabetes. Please check the CDC link as these groups may change as new medical information becomes available. <https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/high-risk-complications.html> Staff designated as vulnerable will not be used to work Isolation or Quarantine units, nor will they be assigned to transport inmates designated for Isolation. It is staff’s responsibility to notify their supervisors of this information and, if requested, to provide documentation from their health care provider.

- c. **N95 Mask** – An **N95 mask** (also called a respirator) is a **mask** that is worn over the face to prevent the inhalation of airborne particles. The **N95** designation means that the **mask** will filter at least 95% of particles 0.3 microns in size

- d. **Goggles** - goggles or disposable face shield that fully covers the front and sides of the face).
 - i. This does not include personal eyeglasses.
 - ii. If reusable eye protection is used it should be cleaned and disinfected in accordance with manufacturer’s instructions.

- e. **Bleach Solution** – 5 (five) Tablespoons of bleach to 1 (one) gallon of water or 4 (four) teaspoons of bleach to 1 Quart (**Bleach Solution should be used within 24 hours of mixing.**)

- f. **Cloth Face Covering** – Mask made of available cloth to cover the nose and mouth. Not a microfiber or N95 mask. Often handmade. Intended to help prevent spread of the virus from the wearer.

- g. **Microfiber Mask** – Four-ply microfiber cloth.

****Please note, surgical masks are being replaced with microfiber masks. This decision is based on the research done by the military found in the link below:**

<https://www.military.com/daily-news/2020/04/28/army-says-it-has-found-best-fabric-face-masks.html>

Section 1: General Precautions

1. General Precautions

Throughout the duration of the COVID-19 pandemic the following general prevention measures should be implemented to interrupt viral infection transmission. See *Table 1* below.

Table 1. General Prevention Measures
<p>a. Promote good health habits among employees and incarcerated individuals:</p> <ol style="list-style-type: none">1) Avoid close contact with persons who are sick.2) Avoid touching your eyes, nose, or mouth.3) Wash your hands often with soap and water for at least 20 seconds.4) Cover your sneeze or cough with a tissue (or into a sleeve). Then throw the tissue in the trash.5) Greet without physical contact.. <p>b. Conduct frequent environmental cleaning of “high touch” surfaces.</p> <p>c. Institute social distancing measures to prevent spread of germs (e.g., minimize self-serve foods and group activities).</p> <p>d. Employees should stay at home if they are sick.</p> <p>e. Influenza (flu) vaccine is recommended for persons not previously vaccinated.</p>

1. Good Health Habits

- a. Good health habits should be promoted in various ways (e.g., educational programs, posters, campaigns, assessing adherence with hand hygiene).
- b. This CDC website has helpful educational posters (please see, for example, <https://www.cdc.gov/coronavirus/2019-ncov/communication/factsheets.html>).
- c. Each site should ensure that adequate supplies and facilities are available for hand washing for both offenders and employees.

- d.** Provisions should be made for employees, visitors, and offenders to wash their hands when they enter the site.

2. Environmental Cleaning

- a.** The frequency of routine cleaning of surfaces that are frequently touched should be increased. These areas can include doorknobs, keys, handrails, telephones, computer keyboards, elevator buttons, etc..
- b.** Each District Manager will ensure their local cleaning schedule is reviewed, and cleaning frequency increased, for the duration of this pandemic.
- c.** Cleaning may be done using EPA-certified disinfecting wipes such as the “Red-capped PDI Sani Cloth Germicidal Wipes” or equivalent, as available.
- d.** The CDC also indicates that most common EPA-registered household disinfectants are effective for cleaning. Use disinfectants appropriate for the surface.
- e.** Bleach solution is a good alternative that is readily available (if used within 24 hours of mixing).
 - 1.** Bleach solution is 5 (five) tablespoons (1/3rd cup) bleach per gallon of water OR
 - 2.** 4 (four) teaspoons bleach per quart of water.
- f.** Follow manufacturer’s instructions for application and proper ventilation. Check to ensure the product is not past its expiration date.
- g.** Never mix bleach with ammonia or any other cleanser.
- h.** Each field site has been provided with a sprayer. This may be used as part of the cleaning and disinfecting plan.
 - i.** Bleach solution should be used in the sprayer.
 - j.** Bleach solution may be applied to hard surfaces suitable for cleaning with bleach.
- k.** Staff should be aware of the need for proper air circulation and ventilation.
- l.** Staff should wear gloves and eye protection while using the sprayer.
- m.** After application, bleach solution should be allowed to stand for a minimum of one minute prior to cleaning.

2. Exclusion of Sick and Exposed Staff and Out of State Travel

1. COVID-19 could gain entrance to a site via infected employees. Staff should be instructed to stay home if they have fever and respiratory symptoms.
2. Any staff member who travels out of state (either on vacation or days off) will be required to quarantine upon their return.
 - This does NOT include staff who live in another state and cross borders as a matter of their normal commute.
 - This also does not include staff that live within Vermont but near a border and conduct routine activities (I.e. grocery shopping) in an adjacent state.
 - This does not include travel to non-quarantine counties as designated by Agency of Commerce and Community Development (ACCD) and completed in accordance with their guidelines. <https://accd.vermont.gov/covid-19/restart/cross-state-travel>
3. This quarantine will be for a period of 14 days.
 - If after 7 days, the staff member does not have symptoms, the staff member can arrange for a COVID test through their primary care provider OR a pop-up testing location if available.
 - If that test is negative, Intake Quarantine may be ended at that time prior to the 14 days.
4. The employee will need to use their discretionary leave (not sick leave) to cover this absence. Employees may only use up to 80 hours of the new COVID-19 related leave for such quarantine. If an employee has used 80 hours of the new COVID-19 related leave, they would be required to use their other contractual leave balances (sick, annual, personal or Compensatory Time).
5. If employees become sick at work, they should be advised to promptly report this to their supervisor and go home.
6. Employees should be advised to consult their health care provider by telephone.
7. If employees have been exposed to a known COVID-19 case as defined by the VTDOH, and if they have symptoms of fever, cough, or difficulty breathing, they should call their health care provider.
8. Each District Manager will ensure information is tracked for any employee that is sick or in-home quarantine.
9. The District Manager will review this information with the Central Operations Section to determine if a sick staff member had close contact with others and if any additional steps need to be taken to address this.

10. During the COVID-19 outbreak (as at all times), staff are required to follow usual reporting rules for notifying their chain-of-command when they will be away from work due to illness or potential exposure.
11. Upon arrival on-site, all staff and all other personnel (including visitors, vendors, and contractors) entering the site will be screened using [Attachment 6](#).
12. Each District Manager will determine where such screening will take place and will assign staff to perform the screening.
13. The screener will wear PPE as follows: Gloves, goggles, and microfiber mask.
14. Screening should take place as close to the entrance as reasonably possible and as soon as the staff member arrives.
15. Staff who answer “yes” to any question will be sent home.
16. All staff will be screened for fever with an infrared thermometer (as soon as these become available).
17. Staff with temperatures at or above 100.4 will be sent home.
18. Anyone who refuses to comply with the screening, including temperature check, will not be allowed entrance into the building.
19. A re-screening will not need to be done for staff exiting and re-entering the building on the same continuous shift.

3. Social Distancing - Offender Contact

1. Various administrative measures will be implemented to reduce contact between people and the chance of spreading viruses.
2. All offenders entering a P & P site will be screening using [Attachment 1](#).
3. Each District Manager will identify a specific location where this screening is to be completed.
4. Such location should be at the earliest point of contact between DOC staff and the offender **and** engaged in a way that allows for physical distance (6 feet) or physical separation (e.g., plexiglass) between them.
5. If the screening cannot be performed or if the offender refuses to submit to screening, offender access to the P & P office will be denied.

6. Any offender who screens positive will not be permitted to enter the office. They will be issued a surgical mask, and a copy of [Attachment 2](#).
7. A positive-screened offender will be directed to leave, follow up with their health care provider, and contact their PO **by phone**.
8. POs are expected to contact positive-screened offenders by phone if they do not hear back in one business day.
9. Probation Officers are instructed to contact all offenders to instruct them on whether they should report to the field office or not for an office visit.
10. Offenders not reporting for office visits will be contacted by telephone.
11. Level 4 & 5 offenders will be seen in accordance with the Field Transition Plan.
12. In consultation with the District Manager, Electronic Monitoring can be used to increase the level of supervision available.
13. Staff are encouraged to use technological options (e.g. Zoom, Skype, Facetime) to communicate with offenders when such is available and practical. This should be done through professional, not personal, accounts.
14. Offenders without a telephone will need to report as required by agency procedures.
15. P&P Officers who conduct office visits will do so in an area designated by the Manager.
 - a. To the extent feasible, these locations should be separate from staff working areas.
 - b. These areas must be sanitized after use.
 - c. The Field Transition Plan will provide more guidance as to when and what type of office visits will be reinstated.
16. No Urinalysis testing will be conducted on offenders during this time of operation under the Covid-19 operating procedures.
17. Work crew is suspended at this time.
18. Central Dispatch is suspended at this time. Dispatching will occur locally when required.
19. VSSs will be working remotely but are available via cell and email.

20. Field checks will occur according to the Field Transition Plan
21. Residence approvals will occur according to the Field Transition Plan
22. Groups that are conducted in the P&P field offices areas are suspended.
23. Court appearances will be determined by the Chief Judge of each court or by order of the Supreme Court Justice. Officers are encouraged to select one (1) officer to cover all hearings for a particular court/judge.

3. Travel Permits

1. Travel Permits may be issued to non-restricted areas and approved for the following reasons:
 - a. documented employment purposes,
 - b. medical appointments or procedures,
 - c. court proceedings or other confirmed legal matters, or
 - d. attendance at approved treatment programs.

4. Personal Protective Equipment (PPE)

1. The guidance above is designed to significantly reduce the circumstances in which a staff member would need to come into contact with an offender known, or suspected, to have COVID-19.
2. The below is to provide guidance for when such contact is necessary.
3. The offender will be issued a surgical mask and directed to wear it.
4. The offender will be directed to wash their hands.
5. PPE will be required when a staff member comes in contact with an offender with known, or suspected, COVID-19.
6. For offenders who have suspected exposure but are not displaying symptoms, staff will wear PPE as follows:
 - a. Gloves
 - b. Microfiber mask
 - c. Goggles
7. For offenders who are displaying symptoms, staff will wear PPE as follows:
 - a. Gloves
 - b. N95 Mask
 - c. Goggles
8. Gowns or Tyvek Suits will be worn for situations where a Use of Force appears likely.
9. Attachments [3](#) & [4](#) provide additional information on the safe use of this PPE.

5. Cloth Face Covering

1. Wearing of Cloth Face Coverings - Staff

- a. All staff, regardless of role, will wear a Cloth Face Covering when on-duty at a physical work site.
- b. In accordance with guidance from the Vermont Department of Health, DOC encourages staff to wear these in public when off-duty.
- c. A Cloth Face Covering is not a substitute for microfiber masks or N95 masks when these are required.
- d. Staff should familiarize themselves with requirements for use of PPE provided in Field and Facility Protocols.
- e. In any situation that requires either a microfiber mask or N95 mask, the Cloth Face Covering is to be removed and the appropriate mask applied.
- f. Cloth Face Coverings will be removed if they become wet or soiled.
- g. Cloth Face Coverings will be put into the laundry and treated like laundry coming from Medical Isolation.
- h. Staff will be provided with clean cloth face coverings and will be responsible for laundering and maintaining these.
- i. Wherever Cloth Face Coverings are specified, a microfiber mask may be substituted if preferred by the wearer (staff or offender).
- k. Where the protocol specifies microfiber mask, a Cloth Face Covering MAY NOT be used as a substitute.

2. Wearing of Cloth Face Coverings - Offenders

- a. All offenders are required to wear a Cloth Face Covering when meeting with staff or when in any P & P Office.
- b. Offenders must remove the covering if directed to by staff (e.g., for identification purposes or other security needs). Staff should ensure they are 6 feet from the offender or separated by a partition during this.
- c. A Cloth Face Covering is not a substitute for microfiber masks or other required PPE

3. How to wear a Cloth Face Covering



1. Cloth Face Coverings should—
 - a. fit snugly but comfortably against the side of the face,
 - b. be secured with ties or ear loops,
 - c. include multiple layers of fabric,
 - d. allow for breathing without restriction, and
 - e. be able to be laundered and machine dried without damage or change to shape.
2. Individuals should be careful not to touch their eyes, nose, and mouth when removing their Cloth Face Covering and wash hands immediately after removing.
3. Cloth Face Coverings should not be placed on young children under age 2, anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the Covering without assistance.
4. Cloth Face Coverings should be routinely washed. A standard washing machine will wash these appropriately.

6. Return to Incarceration/Transport

1. Returns to incarceration will be reviewed with the Field Services Operations Manager or Field Services Director in advance.
2. Public safety remains a matter of the highest priority and VTDOC will return offenders when it is necessary to address public safety risk.
3. Transportation of offenders who do not screen positive on [Attachment 1](#) (i.e., no reported exposure, no symptoms) will be conducted according to standard protocols.
4. All female returns will be directly to CRCF, regardless of whether they are a positive or negative screen.
5. Other returns will be transported to facilities as per normal processes. All male facilities are accepting male field returns.

6. After any transport of an offender, the transport vehicle will be cleaned with a hospital-grade disinfectant.

7. Transport – Positive Screen

1. If transporting an offender who has screened positive, the standards listed below will be utilized in addition to normal transport protocols.
2. Prior notification will be made to the receiving facility.
3. The receiving Superintendent will be responsible for notifying the Central Operations Section.
4. Patient wears a surgical mask and washes their hands.
5. Probation Officer wears N95 mask and goggles. Wear gloves, gown, and eye protection if in close contact with inmate prior to transport.
6. Prior to transporting, all PPE (except N-95 respirator) is removed and hand hygiene (washing or thorough application of hand sanitizer with at least 60% alcohol) is performed. This is to prevent contaminating the driving compartment.
7. Ventilation system should bring in as much outdoor air as possible. Set fan to high.
8. DO NOT place air on recirculation mode.
9. Weather permitting, drive with the windows down.
10. Following the transport, if close contact with the patient is anticipated, put on new set of PPE. Wash hands after PPE is removed.
11. After transporting a patient, air out the vehicle for one hour before using it without a surgical mask or respirator.
12. When cleaning the vehicle, wear a disposable gown and gloves. A face shield or microfiber mask and goggles should be worn if splashes or sprays during cleaning are anticipated.
13. Clean and disinfect the vehicle after the transport utilizing a hospital-grade disinfectant
14. If a decision is made to transport a patient with signs and symptoms of severe respiratory illness to a health care facility, the sending facility will notify the receiving health care facility of the pending transport of a potentially infectious patient. Staff should use appropriate judgment in determining whether an offender requires EMS services due to an emergent medical need *as they would in any other case*.

Attachment 1 – COVID-19 New Intake Screening Form

1. Assess for Signs or Symptoms of Illness • Persons with symptoms of illness or cough should be masked immediately and separated from others. ASK – Do you have a...		Date of Onset:
<input type="checkbox"/> Yes <input type="checkbox"/> No	Fever (100.4°F/38°C) // Record temperature: ___°F/ ___°C or felt feverish	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Cough	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Shortness of Breath or Difficulty Breathing	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Chills	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Muscle Pain	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Sore Throat	
<input type="checkbox"/> Yes <input type="checkbox"/> No	New Loss of Taste or Smell	
3. If <i>YES</i> to ANY RISK AND SYMPTOM questions, do not allow the offender to enter the office. They should be directed to contact their health care provider and notify the PO <u>by phone</u> of the results.		

Inmate Name: _____ Number: _____

Employee Name: _____ Date: ___/___/___

Employee Signature: _____

Attachment 2 – Sick with COVID

[Attachment](#)

Attachment 3 - Safe Conservation of N95 Masks

N 95 respirator use, N95 filters at least 95% of airborne particles.

Strategies for conserving N95 respirators as approved by the National Institute for Occupational Safety and Health (NIOSH)

Use hand hygiene before and after touching or adjusting.

Extended use: continuous use for repeated close contact encounters, can function within design specification for 8 hours of continuous or intermittent use.

Reuse: If officer leaves unit for bathroom or break remove the N95 without shaking it and put it into a paper bag with name on it wash hands. Use clean gloves when donning a used N95 and performing a user seal check. Discard gloves, wash hands.

Discard mask if contaminated with any bodily fluids, if obviously damaged, or becomes hard to breathe through.

Implement "just-in-time" fit testing. Plan for larger scale evaluations, training and fit testing. Limit respirators during training, allow limited re-use of respirators by individuals for training and then fit testing.

Attachment 4 – PPE Sequence

See Separate Attachment.

Attachment 5 - Stay Home, Stay Safe

Removed as the Governor's Executive Orders have changed.

Attachment 6 - Staff Screening Tool

- It is suggested that this form be laminated. Upon arrival to the facility the employees are asked to respond verbally to these questions and a temperature taken.
- If an answer to one of the questions is YES or a temperature exceeds 100.4, then issue the employee a mask to wear, contact the on-duty CFSS, and send the employee home. Recommend that they call their supervisor and consult with their primary care provider.
- A written copy of this form is NOT required. Any positive results will be reported on the Line List.

Today or in the past 24 hours have you had any of the following symptoms?	
Fever or felt feverish.	Yes ____ No ____
Cough that is abnormal for you?	Yes ____ No ____
Shortness of Breath or Difficulty Breathing	Yes ____ No ____
Chills	Yes ____ No ____
Muscle Pain	Yes ____ No ____
Sore Throat	Yes ____ No ____
New Loss of Taste or Smell	Yes ____ No ____
Current Temperature (Fever 100.4F/38C)	Record Temperature F ____ C ____

What to do if you are sick with coronavirus disease 2019 (COVID-19)

If you are sick with COVID-19 or suspect you are infected with the virus that causes COVID-19, follow the steps below to help prevent the disease from spreading to people in your home and community.

Stay home except to get medical care

You should restrict activities outside your home, except for getting medical care. Do not go to work, school, or public areas. Avoid using public transportation, ride-sharing, or taxis.

Separate yourself from other people and animals in your home

People: As much as possible, you should stay in a specific room and away from other people in your home. Also, you should use a separate bathroom, if available.

Animals: Do not handle pets or other animals while sick. See [COVID-19 and Animals](#) for more information.

Call ahead before visiting your doctor

If you have a medical appointment, call the healthcare provider and tell them that you have or may have COVID-19. This will help the healthcare provider's office take steps to keep other people from getting infected or exposed.

Wear a facemask

You should wear a facemask when you are around other people (e.g., sharing a room or vehicle) or pets and before you enter a healthcare provider's office. If you are not able to wear a facemask (for example, because it causes trouble breathing), then people who live with you should not stay in the same room with you, or they should wear a facemask if they enter your room.

Cover your coughs and sneezes

Cover your mouth and nose with a tissue when you cough or sneeze. Throw used tissues in a lined trash can; immediately wash your hands with soap and water for at least 20 seconds or clean your hands with an alcohol-based hand sanitizer that contains at least 60-95% alcohol covering all surfaces of your hands and rubbing them together until they feel dry. Soap and water should be used preferentially if hands are visibly dirty.

Avoid sharing personal household items

You should not share dishes, drinking glasses, cups, eating utensils, towels, or bedding with other people or pets in your home. After using these items, they should be washed thoroughly with soap and water.

Clean your hands often

Wash your hands often with soap and water for at least 20 seconds. If soap and water are not available, clean your hands with an alcohol-based hand sanitizer that contains at least 60% alcohol, covering all surfaces of your hands and rubbing them together until they feel dry. Soap and water should be used preferentially if hands are visibly dirty. Avoid touching your eyes, nose, and mouth with unwashed hands.

Clean all "high-touch" surfaces every day

High touch surfaces include counters, tabletops, doorknobs, bathroom fixtures, toilets, phones, keyboards, tablets, and bedside tables. Also, clean any surfaces that may have blood, stool, or body fluids on them. Use a household cleaning spray or wipe, according to the label instructions. Labels contain instructions for safe and effective use of the cleaning product including precautions you should take when applying the product, such as wearing gloves and making sure you have good ventilation during use of the product.

Monitor your symptoms

Seek prompt medical attention if your illness is worsening (e.g., difficulty breathing). **Before** seeking care, call your healthcare provider and tell them that you have, or are being evaluated for, COVID-19. Put on a facemask before you enter the facility. These steps will help the healthcare provider's office to keep other people in the office or waiting room from getting infected or exposed.

Ask your healthcare provider to call the local or state health department. Persons who are placed under active monitoring or facilitated self-monitoring should follow instructions provided by their local health department or occupational health professionals, as appropriate.

If you have a medical emergency and need to call 911, notify the dispatch personnel that you have, or are being evaluated for COVID-19. If possible, put on a facemask before emergency medical services arrive.

Discontinuing home isolation

Patients with confirmed COVID-19 should remain under home isolation precautions until the risk of secondary transmission to others is thought to be low. The decision to discontinue home isolation precautions should be made on a case-by-case basis, in consultation with healthcare providers and state and local health departments.



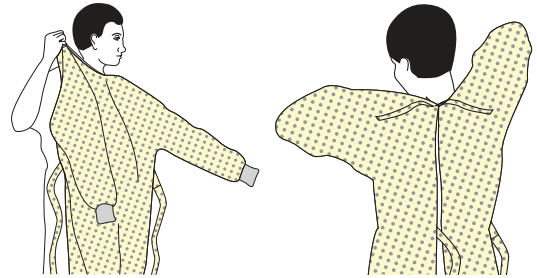
For more information: www.cdc.gov/COVID19

SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

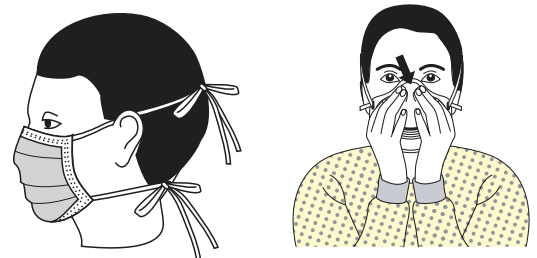
1. GOWN

- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
- Fasten in back of neck and waist



2. MASK OR RESPIRATOR

- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit-check respirator



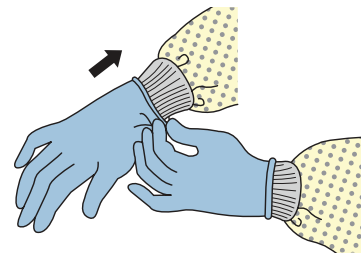
3. GOGGLES OR FACE SHIELD

- Place over face and eyes and adjust to fit



4. GLOVES

- Extend to cover wrist of isolation gown



USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene



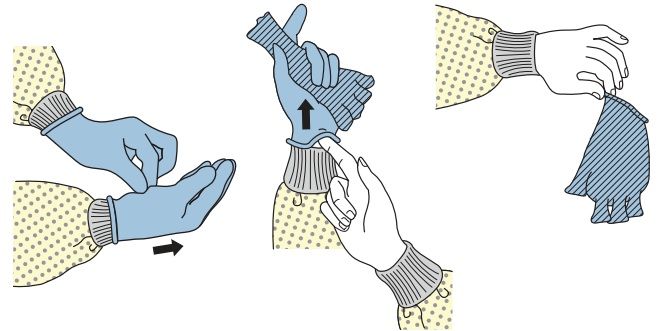
HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE)

EXAMPLE 1

There are a variety of ways to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Here is one example. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

1. GLOVES

- Outside of gloves are contaminated!
- If your hands get contaminated during glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove
- Discard gloves in a waste container



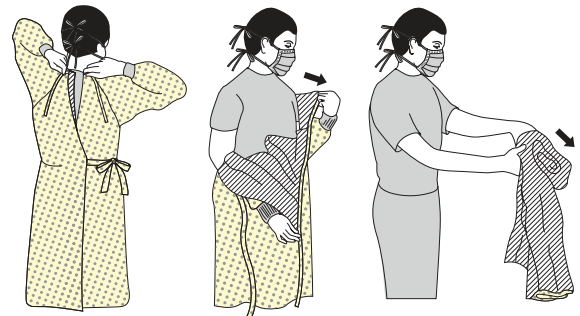
2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band or ear pieces
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container



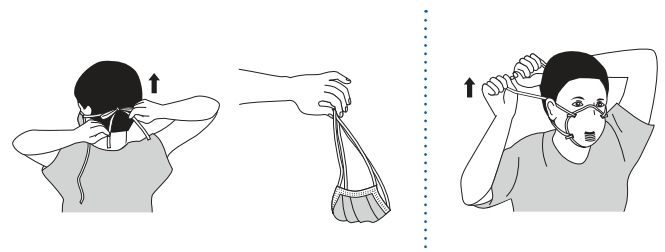
3. GOWN

- Gown front and sleeves are contaminated!
- If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties
- Pull gown away from neck and shoulders, touching inside of gown only
- Turn gown inside out
- Fold or roll into a bundle and discard in a waste container

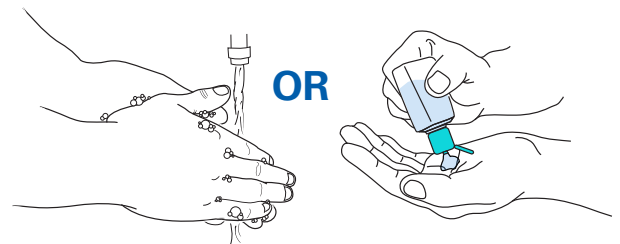


4. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — **DO NOT TOUCH!**
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



5. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE

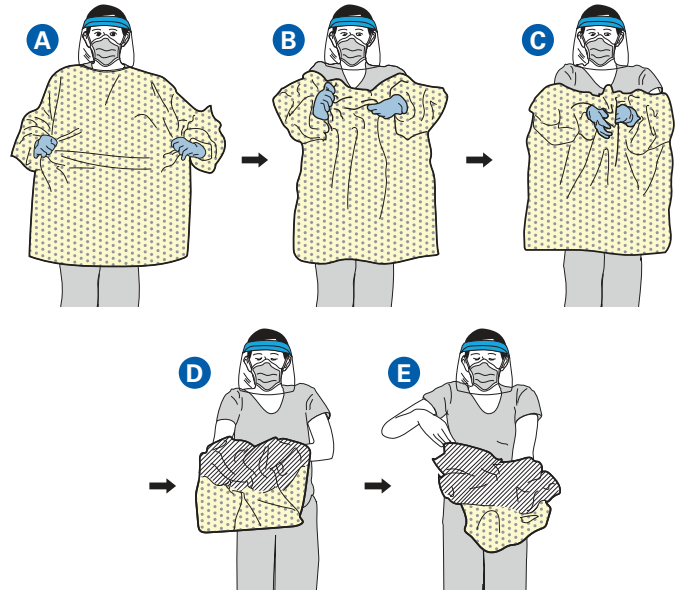


HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 2

Here is another way to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

1. GOWN AND GLOVES

- Gown front and sleeves and the outside of gloves are contaminated!
- If your hands get contaminated during gown or glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp the gown in the front and pull away from your body so that the ties break, touching outside of gown only with gloved hands
- While removing the gown, fold or roll the gown inside-out into a bundle
- As you are removing the gown, peel off your gloves at the same time, only touching the inside of the gloves and gown with your bare hands. Place the gown and gloves into a waste container



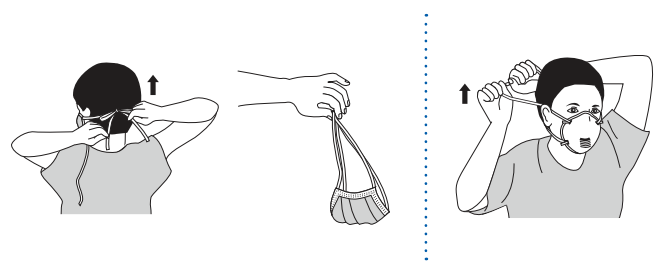
2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band and without touching the front of the goggles or face shield
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container

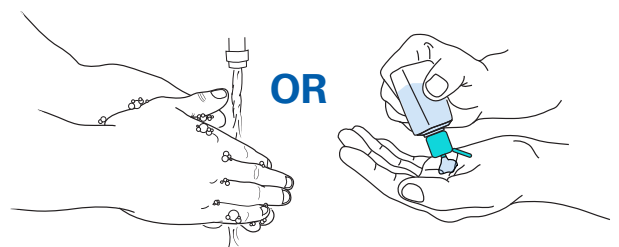


3. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



4. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



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