



Community Infection Prevention and Control Policy for Care Home settings

Personal protective equipment

PERSONAL PROTECTIVE EQUIPMENT

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Organisation:

Signed:

Job Title:

Date Adopted:

Review Date:

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1. Introduction

Before undertaking any procedure, staff should assess any likely exposure to blood and/or body fluids, non-intact skin or mucous membranes and wear personal protective equipment (PPE) that protects adequately against the risks associated with the procedure.

All PPE should be disposed of as soon as the activity is completed and as per local policy. Always perform hand hygiene appropriately after disposing of PPE.

To reduce the risk of PPE becoming contaminated, it should be stored in a clean dry area until ready for use. Supplies of PPE should be readily available at the point of use and within their expiry date.

2. Gloves

Gloves are single use only.

If contact with blood and/or body fluids, non-intact skin or mucous membranes, is anticipated or the resident has a suspected or known infection, disposable gloves should be worn that are appropriate for the task.

Gloves must comply with European Standard EN 455 Medical Gloves for single use (Parts 1-4) and be CE marked for single use. The Medical Devices Agency recommends that only powder-free gloves are purchased due to latex allergy/sensitivity.

In homes where staff perform aseptic techniques, e.g. urinary catheterisation, sterile gloves must be available for such procedures.

Hands must be washed or alcohol handrub applied immediately before putting on and after removing each pair of gloves. Please note, alcohol handrub should not be used if hands are visibly soiled or dealing with a resident with *Clostridium difficile* or Norovirus (viral gastroenteritis).

Gloves can be latex, nitrile or vinyl material. Employers may advise against the use of latex following a risk assessment as it can cause skin sensitivity and allergies.

Glove selection should be based on risk assessment of:

- Sensitivity to latex
- Nature of the task
- Risk of contamination
- Sterile gloves for aseptic technique, e.g. urinary catheterisation, wound care

The following table provides a list of procedures and glove choice as a guide.

| Glove selection guide | Sterile | | Non-sterile | | | |
|--|---------|---------|-------------|---------|-------|----------|
| | Latex | Nitrile | Latex | Nitrile | Vinyl | Domestic |
| Procedure and type of contact Ticks indicate which glove to use for the procedures listed and if they should be sterile or non-sterile. Please note that this is not an exhaustive list. | | | | | | |
| Aseptic technique | ✓ | ✓ | | | | |
| Blood/blood stained body fluids | | | ✓ | ✓ | | |
| Body fluids, e.g. urine, faeces | | | ✓ | ✓ | ✓ | |
| Decontamination of equipment | | | ✓ | ✓ | ✓ | |
| Domestic tasks | | | | | | ✓ |
| Sorting soiled laundry | | | ✓ | ✓ | ✓ | |
| Urinary catheterisation | ✓ | ✓ | | | | |
| Urine drainage bag emptying | | | ✓ | ✓ | ✓ | |

Latex gloves are made from natural rubber and due to their elasticity provide a better fit. They have resistance to puncture and resealing properties which make them the glove of choice when handling sharps, and when dealing with blood and blood stained body fluids. Latex gloves can cause skin sensitivity and following risk assessment some employers are using alternative products such as nitrile.

Nitrile gloves are a synthetic alternative to latex gloves. They are suitable to be worn when in contact with blood and blood stained body fluids and if a resident or member of staff is latex sensitive.

Vinyl gloves are looser fitting than nitrile or latex gloves, are less durable for procedures involving twisting and more likely to tear. They are not recommended for contact with blood and blood stained body fluids. Therefore, they should only be worn when there is no risk of exposure to blood or blood stained body fluids and if tasks are short and non-manipulative. They are not associated with skin irritation.

Polythene gloves are not recommended for clinical use.

Gloves should be:

- Changed if a perforation or puncture is suspected
- Disposed of after each procedure or care activity
- Changed between different procedures on the same resident
- Appropriate for use, fit for purpose and well-fitting

The re-use of gloves is not recommended for the following reasons:

- Glove integrity can be damaged if in contact with substances such as isopropanol, ethanol, oils and disinfectants
- Many gloves will develop micro-punctures very quickly and will no longer perform their barrier function
- There is a risk of transmission of infection
- Washing of gloved hands or using an alcohol handrub on gloves is considered unsafe practice

All used gloves should be disposed of appropriately – refer to the 'Waste management Policy for Care Home settings' for further information.

3. Aprons

Disposable aprons are impermeable to bacteria and body fluids and protect the areas of maximum potential contamination on the front of the body.

A disposable apron is single use. It should be worn whenever body fluids or other source of contamination is likely to soil the front of the uniform or clothing, especially when:

- Undertaking an aseptic technique
- Decontaminating equipment or the environment
- Undertaking a procedure on a resident with a known or suspected infection

A disposable apron should be removed and disposed of after each task. Never wear an apron for a dirty task and then move onto a clean task without changing it. Hand hygiene should be performed after removing the apron.

Colour coding of aprons

Clinical duties

- White aprons should be worn for clinical duties, e.g. bathing residents, bed making.

Cleaning activities

It is recommended that for cleaning activities, aprons worn should be in line with the National Colour Coding Scheme for cleaning materials and equipment.

- Red aprons for bathrooms, showers, toilets, basins and bathroom floors.
- Blue aprons for general areas, e.g. lounges, offices, corridors and bedrooms.
- Green aprons for kitchen areas, including satellite kitchen areas and food storage areas.
- Yellow aprons for bedrooms when a resident has an infection and is cared for in their own room (isolated).

4. Facial protection

If there is a risk of splashing of blood and/or body fluids to the face, safety spectacles or a visor should be worn to protect the eyes and face. Eye and face protection should not be impeded by accessories, e.g. false eyelashes, facial piercings.

Eye protection

Normal prescription glasses do not provide adequate protection and additional protection is required when splashing is anticipated.

Masks

A splash resistant surgical mask or face visor should be worn to protect staff when there is a risk of blood, body fluids, secretions or excretions splashing on to the face. Masks may be required to be worn on other occasions, e.g. in the event of pandemic flu.

Surgical masks should:








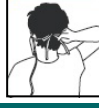
- Be splash resistant
- Cover both the nose and mouth and not be allowed to dangle around the neck after use
- Not be touched once put on
- Be changed when they become moist
- Be worn once and discarded as infectious waste. Hand hygiene must be performed after disposal

FFP3 disposable respirator

A disposable respirator providing a high protection factor is rarely required in care homes, advice on the wearing of these masks during an influenza pandemic is issued by Public Health England. The fit of respiratory masks is critically important and every user should be fit tested and trained in the use of

the respirator. Additionally, a seal check should be carried out each time a respirator is worn.

5. Correct order for putting on and removing personal protective equipment

| Order for putting on PPE | Order for removing PPE |
|---|---|
|  <p>Pull apron over head and fasten at back of waist.</p> |  <p>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.</p> |
|  <p>Secure mask ties at back of head and neck. Fit flexible band to nose bridge.</p> |  <p>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.</p> |
|  <p>Place eye protection over eyes.</p> |  <p>Handle eye protection only by the headband or the sides.</p> |
|  <p>Extend gloves to cover wrists.</p> |  <p>Unfasten the mask ties—first the bottom, then the top. Remove by handling ties only.</p> |

Gloves, which are potentially the most contaminated item, should always be removed first.

Always clean your hands before putting on and after removing PPE.

6. Footwear

Footwear must be well maintained, visibly clean, non-slip and support and cover the entire foot to avoid contamination with blood or body fluids or potential injury from sharps.

7. Infection Prevention and Control resources, education and training

The Community Infection Prevention and Control (IPC) Team have produced a wide range of innovative educational and IPC resources designed to assist your Care Home in achieving compliance with the *Health and Social Care Act 2008* and CQC registration requirements.

These resources are either free to download from the website or available at a minimal cost covering administration and printing:

- Over 25 IPC Policy documents for Care Home settings
- 'Preventing Infection Workbook: Guidance for Care Homes'
- 'IPC CQC Inspection Preparation Pack for Care Homes'
- IPC audit tools, posters, leaflets and factsheets
- 'IPC Bulletin for Care Homes'

In addition, we hold educational study events in North Yorkshire and can arrange bespoke training packages and 'Mock IPC CQC Inspections'. Prices vary depending on your requirements and location.

Further information on these high quality evidence-based resources is available at www.infectionpreventioncontrol.co.uk.

8. References

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Department of Health (2007) *Transport of Infectious Substances best practice guidance for microbiology laboratories*

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National Institute for Health and Care Excellence (2012 – Updated February 2017) *Healthcare-associated infections: prevention and control in primary and community care Clinical Guideline 139*

National Patient Safety Agency (August 2010) *The national specifications for cleanliness in the NHS: Guidance on setting and measuring performance outcomes in primary care medical and dental premises*

NHS England and NHS Improvement (March 2019) *Standard infection control precautions: national hand hygiene and personal protective equipment policy*