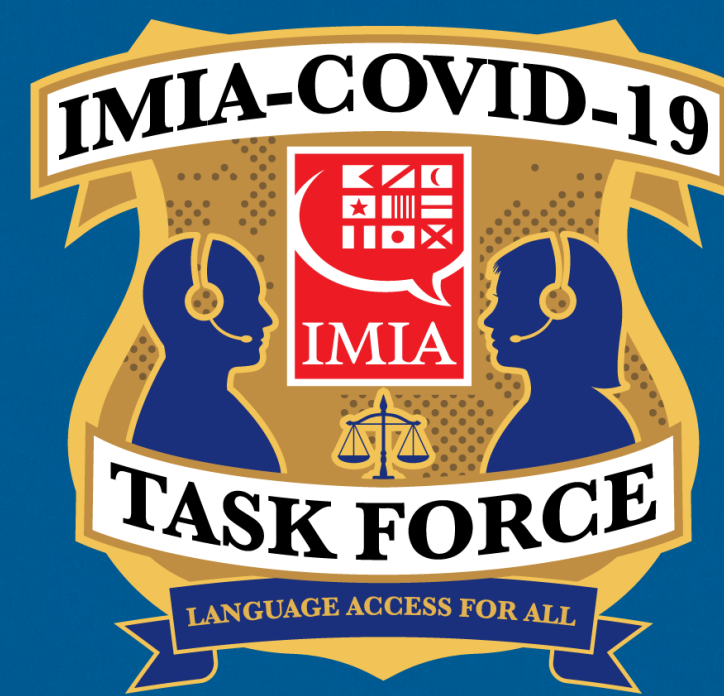




PERSONAL PROTECTIVE EQUIPMENT FOR MEDICAL INTERPRETERS



CDC Recommendations on How to Put On (Don) Personal Protective Equipment

More than one donning method may be acceptable. Training and practice using your healthcare facility's procedure is critical. Below is one example of donning.

- 1. Identify and gather the proper PPE to don.** Ensure choice of gown size is correct (based on training).
- 2. Perform hand hygiene using hand sanitizer.**
- 3. Put on isolation gown.** Tie all of the ties on the gown. Assistance may be needed by other healthcare personnel.
- 4. Put on NIOSH (National Institute for Occupational Health and Safety)-approved N95 filtering facepiece respirator or higher (use a facemask if a respirator is not available).** If the respirator has a nosepiece, it should be fitted to the nose with both hands, not bent or tented. Do not pinch the nosepiece with one hand. Respirator/facemask should be extended under chin. Both your mouth and nose should be protected. Do not wear respirator/facemask under your chin or store in scrubs pocket between patients.*
 - o Respirator:** Respirator straps should be placed on crown of head (top strap) and base of neck (bottom strap). Perform a user seal check each time you put on the respirator.
 - o Facemask:** Mask ties should be secured on crown of head (top tie) and base of neck (bottom tie). If mask has loops, hook them appropriately around your ears.
- 5. Put on face shield or goggles.** When wearing an N95 respirator or half facepiece elastomeric respirator, select the proper eye protection to ensure that the respirator does not interfere with the correct positioning of the eye protection, and the eye protection does not affect the fit or seal of the respirator. Face shields provide full face coverage. Goggles also provide excellent protection for eyes, but fogging is common.
- 6. Put on gloves.** Gloves should cover the cuff (wrist) of gown.
- 7. Healthcare personnel may now enter patient room.**



PERSONAL PROTECTIVE EQUIPMENT FOR MEDICAL INTERPRETERS



CDC Recommendations on How to Put Off (Doff) Personal Protective Equipment

More than one doffing method may be acceptable. Training and practice using your healthcare facility's procedure is critical. Below is one example of doffing.

- 1. Remove gloves.** Ensure glove removal does not cause additional contamination of hands. Gloves can be removed using more than one technique (e.g., glove-in-glove or bird beak).
- 2. Remove gown.** Untie all ties (or unsnap all buttons). Some gown ties can be broken rather than untied. Do so in gentle manner, avoiding a forceful movement. Reach up to the shoulders and carefully pull gown down and away from the body. Rolling the gown down is an acceptable approach. Dispose in trash receptacle. *
- 3. Healthcare personnel may now exit patient room.**
- 4. Perform hand hygiene.**
- 5. Remove face shield or goggles.** Carefully remove face shield or goggles by grabbing the strap and pulling upwards and away from head. Do not touch the front of face shield or goggles.
6. Remove and discard respirator (or facemask if used instead of respirator). Do not touch the front of the respirator or facemask.*
 - o Respirator:** Remove the bottom strap by touching only the strap and bring it carefully over the head. Grasp the top strap and bring it carefully over the head, and then pull the respirator away from the face without touching the front of the respirator.
 - o Facemask:** Carefully untie (or unhook from the ears) and pull away from face without touching the front.
- 7. Perform hand hygiene after removing the respirator/facemask and before putting it on again if your workplace is practicing reuse.***

** Facilities implementing reuse or extended use of PPE will need to adjust their donning and doffing procedures to accommodate those practices.*

Facemask Do's and Don'ts

For Healthcare Personnel

When putting on a facemask

Clean your hands and put on your facemask so it fully covers your mouth and nose.



DO secure the elastic bands around your ears.



DO secure the ties at the middle of your head and the base of your head.

When wearing a facemask, don't do the following:



DON'T wear your facemask under your nose or mouth.



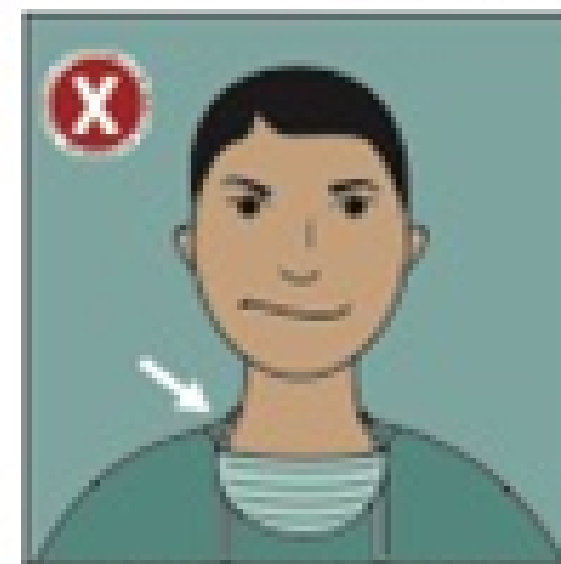
DON'T allow a strap to hang down. DON'T cross the straps.



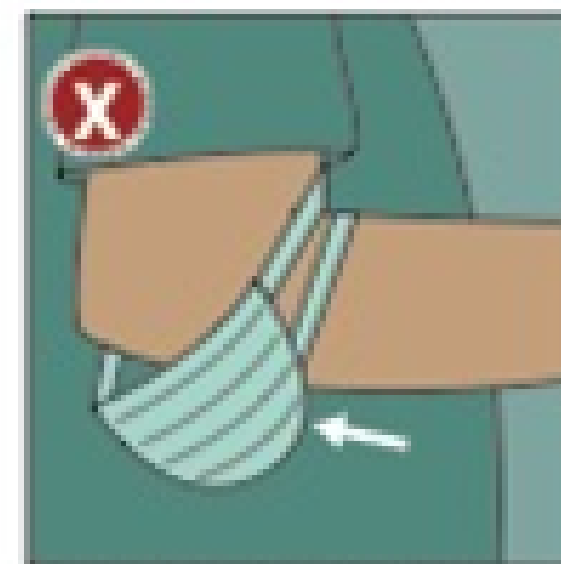
DON'T touch or adjust your facemask without cleaning your hands before and after.



DON'T wear your facemask on your head.



DON'T wear your facemask around your neck.



DON'T wear your facemask around your arm.

When removing a facemask

Clean your hands and remove your facemask touching only the straps or ties.



DO leave the patient care area, then clean your hands with alcohol-based hand sanitizer or soap and water.



DO remove your facemask touching ONLY the straps or ties, throw it away*, and clean your hands again.

*If implementing limited-reuse: Facemasks should be carefully folded so that the outer surface is held inward and against itself to reduce contact with the outer surface during storage. Folded facemasks can be stored between uses in a clean, sealable paper bag or breathable container.

Additional information is available about how to safely put on and remove personal protective equipment, including facemasks:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html>.



[cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)



Personal Care for Medical Interpreters



Tips to improve sleep

- You'll sleep better if your room is comfortable, dark, cool, and quiet.
- If it takes you longer than 15 minutes to fall asleep, set aside some time before bedtime to do things to help you relax. Try meditating, relaxation breathing, and progressive muscle relaxation.
- Before you begin working a long stretch of shifts, try “banking your sleep” – sleeping several extra hours longer than you normally do.
- After you've worked a long stretch of shifts, remember it may take several days of extended sleep (for example, 10 hours in bed) before you begin to feel recovered. Give yourself time to recover.
- Avoid sunlight or bright lights 90 minutes before you go to sleep, when possible. Exposure to light just before bedtime can cause you to feel more awake.
 - If you work a night shift and drive home during sunlight hours, try wearing sunglasses to reduce your exposure to sunlight during your drive home.
 - Consider using blackout shades at home when sleeping.
- Take naps when you have the opportunity.
 - A 90-minute nap before working a night shift can help prevent you from feeling tired at work.
- Eat healthy foods and stay physically active because it can improve your sleep.
- Before you go to sleep, avoid foods and drinks that can make falling asleep more difficult:
 - Avoid alcohol, heavy meals, and nicotine for at least 2–3 hours before bedtime.
 - Don't drink caffeine within 5 hours of bedtime.



Personal Care for Medical Interpreters



What to do if you feel too tired to work safely

- Use a buddy system while you're at work. Check in with each other to ensure everyone is coping with work hours and demands.
- Watch yourself and your coworkers for signs of fatigue — like yawning, difficulty keeping your eyes open, and difficulty concentrating. When you see something, say something to your coworkers so you can prevent workplace injuries and errors.
- Find out if your employer has a formal program to help you manage fatigue on the job. Read information about the program and ask questions so you fully understand your employer's policies and procedures for helping employees manage fatigue.
- Report any fatigue-related events or close-calls to a manager to help prevent injuries and errors.
- Do not work if your fatigue threatens the safety of yourself or others. Report to a manager when you feel too tired to work safely.

Epworth Sleepiness Scale

<https://www.cdc.gov/niosh/emres/longhourstraining/scale.html>