



## Community Infection Prevention and Control Policy for General Practice

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

# PPE

## (Personal protective equipment)

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# PPE (PERSONAL PROTECTIVE EQUIPMENT)

## 1. Introduction

NHS England states that the guidance in the *National infection prevention and control manual (NIPCM) for England* should be applied by all NHS staff involved in patient care, complementing guidance for General Practice settings. This Policy has been produced in accordance with this recommendation and incorporates the *NIPCM* version as referenced in this Policy with detailed General Practice specific guidance.

This Policy is one of the 'Standard infection control precautions' (SICPs).

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

The disposal of used PPE has a significant impact on the environment. Selecting PPE according to the level of risk will reduce its overuse. Where appropriate, consideration should be given to sustainable or reusable options of PPE.

### All PPE must be:

- Located close to the point of use
- Stored to prevent contamination in a clean, dry area until required (expiry dates must be adhered to). Best practice is to store PPE in dispensers to reduce the risk of PPE becoming contaminated
- Single use only unless specified by the manufacturer
- Changed immediately after each patient and/or after completing a procedure or task
- Disposed of after use into the correct waste stream, refer to the 'Safe disposal of waste, including sharps Policy for General Practice'
- Discarded if damaged or contaminated

All staff must be trained in the correct use and removal of PPE. Facilities should be available to support correct putting on and removal of PPE, e.g. clear areas with waste bins and hand hygiene facilities available at the point of removal. Hand hygiene should be performed immediately upon removal of PPE.

Always use 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 infections, staff should refer to the latest infection prevention and control guidance.**

## 2. Gloves

### Gloves must be:

- Stored in a clean area in their original box/packaging away from sunlight, heat sources and liquids (including chemicals)
- Worn when exposure to blood and/or other body fluids, non-intact skin or mucous membranes is anticipated or likely
- Changed immediately after each patient and/or after completing a procedure/task even on the same patient, and hand hygiene performed
- Disposed of after each task
- Checked before use for any damage such as tears and changed if a perforation or puncture is suspected
- Appropriate for use, fit for purpose and well fitting
- Low risk of causing sensitisation to the wearer, i.e. wear nitrile or vinyl
- Appropriate for the tasks being undertaken, taking into account the substances being handled, type and duration of contact, size and comfort of the gloves, and the task and requirement for glove robustness and sensitivity. Refer to the 'Glove selection guide' overleaf
- Sterile gloves for aseptic techniques, e.g. insertion of a urinary catheter

### Gloves must not be:

- Doubled for routine care, e.g. do not wear 2 pairs of gloves
- Worn when giving oral medication or to carry out administrative tasks, e.g. when using the telephone, using a computer or tablet
- Decontaminated with alcohol handrub or soap and water
- Reused. Disposable single use gloves should not be reused 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

All used gloves should be disposed of appropriately, refer to the 'Safe disposal of waste, including sharps Policy for General Practice' for further information.

Hands must be cleaned with liquid soap and warm running water or alcohol handrub applied before putting on and immediately after removing PPE. Please note alcohol handrub should not be used if hands are dirty, visibly soiled or dealing with a patient with diarrhoea and/or vomiting.

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 and need for 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	
	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		✓		

The table below describes the various glove types:

Glove type	Description
Nitrile gloves or equivalent product	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

Glove type	Description
<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 or 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

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.

### Oversleeves

If worn, oversleeves must be:

- Changed immediately after each patient and/or after completing a procedure or task, even on the same patient, and hand hygiene performed
- Removed and disposed of if visibly contaminated or soiled

### Colour coding of domestic gloves

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 care and dental practices', 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 isolation, 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 can 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 or fluid resistant coveralls may be used when a disposable apron does not provide adequate cover for the procedure or task being 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 care and dental practices', can 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 isolation, treatment and minor operation rooms

## 4. Facial protection

### Eye or face protection (including full-face visors) must:

- Be worn if blood and/or body fluid contamination to the eyes or face is anticipated or likely, regular corrective spectacles are not considered eye protection
- Not be impeded by accessories, such as piercings or false eyelashes
- Not be touched when being worn

Hand hygiene should be performed after removing PPE.

Reusable eye protection should be decontaminated appropriately after each use. Refer to the 'Safe management of care equipment Policy for General Practice'.

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.

### Masks

A fluid resistant surgical mask (FRSM) 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 nose or mouth
- If the patient has a confirmed or suspected infection that can be transmitted by the droplet or airborne route, e.g. acute respiratory infection

Masks should:

- 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, disposed of as infectious waste and hand hygiene performed after disposal

### FFP3 disposable mask (respirator)

An FFP3 mask providing a high protection factor is rarely required in General Practice, advice on the wearing of these, e.g. when undertaking aerosol generating procedures (AGP's), is available from your local Community Infection Prevention and Control (IPC) or UK Health Security Agency (UKHSA) Team.

The fit of this type of respirator mask is critically important and every user should be fit tested and trained in the use of the mask. Additionally, a seal fit check should be carried out each time an FFP3 mask is worn.

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

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.

Wearing a mask: do's and don'ts



Wearing a mask: do's and don'ts

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

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

### 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

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



**Infection.  
Prevention.  
Control.**  
You're in safe hands



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

### Order for putting on PPE

Before beginning, check which items of PPE are required and that these are available in the correct size.

1



**Apron:** Ensure you are 'Bare below the elbows' and hair is tied back. Clean your hands. Pull apron over your head and tie securely at the back of your waist.

2



**FRSM or FFP3 masks:** Secure loops behind ears or upper ties/elastic bands on the middle of your head, lower ties/bands at your neck. Fit flexible band to your nose bridge. Fit snug to your face and below your chin.

FFP3 or equivalent masks must be fit checked if being worn.

3



**Eye protection:** Holding the eye protection (safety goggles or visor) by the sides, place over your face and eyes and adjust to fit.

4



**Gloves:** Pull on gloves taking care to minimise contamination of the outer surface by holding at the wrist opening only. Extend to cover your wrists.

### Order for removing PPE

When removing PPE, the correct technique is essential to avoid touching the most contaminated areas of PPE, e.g. outside of gloves, front of apron.

1



**Gloves:** Pinch and lift the outside of the glove in the palm area with the opposite gloved hand, peel off while turning inside out. Hold the removed glove in the gloved hand. Slide two fingers of the ungloved hand under the remaining glove at the wrist. Peel the second glove off over the first glove and dispose of.

2



**Apron:** Break neck ties and allow apron to fall forward. Unfasten or break waist ties and pull apron away from the body touching the inside only. Fold or roll into a bundle and dispose of.

3



**Eye protection:** Handle only by the headband or the sides. Safety goggles or visors should be removed by grasping sides and pulling directly forward, away from the face. To remove eye protection with an elasticated headband, see note below.

4



**FRSM or FFP3 masks:** Remove ears loops/unfasten bottom tie, then top tie. If elasticated, pull top and bottom elastics together. Handling the ties/elastics only, pull away from the face without touching front of mask and dispose of.

Clean hands immediately after removal of PPE.

#### Note:

- Before undertaking any procedure or task, staff should assess the risk of likely exposure to blood and/or other body fluids, non-intact skin, mucous membranes, or any care equipment or items in the care environment that could be contaminated, and wear PPE if required. PPE must protect adequately against the risks associated with the procedure or task. The items of PPE worn will vary based on the type of exposure anticipated, and not all items of PPE may be required.
- All PPE should be changed between tasks, removed before leaving the care area and immediately disposed of directly into the appropriate waste stream. Reusable PPE should be decontaminated appropriately.
- Clean hands immediately after removal of PPE.
- Follow national guidance for putting on and removing gowns.
- To remove eye protection with an elasticated headband, tilt head forward and grasp the headband with index fingers and thumbs, lift the headband upwards whilst pushing frame away from your face, lower away from your face and dispose of.

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## 6. Footwear

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

## 7. Headwear

Headwear is not routinely required in General Practice. Headwear worn for religious reasons such as turbans, kippot veils, headscarves must not compromise patient care and safety. These must be washed and/or changed daily or immediately if contaminated.

## 8. Evidence of good practice

It is recommended that, for assurance purposes:

- The standard of putting on and removing personal protective equipment is audited on induction and annually. An audit tool is available to download at [www.infectionpreventioncontrol.co.uk/resources/ppe-compliance-audit-tool-for-general-practice-putting-on-and-removing/](http://www.infectionpreventioncontrol.co.uk/resources/ppe-compliance-audit-tool-for-general-practice-putting-on-and-removing/) and can be completed electronically
- Personal protective equipment is also included in the 'SICPs Assurance: Annual IPC Audit Tool for General Practice' available to download at [www.infectionpreventioncontrol.co.uk/resources/sicps-assurance-annual-ipc-audit-tool-for-general-practice/](http://www.infectionpreventioncontrol.co.uk/resources/sicps-assurance-annual-ipc-audit-tool-for-general-practice/)

Following these audits, 'Action plans' should be drawn up and implemented to demonstrate continuous improvement.

## 9. 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 assessment 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).

## 10. 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*

Health and Safety Executive *Choosing the right gloves to protect skin: A guide for employers*

Health and Safety Executive *Respiratory protection equipment: Fit testing basics*

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 (Updated March 2017) *Healthcare-associated infections: prevention and control in primary and community care Clinical Guideline 139*

NHS England (Updated 2025) *National infection prevention and control manual (NIPCM) for England*