



Communicable Disease Control Directorate Guideline

Interim: Infection prevention and control for the management of viral haemorrhagic fevers in Western Australian healthcare facilities.

Guideline 0030 / May 2026

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NOTE: The *Guideline* will continue to be updated with the publication of further resources and updates to the VHF Response Plan. The sections highlighted in yellow will be updated when this information is available.

1. Abbreviations

Abbreviation	
ABHR	Alcohol based hand rub
ACDC	Australian Centre for Disease Control
AGP	Aerosol generating procedures
CCVH	Crimean-Congo viral haemorrhagic fever
CDCD	Communicable Disease Control Directorate
CDNA	Communicable Disease Network Australia
DOH	Department of Health
EVD	Ebola virus disease
HCF	Healthcare facility
IDEMP	Infectious Disease Emergency Management Plan
IDER	Infectious Disease Emergency Response Plan
IDP	Infectious diseases physician
IPC	Infection prevention and control
NPIR	Negative pressure isolation room
PAPR	Powered air purifying respirator
PFR	Particulate filtrate respirator
PHP	Public Health Physician
PHU	Public Health Unit
PPE	Personal protective equipment
TBP	Transmission based precautions
VHF	Viral haemorrhagic fever
WA	Western Australia

2. Purpose

The purpose of this document is to provide guidance on the infection prevention and control (IPC) management of patients who are under investigation, suspected, or confirmed to have 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 Guideline needs to be read in conjunction with the *WA Viral Haemorrhagic Fever Response Plan (WA VHF Response Plan)* which provides an overview of the principles to respond and manage VHF cases within WA.

3. Background

The VHFs are caused by several distinct families of viruses that result in serious illness in humans, with high case fatality rates and the potential for person-to-person transmission, including in HCFs. Although VHFs are not endemic in Australia, there is a risk of VHF being identified in Australia in travellers or medical volunteers returning from endemic areas, or areas with an active outbreak.

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

- Ebola virus disease
- Marburg virus disease
- Crimean-Congo haemorrhagic fever
- Lassa fever

PathWest Laboratory Medicine located at the Queen Elizabeth II Medical Centre, maintains an accredited physical containment Level 3 (PC3) laboratory, and all specimens from patients under investigation for suspected VHF should be transported to this facility.

4. Requirements (of the Guideline)

The IPC recommendations contained in this *Guideline* describe the minimum requirements to be implemented and maintained for a person under investigation, suspected or confirmed to have VHF. These recommendations reflect those outlined in the [Australian Infection prevention and control principles and recommendations for Ebola virus disease](#) and are relevant to the VHFs described in this document.

All HCFs are to adopt this *Guideline* or ensure they have local site specific policies and procedures in place for managing a person under investigation, suspected, or confirmed to have VHF. Procedures must be available to inform staff on how to transfer laboratory specimens to PathWest Laboratory Medicine located at the Queen Elizabeth II Medical Centre.

Appropriate infection prevention and control strategies need to be implemented based on the following key principles.

4.1 VHF transmission

The predominant mode of transmission of VHF is by direct contact with body fluids of a patient infected with VHF through broken skin or mucous membranes of the eyes, nose, or mouth, or indirectly with objects contaminated with the virus e.g. needles, medical equipment, 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, however due to the severe nature of the disease, a precautionary approach is taken, and the addition of airborne precautions to protect from potential aerosolised droplets is recommended to further reduce the risk of disease transmission.

4.2 Healthcare worker education and training

All staff providing care to the patient must have undertaken appropriate training in the correct procedures for donning and doffing of the required PPE as per the requirements described in the [Mandatory Policy 0172/22 Respiratory Personal Protective Equipment Policy](#). This *Policy* includes the additional training required for the use of enhanced PPE that is required for VHF patient management.

4.3 Managing risk using hierarchy of control

The following risk minimisation strategies are to be implemented as appropriate:

- standard and transmission-based precautions
- admit patient to a negative pressure isolation room (NPIR)
- restrict 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
- minimise procedures that may expose staff to the patient's blood or body fluids such as taking a throat swab, performing aerosol generating procedures (AGPs), surgical procedures or venepuncture, unless immediately essential
- use safety engineered medical devices
- select and use PPE to ensure a 'no skin exposed' approach
- pathology specimens should be referred to the PC3 laboratory at the QEII site.

4.4 Personal Protective equipment

The appropriate PPE for staff entering the patient's room is described in [Table 1](#). Detailed PPE information is described in [Appendix 1](#) and includes the links for the specific staff roles and sequencing checklists for donning and doffing the different types of PPE.

All HCFs must maintain adequate supplies of Level 1 PPE 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. HCFs must also ensure they have sufficient on-site PPE appropriate for managing a suspected case of VHF for a minimum of 48-hour period.

All staff who provide care to the patient must have currency for a fit-tested particulate filter respirator (PFR) and have undertaken the appropriate training in their use and how to

perform a fit-check every time they don a PFR. Staff should only wear the PFR that has been identified as appropriate following their fit test. For staff who cannot be fit tested for a PFR a powered air purifying respirator (PAPR) must be worn.

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.

PPE must be chosen to provide maximum protection while ensuring minimum discomfort to the wearer. The [Infection prevention and control principles and recommendations for Ebola virus Disease](#) recommends two levels of PPE.

Level 1 PPE is for the initial assessment, including triage, of patients under investigation for suspected VHF and the patient has low-risk symptoms e.g. fever, headache, malaise.

Level 2 PPE is for management of patients with confirmed VHF or patients with suspected VHF and there is a high risk of exposure to blood or body fluids e.g. patient is bleeding.

PPE must provide maximum protection while ensuring minimum discomfort to the wearer.

Table 1 Levels of PPE required for suspected or confirmed VHF

Level 1 PPE – Low risk of exposure to blood or body fluids

PPE used must protect the hands, clothing and mucous membranes of the eyes, mouth and nose. This PPE includes:

- fluid resistant, fit tested and fit checked PFR
- disposable full face shield
- two pairs of disposable gloves (double glove) – nitrile long cuff
- disposable long sleeve, cuffed, fluid resistant gown.

Level 2 PPE - high risk of exposure to blood or body fluids

PPE used must protect hands, clothing, and mucous membranes of the eyes, mouth, nose and provide full protection of all clothing, skin and hair. This PPE includes either:

The following PPE items must be worn for both option A and B:

- disposable surgical scrubs
- two pairs of disposable gloves (double gloves) – nitrile long cuff
- disposable long sleeve, cuffed, fluid resistant gown
- enclosed, fluid and sharp-resistant footwear, plus fluid-resistant boot covers to mid-calf
- consider 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 PAPR.

4.5 Patient care recommendations

The key IPC patient management recommendations are described in [Table 2](#).

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 is required to assist with the doffing of PPE. Assigned roles are:

- a **Caregiver** – the person providing direct patient care.
- an **Assistant** – assists Caregiver in correct donning procedure of PPE 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. They remain outside the patient room but with visibility of both patient and Caregiver. The assistant is required to wear PPE as described in [Appendix 1](#).
- an **Observer** – instructs both the Caregiver and Assistant with the PPE doffing procedure. 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 doffing area. The Caregiver and Assistant are to wait for each verbal prompt before proceeding to the next step. The Observer is to complete the PPE Verification Record ([Appendix 2](#)) following any doffing procedure.
- If a third staff member is not available the role of the **Observer** will need to be undertaken by the **Assistant**.

Table 2 Patient care recommendations for suspected or confirmed VHF

Patient care criteria	Recommendations
<p>Standard precautions are applied to patients at all times, as per the Australian Guidelines for the Prevention and Control of Infection in Healthcare.</p>	
<p>Governance</p>	<ul style="list-style-type: none"> The HCFs IPC team, that includes nursing and medical experts in the management of patients with infectious diseases, should have oversight of patient management. After hours, the on-call Infectious Diseases Physician / Microbiologist for the HCF should be contacted. For regional hospitals please refer to Access to Care for Country Residents Policy.
<p>Room placement, preparation and staff allocation</p>	<ul style="list-style-type: none"> The patient should be placed in a NPIR with ensuite and ante room as first preference or single room with ensuite facilities. If neither is available seek IPC team advice. The door/s to patient room are to be kept closed. Donning and doffing areas must be clearly defined and separated. If there is no ante room, a designated doffing area, that is clearly defined and close to the patient room must be organised. This area must have restricted access and not be a thoroughfare. Remove all non-essential equipment prior to patient admission. Ensure impermeable mattress and pillow covers are intact. All furnishings in patient rooms are able to undergo clean and disinfection process. Signage advising of restricted entry and transmission-based precautions are clearly visible outside the room. A clinical waste bin and a secured sharps disposal bin is to be located in the patient room. Consider alternative methods of communication to avoid unnecessary entry and exit from the patient's room e.g. staff in room to communicate information to other staff using telehealth, intercom systems, telephones, two way radios or white boards as appropriate and available. Any patient bedside charts are to be placed outside patient room Initiate a log of all staff entering the patient room refer Appendix 3 Staff to be assigned as Caregiver, Assistant and Observer. Ensure patient is orientated to the room, the PPE staff will be wearing and communication methods.
<p>Specimen collection</p>	<ul style="list-style-type: none"> Refer to the WA VHF Response Plan for sampling and diagnostic testing information. Testing for VHF is to be undertaken at the PC3 containment laboratory at PathWest, QEII campus. The PathWest VHF specimen collection kit should be used where available. Refer to WA VHF Response Plan for specimen collection kit details. Due to risks associated with patient transfers, the transport of a pathology specimen for testing is preferred over transfer of a suspect VHF case.

Patient care criteria	Recommendations
Personal protective equipment	<ul style="list-style-type: none"> • Refer to Section 4.4 for recommended PPE. • PPE supplies must be readily available. • Additional gloves are to be available in the patient room. • Stockpiles of PPE are not stored in the designated doffing area. • PPE is to be doffed in the anteroom if present, or in the designated doffing area. • Alcohol based hand rub (ABHR) and gloves need to be available in the doffing area.
Hand hygiene and glove use	<ul style="list-style-type: none"> • 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, can 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. • Outer gloves are disinfected, removed and discarded and replaced with a new pair of gloves when performing different episodes of care or when performing an aseptic procedure and sterile gloves are required. • If outer gloves become soiled with blood or body fluids, the Caregiver must immediately, under the direction of the Assistant: <ul style="list-style-type: none"> - inspect the integrity of gloves, then remove soiling from outer gloves with a disinfectant wipe then doff outer gloves - if inner gloves are unsoiled and intact, ABHR the inner gloves and replace outer gloves before continuing patient care activities. - if the inner gloves are impacted this is a PPE breach and the Caregiver must be removed from the patient care area, doff PPE under direction and be referred to the IPC team for assessment or after hours refer to Governance section. Refer to Section 4.6.
Environmental cleaning and disinfection	<p>Cleaning chemicals / process</p> <ul style="list-style-type: none"> • The VHF viruses are readily inactivated by disinfectants. The recommended disinfectant solution for environmental cleaning and disinfection is sodium hypochlorite at 1,000 parts per million (ppm) and 5,000 ppm for spills management. • The sodium hypochlorite product should be a listed disinfectant 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 combined detergent and disinfectant product with 1,000 ppm available chlorine solution (2-in-1 clean) <p style="text-align: center;">OR</p>

Patient care criteria	Recommendations
	<ul style="list-style-type: none"> • a physical clean using detergent solution followed by disinfection with 1,000 ppm available chlorine (2-step clean). • If cleaning and disinfectant solutions are being made up, they must be prepared daily, and 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, mop handles, must be dedicated to the specific patient room, cleaned and disinfected after each use. • Clean from clean to dirty, patient room first then the bathroom. <p>Daily cleaning</p> <ul style="list-style-type: none"> • High-touch surfaces, such as bedrails, trolleys, bedside commodes, doorknobs, light switches, tap handles and ensuite facilities, must be cleaned and disinfected daily at a minimum and floors and horizontal work surfaces at least once a day. • Surfaces must be allowed to dry before using them again. • The PPE doffing area must be cleaned and disinfected at least daily and after the doffing of any visibly contaminated PPE. <p>Discharge cleaning</p> <ul style="list-style-type: none"> • 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 in use, negative pressure is to be maintained, or if not available, the door is to remain closed during the cleaning process.
Patient equipment	<ul style="list-style-type: none"> • Equipment must be single patient use, and either disposable whenever possible, or at a minimum, dedicated to the patient for exclusive use for the duration of their hospitalisation. • 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 using detergent and 1,000 ppm available chlorine solution. • On patient discharge, all disposable items in the patient room, bathrooms and ante room are to be disposed of into clinical waste.
Sharps management	<ul style="list-style-type: none"> • Limit the use of laboratory testing to the minimum for essential diagnostics and patient care as discussed with the ID physician overseeing care of the patient. • Use safety engineered medical devices for phlebotomy, cannulation and needle free intravenous systems to reduce risk of needle stick injuries. • Dispose of used syringes, needles, scalpel blades and other sharp objects in a puncture resistant sharps container.

Patient care criteria	Recommendations
	<ul style="list-style-type: none"> • 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 not easily accessible by visitors, particularly children. • Sharps container disposal will follow local waste management and disposal process for waste (see "waste management" in this table).
Linen	<ul style="list-style-type: none"> • Use of disposable linen is preferred and mattresses and pillows must be covered with an impermeable cover. • Discard all linen, privacy curtains and non-impermeable pillows and mattresses into clinical waste. • Patient clothing is to be bagged and if patient tests positive discard into clinical waste. The patient is to wear hospital gowns and not their own clothes. Ensure the patient and/or next of kin is aware that the clothing will be discarded and document this information in the patient medical record. • Do not stockpile linen in the patient room or ante room.
Catering	<ul style="list-style-type: none"> • 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 room.
Waste management	<ul style="list-style-type: none"> • Waste generated from the patient who is confirmed with VHF must be classified as clinical waste. This includes any single-use items e.g. PPE, cleaning cloths and wipes, that must be placed in a leakproof bag and discard as clinical waste. • VHF clinical waste must be packaged in a triple containment system, for example: <ul style="list-style-type: none"> ○ leakproof primary bag ○ rigid outer receptacle ○ leakproof secondary bag. • Any fluid waste must be solidified with absorbent granules prior to disposal in the clinical waste bin. • Toilet waste from patients can be safely flushed into the sewerage system. • Follow waste segregation and disposal as per local HCF policy. • Refer to WA VHF Response Plan for information on transport of waste from a HCF.
Patient transfer	<p>Intra-hospital transfer</p> <ul style="list-style-type: none"> • Do not transfer patient between wards or departments unless clinically indicated i.e. essential life-saving treatment. • Any transfer must be performed in consultation with the IPC team. • Notify receiving department of patient's status prior to transfer. • All staff involved in a transfer are to wear newly donned Level 2 PPE prior to patient transfer.

Patient care criteria	Recommendations
	<ul style="list-style-type: none"> A transport route must be planned, the route cleared, high traffic areas avoided and lifts quarantined if required. <p>Inter-hospital transfer – Refer to WA VHF Response Plan.</p>
Visitors	<ul style="list-style-type: none"> Visitors should be routinely excluded until the patient has a definitive diagnosis. If a parent or carer needs to be with the patient e.g. due to age, cultural reasons, end of life, dementia or mental health reasons the clinical microbiologist or Infectious Diseases (ID) Physician and the IPC team must be consulted for an exemption. If a parent or carer is required to remain with the patient appropriate education, instruction and supervision on donning and doffing of PPE must be provided.
Duration of precautions	<ul style="list-style-type: none"> Persons under investigation for VHF may be released from isolation following a negative test for VHF. A confirmed case requires consultation with the treating clinicians, the IPC team and Communicable Disease Control Directorate.
Care of the deceased	<ul style="list-style-type: none"> The body of any person who has died from confirmed VHF must be handled by a minimum number of staff. All those handling the deceased body must be trained in the appropriate donning and doffing of PPE as per Appendix 1. The body of a person who has died from confirmed VHF must not be moved until prepared at the site of death. Steps include: <ul style="list-style-type: none"> cover the deceased persons mouth and nose with a surgical mask avoid cleaning the body clothing, sutures, invasive medical devices remain in situ cover wounds with occlusive dressings and lightly pack discharging body orifices place and secure the body in a bag, or wrap in a manner that prevents the leakage of any bodily exudate or other substance triple bag the body, using two zippered body bags and a tube bag. The wrapped body should be first placed into a zippered body bag and then slid into the tube body bag. This should be tied off using duct tape or bio-seal. The body should then be placed into a third zipper bag. Seal and disinfect the outside of the bag. The outer bag must be clearly marked with the patient details (family name, given name, date of birth and medical record number), and clearly marked as “highly infectious material”. The body must not be embalmed or made available for viewing. Postmortem examination is discouraged. Bodies of deceased patients should be cremated.

4.6 Management of staff

A log of all staff that have had contact with the patient, even with appropriate PPE, must be maintained for contact tracing purposes (refer [Appendix 3](#)). For those staff providing direct patient care a staff health monitoring assessment is to be maintained (refer [Appendix 4](#)).

A staff member who sustains a percutaneous or mucous membrane exposure to blood or body fluids from a patient suspected or confirmed to have VHF, must immediately leave the patient care area, safely doff PPE with assistance and under observation. They are to promptly wash or irrigate affected skin surface or mucous membrane. Immediate assessment by an Infectious Diseases Physician is to occur and appropriate support and counselling must be provided (refer [Appendix 5](#)).

5. Relevant Legislation

VHFs are a notifiable infectious disease, and require urgent mandatory notification to the Chief Health Officer (CHO) under the [Public Health Act 2016](#).

6. Additional Resources

VHF donning and doffing video <insert link>

[State Hazard Plan Human Biosecurity.](#)

[Infectious Disease Emergency Management Plan \(IDEMP\).](#)

[Ebola virus disease \(EVD\) CDNA National Guidelines for Public Health Units.](#)

[Australian Government Department of Health, Infection prevention and control principles and recommendations for Ebola virus disease.](#)

[National Health and Medical Research Council \(NHMRC\), Australian Guidelines for the Prevention and Control of Infection in Healthcare \(2019\).](#)

[Infection Prevention and Control Practice Handbook V.4 10.17 Mortuary and Care of the Deceased Clinical Excellence Commission New South Wales.](#)

7. Guideline Contact

Enquiries relating to this Guideline can be directed to:
Infection Prevention and Policy Surveillance Unit
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8. Document Control

Guideline number	Version	Published	Review Date	Amendments
00XX	V.1.	01/05/2026	01/05/2029	Original version

9. Approval

Approved by	Dr Paul Armstrong, Director, Communicable Disease Control Directorate, Department of Health
Approval date	25/05/2026

10. 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. Communicable Diseases Network Australia (CDNA). Ebola Virus Disease (EVD) Australia: Commonwealth of Australia; 2018 [updated 24 December 2018. Version 2.2 [Available from: <https://www.health.gov.au/resources/publications/ebola-virus-disease-cdna-national-guidelines-for-public-health-units?language=en>.
3. Australian Centre for Disease Control. Infection prevention and control principles and recommendations for Ebola virus disease.: Commonwealth of Australia; 2019 [Available from: <https://www.cdc.gov.au/resources/publications/infection-prevention-and-control-principles-and-recommendations-ebola-virus-disease>.
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 1.2 ed: State of Queensland; February 2024.
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.
7. Victoria 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>.

11. Appendices

Appendix 1: PPE donning and doffing general information

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)

General information

Staff wearing a PFR must have a documented fit test, undertaken education and training and been assessed as competent for donning, fit checking and doffing of a PFR.

Staff using the Versaflo PAPR must be familiar with the technical aspects of the units, performance check parameters and been assessed as competent in donning and doffing the PAPR.

All staff must know their correct size for gowns and gloves (sterile and non-sterile).

Donning (clean) and doffing (dirty) zones must be clearly identified and marked on the floor to guide staff. Each zone is to have their dedicated products e.g. gloves, disposable pads, combined detergent/disinfectant wipes.

The term 'disinfect' gloves means to apply ABHR to all surfaces of gloved hands and allow to dry before proceeding to the next step. This is an additional risk mitigation strategy implemented for management of VHF patients and not to be used at other times.

To disinfect gloved hands, the Caregiver is to use an automated ABHR dispenser, or alternatively, the Assistant will need to dispense a measured dose of ABHR onto the gloved hands of the Caregiver.

Donning general information

- The Caregiver is to don the required PPE under the supervision of an Assistant in a designated area outside of the patient's room and anteroom and separate to the designated doffing area.
- A mirror is useful in the designated donning area to assist with donning PPE.
- The Caregiver and Assistant should ensure he/she has had a hygiene break and is hydrated before donning PPE. Both are to change into disposable scrubs.
- Caregivers who wear personal glasses should tape them to the side of their face to prevent them from sliding down.

- Sterile or non-sterile gloves can be routinely worn as per staff preference, however, they are not to be taped to the gown.
- Different coloured gloves used as the outer gloves is not essential but does assist in the doffing process and helping to identify any breaches in glove integrity.
- Any ties on shoes, aprons or gowns should be tied in a bow to facilitate removal process.
- An apron may be worn by the Caregiver in addition to the long sleeved gown.
- If the instructions from the Assistant / Observer are not clear, the Caregiver must ask for them to be repeated / explained before proceeding. The donning procedure should not be rushed.
- The use of laminated donning cards should be considered to assist staff.
- To assist with communication staff should write their name and designation on PPE e.g. face visor headband or PAPR hood or front of gown.
- The Observer / Assistant should ensure that the Caregiver is aware of designated PPE doffing area outside the patient room and that they must wait for both the Observer and Assistant to be present before exiting room and removing any PPE.

Doffing general information

- Doffing of PPE is to be performed under the supervision of an Observer in the designated doffing area.
- Two trained staff members are required to assist the Caregiver in doffing PPE.
 - the Assistant is required in the designated doffing area and must be wearing the PPE listed for an Assistant.
 - the Assistant is required to assist at various stages in the doffing procedure e.g. undo gown ties, assist with PAPR equipment and visually inspect the Caregiver for visible contamination or breaches in PPE integrity.
 - the Observer is required to be at a distance of two meters from the designated doffing area and is required to:
 - read aloud the step-by-step removal sequence for the Caregiver
 - regularly remind Caregiver and Assistant to avoid actions that may put them at risk e.g. touching face
 - complete doffing verification documentation.
- When removing PPE, use slow and controlled movements and carefully discard each item of PPE directly into a clinical waste bin following removal.
- The **Caregiver** and **Assistant** are to shower on completion of their shift and change into own clothes.

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

Before commencing the donning process

- Ensure all points in the general information section 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 finished and **Caregiver** and **Assistant** are ready to move to next action they are to respond with “**Done**”.

Note: if 3 people are unavailable for an episode of care, then the role of the **Observer** will fall to the **Assistant** or **Caregiver** in some scenarios.

Step	Prompt	Description and further information	Check
1	Wellbeing check	Take a moment to check if the Caregiver needs to have something to eat or drink or go to the toilet prior to donning PPE. Undertake a skin integrity check.	
2	Readiness check	Ensure all medications, therapeutics and equipment required for patient care is ready to be taken into room.	
3	Caregiver dress requirements	<p>Caregiver is to don disposable surgical scrubs after removing uniform/personal clothing, except for underwear. Ensure bare below the elbows.</p> <p>Remove all personal items, including jewelry, ID tags, watches, pens, pagers and mobile phones. Ensure long hair and/or fringe is tied back - mid or low ponytail – no top knots or buns on top of head.</p> <p>Enclosed, cleanable, 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.</p>	
4	Hand hygiene	Observer, Assistant and Caregiver to perform hand hygiene using soap and water or ABHR.	
Observer to commence reading out the steps.			
5	Inspect PPE	Visually inspect the PPE to ensure it is useable, the correct size and that all required PPE is available. Remove plastic covering from visor.	

Step	Prompt	Description and further information	Check
6	Don boot covers	Caregiver (while sitting) to don boot/leg covers over footwear and 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): <ul style="list-style-type: none"> ○ ensure straps are separated ○ place chin into respirator and pass straps over your head ○ place the bottom strap at back of head and below the ears ○ place the top strap behind your 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 worn ensure glasses sit under the wimple). Assistant to tape back of wimple (tape from ear to ear) so wimple fits the Caregiver's face to ensure a visual field.	
11	Check PFR	Caregiver to recheck seal of PFR by performing a fit check - ensure edges of respirator sits 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 pair (inner) long cuff gloves- fully extend glove cuff. Do not use tape to secure gloves.	
14	Don gown	Caregiver to don gown over the wimple - opening at the back. Assistant to secure velcro/ties (do not use inner ties if present) at back of neck and at side for the waist, using a bow so it can be easily untied when you begin the doffing process. Assistant to check that gown: <ul style="list-style-type: none"> ○ completely covers the back from neck to below the top of the boot/leg covers and arms to end of wrists and allows unrestricted movement 	

Step	Prompt	Description and further information	Check
		<ul style="list-style-type: none"> ○ tape may be used to secure the back of the gown to prevent gaps ○ ensure gown is not touching the floor. 	
15	Don face shield	Caregiver to don full face shield - adjust head band, ensure a firm fit, foam is resting on forehead and visor sits flat to protect from splashes to the face.	
16	Check PFR	Caregiver to recheck seal of PFR respirator by performing a fit check.	
17	Don outer gloves	Caregiver to don second pair (outer) long cuff gloves - over gown cuffs. Ensure the cuffs are pulled over the sleeves of the gown. Do not use tape to secure gloves.	
18	Stop and check	<p>Observer and Assistant to check the following:</p> <ul style="list-style-type: none"> ○ 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. <p>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.</p> <p>Observer to complete donning/doffing verification record.</p> <p>The Caregiver must not enter the patient room until the Assistant has donned their PPE.</p>	

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

Before commencing the donning process

- Ensure all points in the general information section 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 **Assistant** that they will read out the action to be performed and they are to wait until the **Observer** has finished reading the action before proceeding with that step.
- After each step has finished and **Assistant** is ready to move to next action they are to respond with “**Done**”.

Note: If 3 people are unavailable for an episode of care, then the role of the **Observer** will fall to the **Assistant or Caregiver** in some scenarios.

Step	Prompt	Description and further information	Check
1	Wellbeing check	Take a moment to check if the Assistant needs to have something to eat or drink or go to the toilet prior to donning PPE. Undertake a skin integrity check.	
2	Readiness check	Ensure all medications, therapeutics and equipment required for patient care is ready to be taken into room.	
3	Assistant dress requirements	<p>Assistant is to don disposable surgical scrubs after removing uniform/personal clothing, except for underwear. Ensure bare below the elbows.</p> <p>Remove all personal items, including jewelry, ID tags, watches, pens, pagers and mobile phones. Ensure long hair and/or fringe is tied back - mid or low ponytail – no top knots or buns on top of head.</p> <p>Enclosed, cleanable, 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.</p>	
4	Hand hygiene	Observer, Assistant and Caregiver to perform hand hygiene using soap and water or ABHR.	
Observer to commence reading out the steps.			
5	Inspect PPE	Visually inspect the PPE to ensure it is useable, the correct size and that all required PPE is available. Remove plastic covering from visor.	

Step	Prompt	Description and further information	Check
6	Don boot covers	Assistant (while sitting) to don boot/leg covers over footwear and 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): <ul style="list-style-type: none"> ○ ensure straps are separated ○ place chin into respirator and pass straps over your head ○ place the bottom strap at back of head and below the ears ○ place the top strap behind your 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) so wimple fits the Assistant's face to ensure a visual field.	
11	Check PFR	Assistant to recheck seal of PFR by performing a fit check - ensure edges of respirator sits 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 pair (inner) long cuff gloves - fully extend glove cuff. Do not use tape to secure gloves.	
14	Don gown	Assistant to don gown over the wimple - opening at the back. Observer to secure velcro/ties (do not use inner ties if present) at back of neck and at side for the waist, using a bow so it can be easily untied when you begin the doffing process. Observer to check that gown: <ul style="list-style-type: none"> ○ completely covers the back from neck to below the top of the boot/leg covers and arms to end of wrists and allows unrestricted movement 	

Step	Prompt	Description and further information	Check
		<ul style="list-style-type: none"> ○ tape may be used to secure the back of the gown to prevent gaps ○ ensure gown is not touching the floor. 	
15	Don face shield	Assistant to don full face shield - adjust head band, ensure a firm fit, foam is resting on forehead and visor sits 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 pair (outer) long cuff gloves - over gown cuffs. Ensure the cuffs are pulled over the sleeves of the gown. Do not use tape to secure gloves.	
18	Stop and check	<p>Observer to check the following:</p> <ul style="list-style-type: none"> ○ 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. <p>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.</p> <p>Observer to complete donning/doffing verification record.</p>	

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

Before commencing the doffing process

- *Ensure all points in the general information section have been followed.*
- *The Observer is to remain outside the ante room 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** that they will read out the action to be performed and they are to wait until **Observer** has finished reading the action before proceeding to with that step.
- **Observer** to remind **Caregiver** to work slowly and deliberately in doffing and to avoid touching their face.
- *After each step is finished and **Caregiver** is ready to move to next action they are to respond with “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 next step.

Step	Prompt	Description and further information	Check
PRIOR TO CAREGIVER EXITING THE PATIENT ROOM			
1	Readiness check	Caregiver to alert Assistant 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: <ul style="list-style-type: none"> ○ chair or stool without arms ○ alcohol-based hand rub (ABHR) ○ combined detergent/disinfectant wipes ○ supply of long-cuff gloves ○ large clinical waste bin. 	
3	Inspect PPE	While Caregiver remains in patient room, Assistant instructs them to turn in a circle, and Assistant can observe via window to ensure no visible tears or soiling that may cause accidental exposure to blood or body fluid 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 the room.	

Step	Prompt	Description and further information	Check
		Observer to document if any PPE breaches 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 enters the designated doffing area without touching any surfaces.	
FOLLOWING CAREGIVER EXIT OF THE PATIENT ROOM			
6	Remove outer gloves	<p>Caregiver to remove and dispose of outer gloves, being careful not to contaminate or tear the inner glove.</p> <p>Pinch the outside of outer glove at wrist end with the other gloved hand, peel off completely into a ball and hold in palm of other gloved hand.</p> <p>Slide a finger of inner gloved hand under remaining outer glove at wrist and peel remaining outer glove off until balled around the other removed glove and discard.</p>	
7	Inspect and disinfect inner gloves	<p>Caregiver to disinfect inner gloves and allow to dry. Inspect inner gloves for tears or visible soiling.</p> <p><i>Note:</i> If inner gloves have tears or are visibly soiled, this is a PPE breach and the Caregiver must be removed from the patient care area, doff PPE under direction and be referred to the IPC team for assessment or after hours refer to Governance section. Refer to Section 4.6.</p> <p>Observer to document if any breaches of PPE and assess for potential occupational exposure.</p>	
8	Don new outer gloves	Caregiver to don new outer gloves – do not pull up over fabric cuffs of gown.	
9	Remove gown	<p>Caregiver to remove gown after Assistant unfastens velcro/ties on gown.</p> <p>Caregiver leans forwards and peels gown away from neck and shoulders by grasping the inside of the gown at the back of the shoulders only. Pull one arm at a time fully out of the sleeves of the gown and then the other arm. Carefully roll the contaminated side of</p>	

Step	Prompt	Description and further information	Check
		the gown inward and away from the body, into a small bundle and discard.	
10	Disinfect outer gloves	Caregiver and Assistant to disinfect outer gloves and allow to dry.	
11	Remove outer gloves	Caregiver and Assistant to remove outer gloves. Inspect inner gloves for tears or visible soiling. <i>Note:</i> If inner gloves have tears or are visibly soiled, this is a PPE breach and the Caregiver must be removed from the patient care area, doff PPE under direction and be referred to the IPC team for assessment or after hours refer to Governance section. Refer to Section 4.6.	
12	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.	
13	Remove boot /leg cover	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 boot/leg cover to immediately place foot onto clean area. Observer is to read out the following steps: <ul style="list-style-type: none"> ○ Assistant to remove boot/leg covers one at a time ○ undo ties if present ○ using two hands grasp the bottom of the boot/leg cover, one hand at heel and the other hand at the toes, and gently pull off the 1st boot/leg cover ○ discard into clinical waste ○ Caregiver is to immediately place their foot without the boot/leg cover on floor onto the clean zone ○ Assistant to disinfect outer gloves and allow to dry before proceeding to remove the 2nd boot/leg cover ○ Caregiver is to immediately place their other foot without the boot/leg cover on onto the clean zone. 	
14	Disinfect outer gloves	Assistant to disinfect outer gloves and allow to dry.	
15	Remove outer gloves	Assistant to remove outer gloves and inspect inner gloves.	

Step	Prompt	Description and further information	Check
16	Disinfect inner gloves and don new outer gloves	Assistant to disinfect inner gloves and allow to dry and don new outer gloves.	
17	Clean and disinfect chair	Assistant to wipe over all surfaces of chair/stool with combined detergent/disinfectant wipes and discard.	
18	Disinfect outer gloves	Assistant to disinfect outer gloves and allow to dry.	
19	Remove outer gloves	Assistant to remove outer gloves and inspect inner gloves.	
20	Disinfect inner gloves and don new outer gloves	Assistant to disinfect inner gloves and allow to dry and don new outer gloves.	
21	Disinfect chair	Assistant to follow with cleaning and disinfecting all surfaces of the chair with 0.1% (1,000 ppm) sodium hypochlorite.	
22	Disinfect outer gloves	Assistant to disinfect outer gloves and allow to dry.	
23	Remove outer gloves	Assistant to remove outer gloves and inspect inner gloves.	
24	Disinfect inner gloves and don new outer gloves	Assistant to disinfect inner gloves and allow to dry and don new outer gloves.	
25	Check	Observer to remind Caregiver to avoid touching their face or adjusting hair/glasses after the face shield and wimple have been removed.	
26	Disinfect outer gloves	Caregiver to disinfect outer gloves and allow to dry.	
27	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 pull it forward lifting away from face and discarding into bin.	
28	Disinfect outer gloves	Caregiver to disinfect outer gloves and allow to dry.	
29	Remove outer gloves	Caregiver to remove outer gloves and inspect inner gloves.	
30	Disinfect inner gloves and don new outer gloves	Caregiver to disinfect inner gloves and allow to dry and don new outer gloves.	
31	Remove tape of wimple	Assistant to remove/break tape on wimple.	
32	Disinfect outer gloves	Assistant to disinfect outer gloves and allow to dry	

Step	Prompt	Description and further information	Check
33	Remove wimple	Before Caregiver removes wimple Observer to remind Caregiver not to touch PFR, face or hair once wimple removed. Caregiver to remove wimple by: <ul style="list-style-type: none"> ○ pushing chin out and bending at waist ○ using a forward and downward motion slowly pull off wimple away from the body ○ discard item in the 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.	
36	Disinfect and remove inner 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.	
37	Remove spectacles	Caregiver (if wearing spectacles) removes using the arms of spectacles and places in clean container.	
38	Check	Observer to remind Caregiver not to let the PFR touch their scrubs.	
39	Hand hygiene	Caregiver to perform hand hygiene with ABHR and allow to dry.	
40	Remove PFR	Caregiver to remove PFR: <ul style="list-style-type: none"> ○ 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. 	
41	Hand hygiene	Caregiver to perform hand hygiene including wrists and lower arms using antiseptic soap and water. Adjust hair if necessary. If glasses are worn: <ul style="list-style-type: none"> ○ 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. 	
42	Final inspection	Assistant to perform final inspection of Caregiver for any visible contamination of disposable scrubs. If contamination identified, shower immediately and contact on-call ID Physician and/or Clinical Microbiologist for further advice.	

Step	Prompt	Description and further information	Check
43	Caregiver to exit	Caregiver can now exit the ante room or designated doffing area. Caregiver to perform hand hygiene after exiting.	
44	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 points in the general information section have been followed.*
- *The **Observer** is to remain outside the ante room or designated doffing area and read aloud the step-by-step sequence for doffing the 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 to with that step.*
- ***Observer** to remind **Assistant** to work slowly and deliberately in doffing and to avoid touching their face.*
- *After each step has finished and **Assistant** is ready to move to next action they are to respond with “**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 next step.*

Step		Description and further information	Check
1	Readiness check	Assistant to alert the Observer they are ready to remove PPE. Ensure Observer is ready to assist.	
2	Observer to ensure PPE doffing area is ready	Ensure required supplies are available in PPE doffing area: <ul style="list-style-type: none"> ○ chair or stool without arms ○ alcohol-based hand rub (ABHR) ○ combined detergent/disinfectant wipes ○ supply of long-cuff gloves ○ large clinical waste bin. 	
3	Inspect PPE	Observer to ask Assistant to turn in a circle, and Observer checks for any visible soiling. If soiling is present Assistant is to use combined detergent/disinfectant wipes to remove any soiling and discard wipes. Observer to document if any PPE breaches and assess for potential occupational exposure.	
4	Disinfect outer gloves	Assistant to disinfect outer gloves using ABHR and allow to dry.	

Step		Description and further information	Check
5	Remove outer gloves	<p>Assistant to remove and dispose of outer gloves being careful not to contaminate or tear the inner glove.</p> <p>Pinch the outside of outer glove at wrist end with the other gloved hand, peel off completely into a ball and hold in palm of other gloved hand.</p> <p>Slide a finger of inner gloved hand under remaining outer glove at wrist and peel remaining outer glove off until balled around the other removed glove and discard.</p>	
6	Inspect and disinfect inner gloves	<p>Assistant to disinfect inner gloves and allow to dry. Inspect inner gloves for tears or visible soiling.</p> <p><i>Note:</i> If inner gloves have tears or are visibly soiled, this is a PPE breach and the Caregiver must be removed from the patient care area, doff PPE under direction and be referred to the IPC team for assessment or after hours refer to Governance section. Refer to Section 4.6.</p> <p>Observer to document if any breaches of PPE and assess for potential occupational exposure.</p>	
7	Don new outer gloves	<p>Assistant to don new outer gloves – do not pull up over fabric cuffs of gown.</p>	
8	Remove gown	<p>Assistant to remove gown. Undo side ties, grab gown from behind shoulders and pull one arm at a time from the sleeves of the gown, being careful not to touch scrubs, until both gown arms are bunched at the wrists. Then gently roll the exposed side of the gown inward and away from the body, into a small bundle and discard.</p>	
9	Disinfect outer gloves	<p>Assistant to disinfect outer gloves and allow to dry.</p>	
10	Remove outer gloves	<p>Assistant to remove outer gloves. Inspect inner gloves for tears or visible soiling.</p> <p><i>Note:</i> If inner gloves have tears or are visibly soiled, this is a PPE breach and the Caregiver must be removed from the patient care area, doff PPE under direction and be referred to the IPC team for</p>	

Step	Description and further information	Check
	assessment or after hours refer to Governance section. Refer to Section 4.6.	
11	Disinfect inner gloves don new outer gloves Assistant to disinfect inner gloves and allow to dry and don new outer gloves.	
12	Remove boot /leg cover Assistant to sit on chair/stool and extend legs. Ensure feet remain in the dirty zone. Before proceeding with removal of boot/leg covers, remind Assistant after removal of boot/leg covers to immediately place foot onto clean area. Observer to read out all the following steps. <ul style="list-style-type: none">○ Assistant to remove boot/leg covers one at a time:○ undo ties if present○ using two hands grasp the bottom of the boot/leg cover, one hand at heel and the other hand at the toes, and gently pull off the 1st boot/leg cover○ discard into clinical waste○ Assistant to disinfect outer gloves and allow to dry before proceeding to remove the 2nd boot/leg cover○ discard into clinical waste.	
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.	
15	Disinfect inner gloves and don new outer gloves Assistant to disinfect inner gloves and allow to dry. Don new outer gloves.	
16.	Clean and disinfect chair Assistant to wipe over all surfaces of chair/stool thoroughly with combined detergent/disinfectant wipes and discard.	
17	Disinfect outer gloves Assistant to disinfect outer gloves and allow to dry.	
18	Remove outer gloves Assistant to remove outer gloves and inspect inner gloves.	
19	Disinfect inner gloves don new outer gloves Assistant to disinfect inner gloves and allow to dry. Don new outer gloves.	
20	Check Observer to remind Assistant to avoid touching their face or adjust their hair/glasses after the face shield and wimple have been removed.	

Step		Description and further information	Check
21	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 pull it forward lifting away from face and discarding into bin.	
22	Disinfect outer gloves	Assistant to disinfect outer gloves and allow to dry.	
23	Break tape of wimple	Assistant to remove/break tape on wimple.	
24	Check	Before Assistant removes wimple Observer to remind Assistant not to touch respirator, face or hair once wimple removed.	
25	Remove wimple	Assistant to remove wimple by: <ul style="list-style-type: none"> ○ pushing chin out and bending at waist ○ using a forward and downward motion slowly pull off wimple away from the body ○ discard item in the bin. 	
26	Disinfect outer gloves	Assistant to disinfect outer gloves and allow to dry.	
27	Remove outer gloves	Assistant to remove outer gloves and inspect inner gloves.	
28	Disinfect and remove inner gloves	Assistant to disinfect inner gloves and allow to dry. Assistant to remove inner gloves and perform hand hygiene including wrists and lower arms using antiseptic soap and water or ABHR.	
29	Remove spectacles	Assistant (if wearing spectacles) remove using the arms of spectacles and place in clean container. Perform hand hygiene with ABHR and allow to dry.	
30	Check	Observer to remind Assistant do not let their PFR touch their scrubs.	
31	Remove PFR	Assistant to remove PFR: <ul style="list-style-type: none"> ○ 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. 	
32	Hand hygiene	Assistant to perform hand hygiene including wrists and lower arms using antiseptic soap and water. Adjust hair if necessary. If glasses worn: <ul style="list-style-type: none"> ○ don new gloves and clean glasses with combined detergent/disinfectant wipes ○ disinfect gloves and allow to dry 	

Step	Description and further information		Check
		<ul style="list-style-type: none"> ○ remove gloves and perform hand hygiene with ABHR and allow to dry. 	
33	Final inspection	Observer to perform final inspection of Assistant for any visible contamination of disposable scrubs. If contamination identified, shower immediately and contact on-call ID Physician and/or Clinical Microbiologist for further advice.	
34	Assistant to exit	Assistant can now exit the ante room or designated doffing area.	
35	Document	Observer to complete donning/doffing verification documentation.	
Further action taken:			

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

To be released with final version.

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

To be released with final version.

Appendix 2: Example of donning and doffing verification record

Ward / Department:

Date:

<i>Attach Patient Identification Label</i>
--

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		

Appendix 4: Example of VHF staff health monitoring

VHF STAFF MONITORING

Please print all details clearly

Attach 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								

Appendix 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 high risk exposure to VHF while caring for a suspected or confirmed VHF case. However, if a breach of PPE is suspected, or recommended PPE was not worn, the staff member needs to undergo an immediate exposure assessment by an appropriately qualified person e.g. infectious disease physician, and are provided with immediate support and counselling.

Individual HCFs will need to implement their own work health and safety policies for all staff involved in the care of a suspected or confirmed VHF case. This includes the psychological safety of staff through the engagement of existing employee assistance programs and consideration for the need for accommodation for staff providing patient care, who may wish to isolate from household members.

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 suspected or confirmed VHF patient:

- are familiar with the signs and symptoms of VHF
- monitor their own health, including recording their temperature twice daily, commencing 48 hours after initiating patient care and continuing for 21 days after last VHF contact
- if a staff member develops a fever or any other sign or symptom of VHF they are required to self-isolate and notify their manager immediately.

Exposure Risk

High risk exposure of health care worker

Includes, but is not limited to:

- percutaneous e.g. needle stick injury or mucous membrane exposure to blood or body fluids of patient with either suspected or confirmed VHF
- direct skin contact with blood or body fluids of a confirmed VHF patient, dead or alive, without recommended PPE
- noted breach of PPE with direct skin contact with blood or body fluids of a confirmed VHF patient
- laboratory processing of blood or body fluids of confirmed VHF patients without recommended PPE or standard biosafety precautions.

Low risk exposure of healthcare worker

Includes, but is not limited to:

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

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 during an episode of care, a breach in PPE occurs e.g. gloves separate from sleeves leaving exposed skin, a tear develops in an outer glove, a needle stick injury occurs, the Caregiver must move immediately to the doffing area to assess the exposure. They should inform the Assistant and Observer of their concerns. The next course of action is determined by the site of suspected exposure.

Skin exposure

In the designated doffing area undertake the following:

- if visible blood or body fluids, remove with disinfectant/detergent wipes, taking care not to expose any further 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
- an on-call infectious diseases physician is to be consulted immediately and the public health physician on call made aware of the situation
- staff should then follow advice for management of a high-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 you are safely able, spit out any blood or body 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
- an on-call infectious diseases physician is to be consulted immediately and the public health physician on call made aware of the situation
- staff should then follow advice for management of a high-risk exposure
- ensure an incident report form is completed.

Percutaneous exposure (needle stick injury)

In the designated doffing area undertake the following:

- Caregiver to apply ABHR to gloved hands, remove outer gloves, apply ABHR to inner gloves, and remove
- perform hand hygiene with the ABHR and don clean gloves
- the Caregiver doffs PPE in a controlled manner, under instruction from Observer, to prevent further exposure

- once PPE is doffed, wash the affected part well with soap and water or ABHR
- an on-call infectious diseases physician is to be consulted immediately and the public health physician on call made aware of the situation
- staff should then follow advice for management of a high-risk exposure
- ensure an incident report form is completed.

The management of staff following exposure to blood or body 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 a high-risk exposure

During the incubation period (refer to [WA VHF Response Plan](#)) staff who have sustained a high risk exposure are advised to:

- read the [VHF factsheet](#) in the self-monitoring pack provided
- monitor their temperature twice daily using digital thermometer provided and respond to SMS prompts
- advise household and close contacts about risks of VHF
- exclude themselves from work
- comply with any additional restrictions or actions required by WA Health
- ensure they have completed an incident report form regarding the incident that resulted in a high risk exposure
- contact their manager and / or the on call public health physician urgently, if they develop symptoms in keeping with VHF.

Following a low-risk exposure

In view of the high levels of anxiety regarding exposure to VHF for staff involved and that not all breaches in PPE are obvious, the following advice should also be offered to staff classified as a low risk of exposure.

During the incubation period (refer to [WA VHF Response Plan](#)) following low risk exposure (or date of last contact with an VHF patient) staff are advised to:

- read the VHF factsheet in the self-monitoring pack provided
- monitor their temperature twice daily using digital thermometer provided and respond to SMS prompts
- perform usual clinical duties with no restriction in work duties while asymptomatic
- comply with any additional restrictions or actions required by WA Health
- contact their manager or the on call public health physician urgently, if they develop symptoms in keeping with 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 infection control team and a public health physician and/or clinical microbiologist.

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

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