**PERSONAL PROTECTIVE EQUIPMENT (PPE)**

**Caretakers Southwest Ltd**

**Scope**

* Introduction
* Refer to Appendix 2 for donning and removing PPE
* Procedure
* All staff must:
* Managers must:
* Infection control staff training must:
* Footwear
* Apron
* Infection control staff must
* Visitors should be advised
* Reporting
* General Good Practice Points
* Gloves
* Summary Guide to the Use of PPE
* Appendix 1― Summary Guide to the Use of PPE
* Appendix 2 ― Donning and Removing PPE
* Related Guidance

# Introduction

PLEASE ENSURE THAT DURING THE CORONAVIRUS OUTBREAK THE LATEST PUBLIC HEALTH GUIDANCE IS FOLLOWED <https://www.gov.uk/government/collections/coronavirus-covid-19-personal-protective-equipment-ppe>

The use of personal protective equipment (PPE) is essential for health and safety. When considering infection prevention and control, a risk assessment may be required in order to decide which PPE is most appropriate for the task/situation, depending on what the wearer might be exposed to, e.g., blood or other body fluids; however, the use of PPE is considered standard in certain situations and is one of the critical elements of Standard Infection Control Precautions (SICPs), which apply to contact with blood or other body fluids, non-intact skin and mucous membranes.

The benefit of wearing PPE is two-fold: it offers protection both to service users and to those caring for them. Further risk assessments may still be required, e.g. the use of latex gloves in those with sensitivities or allergies. The principles described here should apply to all situations.

# Refer to Appendix 2 for donning and removing PPE

Everyone has an important part to play in improving service user safety. Undertaking SICPs are crucial elements in ensuring the safety of all.

For the purposes of this policy, the PPE described, which may be used in general health and social care settings, includes:

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

# Procedure

# All staff must:

* Apply the principles of Standard Infection Control Principles (SICPs)
* Ensure all other staff and agencies apply the principles of SICPs
* Offer reassurance to service users and informal carers
* Report to line managers any deficits in relation to knowledge of PPE/SICPs, facilities/equipment or incidents that may have resulted in cross-contamination
* Report any illness as a result of occupational exposure to the line manager
* Not attend work with known or suspected infections; if in any doubt consult with your GP, manager, Public Health England Local Office or the health and safety manager
* Advise the service user and informal carers of any infection control requirements such as hand hygiene and cough etiquette
* Consider the elements of SICPs such as hand hygiene as an objective within your work

# Managers must:

* Ensure that all staff have had instruction/education on the principles of PPE and SICPs
* Ensure that adequate resources are in place to allow recommended infection prevention and control measures such as PPE to be implemented
* Undertake a risk assessment to optimise service user and staff safety, consulting expert infection control guidance if and as required
* Support staff in any corrective action or interventions if an incident occurs that may have resulted in cross-transmission
* Ensure any staff with health concerns, or who have become ill due to occupational exposure, are referred to the relevant agency, e.g. the GP

# Infection control staff training must:

* Provide education for staff and management on this policy. This will be provided by 3CP Training.

# Footwear

The correct use of footwear should be considered to encourage infection control:

* When providing care in a service users home, closed-toe, sensible shoes should be worn to avoid contamination with blood or other body fluids or potential injury from sharps
* Footwear should be kept clean, no sandals or open toed shoes
* Care should be taken when donning and removing shoes at any time during care delivery to avoid hand contamination
* Hand hygiene should be performed following handling of footwear (see infection control policy)
* Unless exceptional circumstances require it, overshoes should not be worn, as these can lead to unnecessary hand contamination while donning and removing

# Apron

When to wear and how to choose an apron:

* Aprons should be worn when contamination might occur; see attached appendix 2
* Aprons should be appropriate for use, fit for purpose and should avoid any interference during procedures.
* Any expiry dates, e.g., on sterile aprons, should be adhered to, according to manufacturers’ instructions
* Disposable, single-use plastic aprons should be worn when exposure to blood and other body fluids might occur, particularly in care settings. Colour-coded aprons are used for specific tasks and/or in specific areas, as follows:
  + Blue ― toileting
  + Red ― barrier nursing
  + White ― food handling, feeding tasks
* Never reuse or wash single-use disposable aprons
* An impermeable apron, rather than a plastic apron, should be worn when there is a risk of significant splashing of body fluids
* Remove apron immediately the task is completed; these should never be worn while moving to a different service user or area

# Infection control staff must

* Provide education for staff and management on this policy
* Act as a resource for guidance and support when advice on PPE is required
* Provide advice on service user risk assessments for PPE decisions

# Reporting

* Adverse reactions relating to the use of PPE, e.g. latex glove allergies and sensitivities, should also be reported to someone such as the manager, GP, or health and safety manager

# General Good Practice Points

* Effective communication between all members of the health and social care team is imperative for service user safety
* If service users are unwell with respiratory symptoms then they should be advised not to attend hospital or outpatient departments for non-urgent appointments
* Do not keep on PPE such as gloves that have been used for a procedure once you have finished the task but instead remove them immediately.
* PPE should be appropriate, fit for purpose and suitable for the person using/wearing it, with the donning and removing of items carried out appropriately each time
* PPE should always be available to staff
* Never perform hand washing while wearing gloves, and never use products such as alcohol-based hand rub to clean gloves
* Disposable gloves, generally used for procedures where exposure to blood and other body fluids may occur, are single use and should be removed and replaced as appropriate, with hand hygiene performed in the intervals
* PPE should not be a source of further contamination, e.g. by being removed and left on environmental surfaces, or by being removed inappropriately by wearers and thereby contaminating hands unnecessarily
* The use of PPE such as gloves **does not** negate the need for hand washing
* Integrity of PPE must not be affected during procedures, as this could potentially lead to exposure to blood, other body fluids, excretions and secretions, e.g., certain products used such as hand creams, solvents such as acetone and so forth
* Control of substances hazardous to health (COSHH) sheets, product data sheets and manufacturers’ instructions **must** be used
* 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
* Single-use items should be used where appropriate or possible and never reused (packaging of such items clearly states if they are single use). Manufacturers’ instructions should always be followed

# Gloves

How to choose the correct glove and when to wear gloves. See attached Appendix 1 and 2. In addition:

* Gloves must be appropriate for use, fit for purpose and well-fitting to avoid interference with dexterity, friction, excessive sweating and finger and hand muscle fatigue; therefore, the supply and choice of the correct size of glove, e.g., small, medium or large, is important.
* Expiry dates/lifespan of gloves should be adhered to according to manufacturers’ instructions
* Never use disposable latex gloves that contain powder, due to the risks associated with aeroionisation and an increased risk of latex allergies
* A double gloving strategy may be considered in particularly high-risk situations, e.g., exposure-prone procedures such as minor surgery
* The use of gauntlet-style (long arm) gloves to cover the forearms may be necessary in certain situations, e.g., where significant exposure to blood and other body fluids is likely and should be considered within risk assessment procedures.
* Gloves should be worn when contamination might occur; see appendix 1 and 2

# Summary Guide to the Use of PPE

**In addition:**

* It is important to remove PPE immediately following a procedure; it should never be worn for a different service user

**How to put on gloves:**

* Gloves should be put on, prior to commencement of any procedure where exposure or contamination might occur, by holding the wrist end of the glove open with one hand to allow the other hand to enter easily

**When to change gloves:**

* Gloves should be changed between service users and procedures
* It may be necessary to change gloves between tasks on the same service user to prevent unnecessary cross-contamination
* Do not keep on PPE such as gloves that have been used for a procedure once you have finished the task, but instead remove and dispose of these immediately
* Gloves are not a substitute for employing good hand hygiene, which should be performed each time gloves are removed
* Torn, punctured or otherwise damaged gloves should not be used and should be removed immediately (safety permitting) if this occurs during a procedure
* Never perform hand washing while wearing gloves
* Never use products such as alcohol-based hand rub to clean gloves or wash single-use disposable gloves
* Gloves worn for protection when exposure to blood and other body fluids may occur are single-use and should be removed and replaced as appropriate, with hand hygiene performed in the intervals

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

* Remove gloves promptly after use, before touching non-contaminated/clean areas or items, environmental surfaces, or other persons (including yourself)
* Gloves that have been worn for a procedure/activity should not be worn to handle or write on charts or to touch any other communal, clean surface
* Care should be taken when removing used gloves to avoid contamination
* The wrist end of the glove should be handled, and the glove should be pulled down gently over the hand, turning the outer contaminated surface inward while doing so, i.e., the gloves are then disposed of inside out, preferably with the second glove also pulled over the first while removing it so that they are wrapped together
* Used gloves should never be placed on environmental surfaces
* Dispose of all PPE, including disposable gloves, safely and immediately following use into appropriate receptacles (following care plan instructions)
* Perform hand hygiene immediately after removal and disposal of gloves (follow hand washing procedure)
* Gloves are not a substitute for employing good hand hygiene

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

* Supplies of gloves that are opened and/or being used should be stored in a clean, dry place, i.e. do not store boxes of gloves in a dirty area
* Gloves should not be decanted from the original box to ensure the expiry date is known and the integrity maintained

**When to change an apron and how to remove and dispose of it:**

* Aprons should be changed between each service user and procedure
* It may be necessary to change aprons between tasks on the same service user to prevent unnecessary cross-contamination
* Do not keep on PPE such as aprons that have been used for a procedure once you have finished the task, but instead remove them immediately; these should never be worn while moving to a different service user, client, or area
* Torn or otherwise damaged aprons should not be used but should instead be removed immediately (safety permitting) if this occurs during a procedure
* Remove aprons promptly after use, avoiding contact with most likely contaminated areas (e.g., the front surface) and avoiding contamination of undergarments
* The outer, contaminated side of the apron should be turned inward, rolled into a ball and then the item should be discarded
* Used aprons should never be placed on environmental surfaces
* Remove aprons before going on to work with or touching non-contaminated (clean) areas, items, environmental surfaces, or other persons (including yourself)
* Change disposable aprons used for personal care procedures before serving meals; follow your organisations a colour coded system
* Dispose of all PPE, including disposable aprons, safely and immediately following use into the appropriate receptacles
* Perform hand hygiene immediately after removal and disposal of aprons

**How to store supplies of apron:**

Supplies of aprons waiting to be used should be stored in a clean, dry place, i.e. do not store unused supplies of aprons in a dirty area.

**Face, mouth/eye protection, e.g., surgical masks/goggles:**

Face, mouth/eye protection should be worn when contamination from aerosol body fluids, blood and other body fluids might occur.

**In addition:**

* Well-fitting, fit for purpose, comfortable protection is important to ensure adequate protection no facial hair.
* Manufacturers’ instructions, including expiry dates, should be adhered to
* Manufacturers’ instructions should be adhered to while donning face protection to ensure the most appropriate fit and protection
* Surgical masks should always fit comfortably, covering the mouth and nose
* When not being used for protection they should be removed and not worn around the neck
* Goggles should provide adequate protection when the risk of splashing is present, e.g., those used must ‘wrap around’ the eye area to ensure side areas are protected
* Face shields/visors may be considered, in place of a surgical mask and/or goggles, where there is a higher risk of splattering/aeroionisation of blood and other body fluids
* Face protection should not be touched whilst it is worn
* Remove PPE immediately following a procedure; they should never be worn while moving to a different service user or area

**When to change face protection:**

* Face protection should be changed between service users and procedures. It may be necessary to change between tasks on the service user to prevent unnecessary cross-contamination
* Remove PPE immediately once you have finished the task; they should never be worn while moving to a different service user/area
* If surgical masks become wet or soiled then 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 but instead should be removed immediately (safety permitting) if this occurs during a procedure

# Appendix 1― Summary Guide to the Use of PPE ( PLEASE SEE CORONAVIRUS PPE guidance for a Covid-19 infection) <https://www.gov.uk/government/collections/coronavirus-covid-19-personal-protective-equipment-ppe>

This guide is by no means exhaustive; instead, it offers examples of common health and social care activities where blood and other body fluid exposure may occur and where protection must be worn. As standard, a risk assessment must be undertaken to consider the risks of blood and other body fluid exposure prior to activities.

| **Activity** | **Aprons**  **(depending on risk of significant splashing exposure)** | **Face, eye/mouth**  **protection**  **(surgical masks, goggles)** | **Gloves**  **(for type to be used where indicated below, see Risk Assessment Glove**  **Usage Chart)** |
| --- | --- | --- | --- |
| Contact with intact skin; no visible blood and other body fluids, rashes | N/A | N/A | N/A |
| Sterile procedures |  | Risk assessment |  |
| Contact with wounds, skin lesions |  | Risk assessment |  |
| Cleaning up incontinence |  | Risk assessment |  |
| Potential exposure to blood and other body fluids, e.g., performing suctioning, cleaning up spillages, taking specimens |  | √ |  |
| Venepuncture, cannulation |  | N/A |  |
| Applying topical lotions, creams, etc. | N/A | N/A |  |
| Touching service users with unknown skin rash | Risk assessment | Risk assessment | Risk assessment |
| Emptying/changing urinary catheter bags, urinals, bedpans, etc. |  | Risk assessment |  |
| Handling specimens |  | N/A |  |
| Handling used instruments |  | N/A |  |
| Using disinfectants, cleaning agents |  | Risk assessment |  |
| General cleaning of clinical areas | Risk assessment |  | Risk assessment |
| Bed making, dressing service users |  |  | Risk assessment |
| Oral care | Risk assessment | Risk assessment |  |
| Feeding service users |  |  | Risk assessment |
| General housework | Risk assessment |  | Risk assessment |
| Handling waste | Risk assessment | Risk assessment |  |

**N.B.** Hand hygiene must always be performed on removal of PPE. This policy does not detail information on the use of PPE for specific situations where particular organisms/infections are present; this should be discussed with Infection Control staff; however, the principles described should apply to all situations.

# Appendix 2 ― Donning and Removing PPE

The level of PPE used will vary based on the procedures being carried out and not all items of PPE will always be required. Standard Infection Control Precautions (SICPs) apply at all times. The order given here for putting on PPE is practical, but the order for putting on is less critical than the order of removal.

**Donning PPE**

a) Gown(or apron):

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

b) FFP3 respirator

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

c) Surgical mask – without water repellent membrane

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

c) Goggles or face shield:

* Place over face and eyes adjust to fit

d) Disposable gloves:

* Extend to cover wrist (and gown if worn)

**Removal of PPE**

The order for removing PPE is important to reduce cross-contamination, therefore the order outlined below always applies even if not all items of PPE have been used:

a) Gloves

Assume the outside of the glove is contaminated:

* Grasp the outside of the glove with the opposite gloved hand and peel off
* Hold the removed glove in gloved hand
* Slide fingers of the un-gloved hand under the remaining glove at wrist
* Peel second glove off over the first glove
* Discard appropriately

b) Gown and apron

Assume the gown/apron front and sleeves are contaminated:

* Unfasten or break ties
* Pull gown/apron away from the neck and shoulders, touching the inside of the gown/apron only
* Turn the gown/apron inside out
* Fold or roll into a bundle and discard appropriately

c) Goggles and face shield:

Assume the outside of the goggles or face shield is contaminated:

* To remove, handle by headband or earpieces
* Discard appropriately

d) Respirator and surgical mask:

Assume the front of respirator/surgical mask is contaminated:

* Untie or break bottom ties, flowed by top ties or elastic and remove by handling ties only
* Discard disposable ones appropriately

**Perform hand hygiene immediately after removing PPE.**

To minimise cross-contamination, the order outlined above should be applied even if not all items of PPE have been used.

**Clean hands thoroughly immediately after removing PPE.**

**Related Guidance**

* NICE guidelines [CG139]: Infection: Prevention and control of healthcare-associated infections in primary and community care (updated 2017) <https://www.nice.org.uk/guidance/cg139>
* <https://pathways.nice.org.uk/pathways/prevention-and-control-of-healthcare-associated-infections> November 2019
* Coronavirus <https://www.gov.uk/coronavirus>