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## PERSONAL PROTECTIVE EQUIPMENT (PPE)

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# PERSONAL PROTECTIVE EQUIPMENT (PPE) POLICY AND PROCEDURE

## 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:

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

## 2. SCOPE

2.1 The following roles may be affected by this policy:

- All Staff including Agency Workers
- Registered Manager

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
- Commissioners
- External Health Professionals
- Local Authority
- NHS/ICB

## 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.

3.2 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.

- 3.3 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.
- 3.4 All staff including Agency Workers are responsible for declaring any personal allergies or sensitivities (e.g., latex, specific cleaning products, soaps) to Nursing Direct. Staff including Agency Workers must ensure any reasonable adjustments are followed and must use the appropriate PPE and approved products in line with their allergy information as recorded in their staff file/risk assessment.
- 3.5 Service user allergies will be identified during the initial onboarding assessment and confirmed within the Care Plan and Risk Assessments. All staff including Agency Workers must review this information before providing care and must ensure only allergy-safe products and supplies are used and available, including the correct PPE where required.

## 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:
  - How to use PPE, including the approved process for donning, removing, and disposing of used PE
  - When to use individual items of PPE
  - When to replace any PPE
  - The limitations of any PPE being used
  - How to store PPE
  - How to report issues to Nursing Direct regarding the quality, quantity or effectiveness of PPE supplied

### 4.4 PPE AND ALLERGIES

- Powder-free CE-marked gloves are used in Nursing Direct
- Alternatives to latex gloves are also available upon request
- The gloves supplied are in a range of sizes

### 4.5 TRAVELLING TO AND FROM WORK LOCATIONS

To further reduce the risk of infection, staff including Agency Workers will not travel to or from work locations wearing any part of PPE.

- 4.6 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

- 4.7 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 RISK ASSESSMENT

The needs of the Service User and the vulnerabilities of individual staff including Agency Workers are risk assessed by Nursing Direct. The specific requirement for the type of PPE and application of PPE needed is informed by assessing the risks associated with the Service User interaction or task to be undertaken and staff including Agency Workers wear PPE that protects adequately when:

5.1.1 Dealing with the Service Users who has a confirmed or suspected infection

5.1.2 There is likely exposure to blood and/or body fluids, non-intact skin, or mucous membranes

5.1.3 Decontaminating the environment or care equipment

5.1.4 In contact with substances hazardous to health e.g. cleaning/ disinfecting products

If staff including Agency Workers are unsure what PPE is suitable in certain situations, advice can be sought from regional Infection prevention and control (IPC) teams.

## 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
- Changed between Service Users
- Used in line with current Department of Health and Social Care 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 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 meters away from the Service User. This also includes when replacing PPE

## 5.5 WHEN AND WHAT PPE MUST BE WORN

The care and health needs of the Service User and the vulnerabilities of individual staff including Agency Workers are risk assessed by Nursing Direct. The specific requirement for the type of PPE and application of PPE needed, is informed by dynamic risk assessments undertaken at the point of service provision.

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

## 5.6 STORAGE OF PPE

To minimise the risk of contamination, PPE is stored in a clean dry place at the office of Nursing Direct or in an agreed location and at the Service Users home. It is stored in an appropriate manner to protect it from loss, damage, sunlight, and contamination. All staff including Agency Workers are required to log the PPE that they have taken to monitor storage supplies.

## 5.7 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
- Making beds when there is a risk of exposure to blood and/or body fluids or the Service User has a confirmed or suspected infection
- The Service User has a confirmed or suspected infection
- Handling chemicals (COSHH)
- Aseptic techniques (Catheterisation)

Gloves should be:

- Single use
- Appropriate for use, fit for purpose and well-fitting
- Put on immediately before the activity
- Changed if a perforation or puncture is suspected
- Changed between different activities for the same Service User (continence care and oral care)
- Stored in a clean area in their original box/ packaging away from sunlight, heat sources, and liquids (including chemicals)

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.

- 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.

## 5.8 **OVERSLEEVES**

If worn they must be:

- Changed immediately after each Service User and/or after completing a procedure/task even on the same Service User, and then hand hygiene performed
- Removed and disposed of if visibly contaminated or soiled

## 5.9 **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 when:

- The service user has a confirmed or suspected infection
- Providing direct hands-on-care to the service user

Aprons should be:

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

There is a risk of soiling to the front of the uniform or workwear of staff including Agency Workers

Hand hygiene must be performed before putting on the apron and after removing it.

### 5.9.1 **FULL BODY GOWNS OR FLUID RESISTANT COVERALLS:**

Fully body gowns or fluid resistant coveralls must be worn when there is a risk of extensive splashing of blood and/or body fluids, or when a disposable apron provides inadequate cover for the task being performed.

If worn, gowns must be:

- Changed immediately after each Service User and/or after completing a procedure or task, even on the same Service User, and hand hygiene performed
- Removed and disposed of if visibly contaminated or soiled

## 5.10 **FACIAL PROTECTION**

Staff including Agency Workers should wear facial protection:

- If there is a risk of splashing of blood and/or body fluids or substances hazardous to health to the face
- When the Service User has a confirmed or suspected infection that can be transmitted by the droplet or airborne route (measles, Pulmonary TB)
- Facial protection should not be touched when being worn.
- Hand hygiene should be performed after removing facial protection.

### 5.10.1 **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

### 5.10.2 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 fluid resistant
- 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 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

FFP3 disposable mask (respirator):

- An FFP3 mask is rarely required in domiciliary care
- Advice on the wearing of these, e.g. when undertaking aerosol generating procedures (AGPs), is available from your local Community Infection Prevention and Control (IPC) or UK Health Security Agency (UKHSA) Team

For additional advice on the use of masks specific to Acute Respiratory Infections, see the Acute Respiratory Infections (ARI) (COVID-19) Policy and Procedure at Nursing Direct Healthcare Limited and Infection prevention and control in adult social care: acute respiratory infection - GOV.UK ([www.gov.uk](http://www.gov.uk))

### 5.11 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 ARI symptoms, the live-in Staff including Agency Worker will follow the PPE recommendations outlined in this policy, according to the work they are doing.

### 5.12 CORRECT ORDER FOR PUTTING ON AND REMOVING PPE (DONNING AND DOFFING)

PPE must be removed in the correct sequence to minimise the risk of cross-contamination.

#### Putting on PPE:

- Staff including Agency Workers should be bare below the elbows
- Clean hands
- Apron - Pull apron over the head and tie at the back of the waist
- Mask:
  - Elasticated - Position loops behind the ears
  - Tied - Position upper straps on the crown of the head, lower straps at the nape of the neck
- Eye protection - Holding by the sides, place over the eyes
- Gloves - Put on and extend to cover the wrists

#### Removing PPE:

- Gloves:
  - 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
- Apron:
  - 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

- Eye Protection:
  - Handle eye protection only by the headband or the sides
  - Discard disposable eye protection
  - Reusable eye protection must be decontaminated
  - Clean hands
- Masks:
  - Elasticated – Pull loops over ears
  - Tied – Untie or break lower straps followed by upper
  - Holding only by the loops or straps, discard
  - Clean hands

### 5.13 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.

### 5.14 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.

**Damaged PPE should be reported to Nursing Direct.**

### 5.15 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.

### 5.16 PPE STOCK LEVELS

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

### 5.17 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.

### 5.18 TRAINING

Staff including Agency Workers will receive training on the correct use of PPE, including donning and doffing.

Ongoing observation in practice will take place by the clinical lead (or a designated other) and used to monitor for compliance with this policy as well as assessing knowledge in practice.

All training will be recorded on the training matrix.

## 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.

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<b>SIGNED:</b>	 Marc Stiff – Group Managing Director