

<b>DOCUMENT CONTROL</b>	
<b>Title:</b>	<b>Personal Protective Equipment Policy</b>
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<b>Reference Number:</b>	<b>CL076</b>
<b>Scope:</b>	
This policy applies to all Pennine Care Staff including bank and agency staff	
<b>Purpose:</b>	
The purpose of this document is to describe what PPE to wear, when to wear it and how to put gloves on.	
<b>Requirement for Policy</b>	
Health & Safety	
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Infection Prevention and Control Nurse	
<b>Individual(s) &amp; group(s) involved in the Development:</b>	
This document has been developed in collaboration with the following interested parties:	
<ul style="list-style-type: none"> <li>• Infection, Prevention and Control Team</li> </ul>	
<b>Individual(s) &amp; group(s) involved in the Consultation:</b>	
The document has been circulated for consultation and comments have been taken into consideration and the document amended accordingly:	
<ul style="list-style-type: none"> <li>• Infection Control Team</li> <li>• Infection Control Committee</li> <li>• Members of all the Governance Groups</li> </ul>	
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<b>Responsibility of:</b>	Infection, Prevention and Control Team
<b>Other Trust documentation to which this policy relates (and when appropriate should be read in conjunction with):</b>	
CL004	Infection Prevention and Control Policy
CL069	Hand Hygiene Policy
CL122	Safeguarding Families Policy
CO005	Education, Training and Development Policy
CO045	Waste Management Policy
CO081	Core & Essential Skills Policy
HR024	Staff Dress Code Policy
<b>Policy Associated Documents:</b>	
TAD_CL076_01	<a href="#">Summary Guide to the Use of Personal Protective Equipment</a>
TAD_CL076_02	<a href="#">Putting on and removing Personal Protective Equipment</a>

<b>Other external documentation/resources to which this policy relates:</b>	
<b>CQC Regulations</b>	
<b>This guideline supports the following CQC regulations:</b>	
Regulation 12	Safe care and treatment
Regulation 17	Good governance
Regulation 18	Staffing

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## 1. INTRODUCTION

The use of Personal Protective Equipment (PPE) is an important means of protecting staff against health and safety risks at work. In relation to Infection Prevention and Control, the benefits of PPE are two fold offering both protection to patients as well as those caring for them. Selection of the most appropriate PPE should therefore be based on a risk assessment of the likelihood of:

- Contamination of staff clothing or skin with blood or other body fluids, secretions or excretions
- Transmission of microorganisms to the patient. Where infectious organisms are known to be present, such as MRSA or clostridium Difficile, use of appropriate PPE would be considered essential
- For guidance on when to wear PPE see TAD\_CL076\_01

Further risk assessments may also be required in relation to other risks to health and safety, such as sensitivity/allergy to use of latex gloves. Where necessary, IP&C and Occupational Health services can support these assessments so that any related risks can be addressed.

The principles described here apply to all situations and all settings across the Trust.

**Everyone has an important part to play in improving patient and staff safety. Compliance with this policy is essential.**

For the purpose of this policy, the PPE described, which will be used includes:

- Gloves
- Aprons/gowns
- Face, mouth/eye protection, e.g. masks/goggles/visors

Please note: - respiratory infections and the use of specialised masks will need to be discussed with IP&C team.

## 2. RESPONSIBILITIES, ACCOUNTABILITIES AND DUTIES

Overall accountability for procedural documents across the organisation lies with the Chief Executive who has overall accountability for establishing and maintaining an effective document management system, for meeting all statutory requirements and adhering to guidance issued in respect of procedural documents.

Overall responsibility for the confidentiality policy lies with the Caldicott Guardian with delegated responsibility for managing the development and implementation of confidentiality policy procedural documents to the Information Governance Manager.

The Caldicott Guardian is responsible for overseeing and advising on contentious issues of service user confidentiality for PCFT.

Line Managers are responsible for ensuring that all staff, particularly new staff, temporary staff, contractors and volunteers, know what is expected of them with respect to

confidentiality and protecting information. They and are also responsible for monitoring compliance with this policy . The Trust has a dedicated Privacy Officer who will monitor for inappropriate access via regular auditing of access, including Break glass processes.

Staff are responsible for maintaining the confidentiality of all personal and corporate information gained during their employment with PCFT and extends after they have left the employ of PCFT.

Individual staff members are personally responsible for any decision to pass on information that they may make.

All staff are responsible for adhering to the Caldicott principles, the Data Protection Act and the Confidentiality Code of Conduct.

Staff will receive instruction and direction regarding the policy from a number of sources:

- Policy/strategy and procedure manuals
- Line manager
- Specific training courses
- Other communication methods (team brief/team meetings/IG bulletins)
- Staff Intranet

All staff are mandated to undertake Information Governance training on an annual basis. This training should be provided within the first year of employment and then updated annually as appropriate in accordance with the Core and Essential Skills Policy and the Information Governance training plan.

### **3. STANDARD PRINCIPLES OF GOOD PRACTICE**

- Effective communication between all member staff is imperative for patient safety/staff safety.
- PPE must be appropriate, fit for purpose and suitable for the person using/wearing it, with supplies located close to the point of use. Donning and removing of items must be carried out appropriately each time.
- The integrity of PPE during use is essential for adequate protection. Any damage, caused by example, by sharp items such as stoned rings, or products such as hand cream or acetone could potentially lead to exposure to blood, other body fluids, excretions and secretions.
- Stocks of PPE should be stored off the floor, e.g. on appropriate shelving in a designated, clean and dry storage area to ensure that they are not contaminated prior to use. Do not store unused PPE supplies in a dirty area such as a sluice. Only PPE being used in such areas should be kept there.
- Single use items should be used where appropriate and never reused. Packaging of such items clearly states if they are single use. Manufacturer's instructions should always be followed.

- The symbol for single use item is:



- For guidance on when to wear PPE see TAD\_CL076\_01.

#### 4. **GLOVES**

- Must conform to current EU legislation (CE marked as medical gloves for single use) **and**
- Should be appropriate for the task and fit for purpose.
- Should be available in a range of sizes e.g. small, medium, large, to ensure a good fit in order to avoid interference with dexterity, friction, excessive sweating, and finger and hand muscle fatigue.
- Expiry dates/lifespan of gloves should be adhered to, according to manufacturer's instructions.
- Disposable latex gloves with powder should not be used due to risks associated with aerosolisation and an increased risk of latex allergies. Alternatives to natural rubber latex gloves must be available for patients, carers and healthcare workers who have a documented sensitivity to natural rubber latex.
- Polythene gloves should not be used for clinical interventions

##### **When to Wear Gloves**

- Where there is a risk of exposure to blood, body fluids secretions or excretions
- For contact with non-intact skin and mucous membranes
- For all invasive procedures
- For contact with sterile products e.g. during Aseptic non touch technique (ANTT)
- When handling sharp or contaminated instruments/equipment
- When handling chemicals.
- Gloves should be put on immediately before the task is to be performed, then removed and discarded as soon as that procedure is completed.
- Hand hygiene must always be performed before donning and following the removal of gloves.
  - Never perform hand hygiene whilst wearing gloves i.e. hand washing or use of alcohol rub.
  - Gloves should not be considered a substitute for hand hygiene
  - For guidance on when to wear PPE see TAD\_CL076\_01

##### **How to put on gloves**

- Gloves should be applied by holding the wrist end of the glove open with one hand to allow the other hand to enter easily (TAD\_CL076\_02)

### **When to change gloves**

- Between patients / clients / procedures
- Between different care or treatment activities for the same patient, if necessary to prevent cross contamination
- If they become torn or damaged during use

### **How to remove and dispose of gloves**

- Remove promptly after use, before touching non-contaminated / clean areas / items, environmental surfaces, or other persons (including yourself).
- Use the following procedure
  - Grasp the outside of the glove at the wrist end, pull down gently over the hand, turning the outer contaminated surface inward while doing so.
  - Hold the removed glove with the gloved hand
  - Slide the fingers or thumb of the ungloved hand under the remaining glove at the wrist
  - Peel the second glove off over the first while removing it so that they are wrapped together.
  - Dispose of all PPE, including disposable gloves, safely and immediately following use into appropriate receptacles (**Waste Management Policy CO045**).
  - Used gloves should never be placed on environmental surfaces.
- Perform hand hygiene immediately after removal / disposal of gloves (see **Hand Hygiene Policy CL069**).

### **How to store a supply of gloves**

- Gloves should not be decanted from the original box to ensure the expiry date is known and the integrity maintained.
- In clinical settings disposable gloves should be dispensed from wall mounted fittings e.g. Danicentres
- Non-sterile Gloves should not be transported in the pockets of uniforms and personal clothing when delivering care in patients own homes, unless contained in a container or packet which prevents contamination.

## **5. APRONS**

### **When to wear an apron**

- A disposable, single-use plastic apron must be worn when exposure to blood or other body fluids, excretions or secretions might occur, particularly in care settings.
  - Colour-coded aprons are used to identify specific tasks or areas.
- (Subject to risk assessment, it may be necessary to wear a long-sleeved fluid-repellent gown if there is a risk of extensive splashing of blood, body fluids, secretions or excretions onto skin or clothing.)

- Aprons should be put on immediately before the task is to be performed, then removed and discarded as soon as that procedure is completed.

### **When to change aprons**

- Between caring for different patients
- Between different care or treatment activities for the same patient, if necessary to prevent cross contamination.
- If they become torn or damaged during use – remove immediately, safety permitting

### **How to remove and dispose of aprons**

- Remove promptly after use, before touching non-contaminated / clean areas / items, environmental surfaces, or other persons (including yourself)
- Avoid contact with most likely contaminated areas, e.g. the front surface, and avoid contamination of clothing
- The outer contaminated side of the apron / gown should be turned inward, rolled into a ball and then the item should be disposed of and hand hygiene performed.
  - Used aprons should never be placed on environmental surfaces.
- Change disposable aprons used for clinical/care procedures before serving meals. A colour-coded system should be used in clinical areas.
- Dispose of all PPE, including disposable aprons safely and immediately following use into appropriate receptacles (see **Waste Management Policy CO045**).
- Perform hand hygiene immediately after removal / disposal of aprons (see **Hand Hygiene Policy CL069**).
- Never reuse / wash single use disposable aprons.

### **How to store supplies of aprons/gowns?**

- Supplies of aprons waiting to be used Must be stored in a clean, dry place, e.g. wall mounted dispensers (Danicentre)

## **6. FACE, MOUTH / EYE PROTECTION, E.G. SURGICAL MASKS / VISORS / GOGGLES**

### **How to choose the correct protection and when and how to wear it?**

- Face, mouth / eye protection must be worn where there is a risk of contamination from blood / other body fluids, secretions or excretions splashing into the face and eyes, or where there is a risk of transmission via the respiratory route (Please note: the Infection Prevention and control team must be consulted for specific advice regarding respiratory precautions).
- It should be well fitting, fit for purpose, and comfortable in order to ensure adequate protection.
- Manufacturer's instructions including expiry dates should be adhered to.

- Subject to risks assessment (please consult with IPC&T)
  - A fluid repellent surgical mask can be worn OR;
  - Where respiratory protective equipment is required i.e. Particulate Filter Masks, FFP3 may be worn.
- Where eye protection is required it should be disposable, single use
- Manufacturer's instructions should be adhered to while putting on face protection to ensure the most appropriate fit/protection. When in place, it should fit comfortably covering the mouth and nose.
  - Where FFP3 masks are to be used, specific face fit testing will need to be undertaken.
- When not in use for protection, masks should be removed and not worn around the neck
- Face protection should not be touched while being worn.

### **When to change face protection**

- Face protection should be changed between patients/procedures. It may be necessary to change between tasks on the same patient / client to prevent unnecessary cross-contamination.
- If surgical masks become wet or soiled they should be changed in order to ensure continued protection from splashes / splattering to the mouth and nose
- Torn or otherwise damaged face protection should not be used and should be removed immediately (safety permitting) if this occurs during a procedure.

### **How to remove and dispose of face protection?**

- Remove promptly after use, immediately upon finishing a task, before touching non-contaminated / clean areas / items, environmental surfaces, or other persons (including yourself). Face masks / face protection should never be worn while moving to a different patient / client / area.
- Avoid contact with the most likely contaminated areas e.g. the front surface. This should be done by handling, for example, the straps/ear (manufacturers' instructions where given should be followed)
- The outer contaminated side of masks should be turn inward upon removal for disposal.
  - Used face protection should never be placed on environmental surfaces.
- To remove, eye protection, handle by headband or earpieces, avoiding areas of most likely contamination e.g. front surfaces
- Dispose of all PPE, including disposable face masks / face protection safely and immediately following use into appropriate receptacles (see **Waste Management Policy CO045**).
- Perform hand hygiene immediately after removal / disposal of face protection (see **Hand Hygiene Policy CL069**).

## How to store a supply of face protection items?

- Face protection with expiry dates should not be stored out of their original box to ensure their expiry date is known and their integrity maintained.

## 7. FOOTWEAR

### What are the principles of footwear and IPC?

- The correct use of footwear is important to maintain safety.
- When providing care, closed-toed shoes should be worn to avoid contamination with blood or other body fluids or potential injury from sharps.
- Footwear should be kept clean.
- Care should be taken when donning / removing shoes at any time during care delivery to avoid hand contamination.
- Hand hygiene should be performed following handling of footwear (see **Staff Dress Code Policy HR024**).

## 8. EDUCATION AND TRAINING

Staff requirements for IP&C training is identified in the training needs analysis in the **Education, Training and Development Policy CO005**.

## 9. EQUALITY IMPACT ANALYSIS

As part of its development, this document was analysed to consider / challenge and address any detrimental impact the policy may have on individuals and or groups protected by the Equality Act 2010. This analysis has been undertaken and recorded using the Trust's analysis tool, and appropriate measures will be taken to remove barriers and advance equality of opportunity in the delivery of this policy / procedure

## 10. FREEDOM OF INFORMATION EXEMPTION ASSESSMENT

Under the Freedom of Information Act (2000) we are obliged to publish our policies on the Trust's website, unless an exemption from disclosure applies. As part of its development, this policy was assessed to establish if it was suitable for publication under this legislation. The assessment aims to establish if disclosure of the policy could cause prejudice or harm to the Trust, or its staff, patients, or partners. This assessment has been undertaken using the Trust's Freedom of Information Exemption Guide, and will be reviewed upon each policy review.

## **11. INFORMATION GOVERNANCE ASSESSMENT**

This Policy has been analysed to ensure it is compliant with relevant information law and standards as in place at the time of approval, and are consistent with the Trust's interpretation and implementation of information governance components such as data protection, confidentiality, consent, information risk, and records management.

Compliance will be reviewed against any changes to legislation / standards or at the next review of this document.

## **12. SAFEGUARDING**

All staff have a responsibility to promote the welfare of any child, young person or vulnerable adult they come into contact with and in cases where there are safeguarding concerns, to act upon them and protect the individual from harm.

All staff should refer any safeguarding issues to their manager and escalate accordingly in line with the Trust Safeguarding Families Policy and Local Safeguarding Children/Adult Board processes.

## **13. MONITORING**

The effective application of this policy, including adherence to any standards identified within will be subject to monitoring using an appropriate methodology and design, such as clinical audit.

Monitoring will take place on a biannual basis and will be reportable to the Quality Group via the Clinical Effectiveness and Quality Improvement Team.

Compliance with PPE will be monitored through incident reporting and PCFT annual audit plan

## **14. REVIEW**

This policy will be reviewed three-yearly unless there is a need to do so prior to this; e.g. change in national guidance.

## **15. REFERENCES**

Department of Health, 2007. *Pandemic Influenza: Guidance for primary care trusts and primary care professionals on the provision of healthcare in a community setting in England*. London: Department of Health.

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Equality Act 2010

Freedom of Information Act 2000

Personal Protective Equipment at Work Regulations 1992