Personal Protective Equipment Procedure
(IPC Policy Manual)
# CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. INTRODUCTION</td>
<td>3</td>
</tr>
<tr>
<td>2. PROCEDURE</td>
<td>3</td>
</tr>
<tr>
<td>2.1 Use of Gloves</td>
<td>3</td>
</tr>
<tr>
<td>2.2 Types of Gloves</td>
<td>4</td>
</tr>
<tr>
<td>2.3 Sensitisation/Latex allergy</td>
<td>4</td>
</tr>
<tr>
<td>2.4 Aprons/Gowns</td>
<td>4</td>
</tr>
<tr>
<td>2.5 Face Mask/Eye Protection</td>
<td>5</td>
</tr>
<tr>
<td>2.6 Shoe Protection</td>
<td>6</td>
</tr>
<tr>
<td>3. DEFINITIONS/EXPLANATIONS OF TERMS USED</td>
<td>6</td>
</tr>
<tr>
<td>4. RESPONSIBILITIES, ACCOUNTABILITIES AND DUTIES</td>
<td>6</td>
</tr>
<tr>
<td>Refer to the home page, section 4, of the Infection Prevention and Control Policy</td>
<td></td>
</tr>
<tr>
<td>5. LINKS TO ASSOCIATED POLICIES/DOCUMENTS</td>
<td>6</td>
</tr>
<tr>
<td>6. REFERENCES/FURTHING READING</td>
<td>6</td>
</tr>
<tr>
<td>7. APPENDICES</td>
<td>6</td>
</tr>
<tr>
<td>Appendix 4 – Risk Assessment</td>
<td></td>
</tr>
<tr>
<td>Appendix 5 – How to put on and remove Personal Protective Equipment</td>
<td></td>
</tr>
</tbody>
</table>
1. **INTRODUCTION**

Personal protective equipment (PPE) is used for two reasons:

1. To protect staff from blood/body fluid contamination.

2. To reduce the risk of cross infection to other patients, staff, visitors, members of the public and the patients’ care environment.

Selection of PPE must be based on an assessment of the risk of transmission of micro-organisms to the patient, and the risk of contamination of the healthcare worker's clothing and skin by patients' blood, body fluids, secretions or excretions (appendix 4), via this link:


All PPE should be easily accessible to staff (subject to local risk assessment) and stored to prevent contamination in a clean, dry area until required for use (expiry dates must be kept to).

PPE should be removed before other activities such as answering the telephone or writing in notes.

Visiting staff, for example Facilities/Estates, must be provided with appropriate protective clothing when visiting wards/departments, day clinics etc.

Further guidance can be obtained from the Health and Safety Personal Protective Equipment Policy.

2. **PROCEDURE**

2.1 **Use of Gloves**

Gloves must conform to European Community Standards and be of an acceptable standard to staff. Further guidance can be obtained from the Health and Safety Latex and Occupational Dermatitis Policy Incorporating Glove Selection Policy for the Correct Use of Gloves.

Gloves should not be used unnecessarily as their prolonged use may cause adverse reactions and skin sensitivities. The Glove Pyramid (World Health Organisation 2009) pictured below, details some clinical examples when the wearing of gloves is indicated and others where gloves are not indicated. Staff must always undertake a risk assessment and if their skin is not intact e.g. eczema or if contact precautions are required then appropriate gloves must be worn.

Gloves are a single use item. They must not be washed. They must be put on immediately before an episode of patient contact or treatment and removed as soon as the activity is completed. Gloves must be changed between caring for different patients and between different care activities for the same patient. Gloves must also be changed if a perforation or puncture is suspected.
Care should be taken when removing gloves to avoid contamination. The wrist end of the glove should be handled and the glove should be gently pulled down over the hand, turning the outer contaminated surface inward while doing so. The second glove should be pulled over the first whilst removing it so they are disposed of together.

Please refer to appendix 5, via this link, for guidance on how to put on and remove PPE:


Ensure that gloves used for direct patient care that have been exposed to body fluids are disposed of correctly, in accordance with current national legislation or local policies.

Hand hygiene must be performed when appropriate regardless of indications for glove use and hands must be decontaminated immediately after removal of gloves.
2.2 Types of Gloves

The choice of type of glove should be based on a risk assessment as indicated in the Latex and Occupational Dermatitis Policy Incorporating Glove Selection Policy for the Correct Use of Gloves.

The gloves must be appropriate, fit for purpose and well-fitting to avoid interference with dexterity, friction, excessive sweating, finger and hand muscle fatigue.

Do not use polythene or vinyl gloves in a clinical setting.

General household gloves should be worn for domestic environmental and equipment cleaning. Staff using these gloves must be provided with inner liners. These gloves may be decontaminated and reused provided the integrity of the glove is not compromised. They must be discarded if cracked, peeling, torn, punctured or show other signs of deterioration or when their ability to function as a barrier is compromised.

When cleaning rooms or areas for infectious patients, disposable gloves (e.g. nitrile) must be worn by all staff.

2.3 Sensitisation/Latex allergy

If sensitisation occurs staff should seek advice from Occupational Health Services.

2.4 Aprons/Gowns

Further guidance can be obtained from the Health and Safety Personal Protective Equipment Policy.

Disposable plastic aprons must be worn when there is a risk that clothing may become exposed to blood, body fluids and excretions with the exception of sweat or when close/direct contact may lead to contamination by microbes from the patient, materials or equipment. Plastic aprons must be worn as single use items for one procedure or episode of patient care and then disposed of in line with the Trust’s Waste Policy.

Full body fluid repellent gowns/boiler suits must be worn where there is a risk of infestation or extensive splashing of blood, body fluids, secretions and excretions, with the exception of sweat, onto the skin of health care practitioners.

Long sleeves gowns or apron and arm protectors must be worn when caring for patients with some infections, i.e. Carbapenemase-producing Enterobacteriaceae (CPE). The Infection Prevention and Control (IPC) team can advise further if required.

On ward areas, and any other appropriate setting, plastic aprons should be worn for cleaning duties in accordance with the NPSA NHS Colour- Coding Safer Practice Notice for Cleaning.
Remove apron/gown immediately after use avoiding contact with the most contaminated areas. The outer contaminated side of the apron/gown should be turned inwards, rolled into a ball and then discarded in the appropriate waste stream. Hands must then be decontaminated.

2.5 Face Mask/Eye Protection

Further guidance can be obtained from the Health and Safety Personal Protective Equipment Policy.

Face masks and eye protection or a full face visor must be worn where there is a risk of blood, body fluids, secretions and excretions splashing into face, mouth and/or eyes, and should not be touched when being worn.

For non-aerosol producing procedures, masks are not generally required.

Manufacturer’s instructions should be adhered to while donning face protection to ensure most appropriate fit/protection which must not be impeded by accessories such as piercings or false eyelashes.

Remove face protection immediately after use avoiding contact with the most contaminated areas. This should be done by handling the straps/ear loops, goggle legs only. The outer contaminated side of the mask should be turned inwards upon removal and disposed of appropriately. Masks must also be removed or changed if integrity is breached, e.g. from moisture build-up after extended use or from gross contamination with blood or body fluids.

Hands must be decontaminated immediately after removal of face protection.

There may be occasions when specialist masks/ respirators may be required: the use of such masks would normally be reserved for patients known or suspected to be suffering from specific infectious respiratory diseases. These include:

a. Multi Drug Resistant Tuberculosis
b. Severe Acute Respiratory Syndrome
c. Avian Influenza

The management of these diseases must be discussed with the IPC team. Masks that are currently recommended for these diseases should meet the European Standard EN149: 2001 FFP3 respirator high filtration mask.

FFP1 respirators are suitable for applications where a lower filtering efficiency and protection factor is required. FFP3 respirators should be used where the highest level of filtering efficiency and protection factor are required. It is paramount that these masks should be fitted as per manufacturers' instructions. The IPC team should be contacted for advice.

2.6 Shoe Protection

On occasions where there is a risk of severe contamination to footwear disposable
overshoes should be worn.

3. **DEFINITIONS/EXPLANATION OF TERMS USED**

These have been covered within the procedure.

4. **RESPONSIBILITIES, ACCOUNTABILITIES AND DUTIES**

Refer to the home page, section 4, of the Infection Prevention and Control Policy

5. **LINKS TO ASSOCIATED POLICIES/DOCUMENTS**

Personal Protective Equipment Policy (Corporate/Health Safety and Security).  
[https://www.rdash.nhs.uk/24542/policy-for-personal-protective-equipment-ppe/](https://www.rdash.nhs.uk/24542/policy-for-personal-protective-equipment-ppe/)

Latex and Occupational Dermatitis Policy Incorporating Glove Selection Policy for the Correct Use of Gloves (Clinical General/Care Treatment and Assessment).  

Tuberculosis (TB) procedure (Clinical/Infection Prevention and Control)  

Pandemic Flu Plan  

6. **REFERENCES/FURTHING READING**


World Health Organisation (2009)  
[http://www.who.int/gpsc/5may/Glove_Use_Information_Leaflet.pdf](http://www.who.int/gpsc/5may/Glove_Use_Information_Leaflet.pdf)  
Accessed 14.09.18

7. **APPENDICES**

To access the following Appendices please see IPC Manual homepage  

Appendix 4 – Risk Assessment  
Appendix 5 – How to put on and remove PPE