

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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1.0 Quick Look Summary

Personal Protective Equipment

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 (HCAs).

Personal Protective Equipment (PPE) is used for several reasons including:

- To protect staff from blood, body fluid and microbiological contamination
- To reduce the risk of cross infection to other individuals and the patients care environment.

This policy identifies the types of PPE that should be used, including when and when not to wear it. PPE should not be used in place of good hygiene practices and infection prevention and control requirements.

Double gloving is **NOT** recommended or supported for routine clinical care and should never be practiced within general settings.

Gloves are **NOT** required to carry out near patient administrative tasks e.g., when using the telephone, using a computer or tablet, writing notes or on patients' charts, giving oral medications, distributing or collecting patient dietary trays.

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.

Further advice should always be sought if any queries or concerns are raised which are linked to practice and the use of PPE.

Appropriate disposal of PPE must always be followed.

PLEASE NOTE THAT THIS LIST IS DESIGNED TO ACT AS A QUICK REFERENCE GUIDE ONLY AND IS NOT INTENDED TO REPLACE THE NEED TO READ THE FULL POLICY

1.1 Version Control and Summary of Changes

Version number	Date	Comments
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	May 2023	Review in line with National Infection Prevention and Control Manual

1.2 Key individuals involved in developing and consulting on the document.

Name	Designation
Accountable Director	Anne Scott – Director of Nursing, AHP's and Quality
Author(s)	Amanda Hemsley – Head of Infection Prevention and Control
Implementation Lead	Infection Prevention and Control Team
Core policy reviewer group	Infection Prevention and Control Assurance Group
Wider consultation	Infection Prevention and Control Assurance Group

1.3 Governance

Level 2 or 3 approving delivery group	Level 1 Committee to ratify policy
Infection Prevention and Control Assurance Group	Quality and Safety Committee

1.4 Equality Statement

Leicestershire Partnership NHS Trust (LPT) aims to design and implement policy documents that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. It takes into account the provisions of the Equality Act 2010 and promotes equal opportunities for all. This document has been assessed to ensure that no one receives less favourable treatment on the protected characteristics of their age, disability, sex (gender), gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy and maternity.


1.5 Due Regard

LPT will ensure that Due regard for equality is taken and as such will undertake an analysis of equality (assessment of impact) on existing and new policies in line with the Equality Act 2010. This process will help to ensure that:

- Strategies, policies and procedures and services are free from discrimination.
- LPT complies with current equality legislation.
- Due regard is given to equality in decision making and subsequent processes.
- Opportunities for promoting equality are identified.

Please refer to due regard assessment (Appendix 4) of this policy

1.6 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	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).

2.0. Purpose and Introduction

2.1 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 via bank, agency or honoree contracts. All Healthcare Workers (HCWs) should ensure they work within the scope of their practice.

2.2 Introduction

The principles of protection against blood and body substances are underpinned 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 1992 (amended 2002) states employers have duties concerning the provision and use of PPE at work.

3.0 Policy requirements

Personal Protective Equipment (PPE) is used for several reasons including:

- To protect staff from blood, body fluid and microbiological contamination
- To reduce the risk of cross infection to other individuals and the patients care environment.

Selection of PPE must be based on an assessment of the risk of transmission of micro-organisms to the patient, the risk of contamination of the healthcare workers skin, mucous membranes and clothing by patients' blood, body fluids, secretions or excretions.

All PPE must be fit for purpose and easily accessible to staff (subject to local risk assessment). It should be stored to prevent contamination in a clean, dry area until required for use. PPE must not be used if the expiry date has passed. It must be sourced via LPT procurement and be CE (until 31/12/2024) or UKCA marked

Visiting staff from departments such as facilities and estates or external contractors must be provided with appropriate PPE when visiting wards, departments, clinics etc. Correct types of PPE and when to use it can be located in appendices 1 and 2. Please note that appendix 1 is the direct copy of the poster in the IPC manual and is labelled 5b

3.1 Gloves

Gloves act as a physical barrier to prevent contamination of hands by blood and body fluids, chemicals and micro-organisms.

Gloves must meet the required statutory standards identified above and must be of an acceptable standard to staff.

Gloves are not a substitute for hand hygiene and do not provide a failsafe method of preventing contamination of hands. Appendix 3. Gloves use must be coupled with appropriate and timely hand hygiene to prevent spread of micro-organisms between patient contacts and staff.

Gloves are a single use item. They must **never** be washed and alcohol sanitiser must not be used to decontaminate gloves. Gloves must be put on immediately before patient care or treatment and removed as soon as the activity is completed. Gloves must be changed

between caring for different patients and between different care activities for the same patient. Gloves must be changed if a perforation, puncture or damage is suspected.

Care should be taken when removing gloves to avoid contamination. The wrist end of the gloves should be handled, and the glove should be gently pulled down over the hand, turning the outer contaminated surface inward whilst doing so. The second glove should be pulled over the first whilst removing it, so they are disposed of together.

The integrity of any glove cannot be taken for granted and staff should be aware that complete protection or contamination prevention of their hands cannot be guaranteed.

Double gloving is **NOT** recommended or supported for routine clinical care and should never be practiced within general settings.

Gloves are **NOT** required to carry out near patient administrative tasks e.g., when using the telephone, using a computer or tablet, writing notes or on patients' charts, giving oral medications, distributing or collecting patient dietary trays.

If sensitisation occurs staff must seek advice from Occupational Health Services.

3.2 Aprons, Gowns and Coveralls

Disposable plastic aprons must be worn when there is a risk that clothing may become exposed to blood, body fluids and excretions except for sweat or when close/direct contact may lead to contamination by microbes from the patient, materials or equipment. Plastic aprons must be worn as single use items for one procedure or episode of patient care and then disposed of in line with the Trust's Waste Policy.

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 an apron folded down to the waist.

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 them immediately if this occurs during a procedure/task.

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.

Long sleeved gowns or aprons and arm protectors must be worn when caring for patients with certain infections, i.e., symptomatic Covid-19 where an aerosol generating procedure is to be carried out. Where there is a risk of extensive splashing of blood, bodily fluids, secretions, or excretions on to the skin or clothing of a healthcare worker a fluid repellent gown should be

worn.

3.3 Face mask/Respirators

Face masks and eye protection may be required as part of transmission-based precautions (TBPs).

TBPs are based upon the route of transmission and include:

3.1.1. Contact precautions

Used to prevent and control infections that spread via direct contact with the patient or indirectly from the patient's immediate care environment (including care equipment). This is the most common route of cross-infection transmission.

3.1.2. Droplet precautions

Used to prevent and control infections spread over short distances (at least 3 feet/1metre) via droplets ($>5\mu\text{m}$) from the respiratory tract of individuals directly onto a mucosal surfaces or conjunctivae of another individual. Droplets penetrate the respiratory system to above the alveolar level. FRSM must be worn by staff when providing care within 1 metre of a patient when droplet precautions are applied.

3.1.3. Airborne precautions

Used to prevent and control infection spread without necessarily having close patient contact via aerosols ($=5\mu\text{m}$) from the respiratory tract of one individual directly onto a mucosal surface or conjunctivae of another individual. Aerosols penetrate the respiratory system to the alveolar level.

Fluid-resistant (Type IIR) surgical masks (FRSM) and eye protection consisting of goggles, or a full-face visor must be worn where there is a risk of blood, body fluids, secretions and excretions splashing into face, mouth and/or eyes, including when patients are coughing. They should not be touched whilst being worn.

Manufacturer's instructions should be adhered to while donning face protection to ensure most appropriate fit/protection which must not be impeded by accessories such as piercings or false eyelashes.

FRSMs and face visors are single use items but may be worn on a sessional basis as indicated in national guidance.

Remove face protection immediately after use avoiding contact with the most contaminated areas. This should be done by handling the straps/ear loops, goggle arms only. Masks must be removed or changed if integrity is breached, e.g., if damp, loose, damaged or from gross contamination with blood or body fluids. Masks must not be placed under the chin or left to dangle from one ear.

Filtering Face Piece 3 (FFP3) respirators must be used where the highest level of filtering efficiency and protection factor are required such as when undertaking aerosol generating procedures (AGPs).

FFP3 respirators, must be:

- single-use (disposable) or reusable, and worn with a full-face visor if not classed as fluid-resistant by the manufacturer (EN149)
- fit tested on all healthcare staff who may be required to wear a respirator to ensure an

adequate seal/fit according to the manufacturers' guidance 38 | National infection prevention and control manual for England.

- fit checked (according to the manufacturers' guidance) every time a respirator is donned to ensure an adequate seal has been achieved
- compatible with other facial protection used i.e., protective eyewear so that this does not interfere with the seal of the respiratory

Hands must be decontaminated immediately after removal of face protection.

3.4 Removal (doffing) of PPE

In the absence of an anteroom/lobby remove FFP3 respirators and eye/face protection in a safe area (e.g., outside the isolation/cohort room/area). Appendix 4

All other PPE should be removed in the patient care area.

3.5 Eye protection/face visors

Goggles or visors 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.

Goggles may be single use or reusable. Refer to manufacturer's instructions for use and decontamination guidance.

3.5 Forearm protection

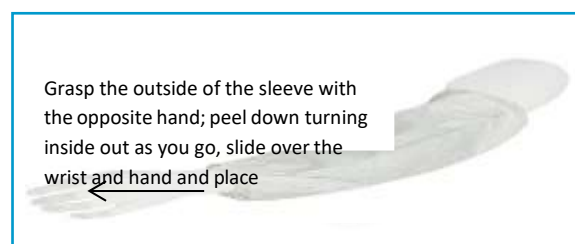
Forearm protection should be available for use in areas where there is a risk of injury. It should be used in conjunction with a detailed plan of care to minimise injuries from scratches and bites.

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

Donning



Doffing



Disposable forearm protectors are classed as healthcare waste. Once removed, they must be discarded into the appropriate clinical waste colour coded waste disposal bag.

4.0 Duties within the Organisation

Duties relating to this policy can be located in the Infection Prevention and Control Overarching Policy.

Consent

- *Clinical staff must ensure that consent has been sought and obtained before any care, intervention or treatment described in this policy is delivered. Consent can be given orally and/ or in writing. Someone could also give non-verbal consent as long as they understand the treatment or care about to take place. Consent must be voluntary and informed, and the person consenting must have the capacity to make the decision.*

- *In the event that the patient's capacity to consent is in doubt, clinical staff must ensure that a mental capacity assessment is completed and recorded. Someone with an impairment of or a disturbance in the functioning of the mind or brain is thought to lack the mental capacity to give informed consent if they cannot do one of the following:*
 - *Understand information about the decision.*
 - *Remember that information.*
 - *Use the information to make the decision.*
 - *Communicate the decision.*

5.0 Monitoring, Compliance and Effectiveness

Monitoring and Compliance of this policy can be located in the Infection Prevention and Control Overarching Policy

6.0 References and bibliography

- Control of Substances Hazardous to Health (COSHH) 2002.
www.hse.gov.uk/coshh/index.htm
- Department of Health: The Health and Social Care Act 2008; Code of practice and on Prevention and Control of Infections and related guidance. (Updated 2015).
<https://www.gov.uk/government/publications/the-health-and-social-care-act-2008-code-of-practice-on-the-prevention-and-control-of-infections-and-related-guidance>
- DH Health and Safety at work etc. Act (1974) DH Health and Safety Regulations (2002)
- Essential practice for infection prevention and control: Guidance for nursing staff. RCN (2012).
https://my.rcn.org.uk/data/assets/pdf_file/0008/427832/004166.pdf
- Guidance: Blood-borne viruses: protection of health care workers.
<https://www.gov.uk/government/publications/blood-borne-viruses-protection-of-health-care-workers>.
- Health and Safety Executive (HSE): Personal Protective Equipment at Work Regulations

<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
- Management of Health and Safety at Work Regulations 1999
<http://www.legislation.gov.uk/ukxi/1999/3242/contents/made>
- Medicines and Healthcare products Regulatory Agency; Part of: Medical devices: safety posters and leaflets, Patient safety, Good practice, inspections and enforcement, and Medical devices regulation and safety Published: 1 December 2013 Single-use medical devices: leaflet
<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>
- NHS England; National infection prevention and control manual for England. 24 April 2023. V2.5.

Please find below other legislation/guidance where there is a requirement for PPE (this list is not exhaustive):-

- Management of Health and Safety at Work Regulations 1999
- Personal Protective Equipment at Work (Amendment) Regulations 2022
- Control of Substances Hazardous to Health 2005 (as amended)
- Glove Policy
- Management of Latex and Occupational Dermatitis Policy
- Waste Policy

Appendix 5a: Personal protective equipment (PPE) when applying standard infection control precautions (SICPs)

Before undertaking any procedure or task, staff should assess any likely exposure to blood and/or other body fluids, non-intact skin, mucous membranes or any equipment or items in the care environment that could be contaminated and wear personal protective equipment (PPE) if required. PPE must protect adequately against the risks associated with the procedure or task.

Hand hygiene must be performed before putting on and after removal of PPE.

SICPs	Gloves	Apron	Gown (ambulance staff use coveralls)	Fluid resistant surgical mask (FRSM)	Eye/face protection
No anticipated exposure to blood or body fluid, mucous membranes, or non-intact skin.	✗	✗	✗	✗	✗
Exposure to blood or body fluid, mucous membranes, or non-intact skin is anticipated but NO risk of splashing or spraying.	✓	✓	✗	✗	✗
Exposure to blood or body fluid, mucous membranes, or non-intact skin is anticipated AND risk of spraying or splashing.	✓	✓	✗ Unless in place of an apron if extensive spraying or splashing is anticipated.	✓	✓

Where to put on and remove PPE

If required as above, PPE should be put on within the patient room/care area.

Gloves are not an alternative to hand hygiene. Gloves must always be removed after each task on the same patient and hand hygiene performed as per the 5 moments for hand hygiene.

All PPE must be removed and disposed of before leaving the patient room/care area on completion of care episode.

NB. Universal masking using FRSM may be indicated as a source control measure during outbreaks of respiratory infectious agents.

Appendix 5b: Personal protective equipment (PPE) when applying transmission based precautions (TBPs)

SICPs may be insufficient to prevent cross transmission of specific infectious agents and additional precautions (TBPs) may be required. PPE must protect adequately against the risks associated with the procedure or task. Refer to appendix 11a for additional information.

Hand hygiene must be performed before putting on and after removal of PPE.

TBPs	Gloves	Apron	Gown	Fluid resistant surgical mask (FRSM)	Respiratory Protective Equipment (RPE)	Eye/face protection
Contact precautions	 Unless exposure to blood or body fluid, mucous membranes, or non-intact skin is anticipated or footnote 1 applies ¹		 Unless in place of an apron if extensive spraying or splashing is anticipated	 Unless risk of splashing or spraying of blood or body fluids is anticipated or footnote 2 applies ²		 Unless risk of splashing or spraying of blood or body fluids is anticipated
Droplet precautions			 Unless in place of an apron if extensive spraying or splashing is anticipated			
Airborne precautions						

Where to put on and remove PPE

Gloves are not an alternative to hand hygiene. Gloves must always be removed after each task on the same patient and hand hygiene performed as per the 5 moments for hand hygiene.

Contact precautions: required PPE should be put on within the patient room/care area immediately **before** direct contact with the patient or their environment and should be removed and disposed of **before** leaving the patient room/care area.

Droplet and airborne precautions: required PPE should be put on **before** entering the patient room/care area. Unless there is a dedicated isolation room with anteroom, gowns, aprons and gloves should be removed and disposed of before leaving the patient room/care area. Eye/face protection and RPE (if worn) must be removed and disposed of **after** leaving the patient room/care area.

1. Clinical risk assessment may also indicate the use of gloves for specific organisms such as scabies, multi-drug resistant organisms or those with increased potential for hand and environmental contamination such as spore forming organisms e.g. *C. difficile*. This list is not exhaustive.

2. Universal masking using FRSM may be indicated as a source control measure during outbreaks of respiratory infectious agents.

PPE requirements for high consequence infectious diseases should be discussed with specialist teams as per appendix 11b.



Gloves off:

You don't have to wear gloves when...

 <p>1 Checking blood pressure and temperature</p>	 <p>2 Dispensing medication to a patient</p>	 <p>3 Handing out and collecting meal trays</p>	 <p>4 Touching a patient</p>
 <p>5 Making and handing out hot drinks</p>	 <p>6 Pushing a chair, trolley or bed and mobilising a patient</p>	 <p>7 Using a phone or computer</p>	 <p>8 Giving IM injections and drawing IV medication</p>
<p>Remember to maintain good hand hygiene standards</p>			



Guide to donning and doffing PPE: Droplet Precautions

for health and social care settings

Donning or putting on PPE

Before putting on the PPE, perform hand hygiene. Use alcohol handrub or gel or soap and water. Make sure you are hydrated and are not wearing any jewellery, bracelets, watches or stoned rings.

<p>1 Put on your plastic apron, making sure it is tied securely at the back.</p> 	<p>2 Put on your surgical face mask, if tied, make sure securely tied at crown and nape of neck. Once it covers the nose, make sure it is extended to cover your mouth and chin.</p> 	<p>3 Put on your eye protection if there is a risk of splashing.</p> 	<p>4 Put on non-sterile nitrile gloves.</p> 	<p>5 You are now ready to enter the patient area.</p> 
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Doffing or taking off PPE

Surgical masks are single session use, gloves and apron should be changed between patients.

<p>1 Remove gloves, grasp the outside of the cuff of the glove and peel off, holding the glove in the gloved hand, insert the finger underneath and peel off second glove.</p> 	<p>2 Perform hand hygiene using alcohol hand gel or rub, or soap and water.</p> 	<p>3 Snap or unfasten apron ties the neck and allow to fall forward.</p> 	
<p>Snap waist ties and fold apron in on itself, not handling the outside as it is contaminated, and put into clinical waste.</p>			
<p>4 Once outside the patient room, Remove eye protection.</p> 	<p>5 Perform hand hygiene using alcohol hand gel or rub, or soap and water.</p> 	<p>6 Remove surgical mask.</p> 	<p>7 Now wash your hands with soap and water.</p> 

Please refer to the PHE standard PPE video in the COVID-19 guidance collection:
www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-non-aerosol-generating-procedures

Appendix 2 Training Requirements

Training Needs Analysis

Training topic:	Personal Protective Equipment
Type of training: (See study leave policy)	X Mandatory (must be on mandatory training register) <input type="checkbox"/> Role specific <input type="checkbox"/> Personal development
Directorate to which the training is applicable:	X Mental Health X Community Health Services X Enabling Services X Families Young People Children / Learning Disability Services X Hosted Services
Staff groups who require the training:	Clinical staff, Patient facing staff
Regularity of Update requirement:	2 Yearly mandatory training
Who is responsible for delivery of this training?	Via eLearning
Have resources been identified?	Yes
Has a training plan been agreed?	Yes
Where will completion of this training be recorded?	X Ulearn <input type="checkbox"/> Other (please specify)
How is this training going to be monitored?	Staff managers Directorate reports Infection Prevention and Control Assurance Group

Appendix 2 The NHS Constitution

- The NHS will provide a universal service for all based on clinical need, not ability to pay.
- The NHS will provide a comprehensive range of services.

Shape its services around the needs and preferences of individual patients, their families and their carers	<input type="checkbox"/>
Respond to different needs of different sectors of the population	<input type="checkbox"/>
Work continuously to improve quality services and to minimise errors	<input type="checkbox"/>
Support and value its staff	<input type="checkbox"/>
Work together with others to ensure a seamless service for patients	<input type="checkbox"/>
Help keep people healthy and work to reduce health inequalities	<input type="checkbox"/>
Respect the confidentiality of individual patients and provide open access to information about services, treatment and performance	<input type="checkbox"/>

Appendix 3 Due Regard Screening Template

Section 1			
Name of activity/proposal		Personal Protective Equipment	
Date Screening commenced		26 May 2023	
Directorate / Service carrying out the assessment		Infection Prevention and Control	
Name and role of person undertaking this Due Regard (Equality Analysis)		Amanda Hemsley Head of Infection Prevention and Control	
Give an overview of the aims, objectives and purpose of the proposal:			
AIMS: To provide clear guidance and requirements to staff within LPT and external visitors regarding their responsibilities in relation to the use and management of Personal Protective Equipment.			
OBJECTIVES: This policy clearly outlines the type of PPE required, its appropriate use including its management and disposal.			
Section 2			
Protected Characteristic	If the proposal/s have a positive or negative impact, please give brief details		
Age			
Disability			
Gender reassignment			
Marriage & Civil Partnership			
Pregnancy & Maternity			
Race			
Religion and Belief			
Sex			
Sexual Orientation			
Other equality groups?			
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		X No	
High risk: Complete a full EIA starting click here to proceed to Part B		Low risk: Go to Section 4.	
Section 4			
If this proposal is low risk, please give evidence or justification for how you reached this decision:			
This policy has been reviewed in line with statutory, mandatory and local requirements for infection prevention and control. The policy supports the processes required to protect patients and staffs in the provision and receiving of healthcare services.			
Signed by reviewer/assessor		Date	
<i>Sign off that this proposal is low risk and does not require a full Equality Analysis</i>			
Head of Service Signed		Date	

Appendix 4 Data Privacy Impact Assessment Screening

<p>Data Privacy impact assessment (DPIAs) 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.</p> <p>The following screening questions will help the Trust determine if there are any privacy issues associated with the implementation of the Policy. Answering 'yes' to any of these questions is an indication that a DPIA may be a useful exercise. An explanation for the answers will assist with the determination as to whether a full DPIA is required which will require senior management support, at this stage the Head of Data Privacy must be involved.</p>		
Name of Document:	Personal Protective Equipment for the delivery of healthcare	
Completed by:	Amanda Hemsley	
Job title	Head of Infection Prevention and Control	Date 4 October 2023
Screening Questions	Yes / No	Explanatory Note
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 document.	No	
2. Will the process described in the document compel individuals to provide information about them? 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 document?	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 or other information that people would consider to be particularly private.	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 Data Privacy Team via Lpt-dataprivacy@leicspart.secure.nhs.uk In this case, ratification of a procedural document will not take place until review by the Head of Data Privacy.</p>		
Data Privacy approval name:		
Date of approval		

Acknowledgement: This is based on the work of Princess Alexandra Hospital NHS Trust

