

HSP 16 Personal protective equipment

Procedure Index

Section	Title
1	Introduction
2	What the Regulations require
3	Assessing the risk of exposure – COSHH assessment
4	Wearing and storage of PPE
5	Gloves
6	Surgical face masks
7	Eye Protection
8	Protective Clothing
9	Footwear
10	Protective equipment for maintenance / gardening tasks
11	Associated documents
12	A summary of the main points
13	Document history
Appendix A	Putting on PPE (Donning) (Public Health England Guide)
Appendix B	Taking off PPE (Doffing) (Public Health England Guide)

1. Introduction

In situations where hazards cannot be eliminated, Personal Protective Equipment (PPE) is designed to be worn, or held by a person at work to protect them against hazards likely to endanger their health or safety at work. Before undertaking any procedure, staff should assess any likely exposure to either chemicals / blood / body fluids and wear personal protective equipment (PPE) that protects adequately against the risks associated with the procedure. This document details PPE requirements but does not detail uniform requirements – these can be found in HR Uniform Policy.

2. What the Regulations require

This document is EFHL's guidance and procedures for complying with the Personal Protective Equipment at Work Regulations 1992 (as amended).

Personal Protective Equipment includes, but is not limited to:









- Protective clothing for resident care (i.e. aprons, gloves).
- Protective clothing for Coronavirus (surgical masks, gloves, visors, aprons).
- Protective clothing for handling chemicals (gloves, safety glasses).
- Protective equipment for other activities (ear protection, safety hats, safety harness, protective shoes).

EFHL will take all reasonable steps to ensure that hazards are controlled at source by methods and systems of work. Where this is not practicable, EFHL shall provide suitable Personal Protection Equipment (PPE) to staff who may be exposed to any risk while at work. This will also be determined by the company uniform policy. The Control of Substances Hazardous to Health Regulations 2002 (COSHH) require managers to assess the health risk faced by employees, residents and visitors and decide on the action required to prevent exposure to hazardous substances, infections and diseases.

There is also a requirement to ensure that any Personal Protection Equipment (PPE) is worn and that employees are properly informed, trained and supervised in regards to using chemicals.

3. Assessing the risk of exposure – COSHH assessment

Before any chemical or hazardous product is used within the home a full documented COSHH assessment must be completed. The assessment will specify the hazard and detail the controls required for safe use. Within this assessment is an identification of PPE requirements required.

	Descaler	
COSHH Information		
Product	Liquid descaler for dishwasher use – supplied in 5 litre containers. Supplied by R P Adams - Product Code 1293	
Usage	Must be diluted before use. Dispensed via pelican hand pump or auto dose pump.	
Hazard 	DANGER	 Classified as corrosive as contains phosphoric acid - causes severe burns to skin & eyes.
PPE 		 Goggles
Work Procedures 	Dispense descaler using hand pump or auto dose pump. Wear gloves and safety goggles. Dishwasher uses – complete two cycles, drain and rinse twice.	

4. Wearing of PPE



Hands should be cleaned before putting on PPE and all PPE should be changed between tasks. Single use PPE (eg most gloves) should be disposed of as soon as the task is completed. After removal of PPE, hand hygiene should be performed and single use equipment should be disposed off.




Best practice is to store PPE in locations that 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.

5. Gloves

The main reason for wearing gloves is to protect the wearer from either a chemical (protective gloves) or biological hazard (examination gloves). Different types of gloves have varying resistance properties which are usually depicted on the dispensing box by a number of symbols.

All light weight gloves are single use only.

Chemicals and Micro-Organisms EN374	
	Micro-organisms : Resistance to penetration by micro-organisms through porous materials, seams, pinholes or other imperfection in the glove material. Referred to as acceptable quality level (AQL). 1-3
	Resistance to Chemical Hazards: The measurement of time for a chemical to permeate through the glove material. 1-6

Mechanical Hazards EN388	
	a Resistance to abrasion 0-4 b Blade cut resistance 0-5 c Tear resistance 0-4 d Puncture resistance 0-4 Where 0 is a fail or not tested.
	Impact cut resistance. Pass
	Antistatic Pass

When caring for residents gloves are not a substitute for good hand hygiene and should only be used when appropriate. Their prolonged and unnecessary use may cause adverse reactions and skin sensitivity, and may lead to cross-contamination of the residents' environment. Inappropriate use of gloves may be distressing to residents.

If contact with blood and/or body fluids, non-intact / broken skin or mucous membranes, is anticipated, or the resident has a suspected or known infection, Nitrile disposable gloves should be worn. The 'Glove selection guide' below identifies the most frequent activities with the Care home and suitable gloves.

Glove Selection Guide

Task to be performed	Non Sterile						Notes
	Nitrile – Sterile	Vinyl	Nitrile	Polyethylene	Rubber (Household)	Rubber (Heavy Duty)	
Resident care							
Aseptic techniques	✓						Sterile gloves usually supplied with needles
Urinary catheterisation	✓						Sterile gloves supplied with Catheterisation packet.
Blood / blood stained body fluids			✓				
Bodily fluids (urine, faeces)		✓	✓				
Decontamination of equipment		✓					
Care for non COVID-19 residents		✓	✓				
Care for residents with COVID-19 symptoms or tested positive.			✓				
Food Preparation		✓		✓			
Housekeeping		✓			✓		
Changing Chemicals						✓	
Sorting soiled laundry		✓					
Maintenance							
Handling paints		✓					
Handling petrol and solvents			✓			✓	
Gardening							Gardening / work gloves

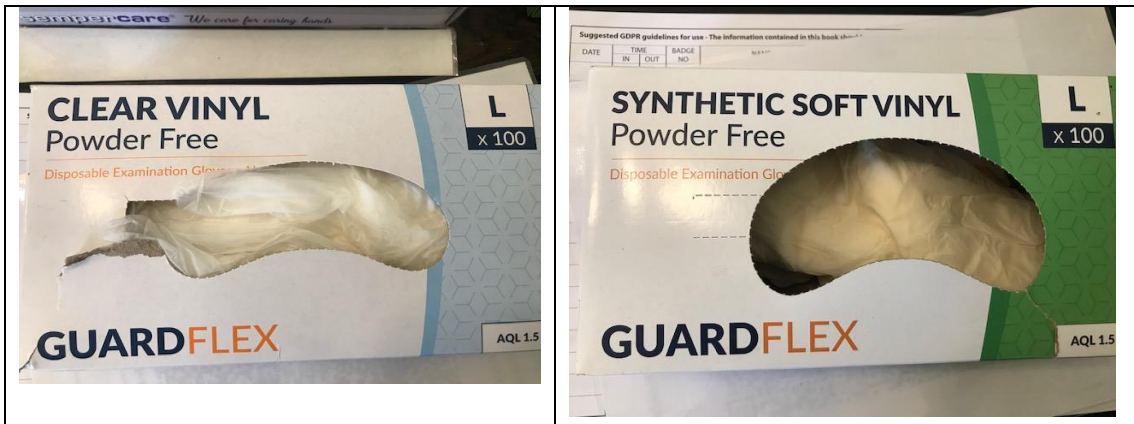
Latex gloves / Dermatitis

Latex gloves can present a risk of irritation, allergic reaction or sensitisation for susceptible individuals which can be significant. For these reasons latex gloves should not be used. Other gloves types should also be designated powder-free due to allergy / sensitivity issues.

Managers should be aware that continued glove use can cause dermatitis and should be vigilant for any skin alterations. Employees should report any skin issues immediately to their Manager.

Vinyl Gloves

Vinyl gloves are suitable for the majority of resident care and housekeeping tasks. They are loose fitting than nitrile gloves and are less durable for procedures that involving twisting and more likely to stretch and tear. For these reasons they are not recommended to be used when contact with blood and blood stained body fluids is anticipated vinyl gloves are not associated with skin irritation.



Purchase requirements: Examination Glove, Non Sterile, Powder Free, EN 455, AQL 1.5.

Main uses: General use glove for care, housekeeping.

Chemical Resistance: Provides chemical resistance to most household, but protection against solvents / petroleum products is limited.

Biological: Suitable for the majority of care situations with the exception of where contamination with blood or caring for resident with COVID-19 symptoms

Testing Standard: EN 455 Medical Gloves for Single use covers any glove that could be used for medical work. The glove must adhere to four separate parts (1,2,3,4) before it is considered safe to be used for medical practice. An AQL of 1.5 or lower is the standard needed for examination gloves (this relates to number of pinholes). Should be used within 5 years.

Nitrile gloves

These are a synthetic alternative to latex gloves. They are suitable to be worn when in contact with blood and body fluids due to stronger properties. Nitrile gloves are more expensive to purchase than vinyl so should only be used for tasks that warrant the greater degree of protection.



Purchase requirements: Examination Glove, Non Sterile, Powder Free, EN 455, AQL 1.5.

Main uses: Nitrile gloves provides superior resistance to chemicals and tearing. Recommended for care involving contact with blood.

Chemical Resistance: Good resistance to oil based chemicals and is excellent for protection against petrol's, oils and lubricants together will many solvents.

Biological Resistance: Enhanced protection to be used where contamination with blood or caring for resident with COVID-19 symptoms.

Testing Standard: EN 455 Medical Gloves for Single Use covers any glove that could be used for medical work. The glove must adhere to four separate parts (1,2,3,4) before it is considered safe to be used for medical practice. An AQL of 1.5 or lower is the standard needed for examination gloves (this relates to number of pinholes).

Rubber gloves



Purchase requirements: Rubber household glove
Chemical resistant gauntlets – EN 388


Main uses: Rubber gloves used within housekeeping and kitchen.
Chemical resistant gloves for handling corrosive chemicals.

Chemical Resistance: Household rubber gloves are suitable for protecting hands against abrasion damage and common household and janitorial cleaning materials. Household gloves are unsuitable for handling products or liquids that have the potential to damage skin (eg Corrosive), in these cases chemical resistant heavy duty gauntlets are required to provide the additional protection.

Biological Resistance: Reusable rubber gloves provide a barrier to infection as well as to irritants such as cleaning chemicals and can serve as alternative to disposable gloves for cleaning purposes. Reusable gloves can be cleaned with an antibacterial wipe or soap and water.

Testing Standard: Chemical resistant gauntlets are classified according to standard EN 388



Polyethylene


Purchase requirements:
Main uses: These are very thin, often clear lightweight gloves (sometimes called sandwich gloves) used for food preparation and serving.
Chemical Resistance: Minimal - not suitable for use with chemicals.
Biological Resistance: Minimal – not suitable for use in care.
Testing Standard: None hence only suitable for food use.

6. Surgical Face masks

During the COVID-19 pandemic all EFHL employees, visitors and contractors should wear a Type IIR Surgical face mask within the Care home. All Surgical masks should be:



- Level 11R specification, Fluid resistant is denoted by .
- 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.

	
Purchase Requirements: Surgical Face mask Type IIR (R denotes splashproof)	
Main uses: Current Public Health England requirements are for Surgical face masks to be worn inside care homes irrespective of task.	
Testing Standard: EN14683 Type IIR - High Fluid Resistance	

Occasionally staff may report an allergy or reaction to wearing masks. In these incidents, this should be recorded via the accident reporting process and reported to the Health, Safety & Environment Manager for evaluation.

A number of specialist facemasks are available for specific uses : -

Sensitive facemasks

	
<p>Purchase Requirements: Currently one supplier (http://forwardroll.co.uk/mckinnon/Ultra-Sensitive-Face-Mask.html).</p>	
<p>Main uses: Facemask for individuals experiencing allergies with the usual surgical face masks. These masks are void of inks, dyes and chemicals.</p>	



Clearmasks -

	
<p>Purchase Requirements: Currently one supplier (https://buy.theclearmask.com/)</p>	
<p>Main uses : Enables clearer communication and lip-reading for use when communicating with individuals who rely on visual communication</p>	

7. Face Protection

Safety glasses or a visor should be worn when there is a risk of splashing of chemicals, blood and/or body fluids to the eyes, nose or mouth.

When caring for a resident who is either positive or showing symptoms of COVID-19 and dispersing aerosols it is recommended that a face visor is worn in addition to a surgical face mask.

 <p>Safety Glasses – Chemical protection</p> <p>Safety goggles – Chemical protection</p>	 <p>Visor – COVID-19 Protection</p>
<p>Purchase Requirements: No specific specification for facemasks. Goggles should be manufactured to BS EN166.</p>	
<p>Main uses : Safety glasses / goggles : Used to protect from chemical splashes to the eyes. Use when dispensing chemicals. Visor: Used over a facemask when caring for a resident with COVID-19 and dispersing aerosols (coughing a lot). The wearing of visors is an additional protection and not a substitute for wearing of facemasks.</p>	
<p>CE certified under Annex II of the PPE regulation. Safety glasses EN166:2001.</p>	

8. Protective Clothing


Aprons

Disposable aprons minimise the spreading of infections in a care setting. Worn over uniform or clothing they 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 and should be worn when:

- There is a risk of exposure to blood and/or body fluids, non-intact skin, mucous membranes or other sources of contamination, e.g. the resident has a known or suspected infection.
- There is a risk of soiling to the front of uniforms or clothing
- Providing direct 'hands on' care to a resident and changed between each task
- Undertaking an aseptic technique
- Decontaminating equipment or the environment

Disposable aprons 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.

	
Purchase Requirements: White plastic sleeveless aprons	
Main uses: Resident care where contamination likely. Occasional use in Laundry and Housekeeping.	

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

Long Sleeve Gowns

Long sleeve gowns will only usually only be worn when dealing with residents with COVID-19 who are actively coughing and extended close contact care is required, such as tracheostomy or when sat in the room for extended periods during End of Life etc. .



9. Footwear

Care

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.

Catering footwear

Non slip catering style shoes are required whilst working in the Kitchen.

Maintenance footwear

Maintenance staff should be issued with a pair of safety shoes / boots for wearing during lifting tasks where there is a risk of an object landing on an individuals foot.

10. Protective equipment for maintenance / gardening tasks

A number of maintenance tasks require either general protection (eg hard hat and safety shoes) or specialist kit (eg Chainsaw operation kit - Protective trousers, gloves, goggles & ear defenders). Specification for this equipment can be found within the relevant risk assessment guidance (RAG documents).

11. Associated documents

-

12. A Summary of the main points

Check that:

- Employees are provided with correct PPE for the task they are completing.
- Staff are trained in the donning and doffing of any PPE.
- PPE is stored and used corrected.

13. Document history

Author	Steve Andrews (Health & Safety Manager)
Date of Implementation	22/10/2020
Date of next full review	01/01/2027

Issue	Date	Author	Reason
1.0	22/10/2020	Steve Andrews	Updated document replaces old HSP12 and Care Gloves document.
2.0	13/01/2021	Steve Andrews	Full document review – no changes.
3.0	26/01/2024	Steve Andrews	Full document review – new section 11 associated documents added.
3.0	24/02/2024	Steve Andrews	Banner updated, no other changes, issue number kept same.

Appendix A: Putting on (donning) PPE – PHE Quick Guide

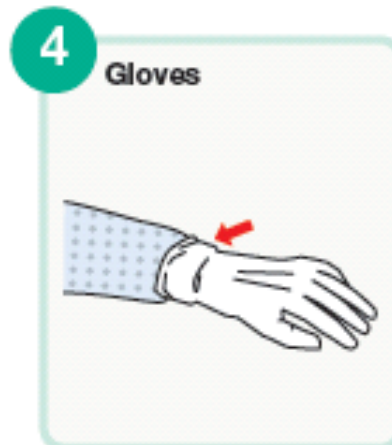
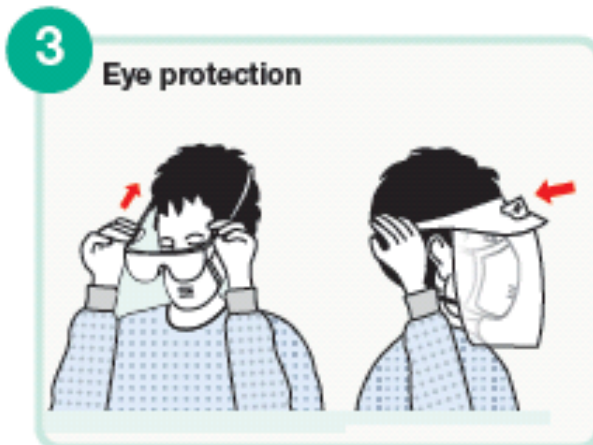
Putting on (donning) personal protective equipment (PPE)

This is undertaken outside the patient's room.

Pre-donning instructions

- ensure healthcare worker hydrated
- tie hair back
- remove jewellery
- check PPE in the correct size is available

Perform hand hygiene before putting on PPE



Appendix B: Removal of PPE (doffing) – PHE Quick Guide

Removal of (doffing) personal protective equipment (PPE)

PPE should be removed in an order that minimises the potential for cross contamination.

The order of removal of PPE is as follows:

- 1** **Gloves –**
the outsides of the gloves are contaminated



Clean hands with alcohol gel
- 2** **Gown –**
the front of the gown and sleeves will be contaminated


- 3** **Eye protection –**
the outside will be contaminated


- 4** **Respirator**
Clean hands with alcohol hand rub. Do not touch the front of the respirator as it will be contaminated


- 5** **Wash hands with soap and water**

