Government of **Western Australia**
Department of **Health**

Viral haemorrhagic fever

Infection prevention and control guideline for Western Australian healthcare facilities

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Acronyms

Acronym	Definition
ABHR	Alcohol based hand rub
AGP	Aerosol generating procedures
CDNA	Communicable Disease Network Australia
HCF	Healthcare facility
IPC	Infection prevention and control
NPIR	Negative pressure isolation room
PAPR	Powered air-purifying respirator
PFR	Particulate filter respirator
PPE	Personal protective equipment
QEII	Queen Elizabeth II Medical Centre
SHICC	State Health Incident Coordination Centre
VHF	Viral haemorrhagic fever
WA	Western Australia

1. Purpose

The *Viral haemorrhagic fever: Infection prevention and control guideline for Western Australian healthcare facilities* (*VHF IPC guideline*) provides guidance on the infection prevention and control (IPC) management of persons with possible, suspected, probable or confirmed viral haemorrhagic fever (VHF) in Western Australian (WA) healthcare facilities (HCFs). It aims to minimise the risk of VHF transmission to other patients, healthcare workers and visitors.

This document must be read in conjunction with WA Health's *Viral haemorrhagic fever: Response plan for the Western Australian health system* (*VHF response plan*) which provides an overview of the principles to respond to and manage VHF cases within WA.

2. Background

VHF is a broad term encompassing a range of viral infections that may cause severe systemic illness, vascular dysfunction and haemorrhagic manifestations. Some VHFs are associated with high case fatality rates and person-to-person transmission, including within HCFs. Although these high-consequence VHFs are not endemic in Australia, there is a risk of VHF being imported into Australia.

The VHFs covered in this document are those with person-to-person transmission potential and include:

- Ebola disease
- Marburg virus disease
- Lassa fever
- Crimean-Congo haemorrhagic fever
- Argentine haemorrhagic fever
- Bolivian haemorrhagic fever
- Lujo haemorrhagic fever
- Severe fever with thrombocytopenia syndrome.

For consistency with the *VHF response plan*, **possible VHF** refers to a symptomatic person in whom one of the above VHFs is being considered. **Suspected VHF** refers to a person for whom, following public health and specialist risk assessment, a decision has been made to proceed with VHF testing. Refer to the *VHF response plan* for further details.

3. Requirements of this Guideline

The IPC recommendations contained in this document describe the minimum requirements to be implemented and maintained for a person with possible, suspected, probable, or confirmed VHF. These recommendations are adapted from and must be read in conjunction with the *Infection prevention and control guidelines for Ebola disease in Australian healthcare settings*, and remain applicable to the other VHFs listed in the section above.

All HCFs are to adopt the *VHF IPC guideline* or ensure they have equivalent local site-specific policies and procedures in place. Appropriate IPC strategies must be implemented and aligned to the following principles.

3.1 VHF-specific precautions

VHFs are transmitted through direct contact with the blood or bodily fluids of an infected person via broken skin or mucous membranes (e.g. eyes, nose, or mouth). Transmission may also occur indirectly through contact with contaminated objects or surfaces, including needles, medical equipment, clinical waste and environmental surfaces.

Strict adherence to standard precautions and the adoption of transmission-based contact and droplet precautions is essential. There is no evidence that VHF is transmitted via the airborne route under normal conditions. However, due to the severity of illness and the potential for exposure to droplets or aerosolised bodily fluids during patient care, airborne precautions are recommended as an additional precautionary measure to further reduce the risk of disease transmission.

3.2 Healthcare worker education and training

All staff providing care to the patient, as well as those assisting or observing within the patient care zone, must have completed appropriate training in donning and doffing the required personal protective equipment (PPE), as per the requirements described in the *Mandatory Policy 0172/22 Respiratory Personal Protective Equipment Policy*. This policy outlines the additional training required for the application of enhanced PPE that is relevant for VHF patient management.

3.3 Managing risk using a hierarchy of controls

Health services managing persons with possible, suspected, probable or confirmed VHF are to implement risk minimisation strategies to reduce the risk of transmission, including:

- standard and transmission-based precautions
- use of a negative pressure isolation room (NPIR)
- restricting the number of staff who have contact with the patient
- re-allocation of duties (e.g. nurses are to perform routine cleaning and meal delivery)
- limiting procedures that may expose staff to the patient's blood or bodily fluids, such as invasive procedures and aerosol-generating procedures (AGPs) (e.g. throat swabs), to those that are clinically necessary and ensuring these are undertaken under appropriate specialist and IPC guidance
- using safety engineered medical devices
- selecting and using personal protective equipment (PPE) to ensure a 'no exposed skin' approach
- ensuring pathology specimens (when advised to collect) are referred to the physical containment (level 3) laboratory at QEII, unless explicitly advised by PathWest QEII.

3.4 Personal protective equipment

3.3.1 PPE selection, donning and doffing

The appropriate PPE for staff entering the patient care zone is based on the patient's VHF status and the risk of exposure to blood or bodily fluids, as outlined in the *Infection prevention and control principles and recommendations for Ebola virus Disease*. PPE must provide maximum protection while ensuring minimum discomfort to the wearer. In general:

- **Level 1 PPE** is appropriate for the initial assessment, including triage, of clinically stable possible or suspected VHF cases, where the patient's symptoms present a low risk of blood or bodily fluid exposure (e.g. fever, headache, malaise).
- **Level 2 PPE** is required for management of patients with probable or confirmed VHF, or possible or suspected VHF cases who are clinically unstable, or where there is a higher risk of exposure to blood or bodily fluids (e.g. vomiting, diarrhoea, haemorrhage). Level 2 PPE is also indicated for all invasive procedures and AGPs, regardless of case status.

Table 1 provides an outline of the PPE items required for Level 1 and Level 2. Detailed PPE information is described in *A.1 PPE donning and doffing*, which includes donning and doffing sequence checklists specific to both direct caregivers and assistants.

Table 1. Required PPE by exposure risk level.

Level 1 PPE
Criteria
LOW RISK of exposure to blood or bodily fluids. For example, a clinically stable person with possible or suspected VHF, where secretory symptoms are not present (i.e. no vomiting, diarrhoea, haemorrhage).
Exposure protection
PPE used must protect the hands, clothing and mucous membranes (eyes, mouth and nose).
PPE required
• fluid-resistant, fit tested and fit checked particulate filter respirator (PFR) • disposable full-face shield • two pairs of disposable nitrile long-cuffed gloves (double gloved) • disposable long-sleeved, cuffed, fluid-resistant gown.
Level 2 PPE
Criteria
HIGHER RISK of exposure to blood or bodily fluids. For example, a probable or confirmed VHF case, or a possible or suspected VHF case who is clinically unstable, or where **secretory symptoms are present** (i.e. presence of any of vomiting, diarrhoea, haemorrhage). Level 2 PPE is also required for all invasive procedures and AGPs, regardless of patient status.
Exposure protection
PPE used must protect the hands, clothing and mucous membranes (eyes, mouth and nose), **AND** provide full protection of all clothing, skin and hair.
PPE required
All of the following, **PLUS EITHER** OPTION A **OR** OPTION B: • disposable surgical scrubs • two pairs of disposable nitrile long-cuffed gloves (double gloved)

• disposable long-sleeved, cuffed, fluid-resistant gown • enclosed, fluid and sharp-resistant footwear, plus fluid-resistant boot covers to mid-calf • plastic apron if fluid contamination is anticipated.	
OPTION A • fluid-resistant, fit tested and fit checked PFR • headcover that covers all exposed skin (e.g. wimple) • disposable full-face shield.	**OPTION B** • use of a powered air-purifying respirator (PAPR).

3.4.1 PPE stockholding

All HCFs must maintain an adequate supply of Level 1 PPE items at all times. In addition, each HCF must clearly specify, at a site-specific level, which Level 2 PPE option they will use (i.e. Option A or Option B; see *Table 1*), and ensure they have sufficient access to Level 2 PPE required to manage a case of VHF for a minimum 48-hour period. This may be achieved through local on-site stockholdings, or alternatively, assured access to additional supplies (e.g. through stock sharing agreements within health service networks).

3.4.2 Respiratory protection

Staff providing care, or assisting in the provision of care, for a possible, suspected, probable or confirmed VHF case, must be current in fit testing for a PFR, use only the PFR model for which they have been successfully fit tested, and perform a fit check each time a PFR is donned. Staff who cannot be fit tested or fail to achieve a fit test must use a PAPR.

Where available, staff opting to wear a PAPR must have undertaken training in their use and be confident and competent in the donning and doffing of these devices in conjunction with the additional PPE that is required.

3.5 Pathology management

PathWest Laboratory Medicine, located at the Queen Elizabeth II Medical Centre (QEII), maintains an accredited physical containment (level 3) laboratory, and all specimens from patients under investigation for suspected VHF should be transported to this facility, unless specifically advised by the PathWest QEII on-call clinical microbiologist.

Detailed information on specimen handling and transport to PathWest QEII is contained in the appendix of the *VHF response plan*.

3.6 Staff management

3.6.1 Staff role assignment

Staff who are immunocompromised, pregnant or those with non-intact skin (e.g. abrasions, cuts or exfoliative skin conditions), are not to care for the patient. Two staff members are required for all episodes of patient care. If available, a third staff member should assist with observing the PPE donning and doffing procedures. Assigned roles are:

- **Caregiver** – the person providing direct care within the patient's room.
- **Assistant** – assists the Caregiver in correct PPE donning and doffing procedures and is stationed outside patient's room to monitor care delivery and for any actual

PPE breach or inadvertent exposure. The Assistant is required to wear PPE as listed for an Assistant (see *A.1 PPE donning and doffing*). They remain outside the patient's room but with visibility of both the patient and Caregiver.

- **Observer** – instructs both the Caregiver and Assistant regarding the PPE donning and doffing procedures. The Observer is not required to wear PPE and must remain at a distance of two metres or more from the Caregiver and Assistant in the designated donning or doffing area. The Caregiver and Assistant are to wait for each verbal prompt before proceeding to the next step. The Observer is to complete documentation (see *A.2 Example VHF donning/doffing verification record*) following each episode of PPE donning or doffing.
- Note, if a third staff member is not available, the role of the Observer will need to be undertaken by the Assistant**.**

3.3.2 Record management

A log of all staff that have had contact with the patient, even with appropriate PPE, must be maintained (see *A.3 Example VHF register of entry*). For those staff providing direct patient care, a staff health monitoring log is to be maintained (see *A.4 Example VHF staff health monitoring log*). While staff in appropriate donned and doffed PPE are not considered contacts for public health purposes, these records are required to support occupational health monitoring and facilitate investigation if any infection control concerns are later identified.

3.6.2 Staff exposure management

A staff member who sustains a percutaneous or mucous membrane exposure to blood or bodily fluids from a patient with suspected, probable or confirmed VHF must immediately leave the patient care area and safely doff PPE with assistance and under observation. For immediate management specific to the type of exposure, see *A.5 Management of staff exposed to VHF*.

Immediate assessment by an infectious diseases physician is to occur and appropriate support and counselling must be provided to the affected staff member.

3.7 Patient care recommendations

The key IPC patient care recommendations are described in *Table 2*, and apply to suspected, probable and confirmed VHF cases. For case definitions, refer to the *VHF response plan*.

Table 2. Patient care recommendations for suspected, probable and confirmed VHF cases.

Patient care criteria	Recommendations
Standard precautions are applied for all patients at all times, as per the *Australian Guidelines for the Prevention and Control of Infection in Healthcare***.**	
Governance	• The HCF IPC team, including nursing and medical staff with expertise in the management of patients with infectious diseases, should have oversight of patient management. • After hours, the on-call infectious diseases physician and clinical microbiologist for the HCF should be contacted.

Patient care criteria	Recommendations
	• For regional hospitals, please refer to *Access to Care for Country Residents Policy*.

Room placement, preparation and staff allocation	• Regarding room placement:
	  ○ the patient should be placed in a NPIR with ensuite and anteroom as first preference
	  ○ where NPIR is not available, the patient should be placed in a single room with ensuite facilities
	  ○ if neither is available, seek IPC team advice
	  ○ the door(s) to the patient room are to be kept closed at all times.
	• Donning and doffing areas must be clearly defined and separated.
	• If there is no anteroom, a designated doffing area must:
	  ○ be clearly marked and close to the patient room
	  ○ have restricted access and not be located in a thoroughfare.
	• Regarding isolation rooms:
	  ○ all non-essential equipment should be removed prior to patient admission
	  ○ impermeable mattresses and pillow covers should be checked to ensure they are intact
	  ○ all furnishings must be able to undergo the required cleaning and disinfection processes.
	  ○ signage advising of restricted entry and transmission-based precautions must be clearly visible outside the room
	  ○ a clinical waste bin and a secured sharps disposal bin is to be located in the room.
	• Consider methods of communication to avoid unnecessary entry and exit from the patient's room, such as by using:
	  ○ telehealth
	  ○ intercom systems
	  ○ room telephones
	  ○ two-way radios
	  ○ whiteboards (visible from outside the room via a window).
	• Any patient bedside charts are to be kept outside the patient room.
	• Initiate a log of all staff entering the patient room (see *A.3 Example VHF register of entry*).
	• Staff to be assigned to Caregiver, Assistant and Observer roles.
	• Ensure patient is orientated to the room, understands the requirement to remain isolated, and is familiar with the PPE staff will be wearing and the methods of communication to be used.

Specimen collection	• Refer to the *VHF response plan* for sampling and diagnostic testing information. • Testing for VHF is to be undertaken at the physical containment (level 3) laboratory at PathWest QEII. • A dedicated VHF specimen collection and transport kit should be used. Refer to the *VHF response plan* appendix for example specimen collection kit contents.

Patient care criteria	Recommendations
Personal protective equipment	• Refer to *Personal protective equipment* for recommended PPE. • Additional gloves are to be available in the patient room. • PPE supplies must be readily available. • Stockpiles of PPE must not be stored in the designated doffing area due to the risk of contamination. • PPE is to be doffed in the anteroom (if available), or in the designated doffing area. • Alcohol based hand rub (ABHR) and gloves must be available in the doffing area.

Hand hygiene and glove use	• The '5 Moments' for hand hygiene apply for patient care and at additional moments in the donning and doffing of PPE sequence.
	• ABHR or disinfectant wipes may be used on gloves, in this context only, to further minimise the risk of self-contamination.
	• PPE includes two pairs of gloves. The inner pair of gloves are considered the 'second skin' and must remain in place while staff are in the patient care area.
	• The outer gloves must be disinfected, removed and discarded and replaced with a new pair of outer gloves when performing different episodes of care (e.g. urinary catheter care and intravenous medication delivery), or when performing an aseptic procedure and sterile gloves are required.
	• If the Caregiver's outer gloves become soiled with blood or bodily fluids, the Caregiver must immediately, under the direction of the Assistant:
	  ○ inspect the integrity of the outer gloves
	  ○ remove soiling from the outer gloves with a disinfectant wipe
	  ○ doff the outer gloves
	  ○ if inner gloves remain intact and unsoiled, apply ABHR to the inner gloves and don new outer gloves before resuming patient care activities.
	  ○ if the inner gloves are soiled, damaged or otherwise compromised, manage this as a PPE breach. The Caregiver must leave the patient care area, carefully doff PPE under direction, and be referred to the IPC team for assessment and follow-up (or infectious diseases physician/clinical microbiologist after hours). Refer to *Staff exposure management* and *A.5 Management of staff exposed to VHF* for further details.

Environmental cleaning and disinfection	**Cleaning chemicals/process** • Enveloped RNA viruses, including those causing Ebola disease, are readily inactivated by chlorine-based disinfectants. • The World Health Organization suggests concentrations of hypochlorite solutions of 5,000 parts per million (ppm) of available chlorine.

Patient care criteria	Recommendations

	• Other disinfectants effective at inactivating VHF viruses can be considered based on local protocols. The product should be listed on the Australian Register of Therapeutic Goods (ARTG).
	• All cleaning must be undertaken by staff trained and competent in donning and doffing of PPE.
	• The routine cleaning process must involve either:
	  ○ a physical clean using a combined detergent and disinfectant product (2-in-1 clean)
	OR
	  ○ a physical clean using a detergent solution followed by disinfection (2-step clean).
	• If cleaning and disinfectant solutions are being made up, they must be prepared daily, and any unused solution discarded after 24 hours.
	• Disposable cleaning equipment is to be used wherever possible and discarded immediately after each use.
	• Any non-disposable cleaning equipment, including buckets and mop handles, must be reserved for use in the specific patient room and cleaned and disinfected after each use.
	• Clean from clean to dirty areas, starting with the patient room and finishing with the bathroom.
	• Ensure all solutions have adequate contact time on surfaces to allow for effective disinfection.
	Daily cleaning
	• High-touch surfaces, such as bedrails, trolleys, bedside commodes, doorknobs, light switches, tap handles and ensuite facilities, must be cleaned and disinfected at least daily.
	• Floors and horizontal work surfaces must be cleaned and disinfected at least daily.
	• The PPE doffing area must be cleaned and disinfected at least daily, and after the doffing involving visibly contaminated PPE.
	• Surfaces must be allowed to dry before reuse.
	Discharge cleaning
	• Following patient discharge, the room, bathroom, toilet and all frequently touched surfaces and items must be cleaned and disinfected.
	• Any item that cannot be thoroughly cleaned and disinfected must be disposed of as clinical waste.
	• If NPIR was used, negative pressure is to be maintained, or if not available, the door is to remain closed during the cleaning process.

Patient equipment	• Dedicate required equipment to the patient room. Additionally:
	  ○ whenever possible, disposable equipment should be used
	  ○ non-disposable equipment must, at a minimum, be dedicated for exclusive use by that patient for the duration of their hospitalisation.

Patient care criteria	Recommendations
	• Minimal stocks of disposable items (e.g. dressings, giving sets), are to be stored in the patient room. • All potentially contaminated reuseable equipment and items used in the treatment of the patient should be cleaned and disinfected. • On patient discharge, all disposable items in the patient room, bathrooms and anteroom must be disposed of into clinical waste.
Sharps management	• Limit the use of laboratory testing to the minimum for essential diagnostics and patient care as discussed with the PathWest QEII clinical microbiologist, infectious diseases physician and other relevant specialists overseeing care of the patient. • Use safety-engineered medical devices for phlebotomy, cannulation and needle-free intravenous systems to reduce the risk of needlestick injuries. • Dispose of used syringes, needles, scalpel blades and other sharp objects in a puncture-resistant sharps container. • Ensure that the sharps containers are securely sealed with a lid and remain in the patient's room until full. • Sharps containers must be placed in an area that is easily accessible to caregivers but is not likely to be inadvertently brushed up against or knocked. • Sharps container disposal will follow local waste management and disposal process for waste (see *Waste management*).
Linen and clothing	• Disposable linen is recommended. Mattresses and pillows must be covered with impermeable covers. • Linen, privacy curtains and non-impermeable pillows/mattresses must be discarded as clinical waste. • The patient should wear hospital gowns rather than their own clothing. • Patient clothing should be bagged and retained pending test results. For probable or confirmed VHF, clothing must be discarded as clinical waste. • The patient and/or next of kin should be advised that clothing may need to be discarded, and this discussion should be documented in the medical record. • Linen must not be stockpiled in the patient room or anteroom.
Catering	• Food and beverages must be delivered into the patient room by staff providing direct care to the patient, wearing appropriate PPE. • Disposable crockery, bottles and cutlery are to be used and placed into clinical waste in the patient room after use. • Catering staff are not to enter the patient room.
Waste management	• Waste generated during the care of a patient with VHF must be managed as infectious waste in accordance with the *Australian Dangerous Goods Code*: ○ for probable or confirmed VHF, waste requiring off-site transport must be classified, labelled and transported as ***UN 2814 (Category A) Infectious substance affecting humans***

Patient care criteria	Recommendations
	○ for suspected VHF, where waste must be removed before VHF testing can be completed, it should be managed as ***SUSPECTED UN 2814 (Category A) Infectious substance affecting humans***. • Single-use items, including PPE, cleaning cloths and wipes, must be discarded as clinical waste. • VHF clinical waste must be packaged using a triple-containment system, comprising: ○ leakproof primary bag ○ leakproof secondary bag ○ rigid, puncture-resistant, sealable outer receptacle. • Fluid waste must be solidified with absorbent granules prior to disposal in the clinical waste bin. • Toilet waste from patients may be safely flushed into the sewerage system. • Waste should be stored securely and segregated at the HCF pending collection and managed in accordance with local HCF clinical waste policy. • Off-site transport of VHF waste must be undertaken by an appropriately authorised waste contractor and comply with applicable dangerous goods packaging, labelling and transport requirements. • HCFs are responsible for liaising with their contracted waste providers to ensure appropriate arrangements are in place for the safe storage, transport and final disposal of VHF waste. • Waste generated during patient transport should be contained in accordance with the patient transport provider's procedures, and may be transferred into the receiving HCF's VHF waste management system on arrival, by agreement between the patient transport provider and the receiving HCF.
Patient transfer	**Intra-hospital transfers** • Do not transfer patient between wards or departments unless clinically indicated (i.e. for the provision of essential life-saving treatment). • Any transfer must be performed in consultation with the IPC team. • Notify the receiving department of patient's status prior to transfer. • All staff involved in the transfer are to wear newly donned Level 2 PPE prior to patient transfer. • A transport route must be planned, the route cleared, high-traffic areas avoided and lifts quarantined if required. **Inter-hospital transfers** • Refer to the *VHF response plan*.

Patient care criteria	Recommendations
Visitors	• In general, where VHF is suspected, visitors must not be allowed until VHF has been excluded as a diagnostic possibility. • If there is a requirement for a visitor (e.g. due to age, cultural reasons, end of life, dementia or mental health reasons) the infectious diseases physician, clinical microbiologist and the IPC team must be consulted for consideration of whether an exemption is appropriate. • If a parent or carer is required to remain with the patient, appropriate education, instruction and supervision for donning and doffing of PPE must be provided.
Duration of precautions	• Persons with suspected VHF may be released from isolation following a negative test for VHF, provided the test was conducted at least 72 hours after the onset of symptoms. • Where the first sample was collected within 72 hours of symptom onset, a further negative test is required to definitively exclude VHF. • Stand down of precautions for probable/confirmed cases requires consultation between the treating clinicians, IPC team, and public health via the State Health Incident Coordination Centre (SHICC).

Care and handling of the deceased	• The body of any person who has died from suspected, probable or confirmed VHF must be handled by the minimum number of staff necessary.
	• Anyone handling the deceased person must be trained in donning and doffing of PPE, as outlined in *A.1 PPE donning and doffing*.
	• The deceased should not be moved from the site of death until preparation and body bagging have been completed.
	• Preparation of the deceased should include:
	  ○ placing a surgical mask over the deceased's mouth and nose
	  ○ avoiding washing or cleaning the body
	  ○ leaving clothing, sutures, lines, and invasive medical devices in situ
	  ○ covering any wounds or sites of fluid leakage with occlusive dressings.
	• The deceased must be enclosed using a triple-containment system of three sealed, leakproof, impermeable vinyl body bags. These bags should be a minimum thickness of 400 microns.
	• During bagging:
	  ○ once the first bag is sealed, change outer gloves and apron
	  ○ disinfect inner gloves with ABHR or hospital grade disinfectant wipe before applying new outer gloves
	  ○ place the first bag sequentially within two further body bags, ensuring that each bag's seal is oriented pointing up
	  ○ remove any visible contamination on the bag surfaces and then apply disinfectant to the entire external surface of the outer body bag and allow to air dry.
	• The top surface of the outer bag must be clearly labelled with patient identifiers, and clearly and indelibly marked as ***[SUSPECTED] VHF. HIGHLY INFECTIOUS. DO NOT OPEN.***

Patient care criteria	Recommendations

	• Once sealed and decontaminated, the body bags must not be reopened unless specifically directed under arrangements outlined in the *VHF response plan*.
	• The deceased may then be transferred to the hospital mortuary in the usual manner, with care taken to:
	  ○ protect the bags from puncture either by any sharp objects inside the bags (e.g. medical devices left in place) or any external objects
	  ○ minimise unnecessary handling
	  ○ use a trolley with side walls and avoid pitching and rolling
	  ○ ensure the receiving mortuary is aware of the VHF risk.
	• Where there is no capacity in the hospital mortuary, the hospital mortuary must liaise with the SHICC to arrange transfer to the WA State Mortuary.
	• Direct contact viewings must not occur. Where identification is required, this should be undertaken through via a separate room with a window or remotely via video link where feasible.
	• Postmortem examination, postmortem specimen collection, implanted device management and final disposition should only occur in accordance with the *VHF response plan*.
	• Waste generated during management of the deceased must be managed in accordance with *Waste management*.

4. Relevant legislation

VHFs are urgent notifiable infectious diseases in WA. Where VHF is considered a diagnostic possibility, clinicians are required to **immediately notify public health** under the *Public Health Act 2016* (WA). See the *VHF response plan* for further details.

5. Additional resources

- *Infection prevention and control principles and recommendations for Ebola virus disease | Australian Government Department of Health, Disability and Ageing*
- *Australian Guidelines for the Prevention and Control of Infection in Healthcare (2019) | National Health and Medical Research Council (NHMRC)*
- *Infection Prevention and Control Practice Handbook – Mortuary and Care of the Deceased | Clinical Excellence Commission New South Wales*

6. Guideline contact

Enquiries relating to this guideline may be directed to:

Infection Prevention Policy and Surveillance Unit (IPPSU),
Communicable Disease Control Directorate,
Department of Health

Email: *IPPSU@health.wa.gov.au*

7. Document control

Version	Date	Revised by	Amendments
1.0	26 May 2026	WA Department of Health	N/A – Original version
2.0	12 November 2026	WA Department of Health	Inclusion of pathology management. Update to cleaning guidance in line with national recommendations. Update to waste management, inclusion of Australian Dangerous Goods Code requirements. Updated care and handling of the deceased guidance in line with national recommendations. Minor edits to donning and doffing checklists. Inclusion of PAPR donning and doffing checklists.

8. Bibliography

1. Chan J, Levine C, Herstein J, Cloutier N, Sauer L, Mehta A, et al. Preparedness and Response Considerations for High-Consequence Infectious Disease. Emerging Infectious Disease journal. 2025;31(8):1507.
2. Australian Centre for Disease Control. Ebola Disease CDNA National Guidelines for Public Health Units. Australia: Commonwealth of Australia; 2026 [updated 15 June 2026. Version 3 [Available from: *https://www.health.gov.au/resources/publications/ebola-virus-disease-cdna-national-guidelines-for-public-health-units?language=en*.
3. Department of Health, Disability and Ageing. Infection prevention and control guidelines for Ebola disease in Australian healthcare settings.: Commonwealth of Australia; 2026 [Available from: *Infection prevention and control principles and recommendations for Ebola virus disease | Australian Government Department of Health, Disability and Ageing*
4. NSW Government Clinical Excellence Commission. High Consequence Infectious Diseases - Infection Prevention and Control Principles April 2024 [Available from: *https://www.health.nsw.gov.au/Infectious/controlguideline/Pages/ebola-virus.aspx*.
5. Queensland Health. Infection prevention and control for the management of viral haemorrhagic fevers. In: Queensland Government, editor. Version 1.4 ed: State of Queensland; July 2026 [Available from: *Viral haemorrhagic fever (VHF) including Ebola virus disease | Queensland Health*.
6. United Kingdom Government. Risk assessment and immediate management of viral haemorrhagic fevers (contact high consequence infectious diseases) in acute hospitals. In: Department of Health and Social Care, editor. UK 2025. [Available from: *Risk assessment and immediate management of viral haemorrhagic fevers (contact high consequence infectious diseases) in acute hospitals - GOV.UK*
7. Victorian Department of Health. Viral haemorrhagic fevers. In: Victoria Department of Health, editor. Victoria, Australia: Victoria Department of Health 2024.
8. Centers for Disease Control and Prevention. Safe Handling of Human Remains of VHF Patients in U.S. Hospitals and Mortuaries 2024 [Available from: *https://www.cdc.gov/viral-hemorrhagic-fevers/hcp/infection-control/guidance-for-safe-handling-of-human-remains-of-vhf-patients-in-u-s-hospitals-and-mortuaries.html*.

9. Appendices

A.1 PPE donning and doffing

A.1.1 Checklists

All HCFs are to have donning and doffing checklists for the designated staff roles and the specific PPE used for VHF patient management at their facility, as detailed below.

- *Checklist 1: Donning sequence for use with PFR (Caregiver)*
- *Checklist 2: Donning sequence for use with PFR (Assistant)*
- *Checklist 3: Doffing sequence for use with PFR (Caregiver)*
- *Checklist 4: Doffing sequence for use with PFR (Assistant)*
- *Checklist 5: Donning sequence for use with PAPR (Caregiver)*
- *Checklist 6: Doffing sequence for use with PAPR (Caregiver)*

A.1.2 General information

- Staff wearing a PFR must have a documented fit test for the specific PFR model they will use. They must also have completed education and training, and been assessed as competent in donning, fit checking and doffing of a PFR.
- The PAPR donning and doffing sequence outlined in this guideline is based on the 3M™ Versaflo™ system. HCFs using alternative PAPR brands should develop and validate a site-specific donning and doffing sequence in accordance with the manufacturer's instructions for use (IFU).
- Staff using the 3M™ Versaflo™ PAPR must be familiar with the technical aspects of the unit, including performance check parameters, and must have been assessed as competent in donning and doffing the PAPR.
- All staff must know their correct gown and glove sizes, including sterile and non-sterile glove sizes.
- Donning (clean) and doffing (dirty) zones must be clearly identified and marked on the floor to guide staff. Each zone is to have dedicated products, such as gloves, disposable pads and combined detergent/disinfectant wipes.
- In this guideline, 'disinfect gloves' refers to applying ABHR to all surfaces of gloved hands and allowing the gloves to dry before proceeding to the next step. This is an additional risk mitigation measure for VHF patient management and should not be used in other circumstances.
- To disinfect gloved hands, the Caregiver should use an automated ABHR dispenser. If this is not available, the Assistant should dispense a measured dose of ABHR onto the Caregiver's gloved hands.

A.1.3 Donning information

- The Caregiver must don the required PPE under the supervision of an Assistant in a designated donning area outside the patient room and anteroom, and separate from the designated doffing area.
- A mirror may be placed in the designated donning area to assist with correct PPE application.
- Before donning PPE, the Caregiver and Assistant should take a hygiene break, ensure they are hydrated, and change into disposable scrubs.

- Caregivers who wear personal prescription glasses should secure them with tape at the sides of their face to prevent them from slipping down during patient care.
- Sterile or non-sterile gloves may be routinely worn as per staff preference, however, they are not to be taped to the gown.
- Use of a different glove colour for outer gloves is not essential, but may assist with the doffing process and identifying breaches in glove integrity.
- Ties on shoes, aprons or gowns should be tied in a bow to facilitate safe and straightforward removal.
- An apron may be worn by the Caregiver in addition to the long-sleeved gown, where indicated**.**
- If instructions from the Assistant/Observer are unclear, the Caregiver must ask for them to be repeated or explained before proceeding. Donning must not be rushed.
- Laminated donning cards should be considered to support staff during the donning sequence.
- To assist communication, staff should write their name and role/designation on visible PPE, such as the face shield headband, PAPR hood or front of gown.
- Before the Caregiver enters the room, the Observer or Assistant must confirm that the Caregiver is aware of the designated doffing area outside the patient room and that they understand they must wait for both the Observer and Assistant to be present before exiting the room and removing any PPE.

A.1.4 Doffing information

- PPE must be doffed under the supervision of an Observer in the designated doffing area.
- Two trained staff members are required to support the Caregiver during doffing:
    - the Assistant, who must be present in the designated doffing area and wear the PPE specified for the Assistant role.
    - the Observer, who must remain approximately two meters from the doffing area.
- The Assistant supports the doffing process as required, including undoing gown ties, assisting with PAPR equipment, and visually checking the Caregiver for visible contamination or breaches in PPE integrity.
- The Observer is responsible for:
    - reading aloud the step-by-step removal sequence for the Caregiver
    - regularly reminding the Caregiver and Assistant to avoid actions that may cause inadvertent contamination and increase exposure risk, such as touching their face
    - completing the doffing verification documentation.
- PPE must be removed using slow, controlled movements. Each item of PPE must be discarded directly into a clinical waste bin immediately after removal.
- The Caregiver and Assistant are to shower on completion of their shift and change into their own clothes.

Checklist 1: Donning sequence for use with PFR (Caregiver)

Before commencing the donning process

- Ensure all guidance in the *General information* and *Donning information* sections have been followed.
- The name and designation of **Caregiver** can be written on PPE (e.g. front of gown).
- Point out clean and dirty zones within the doffing area, as per markings on the floor.
- **Observer** to remind **Caregiver** and **Assistant** that they will read out the action to be performed and they are to wait until **Observer** has finished reading the action before proceeding with that step.
- After each step is completed and **Caregiver** and **Assistant** are ready to move to next action, they are to respond by clearly saying **"Done"**.

Note: If a third person is unavailable for an episode of care, then the role of the **Observer** will fall to the **Assistant** or **Caregiver**.

Step	Prompt	Description and further information	Check
1	Wellbeing and skin check	Take a moment to check if the **Caregiver** needs refreshments, or to use the bathroom prior to donning PPE. Undertake a skin integrity check.	
2	Readiness check	Ensure all medications, therapeutics and equipment required for patient care are ready to be taken into room.	
3	Caregiver dress requirements	**Caregiver** is to don disposable surgical scrubs after removing uniform/personal clothing, except for underwear. Ensure bare below the elbows. Remove all personal items, including jewellery, ID tags, watches, pens, pagers and mobile phones. Ensure long hair and/or fringe is tied back in a mid or low ponytail – no top knots or buns on top of head. Enclosed, cleanable, sharps- and fluid-resistant footwear must be worn and is supplied either by the hospital (e.g. theatre boots) or by the **Caregiver**, who is to have alternative shoes to wear home.	
4	Hand hygiene	**Observer, Assistant** and **Caregiver** to perform hand hygiene using soap and water or ABHR.	
OBSERVER TO COMMENCE READING OUT STEPS			
5	Inspect PPE	Visually inspect PPE to ensure it is useable, correct size and that all required PPE is available. Remove plastic covering from full-face shield.	

Step	Prompt	Description and further information	Check
6	Don boot covers	**Caregiver** (while sitting) to don boot/leg covers over footwear. If ties are present, tie straps in bow at front.	
7	Hand hygiene	**Caregiver** to perform hand hygiene using ABHR. Allow hands to dry before moving to the next step.	
8	Don PFR	**Caregiver** to don fit tested PFR: • remove prescription glasses, if wearing • ensure straps are separated • place chin into respirator and pass straps over head • place the bottom strap at back of head and below the ears • place the top strap behind head towards the crown • mould the respirator over the bridge of nose and cheeks to ensure a firm fit • replace prescription glasses, if wearing, and tape in place.	
9	Perform fit check	**Caregiver** to perform fit check to ensure a good facial seal. **Observer** to assess fit check.	
10	Don wimple	**Caregiver** to don wimple and ensure hair remains off face. If prescription glasses are worn, ensure glasses sit under the wimple. **Assistant** to tape back of wimple (tape from ear to ear) to ensure wimple fits the **Caregiver's** face and visual field remains unobstructed.	
11	Check PFR	**Caregiver** to recheck seal of PFR by performing a fit check. Ensure edges of respirator sit under wimple.	
12	Hand hygiene	**Caregiver** to perform hand hygiene using ABHR. Allow hands to dry before moving to the next step.	
13	Don inner gloves	**Caregiver** to don first (inner) pair long-cuffed gloves. Fully extend glove cuffs. **Do not** use tape to secure gloves.	
14	Don gown	**Caregiver** to don gown over the wimple with opening at the back. **Assistant** to secure Velcro/ties at back of neck and at side for the waist, using a bow so it can be easily untied during the doffing process. **Do not** use inner ties if present. **Assistant** to check that gown: • completely covers the back from neck to below the top of the boot/leg covers and arms to ends of wrists • allows unrestricted movement	

Step	Prompt	Description and further information	Check
		• has no gaps (tape may be used to secure the back of the gown to close gaps) • is not touching the floor (gown may be cut to a suitable length if required).	
15	Don full-face shield	**Caregiver** to don full-face shield. Adjust head band to ensure a firm fit, with foam resting on forehead and visor sitting flat to protect from splashes to the face.	
16	Check PFR	**Caregiver** to recheck seal of PFR by performing a fit check.	
17	Don outer gloves	**Caregiver** to don second (outer) pair of long-cuffed gloves over gown cuffs. Ensure glove cuffs are pulled over the sleeves of the gown. **Do not** use tape to secure outer gloves.	
18	Stop and check	**Observer** and **Assistant** to check the following: ○ cuff of outer gloves is fully extended over gown cuff ○ **Caregiver** is comfortable and able to extend their arms, bend at the waist, and go through a range of movements sufficient for patient care delivery to ensure there is no exposed skin or movement of PPE ○ check front and back of **Caregiver** during movements. To assist with communication, **Observer** should write **Caregiver's** name and designation on PPE (e.g. on the full-face shield headband or front of gown). **Observer** to complete donning/doffing verification record. The **Caregiver** must not enter the patient room until the **Assistant** has donned their PPE.	

Checklist 2: Donning sequence for use with PFR (Assistant)

Before commencing the donning process

- Ensure all guidance in the *General information* and *Donning information* sections have been followed.
- The name and designation of **Assistant** can be written on PPE (e.g. front of gown).
- Point out clean and dirty zones within the doffing area, as per markings on the floor.
- **Observer** to remind **Assistant** that they will read out the action to be performed and they are to wait until **Observer** has finished reading the action before proceeding with that step.
- After each step is completed and **Assistant** is ready to move to next action, they are to respond by clearly saying **"Done"**.

Note: If a third person is unavailable for an episode of care, then the role of the **Observer** will fall to the **Assistant** or **Caregiver**.

Step	Prompt	Description and further information	Check
1	Wellbeing and skin check	Take a moment to check if **Assistant** needs refreshments, or to use the bathroom prior to donning PPE. Undertake a skin integrity check.	
2	Readiness check	Ensure all medications, therapeutics and equipment required for patient care are ready to be taken into room.	
3	Assistant dress requirements	**Assistant** is to don disposable surgical scrubs after removing uniform/personal clothing, except for underwear. Ensure bare below the elbows. Remove all personal items, including jewellery, ID tags, watches, pens, pagers and mobile phones. Ensure long hair and/or fringe is tied back in a mid or low ponytail – no top knots or buns on top of head. Enclosed, cleanable, sharps- and fluid-resistant footwear must be worn and is supplied either by the hospital (e.g. theatre boots) or by the **Assistant**, who is to have alternative shoes to wear home.	
4	Hand hygiene	**Observer** and **Assistant** to perform hand hygiene using soap and water or ABHR.	
OBSERVER TO COMMENCE READING OUT STEPS			
5	Inspect PPE	Visually inspect PPE to ensure it is useable, correct size and that all required PPE is available. Remove plastic covering from full-face shield.	

Step	Prompt	Description and further information	Check
6	Don boot covers	**Assistant** (while sitting) to don boot/leg covers over footwear. If ties are present, tie straps in bow at front.	
7	Hand hygiene	**Assistant** to perform hand hygiene using ABHR. Allow hands to dry before moving to the next step.	
8	Don PFR	**Assistant** to don fit tested PFR: • remove prescription glasses, if wearing • ensure straps are separated • place chin into respirator and pass straps over head • place the bottom strap at back of head and below the ears • place the top strap behind head towards the crown • mould the respirator over the bridge of nose and cheeks to ensure a firm fit • replace prescription glasses, if wearing, and tape in place.	
9	Perform fit check	**Assistant** to perform fit check to ensure a good facial seal. **Observer** to assess fit check.	
10	Don wimple	**Assistant** to don wimple and ensure hair remains off face. If prescription glasses worn, ensure glasses sit under the wimple. **Observer** to tape back of wimple (tape from ear to ear) to ensure wimple fits the **Assistant's** face and visual field remains unobstructed.	
11	Check PFR	**Assistant** to recheck seal of PFR by performing a fit check. Ensure edges of respirator sit under wimple.	
12	Hand hygiene	**Assistant** to perform hand hygiene using ABHR. Allow hands to dry before moving to the next step.	
13	Don inner gloves	**Assistant** to don first (inner) pair long-cuffed gloves. Fully extend glove cuffs. **Do not** use tape to secure gloves.	
14	Don gown	**Assistant** to don gown over the wimple with opening at the back. **Observer** to secure Velcro/ties at back of neck and at side for the waist, using a bow so it can be easily untied during the doffing process. **Do not** use inner ties if present. **Observer** to check that gown: • completely covers the back from neck to below the top of the boot/leg covers and arms to ends of wrists • allows unrestricted movement	

Step	Prompt	Description and further information	Check
		• has no gaps (tape may be used to secure the back of the gown to close gaps) • is not touching the floor (gown may be cut to a suitable length if required).	
15	Don full-face shield	**Assistant** to don full-face shield. Adjust head band to ensure a firm fit with foam resting on forehead and visor sitting flat to protect from splashes to the face.	
16	Check PFR	**Assistant** to recheck seal of PFR by performing a fit check.	
17	Don outer gloves	**Assistant** to don second (outer) pair of long-cuffed gloves over gown cuffs. Ensure glove cuffs are pulled over the sleeves of the gown. **Do not** use tape to secure outer gloves.	
18	Stop and check	**Observer** to check the following: ○ cuff of outer gloves is fully extended over gown cuff ○ **Assistant** is comfortable and able to extend their arms, bend at the waist, and go through a range of movements sufficient for patient care delivery to ensure there is no exposed skin or movement of PPE ○ check front and back of **Assistant** during movements. To assist with communication **Observer** should write **Assistant's** name and designation on PPE (e.g. on the full-face shield headband or front of gown). **Observer** to complete donning/doffing verification record.	

Checklist 3: Doffing sequence for use with PFR (Caregiver)

Before commencing the doffing process

- Ensure all guidance in the *General information* and *Doffing information* sections have been followed.
- **Observer** is to remain outside the anteroom or designated doffing area and read aloud the step-by-step sequence for doffing PPE.
- **Observer** to point out clean and dirty zones within the doffing area, as per markings on the floor.
- Ensure enough room in the clinical waste bin for used PPE.
- **Observer** to remind **Caregiver** and **Assistant** that they will read out the action to be performed and they are to wait until **Observer** has finished reading the action before proceeding with that step.
- **Observer** to remind **Caregiver** and **Assistant** to work slowly and deliberately in doffing and to avoid touching their face.
- After each step is completed and **Caregiver** and **Assistant** are ready to move to next action, they are to respond by clearly saying **"Done"**.

Note: In this document, the term 'disinfect gloves' means to apply ABHR to all surfaces of gloved hands and allow to dry before proceeding to the next step.

Note: When doffing, if inner gloves have tears or are visibly soiled, this is considered a PPE breach and the **Caregiver** must complete doffing procedure under supervision and be referred to the IPC team for assessment. See *Staff exposure management* and *A.5 Management of staff exposed to VHF*. **Observer** to document any breaches in PPE integrity and assess for potential occupational exposure.

Step	Prompt	Description and further information	Check
PRIOR TO CAREGIVER EXITING PATIENT ROOM			
1	Readiness check	**Caregiver** to alert **Assistant** that they are ready to exit the patient room. Ensure **Assistant** is ready in PPE. Ensure **Observer** is ready.	
2	**Assistant** to ensure PPE doffing area is ready	Ensure required supplies are available in PPE doffing area: • chair or stool without arms • ABHR • combined detergent/disinfectant wipes • supply of long-cuffed gloves • large clinical waste bin.	
3	Inspect PPE	While **Caregiver** remains in patient room, **Assistant** instructs them to turn in a circle, with **Assistant** to	

Step	Prompt	Description and further information	Check
		observe via window to ensure no visible tears or soiling that may cause accidental exposure to blood or bodily fluids during the PPE doffing process. If soiling is present, the **Caregiver** is to use combined detergent/disinfectant wipes to remove any soiling and discard wipes in patient room. **Observer** to document if any PPE breaches are noted and assess for potential occupational exposure.	
4	Disinfect outer gloves	**Caregiver** to disinfect outer gloves using ABHR and allow to dry.	
5	Caregiver exits patient room	When possible, the **Assistant** is to open the door of patient room and **Caregiver** exits into the designated doffing area without touching any surfaces.	
FOLLOWING CAREGIVER EXIT FROM PATIENT ROOM			
6	Remove outer gloves	**Caregiver** to remove and dispose of outer gloves, being careful not to contaminate or tear the inner gloves: • pinch the outside of the outer glove at wrist end with the other gloved hand and peel off completely into a ball and hold in palm of other gloved hand • slide a finger of inner gloved hand under remaining outer glove at wrist and peel remaining outer glove off until balled around the first removed glove and discard.	
7	Inspect and disinfect inner gloves	**Caregiver** to inspect inner gloves for tears or visible soiling. Disinfect inner gloves and allow to dry.	
8	Don new outer gloves	**Caregiver** to don new outer gloves. **Do not** pull up over fabric cuffs of gown.	
9	Disinfect outer gloves	**Assistant** to disinfect outer gloves using ABHR and allow to dry.	
10	Remove gown	**Caregiver** to remove gown after **Assistant** unfastens Velcro/ties on gown: • **Caregiver** leans forward and peels gown away from neck and shoulders by grasping the inside of the gown at the back of the shoulders only • one at a time, pull arm fully out of the sleeves of the gown and then the other	

Step	Prompt	Description and further information	Check
		• carefully roll the contaminated outer surface of the gown inward and away from the body, into a small bundle and discard.	
11	Disinfect outer gloves	**Caregiver** and **Assistant** to disinfect outer gloves and allow to dry.	
12	Remove outer gloves	**Caregiver** and **Assistant** to remove outer gloves. Inspect inner gloves for tears or visible soiling.	
13	Disinfect inner gloves and don new outer gloves	**Caregiver** and **Assistant** to disinfect inner gloves and allow to dry. **Caregiver** and **Assistant** to don new outer gloves.	
14	Remove boot/leg covers	**Caregiver** to clean chair/stool with detergent/ disinfectant wipes and allow to dry. **Caregiver** to disinfect outer gloves. **Caregiver** to sit on chair/stool and extend legs. Ensure feet remain in the dirty zone. Before proceeding with removal of boot/leg covers, **Assistant** to remind **Caregiver** that after removal of a boot/leg cover, they are to immediately move that foot into the clean zone. **Observer** is to read out the following steps: • **Caregiver** to remove boot/leg covers one at a time • undo ties if present • using both hands grasp the outside of the top of the boot/leg cover • carefully roll boot covers over and down the leg to top of foot whilst ensuring boot/leg covers do not touch scrubs • repeat the process for other boot/leg cover • **Caregiver** to cross one leg to rest on thigh of other leg whilst ensuring the boot/leg cover does not touch scrubs • grasp bottom of boot/leg cover using two hands, one hand at the heel and the other hand at the toes, and gently pull off the first boot/leg cover, discarding into clinical waste • **Caregiver** is to immediately move the foot without the boot/leg cover onto floor within the clean zone • **Caregiver** to disinfect outer gloves and allow to dry before proceeding to remove the second boot/leg cover	

Step	Prompt	Description and further information	Check
		• repeat procedure as for removal of first boot/leg cover • following removal of the second boot/leg cover the **Caregiver** should now have both feet within the clean zone • **Caregiver** to remain seated with both feet in the clean zone until the **Assistant** has cleaned and disinfected the dirty zone, and it is dry.	
15	Clean and disinfect floor	**Assistant** to wipe over all surfaces of dirty zone floor with combined detergent/disinfectant wipes and discard. Allow floor to dry.	
16	Disinfect outer gloves	**Assistant** to disinfect outer gloves and allow to dry.	
17	Disinfect floor	**Assistant** to disinfect floor and allow to dry.	
18	Remove outer gloves	**Assistant** to remove outer gloves and inspect inner gloves for tears or visible soiling.	
19	Disinfect inner gloves and don new outer gloves	**Assistant** to disinfect inner gloves and allow to dry, before donning new outer gloves.	
20	Disinfect outer gloves	**Caregiver** to disinfect outer gloves and allow to dry.	
21	Remove outer gloves	**Caregiver** to remove outer gloves and inspect inner gloves for tears or visible soiling.	
22	Disinfect inner gloves and don new outer gloves	**Caregiver** to disinfect inner gloves and allow to dry, before donning new outer gloves.	
23	Clean and disinfect chair	**Assistant** to wipe over all surfaces of chair/stool with combined detergent/disinfectant wipes and discard.	
24	Disinfect outer gloves	**Assistant** to disinfect outer gloves and allow to dry.	
25	Remove outer gloves	**Assistant** to remove outer gloves and inspect inner gloves for tears or visible soiling.	
26	Disinfect inner gloves and don new outer gloves	**Assistant** to disinfect inner gloves and allow to dry, before donning new outer gloves.	
27	Disinfect chair	**Assistant** to wipe over all surfaces of chair/stool with disinfectant.	

Step	Prompt	Description and further information	Check
28	Disinfect outer gloves	**Assistant** to disinfect outer gloves and allow to dry.	
29	Remove outer gloves	**Assistant** to remove outer gloves and inspect inner gloves for tears or visible soiling.	
30	Disinfect inner gloves and don new outer gloves	**Assistant** to disinfect inner gloves and allow to dry, before donning new outer gloves.	
31	Check	**Observer** to remind **Caregiver** to avoid touching their face or adjusting hair/prescription glasses after the face shield and wimple have been removed.	
32	Disinfect outer gloves	**Caregiver** to disinfect outer gloves and allow to dry.	
33	Remove face shield	Facing the bin, **Caregiver** to remove face shield by tilting head forward and grasping the headband at the back of head and pulling it forward, lifting away from face and discarding into bin.	
34	Disinfect outer gloves	**Caregiver** to disinfect outer gloves and allow to dry.	
35	Remove outer gloves	**Caregiver** to remove outer gloves and inspect inner gloves for tears or visible soiling.	
36	Disinfect inner gloves and don new outer gloves	**Caregiver** to disinfect inner gloves and allow to dry, before donning new outer gloves.	
37	Disinfect outer gloves	**Assistant** to disinfect outer gloves and allow to dry.	
38	Remove tape of wimple	**Assistant** to remove/break tape on wimple.	
39	Disinfect outer gloves	**Assistant** to disinfect outer gloves and allow to dry.	
40	Remove wimple	Before **Caregiver** removes wimple, **Observer** to remind **Caregiver** not to touch PFR, face, hair or prescription glasses (if worn) once wimple is removed. **Caregiver** to remove wimple by: • pushing chin out and bending at waist • using a forward and downward motion, slowly pull wimple off and away from the body	

Step	Prompt	Description and further information	Check
		• discard wimple into bin.	
41	Disinfect outer gloves	**Caregiver** to disinfect outer gloves and allow to dry.	
42	Remove outer gloves	**Caregiver** to remove outer gloves and inspect inner gloves for tears or visible soiling.	
43	Disinfect and remove inner gloves and don new gloves	**Caregiver** to disinfect inner gloves and allow to dry. **Caregiver** to remove inner gloves and perform hand hygiene including wrists and lower arms using antiseptic soap and water or ABHR. Don new gloves.	
44	Remove prescription glasses	If wearing glasses, **Caregiver** to remove using the arms of the glasses and place into clean container.	
45	Disinfect gloves	**Caregiver** to disinfect gloves with ABHR and allow to dry.	
46	Check	**Observer** to remind **Caregiver** not to let the PFR touch their scrubs.	
47	Remove PFR	**Caregiver** to remove PFR: • push chin out and bend at waist • place thumbs under the bottom strap on each side of head and slide upwards, collecting the top strap • pull both straps over the head until the PFR falls forward away from face and discard into bin.	
48	Disinfect and remove gloves	**Caregiver** to disinfect gloves with ABHR and allow to dry. **Caregiver** to remove gloves.	
49	Hand hygiene	**Caregiver** to perform hand hygiene including wrists and lower arms using antiseptic soap and water and allow to dry. Adjust hair if necessary. If prescription glasses are worn: • don new gloves and clean glasses with combined detergent/disinfectant wipes • disinfect gloves and allow to dry • remove gloves and disinfect hands with ABHR and allow to dry.	
50	Final inspection	**Assistant** to perform final inspection of **Caregiver** for any visible contamination of disposable scrubs. If contamination identified, shower immediately and contact IPC team for further assessment.	

Step	Prompt	Description and further information	Check
51	Caregiver to exit	**Caregiver** can now exit the anteroom or designated doffing area. **Caregiver** to perform hand hygiene after exiting.	
52	Document	**Observer** to complete **Caregiver** donning/doffing verification documentation. **Assistant** is now ready to doff own PPE.	
Further action taken:			

Checklist 4: Doffing sequence for use with PFR (Assistant)

Before commencing the doffing process

- Ensure all guidance in the *General information* and *Doffing information* sections have been followed.
- **Observer** is to remain outside the anteroom or designated doffing area and read aloud the step-by-step sequence for doffing PPE.
- **Observer** to point out clean and dirty zones within the doffing area, as per markings on the floor.
- Ensure enough room in the clinical waste bin for used PPE.
- **Observer** to remind **Assistant** that they will read out the action to be performed and they are to wait until **Observer** has finished reading the action before proceeding with that step.
- **Observer** to remind **Assistant** to work slowly and deliberately in doffing and to avoid touching their face.
- After each step is completed and **Assistant** is ready to move to next action, they are to respond by clearly saying **"Done"**.

Note: In this document, the term 'disinfect gloves' means to apply ABHR to all surfaces of gloved hands and allow to dry before proceeding to the next step.

Note: When doffing, if inner gloves have tears or are visibly soiled, this is considered a PPE breach and the **Caregiver** must complete doffing procedure under supervision and be referred to the IPC team for assessment. See *Staff exposure management* and *A.5 Management of staff exposed to VHF*. **Observer** to document any breaches in PPE integrity and assess for potential occupational exposure.

Step	Prompt	Description and further information	Check
1	Readiness check	**Assistant** to alert the **Observer** they are ready to remove PPE. Ensure **Observer** is ready.	
2	**Observer** to ensure PPE doffing area is ready	Ensure required supplies are available in PPE doffing area: • chair or stool without arms • ABHR • combined detergent/disinfectant wipes • supply of long-cuffed gloves • large clinical waste bin.	
3	Inspect PPE	**Observer** instructs **Assistant** to turn in a circle, and **Observer** checks for any visible soiling.	

Step	Prompt	Description and further information	Check
		If soiling is present, the **Assistant** is to use combined detergent/disinfectant wipes to remove any soiling and discard wipes. **Observer** to document if any PPE breaches are noted and assess for potential occupational exposure.	
4	Disinfect outer gloves	**Assistant** to disinfect outer gloves using ABHR and allow to dry.	
5	Remove outer gloves	**Assistant** to remove and dispose of outer gloves being careful not to contaminate or tear the inner gloves: • pinch the outside of the outer glove at wrist end with the other gloved hand and peel off completely into a ball and hold in palm of other gloved hand • slide a finger of inner gloved hand under remaining outer glove at wrist and peel remaining outer glove off until balled around the first removed glove and discard.	
6	Inspect and disinfect inner gloves	**Assistant** to inspect inner gloves for tears or visible soiling. Disinfect inner gloves and allow to dry.	
7	Don new outer gloves	**Assistant** to don new outer gloves. **Do not** pull up over fabric cuffs of gown.	
8	Remove gown	**Assistant** to remove gown: • **Assistant** to undo velcro/ties at back of neck and side ties • **Assistant** leans forward and peel gown away from neck and shoulders by grasping the inside of the gown at the back of the shoulders only • one at a time, pull arm fully out of the sleeves of the gown and then the other • carefully roll the contaminated outer surface of the gown inward and away from the body, into a small bundle and discard.	
9	Disinfect outer gloves	**Assistant** to disinfect outer gloves and allow to dry.	
10	Remove outer gloves	**Assistant** to remove outer gloves. Inspect inner gloves for tears or visible soiling.	
11	Disinfect inner gloves don new outer gloves	**Assistant** to disinfect inner gloves and allow to dry, before donning new outer gloves.	

Step	Prompt	Description and further information	Check
12	Remove boot /leg cover	**Assistant** to clean chair/stool with detergent/ disinfectant wipes and allow to dry. **Assistant** to disinfect outer gloves. **Assistant** to sit on chair/stool and extend legs. Ensure feet remain in the dirty zone. Before proceeding with removal of boot/leg covers, **Observer** to remind **Assistant** that after removal of boot/leg cover, they are to immediately move that foot into the clean zone**.** **Observer** to read out the following steps: • **Assistant** to remove boot/leg covers one at a time • undo ties if present • using both hands grasp the top of the boot/leg cover • carefully roll boot covers over and down the leg to top of foot whilst ensuring boot/leg covers do not touch scrubs • repeat the process for other boot/leg cover • **Assistant** to cross one leg to rest on thigh of other leg whilst ensuring the boot/leg cover does not touch scrubs • grasp bottom of boot/leg cover using two hands, one hand at the heel and the other hand at the toes, and gently pull off the first boot/leg cover • discard into clinical waste • **Assistant** is to immediately move the foot without the boot/leg cover onto floor within the clean zone • **Assistant** to disinfect outer gloves and allow to dry before proceeding to remove the second boot/leg cover • repeat procedure as for removal of first boot/leg cover.	
13	Disinfect outer gloves	**Assistant** to disinfect outer gloves and allow to dry.	
14	Remove outer gloves	**Assistant** to remove outer gloves and inspect inner gloves for tears or visible soiling.	
15	Disinfect inner gloves and don new outer gloves	**Assistant** to disinfect inner gloves and allow to dry, before donning new outer gloves.	
16	Clean and disinfect chair	**Assistant** to clean chair/stool with detergent/ disinfectant wipes and allow to dry.	

Step	Prompt	Description and further information	Check
17	Disinfect outer gloves	**Assistant** to disinfect outer gloves and allow to dry.	
18	Disinfect chair	**Assistant** to wipe over all surfaces of chair/stool with disinfectant.	
19	Disinfect outer gloves	**Assistant** to disinfect outer gloves and allow to dry.	
20	Remove outer gloves	**Assistant** to remove outer gloves and inspect inner gloves for tears or visible soiling.	
21	Disinfect inner gloves and don new outer gloves	**Assistant** to disinfect inner gloves and allow to dry, before donning new outer gloves.	
22	Check	**Observer** to remind **Assistant** to avoid touching their face or adjusting hair/prescription glasses after the face shield and wimple have been removed.	
23	Remove face shield	Facing the bin, **Assistant** to remove face shield by tilting head forward and grasping the headband at the back of head and pulling it forward, lifting away from face and discarding into bin.	
24	Disinfect outer gloves	**Assistant** to disinfect outer gloves and allow to dry.	
25	Break tape of wimple	**Assistant** to remove/break tape on wimple.	
26	Remove wimple	Before **Assistant** removes wimple, **Observer** to remind **Assistant** not to touch PFR, face, hair or prescription glasses (if worn) once wimple removed. **Assistant** to remove wimple by: • pushing chin out and bending at waist • using a forward and downward motion, slowly pull wimple off and away from the body • discard wimple into bin.	
27	Disinfect outer gloves	**Assistant** to disinfect outer gloves and allow to dry.	
28	Remove outer gloves	**Assistant** to remove outer gloves and inspect inner gloves for tears or visible soiling.	
29	Disinfect and remove inner gloves	**Assistant** to disinfect inner gloves and allow to dry. **Assistant** to remove inner gloves.	
30	Hand hygiene	**Assistant** to perform hand hygiene including wrists and	

Step	Prompt	Description and further information	Check
		lower arms using antiseptic soap and water or ABHR and allow to dry. Don new gloves.	
31	Remove prescription glasses	If wearing glasses, **Assistant** to remove using the arms of glasses and places into clean container.	
32	Disinfect gloves	**Assistant** to disinfect gloves with ABHR and allow to dry.	
33	Check	**Observer** to remind **Assistant** do not let their PFR touch their scrubs.	
34	Remove PFR	**Assistant** to remove PFR: • push chin out and bend at waist • place thumbs under the bottom strap on each side of head and slide upwards, collecting the top strap • pull both straps over the head until the mask falls forward away from face and discard into bin.	
35	Disinfect and remove gloves	**Assistant** to disinfect gloves with ABHR and allow to dry. **Assistant** to remove gloves.	
36	Hand hygiene	**Assistant** to perform hand hygiene including wrists and lower arms using antiseptic soap and water and allow to dry. Adjust hair if necessary. If prescription glasses worn: • don new gloves and clean glasses with combined detergent/disinfectant wipes • disinfect gloves and allow to dry • remove gloves and disinfect hands with ABHR and allow to dry.	
37	Final inspection	**Observer** to perform final inspection of **Assistant** for any visible contamination of disposable scrubs. If contamination identified, shower immediately and contact IPC team for further assessment.	
38	Assistant to exit	**Assistant** can now exit the anteroom or designated doffing area. **Assistant** to perform hand hygiene after exiting.	
39	Document	**Observer** to complete **Assistant** donning/doffing verification documentation.	
Further action taken:			

Checklist 5: Donning sequence for use with PAPR (Caregiver)

Before commencing the donning process

- Ensure all guidance in the *General information* section has been followed.
- The PAPR donning sequence outlined in this guideline is based on the 3M™ Versaflo™ system. HCFs using alternative PAPR brands should develop and validate a site-specific donning sequence in accordance with the manufacturer's IFU.
- The name and designation of **Caregiver** can be written on PPE (e.g. front of gown).
- Point out clean and dirty zones within the doffing area, as per markings on the floor.
- **Observer** to remind **Caregiver** and **Assistant** that they will read out the action to be performed and they are to wait until **Observer** has finished reading the action before proceeding with that step.
- After each step is completed and **Caregiver** and **Assistant** are ready to move to next action, they are to respond by clearly saying **"Done"**.

Note: Due to operating noise of PAPR, **Caregiver** to inform **Assistant** or **Observer** if unable to hear.

Step	Prompt	Description and further information	Check
1	Wellbeing and skin check	Take a moment to check if the **Caregiver** needs refreshments, or to use the bathroom prior to donning PPE. Undertake a skin integrity check.	
2	Readiness check	Ensure all medications, therapeutics and equipment required for patient care are ready to be taken into room.	
3	Caregiver dress requirements	**Caregiver** is to don disposable surgical scrubs after removing uniform/personal clothing, except for underwear. Ensure bare below the elbows. Remove all personal items, including jewellery, ID tags, watches, pens, pagers and mobile phones. Ensure long hair and/or fringe is tied back in a mid or low ponytail – no top knots or buns on top of head. Enclosed, cleanable, sharps- and fluid-resistant footwear must be worn and is supplied either by the hospital (e.g. theatre boots) or by the **Caregiver**, who is to have alternative shoes to wear home.	
4	Hand hygiene	**Observer, Assistant** and **Caregiver** to perform hand hygiene using soap and water or ABHR.	

Step	Prompt	Description and further information	Check
OBSERVER TO COMMENCE READING OUT STEPS			
5	Visually inspect PAPR and PPE	**Caregiver** and **Assistant** to visually inspect PAPR and PPE to ensure it is useable, correct size and that all required PPE is available.	
6	PAPR check	**Assistant** and **Caregiver** to undertake PAPR performance checks: • inspect motor unit for damage • check airflow by inserting airflow indicator and operating the motor unit • check low air alarm by blocking the air outlet of the operating motor unit • inspect the filter • inspect battery pack and charge level. Refer to manufacturer instructions for use (IFU) of the PAPR 3M™ Versaflo™ unit.	
7	Headpiece	**Caregiver** to remove PAPR headpiece from hood and adjust headband to head size to ensure firm but comfortable fit. Reinsert headpiece into hood. Refer to manufacturer IFU.	
8	Don boot covers	**Caregiver** (while sitting) to don boot/leg covers over footwear. If ties are present, tie in bow at front.	
9	Hand hygiene	**Caregiver** to perform hand hygiene using ABHR. Allow hands to dry.	
10	Don PAPR motor	**Assistant** to hold PAPR motor at the small of the **Caregiver's** back while **Caregiver** fastens belt firmly around their waist and secures any loose straps by tucking into the belt. **Assistant** to connect the bottom end (pin end) of the hose to the PAPR motor outlet. Twist the hose to lock into position. Check hose is locked in position.	
11	Turn on PAPR	**Assistant** to turn on the PAPR unit. Press and hold button until beep heard.	
12	Attach PAPR hose	**Assistant** to attach the PAPR hose to the hood, ensuring it clicks into the locked position and is secure.	
13	Don PAPR hood	**Caregiver** to don PAPR hood, pulling the inner jersey around their neck. If ties are present at bottom of the hood, they are not required and may be cut off.	

Step	Prompt	Description and further information	Check
		If prescription glasses are worn, they should be secured with tape and worn underneath the PAPR hood.	
14	Hood placement	**Assistant** to check hood and ensure the cape is sitting correctly over the shoulders and sitting over PAPR motor unit. Do not tuck hood into belt or PAPR motor unit.	
15	Check	Due to operating noise of PAPR, check **Caregiver** can hear. Remind **Caregiver** to inform **Assistant** or **Observer** if unable to hear.	
16	Hand hygiene	**Caregiver** to perform **hand hygiene** using ABHR.	
17	Don inner gloves	**Caregiver** to don first (inner) pair long-cuffed gloves. Fully extend glove cuffs. **Do not** use tape to secure gloves.	
18	Don gown	**Caregiver** to don gown over the PAPR hood with opening at the back. **Assistant** to secure Velcro/ties at back of neck and at side for the waist, using a bow so it can be easily untied during the doffing process. **Do not** use inner ties if present. **Assistant** to check that gown: • completely covers the back from neck to below the top of the boot/leg covers and arms to ends of wrists • allows unrestricted movement • has no gaps (tape may be used to secure the back of the gown to close gaps) • is not touching the floor (gown may be cut to a suitable length if required).	
19	Don outer gloves	**Caregiver** to don second (outer) pair of long-cuffed gloves over gown cuffs. Ensure glove cuffs are pulled over the sleeves of the gown. **Do not** use tape to secure outer gloves.	
20	Stop and check	**Observer** and **Assistant** to check the following: • cuff of outer gloves is fully extended over gown cuff • **Caregiver** is comfortable and able to extend their arms, bend at the waist, and go through a range of movements sufficient for patient care delivery to ensure there is no exposed skin or movement of PPE • check front and back of **Caregiver** during movements.	

Step	Prompt	Description and further information	Check
		To assist with communication, **Observer** should write **Caregiver's** name and designation on PPE (e.g. on the full-face shield headband or front of gown). **Observer** to complete donning/doffing verification record. The **Caregiver** must not enter the patient room until the **Assistant** has donned their PPE.	

Checklist 6: Doffing sequence for use with PAPR (Caregiver)

Before commencing the doffing process

- Ensure all guidance in the *General information* section has been followed.
- The PAPR doffing sequence outlined in this guideline is based on the 3M™ Versaflo™ system. HCFs using alternative PAPR brands should develop and validate a site-specific doffing sequence in accordance with the manufacturer's IFU.
- **Observer** is to remain outside the anteroom or designated doffing area and read aloud the step-by-step sequence for doffing PPE.
- **Observer** to point out clean and dirty zones within the doffing area, as per markings on the floor.
- Ensure enough room in the clinical waste bin for used PPE.
- **Observer** to remind **Caregiver** and **Assistant** that they will read out the action to be performed and they are to wait until **Observer** has finished reading the action before proceeding with that step.
- **Observer** to remind **Caregiver** and **Assistant** to work slowly and deliberately in doffing and to avoid touching their face.
- After each step is completed and **Caregiver** and **Assistant** are ready to move to next action, they are to respond by clearly saying **"Done"**.

Note: In this document, the term 'disinfect gloves' means to apply ABHR to all surfaces of gloved hands and allow to dry before proceeding to the next step.

Note: When doffing, if inner gloves have tears or are visibly soiled, this is considered a PPE breach and the **Caregiver** must complete doffing procedure under supervision and be referred to the IPC team for assessment. See *Staff exposure management* and *A.5 Management of staff exposed to VHF*. **Observer** to document any breaches in PPE integrity and assess for potential occupational exposure.

Step	Prompt	Description and further information	Check
PRIOR TO CAREGIVER EXITING PATIENT ROOM			
1	Check staff readiness	**Caregiver** to alert **Assistant** that they are ready to exit the patient room. Ensure **Assistant** is ready in PPE. Ensure **Observer** is ready.	
2	**Assistant** to ensure PPE doffing area is ready	Ensure required supplies are available in PPE doffing area: • chair or stool without arms • ABHR • combined detergent/disinfectant wipes • supply of long-cuffed gloves • large clinical waste bin.	

Step	Prompt	Description and further information	Check
3	Inspect PPE	While **Caregiver** remains in patient room, **Assistant** instructs them to turn in a circle, with **Assistant** to observe via window to ensure no visible tears or soiling that may cause accidental exposure to blood or bodily fluids during the PPE doffing process. If soiling is present, the **Caregiver** is to use combined detergent/disinfectant wipes to remove any soiling and discard wipes in patient room. **Observer** to document if any PPE breaches are noted and assess for potential occupational exposure.	
4	Disinfect outer gloves	**Caregiver** to disinfect outer gloves using ABHR and allow to dry.	
5	Caregiver exits patient room	When possible, the **Assistant** is to open the door of patient room and **Caregiver** exits into the designated doffing area without touching any surfaces.	
FOLLOWING CAREGIVER EXIT FROM PATIENT ROOM			
6	Remove outer gloves	**Caregiver** to remove and dispose of outer gloves being careful not to contaminate or tear the inner gloves: • pinch the outside of outer glove at wrist end with the other gloved hand and peel off completely into a ball and hold in palm of other gloved hand. • slide a finger of inner gloved hand under remaining outer glove at wrist and peel remaining outer glove off until balled around the first removed glove and discard.	
7	Inspect and disinfect inner gloves	**Caregiver** to inspect inner gloves for tears or visible soiling. Disinfect inner gloves and allow to dry.	
8	Don new outer gloves	**Caregiver** to don new outer gloves. **Do not** pull up over fabric cuffs of gown.	
9	Disinfect outer gloves	**Assistant** to disinfect outer gloves and allow to dry.	
10	Remove gown	**Caregiver** to remove gown after **Assistant** unfastens Velcro/ties on gown, taking care not to touch the PAPR motor unit: • **Caregiver** leans forward and peels gown away from neck and shoulders by grasping the inside of the gown at the back of the shoulders only	

Step	Prompt	Description and further information	Check
		• one at a time, pull arm fully out of the sleeves of the gown and then the other • carefully roll the contaminated outer surface of the gown inward and away from the body, into a small bundle and discard.	
11	Disinfect outer gloves	**Caregiver** and **Assistant** to disinfect outer gloves and allow to dry.	
12	Remove outer gloves and inspect inner gloves	**Caregiver** and **Assistant** to remove outer gloves. Inspect inner gloves for tears or visible soiling.	
13	Disinfect inner gloves and put on outer gloves	**Caregiver** and **Assistant** to disinfect inner gloves and allow to dry and don new outer gloves.	
14	Remove boot/leg cover	**Caregiver** to clean chair/stool with detergent/disinfectant wipes and allow to dry. **Caregiver** to disinfect outer gloves. **Caregiver** to sit on chair/stool and extend legs. Ensure feet remain in the dirty zone. Before proceeding with removal of boot/leg covers, remind **Caregiver** that after removal of a boot/leg cover, they are to immediately move that foot into the clean zone. **Observer** is to read out the following steps: • **Caregiver** to remove boot/leg covers one at a time • undo ties if present • using both hands grasp the outside of the top of the boot/leg cover • carefully roll boot covers over and down the leg to top of foot whilst ensuring boot/leg covers do not touch scrubs • repeat the process for other boot/leg cover • **Caregiver** to cross one leg to rest on thigh of other leg whilst ensuring the boot/leg cover does not touch scrubs • grasp bottom of boot/leg cover using two hands, one hand at the heel and the other hand at the toes, and gently pull off the first boot/leg cover, discarding into clinical waste • **Caregiver** is to immediately move the foot without the boot/leg cover onto floor within the clean zone	

Step	Prompt	Description and further information	Check
		• **Caregiver** to disinfect outer gloves and allow to dry before proceeding to remove the second boot/leg cover • repeat procedure as for removal of first boot/leg cover • Following removal of the second boot/leg cover the **Caregiver** should now have both feet within the clean zone • **Caregiver** to remain seated with both feet in the clean zone until the **Assistant** has cleaned and disinfected the dirty zone, and it is dry.	
15	Disinfect outer gloves	**Caregiver** to disinfect outer gloves and allow to dry.	
16	Remove inner gloves	**Caregiver** to remove outer gloves and inspect inner gloves for tears or visible soiling.	
17	Disinfect inner gloves and put on outer gloves	**Caregiver** to disinfect inner gloves and allow to dry before donning new outer gloves.	
18	Clean and disinfect floor area	**Assistant** to clean 'dirty zone' floor area with combined detergent/disinfectant wipes and discard.	
19	Disinfect outer gloves	**Assistant** to disinfect outer gloves and allow to dry.	
20	Disinfect floor area	**Assistant** to clean 'dirty zone' floor area with disinfectant and allow to dry. **Caregiver** can now stand and proceed with doffing process.	
21	Disinfect outer gloves	**Assistant** to disinfect outer gloves and allow to dry.	
22	Remove inner gloves	**Assistant** to remove outer gloves and inspect inner gloves for tears or visible soiling.	
23	Disinfect inner gloves and put on outer gloves	**Assistant** to disinfect inner gloves and allow to dry and don new outer gloves.	
24	Clean and disinfect chair/stool	**Assistant** to disinfect chair/stool with combined detergent/disinfectant wipes.	

Step	Prompt	Description and further information	Check
25	Disinfect outer gloves	**Assistant** to disinfect outer gloves.	
26	Disinfect chair/stool	**Assistant** to disinfect chair/stool.	
27	Disinfect outer gloves	**Assistant** to disinfect outer gloves.	
28	Remove inner gloves	**Assistant** to remove outer gloves and inspect inner gloves for tears or visible soiling.	
29	Disinfect inner gloves and put on outer gloves	**Assistant** to disinfect inner gloves and allow to dry and don new outer gloves.	
30	Prepare for PAPR hood removal	**Assistant** and **Caregiver** to prepare for removal of PAPR hood/unit. **Observer** to: • remind **Caregiver** to avoid touching their face or adjusting hair/prescription glasses after the hood has been removed • remind **Caregiver** and **Assistant** to follow instructions as they are read out.	
31	Remove PAPR	**Assistant** to: • turn off PAPR unit (press and hold button to turn off) • once PAPR is turned off, unclip hose (bottom end) from PAPR unit by pushing and turning to release • wrap hose in PAPR hood by rolling and folding up hood towards the top of shoulders/back of neck • when rolling up hood, include ties of hood (if present) and fold in edges of hood • once rolled up, inform **Caregiver** hood is ready to be removed. **Caregiver** to: • grasp the folded part of the hood with both hands near the ears • bend forward at the waist and pull the hood slowly and methodically down and away from the head until it is at waist level • discard hood and hose into clinical waste.	
32	Disinfect outer gloves	**Caregiver** and **Assistant** to disinfect outer gloves and allow to dry.	
33	Remove outer gloves	**Caregiver** and **Assistant** to remove outer gloves. Inspect inner gloves for tears or visible soiling.	

Step	Prompt	Description and further information	Check
34	Disinfect inner gloves	**Caregiver** and **Assistant** to disinfect inner gloves and allow to dry.	
35	Unclip PAPR motor unit	**Assistant** to hold the PAPR motor unit in their hands while the **Caregiver** unfastens the belt. Ensure the belt ties **do not touch the floor** when removing. **Assistant** to place the PAPR motor unit into a designated 'dirty' container for later cleaning and disinfection.	
36	Disinfect inner gloves	**Assistant** to disinfect inner gloves and allow to dry.	
37	Remove inner gloves and perform hand hygiene	**Caregiver** to remove inner gloves and perform hand hygiene including wrists and lower arms using water and antiseptic soap. **Caregiver** can now adjust hair if necessary. If wearing prescription glasses, remove tape and using the arms of glasses place into clean container and perform hand hygiene. If prescription glasses are worn by the **Caregiver**: • **Caregiver** to don new gloves and clean glasses with combined detergent/disinfectant wipes • disinfect gloves and allow to dry • remove gloves and disinfect hands with ABHR and allow to dry.	
38	Final inspection	**Assistant** to perform final inspection of **Caregiver** for any visible contamination of disposable scrubs. If contamination identified, shower immediately and contact IPC team for further assessment.	
39	Caregiver to exit	**Caregiver** can now exit the anteroom or designated doffing area. **Caregiver** to perform hand hygiene after exiting.	
40	Document	**Observer** to complete **Caregiver** donning/doffing verification documentation.	
41	Disinfect inner gloves and don new outer gloves	**Assistant** to inspect and disinfect inner gloves and allow to dry, before donning new outer gloves.	
42	Clean and disinfect PAPR unit	**Assistant** to clean and disinfect the PAPR motor unit as follows:	

Step	Prompt	Description and further information	Check
		• thoroughly clean all surfaces of the belt and outer surfaces of the PAPR motor unit and battery pack with combined detergent/disinfectant wipes • **do not** wipe over the filter • after cleaning and disinfection, place PAPR motor unit, battery pack and belt onto clean disposable pad.	
43	Disinfect outer gloves	**Assistant** to disinfect outer gloves and allow to dry.	
44	Disinfect PAPR	**Assistant** to repeat disinfecting all surfaces of the PAPR unit as follows: • wipe over with a damp cloth • **do not** wipe over the filter • after wiping all surfaces, place PAPR unit into clean container • discard cloth and disposable pad into clinical waste.	
45	Disinfect outer gloves	**Assistant** to disinfect outer gloves and allow to dry.	
46	Remove outer gloves	**Assistant** to remove outer gloves and inspect inner gloves for tears or visible soiling.	
47	Disinfect inner gloves and put on outer gloves	**Assistant** to disinfect inner gloves and allow to dry and don new outer gloves.	
48	Clean dirty container	**Assistant** to clean dirty container with combined detergent/disinfectant wipes.	
49	Disinfect outer gloves	**Assistant** to disinfect outer gloves and allow to dry.	
50	Disinfect dirty container	**Assistant** to disinfect all surfaces of the dirty container.	
51	Disinfect outer gloves	**Assistant** to disinfect outer gloves and allow to dry.	
52	Assistant doffs PPE	**Assistant** is now ready to doff own PPE. Refer to **Assistant** doffing sequence (Checklist 4 in this *VHF IPC guideline*).	
Further action taken:			

A.2 Example VHF donning/doffing verification record

VHF DONNING/DOFFING VERIFICATION RECORD

Ward/department:

Date:

Affix patient identification label

Caregiver name (print clearly)**:**		
Time entered room:	**Time exited room:**	
PPE donned correctly	**Yes**	**No**
No visible soiling of PPE prior to removal	**Yes**	**No**
PPE doffed correctly, nil breaches noted	**Yes**	**No**
Immediate action to above:		
Assistant name (print clearly)**:**		
PPE donned correctly	**Yes**	**No**
No visible soiling of PPE prior to removal	**Yes**	**No**
PPE doffed correctly, nil breaches noted	**Yes**	**No**
Immediate action to above:		
Observer name (print clearly)**:**		
Date: / /	**Signature:**	

A.3 Example VHF register of entry

Affix patient identification label

VHF REGISTER OF ENTRY

Please print all details clearly

Date	Given name	Surname	HCW designation	Employee ID	Contact number	Time in	Time out	Initial

A.4 Example VHF staff health monitoring log

VHF STAFF HEALTH MONITORING LOG

Please print all details clearly

Affix patient identification label

	Staff member 1		Staff member 2		Staff member 3		Staff member 4	
NAME								
Start date								
Temperature	**AM**	**PM**	**AM**	**PM**	**AM**	**PM**	**AM**	**PM**
Day 1								
Day 2								
Day 3								
Day 4								
Day 5								
Day 6								
Day 7								
Day 8								
Day 9								
Day 10								
Day 11								
Day 12								
Day 13								
Day 14								
Day 15								
Day 16								
Day 17								
Day 18								
Day 19								
Day 20								
Day 21								

A.5 Management of staff exposed to VHF

In an Australian clinical setting, staff who have taken recommended IPC precautions, including the use of appropriate PPE, are not considered to have had exposure to VHF while caring for a suspected, probable or confirmed VHF case. However, if a PPE integrity breach is suspected, or recommended PPE was not worn, the involved staff member must undergo an immediate exposure assessment. Depending on the facility, this may be undertaken by a member of the IPC team or another appropriately qualified specialist (e.g. infectious disease physician). The affected staff member should be provided with immediate support and counselling regarding their exposure risk.

Individual HCFs will need to implement their own work health and safety policies for all staff involved in the care of suspected, probable or confirmed VHF cases. This may include supporting the psychological wellbeing of staff through existing employee assistance programs and considering accommodation support for staff who choose to temporarily separate from household members while providing patient care.

As not all breaches in PPE are obvious and work conditions may elevate anxiety levels, HCFs should ensure staff who are providing care to a VHF patient:

- are familiar with the signs and symptoms of VHF
- monitor their own health, including recording their temperature twice daily, for 21 days after their last episode of VHF patient care
- understand they must immediately exclude from work, self-isolate and notify their manager and the public health unit if they develop a fever or any other sign or symptom of VHF.

Exposure risk

Higher-risk healthcare worker exposures

Includes, but is not limited to:

- percutaneous (e.g. needlestick injury) or mucous membrane exposure to blood or bodily fluids of patient with probable or confirmed VHF
- direct skin contact with blood or bodily fluids of a probable or confirmed VHF patient (alive or deceased) without recommended PPE
- noted breach of PPE with direct skin contact with blood or bodily fluids of a probable or confirmed VHF patient
- laboratory processing of blood or bodily fluids of a probable or confirmed VHF patient without recommended PPE or standard biosafety precautions.

Lower-risk healthcare worker exposures

Includes, but is not limited to:

- being within approximately 1 metre of a VHF patient or within the patient's room or care area for a prolonged period of time, while not wearing recommended PPE
- having direct brief contact (e.g. shaking hands) with a VHF patient while not wearing recommended PPE.

Not exposed

Includes the majority of staff involved in routine care of patients and handling of samples wearing recommended PPE, where no breach of PPE is suspected.

Immediate management of accidental exposures

Until confirmation is received that the patient **does not** have VHF, staff should be managed in accordance with the following criteria.

If a breach in PPE integrity occurs during an episode of care, such as a glove separating from a sleeve leaving exposed skin, a tear in an outer glove, or a needlestick injury, the Caregiver must immediately notify the Assistant. The Caregiver should then calmly but promptly move to the designated doffing area under direction, with the Observer informed. The next course of action will be determined by the nature and site of the suspected exposure.

Skin exposure

In the designated doffing area, undertake the following:

- ❑ if there is visible blood or bodily fluids, remove with disinfectant/detergent wipes, taking care not to further expose additional skin, and then disinfect hands with ABHR
- ❑ inspect area to determine extent of breach
- ❑ the Caregiver doffs PPE in a controlled manner, under instruction from Observer, to prevent further exposure
- ❑ once PPE is removed, wash the area well with soap and water or ABHR, taking care to prevent splashing
- ❑ the IPC team or on-call infectious diseases physician is to be consulted immediately and the on-call public health physician made aware of the situation
- ❑ staff should then follow advice for management of a higher-risk exposure
- ❑ ensure an incident report form is completed.

Mucous membrane exposure (eyes/nose/mouth)

In the designated doffing area, undertake the following:

- ❑ the Caregiver doffs PPE in a controlled manner, under instruction from Observer, to prevent further exposure
- ❑ as soon as the Caregiver is safely able, instruct them to spit out any blood or bodily fluids that have entered the mouth and rinse the mouth with water several times or irrigate the eyes or nose with water or normal saline, taking care to prevent splashing
- ❑ the IPC team or on-call infectious diseases physician is to be consulted immediately and the on-call public health physician made aware of the situation
- ❑ staff should then follow advice for management of a higher-risk exposure
- ❑ ensure an incident report form is completed.

Percutaneous exposure (needlestick injury)

In the designated doffing area, undertake the following:

- ❑ Caregiver to apply ABHR to gloved hands, and then remove outer gloves
- ❑ apply ABHR to inner gloves, and then remove
- ❑ perform hand hygiene with ABHR and don clean gloves to prevent wound contamination during doffing process

- ❑ the Caregiver doffs PPE in a controlled manner, under instruction from Observer, to prevent further exposure
- ❑ once PPE is doffed, wash the affected body part well with soap and water (taking care to prevent splashing) or ABHR
- ❑ the IPC team or on-call infectious diseases physician is to be consulted immediately and the on-call public health physician made aware of the situation
- ❑ staff should then follow advice for management of a higher-risk exposure
- ❑ ensure an incident report form is completed.

The management of staff following exposure to blood or bodily fluids should be consistent with the *Management of Occupational Exposure to Blood and Body Fluids in the Healthcare Setting* and other relevant HCF guidance.

Ongoing management of healthcare workers

Following an exposure

Staff should be advised that, during the incubation period, exposed people are not considered infectious unless they develop symptoms. During the incubation period (refer to *VHF response plan*) **all staff** who have sustained an exposure (lower- or higher-risk) are advised to:

- read the relevant factsheet (see the WA Health *Viral haemorrhagic fevers* page for Ebola disease-specific factsheets)
- monitor their temperature twice daily using digital thermometer provided
- respond to twice daily SMS symptom surveys from the public health unit
- perform usual clinical duties with no restriction in work duties while asymptomatic
- comply with any additional restrictions or actions as required by their employer or WA Health
- ensure they have completed an incident report form regarding the incident that resulted in an exposure
- immediately exclude from work, self-isolate and notify their manager and the public health unit if they develop a fever or any other sign or symptom of VHF
- if they develop symptoms whilst at work, they should remain at the hospital and isolate themselves in an empty room, if possible, until advised by the IPC team in liaison with the on-call public health physician and/or clinical microbiologist.

Additional considerations following higher-risk exposures

In view of the high levels of anxiety that may occur following a higher-risk exposure to VHF, additional measures may include:

- temporary reassignment to non-clinical duties or non-punitive leave/furlough arrangements, as agreed between the employee and employer
- referral to employee assistance programs for additional support, as agreed to by the employee.

This document can be made available in alternative formats on request for a person with disability.

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