



Community Infection Prevention and Control Policy for Domiciliary Care staff

PPE (Personal protective equipment)

PPE

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Organisation:

Signed:

Job Title:

Date Adopted:

Review Date:

If your organisation would like to exclude or include any additional points to this Policy, please include below. Please note, the Community IPC Team cannot endorse or be held responsible for any addendums.

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PPE

PPE (PERSONAL PROTECTIVE EQUIPMENT)

1. Introduction

This Policy is one of the 'Standard infection control precautions' (SICPs) referred to by NHS England and NHS Improvement.

Personal protective equipment helps protect both service users and staff from infection and is used for contact, droplet or airborne transmission based precautions (TBPs).

Before undertaking any task, staff should assess any risk of:

- Micro-organisms, such as bacteria and viruses, spreading to service users or themselves
- Contamination of their clothing or uniform with blood and/or body fluids
- Contamination of their skin or mucous membranes (the lining of the mouth, nose and eyes) with blood and/or body fluids

and wear appropriate personal protective equipment (PPE) to protect against the risks identified.

Hands should be cleaned before putting on PPE. All PPE should be changed between tasks and disposed of as per local policy and refer to the 'Safe disposal of waste Policy for Domiciliary Care staff', as soon as the task is completed. Always perform hand hygiene appropriately after removing and disposing of each item of PPE, e.g. pair of gloves, apron, mask, face protection.

PPE must be transported in a clean lidded container to reduce the risk of PPE becoming contaminated. It should be stored in a clean dry area until ready for use. Supplies of PPE should be readily available at the point of use and within their expiry date.

Always use standard infection control precautions and transmission based precautions (SICPs and TBPs), refer to the 'SICPs and TBPs Policy for Domiciliary Care staff'.

When caring for service users in relation to COVID-19 or any other new emerging infections, staff should refer to national infection prevention and control guidance for advise on the PPE to be worn.

2. Gloves

Gloves are single use only, with the exception of domestic gloves.

If contact with blood and/or body fluids, non-intact skin or mucous membranes, is anticipated, or the service user has a suspected or known infection, disposable gloves should be worn that are appropriate for the task (see 'Glove selection guide').

Gloves must comply with European Standard EN 455 Medical Gloves for single use (Parts 1-4) and be CE marked for single use.

The Medical Devices Agency recommends that only powder-free gloves are purchased due to latex allergy/sensitivity.

Hands must be cleaned with liquid soap and warm running water or alcohol handrub applied immediately before putting on and after removing each pair of gloves.

Please note, alcohol handrub should not be used if hands are dirty, visibly soiled or dealing with a service user with *Clostridioides difficile* or viral gastroenteritis, e.g. Norovirus. Refer to 'Hand hygiene Policy for Domiciliary Care staff'.

Gloves can be latex, nitrile or vinyl material. Employers may advise against the use of latex following a risk assessment as it can cause skin sensitivity and allergies.

Glove selection should be based on risk assessment of:

- Sensitivity to latex
- Nature of the task
- Risk of contamination
- Sterile gloves for aseptic technique, e.g. wound care

The following table provides a list of procedures and glove choice as a guide.

| Glove selection guide | Sterile | | Non-sterile | | | |
|--|---------|---------|-------------|---------|-------|----------|
| | Latex | Nitrile | Latex | Nitrile | Vinyl | Domestic |
| Procedure and type of contact Ticks indicate which glove to use for the procedures listed and if they should be sterile or non-sterile. Please note that this is not an exhaustive list. | | | | | | |
| Aseptic technique, e.g. Enteral feeding | ✓ | ✓ | | | | |
| Blood/blood stained body fluids | | | ✓ | ✓ | | |
| Body fluids, e.g. urine, faeces | | | ✓ | ✓ | ✓ | |
| Decontamination of care equipment | | | ✓ | ✓ | ✓ | |
| Domestic tasks | | | | | | ✓ |
| Sorting soiled laundry | | | ✓ | ✓ | ✓ | |
| Urine drainage bag emptying | | | ✓ | ✓ | ✓ | |

| Glove type | Description |
|-------------------------|---|
| Latex gloves | Are made from natural rubber and due to their elasticity provide a better fit. Latex gloves can cause skin sensitivity and following risk assessment some employers are using alternative products such as nitrile |
| Nitrile gloves | Are a synthetic alternative to latex gloves. They are suitable to be worn when in contact with blood and blood stained body fluids and if a service user or member of staff is latex sensitive |
| Vinyl gloves | Are looser fitting than nitrile or latex gloves, are less durable for procedures involving twisting and more likely to tear. They are not recommended for contact with blood and blood stained body fluids. Therefore, they should only be worn when there is no risk of exposure to blood or blood stained body fluids and if tasks are short and non-manipulative. They are not associated with skin irritation |
| Polythene gloves | Are not recommended for care activities |
| Domestic gloves | Are suitable for household cleaning. Due to their rubber content, they are not suitable for use when a service user or staff member has a sensitivity to latex (see Latex gloves above). In such cases, nitrile gloves can be worn, although the user should be aware that nitrile gloves are not as durable (strong) as domestic gloves |

Gloves should be:

- Changed if a perforation or puncture is suspected
- Disposed of after each task or care activity, e.g. handling used, soiled or infected linen and clothing
- Changed between different tasks on the same service user
- Appropriate for use, fit for purpose and well-fitting

The reuse of single use gloves is not recommended for the following reasons:

- Glove integrity can be damaged if in contact with substances such as alcohol handrub, oils and disinfectants
- Many gloves will develop micro-punctures very quickly and will no longer perform their barrier function
- There is a risk of transmission of infection
- Washing of gloved hands or using an alcohol handrub on gloves is considered unsafe practice

The reuse of domestic gloves is acceptable:

- Domestic gloves should be washed with detergent and warm water, rinsed and dried after use

Gloves are not required for making beds with clean linen, but should be worn when making beds with used linen.

3. Aprons

Disposable aprons are resistant to bacteria and body fluids and protect the areas on the front of the body, which are at highest risk of contamination.

A disposable apron is single use only and should be worn when:

- There is a risk of exposure to blood and/or body fluids, non-intact skin, mucous membranes or other sources of contamination, e.g. the service user has a known or suspected infection
- There is a risk of soiling to the front of uniforms or clothing
- Providing direct 'hands on' care to a service user and changed between each task
- Undertaking an aseptic technique
- Decontaminating care equipment or the environment

A disposable apron should be removed and disposed of after each task. Never wear an apron for a dirty task and then move onto a clean task without changing it. Hand hygiene should be performed after removing the apron.

There is no need to wear disposable gloves or apron when **unloading** washing machines, dishwashers, tumble dryers or when ironing.

4. Facial protection

Facial protection protects the eyes, nose and mouth, from contamination. Before any task, assess the risk of contamination to your face and apply appropriate facial protection as necessary (see below).

Eye and face protection should not be impeded by accessories, e.g. false eyelashes, facial piercings.

Hand hygiene should be performed after removing each item of facial protection.

Eye protection

Safety glasses or a visor should be worn when there is a risk of splashing of blood and/or body fluids to the eyes, e.g. spitting. Prescription spectacles are not considered eye protection. Reusable eye protection should be decontaminated after each use. Refer to the 'Safe management of care equipment Policy for Domiciliary Care staff'.

Masks

A type IIR fluid resistant surgical face mask or visor should be worn to protect the nose and mouth:

- When caring for a service user with a suspected or confirmed infection spread by the droplet route, e.g. COVID-19.
- When there is a risk of blood, body fluids, secretions or excretions splashing on to the nose and mouth

Routinely, surgical masks should:

- Be fluid resistant
- Not be touched once put on
- Be changed when they become moist
- Be worn once and disposed of, refer to the 'Safe disposal of waste Policy for Domiciliary Care staff'. Hand hygiene must be performed after disposal

NHS

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Wearing a mask: do's and don'ts

| | | | | | | | |
|---|---|---|---|---|---|--|---|
|  | ✓ |  | ✓ |  | ✓ |  | ✓ |
| Do cover nose, mouth and chin | | Do pull hair back | | Do tie top strap first, then bottom strap | | Do keep phones away from mask | |
|  | ✗ |  | ✗ |  | ✗ |  | ✗ |
| Don't pull below nose | | Don't pull below chin | | Don't hang from one ear | | Don't hang around neck | |
|  | ✗ |  | ✗ |  | ✗ |  | ✗ |
| Don't cross straps | | Don't leave straps hanging | | Don't wear on forehead | | Don't leave hair down | |
|  | ✗ |  | ✗ |  | ✗ |  | ✗ |
| Don't touch front of mask after fitting | | Don't reach under mask | | Don't touch phone to mask | | Don't remove mask to talk on the phone | |
|  | ✗ |  | ✗ |  | ✗ |  | ✗ |
| Don't drink or eat with mask on | | Don't remove mask to cough, sneeze or talk | | Don't break top strap first, break bottom first | | Don't wear a dirty or wet mask | |

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A poster 'Wearing a mask: do's and don'ts' is available to download at www.infectionpreventioncontrol.co.uk.

FFP3 disposable respirator

A disposable respirator providing a high protection factor is rarely required in a service user's home. National infection prevention and control advice on the wearing of these masks during a-pandemic, e.g. COVID-19, influenza, should be followed.

5. Correct order for putting on and removing personal protective equipment

Correct order for putting on and removing Personal protective equipment (PPE)

Order for putting on PPE



Ensure you are 'Bare Below the Elbows' and hair is tied back. Clean your hands. Pull apron over your head and tie at back of your waist.



Elasticated masks: Position loops behind ears.
Tied masks: Position upper straps on the crown of your head, lower straps at the nape of your neck.

For both masks:
With both hands, mould the flexible band over the bridge of your nose.



Holding the eye protection by the sides, place over your eyes.



Put on gloves and extend to cover your wrists.

Order for removing PPE



Grasp the outside of the glove with opposite gloved hand, peel off, holding the removed glove in the gloved hand. Slide the fingers of the ungloved hand under the remaining glove at the wrist and peel off. Discard. Clean hands.



Break apron strap at the neck, allow the apron to fold down on itself. Break waste straps at your back and fold apron in on itself. Fold or roll into a bundle taking care not to touch the outside surface. Discard. Clean hands.



Handle eye protection only by the headband or the sides. Discard disposable eye protection. Reusable eye protection must be decontaminated. See note below. Clean hands.



Elasticated masks: Pull loops over ears.
Tied masks: Untie or break lower straps followed by upper straps.
Both masks: Holding only by the loops or straps, discard. Clean hands.

Note:

- PPE should be removed in the above sequence to minimise the risk of cross/self-contamination.
- Hands should be cleaned before putting on PPE. All PPE should be changed between tasks and disposed of as soon as the task is completed and as per local policy. Always perform hand hygiene appropriately after removing and disposing of each item of PPE, e.g. pair of gloves, mask, facial protection.
- After use, reusable eye protection must be decontaminated appropriately, refer to the 'Safe management of care equipment Policy for Domiciliary Care staff'.

A poster 'Correct order for putting on and removing PPE' can be downloaded at www.infectionpreventioncontrol.co.uk.

6. Footwear

Footwear must be well maintained, visibly clean, non-slip and support and cover the entire foot to avoid contamination with blood or body fluids or potential injury from sharps.

7. Evidence of good practice

It is recommended that, for assurance purposes, annual audits to assess the standard of staff technique are carried out. An audit tool is available to download at www.infectionpreventioncontrol.co.uk.

8. Infection Prevention and Control resources, education and training

The Community Infection Prevention and Control (IPC) Team have produced a wide range of innovative educational and IPC resources designed to assist Domiciliary Care in achieving compliance with *The Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance* and CQC registration requirements.

These resources are either free to download from the website or available at a minimal cost covering administration and printing:

- IPC Policy documents for Domiciliary Care staff
- 'Preventing Infection Workbook: Guidance for Domiciliary Care staff'
- IPC audit tools, posters, leaflets and factsheets
- 'IPC Bulletin for Domiciliary Care staff'

In addition, we hold educational study events in North Yorkshire and York and can arrange bespoke training packages. Prices vary depending on your requirements and location.

Further information on these high quality evidence-based resources is available at www.infectionpreventioncontrol.co.uk.

9. References

Department of Health (2015) *The Health and Social Care Act 2008: Code of Practice on the prevention and control and infections and related guidance*

Department of Health (2013) *Choice Framework for local Policy and Procedures (CFPP) 01-04 Decontamination of linen for health and social care: Social care*

Department of Health (2007) *Transport of Infectious Substances best practice guidance for microbiology laboratories*

Department of Health (2006) *Essential steps to safe, clean care*

Health and Safety Executive (2013) *Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 (the Sharps Regulations)*. HSE Information sheet

Health and Safety Executive (1974) *Health and Safety at Work, etc. Act 1974* London

Loveday HP, et al, epic 3: National Evidence-Based Guidelines for Preventing Healthcare-Associated Infections in NHS Hospitals in England *Journal of Hospital Infection* 86S1 (2014) S1-S70

National Institute for Health and Care Excellence (2012, Updated 2017) *Healthcare-associated infections: prevention and control in primary and community care Clinical Guideline 139*

NHS England and NHS Improvement (March 2019) *Standard infection control precautions: national hand hygiene and personal protective equipment policy*