



Community Infection Prevention and Control Policy for Care Home settings

Personal protective equipment

Version 2.00
July 2020

PERSONAL PROTECTIVE EQUIPMENT

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Organisation:

Signed:

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Date Adopted:

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

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PERSONAL PROTECTIVE EQUIPMENT

1. Introduction

This Policy is one of the 10 'Standard infection control precautions' (SICPs) referred to by NHS England and NHS Improvement.

Before undertaking any procedure, staff should assess any likely exposure to blood and/or body fluids, non-intact skin or mucous membranes and wear personal protective equipment (PPE) that protects adequately against the risks associated with the procedure.

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, apron, mask, facial protection.

Best practice is to store PPE in dispensers to reduce the risk of PPE becoming contaminated. It should be stored in a clean dry area until ready for use, e.g. do not store boxes of gloves on top of toilet cisterns or hang aprons behind doors. Supplies of PPE should be readily available at the point of use and within their expiry date.

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

2. Gloves

Gloves are single use only.

If contact with blood and/or body fluids, non-intact skin or mucous membranes, is anticipated, or the resident 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.

Studies have shown that when a contaminated needle pierces a glove, the material of the glove wipes off 86% of the blood from the needle before it passes into the skin.

In care homes where staff perform aseptic techniques, e.g. urinary catheterisation, sterile gloves must be available for such procedures.

Hands must be washed 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 resident with *Clostridioides difficile* or viral gastroenteritis, e.g. Norovirus.

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. urinary catheterisation, 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	✓	✓				
Blood/blood stained body fluids			✓	✓		
Body fluids, e.g. urine, faeces			✓	✓	✓	
Decontamination of equipment			✓	✓	✓	
Domestic tasks						✓
Sorting soiled laundry			✓	✓	✓	
Urinary catheterisation	✓	✓				
Urine drainage bag emptying			✓	✓	✓	
Venepuncture			✓	✓		

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 resident 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 clinical use

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 resident
- Appropriate for use, fit for purpose and well-fitting

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

- Glove integrity can be damaged if in contact with substances such as isopropanol, ethanol, 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

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

All used gloves should be disposed of appropriately – refer to the 'Safe disposal of waste Policy for Care Home settings' for further information.

3. Aprons

Disposable aprons are impermeable to bacteria and body fluids and protect the areas of maximum potential contamination on the front of the body.

A disposable apron is single use 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 resident 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 resident and changed between each task
- Undertaking an aseptic technique
- Decontaminating 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.

Colour coding of aprons

Clinical duties

- White aprons should be worn for clinical duties, e.g. personal hygiene, handling used, soiled or infected linen and clothing, when making a bed.

Cleaning activities

It is recommended that for cleaning activities, aprons worn should be in line with the National Colour Coding Scheme for cleaning materials and equipment in care homes.

- Red aprons for bathrooms, showers, toilets, basins and bathroom floors.
- Blue aprons for general areas, e.g. lounges, offices, corridors and bedrooms.
- Green aprons for kitchen areas, including satellite kitchen areas and food storage areas.
- Yellow aprons for bedrooms when a resident has an infection and is cared for in their own room (isolated).

4. Facial protection

If there is a risk of splashing of blood and/or body fluids to the face, safety glasses or a visor should be worn to protect the eyes, nose or mouth. In addition, when a resident has an infection spread by respiratory secretions, e.g.

COVID-19, Pulmonary TB, pandemic influenza, rubella, measles, a type IIR fluid resistant face mask and eye protection should be worn.

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

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

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, nose or mouth. 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 Care Home settings'.

Masks

A type IIR fluid resistant surgical mask or face visor should be worn to protect staff when there is a risk of blood, body fluids, secretions or excretions splashing on to the face. Masks may be required to be worn on other occasions, e.g. in the event of COVID-19, pandemic flu.

Surgical masks should:

- Be fluid resistant
- Cover both the nose and mouth and not be allowed to dangle around the neck after use
- Not be touched once put on
- Be changed when they become moist
- Be worn once and discarded as infectious waste. Hand hygiene must be performed after disposal

FFP3 disposable respirator

A disposable respirator providing a high protection factor is rarely required in care homes, advice on the wearing of these masks during an influenza pandemic is issued by Public Health England. The fit of respiratory masks is critically important and every user should be fit tested and trained in the use of the respirator. Additionally, a seal fit check should be carried out each time a respirator is worn.

5. Correct order for putting on and removing PPE

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 your local decontamination guidance.

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 your Care Home 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:

- 29 IPC Policy documents for Care Home settings
- 'Preventing Infection Workbook: Guidance for Care Homes'
- 'IPC CQC Inspection Preparation Pack for Care Homes'
- IPC audit tools, posters, leaflets and factsheets
- 'IPC Bulletin for Care Homes'

In addition, we hold educational study events in North Yorkshire and can arrange bespoke training packages and 'Mock IPC CQC Inspections'. 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

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Health and Safety Executive (2013) *Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 (the Sharps Regulations)*. HSE Information sheet www.hse.gov.uk/pubns/hsis7.pdf [Accessed 9 October 2017]

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

National Patient Safety Agency (August 2010) *The national specifications for cleanliness in the NHS: Guidance on setting and measuring performance outcomes in primary care medical and dental premises*

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