

PERSONAL PROTECTIVE EQUIPMENT (PPE) POLICY

		POLICY
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1.0 INTRODUCTION

Sherwood Forest Hospitals NHS Foundation Trust (Trust) recognises that it has a duty of care to protect patients, staff, contractors and visitors from infection and support the need for effective systematic arrangements, therefore the Trust is committed to reducing the incidence of healthcare associated infections and more importantly, maintaining that reduction as a core element of the Trust patients safety strategy.

The Trust will provide personal protective equipment (PPE) when the risk presented by a work activity cannot be adequately controlled by other means. All reasonable steps will be taken by the Trust to secure the health and safety of employees who use PPE. The use of PPE is an important means of controlling risk involved in various work activities; to ensure that it is effective it is necessary to follow the manufacturers and employers instructions on its correct use. Protective clothing, such as gloves, aprons, face protection and footwear is used in addition to normal clothing / uniform to protect both the patient and healthcare worker from the potential risk of cross-infection.

2.0 POLICY STATEMENT

The purpose of this policy is to provide all staff within the Trust with robust information on the use of PPE. It is for all clinical and non-clinical staff (including visiting staff to the Trust) and all clinical areas and patient groups. There are no exclusions to this policy.

3.0 DEFINITIONS/ ABBREVIATIONS

Trust	Sherwood Forest Hospitals NHS Foundation Trust
Staff	All employers of the Trust including those managed by a third party on behalf of the Trust
IPCT	Infection Prevention and Control Team
DIPC	Director of Infection Prevention and Control
IPCC	Infection Prevention and Control Committee
PPE	Personal protective equipment
SARS	Severe acute respiratory syndrome
MERS	Middle East Respiratory Syndrome
ANTT	Aseptic Non Touch Technique

4.0 ROLES AND RESPONSIBILITIES

4.1 Trust Board

The Trust Board has overall responsibility for ensuring there are effective strategic, corporate and operational arrangements in place to maintain an effective infection prevention and control programme and that appropriate financial resources are in place to support that programme. To support this responsibility the Trust Board receives monthly information on *Meticillin Resistant Staphylococcus aureus* (MRSA), *Clostridium difficile* infection, provided by the Director of Infection Prevention and Control (DIPC) and the Infection Prevention and Control Team (IPCT).

4.2 Chief Executive

The Chief Executive is ultimately responsible for ensuring that there are effective arrangements for infection prevention and control.

4.3 Director of Infection Prevention and Control

The Director of Infection Prevention and Control (DIPC) has Trust wide responsibility for the development of strategies and policies for the management of infection prevention and control.

4.4 Infection Prevention and Control Team

The Infection Prevention and Control Team (IPCT) will inform and support all staff in relation to the identification and management requirements of patients with suspected/known infection.

4.5 Chief Operating Officer

Chief Operating Officer will ensure that the divisions have well developed clinical governance forums which monitor the application of this policy.

4.6 Service Line Managers

Service Line Managers will ensure that the necessary management arrangements and structures are in place to support all employees to fulfil their obligations in their role of infection prevention and control practices.

4.7 Heads of Nursing/Matrons

Heads of Nursing/Matrons are responsible for ensuring that all staff accountable to them are aware of this policy and adhere to its statement. They will actively promote and support all current infection prevention and control measures.

4.8 Ward/Department Sister/Charge Nurse

The Ward/Departmental Sister/Charge Nurse will act as excellent role models and are responsible and accountable for infection prevention and control within their sphere of responsibility. They will ensure that all staff are aware of all relevant infection prevention and control measures and ensure that there is a selection of PPE, which conforms to European Community Standards (CE) for safety and performance, and are acceptable to staff. They are also responsible for:

- Ensuring dissemination of this policy
- Ensuring compliance with this policy and ensuring patient safety is maintained
- Facilitating the delivery of education provided by the IPCT
- Ensuring staff in their area have the knowledge and skills to work safely
- Taking action when staff fail to follow the principles of this policy

4.9 Infection Prevention and Control Link Representatives

Infection Prevention and Control Link Representatives will disseminate all relevant infection prevention and control information to staff within their own work environment.

4.10 Occupational Health

The Trust Occupational Health Department is responsible for alerting the IPCT of any conditions amongst Trust employees that could be related to the use of PPE.

4.11 Clinical Team

Clinical teams are responsible for ensuring that all staff accountable to them are aware of this policy and adhere to its statement. They will actively promote and support all current infection prevention and control measures.

4.12 All Staff

The onus for ensuring health and safety in the workplace is not placed entirely on the employer; the employee also has a duty to protect the health and safety, not only of themselves but also their fellow employees, patients and visitors.

5.0 APPROVAL

Following appropriate consultation, this policy has been approved by the Infection Prevention and Control Committee.

6.0 DOCUMENT REQUIREMENTS (NARRATIVE)

6.1 Risk assessment

The need for PPE and the selection of appropriate materials must be subject to careful assessment of the task/activity to be conducted and its related risk to the patient and member(s) of staff (See [Appendix A](#)). The risk assessment must take into account various factors including the:

- Nature of the task to be undertaken (what is the risk?)
- Risk of contamination to either the patient or staff (who is at risk?)
- Level of PPE is required
- Barrier efficacy of gloves, both surgical and examination gloves can fail – consider the need to double glove¹
- Selection of sterile or non-sterile gloves
- Patient or staff sensitivity history

PPE used while attending a patient under isolation precautions must be removed and disposed of as clinical waste immediately prior to leaving the side room; for further guidance refer to IPC 31 – Isolation policy.

Note that visitors do not routinely need to wear PPE unless they are getting closely involved in caring for a patient. Hand hygiene for visitors should be emphasised.

¹ Recommended during some exposure prone procedures, for example orthopaedic operations

6.2 Protective clothing

Protective clothing must:

- Be readily available close to point of care and easily accessible
- Be appropriate for the task / procedure being undertaken
- Take account of the worker's needs
- Fit appropriately
- Be compatible with any other item of protective equipment being worn simultaneously
- Be disposable/single use where possible. If not disposable it must be cleaned and / or disinfected, maintained and replaced as necessary
- Be changed immediately after each procedure or activity to prevent the transmission of infection to other patients, and between different tasks on the same patient to prevent transfer of infective organisms to susceptible sites.
- Not be worn in public areas, unless specifically required, for example when transporting a patient as directed by Infection Prevention and Control

6.3 Glove usage

Gloves are an essential requisite of PPE and have two primary functions:

- I. protecting the operator
- II. protecting the patient

Glove usage must be decided following a risk assessment of the planned task i.e. consideration of who is at risk (patient or staff); whether sterile or non-sterile gloves are required; the potential for exposure to blood and body fluids, secretions and excretions; the potential for contact with non-intact skin or mucous membranes during general care and invasive procedures.

Gloves must be worn for invasive procedures, contact with sterile sites and broken skin or mucous membranes and all activities that have been assessed as carrying a risk of exposure to blood, body fluids, secretions or excretions, or sharp or contaminated instruments.

Gloves must be changed between procedures and between patients, and hands must be washed or decontaminated with an alcohol based hand rub when gloves have been removed.

It is important for all healthcare staff to be made aware that sensitivities can also occur with gloves as there are many elements to the manufacturing process, e.g. chemical accelerators in nitrile gloves. Any sensitivity (e.g. redness, itching) should be reported to the Occupational Health Department. Any sensitivity noted on patients should be referred to medical team for review.

6.4 Disposable plastic aprons

The purpose of wearing a disposable plastic apron is to protect either the patient who may be susceptible to infection, or the wearer from contamination as well as maintaining the uniform/clothes worn under the apron in a clean and dry state. They must be worn when there is a risk that clothing may be exposed to blood, body fluids, secretions or excretions, (with the exception of sweat). All staff should adhere to the agreed colour coding:

Yellow:	isolation
Green:	patient food services at ward level
Blue:	general areas

In addition aprons must be worn:

- when coming into contact with used bed linen i.e. remaking beds, items contaminated with body fluids, and cleaning of nursing equipment
- when undertaking activities using ANTT (Aseptic Non Touch Technique) principles

Aprons must be removed promptly after use, the outer contaminated side of the apron turned inward, rolled into a ball and then disposed of in accordance with the Trust waste policy, and hand hygiene performed immediately after removal and disposal of the PPE.

6.5 Fluid repellent gowns

Full body fluid repellent disposable gowns must be worn where there is a risk of extensive splashing of blood, body fluids, secretions or excretions with the exception of sweat onto the skin or clothing of staff, such as in high exuding/bleeding wounds, novel or emerging respiratory infections e.g. Severe Acute Respiratory Syndrome (SARS), Middle East Respiratory Syndrome (MERS), and for aerosol generating procedures for patients with acute respiratory infections e.g. influenza.

6.6 Facial protection

Protective eyewear and facial protection (goggles and visors) is to be used to control and minimise risk if the planned procedure is likely to cause splashing of blood, body fluids, secretions or excretions, or drugs (especially cytotoxic), fine particles from procedures that may cause aerosols, hazardous fluids or contaminated debris splashing into the eyes, mouth or face.

There are a variety of masks available and staff must ensure that they select the most appropriate mask for the level of protection required.

Manufacturer's instructions should be adhered to while donning face protection to ensure the most appropriate fit / protection. Specialist respirator masks such as FFP3 respirators used for open pulmonary TB cases or aerosolising procedures on influenza patients must always be 'fit checked' when donned.

In accordance with the Health and Safety executive all staff should undergo a fit test with the Trust approved FFP3 respirators to ensure a good fit can be maintained.

The table below details the types of masks available and examples of indications for their use.

Type of mask	Protection provided	Indication for use
Surgical face mask	Basic protection	General patient care and care of isolated immune-suppressed patients
Surgical face mask with fluid shield	Direct fluid repellence (from splashes and respiratory droplets)	During procedures outside of the operating theatre where fluid exposure is anticipated
Surgical mask with fluid shield and integral visor	Fluid repellence as above plus eye protection	Dirty room in central sterile services; caring for persistently coughing patient with influenza
FFP3	High level of protection for aerosol transmission	Respiratory isolation airborne infections e.g. for patients with TB, measles. Isolation of patients with novel respiratory infections i.e. MERS, SARS

Respirators vs surgical masks

Respirators are designed to reduce the wearers exposure to airborne particles (prevent particles going from outside to in). Surgical masks prevent particles being expelled by the wearer into the environment (prevent particles going from inside to out).

Some respirators may also be tested to comply with surgical mask standards (dual use). The Trust's standard disposable tight fitting respirator the 3M 1863+ is a dual use respirator/surgical mask.

6.7 Footwear

When providing support/care, closed toed shoes must be worn to avoid contamination with blood and/or body fluids or potential injury from sharps. When designated footwear is assigned, i.e. theatre, local policies must be available for their use and care, including a clear cleaning schedule with responsibilities assigned. Although the evidence is limited, the use of overshoes is not recommended by the Hospital Infection Society; they have not been shown to reduce floor colony counts and can lead to unnecessary hand contamination while putting on or removing.. Footwear worn must comply with the Trust Dress Code and Uniform Policy. Footwear for use in a dedicated area, e.g. theatres, must be removed when leaving that area.

6.8 Headwear

Headwear must be worn in theatre settings, clean rooms etc. They must be well fitting and completely cover the hair and they must be changed and disposed of between sessions or if they become contaminated with blood and/or body fluids. They must not be worn outside of the theatre complex.

6.9 Storage

- Supplies of personal protective equipment should be stored in a clean, dry place, free from contamination e.g. not in a dirty area such as a sluice.
- Gloves and masks must not be decanted from the original box to ensure the expiry date is known and their integrity maintained.

7.0 MONITORING COMPLIANCE

Minimum Requirement to be Monitored (WHAT – element of compliance or effectiveness within the document will be monitored)	Responsible Individual (WHO – is going to monitor this element)	Process for Monitoring e.g. Audit (HOW – will this element be monitored (method used))	Frequency of Monitoring (WHEN – will this element be monitored (frequency/ how often))	Responsible Individual or Committee/ Group for Review of Results (WHERE – Which individual/ committee or group will this be reported to, in what format (eg verbal, formal report etc) and by who)
Use of personal protective equipment	IPCT	Audit	Quarterly	IPCC

8.0 TRAINING AND IMPLEMENTATION

Clinical staff to receive face-to-face induction training on all aspects of infection prevention and control precautions to prevent the spread of all known or undisclosed transmissible infection, every year thereafter as part of the Trust mandatory training program. Training will be provided by the Infection Prevention and Control Team. An attendance register of any training completed will be sent to the OLM Administration Officer: Training, Education and Development Department, King's Mill Hospital.

9.0 IMPACT ASSESSMENTS

- This document has been subject to an Equality Impact Assessment, see completed form at [Appendix B.](#)
- This document has been subject to an Environmental Impact Assessment, see completed for at [Appendix C.](#)

10.0 EVIDENCE BASE (Relevant Legislation/ National Guidance) AND RELATED SFHFT DOCUMENTS

Evidence Base:

- Public health England. 2016. Infection control precautions to minimise transmission of acute respiratory tract infections in healthcare settings. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/585584/RTI_infection_control_guidance.pdf Accessed August 2019.
- NHS England & NHS Improvement. 2019. Standard infection control precautions: national hand hygiene and personal protective equipment policy. https://improvement.nhs.uk/documents/4957/National_policy_on_hand_hygiene_and_PPE_2.pdf Accessed August 2019.
- Loveday. H., Wilson. J., Pratt. R., Golsorkhi. M., Tingle. A., Bak. A., Browne. J., Prieto. J., Wilcox. M. 2014. Epic 3: National evidence based guidelines for prevention healthcare associated infections in NHS hospitals in England. Journal of Hospital Infection. Supplement 1, January 2014, p S1-S70 (access via <http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/HCAI/GuidelinesForProfessionalsHCAI/>)
- Coia. J., Ritchie. L., Adishes. A., Makinson Booth. C., Bradley. C., Bunyan. D., Carson. G., Fry. C., Hoffman. P., Jenkins. D., Phin. N., Taylor. B., Nguyen-Van-Tam. J., Zuckerman. M., (The Healthcare Infection Society Working Group on Respiratory and Facial Protection). 2013. Guidance on the use of respiratory and facial protection equipment. Journal of Hospital Infection. 85 p. 170-182
- Department of Health. 2012. Health and Social Care Act 2008: Code of practice for health and adult social care on the prevention and control of infections and related guidance
- Control of substance hazardous to health regulations (COSHH). 2002
- Department of Health. 2013. Health Technical Memorandum 0701: safe management of healthcare waste. Stationary Office. London
- National Institute for Health and Care Excellence (NICE). 2012. (Updated 2017) Infection: prevention and control of healthcare associated infections in primary and community care (CG 139). <http://guidance.nice.org.uk/CG139> Accessed June 2017

- NICE 2011. Prevention and control of healthcare associated infections: quality improvement guide (PH36). <http://publications.nice.org.uk/prevention-and-control-of-healthcare-associated-infections-ph36> Accessed June 2017

Related SFHFT Documents:

- Please see IPC Manual

11.0 KEYWORDS

Apron, Gown, Mask, Gloves, FFP3 mask, Goggles, use of PPE

12.0 APPENDICES

- [Appendix A](#) – Appropriate Personal Protective Equipment (PPE)
- [Appendix B](#) – Equality Impact Assessment
- [Appendix C](#) – Environmental Impact Assessment

Appendix A – Appropriate Personal Protective Equipment (PPE)

Select appropriate PPE from the list below, which has been based on a risk assessment of the risk of transmission of microorganisms and the risk of contamination for the activity being undertaken. This list is by no means exhaustive, instead it offers examples of common support/care activities where blood and/or body fluid exposure may occur and what level of protection is to be worn. A standard risk assessment must be undertaken to consider the risk of blood and/or body fluid or chemical exposure prior to activities.

Activity	Apron / Gown	Facial protection	Gloves
Contact with intact skin. No visible blood/body fluids, rashes	N/A	N/A	N/A
Sterile procedure	Yes	Risk assessment	Yes
Contact with wounds, skin lesions	Yes	Risk assessment	Yes
Cleaning up incontinence	Yes	Risk assessment	Yes
Potential exposure to blood/body fluids e.g. performing suction, cleaning up spillage	Yes	Risk assessment	Yes
Venepuncture, cannulation, removal of cannula	Yes	N/A	Yes
Vaginal examination	Yes	N/A	Yes
Applying topical lotions, creams etc	Yes	N/A	Yes
Touching patients with unknown skin rash	Risk assessment	N/A	Yes
Emptying/changing urinary catheter bags, urinals, bedpans, vomit bowls	Yes	Risk assessment	Yes
Handling specimens	Yes	N/A	Yes
Handling used instruments	Yes	N/A	Yes
Using disinfectants, cleaning agents	Yes	Risk assessment	Yes
General cleaning of clinical areas	Yes	Risk assessment	Yes
Bed re-making	Yes	N/A	Yes
Oral care	Yes	Risk assessment	Yes
Supporting patients with their nutritional needs	Yes	N/A	N/A
Handling waste	Yes	N/A	Yes

- The order for removal of PPE is gloves, apron/gown, eye protection, mask
- Hand hygiene **must** always be performed on removal of PPE
- Supplies must be appropriately located, close to the point of use
- The use of gloves does not negate the need for hand decontamination
- Change PPE between task/activities

Dispose of all PPE safely and immediately following use into appropriate receptacle.

APPENDIX B – EQUALITY IMPACT ASSESSMENT FORM (EQIA)

Name of service/policy/procedure being reviewed: Personal Protective Equipment Policy			
New or existing service/policy/procedure: Existing			
Date of Assessment: 30/09/19			
For the service/policy/procedure and its implementation answer the questions a – c below against each characteristic (if relevant consider breaking the policy or implementation down into areas)			
Protected Characteristic	a) Using data and supporting information, what issues, needs or barriers could the protected characteristic groups' experience? For example, are there any known health inequality or access issues to consider?	b) What is already in place in the policy or its implementation to address any inequalities or barriers to access including under representation at clinics, screening?	c) Please state any barriers that still need to be addressed and any proposed actions to eliminate inequality
The area of policy or its implementation being assessed:			
Race and Ethnicity	None	None	None
Gender	None	None	None
Age	None	None	None
Religion	None	None	None
Disability	None	None	None
Sexuality	None	None	None
Pregnancy and Maternity	None	None	None
Gender Reassignment	None	None	None
Marriage and Civil Partnership	None	None	None

Socio-Economic Factors (i.e. living in a poorer neighbourhood / social deprivation)	None	None	None
What consultation with protected characteristic groups including patient groups have you carried out? <ul style="list-style-type: none"> • Sent to all members of IPCC 			
What data or information did you use in support of this EqIA? <ul style="list-style-type: none"> • National guidance 			
As far as you are aware are there any Human Rights issues be taken into account such as arising from surveys, questionnaires, comments, concerns, complaints or compliments? <ul style="list-style-type: none"> • No 			
Level of impact From the information provided above and following EQIA guidance document Guidance on how to complete an EIA (click here), please indicate the perceived level of impact: Low Level of Impact For high or medium levels of impact, please forward a copy of this form to the HR Secretaries for inclusion at the next Diversity and Inclusivity meeting.			
Name of Responsible Person undertaking this assessment: Sally Palmer			
Signature: S Palmer			
Date: 30/09/19			

APPENDIX C – ENVIRONMENTAL IMPACT ASSESSMENT

The purpose of an environmental impact assessment is to identify the environmental impact, assess the significance of the consequences and, if required, reduce and mitigate the effect by either, a) amend the policy b) implement mitigating actions.

Area of impact	Environmental Risk/Impacts to consider	Yes/No	Action Taken (where necessary)
Waste and materials	<ul style="list-style-type: none"> Is the policy encouraging using more materials/supplies? Is the policy likely to increase the waste produced? Does the policy fail to utilise opportunities for introduction/replacement of materials that can be recycled? 	No	No additional impact
Soil/Land	<ul style="list-style-type: none"> Is the policy likely to promote the use of substances dangerous to the land if released? (e.g. lubricants, liquid chemicals) Does the policy fail to consider the need to provide adequate containment for these substances? (For example bunded containers, etc.) 	No	
Water	<ul style="list-style-type: none"> Is the policy likely to result in an increase of water usage? (estimate quantities) Is the policy likely to result in water being polluted? (e.g. dangerous chemicals being introduced in the water) Does the policy fail to include a mitigating procedure? (e.g. modify procedure to prevent water from being polluted; polluted water containment for adequate disposal) 	No	
Air	<ul style="list-style-type: none"> Is the policy likely to result in the introduction of procedures and equipment with resulting emissions to air? (For example use of a furnaces; combustion of fuels, emission or particles to the atmosphere, etc.) Does the policy fail to include a procedure to mitigate the effects? Does the policy fail to require compliance with the limits of emission imposed by the relevant regulations? 	No	
Energy	<ul style="list-style-type: none"> Does the policy result in an increase in energy consumption levels in the Trust? (estimate quantities) 	No	
Nuisances	<ul style="list-style-type: none"> Would the policy result in the creation of nuisances such as noise or odour (for staff, patients, visitors, neighbours and other relevant stakeholders)? 	No	