

USE OF PERSONAL PROTECTIVE EQUIPMENT (STANDARD PRECAUTIONS) POLICY

Key Indicator

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

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Simply Teeth Practice

Use of Personal Protective Equipment (Standard Precautions) Policy

Introduction

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

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

Policy Aim

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

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

Policy outcome

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

Target group

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

Specific responsibilities

Practice Management

The management at Simply Teeth Dental practice has overall responsibility for ensuring infection prevention and control is a core part of the governance and patient safety programmes.

It is the responsibility of the managers to oversee the development and implementation of infection prevention and control policies.

It is the responsibility of the managers to ensure that this policy is reviewed and amended at the review date or prior to this following new developments.

Service Managers

It is the responsibility of managers to ensure that:

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

Staff

It is the responsibility of staff to ensure that:

- They familiarise themselves with the correct choice and use of PPE.
- Report any skin problems associated with the wearing of gloves to their Managers.
- Any shortcoming in their training or equipment provided to the appropriate manager.

Evidence to support policy

Health and Safety Executive (1992). Personal Protective Equipment at work. Guidance on Regulations. L25. London: Health and Safety Executive.

National Institute for Health and Clinical Excellence (2003) Infection Control: prevention of healthcare associated infection in primary and community care. London: NICE.

Pratt RJ, Pellowe C, Loveday HP et al (2001) The epic Project: Developing National Evidence-based Guidelines for Preventing Healthcare associated Infections J Hosp Infect 47(Suppl): S1-82.

Background

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

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

Body Fluid Risk Assessment

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

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

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

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

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

The following table gives guidance:

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

The use of gloves does not preclude the need for handwashing.

Choice of Personal Protective Equipment (PPE)

	FUNCTION	EXAMPLES OF USE
GLOVES*	<p>Standard length: Protect hands from contamination with organic matter, micro-organisms, and chemicals. Minimise cross-infection from staff to patients and vice versa</p>	<ul style="list-style-type: none"> • Contact with non intact skin • Contact with mucous membranes • Potential exposure to blood • Contact with contaminated equipment • Contact with chemicals Invasive procedures • Contact with sterile sites • Cleaning contaminated equipment
	<p>Long cuff gloves: Use in situations where fluid may enter over the cuff of the glove</p>	e.g. Cleansing of leg ulcers
APRONS*	<p>Standard disposable apron: Protect the healthcare workers clothing from contamination (Where lack of shoulder protection is of concern disposable wider shoulder aprons or long sleeved impermeable single use aprons should be considered)</p>	<p>Contact with blood or body fluids, secretions excretions with the exception of sweat. For direct contact with an infectious patient and their environment.</p> <p>When clothing is likely to become wet or soiled, i.e. bathing, Cleaning contaminated equipment</p>
	<p>Long sleeved disposable apron: Protect the healthcare workers clothing and arms from contamination</p>	Use where standard disposable aprons give insufficient coverage of exposed skin and clothing

MASKS**	Face mask: Protect healthcare workers from the potential exposure to micro-organisms via splashes of blood and body fluids or contaminated cleaning fluids.	Healthcare where treatment may potentially cause facial splashing e.g. lancing of abscesses, dental treatment where aerosols are produced, cleaning of contaminated surgical equipment, a pandemic influenza situation.
	Respiratory protection mask: Protect healthcare workers where high level particle filtration is required. The masks may require individual assessment and fitting (It is difficult to obtain a close mask seal to the skin where beards or facial hair is present)	Cough inducing procedures on patients known or suspected of infection with Multi Drug Resistant Tuberculosis Cough inducing procedures in a pandemic influenza situation
EYE PROTECTION	Protects the eyes from splash or spray of blood and body fluids Protects the eyes from chemicals These may be; Safety Spectacles (re-usable) Combined single use visor and facemask	During aerosol-prone procedures i.e. Dental treatment During procedures where splashing is possible e.g. cleaning of equipment

* These items are **SINGLE USE** and **SINGLE PROCEDURE USE** and must be discarded after each task or episode of care.

** These items are **SINGLE PATIENT EPISODE** use.

Use of Personal Protective Equipment (PPE)

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

Glove Choice

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

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

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

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

Disposal of Personal Protective Equipment (PPE)

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

Training

Included in Essential training.

Audit

As part of the Infection Prevention and Control Audit programme.

Archiving

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

Risk Assessment

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

References

National Institute for Health and Clinical Excellence (2003) Infection Control: prevention of healthcare associated infection in primary and community care. London: NICE.

Pratt, RJ. Pellowe, CM. Wilson, JA. et al (2007) epic2: National Evidence-Based Guidelines for Preventing Healthcare-Associated Infections in NHS Hospitals in England Journal Hospital Infection 65 (Suppl 1) S19-22

Health and Safety Executive (1992). Personal Protective Equipment at Work. Guidance on Regulations. L25. London: Health and Safety Executive.

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List of those consulted in drafting process

Wirral Infection Control Committee