Catholic Health	POLICY AND PROCEDURE	
TITLE: Community Based Care: Pandemic Emergency Plan (i.e. COVID, Influenza or other Novel Viruses)	**POLICY NUMBER:** CBC-ADM-032	**PAGE #** 1 of 12
RESPONSIBLE DEPARTMENT: Infection Control, Administration	**POLICY LEVEL:** Community Based Care/LTC	**EFFECTIVE DATE:** 5/28/26
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PURPOSE:
The purpose of this policy is to reduce the risk of spread of Pandemic infection (i.e. Influenza, SARS, COVID-19) transmission to health care workers, patients/residents, volunteers, and other affiliates and to ensure appropriate communication with affected parties.

APPLIES TO: All Community Based Care/LTC associates, volunteers, students and providers.

POLICY:
The primary goal is early detection, isolation and treatment of persons with a probable or suspect viral respiratory infection and communication to affected parties. The plan will be periodically updated based on changes from regulatory agencies.

WHAT IS A PANDEMIC?
A pandemic is a global outbreak that results from the emergence of a new (novel) virus (not a common seasonal virus) that can cause serious illness in humans, and spreads easily from person to person. Seasonal viral outbreaks such as influenza are caused by small changes in the common influenza viruses. Even though these viruses may change slightly from one flu season to another, many people have developed some immunity.

The following control measures will be instituted upon declaration of a pandemic by federal, state or local officials based on the case definition of a viral respiratory illness as identified by epidemiologic criteria from the CENTER FOR DISEASE CONTROL and/or NEW YORK STATE DEPARTMENT OF HEALTH.

SURVEILLANCE AND TRIAGE:

1. All persons entering the facility shall be screened for symptoms associated with the infectious disease outbreak as required by the CDC and/or CMS.
2. Health Care Workers should have a high level of suspicion when approaching a patient/resident with respiratory symptoms and ask the appropriate triage questions.
3. All patients/residents who present with respiratory symptoms should immediately be given a surgical/isolation mask and be triaged for influenza or viral respiratory illness.
4. If the patient/resident screening is questionable for any viral respiratory infection, the triaging personnel should don an isolation/surgical KN95 or N95 mask, as the situation warrants, as well as other personal protective equipment, while completing the screening.
5. Patient/resident should immediately be placed in a private room with Droplet and Standard Precautions initiated and appropriate signage. Provide teaching to patient/resident regarding Respiratory Hygiene/Cough Etiquette (CBC-ADM-032F1). Test patient/resident for COVID -19 using rapid testing media, if available. Follow up with PCR combination swab to test for COVID-19, Influenza A/B and RSV.
6. Patient/resident shall be kept in their room with the door closed. Do not permit them to move throughout the facility.

7. Perform contact investigation. Look beyond the patient/resident; contacts may be infectious too. Assess whether roommate or other patients/residents with close contact are ill with similar symptoms. Institute appropriate control measures.
8. If patient/resident care areas become overcrowded, alternate areas may need to be used for patient/resident placement (refer to Policy CBC-COVID-001 – "Admission Screening and Response to Suspected or Positive COVID-19"). When placing patients/residents in alternate areas of the facility, they need to be segregated (at least 6 feet) from other patients/residents and the area properly identified through Precaution Type signage.
9. Anyone with even mild symptoms of COVID-19, Influenza or RSV, regardless of vaccination status, should receive a viral test as soon as possible.
10. Asymptomatic patients with close contact with someone with SARS-CoV-2, Influenza or RSV infection, regardless of vaccination status, should have a series of three viral tests for infection. In these situations, testing is recommended immediately (but generally not earlier than 24 hours after the exposure) and, if negative, again 2 days later and again 2 days after that; post exposure. In general, testing is not necessary for asymptomatic people who have recovered from SARS-CoV-2 infection in the prior 30 days; however, if testing is performed on these individuals an antigen test instead of a nucleic acid amplification test (NAAT) is recommended. This is because some people may remain NAAT positive but not be infectious during this period.

CONTROL MEASURES: (CBC-ADM-032 F2)
Until a specific Pandemic viral respiratory illness has been ruled out, Droplet Precautions will remain in place. Standard precautions always apply.

1. **Standard Precautions** are designed to reduce the risk of transmission of microorganisms for both recognized and unrecognized sources of infection. Standard precautions apply to all contact with blood, all body fluids, secretions and excretions regardless of whether or not they contain visible blood, non-intact skin and mucous membranes. Standard precautions apply to all patients/residents at all times.

2. **Droplet Precautions** are designed to reduce the risk of droplet transmission of infectious agents. Droplet transmission involves contact of the conjunctivae or the mucous membranes of the nose or mouth of a susceptible person with large particle droplets containing microorganisms generated from a person who has a clinical disease or is a carrier of the microorganism.
   a. Standard Precautions always apply.
   b. Private room
   c. Surgical or higher level masks are worn for close to patient/resident contact (within 6 feet of the patient/resident)
   d. Do not transport the patient/resident unless it is essential. The patient/resident wears a surgical mask during transport if tolerated.
   e. Instruct patient/resident to wear a surgical mask and follow respiratory hygiene /cough etiquette during transport.
   f. Precaution Type signage must be placed at the room entrance, along with isolation cart.
   g. Hand hygiene is essential.

3. **Airborne Isolation Precautions may be required for Aerosol-Generating Medical Procedures** as they could increase the potential for generation of small aerosols in the immediate vicinity of the patient/resident.
   a. The procedure should be conducted in a private room with the door closed.
   b. N-95 respirator or higher must be worn by the associates. All participating associates must be properly fit-tested.
   c. Limit personnel in room to the necessary staff.
   d. Eye protection (i.e. goggles), gown and gloves must be worn during aerosol generating procedures.

Aerosol-generating procedures are procedures that induce coughing which can increase the likelihood of droplet nuclei being expelled into the air. These potentially aerosol-generating procedures include:

a. aerosolized medication treatments (e.g., albuterol)
b. diagnostic sputum induction
c. bronchoscopy
d. airway suctioning
e. endotracheal intubation
f. extubation

4. **Airborne Infection Isolation** (AII) includes: Based on surveillance data.
   a. Respiratory protective devices with a filter efficiency of greater than or equal to 95%.
   b. Private room with door closed.
   c. Keep door closed and the patient/resident in the room.
   d. Respiratory protection: Associates **must** wear an N-95 respiratory mask. Any permitted visitors **must** also be instructed to wear an N95 respirator or isolation mask.
   e. Do not transport the patient/resident, unless it is essential. The patient/resident wears an isolation mask during transport. **Do not** place an N-95 respirator on the patient/resident.
   f. Precaution Type sign should be placed at the room entrance with isolation cart.
   g. Hand hygiene is essential.

5. **Contact Precautions include:**
   a. The use of gowns and gloves for everyone entering the room.
   b. The equipment should be dedicated to the patient/resident in precautions.
   c. Disposable thermometers are used.
   d. Do not transport the patient/resident, unless it is essential.
   e. The precaution type sign should be placed at the room entrance along with isolation cart.
   f. Hand hygiene is essential.

6. The Administrator, Director of Nursing and ADON/Infection Preventionist of the facility should be notified immediately if a suspect or probable COVID-19, influenza or other viral respiratory infection is identified. The Infection Preventionist should also notify the Local and State Health Departments via submission of a NORA report on the Health Commerce System.

7. Reassignment for high-risk personnel (if known) such as pregnant and immunocompromised associates to low risk duties will be determined on a case by case basis in conjunction with Associate Health and Patient/Resident Care Services.

8. When leaving the isolation room, use care when removing the PPE to avoid contamination. Remove the PPE in the anteroom, if available. If an anteroom is not available remove the PPE at the door, away from the patient/resident, just before exiting and perform hand hygiene.

9. Order of PPE Removal: (CBC-ADM-032 F3).
   a. Gloves
   b. Goggles or Face Shield
   c. Gown (if used)
   d. Mask or Respirator
   e. Hand Hygiene immediately after removal of PPE.

ALTERNATE CARE LOCATION

In the event of an infectious outbreak, patients/residents may be relocated and cared for in a designated location of the facility to provide for cohorting and isolation (refer to Policy CBC-COVID-001 – “Admission Screening and Response to Suspected or Positive COVID-19”).

SUPPLIES

Catholic Health Community Based Care/LTC Facilities shall ensure that adequate supplies of personal protective equipment are available and readily accessible to staff at all times when needed. Each facility shall stock no less than a fourteen (14) day supply of respirator mask, surgical masks, goggles or face shields, isolation gowns, gloves and sanitizer on site, and additional amounts of these items shall be maintained in Catholic Health's Central Stores at Mercy Hospital to ensure at least a 60 day supply for each facility is available at all times.

CLEANING:

Personnel involved in cleaning and disinfection activities should wear protective attire as is required for Standard Precautions gloves plus a gown (if soiling of attire is anticipated) and Droplet Precautions (isolation mask). For aerosol generating procedures, N95 respirator or higher must be worn plus gloves and gown. Once the patient/resident has left the room and sixty (60) minutes has elapsed, a N95 respirator mask is not needed.

Patient/Resident rooms should be cleaned and disinfected daily and at the time of patient/resident transfer or discharge.

1. Surfaces to be cleaned daily include:
   a. Horizontal surfaces (e.g., over-bed table, nightstand)
   b. Frequently touched surfaces (e.g., bed rails, phone)
   c. Lavatory facilities
2. Terminal cleaning and disinfection following transfer or discharge:
   a. Surfaces described above
   b. Obviously soiled vertical surfaces
   c. Frequently touched surfaces such as light cords, switches and doorknobs
   d. Curtain dividers do not need to be changed unless visibly soiled
3. Cleaning and disinfectant solutions should be adjusted as necessary beyond hospital approved disinfectant based on CENTER FOR DISEASE CONTROL (CDC) recommendations.

DISCONTINUING ISOLATION

1. If novel influenza (pandemic flu) positive by culture or RT-PCR
   a. Continue Droplet Precautions for the duration of illness (a minimum of 5 days after symptom onset)
   b. Continue antivirals if applicable
   c. Do not cohort with seasonal influenza patients/residents
   d. Treat complications, such as secondary bacterial pneumonia as indicated
   e. Infection Control to provide clinical updates to health department and obtain further guidance regarding treatment and discontinuation of isolation guidelines
2. If seasonal influenza is positive by culture or RT-PCR
   a. Continue Droplet Precautions
   b. Continue antivirals if applicable
   c. Do not cohort with Novel/Pandemic flu patient/residents
   d. Treat complications, such as secondary bacterial pneumonia, as indicated
3. All influenza testing negative
   a. Continue infection control precautions as clinically appropriate
   b. Treat complications, such as secondary bacterial pneumonia, as indicated
   c. Consider discontinuing antivirals, if considered appropriate
4. COVID-19:

   Duration of Transmission-Based Precautions

   The following are criteria to determine when Transmission-Based Precautions could be discontinued for patients/residents with SARS-CoV-2 infection. These patients/residents should self-monitor and seek re-evaluation if symptoms recur or worsen. In general, patients/residents who are hospitalized for SARS-CoV-2 infection should be maintained in Transmission-Based Precautions for the time period described for patients/residents with severe to critical illness.

Some people may be beyond the period of expected infectiousness but remain NAAT positive for an extended period. Antigen tests typically have a more rapid turnaround time but are often less sensitive than NAAT.

In general, patients/residents should continue to wear source control until symptoms resolve or, for those who never developed symptoms, until they meet the criteria to end isolation below. Then they should revert to usual facility source control policies for patients/residents.

Patients/Residents with mild to moderate illness **who are *not* moderately to severely immunocompromised:**

- At least 10 days have passed *since symptoms first appeared* **and**
- At least 24 hours have passed *since last fever* without the use of fever-reducing medications **and**
- Symptoms (e.g., cough, shortness of breath) have improved

Patients/Residents who were asymptomatic throughout their infection and are *not* moderately to severely immunocompromised**:**

- At least 10 days have passed since the date of their first positive viral test.

Patients/Residents with severe to critical illness and who are *not* moderately to severely immunocompromised:

- At least 10 days and up to 20 days have passed *since symptoms first appeared* **and**
- At least 24 hours have passed *since last fever* without the use of fever-reducing medications **and**
- Symptoms (e.g., cough, shortness of breath) have improved
- The test-based strategy as described for moderately to severely immunocompromised patients/residents below can be used to inform the duration of isolation.

The exact criteria that determine which patients/residents will shed replication-competent virus for longer periods are not known. Disease severity factors and the presence of immunocompromising conditions should be considered when determining the appropriate duration for specific patients/residents. For a summary of the literature, refer to Ending Isolation and Precautions for People with COVID-19: Interim Guidance

Patients/Residents who are moderately to severely immunocompromised: may produce replication-competent virus beyond 20 days after symptom onset or, for those who were asymptomatic throughout their infection, the date of their first positive viral test.

- Use of a test-based strategy and (if available) consultation with an infectious disease specialist is recommended to determine when Transmission-Based Precautions could be discontinued for these patients/residents.

The criteria for the test-based strategy are:

Patients/Residents who are symptomatic:

- Resolution of fever without the use of fever-reducing medications **and**
- Symptoms (e.g., cough, shortness of breath) have improved, **and**
- Results are negative from at least two consecutive respiratory specimens collected ≥24 hours apart (total of two negative specimens) tested using an antigen test or NAAT.

Patients/Residents who are not symptomatic:

- Results are negative from at least two consecutive respiratory specimens collected ≥24 hours apart (total of two negative specimens) tested using an antigen test or NAAT.

The decision to discontinue empiric Transmission-Based Precautions by excluding the diagnosis of current SARS-CoV-2 infection for a patient/resident with suspected SARS-CoV-2 infection can be made based upon having negative results from at least one respiratory specimen tested using an FDA-authorized COVID-19 viral test.

- If a higher level of clinical suspicion for SARS-CoV-2 infection exists, consider maintaining Transmission-Based Precautions and performing a second test for SARS-CoV-2 RNA.
- If a patient/resident suspected of having SARS-CoV-2 infection is never tested, the decision to discontinue Transmission-Based Precautions can be made based on time from symptom onset as described above.

Ultimately, clinical judgement and suspicion of SARS-CoV-2 infection determine whether to continue or discontinue empiric Transmission-Based Precautions.

TRANSPORTING THE PATIENT/RESIDENT:
Care should be taken when transporting the patient/resident with an infectious disease to and from their Room or to any department. Notify the department receiving the patient/resident. The patient/resident should wear a surgical mask during transport. The patient/resident should be transferred with the minimal number of health care workers. Elevators and hallways should be cleared of other people (patient/residents, visitors, employees). The patient/resident should not be placed in waiting rooms or corridors.

DISCHARGING PANDEMIC PATIENT/RESIDENT
The patient/resident with probable Pandemic conditions can be discharged if appropriate Infection Control measures can be put into place at home. Patients/Residents should be advised to use appropriate infection control prevention measures. Consult with the NYS Health Department as necessary.

LABORATORY SPECIMEN COLLECTION AND HANDLING:
Refer to laboratory policies and procedures. Any questions contact the Microbiology Department (716) 862-1275.

EDUCATION:
Upon hire, all new staff are provided with mandatory education regarding seasonal and pandemic viral conditions as well other required infection control principles at General Orientation. All current staff are required to complete an annual mandatory inservice to include information regarding seasonal and pandemic viral conditions as well as other required infection control principles.
This initial and annual training includes:

a. Prevention and control of Influenza
b. Implications of Pandemic Influenza
c. Benefits of annual Influenza vaccination
d. Infection control strategies for the control of Influenza.
e. COVID-19 infection control policies and procedures found in M-Files.

Additional educational materials are available on the Infection Control Intranet Web Page by searching for "Infection Control" in the homepage search bar. There is a tab for "Guidelines" that can be printed for both employee education as well as patient/resident/family education. Further information can be readily accessed at the following website- www.pandemicflu.gov, www.cdc.gov or by contacting the Infection Preventionist at each facility.

COMMUNICATION
During a declared Pandemic or other emergency, the facility shall provide regular communication to all patients/residents and their authorized families or responsible parties in the format they prefer. This shall be accomplished using the Everbridge program. Catholic Health Community Based Care/LTC facilities shall maintain current contact information including cell phone, home phone and/or email address, depending on the preferred mode of contact (i.e., text message, telephone call or email.)

During a declared pandemic, should the facility have active cases of the identified viral pandemic condition, they shall communicate with patients/residents affected and authorized family members/responsible parties on a daily basis, and more frequently should their loved one experience a change in condition. The daily notification shall include an update on any newly diagnosed cases among patients/residents or staff, or deaths related to the pandemic condition.
The facility shall communicate with all patients/residents, families & responsible parties on a weekly basis to indicate current status in the facility. Each facility shall designate one or more person(s) responsible for sending out this messaging.

Should a facility have no active cases of the viral condition noted in the Pandemic, this information should likewise be shared with patients/residents, families or responsible parties. They may note the status on the facility's website or disseminate the information using the identified preferred method of communication using Everbridge.

All patients/residents will have daily access to telecommunications or other means of visitation as permitted by regulatory agencies during the declared pandemic. These methods include videoconferencing, telephone calls, window or other acceptable visitation that complies with physical distancing requirements and shall be at no cost to the patient/resident or family.

CBC-ADM-032 F1: Respiratory Hygiene/Cough Etiquette
CBC-ADM-032 F2: Summary of Infection Control Recommendations for Care of Patients/Residents with Pandemic Influenza
CBC-ADM-032 F3: Sequence for Removing PPE

Refer to Policy CBC-COVID-001 Admission Screening and Response to Suspected or Positive COVID-19

ORIGINATION DATE: 8/2020										
REPLACES:										
	Date/ Initials	Date/ Initials	Date/ Initials	Date/ Initials	Date/ Initials	Date/ Initials	Date/ Initials	Date/ Initials	Date/ Initials	Date/ Initials
REVIEWED:										
REVISED:	PWOC 6/30/21	PWOC 9/1/22	PWOC 12/07/23	PWOC 7/12/24	PWOC 4/17/26					
CSPC/OPC APPROVED										
CSPC/OPC APPROVALS: Going to 8/6/24 CSPC 5/5/26										

REFERENCES: FEDERAL LAW:
NYS LAW: NEW YORK STATE DEPARTMENT OF HEALTH
U.S. Department of Health and Human Services. HHS Pandemic Plan. November 2005.
www.pandemicflu.gov
www. https://www.cdc.gov/coronavirus/2019-nCoV/index.html

CBC-ADM-032 F1

Respiratory Hygiene/Cough Etiquette

To contain respiratory secretions, all persons with signs and symptoms of a respiratory infection, regardless of presumed cause, should be instructed to:

- Cover the nose/mouth when coughing or sneezing.
- Use tissues to contain respiratory secretions.
- Dispose of tissues in the nearest waste receptacle after use.
- Perform hand hygiene after contact with respiratory secretions and contaminated objects/materials.

Healthcare facilities should ensure the availability of materials for adhering to respiratory hygiene/cough etiquette in waiting areas for patient/residents and visitors:

- Provide tissues and no-touch receptacles for used tissue disposal.
- Provide conveniently located dispensers of alcohol-based hand rub.
- Provide soap and disposable towels for handwashing where sinks are available.

Masking and separation of persons with symptoms of respiratory infection

During periods of increased respiratory infection in the community, persons who are coughing should be offered either a procedure mask (i.e., with ear loops) or a surgical mask (i.e., with ties) to contain respiratory secretions. Coughing persons should be encouraged to sit as far away as possible (at least 6 feet) from others in common waiting areas. Some facilities may wish to institute this recommendation year-round.

CBC-ADM-032 F2

Summary of Infection Control Recommendations for Care of Patient/residents
with Pandemic Influenza or Respiratory Virus

Component	Recommendations
Standard Precautions	See www.Center for Disease Control.gov/ncidod/hip/ISOLAT/std_prec_excerpt.htm
Hand hygiene	Perform hand hygiene after touching blood, body fluids, secretions, excretions, and contaminated items; after removing gloves; and between patient/resident contacts. Hand hygiene includes both handwashing with either plain or antimicrobial soap and water or use of alcohol-based products (gels, rinses, foams) that contain an emollient and do not require the use of water. If hands are visibly soiled or contaminated with respiratory secretions, they should be washed with soap (either non-antimicrobial or antimicrobial) and water. In the absence of visible soiling of hands, approved alcohol-based products for hand disinfection are preferred over antimicrobial or plain soap and water because of their superior microbicidal activity, reduced drying of the skin, and convenience.
Personal protective equipment (PPE) • Gloves • Gown • Face/eye protection (e.g., surgical or procedure mask and goggles or a face shield, N95 respirator)	• For touching blood, body fluids, secretions, excretions, and contaminated items; for touching mucous membranes and non-intact skin • During procedures and patient/resident-care activities when contact of clothing/exposed skin with blood/body fluids, secretions, and excretions is anticipated • During procedures and patient/resident care activities likely to generate splash or spray of blood, body fluids, secretions, excretions
Safe work practices	Avoid touching eyes, nose, mouth, or exposed skin with contaminated hands (gloved or ungloved); avoid touching surfaces with contaminated gloves and other PPE that are not directly related to patient/resident care (e.g., doorknobs, keys, light switches).
Patient/resident resuscitation	Use mouthpiece, resuscitation bag, or other ventilation devices to prevent contact with mouth and oral secretions.
Soiled patient/resident care equipment	Handle in a manner that prevents transfer of microorganisms to oneself, others, and environmental surfaces; wear gloves if visibly contaminated; perform hand hygiene after handling equipment.

Soiled linen and laundry	Handle in a manner that prevents transfer of microorganisms to oneself, others, and to environmental surfaces; wear gloves (gown if necessary) when handling and transporting soiled linen and laundry; and perform hand hygiene.
Needles and other sharps	Use devices with safety features when available; do not recap, bend, break or hand-manipulate used needles; if recapping is necessary, use a one-handed scoop technique; place used sharps in a puncture-resistant container.
Environmental cleaning and disinfection	Use EPA-registered hospital detergent-disinfectant; follow standard facility procedures for cleaning and disinfection of environmental surfaces; emphasize cleaning/disinfection of frequently touched surfaces (e.g., bed rails, phones, lavatory surfaces).
Disposal of solid waste	Contain and dispose of solid waste (medical and non-medical) in accordance with facility procedures and/or local or state regulations; wear gloves when handling waste; wear gloves when handling waste containers; perform hand hygiene.
Respiratory hygiene/cough etiquette Source control measures for persons with symptoms of a respiratory infection; implement at first point of encounter (e.g., triage/reception areas) within a healthcare setting.	Cover the mouth/nose when sneezing/coughing; use tissues and dispose in no-touch receptacles; perform hand hygiene after contact with respiratory secretions; wear a mask (procedure or surgical) if tolerated; sit or stand as far away as possible (at least 6 feet) from persons who are not ill.
Droplet Precautions	www.Center for Disease Control.gov/ncidod/hip/ISOLAT/droplet_prec_excerpt.htm
Patient/resident placement	Place patients/residents with influenza in a private room or cohort with other patients/residents with influenza.* Keep door closed or slightly ajar; maintain room assignments of patients/residents in nursing homes and other residential settings; and apply droplet precautions to all persons in the room. *During the early stages of a pandemic, infection with influenza should be laboratory-confirmed, if possible. Personal protective equipment Wear a surgical or procedure mask for entry into patient/resident room; wear other PPE as recommended for standard precautions.
Patient/resident transport	Limit patient/resident movement outside of room to medically necessary purposes; have patient/resident wear a procedure or surgical mask when outside the room.
Other	Follow standard precautions and facility procedures for handling linen and laundry and dishes and eating utensils, and for cleaning/disinfection

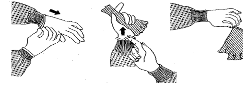
	of environmental surfaces and patient/resident care equipment, disposal of solid waste, and postmortem care.
Aerosol-Generating Procedures	During procedures that may generate small particles of respiratory secretions (e.g., endotracheal intubation, bronchoscopy, nebulizer treatment, suctioning), healthcare personnel should wear gloves, gown, face/eye protection, and a fit-tested N95 respirator or other appropriate particulate respirator.

(Source: HHS Pandemic Influenza Plan, Part 2-Public Health Guidance Supplements, Supplement 4)

CBC-ADM-032 F3

Sequence for Removing PPE

1. GLOVES

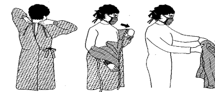


- Outside of gloves is contaminated!
- Grasp outside of glove with opposite gloved hand; peel off
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist
- Peel glove off over first glove
- Discard gloves in waste container

2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield is contaminated!
- To remove, handle by head band or ear-pieces
- Place in designated receptacle for reprocessing or in waste container

3. GOWN



- Gown front and sleeves are contaminated!
- Unfasten ties
- Pull away from neck and shoulders, touching inside of gown only
- Turn gown inside out
- Fold or roll into a bundle and discard

4. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!!
- Grasp bottom, then top ties or elastics and remove
- Discard in waste container

PERFORM HAND HYGIENE IMMEDIATELY AFTER REMOVING ALL PPE