



POLICY INFORMATION (Policy no CS020)	
Subject	Personal Protective Equipment Policy for Infection Prevention and Control <i>(This policy is non-contractual and is subject to periodic review and will be amended according to service development needs).</i>
Applicable to	All staff, volunteers and contractors who work for or provide care on behalf of Nottinghamshire Hospice
Target Audience	Others such as agents, consultants and other representatives of Nottinghamshire Hospice may be required to comply with the policy as a condition of appointment.
Date issued	16 Jan 2024
Next review date	16 Jan 2027
Lead responsible for Policy	Director of Care
Policy reviewed by	Palliative Care Practice Lead
Notified to (when)	Quality and Safety Committee 16 Jan 2024
Authorised by (when)	Quality and Safety Committee 16 Jan 2024
CQC Standard if applicable	Safe
Links to other Hospice Policies	Infection Prevention and Control Policy CS001 Aseptic Non-Touch Technique Policy (CS024) Hand Hygiene Policy (CS015) Medical device and medical equipment policy and procedures (CS017) Safe Sharps and Exposure to Blood Borne Viruses Policy (CS021) Waste Management Policy (OP011) Appearance and Dress Code Policy HR0013
Links to external policies	
Summary	This document aims to provide a clear understanding of Infection Control in relation to PPE.
This policy replaces	Personal Protective Equipment Policy for Infection Prevention and Control 2021-2023

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.

VERSION CONTROL		
Status	Date	Reviewed date
Original policy written by IPC Team, Care Services	Aug 2021	
Policy reviewed by Palliative Care Lead	Aug 2021	Oct 2023
Policy notified to Quality and Safety Group	Aug 2021	
Policy notified to Quality and Safety Committee	19 Dec 2023	
Policy ratified by Quality and Safety Group	Aug 2021	Oct 2023
Policy ratified by Quality and Safety Committee	16 Jan 2024	16 Jan 2027
Updated control sheet and published on website	Aug 2021	16 Jan 2024

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<p>1.</p>	<p>Introduction</p> <p>The Health and Social Care Act (2008) requires providers of health care to have in place evidence-based guidelines for staff on the use of personal protective equipment (PPE). Additionally, there are further legal requirements for employers to ensure staff are appropriately trained in procedures necessary to work safely (Health and Safety at Work Act 1974) and that staff assess the risks associated with handling hazardous substances e.g. hazardous chemicals, pathogens or pharmaceuticals (Health and Safety Executive, 2015). When required, it is worn in addition to normal clothing (i.e. uniforms/work clothes) to protect both the patient and health care worker from the risks of cross infection.</p> <p>This policy has been developed taking into account the national guidance from the Department of Health, the Health and Safety at Work Act (1974) and other relevant national guidance.</p>
<p>2.</p>	<p>Policy Aims</p> <p>The aim of this document is to provide staff working within Nottinghamshire Hospice with evidence-based information relating to the use and safe disposal of personal protective equipment. This policy covers the following points:</p> <ul style="list-style-type: none"> • The importance and requirement to wear protective equipment when appropriate • Use of risk assessment to decide when and what type of protective equipment should be worn • The safe disposal of protective equipment.
<p>3.</p>	<p>Scope</p> <p>This Policy is for use by any Nottinghamshire Hospice member of staff who use and dispose of personal protective equipment for infection prevention and control purposes.</p>
<p>4.</p>	<p>Definitions</p> <p>Hand Hygiene/Decontamination – The use of hand washing or alcohol gel to reduce the risk of cross infection from the health care workers’ hands.</p>

	<p>PPE – Personal protective equipment, clothing or equipment that will protect the user against health or safety risks at work. It can include items such as gloves, eye protection, high-visibility clothing, safety footwear and respiratory protective equipment (Health and Safety Executive, 2017).</p>
<p>5.</p>	<p>Responsibilities</p> <p>Chief Executive</p> <ul style="list-style-type: none"> • To ensure there are arrangements in place in the organisation to support infection prevention and control, in particular the necessary policies and training to reduce the risk of infections being transmitted • To ensure resources are available for the procurement of PPE. <p>Senior Leadership Team</p> <ul style="list-style-type: none"> • To ensure staff have access to infection prevention and control policies to support their daily working practice. <p>Infection Prevention and Control Link</p> <ul style="list-style-type: none"> • Providing advice, information and training on the correct usage of PPE for infection prevention and control purposes. <p>Leadership Team</p> <ul style="list-style-type: none"> • Ensure staff are able to attend the Infection Prevention and Control training in accordance with the organisation’s statutory and essential training matrix. • Ensure that staff are able to order adequate supplies of PPE. <p>Clinician’s Responsibilities</p> <ul style="list-style-type: none"> • Risk assessing procedures for the need to wear PPE. • Ensuring that adequate supplies of PPE are available for all required procedures.

	<ul style="list-style-type: none"> • Ensuring that appropriate PPE is worn correctly, removed and disposed of / decontaminated where necessary safely. • Not to re-use single use devices / equipment. • Attending infection prevention and control training in accordance with the organisation’s statutory and essential training matrix.
<p>6.</p>	<p>Risk Management (Indications and Contra-Indications/ Hazards)</p> <p>“Selection of protective equipment should be based on an assessment of the risk of transmission of a micro-organism to the patient, and the risk of contamination of the healthcare practitioner’s clothing and skin by patient’s blood, body fluids, secretions or excretions” (NICE, 2017).</p> <p>The risk of transmission of blood and body fluid pathogens is greatest with inoculation injuries but has been shown to occur following splashing of blood onto mucous membranes or damaged skin. Individuals with blood borne diseases cannot be easily identified and therefore the standard principles required to reduce the transmission of these pathogens should be used in the care of all patients and when handling all body fluids.</p> <p>Healthcare staff may come into contact with hazardous substances that can cause skin irritation e.g. cytotoxic drugs. In addition staff may come into contact with cleaning products which can cause contact dermatitis (HSE, 2015).</p> <p>Before undertaking any activity/procedure staff should assess if there are any potential risks of exposure to the skin or mucous membranes of blood and body fluids or products that may cause skin irritation. If there are none then protective clothing would not be necessary. Some examples of common activities undertaken in the health care setting where PPE would be required are listed below:</p> <ul style="list-style-type: none"> • Wound dressings. • When dealing with incontinence pads/ pants. • When dealing with catheters/stoma bags etc.

	<ul style="list-style-type: none"> • Blood and body fluid spillages. • Undertaking invasive procedures. • Undertaking cleaning duties. <p>This is not an exhaustive list but offers some of the most likely indications for using PPE.</p>
<p>7.</p>	<p>Equipment List</p> <p>Gloves</p> <p>Gloves should be worn for contact with blood and body fluids, mucus membranes, non-intact skin, and invasive procedures. Disposable, single use, powder free gloves that conform to European Legislation (CE Marked as medical gloves for single use) should be available (NICE, 2017). Staff need to ensure they are well fitting and a choice of sizes should be available to facilitate this (HSE, 2015). The decision to choose nonsterile or sterile gloves should be based on a risk assessment (Appendix A) and in accordance with the Aseptic Non-Touch Technique Policy.</p> <p>When using gloves for clinical care the following points should be noted:</p> <ul style="list-style-type: none"> • They must be single use. • They should be applied immediately before the care activity and removed after it is completed. • They should be changed between caring for different patients. • They should be changed between different care or treatment activities. <p>Latex Allergy</p> <p>Latex gloves are used widely in healthcare. Alternatives to latex should be available for staff and patients who have a sensitivity to latex. Please refer to the Nottinghamshire Hospice Policy for Latex Sensitivities.</p>

Sharps

There are occasions when staff are required to handle used sharps for example when needles have been disposed of incorrectly (e.g. into clinical waste bags rather than a sharps bin) or where the contents of sharps bins have emptied (e.g. if knocked over and not assembled correctly). It is important that if a sharp is found in the environment of the hospice that it is handled in a safe manner. Grab sticks and anti-needle/Kevlar gloves are available. If this equipment cannot be located then this must be raised with the Manager who will need to purchase the equipment as soon as possible.

Aprons

A disposable single use plastic apron should be worn to minimise the risk of cross contamination between the member of staff and the patient or the environment. It will protect the uniform/clothes from any spillages, splashes and contamination by body fluids/chemicals.

Below are some examples of when an apron should be worn, but this list is not exhaustive:

- When performing wound care.
- When suctioning a patient.
- When performing an invasive procedure.
- When cleaning.

Water Repellent Gowns and Coveralls

Water repellent gowns or coveralls should be worn during procedures likely to cause extensive splashing of body substances onto the skin or clothing.

Coveralls can also be used to provide a barrier to organisms if working in contaminated environments.

Masks, Eye Protection and Face Visors

Fluid repellent surgical masks, eye protection or face visors should be worn during procedures likely to cause splashing of body substances/hazardous chemicals into the face of the member of staff.

Specialist single use particulate filtration masks (FFP3) may be required for aerosol generating procedures which directly expose staff to respiratory secretions of patients with certain infections (such as COVID, multi drug resistant pulmonary tuberculosis, severe acute respiratory syndrome (SARS), and pandemic influenza). When used they should fit the user properly and training on the correct use of the mask is required. The use of these is not routine in the community setting and if advice on their use is required the infection prevention and control team can be contacted.

Safe use and storage considerations

Protective clothing should be located close to the point of use, stored appropriately to prevent contamination, be in date (check expiry dates) and are usually single use items unless specified.

Removal of Personal Protective Equipment

In order to reduce the risk of cross infection from the removal of PPE it is advised that the most heavily contaminated items are removed first. Therefore the following order is recommended:

- Gloves
- Apron
- Eye protection (if worn)
- Mask (if worn)

If gloves and apron are heavily soiled, hand decontamination may be required before removing eye and face protection. To reduce the risk of cross infection, when removing PPE be aware of the following:

	<ul style="list-style-type: none"> • Peel gloves off and turn inside out. • Remove apron using the straps at the back - do not pull from the front. • Remove masks and eye protection (if worn) from the back. (10) <p>All single use items should be disposed of in accordance with the Waste Management Policy (OP011) and if eye protection is reusable this should be decontaminated in accordance with the manufacturer’s instructions.</p> <p>Disposal of Protective Equipment</p> <p>Re-usable items of protective clothing, such as visors or eye safety goggles should be decontaminated according to manufacturer’s instructions.</p> <p>Single use items should be disposed of as per local waste guidance. Please refer to the Waste Management Policy (OP011).</p>
<p>8.</p>	<p>Equality Impact Assessment (EIA)</p> <p>A full EIA has been completed and no negative impacts identified.</p>
<p>9.</p>	<p>References</p> <ol style="list-style-type: none"> 1. Department of Health (2008) - The Health and Social Care Act 2008: Code of Practice for Health and Adults Social Care on the Prevention and Control of Infections and related guidance. 2. Department of Health (1998) Guidance for Clinical Health Care Workers: Protection Against Infection with Blood Borne Viruses. Recommendations of the Export Advisory Group on Hepatitis. (London HMSO). 3. Health and Social Care Act 2008. London. The Stationary Office. 4. Health and Safety at Work Act 1974. London. The Stationary Office. 5. Health and Safety Executive (1992) Guidance on Personal Protective Equipment at Work Regulations (PPE) London Health and Safety Executive. 6. Health and Safety Executive (2002) Control of Substances Hazardous to Health Regulations. London. The Stationary Office.

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| | <ol style="list-style-type: none">7. Health and Safety Executive (2017) Personal Protective Equipment. [online] Available at: http://www.hse.gov.uk/toolbox/ppe.htm8. Medicines and Healthcare Products Regulatory Agency (2016) Single-use medical devices: UK guidance on re-manufacturing.9. National Institute for Clinical Excellence (2017) Infection Control, Prevention of healthcare-associated infection in primary and community care. [online] Available at: http://www.nice.org.uk/guidance/cg139 |
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Risk Assessment and Glove Choice

