Leicestershire Partnership NHS Trust

Personal Protective Equipment 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). Updated June 2022

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Policy on a page

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 (HCAIs).

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.

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Introduction and Purpose

Introduction

The principles of protection against blood and body substances are underpinned by the Health and Safety at Work. 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 (Amendment) Regulations states employers have duties concerning the provision and use of PPE at work.
Concise introduction and clear purpose

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.

Policy Requirements and Objectives

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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 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 the main body of the document.

Process

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. Trust standard disposable gloves are latex free. For further information refer to H&S Glove Policy.

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.

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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 must not be practiced within general settings.

Gloves off: You don't have to wear gloves when...

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

Remember to maintain good hand hygiene standards

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

Please refer to the H&S PPE policy for other/non-healthcare specific PPE not included in this policy. Personal protective equipment designed to give a measure of protection to an employee using or handling a substance/product, protection against extremes of temperature, protection from physical injury e.g., head protection such as hard hats, through to foot protection such as safety boots etc.

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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).

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TBPs are based upon the route of transmission and include:

3.3.1. 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.

3.3.2. Droplet precautions
Used to prevent and control infections spread over short distances (at least 3 feet/1metre) via droplets (>5µm) 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.

3.3.3. Airborne precautions
Used to prevent and control infection spread without necessarily having close patient contact via aerosols (=5µm) 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.

3.3.4 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:

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- 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.

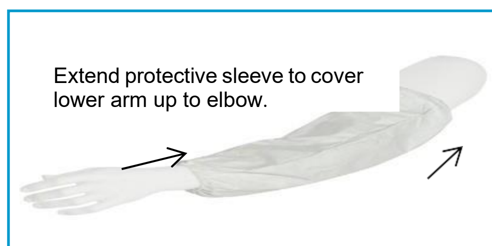
3.6 Forearm protection

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

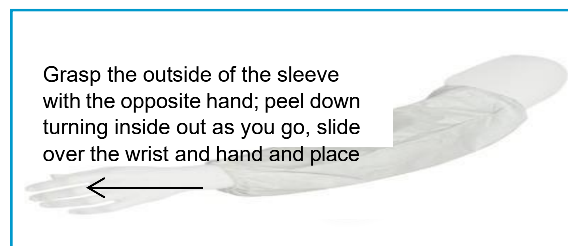
scratches and bites.

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.

Religious Modesty
Disposable sleeves, or oversleeves, are approved for use in NHS settings to cover forearms for religious modesty while adhering to "bare below the elbow" infection control policies. They must be elasticated at the wrist and elbow, used for single episodes of care, and disposed of immediately following the trusts clinical waste policy.

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GUIDANCE ON FOREARM COVERING

BRITISH ISLAMIC MEDICAL ASSOCIATION

Reference:
NHS England Uniforms & Workwear Guidance 2020

DO'S

SLEEVES CAN BE FULL-LENGTH WHEN STAFF IS NOT ENGAGED IN DIRECT PATIENT CARE ACTIVITY*

*Please see guidance for exceptions to this rule

ROLL-BACK SLEEVES & KEEP THEM SECURELY IN PLACE DURING:

HAND-WASHING

DIRECT PATIENT CARE

DISPOSABLE OVER-SLEEVES MAY BE USED BUT MUST BE PUT ON AND DISCARDED IN EXACTLY THE SAME WAY AS DISPOSABLE GLOVES

WHO 5 MOMENTS OF HAND HYGIENE

Before touching a patient

After touching a patient

After Body Fluid Exposure/ Risk

Before clean/ aseptic procedure

After touching patient surroun -dings

UNIFORMS CAN HAVE 3/4 LENGTH SLEEVES

DON'T

ANY FULL OR 3/4 LENGTH SLEEVES MUST NOT BE LOOSE OR DANGLING

1.7 Footwear

Footwear must be.

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- Visibly clean, non-slip and well-maintained, and support and cover the entire foot to avoid contamination with blood or other body fluids or potential injury from sharps.
- Removed before leaving the care area where dedicated footwear is used e.g., theatres.

1.8 Headwear

Headwear is not routinely required in clinical areas unless part of theatre attire or to prevent contamination of the environment such as in clean rooms.

NB Headwear worn for religious reasons such as turbans, kippot veils, headscarves. must not compromise patient care and safety. These must be washed and/or changed daily or immediately if contaminated and comply with additional attire requirements, for example, in theatres.

Roles and Responsibilities

Roles and responsibilities including duties of relevant individuals and groups.

Lead Executive Director
Responsible for ensuring that this policy is carried out effectively and that the provision and use of personal protective equipment is manged effectively across the organisation.

Will communicate, disseminate, and ensure directorates commence implementation of this policy and provide assurance through the trusts quality Governance Framework.

Executive Management Board
Responsible for ensuring that his policy is followed correctly, and the management of personal protective equipment is manged effectively across the organisation.
Will communicate, disseminate, and ensure directorates commence implementation of the policy and provide assurance through the trusts quality governance framework.

Governance Group level 1 and 2
Responsible for ensuring that all relevant staff are aware of the policy and adhere to the principles and guidance that is contained within it.

Policy Team

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To ensure that the policy is reviewed in accordance with identified timescale and implementation of monitoring and effectiveness has been planned and is reviewed by the directorates and appropriate governance group.

Policy Authors
Responsibility for ensuring that the Infection, Prevention and Control team identify best learning and practice to inform this policy and update accordingly.
To ensure that this policy is reviewed in accordance with identified timescale and implementation of monitoring and effectiveness has been planned and is reviewed by the directorate and appropriate governance group.

Operational leads
Are responsible for ensuring implementation within their area and for ensuring all staff who work within the are adhere to the principles of this policy at all times.

Staff
Each individual member of staff, substantive and temporary worker within the trust is responsible for complying with this policy.
Clinical staff involved in care of patients will ensure that they familiarise themselves with the content of the policy and work in accordance with this.

Staff will also ensure that they provide support and education to the patient, carer and family where appropriate. They will also be a source of knowledge and skill for colleagues where appropriate as well as ensure that they remain up to date with training in line with competencies of their job role.

Consent

Clinical staff must ensure that consent has been sought and obtained before any care, intervention or treatment described in this policy is delivered.

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Appendix One: Definitions

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	Is used on an individual patient during a single procedure and then discarded. It is not intended to be reprocessed and used again,

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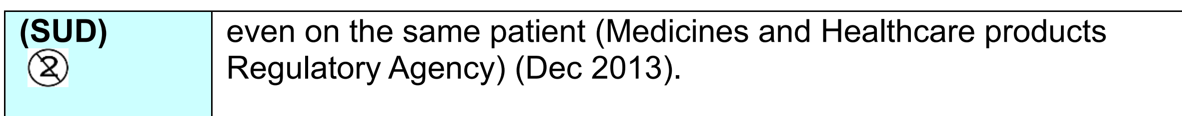

(SUD)	even on the same patient (Medicines and Healthcare products Regulatory Agency) (Dec 2013).

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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.

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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.

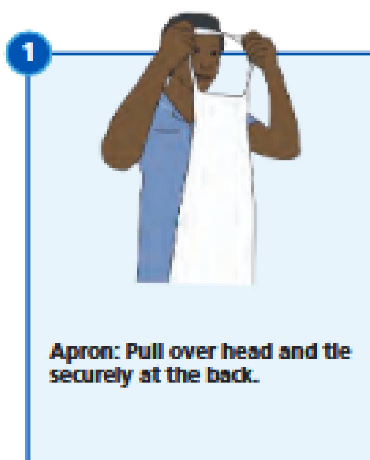
Appendix 6: Putting on and Removing Personal Protective Equipment (PPE)

Before undertaking any procedure or task, staff should assess the risk of 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 PPE if required. PPE must protect adequately against the risks associated with the procedure or task. The items of PPE worn will vary based on the type of exposure anticipated, and not all items of PPE may be required.

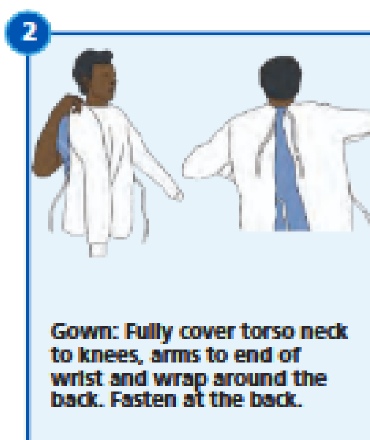
Putting on Personal Protective Equipment (PPE)

Before beginning, check which items of PPE are required and that these are available in the correct size.

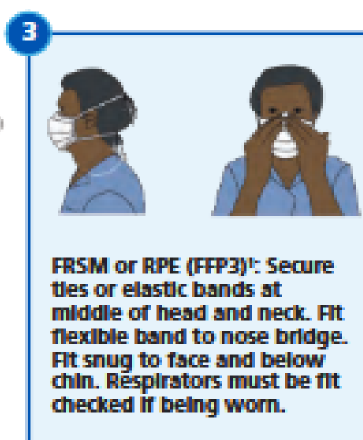
The order for putting on PPE is Apron or Gown, Fluid-Resistant Surgical Mask (FRSM)/ Respiratory Protection Equipment (RPE) (FFP3),[1] Eye Protection, then Gloves.



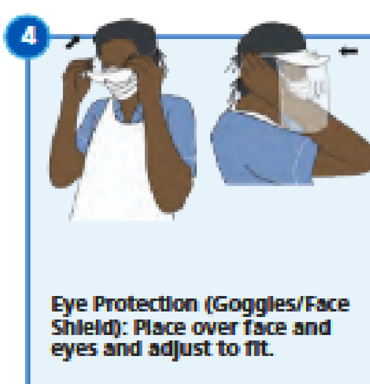
1 Apron: Pull over head and tie securely at the back.



2 Gown: Fully cover torso neck to knees, arms to end of wrist and wrap around the back. Fasten at the back.



3 FRSM or RPE (FFP3)[1]: Secure ties or elastic bands at middle of head and neck. Fit flexible band to nose bridge. Fit snug to face and below chin. Respirators must be fit checked if being worn.



4 Eye Protection (Goggles/Face Shield): Place over face and eyes and adjust to fit.

5 Gloves: Pull on taking care to minimise contamination of the outer surface by holding gloves at the wrist opening only. Extend to cover wrist (over gown cuffs, if applicable).

Steps on removing PPE are continued on the next page.

Removing Personal Protective Equipment (PPE)

When removing PPE, the correct technique is essential to avoid touching the most contaminated areas of PPE e.g., the outside of gloves and front of aprons/gowns, eye protection, and FRSM/RPE.

The order for removing PPE is Gloves, Apron or Gown, Eye Protection, then FRSM/RPE (FFP3)[1].

6 Gloves: Pinch and lift the outside of the glove in the palm area with the opposite gloved hand; peel off while turning inside out. Hold the removed glove in the gloved hand. Slide two fingers of the ungloved hand under the remaining glove at the wrist. Peel the second glove off over the first glove and discard.

7 Apron: Unfasten or break neck ties and allow apron to fall forward. Unfasten or break waist ties and pull apron away from the body touching the inside only. Fold or roll into a bundle and discard.

8 Gown: Unfasten neck, then waist ties. Remove using a peeling motion; pull gown from each shoulder towards the same hand turning gown inside out. Hold removed gown away from body, fold or roll into a bundle and discard.

9 Eye Protection (Goggles/Face shield): Handle eye protection only by the headband or the sides. Face shields/glasses should be removed by grasping sides and pulling directly forward, away from face. To remove goggles with an elasticated headband, tilt head forward and grasp the headband with index fingers and thumbs, lift the headband upwards whilst pushing frame away from face, lower goggles away from face and discard.

10 FRSM or RPE (FFP3)[1]: Unfasten the ties - first the bottom, then the top or, if elasticated, pull top and bottom elastics together. Handling the ties/elastics only pull away from the face without touching front of mask/respirator and discard.

- **All PPE should be removed before leaving the care area and immediately disposed of directly into the appropriate waste stream, or a designated receptacle for reusable PPE.**
- **Perform hand hygiene immediately upon removal of PPE.**

1. Reusable RPE including powered hoods may require a different order for putting on and removing, refer to your local policy if applicable.

Appendix Two: Governance

Version control and summary of changes

Version number	Date	Description of key change
Version 1	Mar 2008	Infection control policy for the use of Personal Protective Equipment.
Version 2	Sept 2010	Guideline review and amendments
Version 3	Aug 2011	Harmonised in line with LPT LVCRCHS LCCHS (Historical organisations)
Version 4	Aug 2014	Review of policy
Version 5	Aug 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
Version 7	April 2026	Policy due for review, updated trust policy template used.

Responsibilities

Responsibility	Title
Executive Lead	Group Chief Nurse/Executive Director of Nursing, Allied Health Professionals (AHPs) and Quality. Director of Infection Prevention and Control (DiPC)
Policy Author	Head of Infection Prevention and Control
Advisors	Infection Prevention and Control Team Infection Prevention and Control Group members
Policy Expert Group	

Governance

Governance Level	Name
Level 1 Assurance Oversight	Quality Forum/Quality & Safety Committee

Level 2 Delivery Group for policy approval and compliance monitoring	Infection Prevention and Control Assurance Group

Compliance Measures

KPI (only need 1-2 KPI's per policy)	Where will this be reported and how often
Audit during outbreaks/increased incidence of infection	IPC assurance group Directorate highlight reporting. IPC highlight reporting.
Staff have sufficient and appropriate PPE to meet the policy requirements	IPC assurance group Directorate highlight reporting.

Training Requirements

Please explain here if any relevant training is available for staff to support the understanding and implementation of this policy.

References

- 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

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- 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
Extended scope of the Personal Protective Equipment at Work Regulations
- 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/uksi/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. Published: March 2025, Updated: 24 April 2023. V2.5.

- NHS England and NHS Improvement: Uniforms and Workwear; guidance for NHS employers, reference 001559. 2 April 2020.

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
- Health and Safety PPE Policy
- Management of Latex and Occupational Dermatitis Policy
- Waste Policy

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