Peninsula Community Health

Personal Protective Equipment (PPE) Policy
(An element of standard infection control precautions)

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<tr>
<th>Title:</th>
<th>Personal Protective Equipment Policy</th>
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</tr>
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Please Note the Intention of this Document

The use of personal protective equipment (PPE) is essential for health and safety, is considered standard in certain situations and is one of the nine elements of Standard Infection Control Precautions, which are particularly concerned with the spread of organisms that might be present in blood or other body fluids.

Review and Amendment Log

<table>
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1 Introduction

The use of personal protective equipment (PPE) is essential for health and safety. When considering infection control, a risk assessment may be required in order to decide which PPE is most appropriate for the task/ situation, depending on what the wearer might be exposed to, e.g. blood/ other body fluids. The PPE at Work Regulations 1992 are in place to protect workers from injury or sickness caused by their work activities where other controls have not been available. PPE is defined in the Regulations as ‘all equipment which is intended to be worn or held by a person at work and which protects them against one or more risks to their health or safety e.g. helmets, gloves, eye protection. PPE should be considered a last resort when other control measures have been considered and either implemented or proven ineffective.

The benefit to wearing PPE is two-fold, offering protection to both patients/ clients and those caring for them. Further risk assessments are required and the Infection Control Lead and Occupational Health department can support these e.g. in those with sensitivity/ allergies to latex who may require support in order that any related risks can be addressed. The principles described here should apply to all situations and all settings.

2 Definitions

For the purposes of this guideline, the PPE described, which might be used in general care settings, includes:

- Gloves
- Aprons/ gowns
- Face, mouth/ eye protection, e.g. masks/ goggles/ visors

This guideline does not contain details of the use of PPE in specialised situations where particular organisms/ infections are present e.g. respiratory infections and the use of specialised masks; these issues should be discussed with the Infection Control lead. This guideline was developed from an original policy developed by Health Protection Scotland.

3 Duties

This section includes an overview of individual roles, departmental and committee duties including levels of responsibility:

All staff

- Have the responsibility to wear personal protective equipment (PPE) appropriately to avoid contamination as far as possible
- Have a responsibility to display available, relevant posters detailing information on the use of PPE
- All staff are required to undertake training on all aspects of PPE and its uses in order to avoid potential contamination with organisms/ infection, must be provided and be regular, e.g. annual updates given
Managers

- Have the responsibility to ensure local risk assessments are carried out where necessary, e.g. to identify the use of appropriate PPE to ensure adherence to safe practices, including the provision of resources to ensure this, to ensure immunization programmes are offered appropriately and any incidents that occur are reviewed and subsequent actions taken where appropriate
- Have the responsibility to ensure training is available and staff has the responsibility to attend such training sessions.
- Managers have a responsibility to consult with staff who wear PPE to ensure the correct PPE is chosen, used and maintained properly
- The Chief Executive, as the accountable officer is ultimately responsible for health and safety for Peninsula Community Health (PCH).

4 Incident Reporting

- Where there has been a potential or actual risk of exposure to infection, such as an occupational exposure, e.g. a needlestick injury, has occurred, an incident report should be completed
- Where an occupational exposure has occurred it should be managed following guidance from Occupational Health and the safe sharps practice guideline
- Adverse reactions relating to the use of PPE e.g. latex glove allergies/ sensitivities, should also be referred to Occupational Health, and reported to the line manager, the GP and to the Health and Safety Manager.

5 Gloves

5.1 How to choose the correct glove and when to wear gloves

See Appendix 1 ‘Glove Usage Flowchart’ describing types of gloves.
See Appendix 2 Hand Hygiene

In addition:
- Gloves must be appropriate for use, fit for purpose and well fitting to avoid interference with dexterity, friction, excessive sweating, finger and hand muscle fatigue, therefore the supply and choice of the correct size of glove, e.g. small, medium or large, is important
- Expiry dates/ lifespan of gloves should be adhered to, according to manufacturers’ instructions
- Never use disposable latex gloves containing powder due to the risks associated with aerosolisation and an increased risk of latex allergies
- Gloves should be worn when contamination might occur.

See Appendix 2 Summary Guide to the Use of Personal Protective Equipment. In addition

- It is important to remove PPE immediately following a procedure.
- PPE should never be worn for more than one patient/ procedure/ area.

5.2 How to put on gloves

- Hands should be decontaminated prior to use of gloves
- Gloves should be donned prior to commencement of any procedure where exposure/ contamination might occur by holding the wrist end of the glove open with one hand
5.3 When to change gloves

- Gloves should be changed between patients / procedures
- It may be necessary to change gloves between tasks on the same patient to prevent unnecessary cross-contamination
- Do not wear PPE, such as gloves, which have been used for a procedure after the task is complete, remove them immediately.
- Gloves are not a substitute for employing good hand hygiene, this should be performed each time gloves are removed by hand washing if available
- Torn, punctured or otherwise damaged gloves should not be used and should be removed immediately (safety permitting) if this occurs during a procedure
- Never perform hand washing while wearing gloves
- Never use products such as alcohol hand products to clean gloves or wash single use disposable gloves
- Gloves worn for protection when exposure to blood / other body fluids may occur are single use and should be removed and replaced as appropriate, with hand hygiene performed in between times.

5.4 How to remove and dispose of gloves

- Remove gloves promptly after use, before touching non-contaminated/ clean areas/ items, environmental surfaces, or other persons (including yourself). Gloves being worn for a procedure/ activity should not be worn to handle or write on charts, or to touch any other communal, clean surfaces.
- Care should be taken when removing used gloves to avoid contamination. The wrist end of the glove should be handled and the glove should be pulled down gently over the hand, turning the outer contaminated surface inward while doing so, i.e. the gloves are then disposed of inside out, preferably with the second glove also pulled over the first while removing it so that they are wrapped together. Used gloves should never be placed on environmental surfaces
- Dispose of all PPE, including disposable gloves, safely and immediately following use into appropriate receptacles
- Perform hand hygiene immediately after removal/ disposal of gloves. Gloves are not a substitute for employing good hand hygiene.

5.5 How to store a supply of gloves

- Supplies of gloves used/ opened should be stored in a clean, dry place, e.g. do not store boxes of gloves in a dirty area such as a sluice (except those for immediate use)
- Gloves should not be decanted from the original box, to ensure the expiry date is known and the integrity maintained.

6 Aprons and Gowns

6.1 When to wear and how to choose an apron/ gown

Aprons/ gowns should be worn when contamination might occur. See Appendix 2 Summary Guide to the Use of Personal Protective Equipment. In addition
• Aprons/ gowns should be appropriate for use, fit for purpose, and to avoid any interference during procedures, and any expiry dates, e.g. on sterile gowns, should be adhered to, according to manufacturers’ instructions.
• Disposable, single-use plastic aprons should preferably be worn when exposure to blood and other body fluids might occur, particularly in care settings. Colour-coded aprons are often used for specific tasks/ in specific areas. Never reuse/ wash single use disposable aprons/gowns.
• An impermeable gown should be worn when there is a risk of significant splashing of body fluids rather than a plastic apron, e.g. in theatre type settings/ during invasive procedures. There are many types of gowns available and the most appropriate should be considered following risk assessment with involvement of the Infection Control lead and Occupational Health.
• Do not wear PPE, such as gloves, which have been used for a procedure after the task is complete, remove them immediately - they should never be worn while moving to a different patient/ area.

6.2 When to change an apron/ gown and how to remove and dispose of it
• Aprons/ gowns should be changed between patients/ procedures. It may be necessary to change aprons/ gowns between tasks on the same patient to prevent unnecessary cross-contamination. Do not wear PPE, e.g. gloves that have been used for a procedure once the task is complete, they should be removed immediately - they should never be worn while moving to a different patient / area.
• Torn or otherwise damaged aprons/ gowns should not be used and should be removed immediately (safety permitting) if this occurs during a procedure.
• Remove aprons/ gowns promptly after use, avoiding contact with most likely contaminated areas, e.g. the front surface, and avoiding contamination of undergarments. The outer contaminated side of the apron/ gown should be turned inward, rolled into a ball and then the item should be discarded. Used aprons/ gowns should never be placed on environmental surfaces.
• Remove aprons/ gowns before going on to work with/ touch non-contaminated/ clean areas, items, environmental surfaces, or other persons (including yourself).
• Change disposable aprons used for clinical/ care procedures before serving meals as per the colour coding system.
• Dispose of all PPE, including disposable aprons/ gowns, safely and immediately following use into appropriate receptacles.
• Perform hand hygiene immediately after removal/ disposal of aprons/ gowns.

6.3 How to store supplies of aprons/ gowns
• Supplies of aprons/ gowns waiting to be used should be stored in a clean, dry place, e.g. do not store unused supplies of aprons/ gowns in a dirty area such as a sluice, only aprons being used in this area should be stored here.

7 Face, mouth/ eye protection - surgical masks/ goggles

7.1 How to choose the correct protection and when and how to wear it

Face, mouth/ eye protection should be worn when contamination from blood/ other body fluids might occur, see Appendix 2 Summary Guide to the Use of Personal Protective Equipment. In addition.
• Well fitting, fit for purpose, comfortable protection is important to ensure adequate protection. Manufacturers’ instructions including expiry dates should be adhered to
• Manufacturers’ instructions should be adhered to while donning face protection to ensure the most appropriate fit/ protection
• Surgical masks should always fit comfortably, covering the mouth and nose. When not in use for protection, they should be removed and not worn around the neck
• Goggles should provide adequate protection when the risk of splashing is present, e.g. those used must ‘wrap around’ the eye area to ensure side areas are protected
• Face shields/ visors may be considered, in place of a surgical mask and/ or goggles, where there is a higher risk of splattering/ aerosolisation of blood/ other body fluids
• Face protection should not be touched whilst being worn
• Remove PPE immediately following a procedure, it should never be worn while moving to a different patient/ area
• Risk assessment to dictate the need for other types of masks, e.g. respirator-type masks, should be carried out in conjunction with the Infection Control Lead, in line with specific policies on specific infections when these needs arise.

7.2 When to change face protection
• Face protection should be changed between patients/ procedures. It may be necessary to change between tasks on the same patient to prevent unnecessary cross-contamination. Remove PPE immediately once you have finished the task, these should never be worn while moving to a different patient/ area
• If surgical masks become wet or soiled they should be changed in order to ensure continued protection from splashes/ splattering to the mouth and nose.
• Torn or otherwise damaged face protection should not be used and should be removed immediately (safety permitting) if this occurs during a procedure.

7.3 How to remove and dispose of face protection
• Remove face protection promptly after use, avoiding contact with most likely contaminated areas, e.g. the front surface; this should be done by handling the straps/ ear loops/ goggle legs only (manufacturers’ instructions where given should be followed). The outer contaminated side of masks should be turned inward upon removal for disposal
• Dispose of all PPE, including disposable masks/ face protection, safely and immediately following use into appropriate receptacles
• Single use disposable items should never be reused. Used face protection should never be placed on environmental surfaces
• Reusable items, e.g. non-disposable goggles/ face shields/ visors should have a clear decontamination schedule with responsibilities assigned in accordance with manufacturers instructions) and items should be dealt with immediately following use
• Perform hand hygiene immediately after removal/ disposal of face protection

7.4 How to store a supply of face protection items
• Face protection supplies should be stored in a clean, dry place, e.g. do not store unused boxes in a dirty area such as a sluice
• Face protection with expiry dates should not be stored out with their original box to ensure their expiry date is known and their integrity maintained
8 Footwear

8.1 The principles of footwear and infection control

The correct use of footwear should be considered to encourage infection control

- When providing care, closed-toed shoes should be worn to avoid contamination with blood or other body fluids or potential injury from sharps
- Footwear should be kept clean
- Care should be taken when donning/ removing shoes at any time during care delivery to avoid hand contamination
- Hand hygiene should be performed following handling of footwear
- Overshoes should not be worn as they can lead to unnecessary hand contamination while donning/ removing and can cause aerosolisation of microorganisms due to bellowing when walking

9 Good Practice Points for PPE

- Should be appropriate, fit for purpose and suitable for the person using/ wearing it, with supplies located close to the point of use and donning and removing of items carried out appropriately each time
- Never perform hand washing while wearing gloves and never use products such as alcohol hand products to clean gloves, instead, disposable gloves generally used for procedures where exposure to blood/ other body fluids may occur are single use, and should be removed and replaced as appropriate, with hand hygiene performed in between times
- PPE should not be a source of further contamination, e.g. by being left once removed on environmental surfaces, or by being removed inappropriately by wearers and as such contaminating hands unnecessarily
- The use of PPE such as gloves does not negate the need for hand hygiene.
- Integrity of PPE must not be affected during procedures. This could potentially lead to exposure to blood, other body fluids, excretions, secretions e.g. products used such as hand creams, solvents (acetone) etc. Check COSHH data sheets and manufacturers' instructions to ensure compatibility.
- Stocks of PPE should be stored off the floor, e.g. on appropriate shelving in a designated, clean and dry storage area to ensure that they are not contaminated prior to use
- Single use items should be used where appropriate/ possible and never reused (packaging of such items clearly states if they are single use). Manufacturers’ instructions should always be followed
- All PPE should be fit for purpose e.g. CE marked
- PPE should be compatible e.g. safety goggles and respirator mask should not interfere with the fitting of either.

10 Risk Management Strategy Implementation

10.1 Implementation & Dissemination

Implementation will be through the Infection Prevention and Control Committee, IPC Link group, Team Leaders, Matrons, Sisters and Locality Managers.
10.2 Training and Support

Personal Protective Equipment will be embedded in mandatory update training for Infection Prevention and Control.

10.3 Document Control & Archiving Arrangements

Once ratified, this policy will be loaded to the documents library. Any previous versions will be electronically archived by the Policy Administrator in the electronic Policy Drive Archive Folder.

A signed hard copy of the policy will be forwarded to the Policy Administrator and an electronic copy will be saved by the Policy Administrator in the electronic Policy Drive. Further copies of current and archived policies can be obtained from the Policy Administrator including versions in large print, Braille and other languages.

10.4 Equality Impact Assessment

Peninsula Community Health aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others.

As part of its development, this strategy and its impact on equality have been assessed. The assessment is to minimise and if possible remove any disproportionate impact on employees on the grounds of race sex, disability, age, sexual orientation or religious belief. No detriment was identified.

11 Process for Monitoring Effective Implementation

The effective implementation of this policy will be monitored by the Infection Prevention and Control Committee. An annual audit using Infection Prevention Society Audit Tools and Hand Hygiene Audits will take place. In addition incidents reported in the incident reporting system can be reviewed and discussed at IPCC.

12 Associated Documentation

This document references the following supporting documents which should be referred to in conjunction with the document being developed.

13 References


• THE HEALTH AND SOCIAL CARE ACT (2008) Department of Health


• Health & Safety at Work Regulations (1999) Approved Code of Practice and Guidance

• Personal Protective Equipment at Work Regulations: Guidance on Regulations (1992)

• Control of Substances Hazardous to Health (COSHH) Regulations (2002)

Further Web Sources
www.sehd.gov.uk
www.hse.gov.uk
www.hpa.org.uk
www.cdc.gov
www.hps.scot.nhs.uk
www.medical-devices.gov.uk
www.healthcareA2Z.org
Appendix 1 RISK ASSESSMENT – GLOVE USAGE FLOWCHART

Are gloves really necessary?

Gloves are **NOT** required for procedures where there is minimal risk of cross infection between patients and staff e.g.
- Basic care procedures without contact with blood or body fluids
- Transferring food from food trolleys to patient bedside
- Making uncontaminated beds/changing or removing patients’ uncontaminated clothing
- Taking recordings (BP, Temp, Pulse)
- Closed Entrotracheal Suction

Gloves **ARE** required for procedures where there is a risk of cross infection between patients and staff and further risk assessment should be carried out

**IS THERE A HIGH RISK OF EXPOSURE TO BLOOD AND BODY FLUIDS**

**NO**
- NON-Sterile Vinyl / Latex

**YES**
- IS A STERILE FIELD REQUIRED?
  - **NO**
  - NON-Sterile Nitrile / Latex OR Synthetic Glove with Equivalent Barrier Properties
  - **YES**
    - THEATRE ENVIRONMENT:
      - ELASTRYN
      - Neoprene
      - Nitrile
      - Non-Powdered Low Protein Latex
      - Synthetic Polyisoprene
      - Tactylon

**NON-THEATRE ENVIRONMENT**
- *STERILE Nitrile / Latex
Appendix 1 (Continued)  GLOVE SELECTION – GUIDANCE

**TYPE OF ACTIVITY**

- **Procedures involving high risk of exposure to BBVs and where high barrier protection is needed e.g.**
  - Potential exposure to blood/body fluids e.g. blood spillages, faecal incontinence, blood glucose monitoring, administering enemas/suppositories and rectal examinations
  - Handling cytotoxic material
  - Handling disinfectants
  - Venepuncture/cannulation
  - Vaginal examination
  - Basic care and specimen collection procedures on patients known or suspected to be high risk of BBV
  - Non Surgical dentistry/podiatry
  - Handling dirty/used instruments
  - Processing specimens in a laboratory

- **Procedures requiring a sterile field and high barrier protection, e.g.**
  - Lumbar punctures
  - Liver biopsies
  - Clinical care to surgical wounds/drain sites
  - Procedures for neutropenic patients
  - Insertion of urinary catheters
  - Vaginal examination in obstetrics

- **Tasks where there is a low risk of contamination, non-invasive clinical care, or environmental cleaning e.g.**
  - Oral care
  - Emptying catheter drainage bags
  - Emptying urinals/bedpans and suction jars
  - Handling low risk specimens
  - Clinical cleaning
  - Dressing wounds when contact with blood/body fluids is unlikely e.g. gastrostomy dressings
  - Endotracheal suction
  - Applying creams
  - Touching patients with unknown skin rash/scabies/shingles
  - Making beds/changing clothing of patients in isolation

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  - Endotracheal suction
  - Applying creams
  - Touching patients with unknown skin rash/scabies/shingles
  - Making beds/changing clothing of patients in isolation

- **Cleaning**
  - Food handling, preparation, serving
    - Polythene
    - Vinyl/latex
    - Colour-coded marigolds

- **General cleaning**
  - Isolation room
    - Vinyl/latex
    - Non-sterile nitrile

- **Blood borne virus exposure/spillage**
  - Non-sterile nitrile

- **STERILE SURGICAL GLOVES**
  - Elastryn
  - Neoprene
  - Nitrile
  - Non-powdered low protein latex
  - Synthetic polyisoprene
  - Tactylon

- **Staff using latex gloves of any type, will be required to report to their line manager any problems encountered and be reviewed by Occ Health**
Appendix 2

Hand Hygiene Policy and Guidelines

Hands are the principle route by which cross infection occurs in health care settings. Hand hygiene is, therefore, the single most important means of reducing the spread of infection. All healthcare workers are required to comply with this policy.

Compliance will be encouraged by:

- Ensuring easy access to appropriate hand hygiene products at the point of care, (wherever this is safe to do so)
- Increasing awareness of the importance of hand hygiene amongst healthcare workers using a variety of strategies such as training (on induction and annual updates), posters and positive role modelling
- Wearing uniforms and other clothing worn for direct contact with patients or the clinical environment that are short sleeved, leaving the arm naked below the elbow.
- Providing information for patients about the importance of hand hygiene
- Inviting patients to prompt staff to clean their hands if they think they have forgotten.

Compliance will be monitored through regular (minimum 6 monthly) audit of hand hygiene practice in clinical areas using a validated audit tool. Audits will be undertaken by the link nurse or other auditor trained to use the tool. Feedback to clinical staff will be provided in the form of verbal feedback immediately after the audit and written results, preferably in the form of a run chart for display in the clinical area.

- Background Information

Microbes on the hands can be classified as either transient or resident.

Transient micro-organisms are found on the surface of the skin. Direct contact with other people or equipment can result in the transfer of 'transients' to or from the hands with ease. As such they are an important cause of cross infection. However, they are also easily removed by routine hand hygiene practice (Refer 1.1.3a).

Resident micro-organisms are more deeply seated in the epidermis. As a result they are difficult to remove and are not usually implicated in cross infection. However, during surgery and other major invasive procedures they may enter deep tissues and cause infection. Thus there is a need for more extensive hand hygiene prior to such procedures (Refer 1.1.3b).

- When to Decontaminate Hands

The critical point for hand hygiene to occur is:

- Immediately prior to every episode of direct patient contact (even if gloves are worn)
- After every episode of direct patient contact (even if gloves have been worn)
- After contact with a patient’s immediate environment and the equipment within it.

In addition, hands must be decontaminated:

- after any contact that may result in the hands becoming visibly dirty
- after handling potentially contaminated equipment
- prior to an aseptic procedure, including the manipulation of IV systems.
- after going to the toilet
- prior to eating/preparing food or drink

**Levels and Methods of Hand Hygiene**

a) **Routine Hand Hygiene**

(i) **Handwashing**

Hand washing will remove transient micro-organisms and visible dirt/soiling.

**Method**

Liquid soap and running water is required for this level of hand hygiene.

NB: Bar soap is not permitted for staff handwashing in health care premises.

Wet hands thoroughly under running water
Apply liquid soap, rub soap into hands for 10-15 seconds using an effective technique (Refer Figure 1).
Rinse thoroughly under running water.
Dry thoroughly with paper towels.

(ii) **Use of alcohol handrub**

Generally, alcohol handrub is an effective alternative to routine handwashing if the hands are visibly clean. It is useful when handwashing facilities are not readily available +/or when speed is of the essence. It facilitates timely hand hygiene i.e. immediately before and after direct patient contact and, therefore, must be readily available in dispensers at the bedside or carried by staff. However, there are some microbes that are resistant to alcohol e.g. *Clostridium difficile* spores and Norovirus. It is essential to wash your hands with soap and water when dealing with patients known or suspected to have these infections. As the diagnosis is not always obvious, a pragmatic approach is to use soap and water whenever dealing with a patient with diarrhoea.

**Method**

Apply enough of the product to thoroughly cover your hands, using an effective technique (Refer Figure 1). Rub hands together briskly until completely dry.

b) **Surgical Hand Hygiene**

(i) **Surgical Handwashing**

Pre-operative surgical handwashing will remove or destroy transient micro-organisms and significantly reduce detachable resident micro-organisms.

**Method**

Antiseptic detergent solutions are required for this level of hand hygiene eg povidone iodine detergent or 4% chlorhexidine detergent.

Wet hands and forearms under running water.
Apply antiseptic detergent to the hands and forearms and wash for two minutes. A sterile nailbrush may be used at the start of a list to clean nails. Repeated scrubbing is not recommended as it may damage the skin and result in an increase in the numbers of microorganisms colonising the skin. Rinse thoroughly under running water. Dry thoroughly with towel.

(ii) Use of alcohol handrub/gel

This method can be used between cases if the hands are physically clean. A surgical hand wash must be undertaken at start of list. Ensure that the alcohol hand rub/gel purchased is suitable for preoperative hand disinfection - check manufacturers recommendations.

Method

Two separate applications of alcohol handrub/gel rubbed onto hands and forearms until dry.
Other Aspects of Hand Hygiene for Clinical Staff

EFFECTIVE HANDWASHING TECHNIQUES

a) Finger Nails

Finger nails must be kept clean and short ie not visible beyond the finger tip, when viewed from the palm side. Nail varnish and false finger nails/tips must not be worn.

b) Bare skin from elbow to fingertip

Hand hygiene is facilitated by ensuring that the arms are bare below the elbow. Therefore, clinical staff should ensure that jackets are removed and either shirt sleeves rolled up or, preferably short sleeved shirts/tops worn when in clinical areas for patient care. In line with DH (2007) guidance on uniforms and workwear, long sleeved white coats must not be worn for patient care.
Staff must remove rings (other than a plain band), bracelets and wristwatches prior to clinical patient contact to facilitate effective hand washing. Staff have ongoing clinical contact e.g. doctors, nurses, physiotherapists should remove such jewellery at the start of their shift as it is impractical to do this prior to every patient contact.

Although a plain band ring is permitted during most clinical practice but it should be removed prior to surgical procedures.

c) Skin Care

- Bacterial counts increase when the skin is damaged therefore care must be taken to maintain skin integrity:-
  - Always wet hands thoroughly prior to application of liquid soap or antiseptic detergent.
  - Rinse hands thoroughly to remove soap or antiseptic detergent.
  - Dry hands carefully.
  - Apply good quality non ionic hand cream at the end of a shift (avoid communal pots of hand cream).

- Any staff who develop eczema, dermatitis or any other skin condition must seek advice from the Occupational Health Department as soon as possible.

- Any member of staff unable to use the recommended hand cleansing agents due to a skin condition/allergy must seek advice from the Occupational Health Department.

- Cuts and abrasions must be covered with a waterproof dressing.

- Always wash hands after removing gloves.

- Patient Hand Hygiene

Patients should be offered hand hygiene facilities and encouraged to wash their hands particularly after using toilet/commode/bedpan and prior to meals. Either soap and a bowl of water or hand cleansing wipes, which can be obtained from NHS Supply Chain, must be offered to patients who are unable to access hand washing facilities independently.
Appendix 3  Summary Guide to the Use of PPE

This guide is not exhaustive; it offers examples of common health and social care activities where blood/other body fluid exposure may occur and protection must be worn. As standard, a risk assessment must be undertaken to consider the risks of blood/other body fluid exposure prior to activities. For further details, refer to the introduction of this guideline or consult with the Infection Control Lead.

<table>
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<th>Activity</th>
<th>Aprons/ Gowns (depending on significant splashing/ exposure)</th>
<th>Face, eye, mouth protection (surgical masks, goggles)</th>
<th>Gloves (for type of glove to be used where indicated below see Risk Assessment Glove Usage Flowchart)</th>
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<td>Sterile procedures</td>
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<td>Risk assessment</td>
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<td>Risk assessment</td>
<td>✔</td>
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<td>Risk assessment</td>
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<td>Risk assessment</td>
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<td>N/A</td>
<td>✔</td>
</tr>
<tr>
<td>Vaginal examination</td>
<td>✔</td>
<td>N/A</td>
<td>✔</td>
</tr>
<tr>
<td>Applying topical creams, etc</td>
<td>N/A</td>
<td>N/A</td>
<td>✔</td>
</tr>
<tr>
<td>Touching patients with unknown skin rash</td>
<td>Risk assessment</td>
<td>N/A</td>
<td>✔</td>
</tr>
<tr>
<td>Emptying/ changing urinary catheter bags, urinals, bedpans, etc</td>
<td>✔</td>
<td>Risk assessment</td>
<td>✔</td>
</tr>
<tr>
<td>Handling specimens</td>
<td>✔</td>
<td>N/A</td>
<td>✔</td>
</tr>
<tr>
<td>Handling used instruments</td>
<td>✔</td>
<td>N/A</td>
<td>✔</td>
</tr>
<tr>
<td>Using disinfectants, cleaning agents</td>
<td>✔</td>
<td>Risk assessment</td>
<td>✔</td>
</tr>
<tr>
<td>General cleaning of clinical areas</td>
<td>Risk assessment</td>
<td>N/A</td>
<td>Risk assessment</td>
</tr>
<tr>
<td>Bed making, dressing patients</td>
<td>✔</td>
<td>N/A</td>
<td>Risk assessment</td>
</tr>
<tr>
<td>Oral care</td>
<td>Risk assessment</td>
<td>Risk assessment</td>
<td>✔</td>
</tr>
<tr>
<td>Feeding patient</td>
<td>✔</td>
<td>N/A</td>
<td>Risk assessment</td>
</tr>
<tr>
<td>General housework</td>
<td>Risk assessment</td>
<td>N/A</td>
<td>Risk assessment</td>
</tr>
<tr>
<td>Handling waste</td>
<td>Risk assessment</td>
<td>Risk assessment</td>
<td>✔</td>
</tr>
</tbody>
</table>

NB Hand hygiene must always be preformed on removal of PPE. This guideline does not detail information on the use of PPE to be used in specific situations where particular organisms/infections are present. This should be discussed with the Infection Control Lead however; the principles described should apply to all situations.
### Equality Impact Assessment Tool

To be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

1. Does the document/guidance affect one group less or more favourably than another on the basis of:
   - Race
   - Ethnic origins (including gypsies and travellers)
   - Nationality
   - Gender
   - Culture
   - Religion or belief
   - Sexual orientation including lesbian, gay, transgender and bisexual people
   - Age
   - Disability - learning disabilities, physical disability, sensory impairment and mental health problems

2. Is there any evidence that some groups are affected differently?

3. If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable?

4. Is the impact of the document/guidance likely to be negative?

5. If so, can the impact be avoided?

6. What alternative is there to achieving the document/guidance without the impact?

7. Can we reduce the impact by taking different action?

If you have identified a potential discriminatory impact of this procedural document, please refer it to the Equality and Diversity lead, together with any suggestions as to the action required to avoid/reduce this impact.

For advice in respect of answering the above questions, please contact the Equality and Diversity lead.