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Community Infection Prevention and Control Policy for Care Home settings

PPE (Personal protective equipment)

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PPE (PERSONAL PROTECTIVE EQUIPMENT)

1. Introduction

NHS England recommends that organisations adopt the *National infection prevention and control manual (NIPCM) for England*, complemented by care setting specific Policies. This Policy has been produced in accordance with this recommendation and incorporates the *NIPCM* version as referenced with detailed care home specific guidance.

This Policy is one of the 'Standard infection control precautions' (SICPs).

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. The principles set out below are important to ensure that PPE is used correctly to ensure resident and staff safety. Avoiding inappropriate use of PPE is a key principle that ensures this is risk-based and minimises its environmental impact. Where appropriate, consideration should be given to the environmental impact of sustainable or reusable PPE options versus single use PPE while adhering to the principles below.

All PPE must be:

- Located close to the point of use
- Stored to prevent contamination in a clean, dry area until required (expiry dates must be adhered to). Best practice is to store PPE in dispensers to reduce the risk of PPE becoming contaminated, e.g. do not store boxes of gloves on top of toilet cisterns or hang aprons behind doors
- Single use only unless specified by the manufacturer
- Changed immediately after each resident and/or after completing a procedure or task
- Disposed of after use into the correct waste stream, refer to the 'Safe disposal of waste, including sharps Policy for Care Home settings'
- Discarded if damaged or contaminated

All staff must be trained in the correct use and removal of PPE. Facilities should be available to support correct putting on and removal of PPE, e.g. clear areas with waste bins and hand hygiene facilities available at the point of removal. Hand hygiene should be performed immediately upon removal of PPE.

Always use SICPs and, where required 'Transmission based precautions' (TBPs), refer to the 'SICPs and TBPs policy for Care Home settings'.

When caring for residents in relation to any new or emerging infections, staff should refer to national infection prevention and control guidance.

2. Gloves

Gloves must be:

- Stored in a clean area in their original box/packaging away from sunlight, heat sources and liquids (including chemicals)
- Worn when exposure to blood and/or other body fluids, non-intact skin or mucous membranes is anticipated or likely
- Changed immediately after each resident and/or after completing a procedure/task even on the same resident, and hand hygiene performed
- Disposed of after each task or care activity, e.g. handling used, soiled or infected linen and clothing
- Checked before use for any damage such as tears and changed if a perforation or puncture is suspected
- Appropriate for use, fit for purpose and well fitting
- Never decontaminated with alcohol handrub or soap and water
- Low risk of causing sensitisation to the wearer, i.e. wear nitrile or vinyl
- Appropriate for the tasks being undertaken, taking into account the substances being handled, type and duration of contact, size and comfort of the gloves, and the task and requirement for glove robustness and sensitivity. Refer to the 'Glove selection guide' overleaf
- Sterile gloves for aseptic techniques, e.g. insertion of a urinary catheter

Gloves must not be:

- Doubled for routine care, e.g. do not wear 2 pairs of gloves
- Worn when giving oral medication, feeding residents, serving food and beverages or to carry out administrative tasks, e.g. when using the telephone, using a computer or tablet, writing in a resident chart.
- Reused. Disposable single use gloves should not be reused for the following reasons:
 - Glove integrity can be damaged if in contact with substances such as isopropanol, ethanol, oils and disinfectants
 - Many gloves will develop micropunctures very quickly and will no longer perform their barrier function
 - There is a risk of transmission of infection
 - Washing your hands whilst wearing disposable gloves, or using an alcohol handrub on disposable or domestic gloves, is considered unsafe practice
- Worn for making beds with clean or used linen, but should be worn when there is a risk of exposure to blood and/or body fluids or the resident has a confirmed or suspected infection.

All used gloves should be disposed of appropriately, refer to the 'Safe disposal of waste, including sharps Policy for Care Home settings' for further information.

Hands must be cleaned with liquid soap and warm running water or alcohol handrub applied immediately before putting on and after removing PPE. Please note, alcohol handrub should not be used if hands are dirty, visibly soiled or dealing with a resident with diarrhoea and/or vomiting.

Staff who develop any irritation or dermatitis on their hands should report to their Occupational Health Provider/GP and seek clinical advice.

Glove selection should be based on risk assessment of:

- Sensitivity to latex
- Nature of the task
- Risk of contamination
- Need for sterile gloves for aseptic technique, e.g. urinary catheterisation, wound care

The following tables provide a list of procedures and glove choice as a guide.

Glove selection guide		Sterile		Non-sterile		
Procedure and type of contact		Latex	Nitrile	Latex	Nitrile	Vinyl
Ticks indicate which glove to use for the procedures listed and if they should be sterile or non-sterile. Please note that this is not an exhaustive list.						Domestic
Aseptic technique		✓	✓			
Blood/blood stained body fluids				✓	✓	
Body fluids, e.g. urine, faeces				✓	✓	✓
Clean technique, e.g. dressing pressure ulcers, leg ulcers, dry wounds, simple grazes				✓	✓	
Confirmed or suspected respiratory illness, e.g. flu, COVID-19				✓	✓	
Decontamination of care equipment				✓	✓	✓
Domestic tasks				✓	✓	
Sorting soiled laundry				✓	✓	
Urinary catheterisation		✓	✓			
Urine drainage bag changing				✓	✓	✓
Urine drainage bag emptying				✓	✓	✓
Urine drainage overnight bag				✓	✓	✓
Venepuncture				✓	✓	

Glove type	Description
Nitrile gloves	Are a synthetic alternative to latex gloves. They are suitable to be worn when in contact with blood and blood stained body fluids and if a resident or member of staff is latex sensitive
Latex gloves	Are made from natural rubber and due to their elasticity provide a better fit. Latex gloves can cause skin sensitivity and following risk assessment most employers are using alternative products such as nitrile. Latex is not generally considered to be the best material for disposable gloves
Vinyl gloves	Are looser fitting than nitrile or latex gloves, are less durable for procedures involving twisting and more likely to tear. They are not recommended for contact with blood and blood stained body fluids. Therefore, they should only be worn when there is no risk of exposure to blood or blood stained body fluids and if tasks are short and non-manipulative. They are not associated with skin irritation
Polythene gloves	Are not recommended for clinical use
Domestic gloves	Are suitable for household cleaning. Due to their rubber content, they are not suitable for use when a staff member has a sensitivity to latex (see Latex gloves above). In such cases, nitrile gloves can be worn, although the user should be aware that nitrile gloves are not as strong as domestic gloves

Colour coding of domestic gloves

To reduce the risk of transmission of infection between different areas, it is recommended that for cleaning activities, gloves should be in line with the 'National colour coding scheme for cleaning materials and equipment in care homes':

- Red for bathrooms, showers, toilets, basins and bathroom floors
- Blue for general areas, including lounges, offices, corridors and bedrooms
- Green for kitchen areas, including satellite kitchen areas and food storage areas
- Yellow for bedrooms when a resident has a confirmed or suspected infection and is cared for in their own room (isolation)

Oversleeves

If worn, oversleeves must be:

- Changed immediately after each resident and/or after completing a procedure or task, even on the same resident, and hand hygiene performed
- Removed and disposed of if visibly contaminated or soiled

3. Aprons

Disposable aprons are impermeable to bacteria and body fluids and protect the areas of

maximum potential contamination on the front of the body.

A disposable apron is single use and should be worn when:

- There is a risk of exposure to blood and/or body fluids, non-intact skin, mucous membranes or other sources of contamination, e.g. the resident has a confirmed or suspected infection
- There is a risk of soiling to the front of uniforms or workwear
- Providing direct 'hands on care' to a resident and changed between each task
- Undertaking an aseptic technique
- Decontaminating equipment or the environment

Never wear an apron for a dirty task and then move onto a clean task without changing it.

Hand hygiene should be performed after removing the apron.

Colour coding of aprons

Clinical duties

- White aprons should be worn for clinical duties, e.g. personal hygiene, handling used, soiled or infected linen and clothing, when making a bed.
- Green aprons should be worn for serving food

Cleaning activities

It is recommended that for cleaning activities, aprons worn should be in line with the 'National colour coding scheme for cleaning materials and equipment in care homes':

- Red aprons for bathrooms, showers, toilets, basins and bathroom floors
- Blue aprons for general areas, e.g. lounges, offices, corridors and bedrooms
- Green aprons for kitchen areas, including satellite kitchen areas and food storage areas
- Yellow aprons for bedrooms when a resident has a confirmed or suspected infection and is cared for in their own room (isolation)

Full body gowns or fluid resistant coveralls

Fully body gowns or fluid resistant coveralls must be worn when there is a risk of extensive splashing of blood and/or body fluids, or when a disposable apron provides inadequate cover for the task being performed.

If worn, gowns must be:

- Changed immediately after each resident and/or after completing a procedure or task, even on the same resident, and hand hygiene performed
- Removed and disposed of if visibly contaminated or soiled

4. Facial protection

Eye or 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, 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

Hand hygiene should be performed after removing PPE.

Reusable eye protection should be decontaminated appropriately after each use. Refer to the 'Safe management of care equipment Policy for Care Home settings'.

Masks

A fluid resistant surgical mask (FRSM) should be worn:

- When there is a risk of splashing of either blood and/or body fluids or substances hazardous to health, e.g. cleaning/disinfecting products, to the nose or mouth
- If the resident has a confirmed or suspected infection that can be transmitted by the droplet or airborne route, e.g. acute respiratory infection

Masks should:

- Cover both the nose and mouth and not be allowed to dangle around the neck after use
- Not be touched once put on
- Be changed when they become moist
- Be worn once, disposed of as infectious waste and hand hygiene performed after disposal

FFP3 disposable mask (respirator)

An FFP3 mask is rarely required in care homes, advice on the wearing of these, e.g. when undertaking aerosol generating procedures (AGP's), is available from your local Community Infection Prevention and Control (IPC) or UK Health Security Agency (UKHSA) Team.

The fit of this type of respirator mask is critically important and every user should be fit tested and trained in the use of the mask. Additionally, a seal fit check should be carried out each time an FFP3 mask is worn.

FFP3 masks should be removed and disposed of appropriately after each task and hand hygiene performed.



Wearing a mask: do's and don'ts

							
Do cover nose, mouth and chin		Do pull hair back		Do tie top strap first, then bottom strap		Do keep phones away from mask	
							
Don't pull below nose		Don't pull below chin		Don't hang from one ear		Don't hang around neck	
							
Don't cross straps		Don't leave straps hanging		Don't wear on forehead		Don't leave hair down	
							
Don't touch front of mask after fitting		Don't reach under mask		Don't touch phone to mask		Don't remove mask to talk on the phone	
							
Don't drink or eat with mask on		Don't remove mask to cough, sneeze or talk		Don't break top strap first, break bottom first		Don't wear a dirty or wet mask	

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The 'Wearing a mask: do's and don'ts Poster' is available to download at
www.infectionpreventioncontrol.co.uk/resources/wearing-a-mask-dos-and-donts-poster/.

5. Correct order for putting on and removing PPE



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Correct order for putting on and removing personal protective equipment (PPE)

Order for putting on PPE

Before beginning, check which items of PPE are required and that these are available in the correct size.

1



Apron: Ensure you are 'Bare below the elbows' and hair is tied back. Clean your hands. Pull apron over your head and tie securely at the back of your waist.

2



FRSM or FFP3 masks: Secure loops behind ears or upper straps/bands on the middle of your head, lower straps/bands at your neck. Fit flexible band to your nose bridge. Fit snug to your face and below your chin.

FFP3 or equivalent masks must be fit checked if being worn.

3



Eye protection: Holding the eye protection (safety goggles or visor) by the sides, place over your face and eyes and adjust to fit.

4



Gloves: Pull on gloves taking care to minimise contamination of the outer surface by holding at the wrist opening only. Extend to cover your wrists.

Order for removing PPE

When removing PPE, the correct technique is essential to avoid touching the most contaminated areas of PPE, e.g. outside of gloves, front of apron

1



Gloves: Pinch and lift the outside of the glove in the palm area with the opposite gloved hand, peel off while turning inside out. Hold the removed glove in the gloved hand. Slide two fingers of the ungloved hand under the remaining glove at the wrist. Peel the second glove off over the first glove and dispose of.

2



Apron: Break neck ties and allow apron to fall forward. Unfasten or break waist ties and pull apron away from the body touching the inside only. Fold or roll into a bundle and dispose of.

3



Eye protection: Handle only by the headband or the sides. Safety goggles or visors should be removed by grasping sides and pulling directly forward, away from the face. To remove eye protection with an elasticated headband, see note below.

4



FRSM or FFP3 masks: Unfasten the ties, first the bottom, then top, or if elasticated, pull top and bottom elastics together. Handling the ties/elastics only, pull away from the face without touching front of mask and dispose of.

Clean hands immediately after removal of PPE.

Note:

- Before undertaking any procedure or task, staff should assess the risk of likely exposure to blood and/or other body fluids, non-intact skin, mucous membranes, or any care equipment or items in the care environment that could be contaminated, and wear PPE if required. PPE must protect adequately against the risks associated with the procedure or task. The items of PPE worn will vary based on the type of exposure anticipated, and not all items of PPE may be required.
- All PPE should be changed between tasks, removed before leaving the care area and immediately disposed of directly into the appropriate waste stream. Reusable PPE should be decontaminated appropriately.
- Clean hands immediately after removal of PPE.
- Follow national guidance for putting on and removing gowns.
- To remove eye protection with an elasticated headband, tilt head forward and grasp the headband with index fingers and thumbs, lift the headband upwards whilst pushing frame away from your face, lower away from your face and dispose of.

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The 'Correct order for putting on and removing PPE Poster' is available to download at www.infectionpreventioncontrol.co.uk/resources/correct-order-personal-protective-equipment-poster/.

6. Footwear

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.

7. Headwear

Headwear is not routinely required in care homes. Headwear worn for religious reasons such as turbans, kippot veils, headscarves must not compromise resident care and safety. These must be washed and/or changed daily or immediately if contaminated.

8. Evidence of good practice

It is recommended that, for assurance purposes:

- The standard of putting on and removing personal protective equipment is audited on induction and annually. An audit tool is available to download at www.infectionpreventioncontrol.co.uk/resources/ppe-putting-on-and-removing-compliance-monthly-audit-tool-for-care-homes/ and can be completed electronically).
- Personal protective equipment is also included in the 'SICPs Assurance: Annual IPC Audit Tool for Care Homes' available to download at www.infectionpreventioncontrol.co.uk/resources/sicps-assurance-annual-ipc-audit-tool-for-care-homes/

Following these audits, 'Action plans' should be drawn up and implemented to demonstrate continuous improvement.

9. Infection Prevention and Control resources, education and training

See Appendix 1 for the 'PPE: Quick reference guide'.

The Community Infection Prevention and Control (IPC) Team have produced a wide range of innovative educational and IPC resources designed to assist your Care Home in achieving compliance with the *Health and Social Care Act 2008: code of practice on the prevention and control of infections and related resources* and CQC registration requirements.

These resources are either free to download from the website or available at a minimal cost covering administration and printing:

- 30 IPC Policy documents for Care Home settings

- Preventing Infection Workbook: Guidance for Care Homes
- IPC CQC inspection preparation Pack for Care Homes
- IPC audit tools, posters, leaflets and factsheets
- IPC Bulletin for Care Homes

In addition, we hold IPC educational training events in North Yorkshire.

Further information on these high quality evidence-based resources is available at www.infectionpreventioncontrol.co.uk.

10. References

Department of Health and Social Care (2024) *Guide to donning (putting on) and doffing (removing) PPE (non-AGP) in adult social care settings*

Department of Health and Social Care (Updated December 2022) *Health and Social Care Act 2008: code of practice on the prevention and control of infections and related guidance*

Health and Safety Executive (1974) *Health and Safety at Work, etc. Act 1974* London

Loveday HP, et al, epic 3: National Evidence-Based Guidelines for Preventing Healthcare-Associated Infections in NHS Hospitals in England *Journal of Hospital Infection* 86S1 (2014) S1-S70

National Institute for Health and Care Excellence (Updated February 2017) *Healthcare-associated infections: prevention and control in primary and community care Clinical Guideline 139*

NHS England (Updated 2025) *National infection prevention and control manual (NIPCM) for England*

NHS England (2025) *National standards of healthcare cleanliness 2025*

11. Appendices

Appendix 1: PPE: Quick reference guide

PPE: Quick reference guide



Risk assessment prior to any procedure:

- Risk of exposure to blood and or body fluids
- Risk of exposure to non-intact skin or mucous membranes
- Resident with confirmed or suspected infection
- Contact with substances hazardous to health

If yes to any of the above: WEAR APPROPRIATE PPE

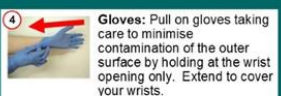
Avoid inappropriate use of PPE to minimise environmental impact.

Glove selection guide	Sterile		Non-sterile		
Procedure and type of contact	Latex	Nitrile	Latex	Nitrile	Domestic
Procedure and type of contact Ticks indicate which glove to use for the procedures listed and if they should be sterile or non-sterile. Please note that this is not an exhaustive list.					
Aseptic technique	✓	✓			
Blood/blood stained body fluids			✓	✓	
Body fluids, e.g. urine, faeces			✓	✓	
Clean technique, e.g. dressing pressure ulcers, leg ulcers, dry wounds, simple grazes			✓	✓	
Confirmed or suspected respiratory illness, e.g. flu, COVID-19			✓	✓	
Decontamination of care equipment			✓	✓	
Domestic tasks			✓	✓	✓
Handling or sorting soiled laundry			✓	✓	
Urinary catheterisation	✓	✓			
Urine bag emptying/adding			✓	✓	
Venepuncture			✓	✓	

Correct order for putting on and removing personal protective equipment (PPE)

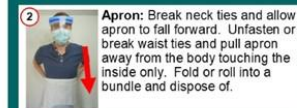
Order for putting on PPE

Before beginning, check which items of PPE are required and that these are available in the correct size.



Order for removing PPE

When removing PPE, the correct technique is essential to avoid touching the most contaminated areas of PPE, e.g. outside of gloves, front of apron



Clean hands immediately after removal of PPE.

Glove and apron colour coding	
White (apron)	Clinical, e.g. bathing residents, bed making
Red	Cleaning of bathrooms, showers, toilets and basins
Blue	Cleaning of general areas, e.g. corridors, lounges
Green	Cleaning of kitchen areas and serving food
Yellow	Clinical, when caring for isolated residents. Cleaning of an isolated resident's bedroom

Note:

- Before undertaking any procedure or task, staff should assess the risk of likely exposure to blood and/or other body fluids, non-intact skin, mucous membranes, or any care equipment or items in the care environment that could be contaminated, and wear PPE if required. PPE must protect adequately against the risks associated with the procedure or task. The items of PPE worn will vary based on the type of exposure anticipated, and not all items of PPE may be required.
- All PPE should be changed between tasks, removed before leaving the care area and immediately disposed of directly into the appropriate waste stream. Reusable PPE should be decontaminated appropriately.
- Clean hands immediately after removal of PPE.
- Follow national guidance for putting on and removing gowns.
- To remove eye protection with an elasticated headband, tilt head forward and grasp the headband with index fingers and thumbs, lift the headband upwards whilst pushing frame away from your face, lower away from your face and dispose of.

For further information, please refer to the full Policy which can be found at www.infectionpreventioncontrol.co.uk/care-homes/policies/

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