



## 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

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Job title: .....

Adoption date: .....

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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 in the *National infection prevention and control manual (NIPCM) for England*.

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 other 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

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.

The principles set out below are important to ensure that PPE is used correctly to ensure patient and staff safety. Avoiding overuse or inappropriate use of PPE is a key principle that ensures this is risk-based and minimises its environmental impact. Where appropriate, consideration should be given to the environmental impact of sustainable or reusable PPE options versus single use PPE while adhering to the principles below.

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

**When caring for patients in relation to any new or emerging infection, staff should refer to the latest national infection prevention and control guidance.**

## 2. Gloves

Disposable gloves should be put on immediately before invasive procedures, contact with sterile sites, blood, body fluids, non-intact skin or mucous membranes, substances hazardous to health, e.g. cleaning/disinfecting products, or if the patient has a confirmed or suspected infection. Disposable gloves should be worn that are appropriate for the task (see 'Glove selection guide') and changed between procedures on the same patient.

Disposable gloves are single use only and must comply with the relevant standards. 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.

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 nitrile or equivalent product, or vinyl material. Employers are advised 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:

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

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

Glove selection guide	Sterile		Non-sterile	
	Nitrile or equivalent product	Nitrile or equivalent product	Vinyl	Domestic
<b>Procedure and type of contact</b> Ticks indicate which glove may be used 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 contact		✓		
Body fluids contact, e.g. urine, faeces		✓	✓	
Clean technique		✓		
Confirmed or suspected respiratory illness, e.g. flu, COVID-19		✓		
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>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
<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. 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
  - 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, including sharps 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 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.

Long sleeved full body gowns may be used when a disposable apron does not provide adequate cover for the procedure or task being performed.

Oversleeves, if worn, must be changed immediately after each patient and/or after completing a procedure or task and hand hygiene performed.

Contaminated/infectious items 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, including sharps 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 any new or emerging infection, refer to the latest national infection prevention and control guidance).

Eye and facial 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

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 disposable eye protection should be discarded into the offensive waste stream, refer to the 'Safe disposal of waste, including sharps Policy for General Practice' for further information.

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

### Masks

A fluid resistant surgical mask (FRSM) should be worn:

- When there is a risk of splashing of blood and/or body fluids or hazardous substances to the face
- If the patient has a confirmed or suspected infection transmitted by the droplet or airborne route, e.g. Pulmonary TB, rubella, measles

FRSM should be disposed of after single use

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, including sharps Policy for General Practice' for further information.

Hand hygiene should be performed after disposing of masks.

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



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

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

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 Tel: 01423 557340 | [www.infectionpreventioncontrol.co.uk](http://www.infectionpreventioncontrol.co.uk) April 2023  
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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 the UK Health Security Agency (UKHSA). The fit of this type 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 a 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, including sharps Policy for General Practice' for further information.

Hand hygiene should be performed after disposing of the FFP3 mask.

### Reusable PPE

After use, reusable PPE, e.g. safety glasses, face visor, should be decontaminated and stored appropriately.

If worn when a patient **does not** have a confirmed or suspected infection or the PPE is **not** visibly soiled with blood or body fluids, cleaning with a detergent wipe or general purpose neutral detergent and warm water and single use disposable cloth is sufficient.

If worn when a patient has a confirmed or suspected infection, or the PPE is visibly soiled with blood or body fluids, it should be cleaned and disinfected. Refer to 'Safe management of care equipment for General Practice Policy'.

Decontaminated reusable PPE should then be stored appropriately, e.g. in a clean lidded wipeable container or plastic bag. Do not store on open surfaces where it may become contaminated.

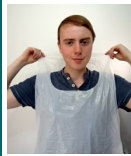
Reusable PPE should be disposed of in the appropriate waste stream.

Face visors are individual issue and can be reused and should be replaced whenever required. Please add your name to your face visor.

## 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.

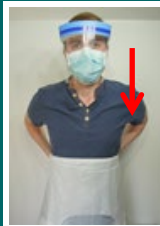


Put on gloves and extend to cover your wrists.

#### 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 waist 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. 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 task 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 PPE

A 'Correct order for putting on and removing PPE Poster' is available to download at [www.infectionpreventioncontrol.co.uk](http://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](http://www.infectionpreventioncontrol.co.uk).

## 8. Infection Prevention and Control resources, education and training

The Community IPC Team have produced a wide range of innovative educational and IPC resources designed to assist your General Practice in achieving compliance with the *Health and Social Care Act 2008: code of practice on the prevention and control of infection 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:

- 27 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.

Further information on these high quality evidence-based resources is available at [www.infectionpreventioncontrol.co.uk](http://www.infectionpreventioncontrol.co.uk).

## 9. References

Department of Health and Social Care (Updated December 2022) *Health and Social Care Act 2008: code of practice on the prevention and control of infections and related guidance*

Department of Health (2016) *Health Technical Memorandum 01-04: Decontamination of linen for health and social care Management and Provision*

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)

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)

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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*

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NHS England and NHS Improvement (2021) *National Standards of Healthcare Cleanliness 2021*