

# PPE in Health and Social Care

Quality Improvement Nursing Team

# How are infections spread?

## **Airborne or droplet spread**

This can be from sneezing, coughing or talking. Droplets from the mouth and nose may also contaminate hands and other surfaces.

These droplets can travel at least 2 metres (potentially more) and settle on hard surfaces.

Examples are: Common cold, Covid-19, Influenza and Norovirus.



# How are infections spread?

## Direct Contact

This is the most common way that infections are transmitted from person to person. This is through direct contact with the infected person or contaminated surfaces.

Bacteria and viruses can survive on hard surfaces for many hours or days and be picked up by touching these surfaces and then touching the eyes, mouth or nose.

- Impetigo, Headlice, Scabies, Shingles.
- Faecal-oral route - (Norovirus, C.diff, Salmonella)
- Blood Borne viruses e.g Hepatitis B, HIV.

# Protecting Yourself

## Handwashing

- Wash hands for 20 seconds or more with soap and water OR use alcohol hand gel.
- Follow the 5 moments of hand hygiene

## Personal Protective Equipment (PPE)

- PPE is items of clothing, garments or equipment designed to protect the wearer from injury or infection.

## Ventilation

- Opening windows where possible can increase the number of air changes.

# Hand Hygiene

Up to 80% of all infections are caused by poor hand hygiene.

## Liquid soap and water

- Good technique and time spent washing hands is the most important aspect of hand hygiene.
- Hands are not clean until they are DRY!

## Alcohol Hand Gel

- Should not be used if hands are visibly soiled.
- Should not be seen as a substitute for soap and water.

## **Be Aware.....**

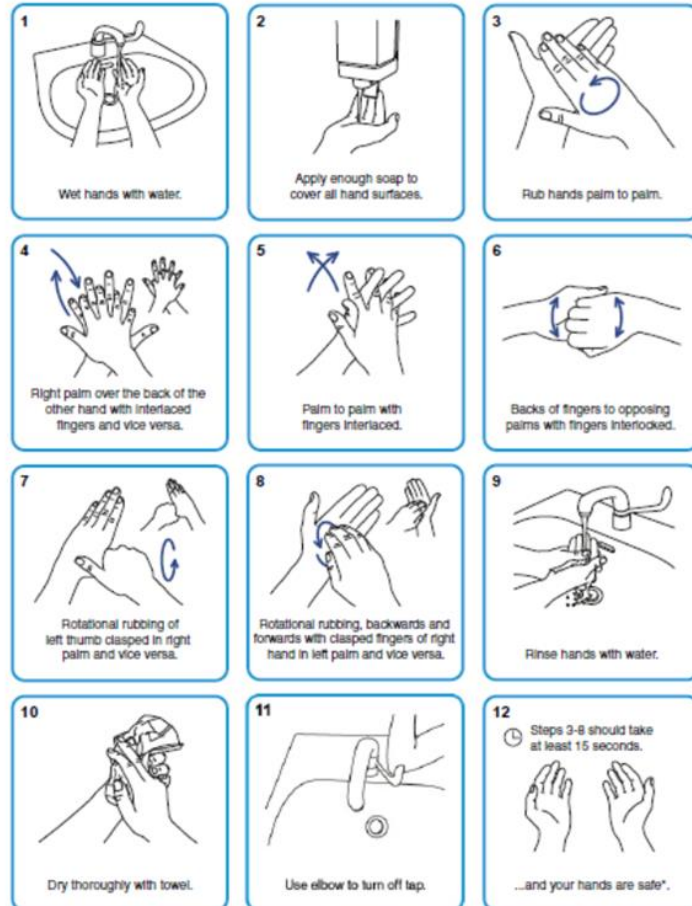
**Alcohol hand rub is not effective at  
killing the virus that causes diarrhoea  
and vomiting!!**

**So wash us away with liquid  
soap and warm water!**



## Soap and water

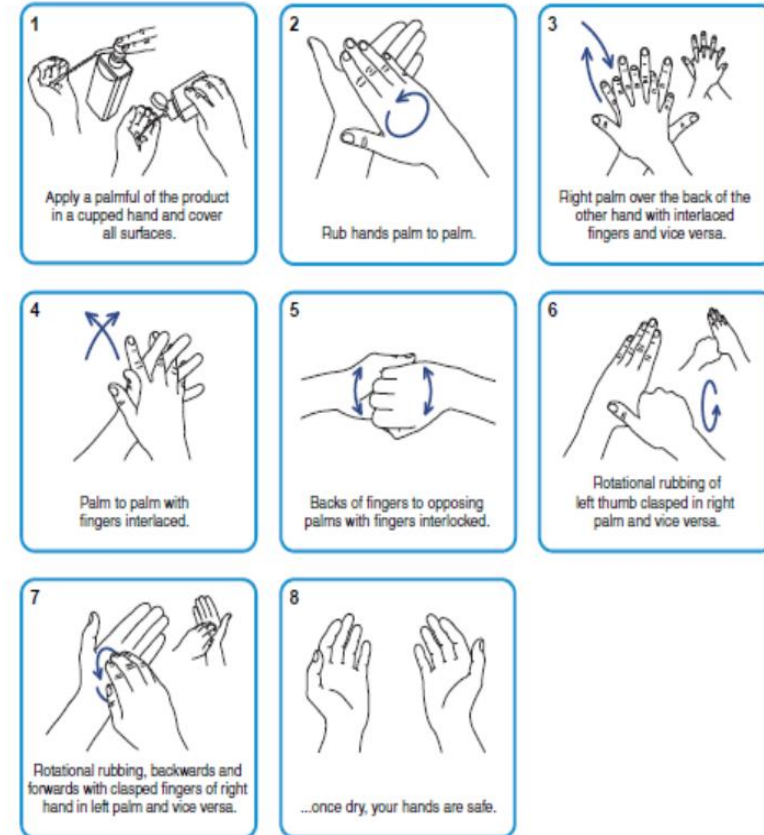
Steps 3-8 should take at least 15 seconds.



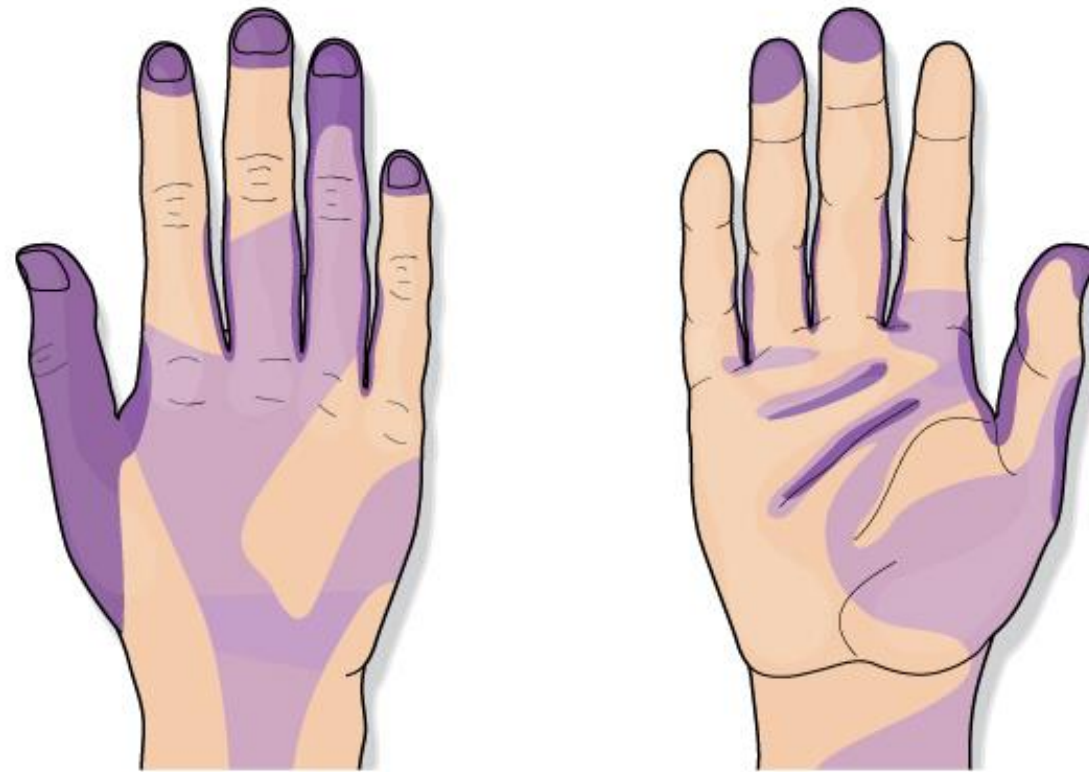
\*Any skin complaints should be referred to local occupational health or GP.

## Alcohol Hand Rub

Duration of the process: 20-30 seconds.



# What have you missed?



|                                                                                     |                        |                                                                                       |                   |                                                                                       |                        |
|-------------------------------------------------------------------------------------|------------------------|---------------------------------------------------------------------------------------|-------------------|---------------------------------------------------------------------------------------|------------------------|
|  | Most frequently missed |  | Frequently missed |  | Less frequently missed |
|-------------------------------------------------------------------------------------|------------------------|---------------------------------------------------------------------------------------|-------------------|---------------------------------------------------------------------------------------|------------------------|



# National Hand Hygiene Policy.

## Bare below the elbow

- Short sleeves or long sleeves rolled up

## No Jewellery

- Single plain wedding band
- Religious bangle

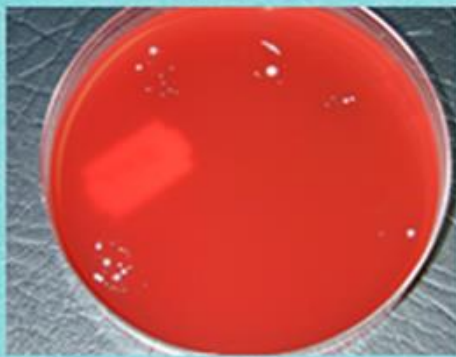
## Finger nails

- Should be short and clean
- No artificial nails or nail products

## Cuts or abrasions

- Cover with a waterproof dressing





Short nails



Long nails



False nails/tips



Watch & Strap



Decorative  
wedding ring



Engagement/  
stoned ring



# Examples of PPE



# When Should We Wear PPE?

- **Gloves** should be worn when there is a risk of exposure to blood or body fluids.
- The overuse of gloves puts residents at greater risk of cross contamination of infections.
- **Aprons** should be worn for clinical duties, e.g. personal hygiene, handling used, soiled or infected linen and clothing, when making a bed.
- **Face masks** should be worn to protect staff when there is a risk of blood, body fluids, secretions or excretions splashing on to the face.
- **Visors** or safety glasses should be worn when there is a risk of splashing of blood and/or body fluids to the eyes, nose or mouth.

PERSONAL  
PROTECTIVE  
EQUIPMENT

- PPE should be made available close to the point of use either on a trolley or in a cupboard.
- PPE should be put on (donning) before entering room prior to contact with resident.
- PPE should be removed (doffing) before leaving the room of the resident you are supporting room.
- Donning and doffing posters should be laminated and displayed.



## How to work safely in care homes Putting on personal protective equipment (PPE)

### Before putting on your PPE:

- make sure you drink some fluids before putting on your PPE
- tie hair back
- remove jewellery
- check PPE in the correct size is available

- 1 Clean your hands using alcohol hand rub/gel or use soap and water.



- 2 Put on apron and tie at waist.



- 3 Put on facemask – position upper straps on the crown of your head, lower strap at nape of neck.



- 4 With both hands, mould the metal strap over the bridge of your nose.



- 5 Don or put on your eye protection, if required due to the risk of splashing.



- 6 Put on gloves.



Please see the Putting on and taking off PPE – a guide for care homes video here:  
<https://youtu.be/ozY50PPmsvE>

[COVID-19: Donning and doffing of Personal Protective Equipment in Health and Social Care Settings - YouTube](#)



## How to work safely in care homes Taking off personal protective equipment (PPE)

- PPE should be removed in an order that minimises the risk of self-contamination
- Gloves, aprons (and eye protection if used) should be taken off in the resident's room or cohort area
- This is the type of PPE is needed when providing personal care which requires you to be in direct contact with the resident(s) (e.g. touching) or within 2 metres of a resident who is coughing

- 1 Remove gloves. Grasp the outside of glove with the opposite gloved hand; peel off. Hold the removed glove in the remaining gloved hand.



Slide the fingers of the un-gloved hand under the remaining glove at the wrist. Peel the remaining glove off over the first glove and discard.



- 2 Clean hands.



- 3 Apron. Unfasten or break apron ties at the neck and let the apron fold down on itself.



Break ties at waist and fold apron in on itself – do not touch the outside – this will be contaminated. Discard.



- 4 Remove eye protection if worn due to risk of splashing. Use both hands to handle the straps by pulling away from face and discard or disinfect before using again.



- 5 Clean hands.



- 6 Remove your facemask once your care task is completed and before you take a break, eat a snack or change activities. Untie or break bottom ties, followed by top ties or elastic, and remove by handling the ties only because the front of the face mask may be contaminated. Lean forward slightly. Discard. DO NOT reuse once removed.



- 7 Clean hands with soap and water.



Please see the guide and instruction video here:  
[www.gov.uk/government/publications/covid-19-how-to-work-safely-in-care-homes](https://www.gov.uk/government/publications/covid-19-how-to-work-safely-in-care-homes)

PPE required when there is a risk of splashes to the face from blood or body fluids or respiratory secretions.

- Apron
- Gloves
- Surgical fluid repellent face mask
- Visor/eye protection
  
- This is when performing care or domestic duties.



PPE required when providing care or domestic duties but no risk of splashes to face from blood or body fluids.



Apron



Gloves



Universal mask wearing has been withdrawn from the guidance.



# Take extra care when doffing.

- Self contamination is very common when removing (doffing) PPE.
- Most common source of healthcare worker infections
- Up to 90% of people contaminate themselves

## Risk Factors

Rushing

Incorrect doffing sequence

No performing hand hygiene between the steps.



# Sessional Use of PPE

Sessional use refers to using PPE for a length of time.

- DO Make sure that it is comfortably put in place and will not need adjustment
- DO Take a comfort break before putting it on and remain well hydrated
- DO NOT take it off and leave it on surfaces
- DO NOT walk out with a mask hanging off your chin or with goggles on top of your head

**Gloves and apron are never for sessional use!**

# Ventilation

- Poor ventilation (for example in overcrowded places) contribute to the spread of the disease, as disease-causing microorganisms, pollutants and moisture may build up to unsafe levels by decreasing the number of air exchanges.
- Natural ventilation is an effective method for promoting infection control. Increasing ventilation helps the proper exchange of air thus diluting the contaminated air to reduce airborne infection rates.

## Scenario One

Betty is a 72 year old lady who requires minimal assistance with washing, dressing and toileting.

You are going in to assist Betty with her morning wash.

What PPE do you need?

## Scenario Two

Myrtle is a 78 year old lady who is normally independent with all ADL's.

You go in at the start of your shift to say good morning to Myrtle and she tells you she feels cold and shivery and is complaining of a cough.

What PPE would you need when going back into Myrtle's room?

### Scenario Three

Rufus is an 84 year old gentleman who normally requires full assistance with washing and dressing. Rufus is also doubly incontinent and wears pads.

Rufus has been complaining of stomach cramps and starts with symptoms of vomiting and diarrhoea.

What PPE will you need for assisting Rufus?