



## Community Infection Prevention and Control Policy for Care Home settings

# PPE (Personal protective equipment)

PPE

**Version 3.00**  
**April 2023**

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**This Policy has been adopted by:**

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Signed: .....

Job Title: .....

Date Adopted: .....

Review Date: .....

If your organisation would like to exclude or include any additional points to this document, please include below. Please note, the Community IPC Team cannot endorse or be held responsible for any addendums.

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## PPE (PERSONAL PROTECTIVE EQUIPMENT)

### 1. Introduction

This Policy is one of the 'Standard infection control precautions' (SICPs) referred to by NHS England in the *National infection prevention and control manual (NIPCM) for England*.

All staff must be trained in the correct use and removal of personal protective equipment (PPE).

Before undertaking any task, staff should assess the risks associated with the resident interaction or task to be undertaken and wear PPE that protects adequately when:

- Dealing with a resident who has a confirmed or suspected infection
- There is likely exposure to blood and/or body fluids, non-intact skin or mucous membranes
- Decontaminating the environment or care equipment
- In contact with substances hazardous to health, e.g. cleaning/disinfecting products

The *NIPCM* states that "avoiding overuse or inappropriate use of PPE is a key principle that ensures this is risk-based and minimises its environmental impact".

Hand hygiene should be performed before putting on PPE. All PPE should be changed between tasks and disposed of as soon as the task is completed and as per local policy. Always perform hand hygiene appropriately after removing and disposing of PPE.

Best practice is to store PPE in dispensers to reduce the risk of PPE becoming contaminated. It should be stored in a clean dry area until ready for use, e.g. do not store boxes of gloves on top of toilet cisterns or hang aprons behind doors. Supplies of PPE should be readily available at the point of use and within their expiry date.

Always use SICPs and, where required 'Transmission based precautions' (TBPs), refer to the 'SICPs and TBPs policy for Care Home settings'.

**When caring for residents in relation to COVID-19 or any other new emerging infections, staff should refer to national infection prevention and control guidance for advice on the PPE to be worn.**

## 2. Gloves

If contact with blood and/or body fluids, substances hazardous to health, e.g. cleaning/disinfecting products, non-intact skin or mucous membranes, is anticipated, or the resident has a confirmed or suspected infection, disposable gloves should be worn that are appropriate for the task (see 'Glove selection guide').

Disposable gloves are single use only.

Gloves must comply with European Standard EN 455 Medical Gloves for single use (Parts 1-4) and be CE marked for single use. The Medical Devices Agency recommends that only powder-free gloves are purchased due to latex allergy/sensitivity.

The wearing of gloves has been shown to reduce the volume of blood transferred in a needlestick injury by 52% compared with not wearing gloves, which can help reduce the risk of acquiring an infection if you sustain a needlestick injury.

In care homes where staff perform aseptic techniques, e.g. urinary catheterisation, sterile gloves must be worn for such procedures.

Hands must be cleaned with liquid soap and warm running water or alcohol handrub applied immediately before putting on and after removing each pair of gloves. Please note, alcohol handrub should not be used if hands are dirty, visibly soiled or dealing with a resident with *Clostridioides difficile* or viral gastroenteritis, e.g. Norovirus.

Gloves can be latex, nitrile or vinyl material. Employers may advise against the use of latex following a risk assessment as it can cause skin sensitivity and allergies.

Staff who develop any irritation or dermatitis on their hands should report to their Occupational Health Provider/GP and seek clinical advice.

Glove selection should be based on risk assessment of:

- Sensitivity to latex
- Nature of the task
- Risk of contamination
- Need for sterile gloves for aseptic technique, e.g. urinary catheterisation, wound care

The following table provides a list of procedures and glove choice as a guide.

Glove selection guide	Sterile		Non-sterile			
	Latex	Nitrile	Latex	Nitrile	Vinyl	Domestic
<b>Procedure and type of contact</b> Ticks indicate which glove to use for the procedures listed and if they should be sterile or non-sterile. Please note that this is not an exhaustive list.						
Aseptic technique	✓	✓				
Blood/blood stained body fluids			✓	✓		
Body fluids, e.g. urine, faeces			✓	✓	✓	
Clean technique, e.g. dressing pressure ulcers, leg ulcers, dry wounds, simple grazes			✓	✓		
Confirmed or suspected respiratory illness, e.g. flu, COVID-19			✓	✓		
Decontamination of care equipment			✓	✓	✓	
Domestic tasks						✓
Sorting soiled laundry			✓	✓	✓	
Urinary catheterisation	✓	✓				
Urine drainage bag emptying			✓	✓	✓	
Venepuncture			✓	✓		

Glove type	Description
<b>Latex gloves</b>	Are made from natural rubber and due to their elasticity provide a better fit. Latex gloves can cause skin sensitivity and following risk assessment some employers are using alternative products such as nitrile
<b>Nitrile gloves</b>	Are a synthetic alternative to latex gloves. They are suitable to be worn when in contact with blood and blood stained body fluids and if a resident or member of staff is latex sensitive
<b>Vinyl gloves</b>	Are looser fitting than nitrile or latex gloves, are less durable for procedures involving twisting and more likely to tear. They are not recommended for contact with blood and blood stained body fluids. Therefore, they should only be worn when there is no risk of exposure to blood or blood stained body fluids and if tasks are short and non-manipulative. They are not associated with skin irritation
<b>Polythene gloves</b>	Are not recommended for clinical use

<b>Domestic gloves</b>	Are suitable for household cleaning. Due to their rubber content, they are not suitable for use when a staff member has a sensitivity to latex (see Latex gloves above). In such cases, nitrile gloves can be worn, although the user should be aware that nitrile gloves are not as strong as domestic gloves
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Disposable gloves should be:

- Stored in a clean area in their original box/packaging away from sunlight, heat sources and liquids (including chemicals)
- Checked before use for any damage such as pin holes and changed if a perforation or puncture is suspected
- Disposed of after each task or care activity, e.g. handling used, soiled or infected linen and clothing
- Changed between different tasks on the same resident
- Appropriate for use, fit for purpose and well-fitting

The reuse of gloves is not recommended for the following reasons:

- Glove integrity can be damaged if in contact with substances such as isopropanol, ethanol, oils and disinfectants
- Many gloves will develop micropunctures very quickly and will no longer perform their barrier function
- There is a risk of transmission of infection
- Washing your hands whilst wearing disposable gloves, or using an alcohol handrub on disposable or domestic gloves, is considered unsafe practice

Gloves are not required for making beds with clean or used linen, but should be worn when there is a risk of exposure to blood and/or body fluids or the resident has a confirmed or suspected infection.

All used gloves should be disposed of appropriately, refer to the 'Safe disposal of waste, including sharps Policy for Care Home settings' for further information.

### Colour coding of domestic gloves

To reduce the risk of transmission of infection between different areas, it is recommended that for cleaning activities, gloves should be in line with the 'National Colour Coding Scheme for cleaning materials and equipment in care homes':

- Red for bathrooms, showers, toilets, basins and bathroom floors
- Blue for general areas, including lounges, offices, corridors and bedrooms
- Green aprons for serving food and in kitchen areas, including satellite kitchen areas and food storage areas

- Yellow for bedrooms when a resident has a confirmed or suspected infection and is cared for in their own room (isolation)

### 3. Aprons

Disposable aprons 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 confirmed or suspected infection
- There is a risk of soiling to the front of uniforms or workwear
- Providing direct 'hands on' care to a resident and changed between each task
- Undertaking an aseptic technique
- Decontaminating equipment or the environment

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.

#### Colour coding of aprons

##### Clinical duties

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

##### Cleaning activities

It is recommended that for cleaning activities, aprons worn should be in line with the 'National Colour Coding Scheme for cleaning materials and equipment in care homes':

- Red aprons for bathrooms, showers, toilets, basins and bathroom floors
- Blue aprons for general areas, e.g. lounges, offices, corridors and bedrooms
- Green aprons for serving food and in kitchen areas, including satellite kitchen areas and food storage areas
- Yellow aprons for bedrooms when a resident has a confirmed or suspected infection and is cared for in their own room (isolation)

### 4. Facial protection

Appropriate facial protection should be worn if there is a risk of splashing of either blood and/or body fluids or substances hazardous to health, e.g. cleaning/disinfecting products, to the face, or when the resident has a confirmed

or suspected infection that can be transmitted by the droplet or airborne route, e.g. measles, rubella, Pulmonary TB (for COVID-19, pandemic influenza, refer to the latest national infection prevention and control guidance).

Eye and face protection should not be touched when being worn and should not be impeded by accessories, e.g. false eyelashes, facial piercings.

Hand hygiene should be performed after removing facial protection.

### Eye protection

Safety glasses or a visor should be worn:

- When there is a risk of splashing of blood and/or body fluids or hazardous substances to the eyes
- If the resident has a confirmed or suspected infection that can be transmitted by the droplet or airborne route, e.g. Pulmonary TB, rubella, measles (for COVID-19, pandemic influenza, refer to the latest national infection prevention and control guidance)

Prescription spectacles are not considered eye protection.

Eye protection should be removed after each task and hand hygiene performed.

Reusable eye protection should be decontaminated after each use. Refer to the 'Safe management of care equipment Policy for Care Home settings'.

### Masks

A fluid resistant surgical mask (FRSM) should be worn:

- When there is a risk of splashing of either blood and/or body fluids or substances hazardous to health, e.g. cleaning/disinfecting products, to the nose or mouth
- If the resident has a confirmed or suspected infection that can be transmitted by the droplet or airborne route, e.g. measles, rubella, Pulmonary TB (for COVID-19, pandemic influenza, refer to the latest national infection prevention and control guidance)

Masks should:

- Be fluid resistant
- 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



## Wearing a mask: do's and don'ts

<b>Do cover nose, mouth and chin</b>		<b>Do pull hair back</b>		<b>Do tie top strap first, then bottom strap</b>		<b>Do keep phones away from mask</b>	
<b>Don't pull below nose</b>		<b>Don't pull below chin</b>		<b>Don't hang from one ear</b>		<b>Don't hang around neck</b>	
<b>Don't cross straps</b>		<b>Don't leave straps hanging</b>		<b>Don't wear on forehead</b>		<b>Don't leave hair down</b>	
<b>Don't touch front of mask after fitting</b>		<b>Don't reach under mask</b>		<b>Don't touch phone to mask</b>		<b>Don't remove mask to talk on the phone</b>	
<b>Don't drink or eat with mask on</b>		<b>Don't remove mask to cough, sneeze or talk</b>		<b>Don't break top strap first, break bottom first</b>		<b>Don't wear a dirty or wet mask</b>	

Community Infection Prevention and Control, Harrogate and District NHS Foundation Trust  
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'Wearing a mask: Do's and Don'ts Poster' available to download at [www.infectionpreventioncontrol.co.uk](http://www.infectionpreventioncontrol.co.uk).

### FFP3 disposable mask (respirator)

An FFP3 mask is rarely required in care homes, advice on the wearing of these, e.g. when undertaking aerosol generating procedures (AGP's), is available from

your local Community Infection Prevention and Control (IPC) or UK Health Security Agency (UKHSA) Team. The fit of these types of mask is critically important and every user should be fit tested and trained in the use of the mask. Additionally, a seal fit check should be carried out each time an FFP3 mask is worn.

FFP3 masks should be removed and disposed of appropriately after each task and hand hygiene performed.

## 5. Correct order for putting on and removing PPE

Correct order for putting on and removing Personal protective equipment (PPE)	
Order for putting on PPE	Order for removing PPE
 <p>Ensure you are 'Bare Below the Elbows' and hair is tied back. Clean your hands. Pull apron over your head and tie at back of your waist.</p>	 <p>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.</p>
 <p><b>Elasticated masks:</b> Position loops behind ears. <b>Tied masks:</b> Position upper straps on the crown of your head, lower straps at the nape of your neck. <b>For both masks:</b> With both hands, mould the flexible band over the bridge of your nose.</p>	 <p>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.</p>
 <p>Holding the eye protection by the sides, place over your eyes.</p>	 <p>Handle eye protection only by the headband or the sides. Discard disposable eye protection. Reusable eye protection must be decontaminated. See note below. Clean hands.</p>
 <p>Put on gloves and extend to cover your wrists.</p>	 <p><b>Elasticated masks:</b> Pull loops over ears. <b>Tied masks:</b> Untie or break lower straps followed by upper straps. <b>Both masks:</b> Holding only by the loops or straps, discard. Clean hands.</p>

Note:

- PPE should be removed in the above sequence to minimise the risk of cross/self-contamination
- Hands should be cleaned before putting on PPE. All PPE should be changed between tasks and disposed of as soon as the task is completed and as per local policy. Always perform hand hygiene appropriately after removing and disposing of PPE
- After use, reusable eye protection must be decontaminated appropriately, refer 'Safe management of care equipment for Care Home settings'

### 6. Footwear

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.

### 7. Headwear

Headwear is not routinely required in care homes. Headwear worn for religious reasons is permitted providing resident care and safety is not compromised. Headwear worn for religious reasons must be washed and/or changed daily or immediately if contaminated.

### 8. Evidence of good practice

It is recommended that, for assurance purposes, annual audits to assess the standard of staff technique are carried out. An audit tool is available to download at [www.infectionpreventioncontrol.co.uk](http://www.infectionpreventioncontrol.co.uk).

### 9. Infection Prevention and Control resources, education and training

See Appendix 1 for the 'PPE: Quick reference guide'.

The Community Infection Prevention and Control (IPC) Team have produced a wide range of innovative educational and IPC resources designed to assist your Care Home in achieving compliance with the *Health and Social Care Act 2008: code of practice on the prevention and control of infections and related resources* and CQC registration requirements.

These resources are either free to download from the website or available at a minimal cost covering administration and printing:

- 30 IPC Policy documents for Care Home settings
- Preventing Infection Workbook: Guidance for Care Homes
- IPC CQC inspection preparation Pack for Care Homes
- IPC audit tools, posters, leaflets and factsheets
- IPC Bulletin for Care Homes

In addition, we hold IPC educational training events in North Yorkshire.

Further information on these high quality evidence-based resources is available at [www.infectionpreventioncontrol.co.uk](http://www.infectionpreventioncontrol.co.uk).

## 10. References

Department of Health and Social Care (Updated December 2022) *Health and Social Care Act 2008: code of practice on the prevention and control of infections and related guidance*

Department of Health (2016) *Health Technical Memorandum 01-04: Decontamination of linen for health and social care Guidance for linen processors implementing BS EN 14065*

Health and Safety Executive (2013) *Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 (the Sharps Regulations)*. HSE Information sheet [www.hse.gov.uk/pubns/hsis7.pdf](http://www.hse.gov.uk/pubns/hsis7.pdf)

Health and Safety Executive (2009) *The Carriage of Dangerous Goods and Use of Transportable Pressure Equipment Regulations (CDG 2009)* [www.legislation.gov.uk/ukxi/2009/1348/contents/made](http://www.legislation.gov.uk/ukxi/2009/1348/contents/made)

Health and Safety Executive (1974) *Health and Safety at Work, etc. Act 1974* London

Loveday HP, et al, epic 3: National Evidence-Based Guidelines for Preventing Healthcare-Associated Infections in NHS Hospitals in England *Journal of Hospital Infection* 86S1 (2014) S1-S70

National Institute for Health and Care Excellence (2012 – Updated February 2017) *Healthcare-associated infections: prevention and control in primary and community care Clinical Guideline 139*

NHS England (2022, updated April 2023) *National infection prevention and control manual (NIPCM) for England*

NHS England and NHS Improvement (2021) *National Standards of Healthcare Cleanliness 2021*

## 11. Appendices

Appendix 1: PPE: Quick reference guide



## PPE: Quick reference guide



### Risk assessment prior to any procedure:

- Risk of exposure to blood and or body fluids
- Risk of exposure to non-intact skin or mucous membranes
- Resident with confirmed or suspected infection
- Contact with substances hazardous to health

**If yes to any of the above: WEAR APPROPRIATE PPE**

Avoid overuse or inappropriate use of PPE to minimise environmental impact.

Glove selection guide	Sterile		Non-sterile		
	Latex	Nitrile	Latex	Nitrile	Domestic
<b>Procedure and type of contact</b> Ticks indicate which glove to use for the procedures listed and if they should be sterile or non-sterile. Please note that this is not an exhaustive list.					
Aseptic technique	✓	✓			
Blood/blood stained body fluids			✓	✓	
Body fluids, e.g. urine, faeces			✓	✓	
Clean technique, e.g. dressing pressure ulcers, leg ulcers, dry wounds, simple grazes			✓	✓	
Confirmed or suspected respiratory illness, e.g. flu, COVID-19			✓	✓	
Decontamination of equipment			✓	✓	
Domestic tasks					✓
Sorting soiled laundry			✓	✓	
Urinary catheterisation	✓	✓			
Urine drainage bag emptying			✓	✓	
Venepuncture			✓	✓	

Glove and apron colour coding	
<b>White</b>	Clinical, e.g. bathing residents, bed making
<b>Red</b>	Cleaning of bathrooms, showers, toilets and basins
<b>Blue</b>	Cleaning of general areas, e.g. corridors, lounges
<b>Green</b>	Cleaning of kitchen areas and serving food
<b>Yellow</b>	Clinical, when caring for isolated residents. Cleaning of isolated resident's bedrooms

Correct order for putting on and removing Personal protective equipment (PPE)	
Order for putting on PPE	Order for removing PPE
<p><b>1</b>  Ensure you are 'Bare Below the Elbows' and hair is tied back. Clean your hands. Pull apron over your head and tie at back of your waist.</p>	<p><b>1</b>  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.</p>
<p><b>2</b>  <b>Elasticated masks:</b> Position loops behind ears. <b>Tied masks:</b> Position upper straps on the crown of your head, lower straps at the nape of your neck.</p> <p><b>For both masks:</b> With both hands, mould the flexible band over the bridge of your nose.</p>	<p><b>2</b>  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.</p>
<p><b>3</b>  Holding the eye protection by the sides, place over your eyes.</p>	<p><b>3</b>  Handle eye protection only by the headband or the sides. Discard disposable eye protection. Reusable eye protection must be decontaminated after each use. Clean hands.</p>
<p><b>4</b>  Put on gloves and extend to cover your wrists.</p>	<p><b>4</b>  <b>Elasticated masks:</b> Pull loops over ears. <b>Tied masks:</b> Untie or break lower straps followed by upper straps. <b>Both masks:</b> Holding only by the loops or straps, discard. Clean hands.</p>

For further information, please refer to the full Policy which can be found at [www.infectionpreventioncontrol.co.uk/care-homes/policies/](http://www.infectionpreventioncontrol.co.uk/care-homes/policies/)

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