



# **Community Infection Prevention and Control Policy for Domiciliary Care staff**

# PPE (Personal protective equipment)

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# **PPE (Personal protective equipment)**

## Introduction

This Policy is one of the 'Standard infection control precautions' (SICPs) referred to by NHS England in the National infection prevention and control manual (NIPCM) for England.

Personal protective equipment (PPE) helps protect both service users and staff from infection. All staff must be trained in the correct use and removal of PPE.

Before any task, staff should assess the risks and wear PPE that protects adequately when:

- Dealing with a service user who has a confirmed or suspected infection
- There is a risk of blood and/or body fluid contamination to uniforms or workwear, broken skin or the mucous membranes, e.g. eyes, nose or mouth
- Decontaminating care equipment or the environment
- In contact with substances hazardous to health, e.g. cleaning or disinfecting products

Use of this risk-based approach avoids overuse or inappropriate use of PPE and minimises its environmental impact.

Hands should be cleaned before putting on PPE. All PPE should be changed between tasks and disposed of as soon as the task is completed, as per local policy and refer to the 'Safe disposal of waste, including sharps Policy'. Always perform hand hygiene appropriately after removing and disposing of PPE.

PPE must be transported in a clean lidded container 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.

Always use SICPs and, when required, 'Transmission based precautions' (TBPs), refer to the 'SICPs and TBPs Policy'.

When caring for service users in relation to any new or emerging infection, staff should refer to national infection prevention and control guidance.

#### 2. **Gloves**

Disposable gloves should be worn for contact with blood and/or body fluids, substances hazardous to health, e.g. cleaning or



disinfecting products, broken skin or mucous membranes, or the service user has a confirmed or suspected infection. The type of disposable gloves worn should be appropriate for the task (see 'Glove selection guide' below) and changed between tasks on the same service user.

Disposable gloves are single use only and must comply with the relevant standards. Employers may advise against the use of powdered and latex gloves following a risk assessment as they can cause skin sensitivity and allergies.

Hands must be cleaned with liquid soap and warm running water or alcohol handrub applied immediately before putting on and after removing gloves. Please note, alcohol handrub should not be used if hands are dirty, visibly soiled or dealing with a service user with *C. difficile* or viral gastroenteritis, e.g. Norovirus. Refer to the 'Hand hygiene Policy'.

Washing of gloved hands or using an alcohol handrub on gloves is considered unsafe practice.

Gloves can be nitrile or an equivalent product, or vinyl material.

Glove selection should be based on risk assessment of:

- Sensitivity to latex or other glove material
- Nature of the task being performed
- Risk of contamination
- Need for sterile or non-sterile gloves

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

Glove selection guide	Sterile	Non-sterile		е
Procedure and type of contact Ticks indicate which glove may be used for the procedures listed and if they should be sterile or non-sterile. Please note that this is not an exhaustive list.	Nitrile or equivalent product	Nitrile or equivalent product	Vinyl	Domestic
Aseptic technique, e.g. Enteral feeding	✓			
Blood/blood stained body fluids contact		✓		
Body fluids contact, e.g. urine, faeces		✓		
Clean technique		✓		
Confirmed or suspected respiratory illness, e.g. flu, COVID-19		<b>✓</b>		
Decontamination of care equipment		✓	✓	
Domestic tasks		✓		✓
Handling soiled laundry		✓		

Glove selection guide (continued)	Sterile	Non-sterile		
Procedure and type of contact Ticks indicate which glove may be used for the procedures listed and if they should be sterile or non-sterile. Please note that this is not an exhaustive list.	Nitrile or equivalent product	Nitrile or equivalent product	Vinyl	Domestic
Urine drainage: bag emptying		✓		
Urine drainage: bag changing		✓		
Urine drainage: attaching overnight bag		✓		

The Table below provides a description of the most commonly used glove types.

Glove type	Description
Nitrile gloves or equivalent product	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 service user or member of staff is latex sensitive
Vinyl gloves	Are looser fitting than nitrile gloves, are less durable for procedures involving twisting and more likely to tear. They are not recommended for contact with blood or body fluids. Therefore, they should only be worn when there is no risk of exposure to blood or body fluids and if tasks are short and non-manipulative. They are not associated with skin irritation
Polythene gloves	Are not recommended for care activities
Domestic gloves	Are suitable for household cleaning. Due to their rubber content, they are not suitable for use when a service user or staff member has a sensitivity to latex. In such cases, nitrile gloves or equivalent product can be worn, although the user should be aware that nitrile gloves are not as durable (strong) as domestic gloves

#### Gloves should be:

- Changed if a perforation or puncture is suspected
- Disposed of after each task or care activity, e.g. handling used, soiled or infected linen and clothing
- Changed between different tasks on the same service user
- Appropriate for use, fit for purpose and well-fitting

Disposable single use gloves should not be reused for the following reasons:

• The level of protection may be affected if in contact with substances such as

alcohol handrub, oils and disinfectants

- Many gloves will very quickly develop holes not visible to the naked eye and will no longer perform their barrier function
- There is a risk of transmission of infection

The reuse of domestic gloves is acceptable:

• Domestic gloves should be washed with general purpose neutral detergent, e.g. washing up liquid, and warm water, rinsed and dried after use

Gloves are not required for making beds with clean linen, but should be worn for straightening beds or handling used linen, when there is a risk of exposure to blood and/or body fluids or the service user has a confirmed or suspected infection.

There is no need to wear disposable gloves when **unloading** washing machines, dishwashers, tumble dryers or when ironing.

#### **Colour coding of domestic gloves**

In a supported living or sheltered housing complex, to reduce the risk of transmission of infection between different areas, best practice is to adopt the 'National Colour Coding Scheme for cleaning materials and equipment'. For cleaning activities, domestic gloves should be:

- Red for bathrooms, showers, toilets, basins and bathroom floors
- Blue for general areas, including lounges, offices, corridors and bedrooms
- Green for kitchen areas, including satellite kitchen areas and food storage areas
- Yellow for cleaning bedrooms when a service user has a confirmed or suspected infection and is cared for in their own room (isolation)

## 3. Aprons

Disposable aprons are resistant to bacteria and body fluids and protect the areas on the front of the body, which are at highest risk of contamination.



A disposable apron is single use only and should be worn, for example, when:

- There is a risk of exposure to blood and/or body fluids, broken skin, mucous membranes or other sources of contamination, e.g. the service user has a confirmed or suspected infection
- There is a risk of soiling to the front of uniforms or workwear
- Providing direct 'hands on' care to a service user and changed between each task

- Undertaking an aseptic technique, e.g. enteral feeding
- Decontaminating care equipment or the environment

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.

Aprons are not required for making beds with clean linen, but should be worn when straightening beds or handling used linen, when there is a risk of exposure to blood and/or body fluids or the service user has a confirmed or suspected infection.

There is no need to wear a disposable apron when **unloading** washing machines, dishwashers, tumble dryers or when ironing.

#### Colour coding of aprons

In a supported living or sheltered housing complex, to reduce the risk of transmission of infection between different areas, best practice is to adopt the 'National Colour Coding Scheme for cleaning materials and equipment' for aprons.

#### **Clinical duties**

 White aprons should be worn for clinical duties, e.g. personal hygiene, handling used, soiled or infected linen and clothing.

#### **Cleaning activities**

- 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 cleaning bedrooms when a service user has a confirmed or suspected infection and is cared for in their own room (isolation).

# 4. Facial protection

Facial protection protects the eyes, nose and mouth, from contamination. Before any task, assess the risk of contamination to your face and apply appropriate facial protection as necessary.

Eye and face protection should not be impeded by accessories, e.g. false eyelashes, facial piercings.

#### **Eye protection**

Safety glasses or a visor should be worn:

• When there is a risk of splashing to the eyes from blood and/or body fluids or

substances hazardous to health, e.g. cleaning or disinfecting products

• If the service user has a confirmed or suspected infection that can be transmitted by the droplet or airborne route, e.g. acute respiratory infection

Prescription spectacles do not provide adequate eye protection.

Reusable eye protection should be decontaminated after each use. Refer to the 'Safe management of care equipment Policy'.

#### **Masks**

A fluid resistant surgical mask should be worn to protect the nose and mouth:

- When there is a risk of splashing to the nose or mouth from blood and/or body fluids or substances hazardous to health, e.g. cleaning or disinfecting products
- If the service user has a confirmed or suspected infection that can be transmitted by the droplet or airborne route, e.g. acute respiratory infection

Surgical masks should:

- Be fluid resistant
- Not be touched once put on
- Be changed when they become moist
- Be worn once and disposed of, refer to the 'Safe disposal of waste, including sharps Policy'

Whilst the aim of a mask is to protect a staff member, the mask can very easily become contaminated by inappropriate use.

To support staff and avoid contamination whilst wearing a mask, a poster 'Wearing a mask: do's and don'ts' is available to download at <a href="https://www.infectionpreventioncontrol.co.uk/resources/wearing-a-mask-dos-and-donts-poster/">www.infectionpreventioncontrol.co.uk/resources/wearing-a-mask-dos-and-donts-poster/</a>.



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#### FFP3 disposable respirator

A disposable respirator providing a high protection factor is rarely required by domiciliary care staff.

# 5. Correct order for putting on and removing PPE

A poster 'Correct order for putting on and removing PPE' can be downloaded at <a href="https://www.infectionpreventioncontrol.co.uk/resources/correct-order-personal-protective-equipment-poster/">www.infectionpreventioncontrol.co.uk/resources/correct-order-personal-protective-equipment-poster/</a>.





Correct order for putting on and removing personal protective equipment (PPE)

#### Order for putting on PPE



Ensure you are 'Bare below the elbows' and hair is tied back. Clean your hands. Pull apron over your head and tie at back of your waist.



Elasticated masks: Position loops behind ears.

Tied masks: Position upper straps on the crown of your head, lower straps at the nape of your neck.

For both masks: With both hands, mould the flexible band over the bridge of your nose.



Holding the eye protection by the sides, place over your eyes.



Put on gloves and extend to cover your wrists.

#### Order for removing PPE



Grasp the outside of the glove with opposite gloved hand, peel off, holding the removed glove in the gloved

hand. Slide the fingers of the ungloved hand under the remaining glove at the wrist and peel off. Discard. Clean hands.



Break apron strap at the neck, allow the apron to fold down on itself. Break waist straps at your back and fold apron in on itself. Fold or roll into a bundle taking care not to touch the outside surface. Discard. Clean hands.



Handle eye protection only by the headband or the sides. Discard disposable eye protection. Reusable eye protection must be decontaminated. See note below. Clean hands.



Elasticated masks: Pull loops over ears.
Tied masks: Untie or break lower straps followed by upper straps.

Both masks: Holding only by the loops or straps,

discard. Clean hands.

- Note PPE should be removed in the above sequence to minimise the risk of cross/self-contamination.
  - Hands should be cleaned before putting on PPE. All PPE should be changed between tasks and disposed of
    as soon as the task is completed and as per local policy. Always perform hand hygiene appropriately after
    removing and disposing of PPE.
  - After use, reusable eye protection must be decontaminated appropriately, refer to the 'Safe management of care equipment Policy'.

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#### 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. Evidence of good practice

It is recommended that, for assurance purposes, the standard of staff technique in relation to PPE is audited on induction and annually. An audit tool is available to download at <a href="www.infectionpreventioncontrol.co.uk/resources/">www.infectionpreventioncontrol.co.uk/resources/</a>
<a href="personal-protective-equipment-audit-tool-for-domiciliary-care/">www.infectionpreventioncontrol.co.uk/resources/</a>
<a href="personal-protective-equipment-audit-tool-for-domiciliary-care/">www.infectionpreventioncontrol.co.uk/resources/</a>
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# 8. Infection Prevention and Control resources, education and training

See Appendix 1 for the 'PPE: Quick reference guide'.

The Community Infection Prevention and Control (IPC) Team have produced a wide range of innovative educational and IPC resources designed to assist your Domiciliary Care service in achieving compliance with the *Health and Social Care Act 2008: code of practice on the prevention and control of infections and related resources* and CQC registration requirements.

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

- 24 IPC Policy documents for Domiciliary Care staff
- Preventing Infection Workbook: Guidance for Domiciliary Care staff
- IPC audit tools, posters, packs, leaflets and factsheets
- IPC Bulletin for Domiciliary Care staff

In addition, we hold IPC educational training events in North Yorkshire.

Further information on these high quality evidence-based resources is available at <a href="https://www.infectionpreventioncontrol.co.uk">www.infectionpreventioncontrol.co.uk</a>.

## 9. References

Department of Health and Social Care (Updated December 2022) Health and

Social Care Act 2008: code of practice on the prevention and control of infections and related guidance

Health and Safety Executive (1974) *Health and Safety at Work, etc. Act 1974* London

Loveday HP, et al, epic 3: National Evidence-Based Guidelines for Preventing Healthcare-Associated Infections in NHS Hospitals in England *Journal of Hospital Infection 86S1 (2014) S1-S70* 

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

NHS England (Updated 2024) National infection prevention and control manual (NIPCM) for England

# 10. Appendices

Appendix 1: PPE: Quick reference guide





# PPE: Quick reference guide for Domiciliary Care



#### Risk assessment prior to any task:

- Risk of exposure to blood and/or body fluids
- Risk of exposure to broken skin or mucous membranes
- Service user with confirmed or suspected infection
- Contact with substances hazardous to health

If yes to any of the above: WEAR APPROPRIATE PPE

Avoid overuse or inappropriate use of PPE to minimise environmental impact.

Glove selection guide	Steril	Non-sterile		
Procedure and type of contact Ticks indicate which glove may be used for the procedures listed and if they should be sterile or non-sterile. Please note that this is not an exhaustive list.	Nitrile or equivalent product	Nitrile or equivalent product	Vinyl	Domestic
Aseptic technique, e.g. Enteral feeding	1			
Blood/blood stained body fluids contact		1		
Body fluids contact, e.g. urine, faeces		1		
Clean technique		1		
Confirmed or suspected respiratory illness, e.g. flu, COVID-19		1		
Decontamination of care equipment		1	1	
Domestic tasks		1		1
Handling soiled laundry		1		
Urine drainage: bag emptying		1		
Urine drainage: bag changing		1		
Urine drainage: attaching overnight bag		1		

#### Apron and domestic gloves colour coding

White	Clinical, e.g. providing personal hygiene
Red	Cleaning of bathrooms, showers, toilets and basins
Blue	Cleaning of general areas, e.g. corridors, lounges
Green	Cleaning of kitchen areas and serving food
Yellow	Cleaning of isolated service user's bedrooms

Correct order for putting on and removing Personal protective equipment (PPE) Order for putting on PPE Order for removing PPE



Ensure you are 'Bare below the elbows' and hair is tied back. Clean yourhands. Pull apron over your head and tie at back of your waist.



Grasp the outside of the glove with opposite gloved hand, peel off, holding the removed glove in the gloved

Break apron strap at the neck, allow the

apron to fold down on itself. Break

waist straps at your

back and fold apron

in on itself. Fold or

roll into a bundle

taking care not to touch the outside surface. Discard.

Clean hands

hand. Slide the fingers of the ungloved hand under the remaining glove at the wrist and peel off. Discard. Clean hands



Elasticated masks: Position loops behind

Tied masks: Position upper straps on the crown of your head. lower straps at the nape of your neck.



With both hands, mould the flexible band over the bridge of your nose



Holding the eye protection by the sides, place over your eyes.



Handle eye protection only by the headband or the sides. Discard disposable eye protection. Reusable eye protection must be decontaminated after each use. Clean



Put on gloves and extend to cover your wrists



Elasticated masks: Pull loops over ears

Tied masks: Untie or break lower straps followed by upper straps

Both masks: Holding only by the loops or straps, discard. Clean hands

For further information, please refer to the full Policy which can be found at www.infectionpreventioncontrol.co.uk/ domiciliary-care/policies/

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