



Pol Community Care Ltd

Office 2, Caradon Enterprise Centre, 1 Holman Road, Liskeard Business Park, Liskeard, Cornwall, PL14 3UT

 **Review Sheet**

Last Reviewed
23 Mar '20

 Last Amended
23 Mar '20

 Next Planned Review in 12 months, or sooner as required.

Business impact



Minimal action required circulate information amongst relevant parties.

Reason for this review

New Policy

Were changes made?

Yes

Summary:

This is a new policy that must be read with the Coronavirus Policy and Procedure, the Pandemic Policy and Procedure, the Infection Control Policy and Procedure and the Outbreak Management and Barrier Nursing Policy and Procedure. It details how personal protective equipment must be used. The policy contains guidance on donning and doffing PPE and video resources to support this.

Relevant legislation:

- | 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 2012
- | Health and Safety at Work etc. Act 1974
- | The Health and Safety (Miscellaneous Amendments) 2002
- | 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)
- | The Health and Social Care Act 2008 (Regulated Activities) (Amendment) Regulations 2012

Underpinning knowledge - What have we used to ensure that the policy is current:

Author: NICE, (2014), *WHO | Personal protective equipment in the context of filovirus disease outbreak response*. [Online] Available from: [www.evidence.nhs.uk/Search?om=\[{"srn":\["World Health Organization"\]}\]&q=Personal+protective+equipment&sp=on](http://www.evidence.nhs.uk/Search?om=[{) [Accessed: 23/3/2020]

Author: Public Health England, (2020), *Putting on personal protective equipment (PPE) for non-aerosol generating procedures (AGPS)*. [Online] Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/874329/PHE_11606_Putting_on_PPE_02b.pdf [Accessed: 23/3/2020]

Author: Public Health England, (2020), *Taking off personal protective equipment (PPE) for non-aerosol generating procedures (AGPS)*. [Online] Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/874330/PHE_11606_Taking_off_PPE_02b.pdf [Accessed: 23/3/2020]

Author: Department of Health and Social Care, (2020), *COVID-19 Guidance for infection prevention and control in healthcare settings*. [Online] Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/872745/Infection_prevention_and_control_guidance_for_pandemic_corona



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	virus.pdf [Accessed: 23/3/2020]
Suggested action:	<ul style="list-style-type: none">Encourage sharing the policy through the use of the QCS App



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1. Purpose

1.1 To ensure that staff are protected from risks and hazards at work.

1.2 To support Pol Community Care Ltd in meeting the following Key Lines of Enquiry:

Key Question	Key Lines of Enquiry
EFFECTIVE	E5: How are people supported to live healthier lives, have access to healthcare services and receive ongoing healthcare support?
RESPONSIVE	R1: How do people receive personalised care that is responsive to their needs?
SAFE	S5: How well are people protected by the prevention and control of infection?
WELL-LED	W2: Does the governance framework ensure that responsibilities are clear and that quality performance, risks and regulatory requirements are understood and managed?

1.3 To meet the legal requirements of the regulated activities that Pol Community Care Ltd is registered to provide:

- | 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
- | The Health and Safety (Miscellaneous Amendments) 2002
- | 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
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- | Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)
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2. Scope

2.1 The following roles may be affected by this policy:

- | All staff
- | Cleaning

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

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**3. Objectives**

- 3.1** When there is a need for staff at Pol Community Care Ltd to use any form of PPE, they are fully trained in its safe and effective application to avoid infection and the spread of disease and to protect the health of the staff members at Pol Community Care Ltd.
- 3.2** That the team at Pol Community Care Ltd understands when and why PPE is required to be worn in order to control and prevent infection, to avoid the spread of disease and to keep staff members at Pol Community Care Ltd safe from harm by minimising their risk of infection at work.
- 3.3** Supplies of all forms of PPE must be available and maintained in optimum condition to be ready for use in order to control infection, prevent the spread of disease and to minimise the risk of staff members at Pol Community Care Ltd being exposed to the risk of infection.

**4. Policy**

- 4.1** Pol Community Care Ltd understands that risk assessments are required to ensure hazards are identified, risks minimised and residual risk managed. Evaluation of control measures may identify the need for the use of Personal Protective Equipment (PPE) or Respiratory Protective Equipment (RPE). Using PPE must be regarded as the last resort after having ensured that all other reasonably practicable measures have been taken to control the work activity risks. PPE is often one part of a suite of effective control measures.
- 4.2** All required PPE will be provided free of charge.
- 4.3** Staff will be trained in how to use PPE during their induction, when to use it, repair or replace it, how to report if there is a fault and on its limitations.
- 4.4** Safety signs will be used to remind staff to wear PPE.
- 4.5** Where required, visitors or contractors will be required to use PPE.
- 4.6** Staff do not travel to or from work wearing any part of PPE.
- 4.7** Powder-free CE-marked gloves are used in Pol Community Care Ltd. The gloves supplied have a range of sizes.
- 4.8** Alternatives to latex gloves are also available.



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5. Procedure

5.1 All PPE must be:

- | Compliant with the relevant BS/EN standards (European technical standards as adopted in the UK)
- | Located close to the point of use
- | Stored to prevent contamination in a clean/dry area until required for use (expiry dates must be adhered to)
- | Single-use only
- | Changed immediately after each Service User and/or following completion of a procedure or task; and
- | Disposed of after use into the correct waste stream, i.e. healthcare/clinical waste (this may require disposal via orange or yellow bag waste; local guidance will be provided depending on the impact of the disease)

5.2 Gloves

Gloves must be:

- | Worn when exposure to blood and/or other body fluids, non-intact skin or mucous membranes is anticipated or likely
- | Changed immediately after each Service User and/or after completing a procedure or task
- | Changed if a perforation or puncture is suspected
- | Appropriate for use, fit for purpose and well-fitting
- | Put on properly (donned) and taken off properly (doffed)
- | They must be disposed of in either clinical waste where this is available or, in the case of use for Service Users with symptoms of COVID-19, double bagged and left in a safe location for 72 hours

5.3 Hand hygiene is performed before donning gloves and following their removal, as outlined in the Infection Control Policy and Procedure.

5.4 Face Masks

Face masks are worn where there is any risk of blood, body fluids, secretions or excretions splashing into the face and eyes, where a risk assessment indicates they are required. Surgical masks must cover both the nose and mouth.

5.5 Clean, heavy-duty household gloves are available for domestic cleaning and decontamination procedures where necessary. The heavy-duty household gloves are washed with detergent and hot water and left to dry after each use. The heavy-duty household gloves are replaced weekly or more frequently if worn or torn.

5.6 Fluid-resistant Surgical Face Masks

Where a risk assessment indicates that these must be used, they must be:

- | Worn with eye protection if splashing or spraying of blood, body fluids, secretions or excretions onto the nose and mouth is anticipated or likely
- | Well-fitting and fit for purpose, fully covering the mouth and nose (manufacturers' instructions must be followed to ensure effective fit and protection)
- | Removed or changed at the end of a procedure/task if the mask's integrity is breached, e.g. from moisture build-up after extended use or from gross contamination with blood or body fluids, in accordance with the manufacturers' specific instructions

5.7 Facial Hair

Many masks rely on a good seal against the face so that, when you breathe air in, it is drawn into the filter material where the air is cleaned. If there are any gaps around the edges of the mask, 'dirty' air will pass through these gaps and into your lungs. It is therefore very important that the mask is put on correctly and is checked for a good fit every time. Facial hair – stubble and beards – make it impossible to get a good seal of the mask to the face.

If the member of staff is clean-shaven when wearing tight-fitting masks (i.e. those which rely on a good seal to the face), this will help prevent leakage of contaminated air around the edges of the mask and into the lungs. Staff will therefore be breathing in clean air which will help them stay healthy.

If there are good reasons for having a beard (e.g. for religious reasons), alternative forms of RPE that do not rely on a tight fit to the face, are available.



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5.8 Masks are disposed of as clinical waste after each use.

5.9 Aprons and Full Body Gowns

Aprons must be:

- | Worn to protect the uniform or clothes when contamination is anticipated or likely, e.g. when in direct care contact with a Service User
- | Changed between Service Users and/or after completing a procedure or task

Full body gowns and fluid-repellent coveralls, following a risk assessment that states they are required, must be:

- | Worn when there is a risk of extensive splashing of blood and/or other body fluids
- | Worn when a disposable apron provides inadequate cover for the procedure or task being performed
- | Changed between Service Users and immediately after completing a procedure or task
- | Donned and doffed correctly

5.10 Uniforms

Uniforms should be laundered:

- | Separately from other household linen
- | In a load not more than half the machine capacity
- | At the maximum temperature that the fabric can tolerate, then ironed or tumbled-dried

NB. It is best practice to change into and out of uniforms at work and not wear them when travelling; this is based on public perception rather than evidence of an infection risk. This does not apply to community health workers who are required to travel between Service Users in the same uniform.

5.11 Staff Guidance when Using PPE

- | Use safe work practices to protect yourself and limit the spread of infection
- | Keep hands away from the face and the PPE being worn
- | Change gloves when torn or heavily contaminated
- | Limit surfaces touched in the Service User environment
- | Regularly perform hand hygiene
- | Always clean hands after removing gloves

5.12 Action Required Before Using PPE

Follow [Public Health England Guidance](#) on donning (putting on) PPE. Before PPE is donned:

- | Perform hand hygiene
- | Ensure the staff member is hydrated
- | Tie hair back
- | Remove jewellery
- | Check PPE in the correct size is available

5.13 Donning PPE

Follow [PHE guidance](#).

1. Put on the long-sleeved, fluid repellent disposable gown
2. Respirator- Perform a fit check
3. Eye Protection (where required)
4. Gloves

5.14 Doffing (removing) PPE

PPE must be removed in the following order as advised by [PHE](#).

1. Gloves - the outside of gloves are contaminated
2. Clean hands with alcohol gel
3. Gown – the front of the gown and sleeves will be contaminated
4. Eye protection - the outside will be contaminated
5. Respirator - Clean hands with alcohol hand rub. Do not touch the front of the respirator as it will be contaminated
6. Wash hands with soap and water



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6. Definitions

6.1 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

6.2 Intervention

- Action taken to improve or stabilise a medical disorder



Key Facts - Professionals

Professionals providing this service should be aware of the following:

- Employers have duties concerning the provision and use of personal protective equipment (PPE) at work and what they need to do to meet the requirements of the Personal Protective Equipment at Work Regulations 1992 (as amended)
- While every skill and care is taken to avoid contamination etc. PPE is needed to significantly reduce the risk of contamination, injury or infection to staff members and to Service Users in the preparation and delivery of care
- PPE is equipment that will protect the user against health or safety risks at work. In health and social care, it generally includes disposable gloves, eye protection, protective clothing and footwear and disposable plastic aprons, but there may be occasions when respiratory protective equipment (RPE) will be required
- Gloves are not a substitute for hand hygiene. PPE must be worn only when necessary, as the over-wearing of gloves can increase skin problems
- Where staff members are allergic to latex, alternative gloves must be available to avoid any contact with latex. Latex-free gloves must be used for treating Service Users who are allergic to latex and where this is a known allergy, it must appear in the allergy section of their Care Plan
- PPE must be properly looked after and stored when not in use, e.g. in a clean, dry cupboard
- The Infection Prevention and Control Lead at Pol Community Care Ltd will be responsible for ensuring that PPE is available, that there are sufficient supplies and that it is properly maintained, cleaned and kept in good condition if it is reusable
- Employees must make proper use of PPE and report if it is faulty or unavailable
- The Infection Prevention and Control Lead at Pol Community Care Ltd will check regularly that PPE is used. They will require a reason if it is not being used and this may lead to disciplinary action as it constitutes a serious risk to both the staff member, the whole team at Pol Community Care Ltd, to Service Users and, in the case of COVID-19, to the wider public



Key Facts - People affected by the service

People affected by this service should be aware of the following:

- If member of staff needs to wear gloves, a gown or face mask, they will explain why they are wearing it
- PPE is special equipment that is worn to create a barrier between you and germs that reduces the chance of touching, being exposed to and spreading germs
- PPE helps prevent the spread of germs in healthcare settings and can protect you and the staff from infections
- If you know that you have an allergy to latex, you must inform Pol Community Care Ltd and anywhere else where latex-containing gloves may be used, e.g. dentist or food outlet, so that you avoid contact with latex



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Further Reading

As well as the information in the 'underpinning knowledge' section of the review sheet we recommend that you add to your understanding in this policy area by considering the following materials:

World Health Organisation Free Online Training:

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/training/online-training>

Donning Facemasks:

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/when-and-how-to-use-masks>

Donning PPE:

https://www.youtube.com/watch?v=kKz_vNGsNhc



Outstanding Practice

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

- 1 The wide understanding of the policy is enabled by proactive use of the QCS App
- 1 Staff are trained, they have regular updates on infection control and understand how to use PPE appropriately and safely
- 1 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
- 1 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



Forms

The following forms are included as part of this policy:

Title of form	When would the form be used?	Created by
Putting on Personal Protective Equipment (PPE)	When staff are required to use PPE	Public Health England
Taking off Personal Protective Equipment (PPE)	When staff are required to remove PPE	Public Health England



Putting on personal protective equipment (PPE)

for non-aerosol generating procedures (AGPs)*

Pre-donning instructions:

- Ensure healthcare worker hydrated
- Tie hair back
- Remove jewellery
- Check PPE in the correct size is available

- 1** Perform hand hygiene before putting on PPE.



- 2** Put on apron and tie at waist.



- 3** Put on facemask – position upper straps on the crown of your head, lower strap at nape of neck.



- 4** With both hands, mould the metal strap over the bridge of your nose.



- 5** Don eye protection if required.



- 6** Put on gloves.



*For the PPE guide for AGPS please see: www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control



Taking off personal protective equipment (PPE)

for non-aerosol generating procedures (AGPS)*

• PPE should be removed in an order that minimises the risk of self-contamination

• Gloves, aprons (and eye protection if used) should be taken off in the patient's room or cohort area

1 Remove gloves. Grasp the outside of glove with the opposite gloved hand; peel off.

Hold the removed glove in the remaining gloved hand.



Slide the fingers of the un-gloved hand under the remaining glove at the wrist.

Peel the remaining glove off over the first glove and discard.



2 Clean hands.



3 Apron.

Unfasten or break apron ties at the neck and let the apron fold down on itself.



Break ties at waist and fold apron in on itself – do not touch the outside – **this will be contaminated.** Discard.



4 Remove eye protection if worn.

Use both hands to handle the straps by pulling away from face and discard.



5 Clean hands.



6 Remove facemask once your clinical work is completed.



Untie or break bottom ties, followed by top ties or elastic, and remove by handling the ties only. Lean forward slightly. Discard. **DO NOT** reuse once removed.

7 Clean hands with soap and water.



*For the doffing guide to PPE for AGPs see:

www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control