



## Community Infection Prevention and Control Policy for General Practice

(also suitable for adoption by other healthcare providers, e.g.  
Dental Practice, Podiatry)

# PPE (Personal protective equipment)

PPE

**Version 1.00**  
**July 2021**

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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.

All staff must be trained in the correct use and removal of personal protective equipment (PPE).

Before undertaking any task, staff should assess the risks associated with the patient interaction or task to be undertaken and wear PPE that protects adequately when:

- Dealing with a patient who has a confirmed or suspected infection
- There is likely exposure to blood and/or body fluids, non-intact skin or mucous membranes
- Decontaminating the environment or care equipment
- In contact with substances hazardous to health, e.g. cleaning/disinfecting products

Hands should be cleaned before putting on PPE. All PPE should be changed between tasks and disposed of as soon as the task is complete.

Contaminated/infectious PPE should be discarded into the clinical infectious waste stream, non-contaminated/non-infectious PPE should be discarded into the offensive waste stream. Always perform hand hygiene appropriately after removing and disposing of PPE. When caring for patients in relation to COVID-19, perform hand hygiene after removing and disposing of each item of PPE, e.g. pair of gloves, apron, mask, facial protection.

Best practice is to use a PPE dispenser to reduce the risk of the PPE becoming contaminated. PPE should be readily available at the point of use and within the expiry date. Stored PPE should be located in a clean dry area until ready for use.

Always use standard infection control precautions and, where required, transmission based precautions (SICPs and TBPs), refer to the 'SICPs and TBPs Policy for General Practice'.

**When caring for patients 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

If contact with blood and/or body fluids, substances hazardous to health, e.g. cleaning/disinfecting products, non-intact skin or mucous membranes, is anticipated or the patient has a confirmed or suspected infection, disposable gloves should be worn that are appropriate for the task (see 'Glove selection guide').

Disposable gloves are single use only.

Disposable 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.

The wearing of gloves has been shown to reduce the volume of blood transferred in a needlestick injury by 52% compared with not wearing gloves, which can help reduce the risk of acquiring an infection if you sustain a needlestick injury.

Sterile gloves must be available and worn for an aseptic technique.

Hands must be washed with liquid soap and warm running water or alcohol handrub applied immediately before putting on and after removing gloves. Please note, alcohol handrub should **not** be used if hands are dirty, visibly soiled or dealing with a patient with *Clostridioides difficile* or other diarrhoeal illness, 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.

Staff who develop any irritation or dermatitis on their hands should report to their Occupational Health Provider/GP and seek clinical advice.

Glove selection should be based on risk assessment of:

- Sensitivity to latex
- Nature of the task
- Risk of contamination
- Need for sterile gloves

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

Glove selection guide	Sterile		Non-sterile			
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.	Latex	Nitrile	Latex	Nitrile	Vinyl	Domestic
Aseptic technique	✓	✓				
Blood/blood stained body fluids contact			✓	✓		
Body fluids contact			✓	✓	✓	
Clean technique			✓	✓		
Decontamination of care equipment			✓	✓	✓	
Domestic tasks						✓
IUCD insertion	✓	✓				
Minor surgery	✓	✓				
Rectal examination			✓	✓		
Short and non-manipulative tasks					✓	
Urinary catheterisation	✓	✓				
Vaginal examination			✓	✓		
Venepuncture/Phlebotomy			✓	✓		

Glove type	Description
<b>Latex gloves</b>	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
<b>Nitrile gloves</b>	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 patient or member of staff is latex sensitive
<b>Vinyl gloves</b>	Are looser fitting than nitrile or latex gloves, 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

Glove type	Description
<b>Polythene gloves</b>	Are not recommended for clinical use
<b>Domestic gloves</b>	Are suitable for household cleaning. Due to their rubber content, they are not suitable for use when a 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:

- Stored in a clean area in their original box/packaging away from sunlight, heat sources and liquids (including chemicals)
- Checked before use for any damage such as pin holes and changed if a perforation or puncture is suspected
- Changed before the manufacturer's recommended breakthrough time\* is exceeded - more than one pair may be required for a prolonged task.  
\* 'Breakthrough time' is the time a chemical takes to permeate through the glove material and reach the inside. Permeation is a process by which a chemical can pass through a material without going through pinholes or pores or other visible openings. This breakthrough time informs you how long you can use a glove for
- Disposable gloves should be:
  - Disposed of after each procedure or activity
  - Changed between different procedures on the same patient
  - Worn when decontaminating care equipment or the care environment
  - Appropriate for use, fit for purpose and well-fitting

The reuse of disposable 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 micropunctures very quickly and will no longer perform their barrier function
- There is a risk of transmission of infection
- Washing your hands whilst wearing disposable gloves, or using an alcohol handrub on disposable or domestic gloves, is considered unsafe practice

Contaminated/infectious gloves should be discarded into the clinical infectious waste stream, non-contaminated/non-infectious gloves should be discarded into the offensive waste stream, refer to the 'Safe disposal of waste Policy for General Practice' for further information.

Hand hygiene should be performed after disposing of gloves.

**Cleaning activities**

To reduce the risk of transmission of infection between different areas, it is recommended that for cleaning activities, coloured domestic gloves in line with the National Colour Coding Scheme for cleaning materials and equipment in primary medical care and dental premises, should be worn:

- Red for sanitary areas, including sinks in sanitary areas
- Blue for general areas, e.g. waiting rooms and consulting rooms (including sinks in general areas)
- Green for kitchens
- Yellow for treatment and minor operation rooms

**3. Aprons**

Disposable aprons are impermeable to bacteria and 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
- Undertaking a procedure on a patient with a confirmed or suspected infection
- There is a risk of splashing or soiling to the front of the uniform or workwear
- Undertaking an aseptic technique
- Decontaminating care equipment or the care environment

Never wear an apron for a dirty task and then move onto a clean task without changing it.

Disposable aprons should be removed after each task.

Contaminated/infectious aprons should be discarded into the clinical infectious waste stream, non-contaminated/non-infectious aprons should be discarded into the offensive waste stream, refer to the 'Safe disposal of waste Policy for General Practice' for further information.

Hand hygiene should be performed after disposing of an apron.

**Colour coding of aprons****Clinical duties**

- White aprons should be worn for clinical duties, e.g. wound dressing.



**Cleaning activities**

To limit the likelihood of the same apron being worn in different risk areas, reducing the risk of transmission of infection, coloured aprons in line with the National Colour Coding Scheme for cleaning materials and equipment in primary medical care and dental premises, should be worn:

- Red for sanitary areas, including sinks in sanitary areas
- Blue for general areas, e.g. waiting rooms and consulting rooms (including sinks in general areas)
- Green for kitchens
- Yellow for treatment and minor operation rooms

**4. Facial protection**

Appropriate facial protection should be worn if there is a risk of splashing of either blood and/or body fluids or substances hazardous to health, e.g. cleaning/disinfecting products, to the face, or the patient has a confirmed or suspected infection transmitted by the droplet or airborne route, e.g. Pulmonary TB, rubella, measles (for COVID-19, pandemic influenza, refer to the latest national infection prevention and control guidance).

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

**Eye protection**

Goggles/safety glasses or a visor should be worn:

- When there is a risk of splashing of blood and/or body fluids or hazardous substances to the eyes
- If the patient has a suspected or confirmed infection transmitted by the droplet or airborne route, e.g. Pulmonary TB, rubella, measles (for COVID-19, pandemic influenza, refer to the latest national IPC guidance)

Prescription spectacles are not considered eye protection.

Eye protection should be removed after each task.

Contaminated/infectious disposable eye protection should be discarded into the clinical infectious waste stream, non-contaminated/non-infectious eye protection should be discarded into the offensive waste stream, refer to the 'Safe disposal of waste Policy for General Practice' for further information.

Hand hygiene should be performed after disposing of disposable eye protection.

Reusable eye protection should be appropriately decontaminated and stored following each use, e.g. in a clean lidded wipeable container or plastic bag, refer to the 'Safe management of care equipment Policy for General Practice' for further information.

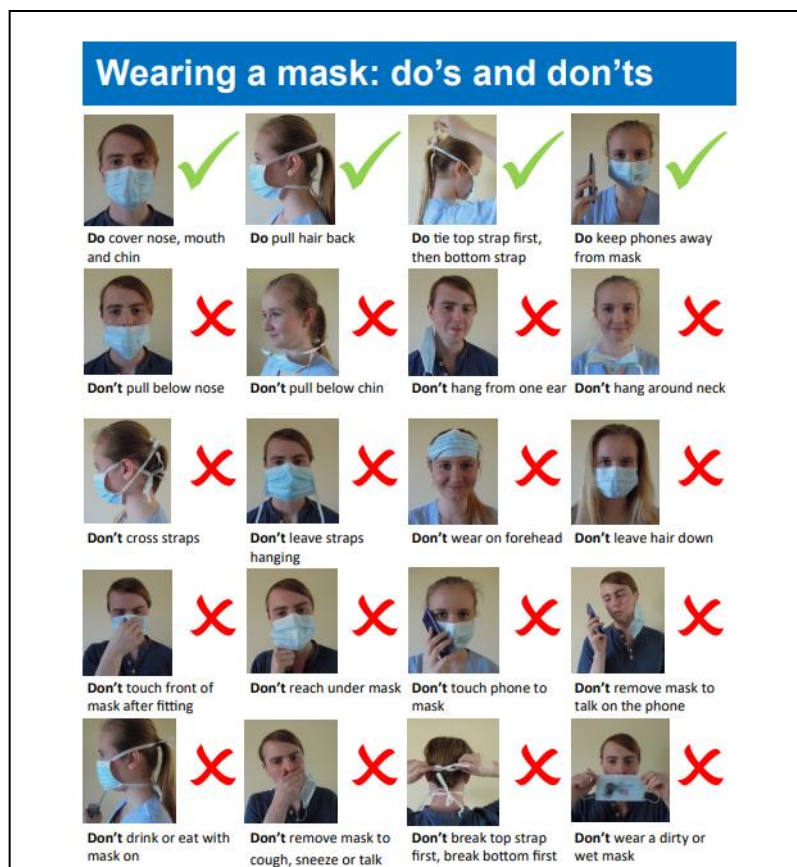
Hand hygiene should be performed after decontamination of reusable eye protection.

### Masks

A type IIR (fluid resistant) surgical mask should be worn:

- When there is a risk of splashing of either blood and/or body fluids or substances hazardous to health, e.g. cleaning/disinfecting products, to the face
- If the patient has a suspected or confirmed infection transmitted by the droplet or airborne route, e.g. Pulmonary TB, rubella, measles (for COVID-19, pandemic influenza, refer to the latest national IPC guidance)
- Surgical masks should be worn once
- Contaminated/infectious masks should be discarded into the clinical infectious waste stream, non-contaminated/non-infectious masks should be discarded into the offensive waste stream, refer to the 'Safe disposal of waste Policy for General Practice' for further information
- Hand hygiene should be performed after disposing of masks

### Wearing a mask: do's and don'ts



A 'Wearing a mask: do's and don'ts Poster' is available to download at [www.infectionpreventioncontrol.co.uk](http://www.infectionpreventioncontrol.co.uk).

### FFP3 mask (respirator)

An FFP3 mask providing a high protection factor is rarely required in General Practice, advice on the wearing of these, e.g. during COVID-19 or an influenza pandemic, is issued by Public Health England. The fit of these types of mask is critically important and every user should be fit tested and trained in the use of the mask. Additionally, a seal check should be carried out each time an FFP3 mask is worn.

FFP3 masks should be removed and disposed of appropriately after each task.

Contaminated/infectious disposable respirators should be discarded into the clinical infectious waste stream, non-contaminated/non-infectious disposable respirators should be discarded into the offensive waste stream, refer to the 'Safe disposal of waste Policy for General Practice' for further information.

Hand hygiene should be performed after disposing of the mask.

Reusable single person respirators, if used, should be decontaminated and stored appropriately, e.g. in a clean lidded wipeable container or plastic bag, and the filter changed as per manufacturer's instructions, refer to the 'Safe management of care equipment Policy for General Practice'.

## 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.

#### 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.



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



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.



Put on gloves and extend to cover your wrists.



**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.

## 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](http://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 Practice 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:

- 25 IPC Policy documents for General Practice
- 'Preventing Infection Workbook: Guidance for General Practice'
- 'IPC CQC inspection preparation Pack for General Practice'

- IPC audit tools, posters, leaflets and factsheets
- 'IPC Bulletin for General Practice Staff'

In addition, we hold educational study events in North Yorkshire and York 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](http://www.infectionpreventioncontrol.co.uk).

## 9. References

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Health and Safety Executive *Respiratory protection equipment: Fit testing basics* [www.hse.gov.uk/respiratory-protective-equipment/fit-testing-basics.htm](http://www.hse.gov.uk/respiratory-protective-equipment/fit-testing-basics.htm) [Accessed June 2021]

Health and Safety Executive *Choosing the right gloves to protect skin: A guide for employers* [www.hse.gov.uk/skin/employ/gloves.htm](http://www.hse.gov.uk/skin/employ/gloves.htm) [Accessed May 2021]

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