

Here is a comprehensive checklist for health workers to use when donning PPE for Ebola. This checklist is based on standard protocols from the WHO and CDC. Always follow your facility or outbreak-response PPE protocol if it differs from this checklist

Donning

Pre-Donning Requirements (Crucial First Steps)

- **Trained Observer:** A designated, trained colleague must guide you through the checklist verbally and visually inspect every step for compliance and fit.
- **Personal Prep:** Hydrate and use the restroom before beginning. Tie long hair back securely. Remove all personal items (jewelry, watches, cell phones, pens).
- **Inspect PPE:** Check all PPE items before putting them on. Ensure there are no tears, punctures, or manufacturing defects, and verify that sizes are correct.
- **Change Clothes:** Remove everyday clothing and change into dedicated hospital scrubs and closed-toe, washable work shoes/boots.

Step-by-Step Donning Checklist

1. Hand Hygiene

- Perform hand hygiene using an Alcohol-Based Hand Rub (ABHR) for 20–30 seconds, or wash with soap and water if hands are visibly soiled. Allow hands to dry completely.

2. First (Inner) Pair of Gloves

- Put on the first pair of medical examination gloves (nitrile is preferred).
- Ensure a snug fit and that the inner gloves extend under the coverall sleeves with no exposed skin at the wrists. *These will go underneath the sleeves of your coverall.*

3. Coverall Suit

- Step into the coverall suit.
- Pull it up over your torso and insert your arms into the sleeves.
- Ensure the cuffs of the coverall sleeves completely cover the wrists of your inner gloves.
- Zip the coverall up entirely to the throat, but **do not** pull the hood up over your head yet. Secure any adhesive flaps over the zipper.

4. Waterproof Boots or Boot Covers

- Put on rubber boots or heavy-duty, fluid-resistant boot covers over your inner shoes.
- Pull the legs of the coverall suit *down over* the outside of the boots/boot covers. (Never tuck the suit into the boots, as fluids could run down into them).

5. Respirator (N95 or Higher)

- Use only a fit-tested respirator model approved for your face size and shape. Note that facial hair may interfere with respirator seal.
- Place the respirator over your nose and mouth.
- Pull the top strap to the crown of your head, and the bottom strap to the base of your neck.
- Perform a user seal check: Inhale and exhale sharply. Ensure the mask collapses slightly on inhalation and expands on exhalation with no air leaking around the edges.

6. Coverall Hood

- Pull the coverall hood up and over your head.
- Ensure it completely covers your hair, ears, and the periphery of your neck and face, leaving only the front of the respirator exposed.
- Zip the suit fully to the top if you haven't already, and secure the neck flap.

7. Outer Apron (If required by specific facility protocol)

- Use a waterproof apron when caring for patients with vomiting, diarrhea, bleeding, or other high-volume body fluid exposure.
- If a waterproof apron is required for high-fluid scenarios, put it on now and tie it securely at the back.

8. Face Shield or Goggles

- Use a full face shield whenever available. Goggles may be used if face shields are unavailable and must fit tightly without gaps
- Place the face shield (or goggles) over your eyes and face.
- Adjust the strap so it fits snugly against your brow over the hood. Ensure it provides full peripheral and downward vision protection without shifting.

9. Second (Outer) Pair of Gloves

- Put on the second pair of gloves (preferably with extended cuffs and a contrasting color to the inner pair).
- **Crucial:** Pull the cuffs of these outer gloves *over* the sleeves of the coverall suit, completely sealing the wrist area.
- Do not tape gloves to sleeves unless specifically required by your protocol.

Final Verification (The "Buddy System" Check)

- **360-Degree Inspection:** Stand still while the Trained Observer walks around you to check for any exposed skin, gaps in seams, or restricted movement.

- **Range of Motion Test:** Extend your arms, bend at the waist, and squat down. Ensure the PPE does not pull apart, expose skin, or restrict breathing or movement.
- No skin, hair, neck, wrists, or clothing should be visible
- **Observer Sign-off:** The Trained Observer confirms you are safely cleared to enter the patient care area.

Doffing

Doffing PPE after attending to an Ebola patient is the most high-risk phase of infection control. Because the outside of the PPE is highly likely to be contaminated with body fluids, errors during this process can lead to accidental infection.

This detailed, step-by-step doffing checklist is designed specifically for CHWs and adheres to WHO and CDC guidelines for Ebola response.

Crucial Pre-Doffing Rules

1. **The Trained Observer:** You must never doff alone. A Trained Observer must stand at a safe distance in the clean zone, visually inspect you, and read each step out loud.
2. **Slow and Deliberate:** Perform every movement slowly. Do not rush, jerk, or rip the equipment, as this can aerosolize or spray viral particles.
3. **Disinfect Between Every Step:** You must perform hand hygiene on your gloved hands before and after touching *every single piece* of equipment. Use either an alcohol-based hand rub (ABHR) or a 0.5% chlorine solution, as dictated by your facility's protocols.

Step-by-Step Doffing Checklist

1. Initial Inspection and Decontamination

- **Inspect:** Stand in the designated doffing area. The Trained Observer will visually inspect you for any visible contamination (blood, vomit, or fluids).
- **Targeted Clean:** If visible contamination is found, carefully wipe it off using a disinfectant wipe or a cloth soaked in 0.5% chlorine solution.
- **Disinfect Outer Gloves:** Thoroughly perform hand hygiene on your outer gloved hands.

2. Remove the Waterproof Apron (If worn)

- Undo the apron ties at the back. (If it is tied in a knot, the observer may assist or you can carefully break the ties).
- Pull the apron forward and away from your body, rolling it inside out so the contaminated outer surface is folded inward.
- Dispose of it in the infectious waste bin.
- Disinfect Outer Gloves.

3. Remove the Outer Gloves

- Pinch-and-Glove Technique: Pinch the outside of one outer glove near the wrist and peel it off, turning it inside out. Hold the removed glove in your remaining gloved hand.
- Slide Under: Slide a finger of your inner-gloved hand under the wrist of the remaining outer glove and peel it off, creating a "pouch" with both gloves inside out.
- Dispose of them in the infectious waste bin.
- Disinfect Inner Gloves.

4. Remove the Face Shield or Goggles

- Tilt your head slightly forward.
- Reach to the back of your head and grasp the elastic strap of the face shield/goggles.
- Lift it up and over your head, pulling it away from your face. *Do not touch the front surface of the shield.*
- Dispose of it (or place it in a designated disinfection bucket if reusable).
- Disinfect Inner Gloves.

5. Remove the Coverall Hood

- Reach back and tilt your head slightly forward.
- Grasp the outside of the hood and gently roll it backward, off your head, ensuring the outside of the hood does not touch your face or neck.
- Disinfect Inner Gloves.

6. Remove the Coverall Suit

- Unzip the coverall completely. (If there is an adhesive flap covering the zipper, carefully peel it back first).
- Tilt your head back slightly and look upward.
- Grasp the suit at the shoulders and pull it down and away from your body, peeling it off your arms. As you pull your arms out, the suit will turn inside out. *The inner gloves must remain on your hands.*
- Roll the suit downward from the inside (clean side), past your hips and knees.
- Step out of the suit one foot at a time.
- Dispose of the suit in the infectious waste bin.
- Disinfect Inner Gloves.

7. Remove Boot Covers (If worn over rubber boots)

- Sitting on a clean, disinfected chair (or standing if stable), grasp the boot covers at the top and peel them down and off your feet.
- Dispose of them in the infectious waste bin.
- Disinfect Inner Gloves.

8. Remove the Inner Gloves

- Remove the inner pair of gloves using the same pinch-and-slide technique used for the outer gloves. Be extremely careful not to let the outside of the gloves touch your bare skin.
- Dispose of them in the infectious waste bin.
- Wash Bare Hands: Immediately wash your bare hands with soap and water, or use an alcohol-based hand rub.

9. Put on a Fresh Pair of Examination Gloves

- Put on a new, clean pair of examination gloves. (*Guidelines require keeping a barrier on your hands to safely remove the respirator and boots, protecting you from residual viral particles on your face or feet*).

10. Remove the Respirator (N95 or Higher)

- Tilt your head forward slightly.
- Reach to the back of your head and grasp the bottom strap first, pulling it over your head.
- Grasp the top strap and bring it over your head, allowing the mask to fall forward away from your face. *Do not touch the front of the respirator mask.*
- Dispose of it in the infectious waste bin.
- Disinfect New Gloves.

11. Remove and Disinfect Rubber Boots

- Step directly into a shallow footbath containing a 0.5% chlorine solution to decontaminate the bottom of the boots.
- Use your gloved hands to pull the boots off without touching your clean scrub pants or bare skin.
- Place the boots into a dedicated decontamination container for washing.
- Disinfect New Gloves.

12. Final Glove Removal and Hand Hygiene

- Remove the final pair of gloves using the clean-to-clean, dirty-to-dirty technique.
- Dispose of them in the infectious waste bin.
- Final Hand Wash: Thoroughly wash your bare hands and forearms with soap and running water for at least 40–60 seconds, or use an alcohol-based hand rub.

Post-Doffing Final Inspection

- The Trained Observer performs a final visual check on your bare skin and scrubs to guarantee no fluid contact or contamination occurred during doffing.
- Step out into the completely clean, designated staff changing area. Hydrate immediately.