Dear Champion,

Our next letter will focus on the importance of Personal Protective Equipment (PPE). The use of PPE provides safety to our patients and to us.

To understand the importance of PPE we must first understand the OSHA Bloodborne Pathogen Standard, Universal Precautions and Standard Precautions. Bloodborne Pathogens are infectious microorganisms present in blood that can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV), the virus that causes AIDS. Appropriate PPE must be used.

Universal Precautions is an approach to infection control to treat all human blood and certain human body fluids as if they were known to be infectious for HIV, HBV and other bloodborne pathogens. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids should be considered potentially infectious materials. Treat blood and other potentially infectious materials with appropriate precautions such as the use of gloves, masks, and gowns if blood or other potentially infectious materials exposure is anticipated. Standard Precautions apply to 1) blood; 2) all body fluids, secretions, and excretions, except sweat, regardless of whether or not they contain visible blood; 3) non-intact skin; and 4) mucous membranes. Standard Precautions include the appropriate use of personal protective equipment such as gloves, gowns, and masks whenever touching or exposure to patient’s body fluids is anticipated.

SGNA provides the following guidelines and standards for PPE:

Personal protective equipment should be used when reprocessing endoscopes, as exposure to high-level disinfectants, sterilants and/or body fluids may occur. Gowns, gloves, protective eyewear and/or face protection are recommended when handling any high level disinfectant/sterilant (FDA, 2017; CDC, 2017, NIOSH, 2015).

1. Gowns should be impervious to fluid, have long sleeves that fit snugly around the wrist, and wrap to cover as much of the body as possible. Dispose of or launder gowns if they become wet or are exposed to contaminated material.
2. Gloves should be inspected for tears or holes before use. Do not use an imperfect glove or reuse disposable gloves. Gloves should be long enough to extend up the arm to protect the forearm or clothing from splashes or seepage. To avoid cross-contamination, change gloves and wash hands whenever moving from a dirty to clean task or environment.
3. Eye and/or face protection is necessary. Contact lenses or eyeglasses are not sufficient eye protection. A face shield (or safety glasses in combination
with a face-mask allowing for ventilation) is recommended. Do not use high filtration masks since they may actually trap vapors.

More information can be found here:

- Guideline for Use of High-Level Disinfectants & Sterilants in the Gastroenterology Setting
- Standards of Infection Prevention in Reprocessing of Flexible Gastrointestinal Endoscopes
- Standards of Infection Prevention in the Gastroenterology Setting

To further protect ourselves, shoe covers and surgical caps have all been recommended (AORN, 2016). When reprocessing GI endoscopes there is a chance for splash of contaminated fluids. By using extra protection and following best recommended practice we are unlikely to spread infectious materials to other areas of the GI unit.

As a champion you have the power to enforce the proper use of PPE in your unit. Be certain gowns, gloves, masks and face shields/goggles are provided for all staff. Having staff choose comfortable PPE helps to achieve proper adherence to standards regarding PPE. Remember you are the advocate for both your patients and yourself!

Requirements should either be emailed to Champions@sgna.org or faxed to 312-673-6694 as due. The following are the assignments for the next two weeks:

1. Write and submit at least two department goals to SGNA using the Unit Infection Prevention Goals form. One goal should address the 120 minutes of education provided to staff and one goal should address an infection prevention need in the department Due March 31.
2. Complete the Education Documentation Grid for one activity. Due April 30.
3. Continue to develop and implement infection prevention education for your peers (total of 120 minutes) due by December 31.
4. Seek Opportunities to educate yourself on infection prevention topics (total of 180 minutes due by December 31).

These bi-monthly emails will be archived for you to access as needed.

As always, SGNA is available for any questions or difficulties you may have.

Sincerely,
The SGNA Infection Prevention Work Group