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Personal Protective Equipment (PPE) Procedure

Ref: HS-0001-019-v1

(Replaces: CORP-0042-v3.1 - PPE)

Status: Approved

Document type: Procedure

Overarching policy: [Health and Safety Policy](#)

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1 Introduction

The Trust has a legal and moral obligation to manage risk. Where appropriate following this Personal Protective Equipment (PPE) procedure will reduce risk.

This procedure links to Our Journey To Change as outlined within the Health and Safety Policy.

2 Purpose

Following this procedure will help the Trust to comply with its legal obligations:

- Health and Safety at Work etc. Act 1974
- Management of Health and Safety at Work Regulations 1999
- Personal Protective Equipment at Work Regulations 1992
- Personal Protective Equipment at Work (Amendment) Regulations 2022

3 Who this procedure applies to

This procedure applies to all bank, locum, permanent, fixed term contract employees (including apprentices) who hold a contract of employment or are engaged with the Trust, and those seconded (including students), volunteers, non-Executive Directors, Governors, and those undertaking research work within TEWV Trust. It also applies to limb workers, external contractors, (including Private Finance Initiative (PFI)), agency workers and other workers who are assigned to TEWV Trust.

4 Related documents

This procedure describes what you need to do to implement duties under the Trust Health and Safety Policy.

This procedure also refers to:-

- ✓ Risk Assessment (H&S) Procedure
- ✓ Infection Prevention and Control Policy

5 Procedure

Managers need to:

- Ensure risk assessments are in place as per the Trust Risk Assessment (H&S) procedure.
- Ensure that when risk assessments are carried out, if there is a need for PPE it is clearly identified and documented.
- Ensure that when circumstances change, or non-standard operations are undertaken the need for PPE is assessed prior to work starting.
- Monitor that PPE is worn, in good condition, and not modified in any way.
- Ensure that PPE is maintained correctly.
- Ensure that staff groups and individuals identified as being at risk are provided with appropriate information, instruction, and training, including updates and refresher training as necessary.
- Ensure users have received instruction in the use, cleaning and storage of equipment provided.
- Ensure that if more than one item of PPE is worn at the same time that one item does not interfere with the effectiveness of another.
- Ensure that if prescription safety glasses are required then make provision to provide adequate eye tests and examinations as required by any legislation in force at the time.
- Select equipment that suits the worker – consider the size, fit, compatibility and weight of the PPE and the physical characteristics of the user. Modifying PPE to fit is not a suitable solution.
- Know the correct procedure and documentation for requesting specific PPE.

5.1 Respiratory Protective Equipment (RPE)

Respiratory Protective Equipment (RPE) may not be suitable for persons with facial hair (beard and moustache) as the effectiveness of providing a barrier could be compromised. In these situations, alternative types of equipment must be sought.

In some circumstances a face fit test may be required.

5.2 Positive Purchasing Assurance

Ensure that any PPE sourced or purchased complies with requirements for design and manufacture of PPE with regard to health and safety and carries the appropriate safety markings and complies with all legislation.

5.3 Training

Line Managers must provide appropriate information, instruction, and training. It should cover the following:

- The risks which PPE will avoid or limit.
- The purpose of the PPE.
- The way the PPE is to be used.
- Action to be taken by users to ensure that PPE remains in good working order.
- How to report any loss, destruction, or defect.

5.4 Maintenance of PPE

Appropriate storage is needed to:

- Prevent PPE being damaged.
- Prevent contamination from dirt & harmful substances.
- Prevent loss of PPE.

Where PPE becomes contaminated during use, if appropriate it should be cleaned and decontaminated or replaced.

The effectiveness of some types of PPE, particularly clothing, will be significantly reduced if they are not kept clean. Hi-vis jackets, trousers and coveralls must be cleaned regularly to ensure the retroreflective strips continue to be easily identifiable.

PPE which is ready for use should be clearly segregated from that which is awaiting repair or maintenance and clearly labelled as such so that the correct PPE is chosen.

Where there is a requirement for maintenance of PPE, this should be carried out by competent staff. Records of any tests and examinations should be kept where appropriate.

Where PPE is used by a number of people there should be documented arrangements for cleaning and disinfecting the PPE so that there are no health risks for the next person using it.

It is the responsibility of the individual using the PPE to check the condition prior to it being used and to report any defects. Defective PPE should not be worn.

5.5 Latex Gloves

Latex gloves should not be purchased, except where there is a clinical need which should be supported by a risk assessment.

5.6 Non-Trust Employees

The responsible managers need to:

- Inform contractors, sub-contractors and/or visitors and limb workers of the need to wear PPE
- Ensure all contractors and/or sub-contractors and limb workers are made aware of the risks and the appropriate type of PPE to wear.
- Provide visitors and limb workers with PPE where appropriate.
- Ensure all visitors, contractors and/or sub-contractors and limb workers in PPE zones wear PPE.

6 Health, Safety and Security Team

The Health, Safety and Security Team provides advice and support to all staff and managers around the management of risk.

7 Definitions

Term	Definition
PPE	<ul style="list-style-type: none"> Personal Protective Equipment means all equipment designed to be worn or held by a person at work specifically to protect them against one or more significant risks.
Limb workers	<ul style="list-style-type: none"> A 'limb (b) worker' can be understood as a 'dependent contractor'. A 'worker' is registered as self-employed but provides a service as part of someone else's business. They generally must carry out the work personally, rather than being able to send someone in their place.

8 How this procedure will be implemented

<ul style="list-style-type: none"> This procedure will be published on the Trust's intranet.
<ul style="list-style-type: none"> Line managers will disseminate this procedure to all Trust employees through a line management briefing.
<ul style="list-style-type: none"> Specific responsibility for procedure implementation is delegated to respective Directors, General Manager and Senior Manager(s) within TEWV.

9 How the implementation of this procedure will be monitored

The below table sets out how compliance with the legal requirements outlined within the Personal Protective Equipment at Work Regulations 1992 and the Personal Protective Equipment at Work (Amendment) Regulations 2022 must be met within the Trust.

Number	Auditable Standard/Key Performance Indicators	Frequency/Method/Person Responsible	Where results and any Associate Action Plan will be reported to, implemented and monitored; (this will usually be via the relevant Governance Group).
1	Evidence based audit tool produced in conjunction with the Clinical Audit and Effectiveness Team. The audit tool complies with National guidelines. The tool is called the IPC environmental audit. This tool consists of a series of checklists / scoring criteria and is retained by the IPC Team.	<p>Clinical:</p> <p>Frequency: Annually</p> <p>Method: Use of evidence-based audit tool produced in conjunction with the Clinical Audit and Effectiveness Team. The audit tool complies with National guidelines.</p> <p>Responsible: Infection, Prevention and Control Team</p>	<p>Clinical:</p> <p>Report and action plans are shared with the wards at local level, the care groups are presented to IPCC.</p>
2	Hotel Services Audit Tool. This tool consists of a number of questions answered and then a score is generated once completed on the MICAD system.	<p>Hotel Services:</p> <p>Frequency: Monthly</p> <p>Method: Audits using the Hotel Services Audit Tool.</p> <p>Responsible: Undertaken by Hotel Services Supervisors</p>	<p>Hotel Services:</p> <p>Audit results taken to EFM DMT.</p>
3	Supervisors check sheet. This check sheet consists of 13 questions (2 of which relate specifically to the appropriate usage and condition of PPE) and is retained by the Estates department.	<p>Estates:</p> <p>Frequency: Monthly</p> <p>Method: Audits using the Supervisors check sheet.</p> <p>Responsible: Undertaken by Estates Supervisors and submitted to the Estates Officer monthly.</p>	<p>Estates:</p> <p>Audit results taken to EFM DMT.</p>

10 References

- ✓ Health & Safety at Work etc. Act 1974
- ✓ Management of Health and Safety at Work Regulations 1999 (MHSWR)
- ✓ Personal Protective Equipment at Work Regulations 1992
- ✓ Personal Protective Equipment at Work (Amendment) Regulations 2022

11 Document control (external)

To be recorded on the policy register by Policy Coordinator

Date of approval	18 May 2023
Next review date	18 May 2026
This document replaces	This document replaces internal Estates document (Personal Protective Equipment Estates Only Procedure – CORP-0042-v3.1)
This document was approved by	Health, Safety, Security and Fire Group - 18 May 2023 (pending Care Group member approval) Care Group member – 02 June 2023 (retrospective approval)
This document was approved	
This document was ratified by	EFM DMT
This document was ratified	18 May 2023
An equality analysis was completed on this policy on	04 July 2022
Document type	Public
FOI Clause (Private documents only)	n/a

Change record

Version	Date	Amendment details	Status
v1	18 May 2023	New Trust wide PPE Procedure which supersedes existing PPE procedure for Estates only (CORP-0042-v3.1)	Published

Appendix 1 - Equality Analysis Screening Form

Please note: The Equality Analysis Policy and Equality Analysis Guidance can be found on the policy pages of the intranet

Section 1	Scope
Name of service area/directorate/department	Health & Safety, EFM
Title	Personal Protective Equipment Procedure
Type	Procedure
Geographical area covered	Trust wide
Aims and objectives	The objectives of this procedure are to: <ul style="list-style-type: none"> Comply at all times with the Health and Safety at Work etc. Act 1974 etc., the Management of Health and Safety at Work Regulations 1999, the Personal Protective Equipment Regulations 2022 and all other relevant statutory provisions;
Start date of Equality Analysis Screening	04 January 2022
End date of Equality Analysis Screening	04 July 2022

Section 2	Impacts
Who does the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?	All staff, patients, contractors and visitors and the general community.
Will the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups?	<ul style="list-style-type: none"> Race (including Gypsy and Traveller) NO Disability (includes physical, learning, mental health, sensory and medical disabilities) NO Sex (Men, women and gender neutral etc.) NO Gender reassignment (Transgender and gender identity) NO

	<ul style="list-style-type: none"> • Sexual Orientation (Lesbian, Gay, Bisexual, Heterosexual, Pansexual and Asexual etc.) NO • Age (includes, young people, older people – people of all ages) NO • Religion or Belief (includes faith groups, atheism and philosophical beliefs) NO • Pregnancy and Maternity (includes pregnancy, women who are breastfeeding and women on maternity leave) NO • Marriage and Civil Partnership (includes opposite and same sex couples who are married or civil partners) NO • Armed Forces (includes serving armed forces personnel, reservists, veterans and their families) NO
Describe any negative impacts	There will be times when health and safety has to take priority and this may have an impact on a person's protected characteristics. TEWV would however always try and mitigate as much as possible any negative impact whilst ensuring health and safety legislation is followed.
Describe any positive impacts	Procedure is in place to reduce risk to all staff, patients, visitors, contractors etc.

Section 3	Research and involvement
What sources of information have you considered? (e.g. legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.)	Health & Safety at Work Act 1974 Management of Health and Safety at Work Regulations 1999 (MHSWR) Personal Protective Equipment Regulations 2022
Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the protected groups?	Yes
If you answered Yes above, describe the engagement and involvement that has taken place	Programme of visits and audits have been undertaken where concerns have been discussed and documented. These have been considered while reviewing the procedure.

If you answered No above, describe future plans that you may have to engage and involve people from different groups	n/a
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Section 4	Training needs
As part of this equality analysis have any training needs/service needs been identified?	No
Describe any training needs for Trust staff	N/A
Describe any training needs for patients	N/A
Describe any training needs for contractors or other outside agencies	N/A

Check the information you have provided and ensure additional evidence can be provided if asked

Appendix 2 – Approval checklist

	Title of document being reviewed:	Yes / No / Not applicable	Comments
1.	Title		
	Is the title clear and unambiguous?	Yes	
	Is it clear whether the document is a guideline, policy, protocol or standard?	Yes	
2.	Rationale		
	Are reasons for development of the document stated?	Yes	
3.	Development Process		
	Are people involved in the development identified?	Yes	
	Has relevant expertise has been sought/used?	Yes	
	Is there evidence of consultation with stakeholders and users?	Yes	
	Have any related documents or documents that are impacted by this change been identified and updated?	Yes	
4.	Content		
	Is the objective of the document clear?	Yes	
	Is the target population clear and unambiguous?	Yes	
	Are the intended outcomes described?	Yes	
	Are the statements clear and unambiguous?	Yes	
5.	Evidence Base		
	Is the type of evidence to support the document identified explicitly?	Yes	
	Are key references cited?	Yes	
	Are supporting documents referenced?	Yes	
6.	Training		
	Have training needs been considered?	Yes	
	Are training needs included in the document?	Yes	
7.	Implementation and monitoring		
	Does the document identify how it will be implemented and monitored?	Yes	

	Title of document being reviewed:	Yes / No / Not applicable	Comments
8.	Equality analysis		
	Has an equality analysis been completed for the document?	Yes	04 July 2022
	Have Equality and Diversity reviewed and approved the equality analysis?	Yes	
9.	Approval		
	Does the document identify which committee/group will approve it?	Yes	
10.	Publication		
	Has the policy been reviewed for harm?	Yes	
	Does the document identify whether it is private or public?	Yes	Public
	If private, does the document identify which clause of the Freedom of Information Act 2000 applies?	Yes	