

# Personal Protective Equipment (PPE)

## When should you wear PPE?

When there is a risk of exposure of skin or mucous membranes to blood or bodily fluids.

When there is a risk of splashing or contamination of skin and clothing from blood and bodily fluids.

When you are decontaminating equipment

- Gloves are not a substitute for hand hygiene.
- Always wash hands after removing your gloves and apron.
- Gloves are single use and should also be changed in between each care activity.
- Gloves should be of appropriate quality and have **CE** mark.
- Latex gloves should not be used due to the risk of sensitivity to latex.

### Order for putting on PPE



Pull apron over head and fasten at back of waist.



Secure mask ties at back of head and neck. Fit flexible band to nose bridge.



Place eye protection over eyes.



Extend gloves to cover wrists.

### Order for removing PPE



Grasp the outside of the glove with opposite gloved hand, peel off. Hold the removed glove in the gloved hand. Slide the fingers of the ungloved hand under the remaining glove at the wrist and peel off.



Unfasten or break apron ties. Pull apron away from neck and shoulders lifting over head, touching inside of the apron only. Fold or roll into a bundle.



Handle eye protection only by the headband or the sides.



Unfasten the mask ties—first the bottom, then the top. Remove by handling ties only.

**Gloves, which are potentially the most contaminated item, should always be removed first.**

- Gloves and Aprons should be stored correctly to ensure they do not become contaminated with dust or micro organisms. i.e. not next to toilets, in sluices or in uniform pockets
- Gloves and aprons should be disposed of in the clinical/offensive waste stream.

Staff to is blue gloves and apron for catering

Masks and goggles should only be used on the advice of the Infection Control team, they may be required if there is risk of blood and body fluid splash into the eyes, nose and mouth.

