

PERSONAL PROTECTIVE EQUIPMENT (PPE) HAND HYGIENE TRAIN THE TRAINER

Healthcare-Associated Infections and Antimicrobial Resistance Section
Office of Communicable Disease Epidemiology
Disease Control and Health Statistics Division

Learning Objectives

After attending this session, participants should be able to:

1. Identify the types of personal protective equipment (PPE) and understand the protection that each item provides
2. Select the appropriate personal protective equipment (PPE) based on the potential exposure and the type of care being provided
3. Demonstrate donning and doffing personal protective equipment (PPE) in the correct sequence
4. Describe what is hand hygiene and why it is important in a healthcare setting.
5. Identify best practices on when to use soap and water or alcohol-based hand sanitizer.
6. Demonstrate effective hand hygiene techniques using soap & water and alcohol-based hand rub.

Definitions

- **PPE**: Personal Protective Equipment
- **Don**: putting on your PPE
- **Doff**: taking off your PPE
- **Mask**: medical-grade or surgical mask; work as source control
- **N95 Respirator**: the **generic term** for mask that is a particulate-filtering facepiece respirator that meets the U.S. National Institute for Occupational Safety and Health (NIOSH) N95 Classification of air filtration, meaning that it filters at least 95% of airborne particles (there are many types/brands)
- **Eye Protection**: **generic term** for device used to prevent droplets from entering eye opening/mucous membranes. Can be face shield or goggles

General Guidelines on PPE Use

- Appropriate PPE selection is based on the type of care being provided as well as the anticipated exposure to potentially infectious material
- Always perform hand hygiene after removing (doffing) PPE
- PPE needs to fit well in order for it to be effective
- Exposure to pathogens can easily occur if appropriate donning and doffing techniques are not followed
- Avoid touching your face while wearing PPE
- Types of PPE in healthcare settings:
  - Gowns
  - Masks
  - Eye protection
  - Gloves

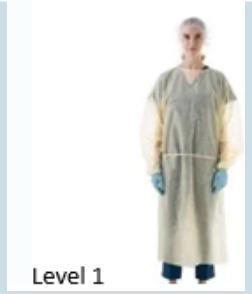
Gowns

- Protects the clothing and skin, torso, legs to the knees, and arms to the wrists.
- Should be worn when anticipating potential contact between skin and blood or body fluid
- Different levels available:
  - Level 1
  - Level 2
  - Level 3
  - Level 4





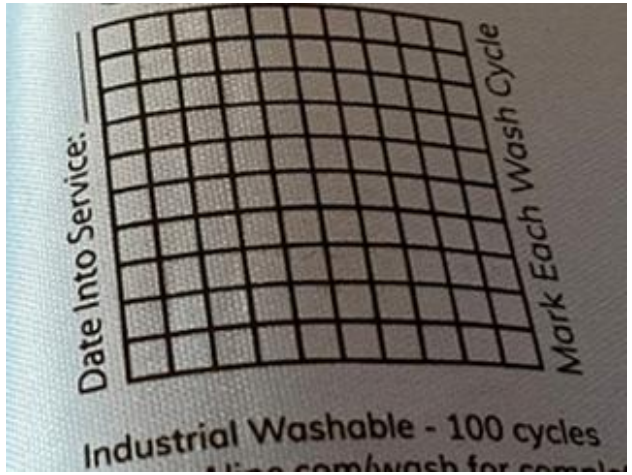


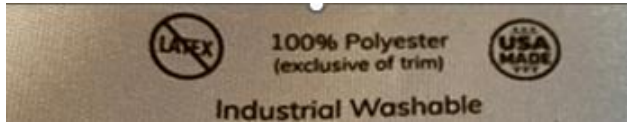
Gown Level	Risk	Example of Use	
Level 1	Minimal Risk	During basic care, standard isolation, cover gown for visitors, or in a standard medical unit. Procedures that involve little fluid or pressure.	 
Level 2	Low Risk	During Blood draw, suturing, in the Intensive Care Unit (ICU), or a pathology lab. Increased amount of fluid and pressure.	
Level 3	Moderate Risk	During arterial blood draw, inserting an Intravenous (IV) line, in the emergency room or for trauma cases. Involve more fluids and greater pressure.	 
Level 4	High Risk	During long, fluid intensive procedures, surgery, when pathogen resistance is needed, or infectious diseases are suspected (non-airborne). Have the greatest risk for strikethrough and require the highest protection, equivalent to FDA-labeled impervious gowns.	

Reusable/Washable Gowns

- Reusable (i.e. washable) gowns are typically made of polyester or polyester-cotton fabric
- Reusable gowns should NOT be used before laundered.
- Routinely inspect
- Replace gown when needed (ripped, or # of wash cycles have been reached per manufacturer IFU's)
- Store in a manner to remain clean until use
- Contact the manufacturer if there is no shelf-life information available on the gown label or packaging.







Mask

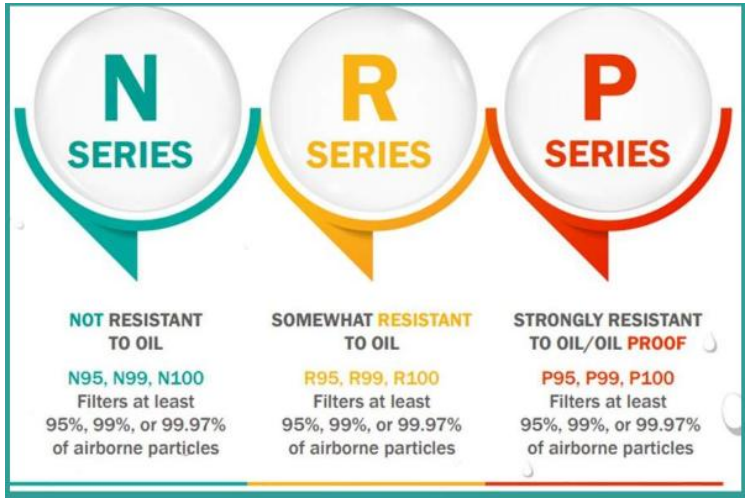
- Protects mucous membranes of mouth and nose
- Medical-grade or surgical
  - work as source control
- Respirators
  - N95
- Should be used when anticipating contact with someone exhibiting:
  - respiratory infection symptoms,
  - splashes or sprays of body fluid

Mask vs N95 Respirator

Surgical	N95 Respirators
	 
Protects wearer against **droplets**	Protects wearer against 95% of **airborne particles**
Does *NOT* require fit testing	**<u>DOES</u> require fit testing**

Respirators

- DOES require fit testing
- Leave the hazardous area “immediately” and replace the respirator when any of the following occur:
  - Damaged Respirator
  - Difficulty Breathing
  - If the respirator becomes contaminated
- Series Types:
  - N: Not resistant to oil
  - R: Somewhat resistant to oil
  - P: Strongly resistant to oils/oil proof



Eye Protection

- Goggles: Protects eyes
  - Note: Personal eyewear does not qualify as eye protection
- Face shield: Protects eyes, nose, mouth, and skin
- To be worn when anticipating contact with splashes or sprays







Gloves

- Protects hands and wrists
- To be worn when anticipating coming into contact with any potentially infectious or damaging material
- Use appropriate size
  - Too small may tear
  - Too large may fall off/slip down wrist
- Sterile gloves to be worn during surgeries and other sterile procedures





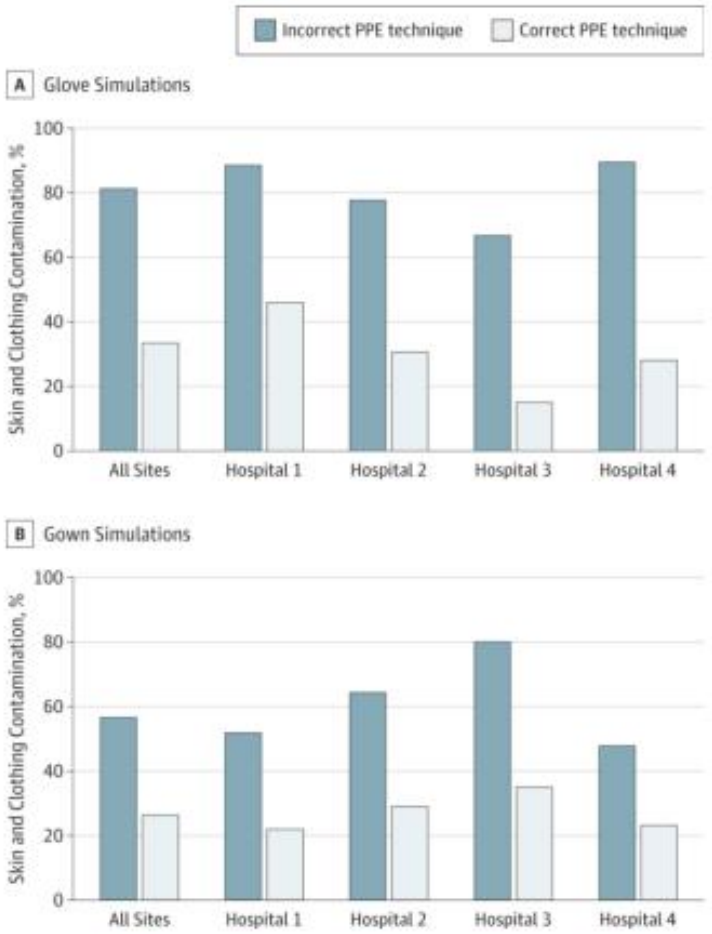
Why is Donning and Doffing Important?

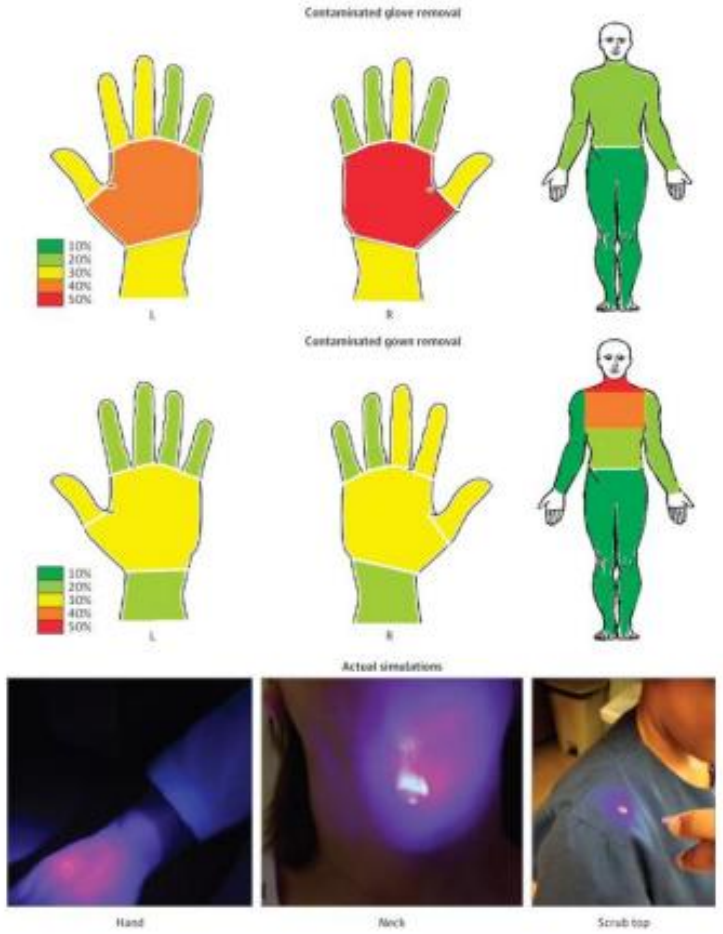
- It is an evidence-based way to decrease the risk of healthcare workers becoming infected while working
- It is critical to prevent transmission of pathogens
- Many healthcare workers unintentionally deviate from the correct process due to stress, time limitations, limited resources, or lack of understanding of the process.

Contamination After Care	MRSA	VRE
Gloves	18 – 24%	12-63%
Gown	6 – 14%	4 – 37%
Hands After Glove Removal	3%	0 – 4%

(Snyder G et al., ICHE, 2008; Roghmann M et al., ICHE 2015; Grabsch E et al., ICHE, 2006; Zachary K et al., ICHE, 2001)

Contamination During PPE Removal





(Tomas M et al., JAMA Intern Med, 2015)

PPE Storage Examples



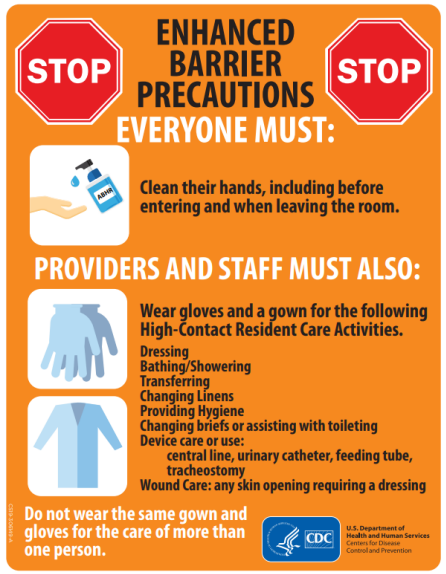


https://innerspacehealthcare.com/medical-storage/pace-isolation-cart/

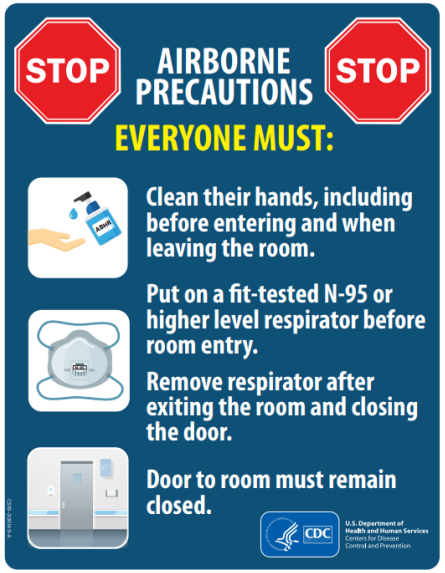


https://www.medicus-health.com/carts/isolation-carts/isolation-station-clear-bulk-pack.html?gclid=EAIaIQobChMIhaH0oab38QIVzCCtBh2XcgF5EAQYASABEgIRgfD_BwE

Additional Transmission based Precautions Signage



[enhanced barrier precautions final rev3 (cdc.gov)]



[airborne precautions final rev3 (cdc.gov)]

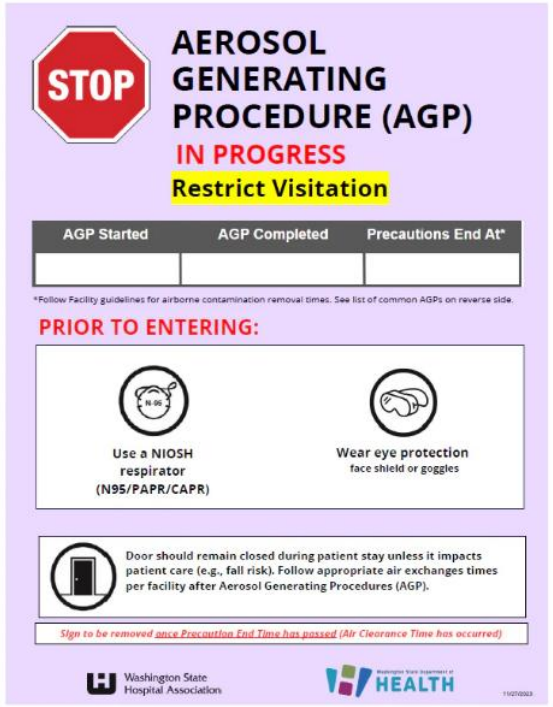


[contact precautions final rev3 (cdc.gov)]

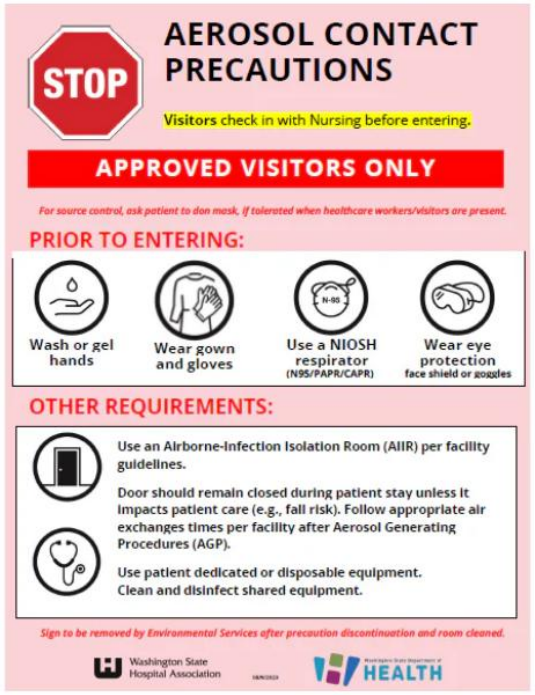


[droplet precautions final rev4 (cdc.gov)]

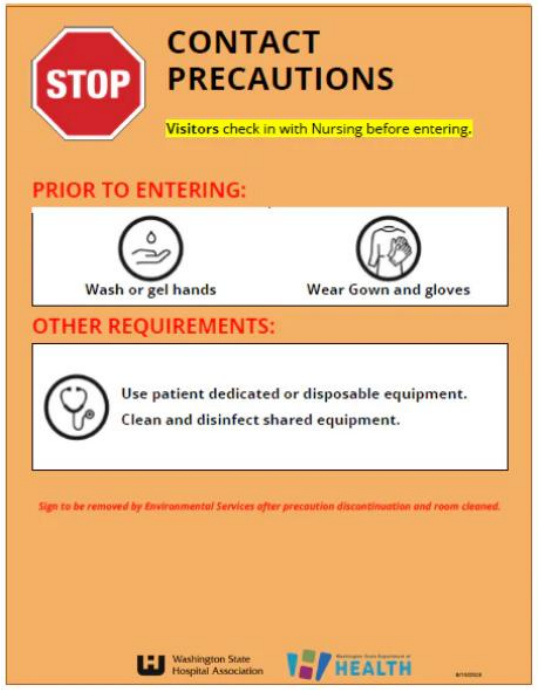
Updated Transmission-Based Precautions Signage



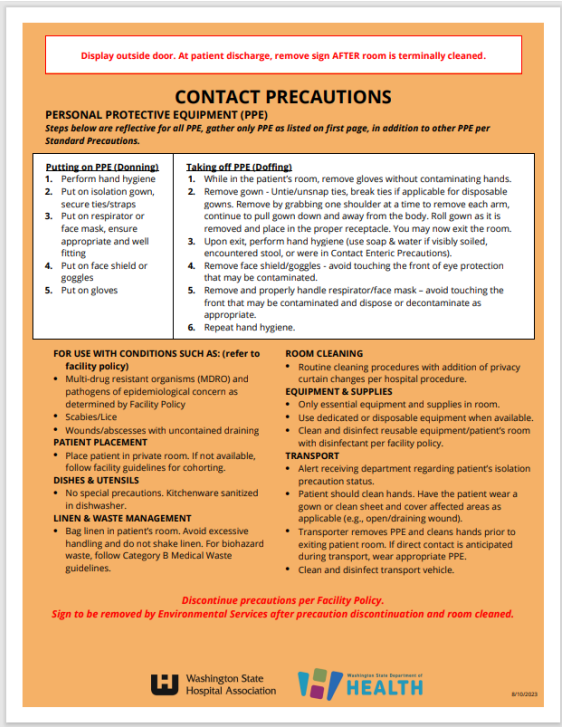
[AGP-Precautions.pdf (wsha.org)]



[Aerosol-Contact-Precaution.pdf (wsha.org)]

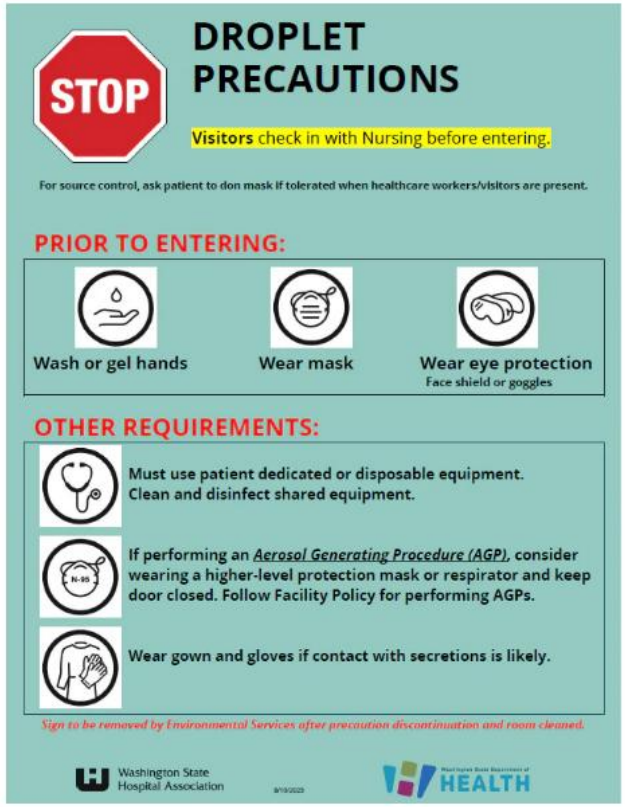


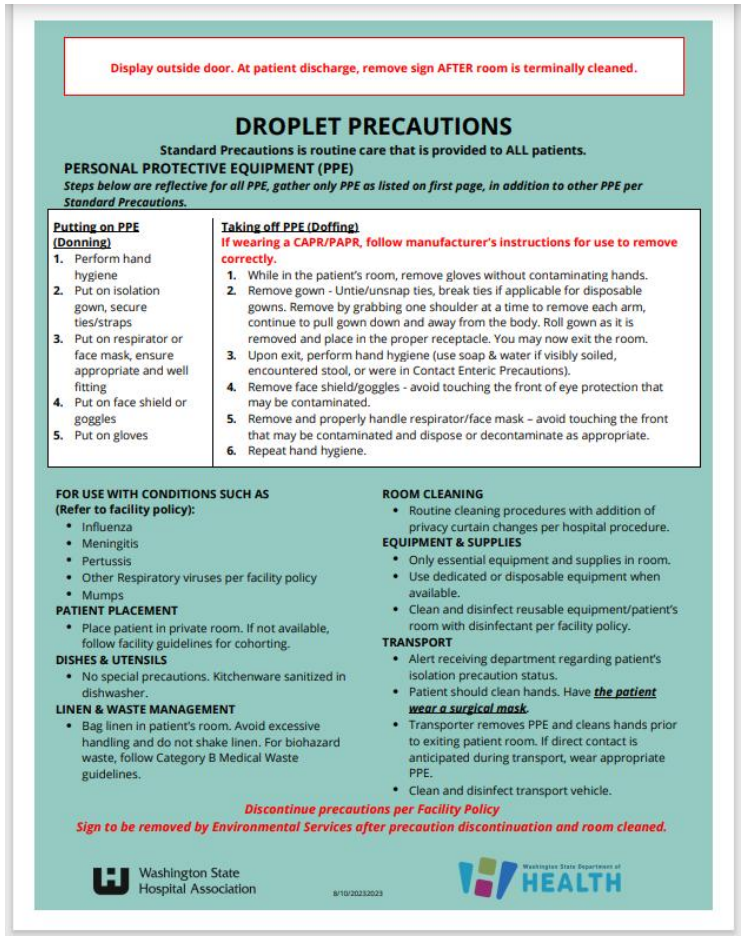
[Contact-Precautions.pdf (wsha.org)]



[Isolation precautions – Washington State Hospital Association (washington-state-hospital-association.myshopify.com)]

Updated Signage



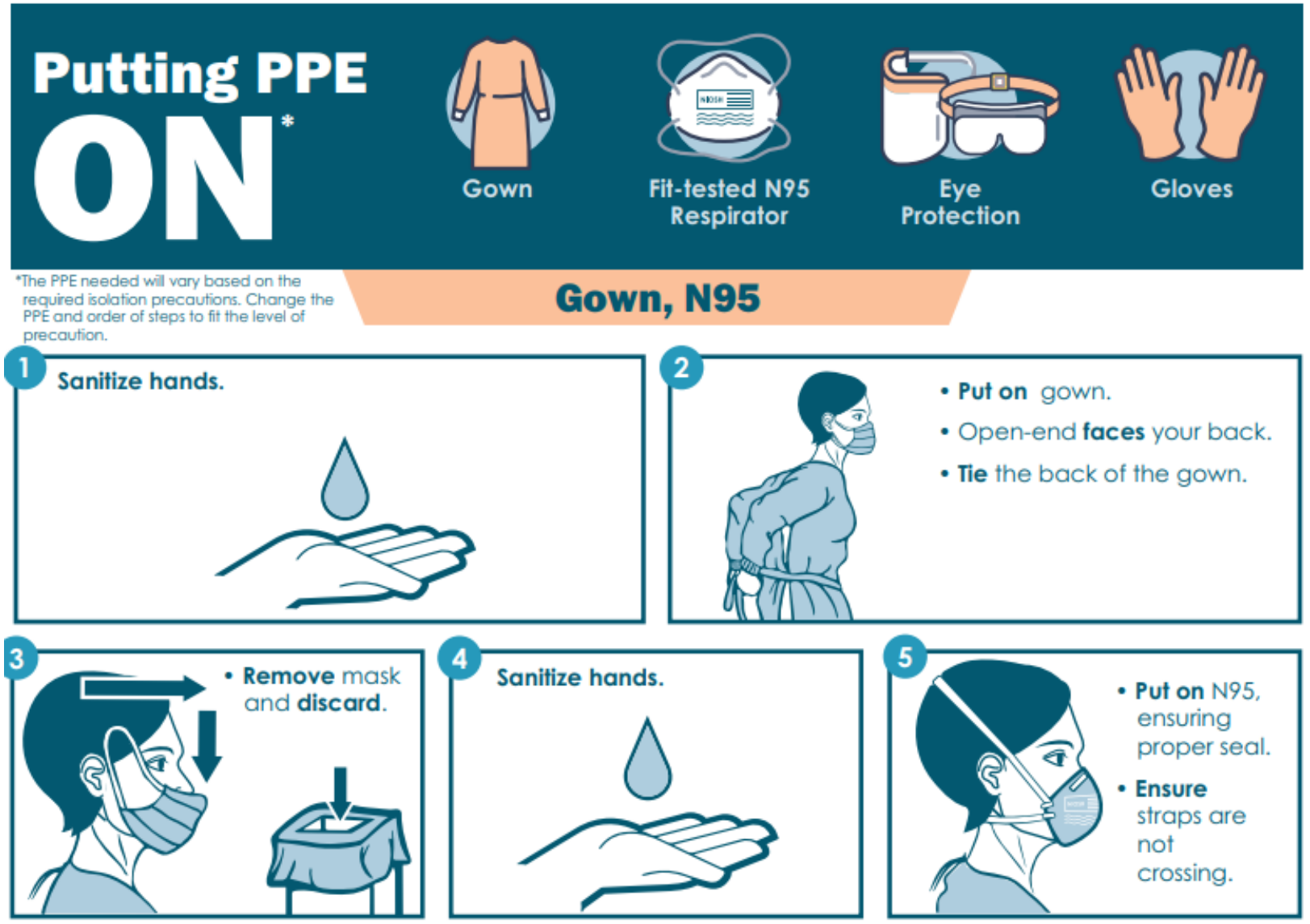




Droplet-Precautions.pdf (wsha.org)

enhanced barrier precautions final rev3 (cdc.gov)

How to Don PPE



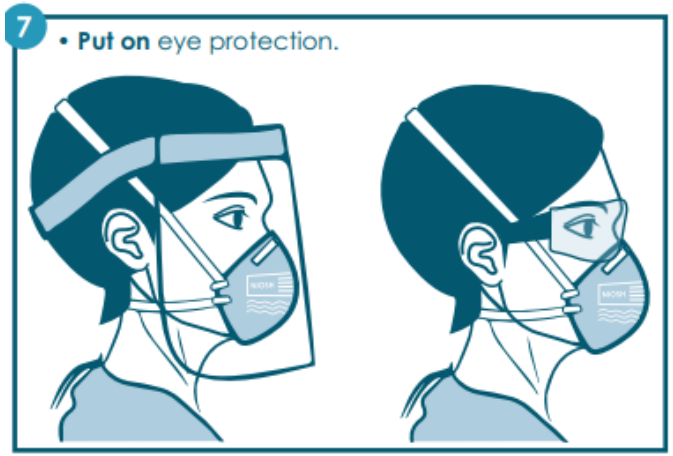
How to Don PPE

Seal check will be different with each type of mask- follow manufacturer's guidelines!

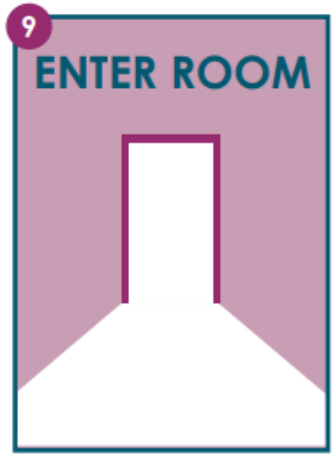
N95 Seal Check



Eye Protection, Gloves, Entry





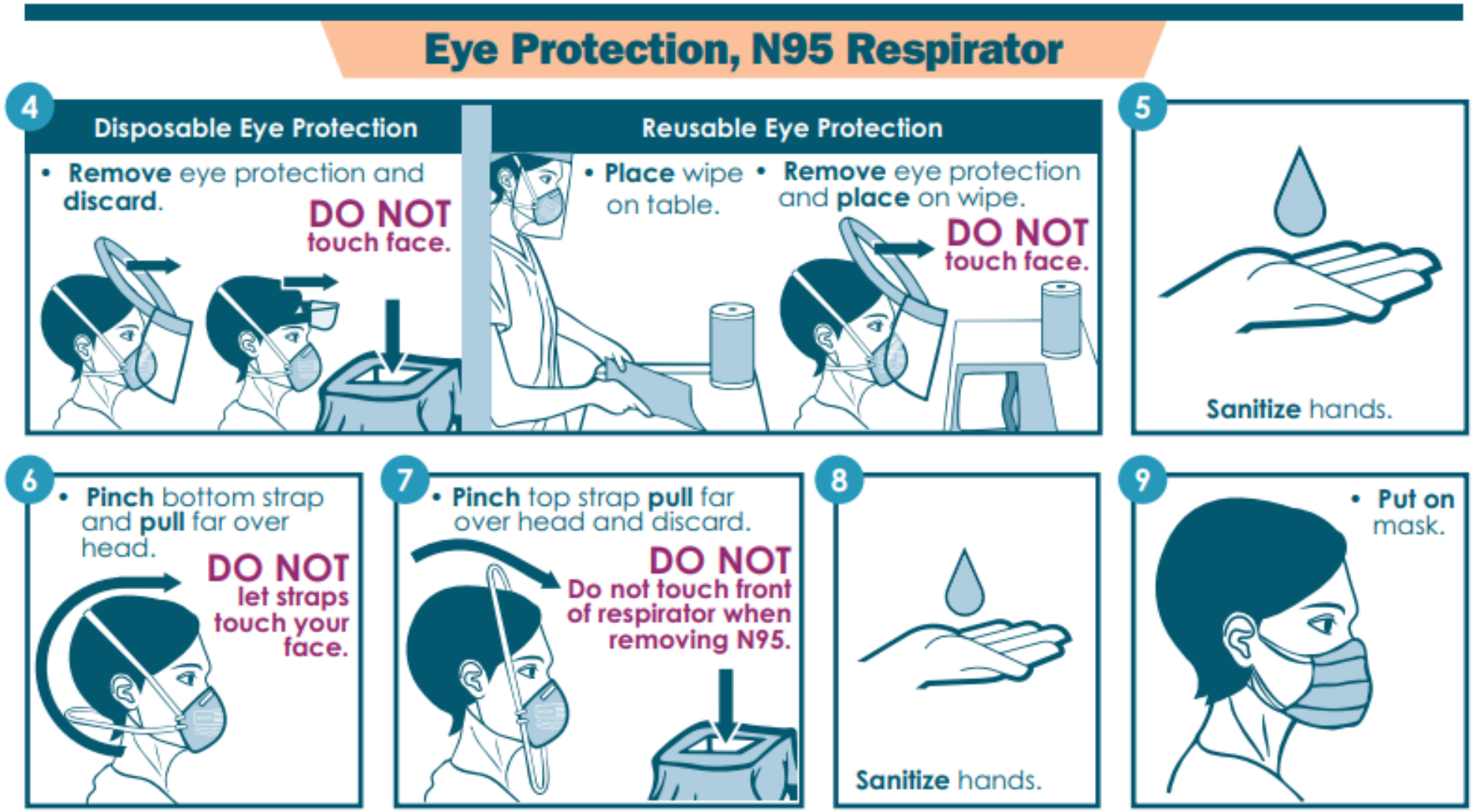




How to Doff PPE



How to Doff PPE



How to Disinfect/Sanitize Eye Protection



Tips

- Utilize a don/doff checklist and show-back are known to be effective teaching tools
- Re-educate staff regularly including types and indications for different types of PPE – add it to competencies
- Audit don and doff practices in your facility (secret shopper) and encourage feedback/coaching
- Make hand hygiene product easily available where staff don/doff
- Give staff ample room and time to don/doff properly
- Place wastebaskets nearby – not ideal to have staff carry soiled PPE across the facility

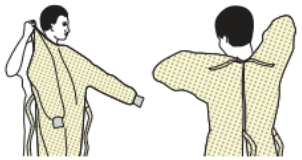
Additional PPE Donning & Doffing Signs

SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

1. GOWN

- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
- Fasten in back of neck and waist



2. MASK OR RESPIRATOR

- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit-check respirator



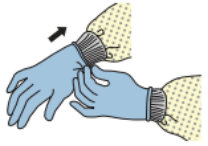
3. GOGGLES OR FACE SHIELD

- Place over face and eyes and adjust to fit



4. GLOVES

- Extend to cover wrist of isolation gown



USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene

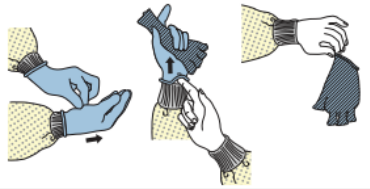
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HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 1

There are a variety of ways to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Here is one example. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

1. GLOVES

- Outside of gloves are contaminated!
- If your hands get contaminated during glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove
- Discard gloves in a waste container



2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band or ear pieces
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container



3. GOWN

- Gown front and sleeves are contaminated!
- If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties
- Pull gown away from neck and shoulders, touching inside of gown only
- Turn gown inside out
- Fold or roll into a bundle and discard in a waste container

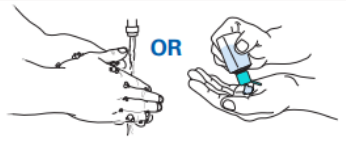


4. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



5. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE

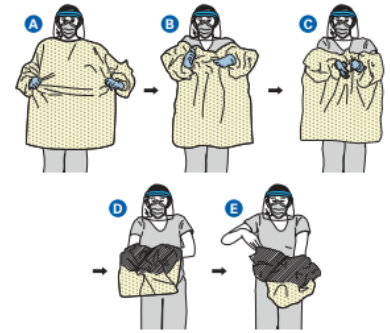
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HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 2

Here is another way to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

1. GOWN AND GLOVES

- Gown front and sleeves and the outside of gloves are contaminated!
- If your hands get contaminated during gown or glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp the gown in the front and pull away from your body so that the ties break, touching outside of gown only with gloved hands
- While removing the gown, fold or roll the gown inside-out into a bundle
- As you are removing the gown, peel off your gloves at the same time, only touching the inside of the gloves and gown with your bare hands. Place the gown and gloves into a waste container



2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band and without touching the front of the goggles or face shield
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container

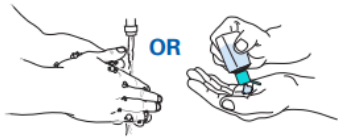


3. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



4. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE

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Pre-training Knowledge Check

1. Which hand hygiene method is more effective at killing bacteria?
   - ❑ Soap & Water
   - ❑ Alcohol-based hand rub (foam or gel)
2. Which hand hygiene method is less damaging to your skin?
   - ❑ Soap & Water
   - ❑ Alcohol-based hand rub (foam or gel)
3. A staff member delivered a meal tray to Mrs. Smith who was already sitting up to receive her meal. The staff member helped to set up the meal tray on Mrs. Smith's bedside table by clearing some personal items that needed to be moved. Since the staff did not need to touch Mrs. Smith for this activity, hand hygiene does not need to be practiced.
   - ❑ TRUE
   - ❑ FALSE
4. How long should you rub your hands together when applying an alcohol-based hand rub?
   - ❑ 15 seconds
   - ❑ 1 minute
   - ❑ Until your hands are dry

What is Hand Hygiene?

- H hygiene is a general term that applies to either handwashing or alcohol-based hand rub.
- Hand hygiene is part of Standard Precautions. It reduces transmission of healthcare associated infections (HAI) to your patients and to you.
- Hand hygiene is especially important in all healthcare facilities since many infections are transmitted from the hands of Healthcare workers.





Cleaning your hands reduce:

✓ The spread of potentially deadly germs to patients

✓ The risk of healthcare workers getting sick from their work environment

Two methods for Hand Hygiene

Alcohol-Based Hand Sanitizers (ABHS)	Washing with Soap & Water
• Contain at least 60% alcohol acts by **killing** certain germs from hands • Effectively reduce the number of germs that may be on hands of healthcare workers after interacting with patients. • Is the preferred method for cleaning your hands in most clinical situations. Source: Healthcare Providers | Hand Hygiene | CDC	• Works by **removing** all types of germs from hands • Is more effective than hand sanitizers at removing certain kinds of germs like norovirus and Clostridioides difficile as well as chemicals. • Is the preferred method whenever they are visibly dirty, before eating, and after using the restroom.

Ready, Set, Glow!

The World Health Organization has a step-by-step guide on how to handwash.

Using this guide, we will learn and demonstrate with glowing “germ” lotion, how to effectively remove germs from our hands using soap and water.



Resource: [New_HandWash_Poster (who.int)]

The World Health Organization has a step-by-step guide on how to use ABHS.

Use this guide to practice effective use of ABHS. Best practice is to use ABHS that contains at least 60% alcohol.

Remember!

- ❑ Put enough sanitizer on your hands to cover all surfaces
- ❑ Rub your hands together until they feel dry
- ❑ Do **NOT** rinse or wipe off the hand sanitizer before it's dry; it may not work well against germs.

Resource: New_HandRub_Poster (who.int)

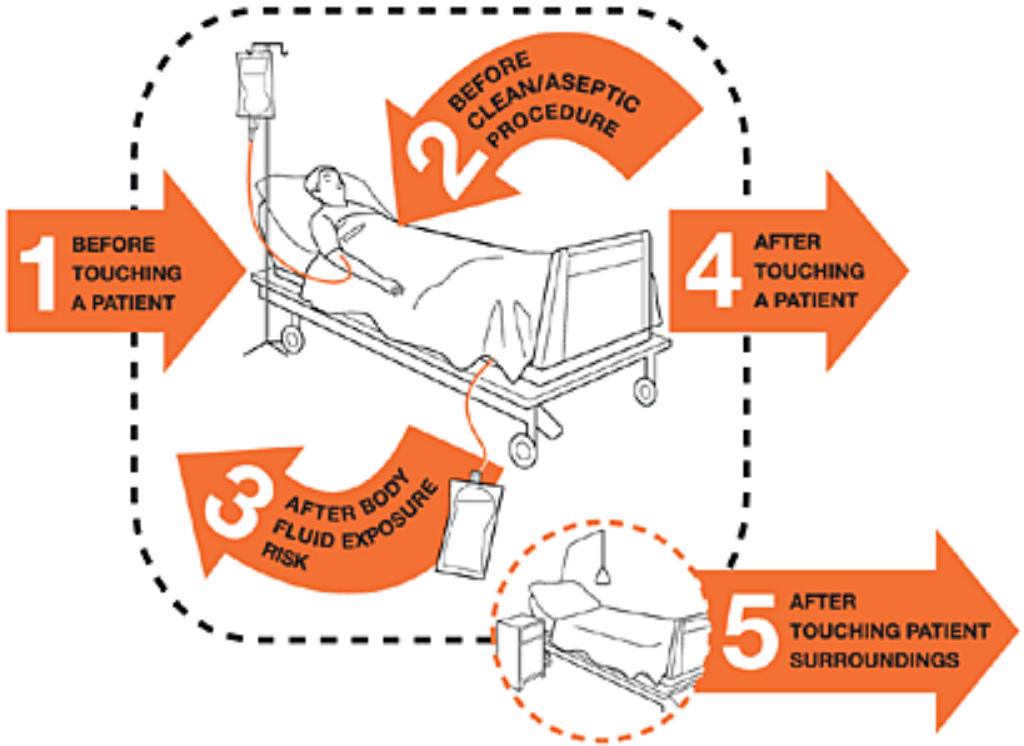


Knowledge Check: Answers

Questions	Answer and rationale
1. Which hand hygiene method is more effective at killing bacteria?	Alcohol-based hand rub – We learned earlier that ABHS that contain at least 60% alcohol acts by killing certain germs on the skin. Soap and water work to remove all types of germs from hands.
2. Which hand hygiene method is less damaging to your skin?	Alcohol-based hand rub – ABHS is the preferred method for cleaning your hands when they are not visibly dirty because ABHS improves skin condition with less irritation and dryness than soap and water
3. Since the staff did not need to touch Mrs. Smith for this activity, hand hygiene does not need to be practiced.	FALSE – It is important to practice hand hygiene after you leave the room, even if you only touched patient care equipment or other surfaces because bacteria can survive for days or longer periods on care equipment and other surfaces. Surfaces in the patient care environment are often contaminated with bacteria.
4. How long should you rub your hands together when applying an alcohol-based hand rub?	Until your hands are dry – With ABHS, rub hands together until dry (15-30 seconds) because dry time is the major factor affecting antimicrobial efficacy of ABHS.

My 5 moments for Hand Hygiene

- before touching a patient,
- before clean/aseptic procedures,
- after body fluid exposure/risk,
- after touching a patient, and
- after touching patient surroundings.

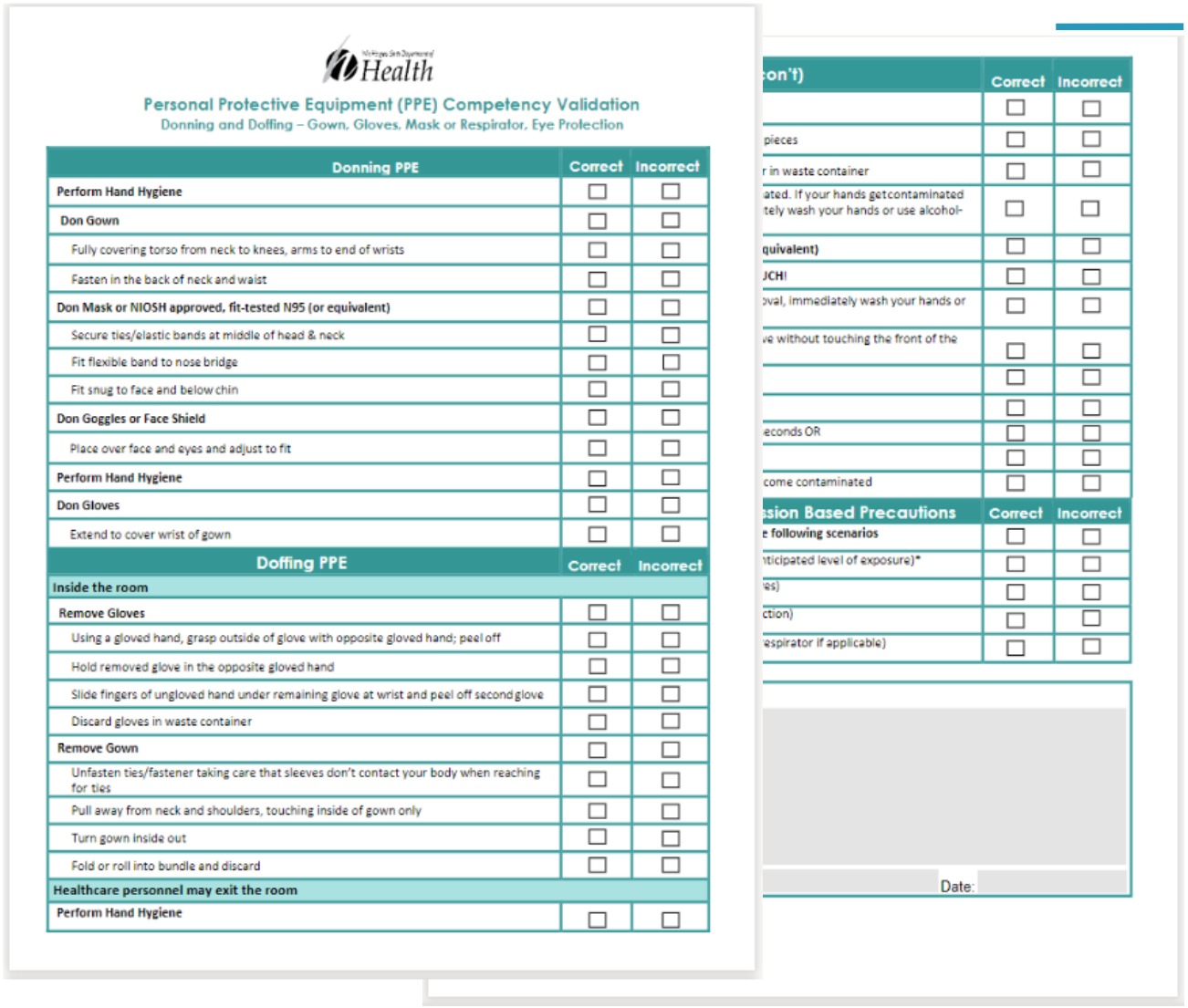


Resource: World Hand Hygiene Day (who.int)

Tools and Resources

Aspect	Observation	Audit
Purpose	Monitor real-time behavior or process	Review records/data for compliance/quality
Method	Direct, in-the-moment observation	Structured review of documentation/records
Data Type	Qualitative (behavior, technique)	Quantitative (metrics, compliance rates)
Focus	Process flow, safety, technique	Standards adherence, compliance, outcomes
Use Case	Training, safety checks, infection prevention monitoring	Quality improvement, compliance, regulatory checks

Donning/Doffing Competency Checklist



Health

Personal Protective Equipment (PPE) Competency Validation

Donning and Doffing – Gown, Gloves, Mask or Respirator, Eye Protection

Donning PPE	Correct	Incorrect
Perform Hand Hygiene	☐	☐
Don Gown	☐	☐
Fully covering torso from neck to knees, arms to end of wrists	☐	☐
Fasten in the back of neck and waist	☐	☐
Don Mask or NIOSH approved, fit-tested N95 (or equivalent)	☐	☐
Secure ties/elastic bands at middle of head & neck	☐	☐
Fit flexible band to nose bridge	☐	☐
Fit snug to face and below chin	☐	☐
Don Goggles or Face Shield	☐	☐
Place over face and eyes and adjust to fit	☐	☐
Perform Hand Hygiene	☐	☐
Don Gloves	☐	☐
Extend to cover wrist of gown	☐	☐
Doffing PPE	**Correct**	**Incorrect**
Inside the room		
Remove Gloves	☐	☐
Using a gloved hand, grasp outside of glove with opposite gloved hand; peel off	☐	☐
Hold removed glove in the opposite gloved hand	☐	☐
Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove	☐	☐
Discard gloves in waste container	☐	☐
Remove Gown	☐	☐
Unfasten ties/fastener taking care that sleeves don't contact your body when reaching for ties	☐	☐
Pull away from neck and shoulders, touching inside of gown only	☐	☐
Turn gown inside out	☐	☐
Fold or roll into bundle and discard	☐	☐
Healthcare personnel may exit the room		
Perform Hand Hygiene	☐	☐

on't)	Correct	Incorrect
	☐	☐
pieces	☐	☐
r in waste container	☐	☐
ated. If your hands get contaminated tely wash your hands or use alcohol-	☐	☐
quivalent)	☐	☐
JCH!	☐	☐
oval, immediately wash your hands or	☐	☐
ve without touching the front of the	☐	☐
	☐	☐
	☐	☐
econds OR	☐	☐
	☐	☐
come contaminated	☐	☐
ssion Based Precautions	**Correct**	**Incorrect**
e following scenarios	☐	☐
nticipated level of exposure)*	☐	☐
es)	☐	☐
ction)	☐	☐
espirator if applicable)	☐	☐

Date:

Standard Precautions: Observation of Personal Protective Equipment Provision — 5

Instructions: Observe patient care areas or areas outside of patient rooms. For each category, record the observation. In the column on the right, sum (across) the total number of "Yes" and the total number of observations ("Yes" + "No"). Sum all categories (down) for overall performance.

	Standard Precautions: Observation Categories	Room 1	Room 2	Room 3	Room 4	Room 5	Summary of Observations: Yes	Summary of Observations: Total Observed
1	Are gloves readily available outside each patient room or any point of care?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No		
2	Are cover gowns readily available near each patient room or point of care?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No		
3	Is eye protection (face shields or goggles) readily available near each patient room or point of care?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No		
4	Are face masks readily available near each patient room or point of care?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No		
5	Are alcohol dispensers readily accessible and functioning?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No		
	Total YES and TOTAL OBSERVED							

Hand Hygiene Competency Tool

Organizational Name
Hand Hygiene Competency Validation

Type of Validation: Return demonstration	❑ Orientation ❑ Annual ❑ Other

Employee Name: _____ Title: _____ Date: ___/___/___

Hand Hygiene with Soap & Water	Competent Yes	Competent No
1. Checks that sink areas are supplied with soap and paper towels.		
2. Turns on faucet and regulates water temperature.		
3. Wets hands and applies enough soap to cover all surfaces of hands.		
4. Vigorously rubs hands for at least **20 seconds** including palms, back of hands, between fingers, and wrists.		
5. Rinses thoroughly keeping fingertips pointed down.		
6. Dries hands and wrists thoroughly with paper towels.		
7. Uses paper towel to turn off faucet to prevent contamination to clean hands		
8. Discards paper towel in wastebasket		
Hand Hygiene with ABHR		
9. Applies enough product to adequately cover all surfaces of hands.		
10. Rubs hands including palms, back of hands, between fingers until all surfaces dry.		

Comments or follow up actions:

References
CDC at http://www.cdc.gov/mmwr/PDF/rr/rr5116.pdf

Employee signature: _____

Validator Signature: _____ Date: _____

File Path
Revised 11/016/17

Standard Precautions: Observation of Hand Hygiene Provision of Supplies

4

Instructions: Observe patient care areas or areas outside of patient rooms. For each category, record the observation. In the column on the right, sum (across) the total number of "Yes" and the total number of observations ("Yes" + "No"). Sum all categories (down) for overall performance.

	Standard Precautions: Observation Categories	Room 1	Room 2	Room 3	Room 4	Room 5	Summary of Observations: Yes	Summary of Observations: Total Observed
1	Are functioning sinks readily accessible in the patient care area?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No		
2	Are all handwashing supplies, such as soap and paper towels, available?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No		
3	Is the sink area clean and dry?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No		
4	Are any clean patient care supplies on the counter within a splash-zone of the sink?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No		
5	Are signs promoting hand hygiene displayed in the area?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No		
6	Are alcohol dispensers readily accessible?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No		
7	Are alcohol dispensers filled and working properly?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No		
	Total YES and TOTAL OBSERVED							

Questions?

Resources

- 420-380 Donning and Doffing PPE (wa.gov)
- Personal Protective Equipment (PPE) Competency Checklist
- Standard Precautions- Observation of Personal Protective Equipment Provision
- Standard Precautions- Observation of Hand Hygiene Provision of Supplies
- A care escalation framework to address lapses in donning and doffing of personal protective equipment during the COVID-19 pandemic - American Journal of Infection Control (ajicjournal.org)
- Assessment of Healthcare Worker Protocol Deviations and Self-Contamination During Personal Protective Equipment Donning and Doffing | Infection Control & Hospital Epidemiology | Cambridge Core
- PPE Donning and Doffing: CDC Sequence for COVID 19 – YouTube
- 1910.1030 - Bloodborne pathogens. | Occupational Safety and Health Administration (osha.gov)
- 69. Surgical Services | Infection Prevention for Practice Settings and Service-Specific Patient Care Areas | Table of Contents | APIC
- Medical Gowns | FDA

Resources continued

- Liquid barrier performance and classification of protective apparel and drapes intended for use in health care facilities
- Recognized Consensus Standards (fda.gov)
- Liquid barrier performance and classification of protective apparel and drapes intended for use in health care facilities
- Donovan SK, Herstein JJ, Le AB, et al. The cardinal rules: Principles of personal protective equipment for high-consequence infectious disease events. Infect Control Hosp Epidemiol 2024. doi: 10.1017/ice.2023.264 The_cardinal_rules_Principles_of_personal_protecti.pdf

Washington State Department of HEALTH

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