




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

# Personal protective equipment

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**PERSONAL PROTECTIVE EQUIPMENT**

**This guidance document has been adopted as a policy document by:**

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Contents	Page
----------	------

1. Introduction.....	4
2. Gloves .....	4
3. Aprons.....	6
4. Facial protection .....	7
5. Correct order for putting on and removing personal protective equipment.....	7
6. Footwear .....	8
7. References .....	8

PERSONAL PROTECTIVE EQUIPMENT

# PERSONAL PROTECTIVE EQUIPMENT

## 1. Introduction

This Policy is 1 of the 10 'Standard infection control precautions' (SICPs) referred to by NHS England and NHS Improvement.

The benefit of wearing personal protective equipment (PPE) is that it helps protect both service users and staff from infection. You should be provided with appropriate PPE suitable for the task and the type of PPE worn should be based on the:

- Risk of micro-organisms spreading to service users and staff
- Risk of soiling of your uniform/workwear
- Risk of blood and/or body fluids contaminating your skin, nose, mouth or eyes

All PPE should be disposed of as soon as the activity is completed and as per local policy. Always wash your hands after disposing of PPE.

## 2. Gloves

The main reasons for wearing gloves:

- To protect hands from contamination with blood, body fluids and micro-organisms
- To reduce the risk of micro-organisms spreading to both service users and staff

Gloves are not a substitute for handwashing. Hands must be washed or alcohol handrub applied to hands immediately before putting on and after removing each pair of gloves.

Gloves must:

- Be appropriate for the task - use disposable clinical gloves when providing personal care and domestic (rubber) gloves for cleaning. See 'Glove selection guide'
- Be changed if a perforation or puncture is suspected
- Be changed between each different task on a service user
- Be worn as single use items

- Not be washed, nor cleaned with alcohol handrub and reused
- Be disposed of after each procedure or care activity

The reuse 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 spread of infection
- Washing of gloved hands or using an alcohol handrub on gloves is considered unsafe practice

### Latex gloves

Latex gloves are made from natural rubber (latex) and due to their elasticity, provide a better fit than other types of glove. Latex can cause skin sensitivity and allergies and following risk assessment, some employers are using alternative products such as nitrile.

### Nitrile gloves

Nitrile gloves are a synthetic alternative to latex gloves. To be worn if the employer has a latex-free policy or if the service user/staff member is latex sensitive.

### Vinyl gloves

Vinyl gloves are not recommended for contact with blood and blood stained body fluids. These are looser fitting, less durable for procedures involving twisting and are more likely to tear and develop holes. They are not associated with skin irritation. Vinyl gloves 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.

### Polythene gloves

Polythene gloves are not recommended for care activities.

### Domestic gloves

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 (see Latex gloves above). In such cases, nitrile gloves can be worn, although the user should be aware that nitrile gloves are not as durable (strong) as domestic gloves.

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
<b>Procedure and type of contact</b> 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			✓	✓	✓	
Urine drainage bag emptying			✓	✓	✓	

### 3. Aprons

Disposable aprons are resistant to fluids and protect the areas at highest risk of 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 workwear, especially when:

- Dealing with urine and faeces
- Decontaminating equipment or the environment
- Undertaking a procedure on a service user 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.

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

## 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

Safety glasses are not routinely required, unless there is a risk of body fluids getting into the eyes, e.g. a service user spitting.

### Masks

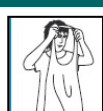
Face masks are not routinely required and will be made available when necessary, e.g. in the event of Pandemic flu.

Masks should:

- 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 disposed of when removed. Hand hygiene must be performed after disposal

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

### Order for putting on PPE



Pull apron over head and fasten at back of waist.



Secure mask ties at back of head and neck. Fit flexible band to nose bridge.



Place eye protection over eyes.



Extend gloves to cover wrists.

### Order for removing PPE



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.



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.



Handle eye protection only by the headband or the sides.



Unfasten the mask ties—first the bottom, then the top. Remove by handling ties only.

**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. References

Department of Health (2015) *The Health and Social Act 2008: Code of Practice for the Prevention and control of healthcare associated infections*

Department of Health (2013) *Choice Framework for local Policy and Procedures (CFPP) 01-04 Decontamination of linen for health and social care: Social care*

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

Department of Health (2006) *Essential steps to safe, clean care*

Health and Safety Executive (2013) *Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 (the Sharps Regulations)*. HSE Information sheet

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

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

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