THE STUDY VAULT

Clinical Chaos

Degowning

SKILL SNAPSHOT

Purpose

Remove contaminated PPE without transferring organisms to skin, clothing, or the environment.

When to use

After patient/environment contact, at the doorway or location specified by isolation policy.

Supplies needed

Waste receptacle; linen bin if reusable; hand hygiene supplies; mirror/observer for high-risk PPE if available.

PREP + PATIENT SETUP

- Identify the contaminated surfaces: glove and gown fronts/sleeves.
- Stand near the correct waste container.
- Avoid touching face, clothing, doors, or clean supplies.
- Move slowly; stop if contamination occurs.

VAULT TIP

Move from most contaminated to least contaminated; touch only clean inside surfaces and straps.

STEP-BY-STEP

- Remove gloves: grasp outside of one glove; peel off; hold in gloved hand; slide bare fingers under remaining cuff; peel over first glove.
- Remove gown: unfasten ties; pull away from neck/shoulders touching inside only; turn inside out; roll into bundle and discard.
- Perform hand hygiene.
- Remove eye protection by rear strap or earpieces; clean reusable equipment.
- Remove mask/respirator by ties or straps only; do not touch front. Remove respirator after leaving airborne room and closing door.
- Discard PPE in correct receptacle.
- Perform hand hygiene again; inspect clothing/skin for contamination.

SAFETY REMINDERS

- Glove/gown fronts are contaminated.
- Never snap, shake, or crush used PPE.
- Follow policy if sequence differs for high-risk pathogens.
- If skin/clothing is contaminated, wash/change and report exposure.

COMMON MISTAKES

- Touching gown front or mask front.
- Pulling PPE over the head.
- Removing N95 inside an airborne room.
- Skipping hand hygiene between/after removal.

DOCUMENTATION

- Usually chart only when relevant to isolation care.
- Record PPE breach/exposure and body site.
- Immediate cleansing and post-exposure actions.
- Provider/charge nurse/employee health notification.