



STANDING OPERATING PROCEDURE

Subject	Personal hygiene and the use of PPE (SOP001)
Applicable to	All Care Services staff in the Hospice
Date issued	20 June 2023
Next review date	20 June 2026
Lead responsible for Policy	Director of Care
Policy Reviewed by	Director of Care
Notified to	Quality and Safety Committee 20 June 2023
Authorised by	Quality and Safety Committee 20 June 2023
CQC Standard	Safe
Links to other Policies/Procedures	Personal Protective Equipment Policy for Infection Prevention and Control CS020
Summary	This SOP provides guidelines on the use of PPE and related hygiene practices.
Target Audience	All Care Services staff in the Hospice

IMPORTANT NOTICE

Staff should refer to the Hospice website or Policies and Procedures folder on the 'N' drive for the most up to date Policy. If the review date of this document has expired it is still valid for 3 months. After that staff should seek advice from their clinical lead or manager.

<p>1.</p>	<p>Aim</p> <p>The aim of this Standard Operating Procedure (SOP) is to establish guidelines for good personal hygiene practices and use of personal protective equipment (PPE).</p>
<p>2.</p>	<p>Context</p> <p>There are five main service areas that make up the total service offer from the Hospice. These are, Wellbeing, Hospice at Home, Hospice Night Support, Hospice Outreach Discharge Support Service and the Bereavement Support Service.</p> <p>This SOP describes the actions required by all care staff undertaking face to face contact with patients and general good hygiene practices for all staff.</p>
<p>3.</p>	<p>Principles</p> <p>Good hand hygiene and appropriate use of PPE (gloves and aprons) significantly reduces the likelihood of contracting infections.</p> <p>Staff should be aware of whether the patient or family have symptoms of infection and utilise PPE accordingly.</p>
<p>4.</p>	<p>Purpose</p> <p>The safety of the staff, patient, carer and the family (who will be referred to as carers) will be core to the service we offer.</p> <p>Self-care and promoting good hand hygiene techniques from our staff and with our patients are imperative as a core purpose.</p> <p>Adherence to the infection control policy is imperative to protect our staff from harm.</p>
<p>5.</p>	<p>Procedure</p> <ul style="list-style-type: none"> • Wear clean clothes or a clean uniform supplied by the Nottinghamshire Hospice daily and wash at a temperature of 60°C to eliminate any viruses. Wash your

clothes separately from any other member of the household. Soap is key in dissolving virus coating – ensure this is used in adequate quantities.

- Wash your hands thoroughly before leaving the house for 20 seconds with soap and water.
- Before getting into your vehicle, clean the door handle with an antiseptic wipe or disinfect with a cleaning cloth.
- On entering your vehicle, clean the steering wheel, dashboard, handbrake, gear stick and gear box with an antiseptic wipe or disinfect with a disposable cleaning cloth.
- On arrival to the hospice building and a patient's home - wash your hands thoroughly with water and soap for at least 20 seconds or use alcohol gel.
- PPE should be applied in accordance with the table below (Table 2) in a patient's home for all direct patient care.
- On arrival to the patient's house, full PPE should be worn. Eye protection does not need to be worn at this point.
- Ultimately, where staff consider there is a risk to themselves or the individuals they are caring for they should wear a fluid repellent surgical mask with or without eye protection, as determined by the individual staff member for the episode of care or single session.
- Thorough handwashing techniques must be performed before, during and after direct patient care using soap and water (where the environment allows) or use alcohol gel.
- You must stay at least 2 metres away from the patient or family member at all times when not wearing appropriate PPE or changing PPE.
- If the patient was screened to have a new continuous dry cough and/or fever of more than 37.8°C then also wear a mask. See separate SOP for caring for patients

that are suspected to have symptoms of COVID-19 or that are confirmed to have COVID-19.

- Full PPE does not need to be worn throughout the whole time if doing a nine-hour shift, however when delivering personal care PPE must be worn.
- Before vacating a patient's property or the hospice building, wash your hands for at least 20 seconds with soap and water and place the gloves and apron in a secure bin bag and tie this up and discard in the domestic waste bin (black bag). See Section 7. and **Appendix 1-2** for further guidance .
- On arrival back at the hospice wash all your equipment down with an antiseptic wipe and/or D10 disinfectant with a clean disposable cloth and clean the inside of the car (see SOP). Wash your hands thoroughly for 20 seconds using soap and water.
- Where possible (and at the hospice) it would be best practice to change out of uniform at the end of the shift into clean clothes, seal used uniform in a bin liner and take home for washing, thus reducing potential transmission in personal cars.
- On arrival at home wash your hands for at least 20 seconds with soap and water. Do not hug, kiss or touch any relative but get straight into the shower.
- Wash all of your clothes on a 60-degree cycle separate from other household members and using suitable amount of soap as discussed above.

6. Wearing of PPE (see Appendix 3)

Putting on your PPE in sequence - 1) Apron 2) Surgical mask 3) Gloves

- 1) Apron- place over your head and tie the two ties together at the back of your body around the waist.
- 2) Surgical mask- a fluid-resistant surgical mask (FRSM) This needs to be well fitted so that it completely covers your nose and mouth but allowing you to breathe. It needs to be tied by both straps- the top strap to the back of your head located above your ears. The second strap is to be tied at the back of your head at the back

of your ears. The surgical mask is to protect you from respiratory droplets from a person who has been confirmed to have Covid 19 or who is suspected of having Covid 19.

3) Gloves- when wearing the gloves it is important to extend the gloves over the wrists.

Removal of PPE in sequence - 1) Gloves 2) Apron 3) Surgical mask

1) Gloves - The gloves should be removed following eight steps. Start by

- (1) pinching and holding the glove (with the other gloved hand) between the palm and wrist area
- (2) peeling the glove away from the wrist
- (3) until it turns inside out covering the fingers. With the now half-gloved hand
- (4) pinch and hold the fully gloved hand between the palm and wrist
- (5) peel the glove away from the wrist
- (6) until it turns inside out and covers the fingers. Now that both hands are half-gloved
- (7) remove the glove from one hand completely by grabbing the inside part of the glove and peeling it away from the hand and do the same for the remaining half-gloved hand using the non-gloved hand, while always grabbing the inside part of the glove
- (8) dispose the gloves in a biohazard bin.

2) Apron- unfasten or break apron ties. Pull apron away from your neck and shoulders lifting over your head, touching the inside of the apron only. Fold or roll into a bundle.

3) Surgical mask- unfasten the mask ties, first the bottom and then the top. Remove by handling ties only.

Video demonstrating this is available at:

<https://www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-non-aerosol-generating-procedures>

7. Healthcare waste disposal within patients' homes

The requirement to correctly dispose of all healthcare waste produced by care staff activity off site remains the responsibility of Nottinghamshire Hospice.

Care staff must still identify the type of waste they have produced and ensure that it is disposed of correctly. Care staff will need to understand the type of waste they are producing on domiciliary visits to accurately assess whether the waste is hazardous infectious or non-hazardous infectious (see **Appendix 1**).

Please see the table below for guidance.

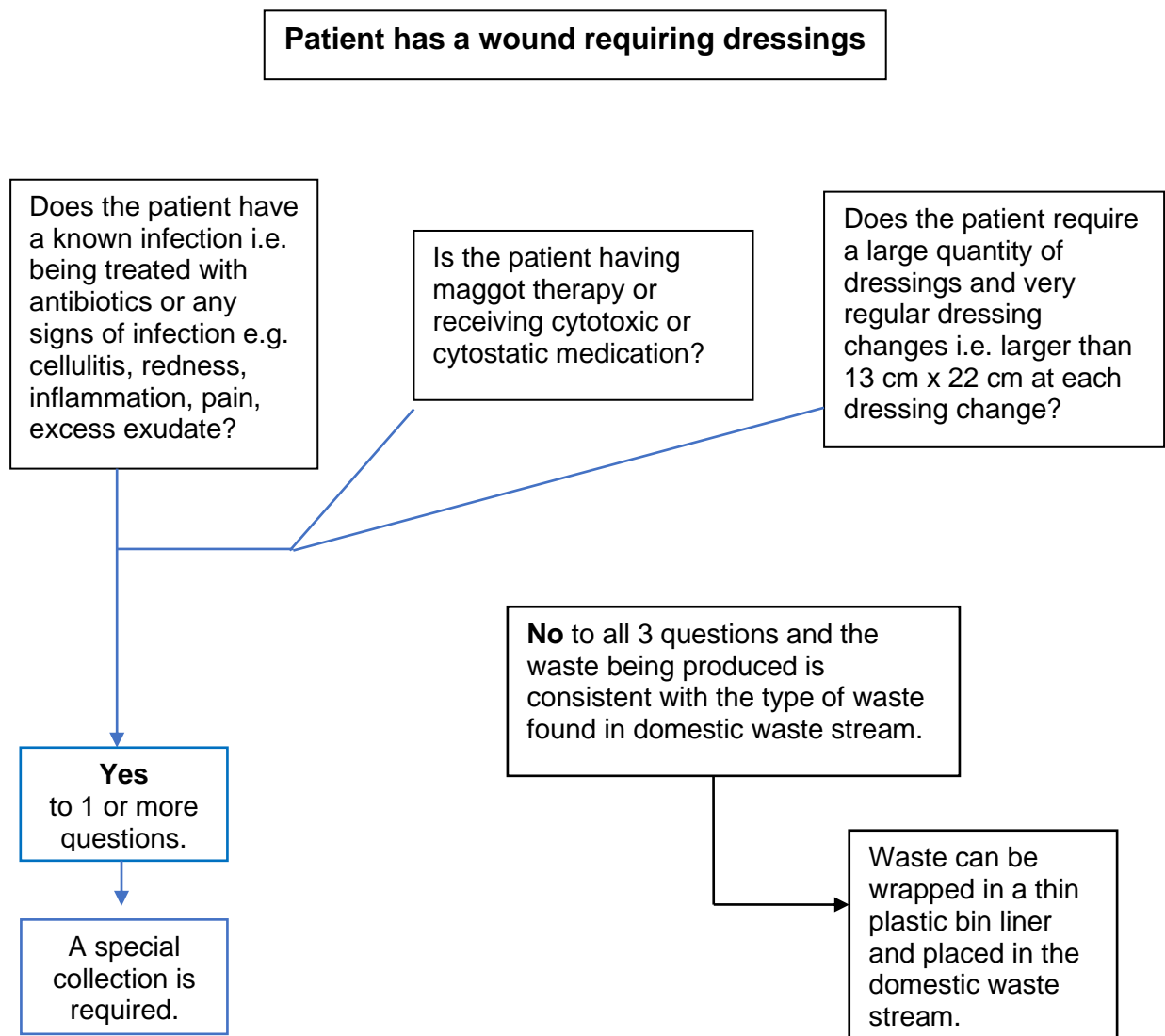
Details of waste	Colour of Disposal Bag/box
Small quantities of healthcare waste that is <u>not infectious</u> and <u>does not</u> require specialist treatment or disposal	Domestic waste stream (Black Bag Waste)
Large quantities of healthcare waste that is <u>not infectious</u> and <u>does not</u> require specialist treatment or disposal	Yellow / black 'tiger' striped bag waste
Infectious healthcare waste that requires specialist treatment or incineration	Yellow bag waste
All sharps except those contaminated with cytotoxic or cytostatic medication	Yellow sharps box
Cytotoxic Waste/sharps cytotoxic or cytostatic waste (see Appendix 2)	Purple Bio-bin or a purple lidded sharps bin for sharps

Hospice care teams and staff work in partnership with Community Care Services, who may already have disposal processes in place, specific to the needs of their respective patients. As part of the care partnerships, staff are to utilise these disposal arrangements for any healthcare waste which they produce.

Appendix 1 and 2 to this SOP are to be used by Hospice care teams and staff to identify the correct disposal route for healthcare waste.

To prevent cross contamination and to ensure hygiene effectiveness, healthcare waste produced in a patients' home is **not** to be transported in Hospice or personal vehicles for later disposal.

Disposal of Wound Care Waste Generated in Patients' Homes



Large heavily exuding wounds with or without signs of infection – If no existing arrangements are in place from other care provider contact the relevant Community Nursing Team

Disposal of Cytotoxic or Cytostatic Waste Generated in Patients' Homes

Cytotoxic or cytostatic medicine is defined as anything with the following hazardous properties:

- Carcinogenic
- Toxic for reproduction
- Mutagenic

The definition of cytotoxic and cytostatic used in waste classification is much broader than the term “cytotoxic” as used in the BNF, and the BNF should NOT be used for waste classification (Ref1). Cytotoxic and cytostatic medicines are not just drugs used in chemotherapy.

Cytotoxic or cytostatic waste can include:

- Waste medicine
- Receptacles which are used to hold the medicine such as syringes, ampoules, bottles
- Where a drug is excreted in bodily fluids, the secretions, excretions or other bodily fluids, or anatomical waste, and/or items contaminated with these bodily fluids (catheters, stoma bags, dressings or personal protective equipment; gloves, aprons etc) can be contaminated with the cytotoxic or cytostatic medicine.

All clinical waste generated within a patient's home that is deemed cytostatic/cytotoxic must be placed into a rigid cytotoxic bin (a purple Bio-bin or a purple lidded sharps bin for sharps.) Whilst in the home this must be placed in a safe place; away from pets, children and vulnerable adults who may not be aware of the danger it poses. Once 2/3 full the bin should be sealed and transported back to the patient's health care centre for disposal.

Correct order for putting on and removing Personal Protective Equipment (PPE)

Order for putting on PPE



Pull apron over head and fasten at back of waist.



Secure mask ties at back of head and neck. Fit flexible band to nose bridge.



Place eye protection over eyes.



Extend gloves to cover wrists.

Order for removing PPE



Grasp the outside of the glove with opposite gloved hand, peel off. Hold the removed glove in the gloved hand. Slide the fingers of the ungloved hand under the remaining glove at the wrist and peel off.



Unfasten or break apron ties. Pull apron away from neck and shoulders lifting over head, touching inside of the apron only. Fold or roll into a bundle.



Handle eye protection only by the headband or the sides.



Unfasten the mask ties—first the bottom, then the top. Remove by handling ties only.

Personal protective equipment should be removed in the above sequence to minimise the risk of cross/self-contamination. Hands must be decontaminated following the removal of PPE.

(HP Loveday et al., epic3: National Evidence-Based Guidelines for Preventing Healthcare-Associated Infections in NHS Hospital in England *Journal of Hospital Infection* 86S1 (2014) S1-S70)

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