

Personal Protective Equipment (PPE)



Regulations

PPE is defined in the Personal Protective Equipment at Work Regulations 1992 as:



“all equipment which is intended to be worn or held by a person who is at work and which protects him/her against one or more risks to his/her health and safety”.



PPE and the Law

- PPE is a requirement of Health and safety legislation.
- The Employer has a legal responsibility to provide appropriate PPE, but you are legally required to wear it appropriately and correctly.



Why wear PPE?

The aim of wearing PPE is to;

- Protect the Health care worker from occupational exposure to blood and body fluids,
- Prevent contamination of uniforms or other clothing from micro-organisms
- Minimise the risk of infection to residents.

PPE has a dual function - to protect staff and residents

Must be worn correctly



PPE

- Uniform
- Gloves
- Plastic apron
- Disposable gowns
- Masks
- Eye protection - goggles/visors/safety glasses
- PPE Risk Assessment



Uniforms

- Change Every Shift
- Wash at 60 degrees (or highest possible)
- Bare Below Elbows
- If uniform/work wear becomes contaminated with blood or body fluids it must be changed immediately, before attending another resident .



Selection

PPE selection must be based on an **assessment of the risk of transmission** of micro- organisms

- to the resident
- to the carer

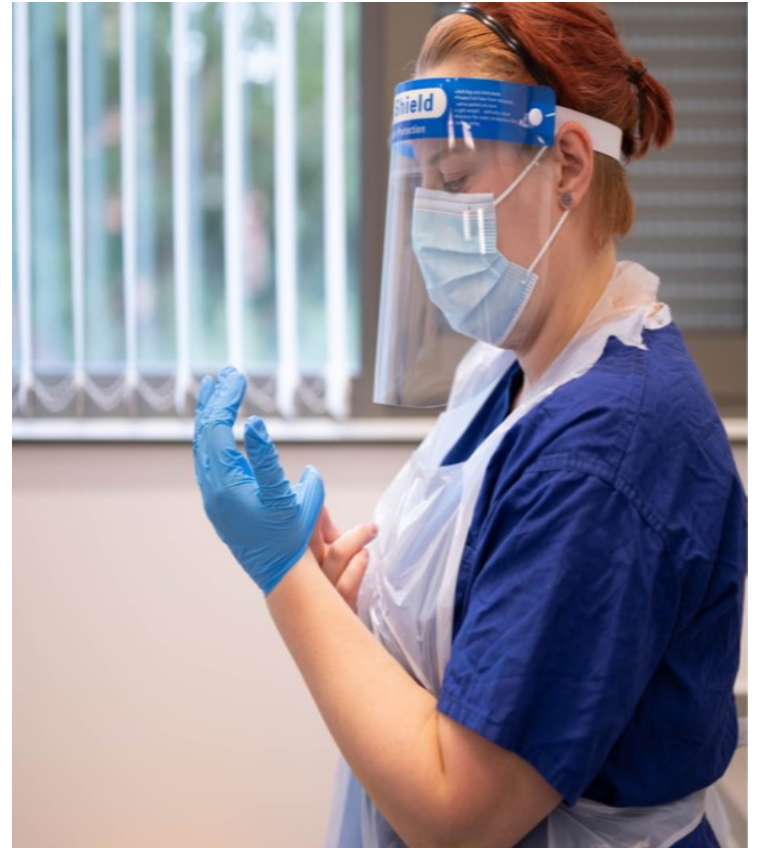
And

- the risk of contamination of the healthcare workers clothing and skin by patients' blood, body fluids, secretions or excretions.



Selection

The type of PPE used must provide adequate protection to staff against the risks associated with the procedure or task being undertaken



Gloves/Aprons

Gloves and Aprons are required:

- When hands are likely to be in contact with body fluids or mucous membranes
- When having direct contact with an infected patient or the environment
- When handling soiled bed linen.



Gowns

Full body gowns/Fluid repellent coveralls must be worn when there is a risk of extensive splashing of blood and/or other body fluids e.g. in the operating theatre

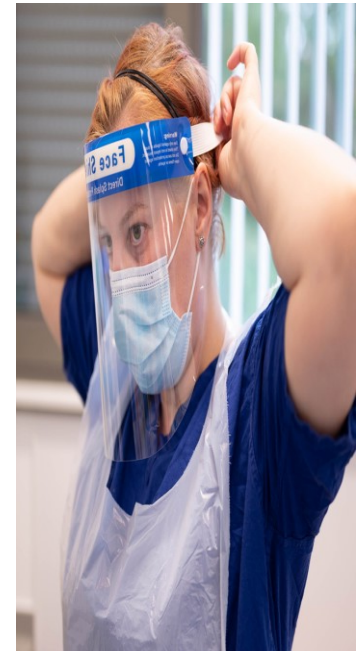
Worn if advised for specific situation, e.g. Carbapenemase Producing Enterobacteriaceae (CPE) or when undertaking Aerosol Generating Procedure (AGP) for a COVID +ve case.



Face Protection

Eye/face protection (Masks, Goggles and Visors) must be:

- Worn if blood and/or body fluid contamination to the eyes/face is anticipated/likely e.g. by members of the dental team or surgical theatre team and always during Aerosol Generating Procedures.



FFP3

FFP3 Masks are required for

- Multi-Drug Resistant TB
- Influenza/COVID when an aerosol generating procedure is being performed.



Finally... Or is it !!

➤ PPE must be removed correctly at the point of care

And

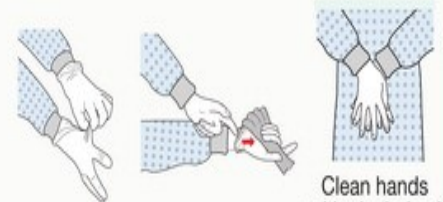
➤ Disposed of in appropriate waste stream

PPE should be removed in an order that minimises the potential for cross contamination.

The order of removal of PPE is as follows:

1

Gloves -
the outsides of the gloves are contaminated



Clean hands with alcohol gel

2

Gown -
the front of the gown and sleeves will be contaminated



3

Eye protection -
the outside will be contaminated



4

Respirator
Clean hands with alcohol hand rub. Do not touch the front of the respirator as it will be contaminated



5

Wash hands with soap and water



It is now

Remember....Hand Hygiene must be performed once PPE has been removed!

