



## USE OF PERSONAL PROTECTIVE EQUIPMENT (PPE) STANDARD PRECAUTIONS: IN THE DIRECT CARE OF PATIENTS

Policy Type	Clinical Infection prevention and control
Directorate	Corporate Nursing
Policy Owner	Chief Nurse including Midwifery and Allied Health Professionals Director of Infection Prevention and Control (DIPC)
Policy Author	Infection Prevention and Control Team
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**‘During the COVID19 crisis, please read the policies in conjunction with any updates provided by National Guidance, which we are actively seeking to incorporate into policies through the Clinical Ethics Advisory Group and where necessary other relevant Oversight Groups’**

The latest Public Health England (PHE) guidance is available online.  
[To read more click here.](#)

World Health Organization (WHO) confirmation that NHS guidance is based on the best available evidence. [To read more click here.](#)

## DOCUMENT HISTORY

(Procedural document version numbering convention will follow the following format. Whole numbers for approved versions, e.g. 1.0, 2.0, 3.0 etc. With decimals being used to represent the current working draft version, e.g. 1.1, 1.2, 1.3, 1.4 etc. For example, when writing a procedural document for the first time – the initial draft will be version 0.1)

Date of Issue	Version No.	Date Approved	Director Responsible for Change	Nature of Change	Ratification / Approval
2012	4.2		Executive Director of Nursing & Workforce	Update format, wording & content	
Nov 12	4.2		Executive Director of Nursing & Workforce	Ratified at	Infection, Prevention & Control Committee
1 Nov 13	4.2		Executive Director of Nursing & Workforce	Ratified at	Clinical Standards Group
6 Dec 13	5	6 Dec 13	Executive Director of Nursing & Workforce	Approved at	Policy Management Group
27 Nov 14	5		Executive Director of Nursing & Workforce	Appendix D	Mandatory Training Group
16 Dec 14	5	16 Dec 14	Executive Director of Nursing & Workforce	Appendix D amended and Approved at	Policy Management Group
Dec 16	5.1		Executive Director of Nursing & Workforce	Updated references Minor content updating Appendix B amended	
13 Dec 2016	6..0	13 Dec 2016	Executive Director of Nursing & Workforce	Approval at	Corporate Governance & Risk Sub-Committee
11 Sep 2019	6.1		Director of Nursing	Policy review agreed at	IPCC
25 Oct 19	6.1		Director of Nursing	To be endorsed at	Clinical Standards Group
18 Nov 19	7.0	9 Dec 19	Director of Infection Prevention and Control	Policy approved via voting buttons at	Policy Management Sub-Committee
03 April 2020	7.1		Director of Infection Prevention and Control	Caveat & useful links added to title page during COVID19	
29 Jan 2021	7.1	9 Dec 19	Director of Infection Prevention and Control – Chief Nurse including Midwifery and Allied Health Professionals	12 month blanket policy extension due to covid 19 applied with author review date set 6 months prior to Valid to Date.	Quality & Performance Committee
17 May 2021	7.1	9 Dec 19	Director of Infection Prevention and Control – Chief Nurse including Midwifery and Allied Health Professionals	Extended policy uploaded and linked back with new cover sheet	Corporate Governance

NB This policy relates to the Isle of Wight NHS Trust hereafter referred to as the Trust

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## 1 Executive Summary

This policy provides guidance on use of Personal Protective Equipment (PPE) and implementation of Standard Infection Control Precautions.

The decision to wear personal protective equipment is made on the basis of risk assessment for risk of transmission of micro-organisms to the patient, plus the risk of contamination of the healthcare workers' clothing and skin by patients' blood, body fluids, secretions and excretions.

The policy gives the requirements for

- Use of Standard Infection Control Precautions
- Use of gloves
- Use of plastic aprons and full body fluid repellent gowns
- Face (mucous membrane) and eye protection
- Respiratory protective equipment (where indicated)

Requirements, where made, apply to care of all patients and are not optional.

## 2 Introduction

This policy has been updated in line with the “Standard infection control precautions: national hand hygiene and personal protective equipment policy” published by NHS England and NHS Improvement March 2019 which is intended to:

- support a common understanding – making the right thing easy to do for every patient, every time
- reduce variation in practice and standardise care processes
- improve how knowledge and skills are applied in infection prevention and control
- help reduce the risk of healthcare-associated infection (HAI)
- help align practice, education, monitoring, quality improvement and scrutiny.

## 3 Definitions

Personal Protective Equipment (PPE)  
Standard Infection Control Precautions (SICP)  
Infection Prevention and Control (IPC)  
Infection prevention and control team (IPCT)  
Health protection team (HPT)  
Exposure prone procedures (EPPs)  
Healthcare associated infection (HAI)

## 4 Scope

This policy applies to all healthcare workers who have direct contact with patients and/or the patient environment.

## 5 Purpose

This policy gives guidance on the use of personal protective equipment and Standard Infection Control Precautions in clinical practice to reduce the risk of transmission of organisms to patients and staff.

## 6 Roles and Responsibilities

### Individual Responsibility

Healthcare workers should:

- show their understanding by applying the infection prevention and control principles in this policy
- maintain competence, skills and knowledge in infection prevention and control by attending education events and/or completing training
- communicate the infection prevention and control practices to be carried out by colleagues, those being cared for, relatives and visitors, without breaching confidentiality
- have up-to-date occupational immunisations, health checks and clearance requirements as appropriate
- report to line managers and document any deficits in knowledge, resources, equipment and facilities or incidents that may result in transmitting infection including near misses, e.g. PPE failures
- not provide care while at risk of transmitting infectious agents to others; if in doubt, they must consult their line manager, occupational health department, infection prevention and control team (IPCT) or health protection team (HPT)
- contact their HPT/IPCT if there is a suspected or actual HAI incident/outbreak.

### Line Managers

Line managers must ensure that staff:

- are aware of and have access to this policy
- have had instruction/education on infection prevention and control by attending events and/or completing training
- have adequate support and resources to implement, monitor and take corrective action to comply with this policy; if not, a risk assessment must be undertaken and approved through local governance procedures
- with health concerns (including pregnancy) or who have had an occupational exposure are referred promptly to the relevant agency, e.g. GP, occupational health or accident and emergency
- have had the required health checks and clearance (including those undertaking exposure prone procedures (EPPs))
- include infection prevention and control as an objective in their personal development plans (or equivalent)
- refer to infection prevention and control in all job descriptions.

### **Modern Matrons / Team Leaders**

Have a key responsibility to ensure that staff consistently comply with best practice standards in their areas of work, to reduce risk of microbial contamination and have appropriate support and resources to do so.

### **Care Group Management Teams**

Are responsible for ensuring that HCAI reduction plans are in place and implemented for their area of responsibility; also responsible for ensuring effective processes are in place within the Directorate for review, monitoring and acting on audit findings in this context and ensuring appropriate support and resources to comply with this policy .

### **Director of Infection Prevention and Control (DIPC)**

The DIPC is responsible for overseeing production, review and implementation of this policy.

### **Infection Prevention and Control Team (IPCT)**

The IPCT is responsible for producing and updating this policy and for providing mandatory training relating to PPE. They should:

- engage with staff to develop systems and processes that lead to sustainable and reliable improvements in applying infection prevention and control practices
- provide expert advice on applying infection prevention and control in all care settings and on individual risk assessments, ensuring action is taken as required
- have epidemiological/surveillance systems capable of distinguishing patient case(s) requiring investigation and control.

### **Trust Board**

The Trust Board has overall responsibility for ensuring that:

- appropriate PPE is available for its employees
- the Trust can demonstrate compliance with the Health and Social Care Act 2008: Code of practice on the prevention and control of infections and related guidance.
- they have systems and resources to implement and monitor compliance with infection prevention and control as specified in this policy in all care areas;
- compliance monitoring includes all staff (permanent, agency and, where required, external contractors)
- their culture promotes incident reporting, including near misses, while focusing on improving systemic failures and encouraging safe working practices.

## **7 Policy detail/Course of Action**

### **7.1 Standard infection control precautions**

Standard infection control precautions (SICPs) are to be used **by all staff, in all** care settings, **at all times, for all** patients whether infection is known to be present or not, to ensure the safety of those being cared for, staff and visitors in the care environment.

SICPs are the basic infection prevention and control measures necessary to reduce the risk of transmitting infectious agents from both recognised and unrecognised sources of infection. Sources of (potential) infection include blood and other body fluids, secretions or excretions (excluding sweat), non-intact skin or mucous membranes and any equipment or items in the care environment that could have become contaminated.

The application of SICPs during care delivery is determined by assessing risk to and from individuals. This includes the task, level of interaction and/or the anticipated level of exposure to blood and/or other body fluids.

To protect effectively against infection risks, SICPs must be used consistently by all staff. SICPs implementation monitoring must also be ongoing to ensure compliance with safe practices and to demonstrate ongoing commitment to patient, staff and visitor safety.

There are 10 elements of SICPs:

- patient placement/assessment for infection risk
- hand hygiene
- respiratory and cough hygiene
- personal protective equipment (PPE)
- safe management of care equipment
- safe management of the care environment
- safe management of linen
- safe management of blood and body fluids
- safe disposal of waste (including sharps)
- occupational safety/managing prevention of exposure (including sharps).

This policy focuses on PPE; see the other IPC policies for full recommendations on the other elements.

## **7.2 Personal protective equipment**

Before undertaking any procedure, staff should assess any likely exposure to blood and/or other body fluids, non-intact skin or mucous membranes and wear personal protective equipment (PPE) that protects adequately against the risks associated with the procedure.

A summary flow chart of PPE requirements can be found in Appendix A.

### **All PPE should be:**

- located close to the point of use
- stored to prevent contamination in a clean, dry area until required for use (expiry dates must be kept to)
- single-use only items unless specified by the manufacturer
- changed immediately after each patient and/or after completing a procedure or task

- disposed of after use into the correct waste stream, i.e. healthcare waste or domestic waste.

Reusable PPE items – e.g. non-disposable goggles, face shields, visors – must be decontaminated after each use.

### 7.3 Gloves must be:

- worn when exposure to blood and/or other body fluids, non-intact skin or mucous membranes is anticipated or likely including:
  - performing invasive procedures;
  - contact with sterile sites and non-intact skin or mucous membranes;
  - all activities that have been assessed as carrying a risk of exposure to blood or body fluids;
  - when handling sharps or contaminated devices
- worn when in contact with the patient or their environment for a patient under contact precautions for a known or suspected infection control alert organism/disease
- changed immediately after each patient and/or after completing a procedure or task (in conjunction with hand hygiene)
- changed if a perforation or puncture is suspected
- appropriate for use, fit for purpose and well-fitting.

**Double gloving** is recommended during some exposure prone procedures, e.g. orthopaedic and gynaecological operations or when attending major trauma incidents.

Glove use should be risk assessed – overuse may reduce hand hygiene compliance (and increase infection risks), increase hand dermatitis risks and cause unnecessary plastic waste. See the ‘gloves are off’ campaign at Great Ormond Street Hospital for more information (Leonard et al 2018).

For appropriate glove use and selection, see Appendix B.

**Glove use is NOT a substitution for appropriate hand hygiene.**

### 7.4 Aprons must be:

- worn to protect uniform or clothes when contamination is anticipated or likely, e.g. when in direct care contact with a patient
- changed between patients and/or after completing a procedure or task.

### Full body gowns and 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 when a disposable apron provides inadequate cover for the procedure or task being performed
- changed between patients and immediately after completing a procedure or task.



### **7.5 Eye and face protection (including full-face visors) must:**

- be worn if blood and/or body fluid contamination to the eyes or face is anticipated or likely – e.g. by members of the surgical theatre team – and always during aerosol generating procedures; regular corrective spectacles are not considered eye protection
- not be impeded by accessories such as piercings or false eyelashes
- not be touched when being worn.

### **Fluid-resistant surgical face masks must be:**

- worn with eye protection if splashing or spraying of blood, body fluids, secretions or excretions onto the respiratory mucosa (nose and mouth) is anticipated or likely
- worn to protect patients from the operator as a source of infection, e.g. when performing surgical procedures or epidurals or inserting a central vascular catheter (CVC)
- 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 manufacturers' specific instructions.

### **FFP 3 respirator masks are only indicated for use in specific circumstances.**

They provide a high level of filtering capability. They are required when:

- performing aerosol generating procedures\* when a patient has a known or suspected respiratory infection such as influenza or pulmonary tuberculosis
- when caring for the patient with a suspected serious infection such as multi-drug resistant tuberculosis, avian influenza, Middle Eastern Respiratory Syndrome Corona-virus (MERS Co-v) or as advised by the Infection Prevention and Control Team.

\*Aerosol generating procedures include:

- Endotracheal intubation, extubation and related procedures, e.g. manual ventilation and open suctioning
- Respiratory and airways suction; sputum induction
- Bronchoscopy
- Resuscitation (i.e. emergency intubation or cardiac pulmonary resuscitation)
- High oscillating drills including post mortem room use; dental procedures
- Non-invasive ventilation (e.g. BiPAP and CPAP).

See appendix D for details on fit-test training requirements for FFP3 use, as well as the Respiratory Virus policy and the Tuberculosis policy.

## **7.6 Footwear must be:**

- visibly clean, non-slip and well-maintained, and support and cover the entire foot to avoid contamination with blood or other body fluids or potential injury from sharps
- removed before leaving a care area where dedicated footwear is used, e.g. theatre; these areas must have a decontamination schedule with responsibility assigned.

## **7.7 Headwear must be:**

- worn in theatre settings and clean rooms, e.g. central decontamination unit
- well-fitting and completely cover the hair
- changed or disposed of between clinical procedures or tasks or if contaminated with blood and/or body fluids
- removed before leaving the theatre or clean room.

For the recommended method of putting on and removing PPE, see Appendix C.

## **7.8 Conflict between PPE recommendations and religious beliefs**

- Patient and staff safety comes first, taking account of religious and cultural beliefs.
- Head and/or face coverings worn for religious/cultural reasons must not impede patient care or impact on clinical practice.
- If PPE is required to protect against blood/body fluid exposure, religious/cultural head/face wear must not compromise the protective barrier.
- If worn, head/face wear should be clean and changed in accordance with uniform policy.

## **8 Consultation**

This document will be circulated to members of the Infection Prevention and Control Committee for consultation prior to further approval. The membership and circulation list for that group includes key clinical and nursing stakeholders.

## **9 Training**

This policy has a mandatory training requirement as staff working in healthcare settings must have undertaken induction and then annual Infection Prevention & Control training in line with the organisation mandatory training matrix. Use of PPE and SCIP will be an element of that training.

Line managers must ensure staff have attended required teaching sessions and refresher/updates as appropriate and must keep attendance records. Line managers must follow up those staff who have failed to attend required teaching sessions and must take appropriate remedial action.

## 10 Monitoring Compliance and Effectiveness

Compliance monitoring of wards and clinical areas must take place through a regular audit programme:

- Audits of PPE availability in inpatient units will be carried out annually by the Infection Prevention & Control Nursing (IPCN) team as part of their annual environmental audit programme. Results will be fed back to wards and departments and to line managers and heads of business units as appropriate. Ward and departmental managers will be required to formulate action plans for improvement if deficits are identified.
- Modern matrons and ward/departmental managers should regularly monitor practice compliance with this policy through the organisational self-audit programme.
- Frequency of audits will depend on the clinical area and the level of compliance previously observed and should be to an agreed schedule which is monitored via Infection Prevention and Control Committee (IPCC).
- Care group Heads of Nursing and Quality should feedback to IPCC on FFP3 respirator mask fit test training annually to give assurance of appropriate numbers of staff trained dependent on ward/department risk level as per appendix D.

## 11 Links to other Organisational Documents

- Infection Prevention and Control: Hand Hygiene Policy
- Infection Prevention and Control: Aseptic Non Touch Technique (ANTT) Policy
- Infection Prevention and Control: Policy for the Safe Handling & Disposal of Sharps & Prevention of Occupational Exposure to Blood Borne Viruses
- Dress Code and Uniform Policy
- Latex Management Policy
- Infection Prevention and Control: Respiratory viruses Policy

## 12 References

Standard infection control precautions: national hand hygiene and personal protective equipment policy. NHS England and NHS Improvement. March 2019 accessed August 2019 at

[https://improvement.nhs.uk/documents/4957/National\\_policy\\_on\\_hand\\_hygiene\\_and\\_PPE\\_2.pdf](https://improvement.nhs.uk/documents/4957/National_policy_on_hand_hygiene_and_PPE_2.pdf)

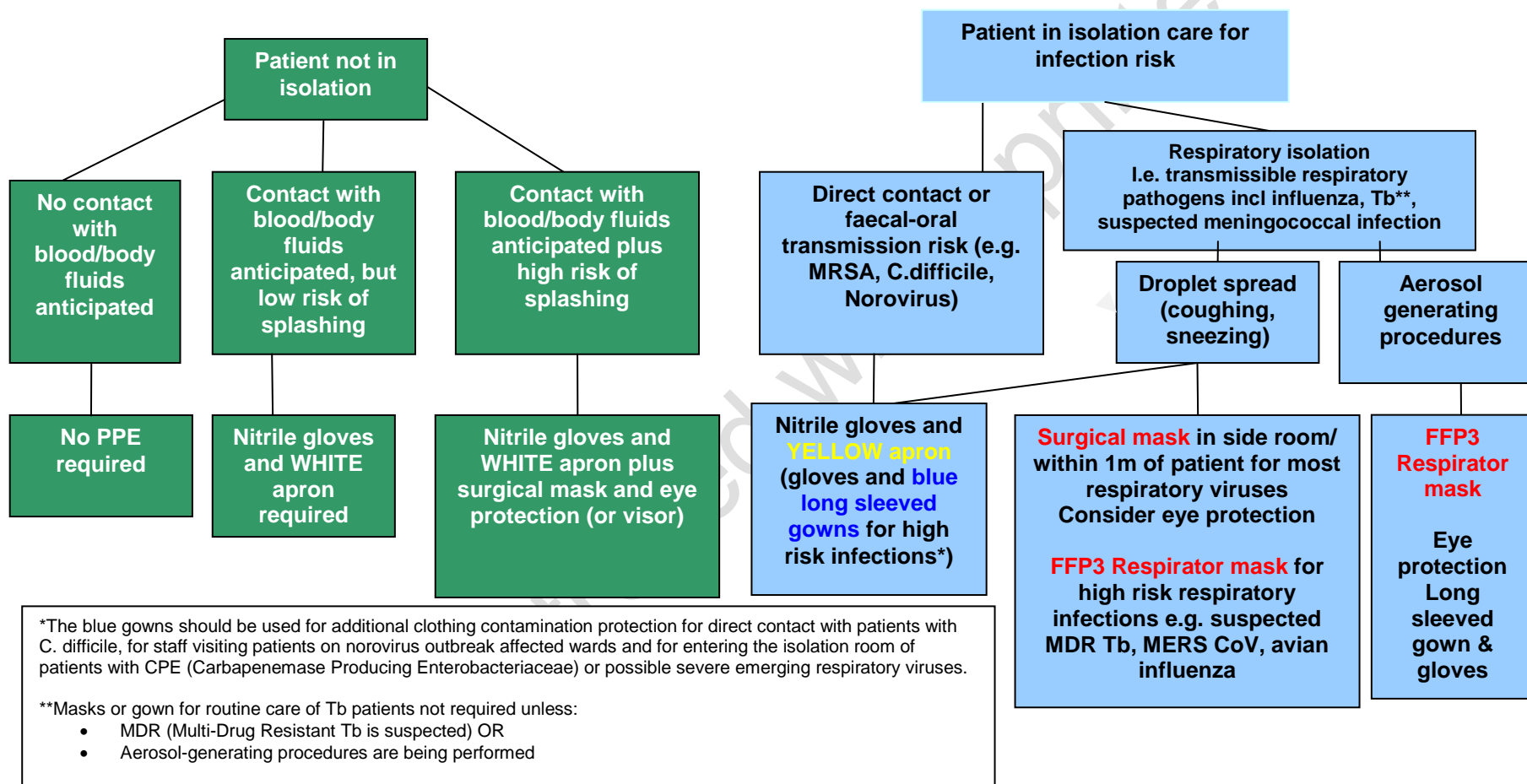
Loveday HP et al. epic3: National Evidence-Based Guidelines for Preventing Healthcare-Associated Infections in NHS Hospitals in England. *Journal of Hospital Infection* 86S1 (2014) S1–S70

National Infection Prevention and Control Manual. NHS National Services Scotland. Accessed September 2019 at <http://www.nipcm.scot.nhs.uk/about-the-manual/>

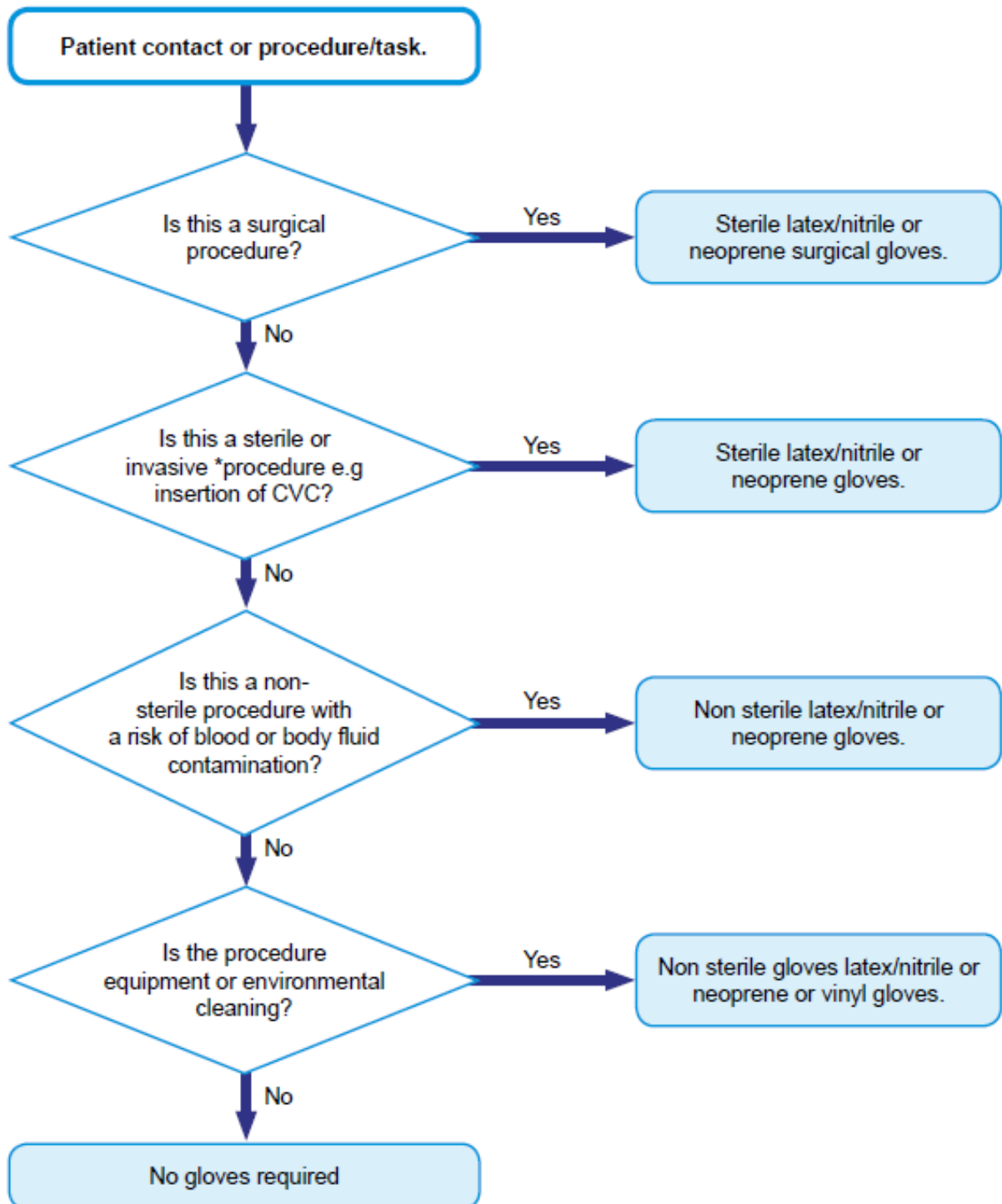
Leonard A, Dunn H, Wilson N. 068 The 'gloves are off' – can we reduce inappropriate glove usage through an educational based intervention and risk assessment. *Archives of Disease in Childhood* 2018;103 (Suppl 2):A28.

### **13 Appendices**

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**Appendix B: glove use and selection** (linked to from national policy)



\*sterile gloves are not required e.g for insertion of a PVC or obtaining blood cultures or when a safety device/technique is used.

Part of the National Infection Prevention and Control Manual (NIPCM), available at: <http://www.nipcm.hps.scot.nhs.uk/>. Produced by: Health Protection Scotland, July 2018.



Health Protection Scotland



## Appendix C: Putting on and removing PPE (linked to from national policy)

Use safe work practices to protect yourself and limit the spread of infection

- Keep hands away from face and PPE being worn.
- Change gloves when torn or heavily contaminated.
- Limit surfaces touched in the patient environment.
- Regularly perform hand hygiene.
- Always clean hands after removing gloves.

NB Masks and goggles are not routinely recommended for contact precautions. Consider the use of these under standard infection control precautions or if there are other routes of transmission.

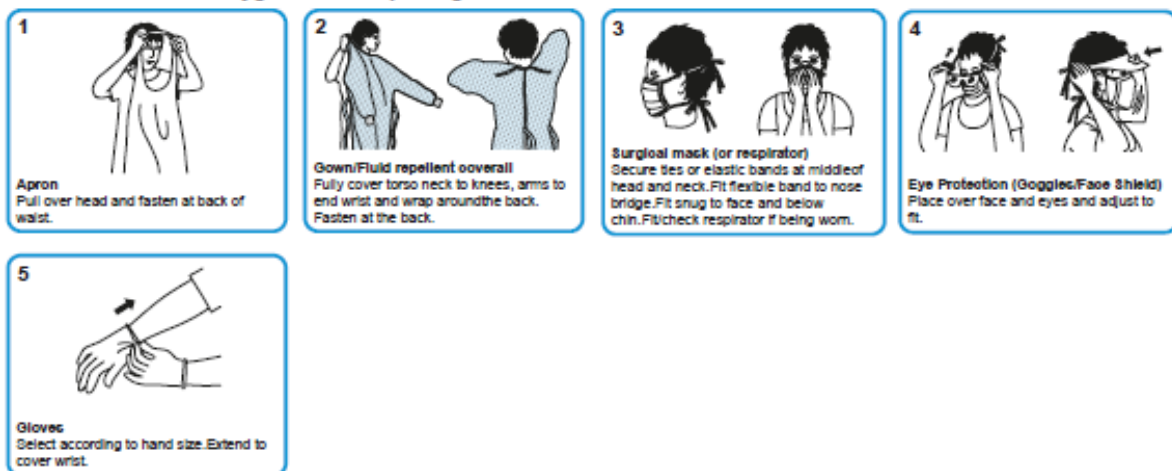
The type of PPE used will vary based on the type of exposure anticipated, and not all items of PPE will be required.

The order for putting on PPE is Apron or Gown, Surgical Mask, Eye Protection (where required) and Gloves.

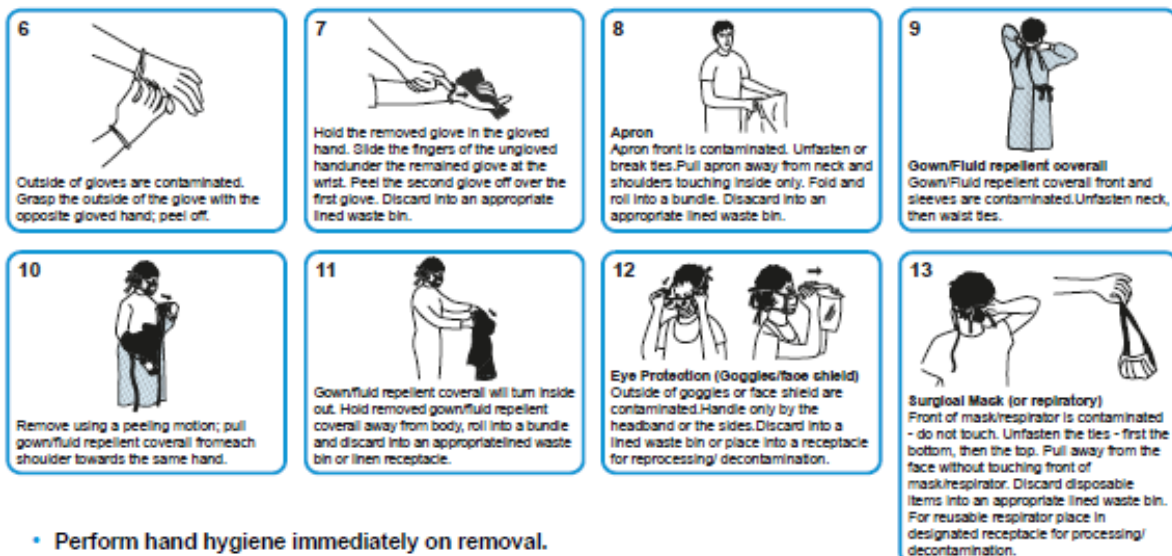
The order for removing PPE is Gloves, Apron or Gown, Eye Protection, Surgical Mask.

### 1. Putting on Personal Protective Equipment (PPE).

- Perform hand hygiene before putting on PPE



### 2. Removing Personal Protective Equipment (PPE)



- Perform hand hygiene immediately on removal.
- All PPE should be removed before leaving the area and disposed of as healthcare waste.

Part of the National Infection Prevention and Control Manual (NIPCM), available at: <http://www.nipcm.hps.scot.nhs.uk/>. Produced by: Health Protection Scotland, July 2018.



### FFP 3 Respirator Mask Fit Testing

Where respiratory protective equipment is used as a control measure under Health and Safety legislation, it is vital that it is adequate and suitable. It must reduce exposure to as low as reasonably practicable. To ensure that the selected respiratory protective equipment has the potential to provide adequate protection for individual users, tight fitting respiratory protective equipment must be fit tested as part of the selection process (Health and Safety Executive 30/04/12).

FFP 3 respirator masks provide a high level of filtering capability. They may need to be worn in some care-providing situations (i.e. aerosol generating procedures) when a patient has a respiratory infection such as influenza or pulmonary tuberculosis, and when caring for the patient with a suspected serious infection such as multi-drug resistant tuberculosis, avian influenza, Middle Eastern Respiratory Syndrome Corona-virus (MERS Co-v) or as advised by the Infection Prevention and Control Team.

Mask fit tests are conducted to determine that the FFP3 respirator mask fits the user adequately. An inadequately fitting FFP 3 respirator mask will significantly reduce the protection provided to the user. It is important to note that a mask fit test is not a substitute for ongoing, correct and careful fitting of the FFP 3 respirator mask.

If an employee is required to wear more than one type of FFP3 respirator mask, they must be mask fit tested for each type. Please note beards, long moustaches and stubble may cause leakage. A good fit can only be achieved if the area where the respirator fits is against the skin that is clean shaven. The FFP3 must seal tightly to the face to avoid leakage and potential contamination. If the FFP3 mask becomes contaminated with moisture from the wearer, damaged or distorted, the wearer should go to a safe place and change the mask for optimum protection to be maintained. FFP3 mask must be disposed of in clinical waste.

It is important that there are sufficient numbers of clinical staff who have passed respirator mask fit testing available on every shift. Matrons and ward managers need to identify staff to be trained as testers in their area.

In high risk areas where it is more likely that there will be patients with serious respiratory infection presenting, or where aerosol generating procedures will be carried out, **clinical** staff (including doctors) should have undergone respirator mask fit testing, i.e:

- Respiratory Ward
- Intensive Care Unit
- Emergency Department
- MAAU
- Ambulance Service (frontline clinical staff)
- Childrens Ward
- Physiotherapists working in the above areas or who are required to undertake aerosol generating procedures
- Clinical staff who perform or assist with bronchoscopy procedure
- St Helens Ward (where neutral pressure room is located)



In other clinical areas, it is recommended that some staff are trained as trainers so that in the event of an emerging threat (e.g. of pandemic influenza), further training can be rolled out promptly.

### **Managers Responsibility**

All staff identified by their managers as needing to use FFP3 respirator masks will need to undergo mask fit testing. Evidence of successful completion of the mask fit test must be held by the manager via recording on health Roster.

Managers have a responsibility to ensure that appropriate respiratory protective equipment is available for employee use as required. As it is unlikely that one particular type or size of FFP3 respirator mask will fit everyone, it is advisable to have more than one make of mask available.

### **Employee responsibility**

It is the responsibility of the employee to complete the mask fit testing training if they work in one of the high risk areas or have been identified by their manager as needing to use FFP3 respirator masks in the course of their duties. For these staff, mask fit testing is a mandatory requirement.

### **Mask Fit Testers**

Identified FFP 3 respirator mask fit testers are responsible for implementing mask fit testing as required. A list of organisational trainers is held by the training and development department. In order to effectively and safely train others, testers must be competent in the following areas

- Adequate knowledge in the selection of suitable respiratory protective equipment
- Adequate knowledge regarding selection of other necessary personal protective equipment in addition to the face mask such as eye protection and gowns
- Ability to correctly fit the selected respiratory protective equipment and follow manufacturers guidelines
- Ability to recognise a poorly fitting face mask
- Ability to accurately record results and forward details to training and development department for entering onto the Organisational training database

Testers are also responsible for maintaining and replenishing the mask fit test kits within their departments.

### **Frequency of mask fit testing**

Mask fit testing should be repeated if previous fit testing has been unsuccessful or the employee

- Loses or gains weight or has undergone changes to face shape or features since last mask fit testing, for example substantial dental work, growing a beard, scar or mole around the face seal area
- There are changes to product specification or supplier

If FFP3 respirator masks are not routinely used in the workplace, the employee should undergo re-testing every 2 years.

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## Financial and Resourcing Impact Assessment on Policy Implementation

*NB this form must be completed where the introduction of this policy will have either a positive or negative impact on resources. Therefore this form should not be completed where the resources are already deployed and the introduction of this policy will have no further resourcing impact.*

<b>Document title</b>	<b>STANDARD PRECAUTIONS: USE OF PERSONAL PROTECTIVE EQUIPMENT (PPE) IN THE DIRECT CARE OF PATIENTS</b>
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Totals	WTE	Recurring £	Non Recurring £
Manpower Costs			
Training Staff			
Equipment & Provision of resources			

### Summary of Impact:

Nil new, intended to reduce staff and patient exposure to infections.

### Risk Management Issues:

Minimising risk of infection

### Benefits / Savings to the organisation:

**Reduce staff sickness, reduce patient length of stay for health care associated infection**

### Equality Impact Assessment

- Has this been appropriately carried out? YES
- Are there any reported equality issues? NO

If "YES" please specify:

### Use additional sheets if necessary.

Please include all associated costs where an impact on implementing this policy has been considered. A checklist is included for guidance but is not comprehensive so please ensure you have thought through the impact on staffing, training and equipment carefully and that ALL aspects are covered.

Manpower	WTE	Recurring £	Non-Recurring £
Operational running costs			

<b>Totals:</b>			
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<b>Staff Training Impact</b>	<b>Recurring £</b>	<b>Non-Recurring £</b>
<b>Totals:</b>		

<b>Equipment and Provision of Resources</b>	<b>Recurring £ *</b>	<b>Non-Recurring £ *</b>
Accommodation / facilities needed		
Building alterations (extensions/new)		
IT Hardware / software / licences		
Medical equipment	<b>Likely savings by recommending risk assessment approach to glove use (difficult to quantify)</b>	
Stationery / publicity		
Travel costs		
Utilities e.g. telephones		
Process change		
Rolling replacement of equipment		
Equipment maintenance		
Marketing – booklets/posters/handouts, etc		
<b>Totals:</b>		

- Capital implications £5,000 with life expectancy of more than one year.

Funding /costs checked & agreed by finance:	
Signature & date of financial accountant:	
Funding / costs have been agreed and are in place:	
Signature of appropriate Executive or Associate Director:	



### Equality Impact Assessment (EIA) Screening Tool

Document Title:	STANDARD PRECAUTIONS: USE OF PERSONAL PROTECTIVE EQUIPMENT (PPE) IN THE DIRECT CARE OF PATIENTS
Purpose of document	This policy gives guidance on the use of personal protective equipment in clinical practice to reduce the risk of transmission of organisms to patients and staff.
Target Audience	Healthcare Workers
Person or Committee undertaken the Equality Impact Assessment	Infection Prevention & Control Committee

1. To be completed and attached to all procedural/policy documents created within individual services.
2. Does the document have, or have the potential to deliver differential outcomes or affect in an adverse way any of the groups listed below?  
If no confirm underneath in relevant section the data and/or research which provides evidence e.g. JSNA, Workforce Profile, Quality Improvement Framework, Commissioning Intentions, etc.

If yes please detail underneath in relevant section and provide priority rating and determine if full EIA is required.

		Positive Impact	Negative Impact	Reasons
<b>Gender</b>	Men			
	Women			
<b>Race</b>	Asian or Asian British People			
	Black or Black British People			
	Chinese people			
	People of Mixed Race			
	White people (including Irish)			

	people)			
	People with Physical Disabilities, Learning Disabilities or Mental Health Issues			
<b>Sexual Orientation</b>	Transgender			
	Lesbian, Gay men and bisexual			
<b>Age</b>	Children			
	Older People (60+)			
	Younger People (17 to 25 yrs)			
<b>Faith Group</b>		Use of PPE could conflict with garments worn for religious reasons but patient and staff safety is priority – see section 7.8		
<b>Pregnancy &amp; Maternity</b>				
<b>Equal Opportunities and/or improved relations</b>				

Notes:

Faith groups cover a wide range of groupings, the most common of which are Buddhist, Christian, Hindus, Jews, Muslims and Sikhs. Consider faith categories individually and collectively when considering positive and negative impacts.

The categories used in the race section refer to those used in the 2001 Census. Consideration should be given to the specific communities within the broad categories such as Bangladeshi people and the needs of other communities that do not appear as separate categories in the Census, for example, Polish.

### 3. Level of Impact

If you have indicated that there is a negative impact, is that impact:			
		<b>YES</b>	<b>NO</b>
<b>Legal</b> (it is not discriminatory under anti-discriminatory law)			
<b>Intended</b>			

If the negative impact is possibly discriminatory and not intended and/or of high impact then please complete a thorough assessment after completing the rest of this form.

3.1 Could you minimise or remove any negative impact that is of low significance? Explain how below:	
3.2 Could you improve the strategy, function or policy positive impact? Explain how below:	
3.3 If there is no evidence that this strategy, function or policy promotes equality of opportunity or improves relations – could it be adapted so it does? How? If not why not?	
Scheduled for Full Impact Assessment	Date:
Name of persons/group completing the full assessment.	
Date Initial Screening completed	