USE OF PERSONAL PROTECTIVE EQUIPMENT (STANDARD PRECAUTIONS) POLICY

<table>
<thead>
<tr>
<th>First Issued by/date</th>
<th>Issue Version</th>
<th>Purpose of Issue/Description of Change</th>
<th>Planned Review Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>BWW/BW PCT March 01</td>
<td>3</td>
<td>Revision, merge with ICP 15 Glove Policy</td>
<td>May 2011</td>
</tr>
</tbody>
</table>

**Named Responsible Officer:**

- Infection Prevention and Control Lead

**Approved by:**

- Infection Control Committee

**Date:**

18th June 2008

**Policy File:**

- Infection Control Policy No 3

**Impact Assessment Screening Complete:**

- May 2008

**Full Impact Assessment Required:**

- No

**Key Indicator**

1. Infection Prevention and Control audit
2. Attendance levels at infection control training
3. Compliance with Code of Practice

UNLESS THIS VERSION HAS BEEN TAKEN DIRECTLY FROM THE PCT WEB SITE THERE IS NO ASSURANCE THIS IS THE CORRECT VERSION
Wirral PCT

Use of Personal Protective Equipment (Standard Precautions) Policy

Introduction

The term standard precautions has come to mean those practices to be taken by all healthcare workers when coming into contact with blood or body fluids from any patient. The term is used to describe the application of a range of practices and procedures that prevent exposure to, and exposure of, a wide range of micro-organisms e.g. person, contaminated body fluid, equipment etc. The application of standard (universal) precautions is essential to prevent the spread of antibiotic resistant organisms, e.g. MRSA.

Body fluids are all capable of carrying potentially harmful bacteria and viruses. It is impossible to identify every person who carried such pathogens therefore all blood and body fluids must be treated with the same precautions irrespective of any known or suspected infection or carriage with a pathogen.

Policy Aim

To demonstrate the importance to patient care in reducing the transmission of health care associated infections and protecting the healthcare worker from occupationally acquired infection through the use of personal protective equipment.

It is the responsibility of each Independent Contractor to reduce Healthcare Associated Infection (HCAI) and ensure the Health and Safety of staff. The PCT recommends that contractors apply the principles of this policy as minimum standards within their practices to ensure their professional and contractual duties are discharged.

Policy outcome

Staff will have the knowledge to determine the correct personal protective equipment (PPE) through risk assessment. This will ensure compliance with The Health Act 2006: Code of Practice for the Prevention and Control of Healthcare Associated Infections.

Target group

- PCT employed staff.
- Shared as best practice with Independent General Practice staff, and General Dental Practice staff and where relevant, Independent Pharmacists and Optometrists.
Specific responsibilities

Chief Executive

The Chief Executive has overall responsibility for ensuring infection prevention and control is a core part of the Trusts governance and patient safety programmes.

Board

The Board has collective responsible for ensuring assurance that appropriate and effective policies are in place to minimise the risks of health care associated infections.

Director of Infection Prevention and Control

It is the responsibility of the Director of Infection Prevention and Control to oversee the development and implementation of infection prevention and control policies.

Infection Prevention and Control Team

It is the responsibility of the Infection Prevention and Control Team to ensure that this policy is reviewed and amended at the review date or prior to this following new developments in PPE.

Service Managers

It is the responsibility of managers to ensure that:

- Staff have a suitable and adequate supply of PPE appropriate to the healthcare procedures performed, including an adequate range of sizes.
- Staff receive appropriate information and instruction with regard to PPE use, choice and associated problems as part of local induction.
- Staff attend essential training in infection prevention and control.
- Staff who develop problems associated with PPE use are referred to Occupational Health Department.

Staff

It is the responsibility of staff to ensure that:

- They familiarise themselves with the correct choice and use of PPE.
- Report any skin problems associated with the wearing of gloves to their Manager and the Occupational Health Department.
Cross reference related PCT policies

- Latex Policy
- Management of Healthcare Waste Policy
- Dress Code and Uniform Policy

NB: Always use most current versions of PCT policies as may be superseded at any time.

Evidence to support policy


Background

Protective clothing is used to reduce the risk of acquiring and transmitting micro-organisms by:

- Protecting skin, eyes, mouth, respiratory system and clothing of staff from potentially infectious excretions, secretions and chemicals.
- Preventing contamination of skin and clothing by transient micro-organisms which may pass to another patient.

Body Fluid Risk Assessment

High risk body fluids are considered to be blood and other body fluids contaminated with blood.

Other body fluids which may present a risk if no suitable precautions are taken are:

- Cerebrospinal fluid
- Peritoneal fluid
- Pleural fluid
- Pericardial fluid
- Synovial fluid
- Amniotic fluid
- Breast milk
- Semen
- Vaginal secretions
- All unfixed tissues, organs and parts of bodies

Urine, faeces, saliva, sputum, tears, sweat and vomit present a minimal risk of blood borne virus infection **unless** contaminated with blood. However, they may be hazardous for other reasons.

The type of protective clothing is determined by the potential contamination risk.

The following table gives guidance:

<table>
<thead>
<tr>
<th>NO risk of exposure</th>
<th>Hygiene precautions essential e.g. handwashing</th>
</tr>
</thead>
<tbody>
<tr>
<td>LOW risk of contact</td>
<td>Gloves must be available</td>
</tr>
<tr>
<td>Contact with blood and/or body fluids <strong>PROBABLE</strong>, splashing to face unlikely</td>
<td>Gloves to be worn, apron/safety spectacles/masks to be available</td>
</tr>
<tr>
<td>Contact with blood <strong>PROBABLE</strong>: potential for uncontrolled bleeding or splattering to the face</td>
<td>Gloves and apron to be worn, water repellent gown, safety spectacles or face visor and masks to be available</td>
</tr>
</tbody>
</table>

The use of gloves does not preclude the need for handwashing.
## Choice of Personal Protective Equipment (PPE)

<table>
<thead>
<tr>
<th></th>
<th>FUNCTION</th>
<th>EXAMPLES OF USE</th>
</tr>
</thead>
</table>
| **GLOVES**   | **Standard length:** Protect hands from contamination with organic matter, micro-organisms, and chemicals Minimise cross-infection from staff to patients and vice versa | • Contact with non intact skin  
• Contact with mucous membranes  
• Potential exposure to blood  
• Contact with contaminated equipment  
• Contact with chemicals  
• Invasive procedures  
• Contact with sterile sites  
• Cleaning contaminated equipment |
|              | **Long cuff gloves:** Use in situations where fluid may enter over the cuff of the glove | • Cleansing of leg ulcers in deep water                                           |
| **APRONS**   | **Standard disposable apron:** Protect the healthcare workers clothing from contamination  
(Where lack of shoulder protection is of concern disposable wider shoulder aprons or long sleeved impermeable single use aprons should be considered) | • Contact with blood or body fluids, secretions excretions with the exception of sweat  
• For direct contact with an infectious patient and their environment  
• When clothing is likely to become wet or soiled, i.e. bathing  
• Cleaning contaminated equipment |
|              | **Long sleeved disposable apron:** Protect the healthcare workers clothing and arms from contamination | • Use where standard disposable aprons give insufficient coverage of exposed skin and clothing |
| **Masks** **||** | **Face mask:**  
Protect healthcare workers from the potential exposure to micro-organisms via splashes of blood and body fluids or contaminated cleaning fluids | • Healthcare where treatment may potentially cause facial splashing e.g. lancing of abscesses  
• Dental treatment where aerosols are produced  
• Cleaning of contaminated surgical equipment  
• For close patient care in a pandemic influenza situation |
| **Respiratory protection mask:**  
Protect healthcare workers where high level particle filtration is required. The masks may require individual assessment and fitting  
(It is difficult to obtain a close mask seal to the skin where beards or facial hair is present) | • Cough inducing procedures on patients known or suspected of infection with Multi Drug Resistant Tuberculosis  
• Cough inducing procedures in a pandemic influenza situation |
| **Eye protection**  
Protects the eyes from splash or spray of blood and body fluids  
Protects the eyes from chemicals  
These may be;  
Safety Spectacles (re-usable)  
Combined single use visor and facemask | • During aerosol-prone procedures i.e. Dental treatment  
• During procedures where splashing is possible e.g. cleaning of equipment |

* These items are **SINGLE USE** and **SINGLE PROCEDURE USE** and must be discarded after each task or episode of care.  
** These items are **SINGLE PATIENT EPISODE** use.
Use of Personal Protective Equipment (PPE)

- PPE is used in addition to normal clothing and uniforms.
- Uniforms are not considered personal protective equipment.
- The need for protective equipment should be on a task related approach not disease specific.
- Selection of protective equipment should be selected on the basis of an assessment of the risks of transmission of micro-organisms to the patient and the risk of contamination of health care practitioners’ clothing and skin by patients’ blood, body fluids, secretions and excretions.
- PPE protects intact skin. Cuts, abrasions, exposed fresh unhealed body piercings i.e. facial or exposed unhealed tattoos must be covered by a waterproof plaster or other suitable dressing in addition to PPE.
- Hand decontamination must be used before and after PPE use.
- Arms must be ‘bare below the elbow’ to prevent contamination of clothing. Any staff who consider this affects their religious practice must discuss a suitable solution with their line manager.
- PPE will not protect against sharps injuries, avoidance of the use of sharps where possible.
- Personal protective clothing identified by the manufacturer as single use must not be kept for re-use.

Glove Choice

The PCT operates a non latex environment. Medical gloves are available in vinyl and nitrile, sterile and non sterile and should be chosen appropriate to need.

<table>
<thead>
<tr>
<th>Vinyl</th>
<th>Nitrile</th>
<th>Co-polymer/polythene</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loose fit</td>
<td>Close fit,</td>
<td>Not suitable for healthcare</td>
</tr>
<tr>
<td>No stretch, correct size</td>
<td>Slight stretch on wearing</td>
<td>practice</td>
</tr>
<tr>
<td>required</td>
<td>Stiffer material</td>
<td></td>
</tr>
<tr>
<td>Soft material</td>
<td>High resistance to solvents and</td>
<td></td>
</tr>
<tr>
<td></td>
<td>chemicals</td>
<td></td>
</tr>
<tr>
<td>Available in sterile and</td>
<td>Available sterile and non</td>
<td></td>
</tr>
<tr>
<td>non sterile</td>
<td>sterile</td>
<td></td>
</tr>
<tr>
<td>Not suitable for long term</td>
<td>Suitable for prolonged wear</td>
<td></td>
</tr>
<tr>
<td>use</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Sterile</th>
<th>Non sterile</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Surgical procedures</td>
<td>• Potential contact with blood or body fluids</td>
</tr>
<tr>
<td>• Invasive procedures e.g. catheterisation</td>
<td>• Direct contact with mucous membranes</td>
</tr>
<tr>
<td>• Direct contact with open wounds</td>
<td>• Cleaning equipment prior to decontamination</td>
</tr>
<tr>
<td>• Caring for immuno-suppressed patients</td>
<td>• Handling cytotoxic materials/chemical disinfectants</td>
</tr>
</tbody>
</table>

- Gloves used must conform to European Community (CE) standards.
- Powdered gloves must not be used.
- Gloves must be discarded after each care activity for which they are worn to prevent the transmission of micro-organisms to other sites in that individual or to other patients.
- Washing gloves or decontaminating with alcohol gel rather than changing them is not safe and must never occur.
- Do not wear items which may puncture or rip gloves e.g. stoned rings, false or long nails.
- Integrity of gloves cannot be taken for granted also hands can become contaminated on removal of gloves therefore hands must always be decontaminated after the gloves have been removed.
- Report any skin problems/reactions to Occupational Health for assessment.

**Disposal of Personal Protective Equipment (PPE)**

Appropriate waste disposal route must be determined by a risk assessment of PPE use.

**Training**

Included in Essential training.

**Audit**

As part of the Infection Prevention and Control Audit programme.
Archiving

Hard and/or electronic copies of previous versions of this document will be held by the Infection Prevention & Control Team for the retention period required under current NHS guidance.

Risk Assessment

Included in service risk assessment, clinic and procedure risk assessment.

References


List of those consulted in drafting process

Infection Control Committee