

REF: 7n

Lincolnshire Partnership NHS Foundation Trust (LPFT)

Title of Policy

DOCUMENT VERSION CONTROL	
Document Type and Title:	Correct Use of Personal Protective Equipment in the Healthcare Environment
Authorised Document Folder:	Policies
New or Replacing:	New
Document Reference:	7n.
Version No:	1.1
Date Policy First Written:	April 2016
Date Policy First Implemented:	2 September 2016
Date Policy Last Reviewed and Updated:	
Implementation Date:	2 September 2016
Author:	Infection Prevention and Control Nurse Specialist.
Approving Body:	Quality Committee
Approval Date:	1 September 2016
Committee, Group or Individual Monitoring the Document	Infection Prevention and Control Committee
Review Date:	May 2019
The principle of this policy is to: <ul style="list-style-type: none">• Provide Lincolnshire Partnership Foundation Trust (LPFT) staff with information relating to the importance of Personal Protective Equipment (PPE).• Provide LPFT staff with sufficient information to encourage staff to use a risk assessment approach when deciding when and what type of PPE to use.• Reduce the risks to all of acquiring Health Care Associated Infections including blood borne viruses.	

Correct Use of Personal Protective Equipment in the
Healthcare Environment 7n

Issue 1

ISSUE 1 May 2016

LINCOLNSHIRE PARTNERSHIP FOUNDATION TRUST

**CORRECT USE OF PERSONAL PROTECTIVE EQUIPMENT (PPE) IN THE
HEALTHCARE ENVIRONMENT**

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CORRECT USE OF PERSONAL PROTECTIVE EQUIPMENT IN THE HEALTHCARE ENVIRONMENT

1.0 INTRODUCTION

1.1 Lincolnshire Partnership Foundation Trust (LPFT) is committed to and legally obliged to ensure that all staff employed are trained in appropriate procedures necessary to work safely (The Health & Safety at Work Act 1974). The Health and Social Care Act 2008 Code of Practice (2015) stipulates that NHS bodies must, in relation to preventing and controlling the risks of Health Care Associated Infections (HCAI), have in place core policies. This includes the use of personal protective equipment (PPE). Compliance with this policy will ensure that the Trust meets this standard and the requirements set by the DH and the Health and Safety Executive (HSE) (DH1998, COSHH Regulations HSE 2002) in order to reduce the risk of infection to LPfT healthcare workers (HCW).

1.2 PPE is defined as “all equipment that is intended to be worn or held by a person at work which protects them against one or more risks to health and safety” (Royal College of Nursing, 2012)

1.3 The primary aim of PPE in healthcare settings is to protect the skin and mucous membranes of HCWs from exposure to blood and/or body fluid. It also prevents the contamination of clothing and reduces the opportunity of spread of micro-organisms from patients and equipment to other patients, staff and environments. (Damani, 2012).

2.0 POLICY PRINCIPLES

2.1 The principles of this policy are to:

- Provide LPFT staff with information relating to the importance of PPE
- Provide LPFT staff with sufficient information to encourage staff to use a risk assessment approach when deciding when and what type of PPE to use.
- Reduce the risks to staff of acquiring and/ or passing on Health Care Associated Infections (HCAI) including blood borne viruses.

3.0 EQUIPMENT

3.1 PPE that may most commonly be used by HCWs within the Trust include:

- Single use Gloves
- Single use disposable aprons
- Eye protection
- Face masks
- Sleeve protectors

3.2 PPE must comply with the requirements of the Personal Protective Equipment Regulations (HSE, 1992) and be CE marked to show that it meets the statutory

requirements of CE Marking Directive: 93/68/EEC (1993) in support of 89/392/EEC (1989). This can be addressed by using only PPE acquired through Trust procurement processes and not through any other sources.

4.0 RISK MANAGEMENT

4.1 The guidance for HCW, in relation to protection against infection with blood borne viruses (Health Protection Agency 2005), clearly identifies the risks to staff, the highest risk of which is inoculation injuries. However there is evidence that the transmission of blood borne viruses can occur following the splashing of blood onto mucous membranes. Individuals with blood borne diseases cannot be easily identified, therefore the standard principles required to reduce the transmission of these pathogens should be used in the care of all patients. The use of PPE has been identified as reducing these potential risks to HCWs (DH 2010)

4.2 Selection of personal protective equipment must be based on an assessment of:

- the risk of transmission of microorganisms from HCW to the patient or carer;
- the risk of contamination of HCW clothing, skin and/or mucous membranes by patients' blood and/or body fluids; and
- the suitability of the equipment for proposed use.(epic3)

4.3 The risk assessment process requires the HCW to assess if there are any potential risks of exposure to their skin, mucous membranes or clothing of blood, body fluids or any other potential source of infection from a specific patient care activity or intervention (Appendix 1)

4.4 Some examples of procedures where the wearing of PPE would be indicated are:

- Wound care
- Handling offensive healthcare waste such as soiled incontinence products
- Handling catheters/urine collection devices/stoma products
- Blood and/or body fluid spillages
- Venepuncture
- Undertaking any invasive procedures
- Providing direct care to patients in protective or source isolation

4.5 Risk assessment and glove use

Choosing the right type of glove to use requires assessment of the following:

- What is the nature of the task?
- Are sterile or non-sterile gloves required?
- Is there a possibility of exposure to blood, bodily fluids or any other potential source of infection?
- Is the patient or HCW allergic to natural rubber latex?

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Action.	Rationale.
Disposable, single use, sterile/non-sterile, powder free, latex or an alternative, such as nitrile gloves, of good quality and well fitting, should be worn where there is any risk of contact with blood, body fluids, mucous membranes and non intact skin or contaminated surfaces.	<ul style="list-style-type: none"> • To protect the users hands from becoming contaminated with organic matter and micro-organisms. • To reduce the risk of cross infection by preventing the transfer of Micro-organisms from staff to patient and vice versa. <p>PPE is not suitable if it is incapable of fitting the wearer correctly (HSE 1992).</p> <ul style="list-style-type: none"> • Gloves which are too small for the hands are at risk of tearing or breaking, compromising the integrity of the PPE • Gloves which are too tight can have an effect on physiological fatigue of the fingers • Gloves which are too big have an effect on dexterity and leave gaps where potential contamination can occur
Gloves must be changed between caring for different patients, and between different care activities for the same patient (NCGC 2012), e.g. when dressing separate wounds on the same patient.	<ul style="list-style-type: none"> • Re using gloves has legal implications (Medical Devices Agency (2000)) • Risk of cross contamination between patients • Risk of cross contamination of sites.
Hands must be decontaminated before applying gloves and after gloves have been removed	<ul style="list-style-type: none"> • The hands of healthcare workers are the most common source of transmission of infection (Pratt et al 2007) • Hands may be contaminated during the removal of gloves. • To comply with epic3 guidelines
Washing gloves or applying Alcohol Hand Rub to gloves is not acceptable	<ul style="list-style-type: none"> • Gloves are single use only items. • Hand hygiene products are liable to reduce the effectiveness of the glove.
Gloves should be removed as per the DH guidelines (2008)	<ul style="list-style-type: none"> • To try to prevent contamination of the HCWs hands when removing the gloves

4.6 Glove Choice

- 4.6.1 Natural rubber latex gloves remain superior in protecting against blood borne viruses. They are more sensitive and give greater dexterity when performing tasks where this is necessary. They are generally the main source of sterile gloves available within the Trust unless an allergy has been identified where an alternative will be recommended by Occupational Health. However, latex gloves that contain powder should never be used due to the risks associated with aerosolisation and an increased risk of latex allergies. The problem of patient or

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health care worker sensitivity to natural rubber latex must be considered and documented when deciding on glove materials and alternatives must be available in a variety of sizes. Nitrile gloves should be considered as the most acceptable alternative to latex. However any other alternative glove choice must provide the same level of safety and protection against HCAI. Sensitivity issues can occur with these alternative materials as well and Occupational Health Departments should assess and advise any staff with sensitivity problems.

NB Vinyl and Polythene gloves must never be used for any aspects of clinical care (RCN 2012).

4.7 Sterile/ non-sterile gloves

The choice between the use of sterile or non-sterile gloves will be entirely dependent upon the task or intervention being delivered to the patient and the risks assessed with it.

Type of gloves	Aims	Indications	Examples
Sterile	To prevent the transfer of micro-organisms from HCWs to patients. Protection against blood and/or body fluids during invasive procedures	For all surgical and aseptic procedures	<ul style="list-style-type: none"> • All surgical procedures • Insertion of indwelling devices such as urinary catheters • Wound care
Non-sterile gloves	To protect HCWs from acquiring micro-organisms from patients or a contaminated environment	Whenever there is potential for touching blood and/ or body fluids, secretions or contact with infectious micro-organisms.	<p>Direct contact with blood or bodily fluids by:</p> <ul style="list-style-type: none"> • Contact with non-intact skin or mucous membranes e.g. oral care, suctioning • Contact with potential presence of infectious microorganisms both on intact and non-intact skin. <p>Indirect contact with blood or bodily fluids by:</p> <ul style="list-style-type: none"> • Handling and cleaning of contaminated items/ equipment • Handling of hospital waste • Cleaning up spills of body fluids

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4.7.1 Routine use of gloves is **not** recommended in the following situations, **unless the patient is under contact precautions:**

- For routine patient care activities e.g. performing physiological observations
- Giving oral medications (avoid contact with medications with hands)
- During bathing and dressing a patient (gloves are often worn in this situation for reasons of privacy and dignity but do not serve any purpose from an IPC perspective.)
- Transporting a patient
- Caring for eyes and ears without secretions.
- Routine entry into isolation rooms if contact with the patient and/or environment is not anticipated
- Serving food
- Using the telephone, computer keyboard, writing in notes, collecting crockery or cutlery, removing and replacing linen for the patients bed (WHO, 2009)

4.8 Single use disposable plastic aprons

4.8.1 Single use disposable plastic aprons must be worn when close contact with the patient, materials or equipment poses a risk that clothing may become contaminated with pathogenic microorganisms, blood or body fluids

4.8.2 Disposable plastic aprons should be worn as single-use items for one procedure or episode of patient care. It should be changed for different procedures even on the same patient e.g. clean and dirty, non-infected and infected.

4.8.3 Single use disposable plastic aprons **must not** come into contact with more than one patient. Micro-organisms will survive for a sufficient time to allow cross infection to occur if the apron is worn in caring for more than one patient (Pratt et al 2007)

4.8.3 Single use disposable plastic aprons must be disposed of immediately after removing into the appropriate waste stream in accordance with local policies for waste management and EU legislation.

4.9 Masks, eye protection and face visors.

4.9.1 Masks, eye protection or face visors should be worn during procedures likely to cause splashing of body substances into the face. Face shields/visors should be considered in place of a surgical mask and goggles where there is a higher risk of splashing/aerosolisation of

Correct Use of Personal Protective Equipment in the Healthcare Environment 7n.

blood or body fluids. Face protection should be available during procedures where splashing/production of aerosols is possible (DH 1998).

4.9.2 A disposable particulate filtration FFP3 MASK (“tight facial seal”) must be worn in the following situations:

- When performing procedures that have the potential to generate aerosols on patients known or suspected of having Pandemic Influenza.
 - For procedures, which directly expose staff to respiratory secretions, which may contain multi-resistant – smear positive pulmonary tuberculosis strains.
 - When caring for a patient with suspected or known Severe Acute Respiratory Syndrome.
-
- All staff requiring FFP3 masks **must be** fit tested by a suitably qualified health care professional who has been specifically trained.
 - If the mask becomes contaminated with body fluids it must be changed immediately.

5.0 PUTTING ON PERSONAL PROTECTIVE EQUIPMENT

5.1 See Appendix 1.

5.2 PPE must be put on either just prior to, or on entering the patient space.

6.0 REMOVAL OF PERSONAL PROTECTIVE EQUIPEMENT

6.1 HCWs must avoid any contact between contaminated (used) PPE and surfaces, clothing or people outside the patient care area. (WHO, 2004)

6.2 PPE should be removed and disposed of into the appropriate waste stream inside the room or immediate area in which it is used wherever possible. For patients or clinical areas where the use of plastic bags is not permitted unsupervised, waste must be bagged on removal and the bags taken for disposal immediately outside of the patient care area.

6.3 Personal protective equipment should be removed in the following sequence to minimise the risk of cross/self-contamination:

- gloves;
- apron;
- eye protection (when worn); and
- mask/respirator (when worn).

6.4 Re-usable items of protective equipment, such as visors or eye safety goggles should be decontaminated according to manufacturer’s instructions.

6.5 Hands **must** be decontaminated following the removal of personal protective equipment.

6.0 DISPOSAL OF PERSONAL PROTECTIVE EQUIPMENT

6.1 Disposable items in inpatient and clinic settings should be risk assessed by HCWs in order to ensure that the waste is placed into the appropriate healthcare or household waste streams prior to disposal. (Refer to LPFT Waste disposal policy).

6.2 Disposal of PPE In Patients Own Homes

6.2.1 Disposal of clinical waste in patient's own homes should be risk assessed on an individual basis with each patient. This should include reviewing the amounts of waste generated including PPE, whether or not the waste is considered infectious and what the arrangements are with the local authority regarding the collection and disposal of healthcare waste.

6.2.2 Non contaminated waste can be disposed of in the patient's own household waste with their permission

7.0 RESPONSIBILITIES

7.1 The Chief Executive has overall responsibility for ensuring that there are effective arrangements for infection prevention and control within the Trust and for meeting all statutory requirements.

7.2 The Executive Director for Nursing and Quality is the Director for Infection Prevention and Control (DIPC).

7.3 All staff that have contact with patients have a responsibility to ensure that they adhere to the relevant Trust policy and guidelines.

8.0 TRAINING

8.1 The Health and Social Care Act 2008 Code of Practice (2015) states that the principles and practice of prevention and control of infection should be included in induction training programme for new staff and as part of on-going education for existing staff. Information on standard infection prevention and control principles relevant to this policy are included in the Trust induction and mandatory training sessions.

8.2 The Infection Prevention and Control Team can offer additional training which will include information contained in this policy as required.

9.0 TARGET AUDIENCE

9.1 All Trust staff involved in clinical activities.

10.0 REVIEW DATE

10.1 This procedure will be reviewed in 3 years or in light of organisational or legislative changes.

11.0 CONSULTATION

- Infection Prevention and Control Committee members
- Link nurse network members

12.0 LEGISLATION / GUIDANCE

- The Health and Social Care Act 2008 Code of Practice for the Prevention and Control of Infections and related guidance. Revised edition. (July 2015) DH. London.
- Department of Health (1998) Guidance for Clinical Health Care Workers : Protection Against Infection with Blood Borne Viruses. Recommendations of the Expert Advisory Group on Hepatitis. London HMSO.
- Health and Safety Executive (1992) Personal Protective Equipment Regulations. HMSO. London.
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- Health and Safety Executive (1974) Health and Safety at Work Act. HMSO. London.
- Health and Safety Executive (2002) The control of substances Hazardous to Health Regulations. Approved codes of practice and guidance. HSE. Merseyside.
- Medical Devices Agency (2000) Single Use Medical Devices: Implications and consequences of Reuse. DH. London.
- National Clinical Guideline Centre (2012) Prevention and Control of healthcare associated infections in primary and community care. Clinical Guidelines methods evidence and recommendations. Partial Update of NICE Clinical Guideline 2. National Clinical Guideline Centre. London,
- Loveday, H;P, Wilson, J.A. Pratt, R.J., Golsorkhi, M., Tingle, A., Bak, A., Browne, J. Prieto, J. Wilcox,M. (2014) epic3: National Evidence-Based Guidliens for Preventing Healthcare-Associated Infections in NHS Hospitals in England. Journal of Hospital Infection., 86S1 S1-S70
- Royal College of Nursing (2012) Tools of the Trade. RCN Guidance for health care staff on glove use and the prevention of contact dermatitis. RCN. London.
- Damani, N. Manual of Infection Prevention and Control.(2012) Oxford University Press. Oxford.
- Weston, D. Fundamentals of Infection Prevention and Control. Theory and Practice. (2013). Wiley Blackwell. London

13.0 CHAMPION & EXPERT WRITER

13.1 The Champion for this policy is the Director of Nursing and Quality.

The Expert Writer is the Trust IPC Nurse Specialist.

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Appendix 1

Use safe work practices to protect yourself and limit the spread of infection


- Keep hands away from face and PPE being worn
- Change gloves when torn or heavily contaminated
- Limit surfaces touched in the patient environment
- Regularly perform hand hygiene
- Always clean hands after removing gloves

NB Masks and goggles are not routinely recommended for contact precautions. Consider the use of these under standard infection control precautions or if there are other routes of transmission.

The type of PPE used will vary based on the type of exposure anticipated, and not all items of PPE will be required. The order for putting on PPE is Apron or Gown, Surgical Mask, Eye Protection (where required) and Gloves. The order for removing PPE is Gloves, Apron or Gown, Eye Protection, Surgical Mask.

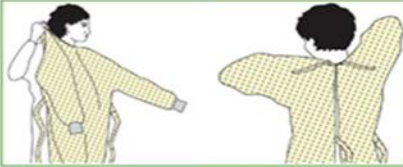
1. Putting on Personal Protective Equipment (PPE)

- Perform hand hygiene before putting on PPE





Apron

- Pull over head and fasten at back of waist





Gown/Fluid repellent coverall

- Fully cover torso from neck to knees, arms to end of wrist and wrap around the back. Fasten at the back


Surgical Mask (or respirator)

- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit/check respirator if being worn

Eye Protection (Goggles/Face Shield)



- Place over face and eyes and adjust to fit



Gloves


- Select according to hand size
- Extend to cover wrist

2. Removing Personal Protective Equipment (PPE)



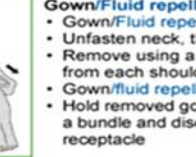
Gloves

- Outside of gloves are contaminated
- Grasp the outside of the glove with the 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
- Peel the second glove off over the first glove
- Discard into an appropriate lined waste bin





Apron

- Apron front is contaminated
- Unfasten or break ties
- Pull apron away from neck and shoulders touching inside only
- Fold or roll into a bundle
- Discard into an appropriate lined waste bin



Gown/Fluid repellent coverall

- Gown/Fluid repellent coverall front and sleeves are contaminated
- Unfasten neck, then waist ties
- Remove using a peeling motion; pull gown/fluid repellent coverall from each shoulder toward the same hand
- Gown/fluid repellent coverall will turn inside out
- Hold removed gown/fluid repellent coverall away from body, roll into a bundle and discard into an appropriate lined waste bin or linen receptacle

Eye Protection (Goggles/Face Shield)

- Outside of goggles or face shield are contaminated
- Handle only by the headband or the sides
- Discard into a lined waste bin or place into a designated receptacle for reprocessing/decontamination

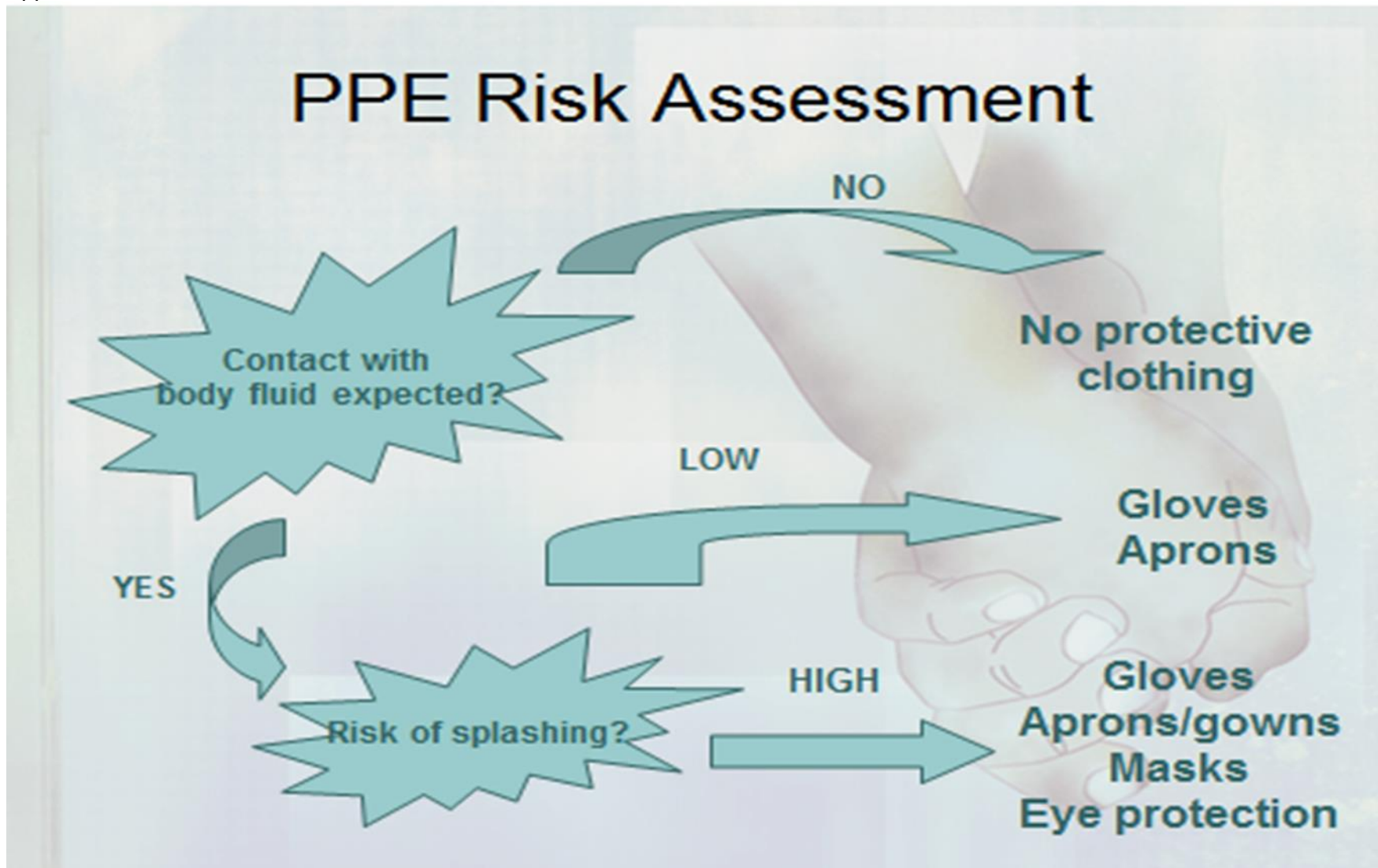



Surgical Mask (or respirator)

- Front of mask/respirator is contaminated – do not touch
- Unfasten the ties – first the bottom, then the top
- Pull away from the face without touching front of mask/respirator
- Discard disposable items into an appropriate lined waste bin
- For reusable respirator place in designated receptacle for reprocessing/decontamination

Perform hand hygiene immediately on removal. All PPE should be removed before leaving the area and disposed of as healthcare waste

Appendix 2.

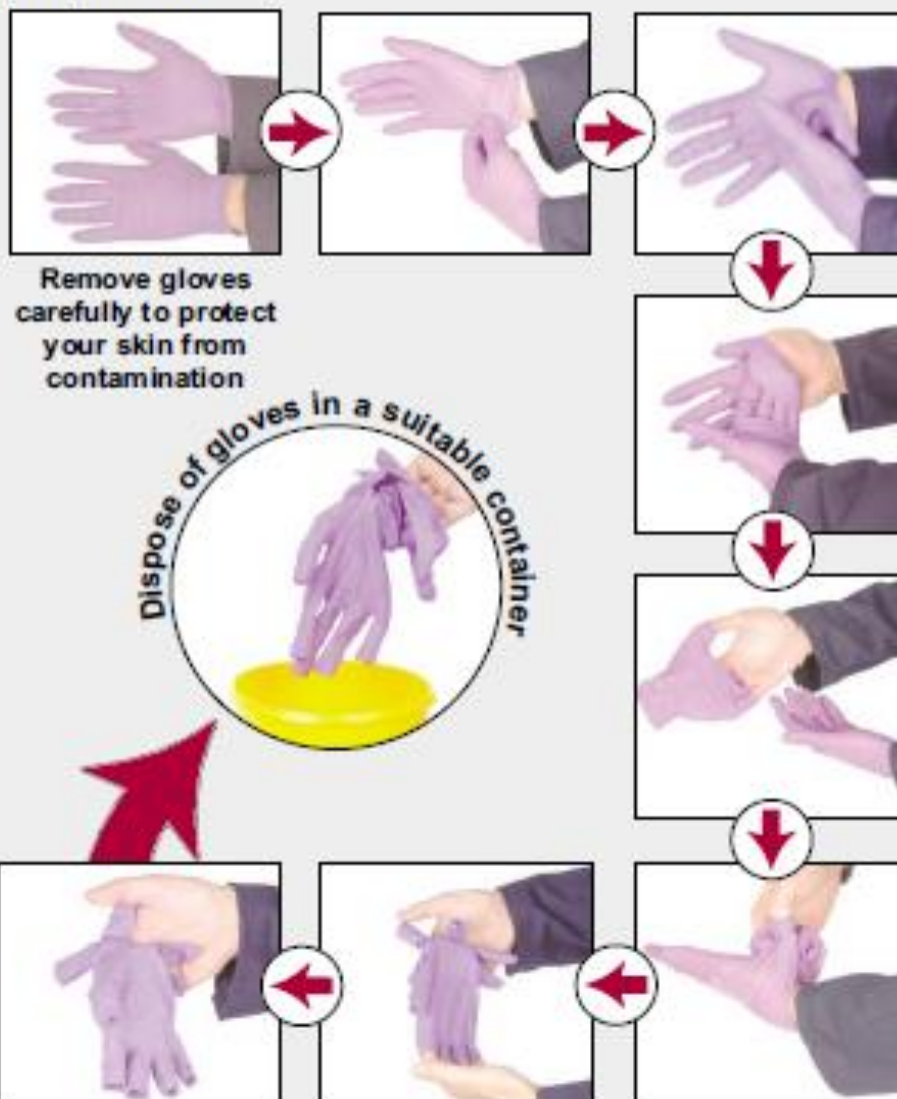




Correct removal of gloves

Single use gloves (splash resistant)

Follow the steps shown



Appendix 4.

Making Waste Segregation Simple

General Waste	Recyclable Waste	Non Infectious Waste (Offensive Waste)	Infectious Waste	Pharmaceutical Waste	Medicinal Sharps	Cytotoxic and Cytostatic Waste
						
<ul style="list-style-type: none"> • Food waste • Non-recyclable packaging • Waxed paper 	<ul style="list-style-type: none"> • Paper/card • Mixed clean plastics (bottles/cups/bags/aprons) • Metal cans 	<p>Waste not requiring specialist disposal to prevent infection:</p> <ul style="list-style-type: none"> • Non-infectious clinical waste • Incontinence waste • Nappy waste • Non-infectious Dressings 	<ul style="list-style-type: none"> • Infectious waste • Swabs • Infectious wound dressings 	<ul style="list-style-type: none"> • Empty containers contaminated with pharmaceutical products (empty blister packs/empty bottles) • Tablets/capsules which have been prepared for administration but have been refused or rejected by the patient • Denatured controlled drugs 	<ul style="list-style-type: none"> • Sharps waste from dispensing medicine • Used ampoules/vials of non-hazardous medicines 	<ul style="list-style-type: none"> • Waste from dispensing cytotoxic and cytostatic drugs e.g. cancer, HRT, steroid, hormone treatments • Sharps contaminated with cytotoxic / cytostatic medicines

For more information please contact us on **02920 809090**
or email us at productinfo@phs.co.uk

PHS Wastemanagement A Trusted Partner
www.phswastemanagement.co.uk

Appendix 5 Equality Analysis Form

Name of Policy/ project/ service	<u>Lincolnshire Partnership NHS Foundation Trust</u>		
Aims of policy/ project/ service	Correct Use of Personal Protective Equipment in the Clinical Setting The principle of this policy is to: <ul style="list-style-type: none"> • Provide Lincolnshire Partnership Foundation Trust (LPFT) staff with information relating to the importance of Personal Protective Equipment (PPE). • Provide LPFT staff with sufficient information to encourage staff to use a risk assessment approach when deciding when and what type of PPE to use. • Reduce the risks to staff of acquiring Health Care Associated Infections including blood borne viruses. 		
Is this new or existing?	New		
Person(s) responsible	Infection Prevention and Control Specialist nurse		
Key people involved	Infection Control Committee, IPC link practitioners		
Who does it affect?	Service users <input checked="" type="checkbox"/>	Staff <input checked="" type="checkbox"/>	Wider Community <input type="checkbox"/>

Is the policy/ project/ service likely to have an effect on any of the protected characteristic groups? (please tick)				Is action possible to mitigate any negative impact?	Details of action planned (including dates or why action is not possible)
	Positive	Negative	None		
Age			√		
Disability			√		
Sex			√		
Gender Reassignment			√		
Sexual Orientation			√		
Race			√		
Religion and Belief			√		
Marriage and Civil Partnership			√		

Pregnancy and Maternity			√		
Carers			√		

Any other information that is relevant to the equality impact of the policy/ project/ service?
 Detail any positive outcomes for any of the protected groups listed above

The policy gives clear information and expectation about the practicable steps employees of the Trust will take in order to ensure positive practice and outcomes in relation to physical health and wellbeing.

Result of Equality Analysis

Based on the information above- what is the outcome of the Equality analysis?

a) No change <input checked="" type="checkbox"/>	b) Adjust the activity <input type="checkbox"/>	c) Stop/remove the activity <input type="checkbox"/>
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Detail any adjustments that are to be made and how these will be monitored
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Person who carried out this assessment	Jane Lord
Date assessment completed	20/05/2016
Name of responsible Director/General Manager	Director of Nursing and Quality
Date assessment was signed	
Date of next review	

