



PPE compliance: Audit Tool for Care Homes (Putting on and removing PPE)

Action

- This Audit Tool should be used as part of a rolling programme to monitor compliance with your Personal protective equipment (PPE) Policy. It is recommended that all staff are assessed on their technique for putting on and removing PPE on induction and at least annually.
- All columns should be completed.
- Where possible, staff should be observed putting on and removing PPE in clinical situations.
- In the event of non-compliance, an 'IPC Action Plan' should be produced and reviewed regularly.
- Completed Audit Tools and Action Plans should be kept locally for good practice assurance and as evidence for CQC inspections.

PPE is one of the 'Standard infection control precautions' and is worn when:

- Dealing with a resident who has a confirmed or suspected infection
- There is a risk of blood and/or body fluid contamination to uniforms or workwear, broken skin or mucous membranes, e.g. eyes, nose or mouth
- Decontaminating care equipment or the environment
- In contact with substances hazardous to health, e.g. cleaning or disinfecting products

It is the responsibility of employers to ensure that the correct PPE is available. Staff are responsible for ensuring that they wear the correct PPE.

Name of assessor	Job title	
Name of person being assessed	Job title	
Date of assessment		

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Question		Yes	No	N/A	Comment
1.	Staff member is 'Bare below the elbows'.				
2.	Staff member avoids overuse of PPE by risk assessing to identify the appropriate PPE: a) When there is a risk of contact with blood and/or body fluids (apron, gloves, and facial protection if risk of splashing)* b) When the resident has a confirmed or suspected infection (apron, gloves, and facial protection if droplet or airborne transmission)* c) When handling used and infected linen (apron, gloves, if risk of exposure to blood and/or body fluid or the resident has a confirmed or suspected infection, and facial protection if risk of splashing)* d) When cleaning a commode and/or commode pan (apron, gloves, and facial protection if risk of splashing)*				
	* Note: When caring for residents in relation to new or emerging infections, any additional PPE advised in national guidance should be worn.				
3.	Staff member can identify the correct use of aprons applicable to their role.				
	Carer: WHITE for clinical duties, e.g. personal hygiene GREEN for serving food and drinks				
	Housekeeper/cleaner: In line with the 'National colour coding scheme for cleaning materials and equipment' (for aprons): RED for sluice, bathrooms, toilets, showers, basins and bathroom floors BLUE for general areas including lounges, offices, corridors and bedrooms GREEN for kitchen areas and food storage areas YELLOW for bedrooms when someone has an infection and is isolated in their own room				
4.	Staff member can demonstrate or describe the correct procedure and order for putting on PPE after risk assessing the task, i.e. 1. Wash hands or apply alcohol handrub, 2. Apply apron, 3. Apply face mask, 4. Apply eye protection, 5. Apply gloves.				
5.	Staff member can demonstrate or describe the correct procedure and order for removing PPE, i.e. 1. Remove gloves, 2. Remove apron, 3. Remove eye protection, 4. Remove face mask, 5. Clean hands.				
6.	Staff uniform or workwear is clean and fit for purpose.				
7.	Footwear is well maintained, visibly clean, non-slip and supports and covers the entire foot to avoid contamination.				
8.	Staff member can describe how to clean and disinfect reusable PPE, e.g. safety glasses, visor.				

 $^{@ \} Harrogate \ and \ District \ NHS \ Foundation \ Trust, \ Community \ Infection \ Prevention \ and \ Control, \ \underline{www.infectionpreventioncontrol.co.uk}$