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## PERSONAL PROTECTIVE EQUIPMENT (PPE)

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# PERSONAL PROTECTIVE EQUIPMENT (PPE) POLICY

## 1. PURPOSE

- 1.1 To describe the arrangements in place at Nursing Direct for the management of provision and use of Personal Protective Equipment (PPE).
- 1.2 To outline the approach taken by Nursing Direct to ensure the safety of those affected by its services and activities.

Nursing Direct will observe the requirements of all relevant procedures and guidance from the Department of Health and Social Care (DHSC), or regional organisations, in relation to Personal Protective Equipment (PPE).

- 1.3 To support Nursing Direct in meeting the Key Lines of Enquiry/Quality Statements as set out by the Care Quality Commission (CQC).
- 1.4 To meet the legal requirements of the regulated activities that Nursing Direct is registered to provide:

- The Personal Protective Equipment at Work (Amendment) Regulations 2022
- The Personal Protective Equipment at Work Regulations 1992
- Care Quality Commission (Registration) Regulations 2009
- Care Quality Commission (Registration and Membership) (Amendment) Regulations 2012
- Civil Contingencies Act 2004
- Control of Substances Hazardous to Health Regulations 2002
- The Hazardous Waste (England and Wales) Regulations 2005
- The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- Health and Social Care Act 2008 (Registration and Regulated Activities) (Amendment) Regulations 2015
- Health and Safety at Work etc. Act 1974
- Management of Health and Safety at Work Regulations 1999
- Medical Act 1983
- The Medical Devices Regulations 2002
- The Medical Devices (Amendment) Regulations 2012
- The Workplace (Health, Safety and Welfare) Regulations 1992
- The Health and Safety (Miscellaneous Amendments) Regulations 2002
- Health and Social Care (Safety and Quality) Act 2015
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)
- Coronavirus Act 2020
- The Personal Protective Equipment Regulations 2002

## 2. SCOPE

- 2.1 The following roles may be affected by this policy:

- All Staff including Agency Workers

- 2.2 The following Service Users may be affected by this policy:

- Service Users

- 2.3 The following stakeholders may be affected by this policy:

- Family
- Advocates
- Representatives

## 3. OBJECTIVES

- 3.1 To outline the arrangements and requirements for the provision of safe and effective Personal Protective Equipment (PPE) at Nursing Direct.

To describe the scenarios in which PPE is required to be worn in order to prevent or mitigate injury risk, control, and prevent infection, avoid the spread of disease and to keep Staff including Agency Workers at Nursing Direct safe from harm.

Nursing Direct will assess the risks to all those affected by its activities and implement effective risk control measures, including the use of PPE to minimise risk of infection at work in accordance with current guidance from the Department of Health and Social Care.

Where, through completion of task or activity risk assessment, a need for staff including Agency Workers at Nursing Direct to use any form of PPE is identified, guidance will be given. PPE will be deployed where adequate control of risk cannot be achieved or where required in accordance with relevant guidance to prevent or mitigate injury risk, to avoid infection and the spread of disease and to protect the health of the Staff including Agency Workers at Nursing Direct.

- 3.2 Supplies of all appropriate types of PPE will be available at Nursing Direct and maintained in optimum condition, ready for use in order to control infection, prevent the spread of disease, prevent, or mitigate injury risk and to minimise the risk of all workers and others at Nursing Direct being exposed to the risk of infection.

## 4. POLICY

- 4.1 At all times, Nursing Direct will assess the risks to the health, safety, and welfare of all affected by its services and implement suitable control measures to reduce the risk of harm. These control measures will include, where identified as necessary, the provision and use of Personal Protective Equipment (PPE).

Nursing Direct will ensure that the most up-to-date Department of Health and Social Care guidance on Personal Protective Equipment (PPE) and Infection Control is understood and followed by all working on its behalf.

- 4.2 Nursing Direct will ensure that the risk assessment process is used to identify hazards and minimise risks. The reduction of risk may identify the need for the use of PPE, and where used for the purposes of infection control, it will be supported by guidance produced by the DHSC.

- 4.3 Staff including Agency Workers at Nursing Direct will be provided with appropriate PPE by Nursing Direct. Guidance will be provided in the individual service users care plan, which will include:

- When to use individual items of PPE
- When to replace any PPE
- The limitations of any PPE being used
- How to report issues to Nursing Direct regarding the quality, quantity or effectiveness of PPE supplied

- 4.4 Nursing Direct has an Infection Prevention and Control Lead who is responsible for monitoring the effectiveness of PPE usage at Nursing Direct.

This person will regularly report to senior management any:

- Concerns with the quality of PPE provided for the purposes of infection prevention and control
- Concerns regarding stock levels, supply and range of PPE provided for the purposes of infection prevention and control
- Findings of audits and reports on the use of PPE provided for the purposes of infection prevention and control
- Issues raised by Staff including Agency Workers regarding the use of PPE provided for the purposes of infection prevention and control
- Failure of Staff including Agency Workers to adhere to the PPE policy

- 4.5 Nursing Direct fulfils its duties under the recently amended Personal Protective Equipment at Work Regulations 1992 through full implementation of the following procedure.

## 5. PROCEDURE

### 5.1 National and Local Guidance

The procedure detailed in the policy reflects current national guidance. However, Nursing Direct will be aware of, and follow, relevant regional or local guidelines for the provision and correct usage of all PPE.

### 5.2 All PPE Provided for Use by Nursing Direct is:

- Compliant with the relevant BS/EN standards (European technical standards as adopted in the UK)
- Stored to prevent contamination in a clean/dry area until required for use (expiry dates must be adhered to)
- Disposed of after use correctly, into the correct waste stream
- Single use only, unless specified otherwise by the manufacturer
- Changed immediately after each contact with a Service User and/or following each procedure or task
- Used in line with current Infection Control Guidance

### 5.3 Effectiveness of PPE

PPE on its own will not prevent the spread of infection and is only effective when combined with:

- Thorough hand hygiene. Staff including Agency Workers must perform hand hygiene immediately before every episode of care and after any activity or contact that potentially results in their hands becoming contaminated. This includes before putting on (donning) and after the removal (doffing) of personal protective equipment (PPE), equipment decontamination and waste handling
- Respiratory hygiene ("catch it, bin it, kill it")
- Being aware of the importance of avoiding touching your face with your hands
- Following standard infection prevention and control precautions
- Using the correct technique for putting on and taking off PPE
- Ensuring PPE is changed between Care tasks, where required, for example between personal care and nutritional support tasks
- The safe disposal of used PPE

### 5.4 When and What PPE Must be Worn

The care and health needs of a Service User are assessed by Nursing Direct at the point of service provision. The specific requirement for the type of PPE and application of PPE needed, is recorded in the individual service users care plan.

When assessing the use of PPE, Staff including Agency Workers should consider:

- The likelihood of exposure to bodily fluids, blood, secretions, or excretions
- The risks associated with the procedure and risks of transmission

### 5.5 PPE Use

Staff including Agency Workers should:

- Use the correct technique for putting on and taking off PPE: Guide to donning and doffing PPE: Droplet Precautions ([publishing.service.gov.uk](http://publishing.service.gov.uk))
- Check PPE is the correct size
- Perform hand hygiene

- Ensure PPE is changed between Care tasks, where required, for example, between personal care and nutritional support tasks
- Safely dispose of used PPE
- Remove PPE at the right time to prevent the spread of infection
- Not use PPE unnecessarily
- Store PPE in a clean, dry, covered place if possible
- Change PPE if damaged or contaminated
- Don and doff PPE at least two metres away from the Service User. This also includes when replacing PPE

## 5.6 Gloves

Are not a substitute for good hand hygiene.

Gloves should only be worn when a specific task requires them, including:

- Contact with non-intact skin, or mucous membranes
- Activities where exposure to blood, body fluids secretions or excretions is anticipated (dressing wounds or carrying out personal care)
- Applying topical creams or medications which might be absorbed into the skin of Staff including Agency Workers applying them
- Handling chemicals (COSHH)
- Aseptic techniques (Catheterisation)

Gloves should be:

- Single use
- Well fitting
- Put on immediately before the activity
- Changed between different activities for the same Service User (continence care and oral care)

Gloves should not:

- Be washed and reused

Staff including Agency Workers must wash hands after removing gloves.

Staff including Agency Workers should assess the type of gloves required for use for different procedures and situations. The Department of Health and Social Care have produced a table:

- No Gloves - Social contact, or physical contact where there is no risk of exposure to blood or bodily fluids and no contact with non-intact skin or mucous membranes. Domestic duties where no risk of exposure to hazardous chemicals
- Vinyl Gloves - Sufficient protection for most duties in the care environment
- Nitrile Gloves - If gloves are worn for extended period of time or high levels of manual dexterity required
- Sterile Gloves - Aseptic procedures
- Latex Gloves - As nitrile gloves, not routinely recommended due to risk of latex allergies or sensitivities Further advice can be found at HSE - Skin at work: Selecting gloves.

## 5.7 Aprons

Plastic disposable aprons should be worn when there is a risk of clothing being exposed to blood, bodily fluids, secretions, or excretions.

Aprons should be:

- Used for only one procedure
- Disposed of when contaminated
- Changed between activities and different Service Users

## 5.8 Face Masks

Type IIR fluid-repellent surgical masks provide a fluid repellent barrier between the wearer and the environment. They provide additional protection from respiratory droplets.

Staff including Agency Workers should consider wearing fluid-repellent type IIR masks:

- Where there is a risk of splashing of blood or body fluids into the nose or mouth
- When carrying out aerosol-generating procedures (AGPs) Masks should:
  - Be well-fitting and cover the nose, mouth, and chin
  - Not be touched when worn
  - Not be worn for longer than 4 hours
  - Be disposed of after the episode of care is completed, when damaged or when the mask becomes moist.
  - Staff including Agency Workers clean their hands before removal and after disposal
  - Be removed in a safe area
  - Be worn according to the manufacturer's recommendations (check which side should be close to the wearer)
  - Not be allowed to dangle around the neck at any time, or rest on the forehead or under the chin
  - Be worn according to the risk-assessed activity

For additional advice on the use of masks specific to COVID-19, see the Coronavirus Policy and Procedure at Nursing Direct and Infection prevention and control in adult social care: COVID-19 supplement - GOV.UK ([www.gov.uk](http://www.gov.uk)).

Routine wearing of face masks at all times in care settings is no longer required but is recommended in a number of circumstances to minimise the risk of transmission of COVID-19. These are:

- If a Service User is known or suspected to have COVID-19 (recommended Type IIR fluid-repellent surgical mask)
- If a Service User would prefer Staff including Agency Workers to wear a mask while providing them with care

Nursing Direct will determine the risks on an individual basis for each Service User and will also consider the preferences of both the Service User and Staff including Agency Worker in relation to the wearing of masks over and above those recommended in guidance.

## 5.9 Eye Protection

Goggles or visors should be used where there is a risk of blood or body fluids splashing into the eyes. When Staff including Agency Workers use goggles or visors:

- Do not touch when wearing them
- Decontaminate reusable eye protection in accordance with manufacturer's instructions and store safely
- Visors may offer greater comfort for Staff including Agency Workers who wear glasses

#### 5.10 **PPE for Live-in Staff including Agency Workers**

Where Nursing Direct is providing live-in Care to a Service User, risk assessments must be completed to determine which PPE should be worn and when.

Staff including Agency Workers who live with a Service User for long periods of time are considered part of the household and do not need to wear PPE when doing domestic duties, unless the Service User being supported (or a member of their household) tests positive for COVID-19 or develops respiratory symptoms such as coughing or sneezing.

Live-in Staff including Agency Workers should ensure the correct PPE is worn for the Care being provided; for example, gloves and an apron should be worn if the Staff including Agency Worker is handling soiled linen or may come into contact with body fluids such as urine, faeces, or blood.

If the Service User being supported develops respiratory symptoms, tests positive for COVID-19, or is self-isolating, the live-in Staff including Agency Worker will follow the PPE recommendations outlined in this policy, according to the work they are doing.

#### 5.11 **Reusable PPE**

Whilst most PPE items are for once-only use, certain PPE items are manufactured to be reusable. This most commonly applies to eye/face protection items, i.e. goggles, or visors. Reusable items should be clearly marked as such and identified in advance by Nursing Direct.

Reusable PPE items may be used, provided that they are appropriately cleaned or stored between uses, according to the manufacturer's instructions or local infection control policy. Nursing Direct will advise Staff including Agency Workers where this applies.

Reuse of gloves and aprons is not recommended in any circumstances. Face masks must be disposed of after single use. They cannot be cleaned and so are also not reusable.

#### 5.12 **Damaged PPE**

All PPE items should be inspected before use and where any damage is found, a replacement must be sought. Staff including Agency Worker must ensure that they have sufficient amounts of PPE available for each shift.

Gloves should be discarded and replaced in any of the following circumstances:

- If damaged (torn or punctured)

Aprons should be discarded and replaced in any of the following circumstances:

- If damaged (torn or punctured)

Face masks should be discarded and replaced in any of the following circumstances:

- If damaged
- If soiled (e.g. with secretions, body fluids)
- If damp
- If uncomfortable
- If difficult to breathe through

Eye protection should be discarded and replaced (or decontaminated if the item is reusable) in any of the following circumstances:

- If damaged
- If soiled (e.g. with secretions, body fluids)
- If uncomfortable

#### 5.13 **Disposing of PPE**

Any waste PPE, including hazardous waste where there is no access to a hazardous waste stream, must be placed in a sealed bin liner before disposal and can be disposed of as normal domestic waste.

Where Staff including Agency Workers wear uniform or work clothes, these should be laundered in line with the Appearance Policy and Procedure at Nursing Direct.

#### 5.14 **PPE Stock Levels**

Nursing Direct must maintain sufficient supplies of PPE for Staff including Agency Workers to utilise.

#### 5.15 **Service Users with Behaviours that May Challenge**

Where Nursing Direct supports Service Users with behaviours that may challenge, such as those with learning disabilities or autism, guidance in relation to PPE must also be adhered to. The levels of PPE will depend upon the tasks being carried out, the risk, and how vulnerable the Service User may be. A robust risk assessment will be completed by Nursing Direct for each Service User on an individual basis and must be regularly reviewed.

For some Service Users, PPE can affect their normal routine and Nursing Direct will look at ways to ensure that PPE items do not appear frightening to them, whilst not altering them in anyway.

Some examples of how this can be done include:

- Greeting the Service User without a mask through a window before entering the space where you actually meet
- Explain that by wearing the mask you are helping other people to stay safe and that the mask is now part of your regular working clothes or uniform
- Wear disposable picture badges showing what you look like without a mask
- Introduce masks by making them in an art session. This will be useful if Service Users need masks when going out. Have a choice of colours or fabric designs
- Try to normalise the wearing of masks around the Service User's home; if there are soft toys around, provide masks for these
- Play a game trying to guess what expression people are making behind masks

- Use Makaton or British Sign Language (BSL) or develop shared, non-verbal signals for the expressions usually read from faces
- Develop a matching pairs game with pictures of people with and without masks
- Praise people when they ask questions about the masks. Answer clearly and honestly using their preferred communication method
- Consider graded exposure approaches with the aim of making the PPE acceptable
- Wear transparent masks where these are available

Where it is decided by Nursing Direct that PPE is not required to be used with a Service User, this must be under continual review and alternative solutions looked at.

## 6. DEFINITIONS

### 6.1 Staff including Agency Workers

#### 6.1.1 Staff

Denotes the employees of Nursing Direct Healthcare Limited.

#### 6.1.2 Agency Workers

Refers to individuals who are contracted with Nursdoc Limited or another employment business as an Agency Worker (temporary worker) provided to Nursing Direct Healthcare Limited to perform care services under the direction of Nursing Direct.

### 6.2 Nursing Direct

Nursing Direct, also known as Nursing Direct Healthcare Limited, is the entity regulated by the CQC (Care Quality Commission) and responsible for the care service provision, contracted to provide homecare services to service users in their homes, in placements, essential healthcare facilities and in the community.

### 6.3 Nursdoc Limited

As the sister company to Nursing Direct Healthcare Limited, Nursdoc Limited acts as an employment business, specialising in providing staffing solutions to the healthcare sector.

### 6.4 CQC (Care Quality Commission)

CQC throughout this policy, the term "CQC" refers to the Care Quality Commission (CQC) which is the independent regulator of health and social care in England.

### 6.5 Personal Protective Equipment (PPE)

Personal protective equipment (PPE) refers to protective clothing, helmets, goggles or other garments or equipment designed to protect the wearer's body from injury or infection. The hazards addressed by protective equipment include physical, electrical, heat, chemicals, biohazards, and airborne particulate matter

### 6.6 Intervention

Action taken to improve or stabilise a medical disorder


### 6.7 Aerosol Generating Procedures (AGP)

- An aerosol generating procedure (AGP) is a medical procedure that can cause the release of virus particles from the respiratory tract and can increase the risk of airborne transmission to those in the immediate area.
- Examples include tracheostomy procedures (insertion or removal) and open suctioning beyond the oro-pharynx.

## OUTSTANDING PRACTICE

To be 'outstanding' in this policy area you could provide evidence that:

- There is a schedule for the type and level of PPE required for each clinical and operational activity which is reviewed on a regular basis.
- There is an up-to-date schedule of PPE held in stock with expiry dates for items of PPE which are not used on a regular basis.
- Staff including Agency Workers are trained, they have regular updates on infection control and understand how to use PPE appropriately and safely.

COMPLETED DATE:	
SIGN OFF DATE:	
REVIEW DATE:	
SIGNED:	 Marc Stiff – Group Managing Director