PPE Requirements: VHF (Ebola)
There are two sets of personal protective equipment (PPE) donning and doffing sequences based the choice of
gown or coveralls. Prior to each patient interaction a point-of-care risk assessment will be performed. Healthcare
provider (HCP) VHF PPE shall be used when caring for a suspect or confirmed VHF case. Buddy PPE is only be
utilized for assisting HCP and not to perform patient care.

All staff will wear hospital supplied scrubs under the PPE. Scrubs that are not visibly soiled or contaminated after
PPE removal will be laundered through hospital laundry services. Visibly soiled or contaminated scrubs will be
discarded in biomedical waste container.

Correct removal of PPE is particularly important to minimize the risk of self-contamination. A Buddy is required to
support and assist with HCP PPE donning and doffing procedures.

Donning and doffing areas will be identified at each site, adjacent to the room identified for suspect or confirmed VHF
case care.

A "contaminated" zone will be identified within the doffing area based on the room location and space configuration.

Dispose of all PPE in a biomedical waste container (with solid, wipeable sides and a closable lid) within the
"contaminated zone." As each item is removed handle gently and drop carefully into the biomedical waste container.
Ensure the biomedical waste container is located within reach of the HCP and the Buddy.

For aerosol generating medical procedures (AGMPs), an N95 respirator must be used with the gown or coverall
sequence.

A PPE Buddy staff member will be present to observe and assist with HCP PPE donning and doffing. The Buddy
remains on the clean side while observing and helping.

Buddy PPE will be donned and doffed according to the Buddy PPE donning and doffing sequences.

The wearing of the PPE ensembles described in this guidance will result in increased heat stress and wearers can
expect to perspire considerably after several minutes of working in this equipment. HCPs caring for these patients
and wearing this PPE will require more break time (both in terms of frequency and duration) in order to allow for
adequate rest and hydration. Caring for suspect or confirmed VHF patients while wearing the necessary PPE, and
diligently adhering to the PPE doffing procedures, requires consistent concentration and careful attention to detail.
Excessive fatigue can impair concentration, which can increase the risk of contamination. Fatigue should be taken
into consideration when determining appropriate staffing levels for VHF patient care teams. HCP should identify
when they are becoming fatigued or overheated while wearing the PPE and indicate to the Buddy that they will be
exiting the room.

HCP: For suspect or confirmed VHF (Ebola) GOWN SEQUENCE:
**Donning Sequence:** Put on PPE in this order on the clean side. See the checklist and sequences for more
details.

1. Remove all jewelry and other items (stethoscopes, pagers, phones, lanyards, ID tags, etc.) and ensure
   hair is pulled away from the face and neck and secured.
2. Hand hygiene
3. Leg coverings
4. Hand hygiene
5. Surgical gloves (inner gloves) will go under the cuff of the gown
6. Gown: Buddy ties at back
7. Mask: surgical/procedure with ear loops (N95 for AGMP)
8. Bouffant head cover
9. Full-neck hood
10. Apron: Buddy ties at back
11. Face shield
12. A second set of gloves over the cuff (outer gloves) (nitrile or surgical)
13. Buddy ensures back of gown and apron are closed and flat.

**Doffing Sequence:** Remove PPE in this order, starting on the contaminated side. See checklist and sequences for more details.

1. Remove visible soil
2. Outer Gloves
3. Apron: Buddy unties apron back and gently tears apart serrated neckline and HCP pulls apron forward and off.
4. Face shield: HCP removes own, by pulling gently from the back, overhead and away from face
5. Full-neck hood, HCP leans forward, Buddy pulls hood forward and off.
6. Gown: Buddy unties gown at back. HCP eases gown forward, outward and off.
7. Untie leg coverings: HCP reaches down to cut
8. Inner gloves
9. Hand hygiene
11. Leg Coverings:
   a. HCP standing: cuts top elastic at front of each leg covering.
   b. Discard scissors in sharps container
   c. With gloved hands inside leg coverings, roll each leg cover down, turning inside out to ankle.
   d. HCP sits: **Do not cross your legs.** Crossing legs will cause contamination of your clothes.
   e. HCP removes over foot or Buddy pulls off.
   f. HCP can now move to “clean” side of anteroom, as each clean shoe/foot is uncovered
12. Gloves
13. Hand hygiene
14. Bouffant head cover: remove bouffant towards back of head.
15. Mask: remove ear loops and drop into biohazard container. Do not touch front of mask.
16. Hand hygiene
HCP: For suspect or confirmed VHF (Ebola) COVERALL SEQUENCE:

**Donning Sequence:** Put on PPE in this order on the clean side. See the checklist and sequences for more details.

1. Remove all jewelry and other items (stethoscopes, pagers, phones, lanyards, ID tags, etc.) and ensure hair is pulled away from the face and neck and secured.
2. Hand hygiene
3. Coveralls to shoulders
4. Shoe covers
5. Hand hygiene
6. Surgical gloves (inner gloves) will go under the cuff of the gown
7. Mask: surgical/procedure with ear loops (N95 for AGMP)
8. Bouffant head cover
9. Coveralls hood and zipper seal
10. Full-neck hood
11. Apron: **Buddy** ties at back
12. Face shield
13. A second set of gloves over the cuff (outer gloves) (nitrile or surgical)
14. **Buddy** ensures back of gown and apron are closed and flat

**Doffing Sequence:** Remove PPE in this order, starting on the contaminated side. See checklist and sequences for more details.

1. Remove visible soil
2. Outer Gloves
3. Apron: **Buddy** unties apron back and gently tears apart serrated neckline and HCP pulls apron forward and off.
4. Face shield: HCP removes own, by pulling gently from the back, over head and away from face
5. Full-neck hood, HCP leans forward, **Buddy** pulls hood forward and off.
6. Coveralls:
   a. **Buddy** unsticks and unzips coveralls. **Buddy** removes gloves, performs hand hygiene and dons new gloves.
   b. **Buddy**, standing behind HCP, grasps and rolls down coverall hood.
   c. **Buddy** rolls coveralls off HCP shoulders, then down to the ankles.
   d. **HCP** sits: **Do not cross your legs.** Crossing legs will cause contamination of your clothes.
   e. **HCP** removes coveralls over foot or **Buddy** pulls off (shoe covers come off too)
   f. **HCP** can now move to “clean” side of anteroom, as each clean shoe/foot is uncovered
7. Inner gloves
8. Hand hygiene
9. Bouffant head cover: remove bouffant towards back of head
10. Mask: remove ear loops and drop into biohazard container. Do not touch front of mask.
11. Hand Hygiene

BUDDY: Not for patient care

**Donning Sequence:** Put on PPE in this order the on the clean side. See the [checklist and sequences](#) for more details.

1. Remove all jewelry and other items (stethoscopes, pagers, phones, lanyards, ID tags, etc.) and ensure hair is pulled away from the face and neck and secured.
2. Hand hygiene
3. Shoe covers: use chair or stool, if necessary
4. Hand hygiene
5. Gown tied in back: another person may need to help
6. Mask: surgical/procedure with ear loops
7. Bouffant head cover
8. Face shield
9. Nitrile or surgical gloves: they will go under gown cuffs

**Doffing Sequence:** Remove PPE in this order starting on the contaminated side. See the [checklist and sequences](#) for more details.

1. Remove visible soil
2. Gloves
3. Hand hygiene
4. Gown: untie the gown, another person may assist, helper must wear gloves)
5. Hand hygiene
6. Face shield: HCP removes own, by pulling gently from the back, overhead and away from face.
7. Hand hygiene
8. Shoe covers: use chair or stool, if necessary
9. Step into clean area
10. Hand hygiene
11. Bouffant head cover: HCP removes pulling backwards off of head.
12. Mask: remove ear loops and drop into biohazard container. Do not touch front of mask.

13. Hand hygiene