

Personal Protective Equipment for use in Healthcare

This policy identifies the appropriate personal protective equipment for staff to use at the required times and for the defined care delivery procedures and processes. This document forms part of the mandatory requirements as identified within the Health and Social Care Act 2008 (revised 2015).

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Which Relevant CQC Fundamental Standards?		

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Version control and summary of changes

Version	Date	Comments (description change and amendments)
Version 1	March 2008	Infection control policy for the use of Personal Protective Equipment.
Version 2	September 2010	Guideline review and amendments
Version 3	August 2011	Harmonised in line with LPT LVCRCHS LCCHS (Historical organisations)
Version 4	August 2014	Review of policy
Version 5	August 2017	Review of policy – references updated. National Colour Coded scheme Appendix two removed.
Version 6	October 2022	Reviewed in line with IPC Guidelines released September 2022

For further information contact: Infection Prevention and Control Team.

Definitions that apply to this policy

Blood Borne Virus (BBV)	A blood-borne disease is one that can be spread by contamination by blood.
COSHH	Stands for the Control of Substances Hazardous to Health Regulations.
Health Care Associated Infections (HCAIs)	Any infection contracted: as a direct result of treatment in, or contact with, a health or social care setting as a result of healthcare delivered in the community outside a healthcare setting (for example, in the community) and brought in by patients, staff or visitors and transmitted to others (for example, norovirus).
Healthcare Worker (HCW)	An individual who provides preventive, curative, promotional or rehabilitative health care services in a systematic way to people, families or communities.
Infection	The invasion and multiplication of microorganisms such as bacteria, viruses, fungi and parasites that present within the body and cause an inflammatory response.
Infectious	Any pathogen microorganisms such as bacteria, viruses, fungi and parasites that can be transmitted from one person to another causing the potential spread of infection
Inoculation	The introduction of a small quantity of material such as a vaccine in the process of immunization. E.g. Flu vaccine
Organisms	Any living thing, in medical terms we refer to bacteria, viruses, fungi and parasites as organisms.
Pathogen	A microorganism such as bacteria, virus, fungi and parasites that causes disease.
Personal Protective Equipment (PPE)	PPE is equipment that will protect the user against health or safety risks at work.
Single-use Device (SUD) 	Is used on an individual patient during a single procedure and then discarded. It is not intended to be reprocessed and used again, even on the same patient (Medicines and Healthcare products Regulatory Agency) (Dec 2013).
Standard Precautions	Designed to prevent cross transmission from recognised and unrecognised sources of infection. (NHS Professional) (Nov 2010)

1.0 Purpose

The purpose of this policy is to:

- Provide staff employed by Leicestershire Partnership Trust (LPT) with a clear and robust process for the use of Personal Protective Equipment (PPE).
- Provide all staff employed by LPT with the necessary information to risk assess what type of PPE is required.
- Reduce the risk of cross contamination of microorganisms and protect from Blood Borne Viruses (BBVs).
- Reduce the risk of HealthCare Associated Infections (HCAIs).

This policy applies to all permanent employees including medical staff who work for LPT including those staff employed on bank, agency staff or honouree contracts.

All Healthcare Workers (HCWs) should ensure they work within the scope of their practice.

2.0 Summary of policy

This policy has been developed to give clear guidance to staff in relation to the procedure for the use of PPE by LPT. It describes the process for ensuring the delivery of effective infection prevention and control education and training for all relevant staff groups and is compliant with the National Health Services Litigation Authority Standards (Now known as NHS Resolution (2017)) and Care Quality Commission registration.

Further guidance for healthcare workers and other staff work in prisons and places of detention can be found in Prevention of Infection & Communicable Disease Control in Prisons & Places of Detention – A Manual for Healthcare Workers and other Staff.

3.0 Introduction

The principles of protection against blood and body substance are under pinned by the Health and Safety at Work etc Act (1974). The Health and Social Care Act 2008 Code of Practice on the Prevention and Control of infections (revised 2015) requires that NHS bodies must, in relation to preventing and controlling the risk of Health Care Associated Infections (HCAIs) have core policies in place, one of which is PPE. The Control of Substances Hazardous to Health (COSHH) Regulations 2002 the Health and Safety Executive (HSE) and the Department of Health (DH) require employers to assess the risks associated with the handling of hazardous substances, including pathogenic microorganisms and legislation relating to PPE at work. The Personal Protective Equipment at Work Regulations (2022) states employers have duties concerning the provision and use of PPE at work.

Everyone involved in providing care within the hospital and community setting should be educated about standard precautions and trained in hand hygiene decontamination, the use of PPE and the safe disposal of sharps (NICE 2003 updated 2012).

The risk of acquiring a BBV can be minimised by treating blood and other body substances from all patients as potentially infectious and taking precautions to minimise the risk of exposure; of non-intact skin, mucous membranes or blood and body substances. Selection of PPE must be based on an assessment of the risk of transmission of microorganisms to/from the patient, and the risk of contamination from the patients and the risk of contamination of the HCWs clothing and skin by patient's blood, body fluids, secretions or excretions, (NICE 2003 updated 2012).

The greatest risk of transmission of BBVs is from inoculation injuries, but it is also known to have occurred following splashing of blood onto mucous membranes or damaged skin.

In addition to prevention of exposure to BBVs, it is recognised that HCWs should be protected against other pathogens carried in body fluids/solids. The use of PPE will minimise the spread of infection if used in the management of all body substances.

PPE is worn to protect the user against health or safety risks at work. The Epic 3 (Loveday et al, 2014) evidence based guidelines on infection prevention and control states 'PPE should be based on risk assessment'.

- The risk of transmission of microorganisms to the patient and carer.
- The risk of contamination of HCWs clothing and skin by patients' blood or bodily fluids
- The suitability of equipment for proposed use-does it fit, is it UKCA/CE marked, do PPE items fit together?

4.0 Personal protective equipment for use in healthcare

The primary role of PPE is to prevent cross transmission of BBVs and other pathogens. Some examples of procedures where PPE may be indicated (this list is not exhaustive):

- Wound care.
- Handling offensive healthcare waste such as soiled dressings/incontinence pads.
- Blood and/or body fluid spillages.
- Undertaking any invasive procedures.
- Venepuncture.
- Providing direct care to patients in Source Isolation.

Donning and doffing of PPE must be completed in sequence (Appendix 3).

5.0 Disposable plastic aprons and gowns

Aprons should be put on at the beginning of the activity. Disposable plastic aprons must be worn when in close contact with patients, materials or equipment that pose a risk of contamination with pathogenic microorganisms, blood or bodily fluids (Loveday et al, 2014).

Aprons should fit appropriately for use and avoid any interference during procedures. Do not wear aprons folded down to the waist.

Applying (Donning) and Removing (Doffing) of disposable plastic aprons

Donning



Doffing



When to change plastic aprons

- Between patients.
- Between procedures; after different procedures/tasks on the same patient.
- Do not wear PPE, such as aprons, which were used for a procedure after the task has been completed, remove immediately. Aprons must not be worn while moving to a different patient/area.
- Do not use torn or damaged aprons, remove, and replace immediately if this occurs during a procedure/task.
- Do not fold aprons down when wearing

Aprons are classed as healthcare waste.

Following completion of the procedure, the apron must be removed, discarded into the appropriate clinical waste colour coded waste disposal bag (NICE 2003 updated 2012). Refer to LPT Waste Management Policy.

Disposable plastic aprons are not required for routine contact with patients such as when taking vital signs, assisting in mobility or giving oral medication or injections unless a risk assessment indicates the use of PPE, they have a suspected or known infection or they are being nursed with source isolation precautions in place. Refer to LPT 'The Management of a Patient Requiring Source Isolation Precautions.

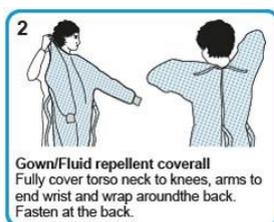
Full-body gowns



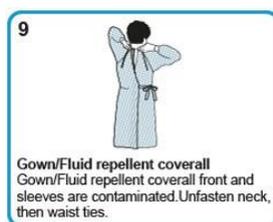
Use where there is a risk of extensive splashing of blood, bodily fluids, secretions or excretions on to the skin or clothing of a HCW. The gown should be fluid repellent.

Applying (Donning) and Removing (Doffing) of Gowns

Donning



Doffing



Gowns are classed as healthcare waste.

Following completion of the procedure, the gown must be removed, discarded into the appropriate clinical waste colour coded waste disposal bag (NICE 2003 updated 2012). Refer to LPT Waste Management Policy.

6.0 Gloves



Must conform to current legislation (UKCA/CE marked as medical gloves for single use) Refer to LPT Glove Policy.

The aim of wearing gloves is to:

- Protect hands from contamination by organic matter and microorganisms.

- Reduce the risk of cross-infection by preventing the transfer of organisms from staff to patients, patient to staff and environment to staff.
- Protect hands from chemicals that may cause an adverse reaction on the skin.

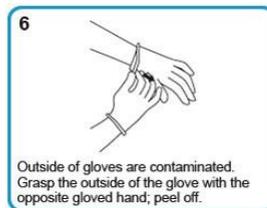
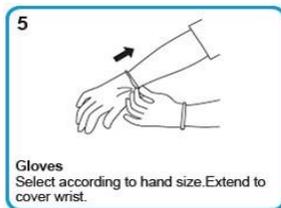
Applying (Donning) and Removing (Doffing) of gloves.

Hand washing must take place with soap and water or alcohol hand sanitiser rub before donning and after doffing of gloves.

Do not wear jewellery other than a plain wedding band under gloves. Refer to LPT Glove Policy, Dress Code and Uniform Policy and Hand Hygiene Policy.

Donning

Doffing



It is not usually necessary to wear gloves for administering immunisations unless there is a risk to exposure to blood/body fluids, non-intact skin from either the HCW or the person receiving the immunisation, a risk assessment should be carried out. (WHO guidance Best Practices for Injections and related procedures Toolkit).

When to change gloves:

- Between patients.
- Between procedures: - After different procedures/tasks on the same patient.
- Do not wear PPE, such as gloves, which have been used for a procedure after the task has been completed, remove immediately. Gloves must not be worn while moving to a different patient/area.
- Torn punctured or otherwise damaged gloves must not be used if this occurs during a procedure removed immediately, decontaminate hands and replaced.

Gloves are classed as healthcare waste.

Once gloves are removed, they must be discarded into the appropriate clinical waste colour coded waste disposal bag (NICE 2003 updated 2012). Refer to LPT Waste Management Policy.

7.0 Face masks/respirators



The mucous membrane of the mouth, nose and eyes are portals of entry for infectious agents as other skin surfaces if not intact.

Face masks/Respirators may have to be worn when dealing with patients in source isolation precautions, to protect against respiratory infectious aerosols/droplets.

Face protection may also be worn by staff when a patient is known to spit and by staff and/or patients during minor surgery.

Face masks/Respirators should be based on an assessment of risk (Appendix 4) along with the type of face protection to be used. Masks should be well fitting and conform to European standards.

General fluid resistant surgical facemasks must be worn:

- During procedures likely to cause splashing of body substances into the mouth or nose of the HCW.
- By staff during procedures when an aerosol from body fluids maybe created.
- By staff to protect from potential shedding of microorganisms from the HCW during minor surgery.
- In all areas where there is an increased incidence/outbreak of infection, patients should also be encouraged/offered FRSM to wear during the increased incidence/outbreak.

Surgical facemasks are not effective at filtering out small respiratory particles. Specialised respiratory protective equipment (respirators') are recommended for certain respiratory diseases e.g. multiple drug-resistant pulmonary tuberculosis, Severe Acute Respiratory Syndrome and pandemic influenza.

Respiratory PPE must fit the user correctly and the **staff must be trained** in how to use and adjust it in accordance with The Health and Safety Executive.

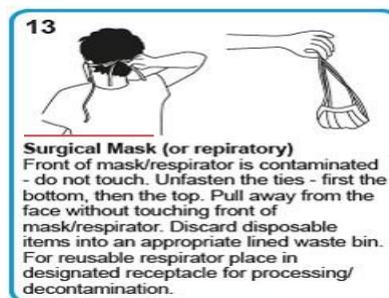
Staff should not use an FFP3 respirator unless tested as safe.

Applying (Donning) and Removing (Doffing) of disposable masks/respirators.

Donning



Doffing



Masks /respirators must **NOT** be worn around the neck or be removed from the face except when they are to be discarded

Masks/respirator are classed as healthcare waste.

Once mask/respirator is removed, they must be discarded into the appropriate clinical waste colour coded waste disposal bag (NICE 2003 amended 2012). Refer to LPT Waste Management Policy.

When to change a mask/respirator

- Between patients.
- Becomes contaminated with body fluids then it must be changed immediately.

- Do not wear PPE, such as mask/respirator that has been used for a procedure after the task has been completed, remove immediately. They should never be worn while moving to a different patient/area.
- After eating and drinking has taken place
- If mask/respirator becomes wet/moist

8.0 Eye protection/face visors/protective spectacles

Goggles, visors or protective spectacles must be worn to protect the eyes from;

- Aerosol or splash contamination from body substances/parts e.g. nails surgery, bladder washouts and emptying catheter bags.
- Aerosol or splash contamination from chemicals

Eye protection must fit correctly and be comfortable to wear. It must allow for uncompromised vision.

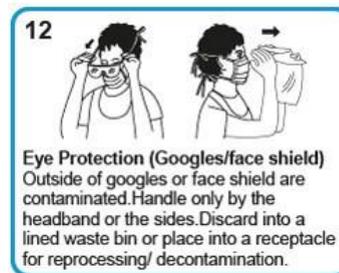
Prescription spectacles are inadequate protection unless fitted with side protectors and therefore eye protection/face visors should be worn over the top of spectacles.

Applying (Donning) and Removing (Doffing) of Eye Protection / Face Visors/ Protective Spectacles

Donning



Doffing



Eye Protection / Face Visors/ Protective Spectacles are classed as healthcare waste. Once removed, they must be discarded into the appropriate clinical waste colour coded waste disposal bag (NICE 2003 amended 2012). Refer to LPT Waste Management Policy.

Some of these items may not be disposable. The appropriate method of decontamination must be implemented before re-use. Refer to manufacturer's instructions and or LPT Cleaning and Decontamination Policy.

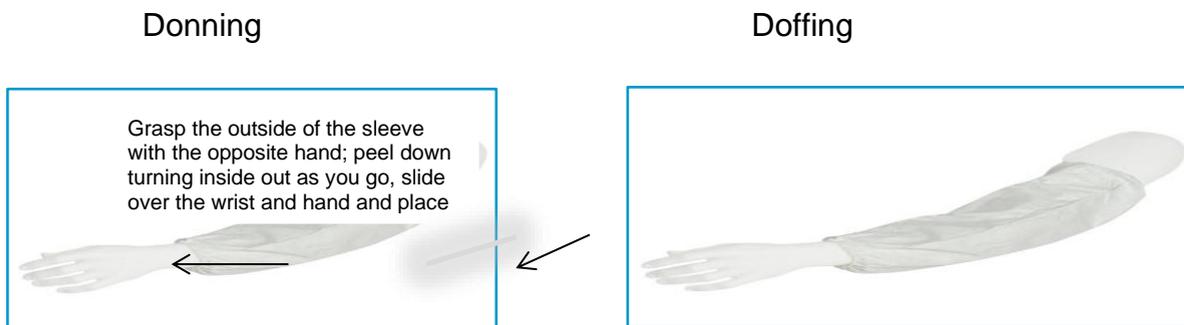
9.0 Forearm protection



Forearm protection should be available for use in areas that there is a risk of injury. It should be used in conjunction with a detailed plan of care to minimise injuries from scratches and bites.

Arm protection must remain fitted at the wrist, keeping hands free to undertake hand hygiene.

Applying (Donning) and Removing (Doffing) of sleeve protectors



Disposable forearm protectors are classed as healthcare waste. Once removed, they must be discarded into the appropriate clinical waste colour coded waste disposal bag (NICE 2003 amended 2012). Refer to LPT Waste Management.

10.0 Training needs

There is a need for training identified in this policy. In accordance with the classification of training outlined in the Trust Learning and Development Strategy, this training has been identified as mandatory and role development training.

The course directory e source link below will identify who the training applies to, delivery method, the update frequency, learning outcomes and a list of available dates to access the training.

A record of the event will be recorded on uLearn.

The governance group responsible for monitoring the training is the Infection Prevention and Control Committee and Quality Assurance Committee.

To access the training: <http://www.leicspart.nhs.uk/Library/AcademyCourseDirectory.pdf>

11.0 References and bibliography

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<http://www.hse.gov.uk/toolbox/ppe.htm>

Immunisation against infectious disease: The Green Book
<https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book>

Loveday H et al (2014) epic 3: National evidence based guidelines for preventing healthcare associated infections in NHS hospitals in England. Journal of Hospital Infections; 86S1:S1-S70

LPT Dress and Uniform Policy

LPT Glove Policy

LPT Health & Safety personal protective equipment policy

LPT Infection Prevention and Control Cleaning and Decontamination of Equipment, Medical Devices and the Environment, (Including the management of blood and body fluid spillages) Policy

LPT Infection Prevention and Control Hand Hygiene Policy

LPT Infection Prevention and Control Management of a Patient Requiring Source Isolation Precautions Policy

LPT Waste Management Policy

Management of Health and Safety at Work Regulations 1999
<http://www.legislation.gov.uk/ukxi/1999/3242/contents/made>

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<https://www.gov.uk/government/publications/single-use-medical-devices-leaflet>

National Institute for Health and Care Excellence; Clinical Healthcare-associated infections: prevention and control in primary and community care Clinical guidelines 139 (2003 amended 2012). <https://www.nice.org.uk/guidance/cg139/resources/healthcareassociated-infections-prevention-and-control-in-primary-and-community-care-pdf-35109518767045>

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Siegel JD, Rhinehart E, Jackson M, Chiarello L: Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Health Care Settings (2007).Health Care Infection Control Practices Advisory Committee.

<https://www.ncbi.nlm.nih.gov/pubmed/18068815>

WHO guidance Best Practices for Injections and related procedures Toolkit 2010

<https://www.ncbi.nlm.nih.gov/books/NBK138491/>

Appendix 1

PRIVACY IMPACT ASSESSMENT SCREENING

<p>Privacy impact assessment (PIAs) are a tool which can help organisations identify the most effective way to comply with their data protection obligations and meet individual's expectations of privacy. The first step in the PIA process is identifying the need for an assessment.</p> <p>The following screening questions will help decide whether a PIA is necessary. Answering 'yes' to any of these questions is an indication that a PIA would be a useful exercise and requires senior management support, at this stage the Head of Data Privacy must be involved.</p>			
Name of Document:		Personal Protective Equipment for use in Healthcare	
Completed by:		Claire king	
Job title	Infection Prevention and Control Nurse	Date	10-10-2022
			Yes / No
1. Will the process described in the document involve the collection of new information about individuals? This is information in excess of what is required to carry out the process described within the			No
2. Will the process described in the document compel individuals to provide information about themselves? This is information in excess of what is required to carry out the process described within the document.			No
3. Will information about individuals be disclosed to organisations or people who have not previously had routine access to the information as part of the process described in this			No
4. Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used?			No
5. Does the process outlined in this document involve the use of new technology which might be perceived as being privacy intrusive? For example, the use of biometrics.			No
6. Will the process outlined in this document result in decisions being made or action taken against individuals in ways which can have a significant impact on them?			No
7. As part of the process outlined in this document, is the information about individuals of a kind particularly likely to raise privacy concerns or expectations? For examples, health records, criminal records			No
8. Will the process require you to contact individuals in ways which they may find intrusive?			no
<p>If the answer to any of these questions is 'Yes' please contact the Head of Data Privacy Tel: 0116 2950997 Mobile: 07825 947786 Lpt-dataprivacy@leicspart.secure.nhs.uk In this case, ratification of a procedural document will not take place until approved by the Head of Data Privacy.</p>			
IG Manager approval name:			
Date of approval			

Acknowledgement: Princess Alexandra Hospital NHS Tru

Appendix 2

Due Regard Screening Template

Section 1			
Name of activity/proposal	Personal Protective Equipment for use in healthcare		
Date Screening commenced	October 2022		
Directorate / Service carrying out the assessment	Infection, prevention, and control committee		
Name and role of person undertaking this Due Regard (Equality Analysis)	Claire King Infection, prevention, and control nurse.		
Give an overview of the aims, objectives, and purpose of the proposal:			
AIMS: The purpose of this policy is to ensure that all staff (Clinical and non-clinical and both directly and non-directly employed) have clear guidance in relation to the procedures for the use of personal protective equipment for use in healthcare in accordance with national and local standards for the prevention and control of infection.			
OBJECTIVES: The objective of the policy is to provide the organisations 'expected' standards of the management of staff health relating to communicable diseases in line with National standards for the prevention and control of infection			
Section 2			
Protected Characteristic	If the proposal/s have a positive or negative impact please give brief details		
Age	No Impact expected		
Disability	No Impact expected		
Gender reassignment	No Impact expected		
Marriage & Civil Partnership	No impact expected.		
Pregnancy & Maternity	No Impact expected		
Race	No Impact expected		
Religion and Belief	No impact expected		
Sex	No impact expected		
Sexual Orientation	No Impact expected		
Other equality groups?	No Impact expected		
Section 3			
Does this activity propose major changes in terms of scale or significance for LPT? For example, is there a clear indication that, although the proposal is minor it is likely to have a major affect for people from an equality group/s? Please <u>tick</u> appropriate box below.			
Yes		No	
High risk: Complete a full EIA starting click here to proceed to Part B		Low risk: Go to Section 4.	X
Section 4			
If this proposal is low risk please give evidence or justification for how you reached this decision:			
Signed by reviewer/assessor	Claire King	Date	8 th November 2022

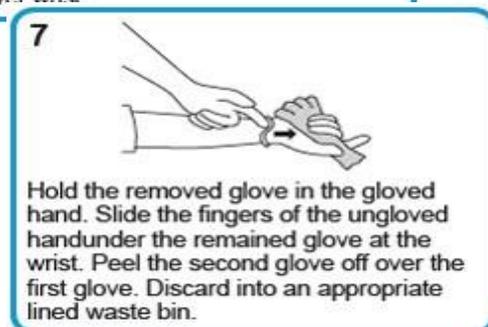
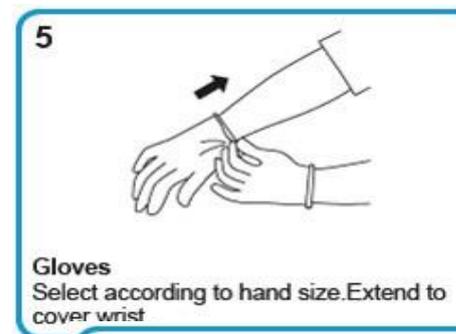
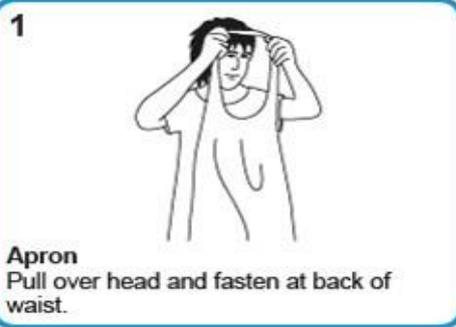
Sign off that this proposal is low risk and does not require a full Equality Analysis

Head of Service Signed					Date	
Ref	Minimum Requirements	Evidence for Self-assessment	Process for Monitoring	Responsible Individual / Group	Frequency of monitoring	
Page 29 Section 4.0	Staff are required to complete Donning/Doffing training as part of mandatory training	Page 10 4.0	Review of IPC Reporting databases.	Ward sisters/matrons Infection prevention and control committee	Monthly	
Page 32 section 7.0	Staff must be trained in the use of FFP3 respirator.	Page 32 7.0	Review of IPC reporting databases.	Ward sisters/matrons Infection prevention and control committee	Monthly	

Appendix 3

Infection Prevention and Control Team

Sequence for Donning PPE



8



Apron

Apron front is contaminated. Unfasten or break ties. Pull apron away from neck and shoulders touching inside only. Fold and roll into a bundle. Discard into an appropriate lined waste bin.

9



Gown/Fluid repellent coverall

Gown/Fluid repellent coverall front and sleeves are contaminated. Unfasten neck, then waist ties.

10



Remove using a peeling motion; pull gown/fluid repellent coverall from each shoulder towards the same hand.

11



Gown/fluid repellent coverall will turn inside out. Hold removed gown/fluid repellent coverall away from body, roll into a bundle and discard into an appropriate lined waste bin or linen receptacle.

12



Eye Protection (Goggles/face shield)

Outside of goggles or face shield are contaminated. Handle only by the headband or the sides. Discard into a lined waste bin or place into a receptacle for reprocessing/ decontamination.

13



Surgical Mask (or respiratory)

Front of mask/respirator is contaminated - do not touch. Unfasten the ties - first the bottom, then the top. Pull away from the face without touching front of mask/respirator. Discard disposable items into an appropriate lined waste bin. For reusable respirator place in designated receptacle for processing/ decontamination.



Infection Prevention and Control Team

GUIDELINES FOR THE USE AND DISPOSAL OF PERSONAL PROTECTIVE EQUIPMENT

GENERAL PRINCIPLES: To prevent the transmission of blood-borne viruses and to prevent the transmission of other pathogens.

