

CAROLINA FAMILY HEALTH CENTERS, INC.

PROCEDURE

TITLE: OSHA-100.02 Personal Protective Equipment

EFFECTIVE DATE: January 12, 2026

SECTION: OSHA

REFERENCE POLICY: OSHA-100 General Duty Clause

RESPONSIBLE CHIEF OF STAFF: Chief Compliance Officer

RESPONSIBLE COMMITTEE: Central Compliance

REVIEWED:

I. PURPOSE

The purpose of this procedure is to outline Carolina Family Health Center, Inc.'s (CFHC, Inc.'s) responsibility to provide personal protective equipment (PPE) to staff and to ensure the equipment is used and maintained in a sanitary and reliable manner as required by the Occupational Safety and Health Act's (OSHA's) Personal Protective Equipment (PPE) standards [29 CFR 1910 Subpart I](#).

II. PROCEDURE

CFHC, Inc. provides PPE to staff wherever it is necessary by reason of hazards of processes or environment, chemical hazards, radiological hazards, or mechanical irritants encountered in a manner capable of causing injury or impairment in the function of any part of the body through absorption, inhalation or physical contact. As a healthcare provider, the greatest risk to employees is exposures related to blood borne pathogens, respiratory illness, and exposure to radiation. Refer to the *RAD-100 Radiation Program* for more information on protection from radiation exposure and protective equipment available to staff.

CFHC, Inc. has responsibility to train its staff on the proper use of PPE. Training is provided at orientation, and annually thereafter. Training includes when and what PPE is necessary; how to properly don, doff, adjust and wear PPE; the limits of PPE; and the proper care, maintenance, useful life and disposal of PPE.

PPE is provided to employees at no cost to them. CFHC, Inc. maintains an inventory of PPE, including protection for the eyes, hands, face, head, extremities, air passages, and clothing. Although this equipment is meant to reduce the risk of exposure, it may not eliminate it. All protective equipment must be removed before leaving the work area. PPE must be replaced when damaged or contaminated. Contaminated PPE must not leave the work area and must be discarded properly. Per OSHA, employees may provide their own PPE, but it must meet the requirements of this procedure and be approved by the Chief Compliance Officer and the Director of Clinical Services.

Below is a description of the PPE provided by CFHC, Inc. and the proper use of such equipment.

Gloves

Disposable latex, nitrile, or vinyl gloves are available for use at CFHC, Inc. facilities.

- These gloves are NOT puncture-resistant, nor are they 100% protective against infectious agents.
- Gloves must be replaced as soon as practical when contaminated (at a minimum, after each patient).
- Torn or punctured gloves must be replaced as soon as feasible.
- Disposable gloves may NOT be washed for reuse.
- Gloves are removed before leaving the treatment area.
- Gloves are removed before entering data into a patient's chart or before answering the telephone.
- Grossly contaminated gloves are discarded into the biohazardous waste container located in each treatment room. Gloves may go into the trash if they are not grossly contaminated.
- Heavy-Duty Utility gloves (nitrile or neoprene type) used for clean-up may be decontaminated for reuse if glove integrity is not compromised.
- An employee must wash his/her hands with soap and water immediately after removing his/her gloves.
- Hand Sanitizer may be used as an intermediate measure but not in place of handwashing.
- Petroleum-based hand creams may not be used when latex gloves are worn. Petroleum products (and glutaraldehyde) may compromise glove integrity.

A. Types of Gloves and Their Use

- Use sterile gloves for procedures involving contact with normally sterile areas of the body.
- Use examination or procedure gloves for protection involving contact with mucous membranes, unless otherwise indicated, and for other patient care diagnostic procedures that do not require the use of sterile gloves.
- Change gloves between patients.
- Do not wash, disinfect or reuse surgical or examination gloves. Washing with surfactants may cause deterioration of latex, as does lanolin, which is found in many hand creams.
- Use general purpose or utility gloves (i.e., rubber household gloves) for housekeeping chores involving potential blood contact and for instrument cleaning and decontamination procedures. Utility gloves may be decontaminated and reused but should be discarded if they are peeling, cracked, discolored, or if they have punctures, tears or other evidence of deterioration.

B. Gloves Must be Used

- If the skin of the healthcare worker is cut, abraded, or chapped.
- During the exam of the mouth, oropharynx, GI tract or genitourinary tract.
- When examining abraded or non-intact skin or patients with active bleeding.
- During invasive procedures.
- During housekeeping and cleaning involving body fluids.
- During decontaminating procedures.

- When performing phlebotomy, processing and/or testing blood or other potentially infectious specimens.
- During surgical or dental procedures.

Eyewear

Protective eyewear should be worn if a procedure presents a danger of splashing or if a manufacturer recommends that goggles be worn when using its product. CFHC, Inc. provides goggles and face shields to its employees.

Goggles are cleaned and decontaminated after each use. Eyewear must be worn by oral health care providers to prevent the transmission of pathogens through the conjunctival mucosa either directly or by touching the eyes with contaminated hands or other objects.

1. Eyewear must have side-shields.
2. Face shields that open from below are recommended.
3. After use, eyewear must be cleaned with soap and water, disinfected with a hospital level disinfectant, rinsed with water, and air-dried before use.

Masks

CFHC, Inc. provides both facemasks and N95 respirators. Facemasks provided by CFHC, Inc. are FDA-cleared, authorized by an FDA Emergency Use Authorization, or otherwise offered or distributed as described in an FDA enforcement policy.

Facemasks are used when there is potential for exposure to respiratory illness or when splashing or spraying of body fluids to the face is expected.

- Contaminated masks are replaced immediately or as soon as feasible.
- Contaminated masks are placed in the biohazardous waste container located in each treatment area. Masks that are not visibly contaminated can be placed in the regular trash.
- Masks that cover both the nose and the mouth must be worn during clinical activities likely to generate a splash, spatter, spray or aerosols.
- A new mask is used for each patient.
- When a mask becomes wet intra-operatively, it must be changed as soon as possible.

The Center for Disease Control provides guidelines for when N95 respirators are indicated to prevent respiratory illness among healthcare workers. At CFHC, Inc., the most common disease exposures that require the use of a respirator include are tuberculosis, Covid-19, and avian flu. Please refer to *RM-403 OSHA Respiratory Protection Program* for more information on respiratory protections and use of the N95 respirators.

Gowns, Aprons, Lab Coats

Gowns are worn to protect street wear and the arm and neck areas from contamination. They must be worn until or unless they become soiled, damaged, or wet, at which time they must immediately be removed and replaced.

Protective laboratory coats, gowns, and aprons are removed and replaced as soon as they become visibly damaged or contaminated. Employees do not take visibly soiled, blood or body fluid PPE home.

- Gowns are worn whenever splash, spatter, spray or aerosols are anticipated during the clinical process.
- Gowns have long sleeves to protect the forearms and wrists.
- Gowns should also cover the torso from neck to knees and wrap around the back to prevent contamination of street clothes.
- Gowns are changed as soon as possible when penetrated by blood or other potentially infectious material.
- Gowns are removed before leaving the patient treatment areas and in a manner to avoid contamination of air, environmental surfaces, patients and healthcare providers.

Selection of Appropriate PPE

Determination of appropriate PPE is based on the anticipated exposure to blood or other potentially infectious body fluids during any given procedure. The type of exposure, amount of blood or fluids, and the likelihood of splattering are considered when making these determinations. The following is a general outline that CFHC, Inc. employees are to follow regarding PPE. It is the responsibility of every employee performing these procedures to wear the appropriate PPE. On rare occasions, there is the possibility of greater than normal exposure to blood and body fluids. On these occasions, the employee is to upgrade the PPE to an appropriate level of protection.

- Procedures with a moderate potential for exposure: spill clean-up, arterial punctures, lancing abscesses or cysts.
Appropriate PPE: Latex, nitrile or vinyl gloves
- Procedures with relatively high potential for exposure include surgical procedures, dental procedures, aerosolized treatments, and procedures that induce sputum collection.
Appropriate PPE: Gloves, long sleeve lab coat or gown, and face protection (mask and eyewear or full-length face shield)

Scrubbing Instruments

Scrubbing or cleaning instruments require full PPE. When scrubbing instruments, CFHC, Inc. employees wear a gown, **puncture resistant gloves** and face protection. The employees scrub with the brush and the instrument in a container of water, both completely submerged beneath the surface of the water while scrubbing.

Donning and Doffing PPE

The order in which PPE is put on (donning) and taken off (doffing) is very important to reduce the spread of infection and possible exposure. The following should be followed in the order listed.

- Donning – the gown should be put on first followed by the mask, eyewear and finally gloves
- Doffing – the gloves should be removed first, followed by eyewear, mask, and gown

Latex Allergy

CFHC, Inc. reduces the potential for latex allergy by using low powder or powder-free gloves. Alternatives, including nitrile or vinyl gloves, are offered to employees who are allergic to latex. Symptoms of latex allergies include skin irritation, dermatitis, asthma, shock.

III. DEFINITIONS

Facemask means a surgical, medical procedure, dental, or isolation mask that is FDA-cleared, authorized by an FDA EUA, or offered or distributed as described in an FDA enforcement policy. Facemasks may also be referred to as “medical procedure masks.”

Face shield means a device, typically made of clear plastic, that: (i) is certified to ANSI/ISEA Z87.1 (incorporated by reference, § 1910.509); or (ii) covers the wearer’s eyes, nose, and mouth to protect from splashes, sprays, and spatter of body fluids, wraps around the sides of the wearer’s face (i.e., temple-to-temple), and extends below the wearer’s chin.

Respirator means a type of personal protective equipment (PPE) that is certified by NIOSH under 42 CFR part 84 or is authorized under an EUA by the FDA. Respirators protect against airborne hazards by removing specific air contaminants from the ambient (surrounding) air or by supplying breathable air from a safe source. Common types of respirators include filtering facepiece respirators, elastomeric respirators, and PAPRs. Face coverings, facemasks, and face shields are not respirators.