University Hospital Southampton NHS
NHS Foundation Trust

Infection Prevention Personal Protective Equipment (PPE) Policy

Version: 5.2

Date Issued:	22 August 2016
Review Date:	22 August 2019
Document Type:	Policy

Document Status

This is a controlled document. Whilst this document may be printed, the electronic version posted on the intranet is the controlled copy. Any printed copies of this document are not controlled.
As a controlled document, this document should not be saved onto local or network drives but should always be accessed from the intranet.

Executive Summary

Personal Protective Equipment (PPE) is one of a range of measures to reduce opportunities for transmission of micro-organisms in hospital, protecting both the patient and healthcare worker (HCW) from the potential risks of cross-infection, including protecting health care staff from exposure to blood borne viruses such as Hepatitis B, C and human immunodeficiency virus (HIV). PPE is also used to protect employees from other exposures in the workplace e.g. chemicals.

This Policy focuses on the use of PPE as a component of standard infection control precautions and emphasises the importance to patient care in reducing the transmission of infection and protecting the healthcare worker and her/his colleagues from body fluids and occupationally acquired infection.

Risk Assessment for PPE for infection control and health and safety purposes

Minimum PPE requirements for care interventions
Quick reference

University Hospital Southampton NHS
NHS Foundation Trust

Risk	Minimum PPE	
Procedures where there is a risk of blood/body fluid splash to the face & eyes	Apron/Gown, Gloves, Face protection (Gowns to be worn where an apron does not provide enough protection) Surgical face mask will be required for droplet precautions FFP3 masks will be required for aerosol precautions	
Patient specific variable which may increase the risk of splash to the face/ eyes with blood/body fluid i.e.: Cognitive impairment, staff need to position themselves close to the patients face	Apron/Gown, Gloves Undertake a patient assessment to determine if face protection is required. (Gowns to be worn where an apron does not provide enough protection)	
Procedures where there is no expected risk of splash of blood/body fluid to the face or eyes, but potential risk of contamination to the hands and uniform	Apron/Gown, Gloves (Gowns to be worn where an apron does not provide enough protection)	
Procedures where there is no expected risk of splash	No PPE	

September 2015 Version 1.0

* Disposable plastic aprons must be worn when close contact with the patient, materials or equipment is anticipated and there is risk that skin or clothing of healthcare worker may become contaminated with pathogenic organisms, blood, body fluids, secretions and excretions.

1 Introduction

The use of PPE in preventing cross-infection is extremely important given:

- The morbidity and mortality associated with healthcare associated infection.
- The cost of treating healthcare associated infection.
- The increasing problem of antibiotic resistant micro-organisms.
- Exposure to blood and body fluids leading to infection with blood borne viruses is an occupational health risk for healthcare staff.

PPE is used in addition to normal clothing and uniforms to protect both the patient and the healthcare worker (HCW) from the potential risks of cross-infection and reduce opportunities for transmission of micro organisms in the hospital. The type of PPE worn is based on the assessed risk of the clinical intervention tasks to be undertaken. Uniforms and normal clothing are not considered to be personal protective equipment.

The Trust has a legal obligation to comply with the Health and Safety at Work Act (1974) and the Personal Protective Equipment at Work Regulations (1992). The Health and Social Care Act 2008 (Code of Practice on the Prevention and Control of Infections and related guidance) requires health and social care providers to have policies in place for the prevention and control of infection, including use of Personal Protective Equipment (PPE). Under these legislations employers have a duty to ensure that appropriate PPE, and training in its usage, is provided for all employees exposed to risks that cannot be controlled by any other means.

1.2 Scope

This Policy focuses on the use of PPE as a component of standard infection control precautions and emphasises the importance to patient care in reducing the transmission of infection and protecting the healthcare worker and her/his colleagues from body fluids and occupationally acquired infection. However, the policy also applies to the use of protective equipment for other purposes in University Hospitals Southampton NHS Foundation Trust (UHS) (e.g. for protection against other potentially harmful exposures, such as chemicals, in the workplace).

This Policy applies to **all staff** employed or contracted by UHS (includes students, volunteers) and also to **all visiting staff** including tutors, students and agency/locum staff. Every member of staff has a personal responsibility to ensure they comply with this policy.

1.3 Purpose

The objectives of this Policy are:

- To promote good practice in the use of PPE.
- To ensure healthcare workers are protected from occupational exposure to blood and body fluids.
- To minimise the risk to patients from infection.
- Outline the minimum requirement for PPE that should be available to all staff in all clinical areas.

1.4 Definitions

FFP3 Masks – Particulate filter respirator mask, level 3 (highest protection in category).

2 Related Trust Policies

- Glove Policy
- Standard Infection Control Precautions Policy
- Appearance Policy
- Isolation Policy for the management of Adult patients with infectious conditions
- Health and Safety Policy
- Incident Reporting Analysis Investigation and management Policy
- Hand Hygiene Policy
- Waste Management Policy

Please refer to specific guidance for other PPE that may be required in specific situations such as caring for patients with known infections or specialist PPE required for chemical/ radiation incidents or biological contamination, for instance:

- Isolation of Adult patients with Infectious Conditions Policy
- Tuberculosis (T.B) Policy
- Pandemic Influenza Plan
- Chemical Biological Radiological Nuclear (CBRN) Incident/HazMat Plan

3 Roles and Responsibilities

The Chief Executive As accountable officer, is responsible for the overall leadership and management of the Trust and its performance in terms of service provision, financial and corporate viability, ensuring that the Trust meets all its *quality and safety,* statutory and service obligations and for working closely with other partner organisations. The CEO delegates aspects of this responsibility to relevant Executive Directors according to their organisational portfolios. The CEO directly manages communications, information services and corporate affairs.

Director of Nursing holds delegated Executive responsibility for the management and control of healthcare associated infection.

Director of Infection Prevention and Control is responsible for the management and control of healthcare associated infection, including implementation of this policy.

Divisional and Care Group Management Teams are responsible for monitoring implementation of this policy and for ensuring action is taken when staff fail to comply with the policy.

Divisional Education Leads are responsible for ensuring that records of Filtering Face Piece (FFP3) mask fit testing and Fit test trainers are maintained.

Ward and Department Managers are responsible for ensuring that all possible measures are taken to reduce the spread of infection to patients, visitors and staff and for taking reasonable steps to ensure PPE is provided and easily available at the point of use.
All managers are responsible for ensuring this policy is implemented in their areas and for ensuring all staff who work within the area adhere to the principles at all times. All managers are responsible for ensuring that all appropriate staff have access to up to date training to enable them to adopt safe working practices at all times and are appropriately trained to minimise risks to

themselves and others. All managers are responsible for ensuring that all staff carry out risk assessments as outlined in 5.3 of this policy and all appropriate PPE is available to staff at the point of use. All managers are responsible for ensuring that an annual PPE audit is carried out to ensure that appropriate PPE is available and stored correctly.

Consultant Medical and Surgical staff are responsible for ensuring that they and their junior staff read and understand this policy and adhere to the principles contained in it at all times.

The Infection Prevention Team is responsible for the development and dissemination of the policy and for ensuring the policy remains consistent with the evidence-base for safe practice, and for reviewing the policy on a three-yearly basis unless new guidance is published before this time.

Health & Safety Manager will offer advice to ward and departmental managers on aspects of the Health and Safety at Work Act (1974) and the Personal Protective Equipment at Work Regulations (1992) that specifically relate to the implementation of this policy.

Health & Safety Adviser will assist in the compliance with practice standards during the annual health and safety audit programme, self audit policy and H&S tours.

All staff (clinical and non clinical) working on Trust premises, including agency and locum staff are responsible for adhering to this policy and for reporting breaches of this policy to the person in charge and to their line manager. **Employees** have a duty to ensure that all PPE provided to them is used in accordance with training (HSE 1992).

Non-compliance with a Trust Policy, Procedure, Guideline, Patient Group Directive (PGD), protocol or patient information standard **may result in disciplinary action.**

4 Principles

- PPE is one component of standard infection control precautions (see Appendix A) and should be used alongside other standard infection control precautions in the care of all patients at all times (refer to UHS standard Infection Control Precautions policy)
- PPE is a key component in reducing the transmission of infection and protecting the healthcare worker from occupational exposure to blood and body fluids.
- Uniforms and normal clothing are not considered to be personal protective equipment. PPE is used in addition to normal clothing and uniforms to protect both the patient and the healthcare worker (HCW) from the potential risks of cross-infection and reduce opportunities for transmission of micro organisms in hospital.
- Selection of PPE must be based on an assessment of the risk of transmission of micro-organisms to the patient or carer, and the risk of contamination of the healthcare practitioners' clothing and skin by patients' blood, body fluids, secretions or excretions (Loveday 2014). The type of protective equipment worn must be based on the assessed risk of the clinical intervention tasks to be undertaken.

5. Standards to be followed

5.1 Aim of PPE

The aim of wearing personal protective equipment is:

- To minimise the risk to patients from infection
- To protect the healthcare worker from occupational exposure to blood and body fluids
- To protect employees from potentially harmful exposures in the workplace (e.g. chemicals)
- To protect contamination of uniforms or other clothing with micro organisms.
- PPE is one component part to protect all workers in all types of roles, particularly those of high risk, e.g. building works, noise exposure

5.2 Minimum PPE to be available in clinical areas

The following equipment must be available in all clinical areas at all times:

See Appendix B for examples of different PPE and their common uses

- Sterile gloves (latex free)
- Non- sterile gloves (latex free)
- Disposable plastic aprons
- Water impervious gowns (Thumb loop gowns)
- Face protection
- Eye protection

All identified through detailed risk assessment of task.

The following equipment should be stored on all high risk wards (as per Care group risk assessment). All low risk areas should identify a local area that will provide an initial stock in an emergency:

- FFP3 masks

5.3 Risk Assessment

National guidelines state that personal PPE should be selected on the basis of an assessment of the risk. For infectious hazards this includes risk of transmission of microorganisms to the patient and the risk of contamination of health care practitioners' clothing and skin by patients' blood, body fluids, secretions and excretions. (Loveday 2014*).* The type of PPE worn should therefore be based on a risk assessment of the task / clinical intervention to be undertaken, see Appendix I for Minimum PPE requirements for care interventions.

A suitable risk assessment is also required where PPE is used to control non-infectious

exposures e.g. chemical hazards.

PPE is used in addition to uniforms and normal clothing and is designed to protect both the patient and the Health Care Worker.

PPE must be selected and worn appropriately.

A risk assessment must be undertaken before any task is undertaken and PPE selected accordingly, please see (Appendix I) for Minimum requirements for care interventions
The risk assessment is based on the assessed risk of the task being undertaken:

Risk Assessment for PPE for infection control and health and safety purposes

Minimum PPE requirements for care interventions
Quick reference

University Hospital Southampton NHS
NHS Foundation Trust

Risk	Minimum PPE	
Procedures where there is a risk of blood/body fluid splash to the face & eyes	Apron/Gown, Gloves, Face protection (Gowns to be worn where an apron does not provide enough protection) Surgical face mask will be required for droplet precautions FFP3 masks will be required for aerosol precautions	
Patient specific variable which may increase the risk of splash to the face/ eyes with blood/body fluid i.e.: Cognitive impairment, staff need to position themselves close to the patients face	Apron/Gown, Gloves Undertake a patient assessment to determine if face protection is required. (Gowns to be worn where an apron does not provide enough protection)	
Procedures where there is no expected risk of splash of blood/body fluid to the face or eyes, but potential risk of contamination to the hands and uniform	Apron/Gown, Gloves (Gowns to be worn where an apron does not provide enough protection)	
Procedures where there is no expected risk of splash	No PPE	

September 2015 Version 1.0

* Disposable plastic aprons must be worn when close contact with the patient, materials or equipment is anticipated and there is risk that skin or clothing of healthcare worker may become contaminated with pathogenic organisms, blood, body fluids, secretions and excretions.

5.4 Gloves

- Must be readily available, take account of the workers needs and fit well.
- Are a single use item.
- Gloves must we worn where there is a risk of contact with patient blood, body fluids, secretions, excretions and potential pathogenic micro organisms.
- Gloves must be worn for invasive procedures.

The aim of wearing gloves is to:

- Protect users hands from becoming contaminated with blood, body fluids secretions and excretions
- Protect user's hands from certain chemicals that may adversely affect the condition of the skin.
- Minimise risk of infection to patients and staff.

Always ensure:

- Gloves fit correctly
- Types of gloves are suitable for the task to be undertaken. Full guidance on glove use is given in the Glove Policy
- Gloves are put on last when worn with other PPE (see appendix H).
- Gloves are only used for one interventional procedure and needs to be changed between patients or between different care/treatment activities for the same patient.
- Gloves are disposed of in clinical waste bag
- Hand hygiene (including good hand care) is performed following glove removal

NB: Gloved hands should never be washed with soap and water or alcohol gel.
See appendix C for further details on disposable glove use.

5.5 Gowns and Aprons

The aim of wearing either a fluid repellent apron or gown is to:

- Protect the healthcare workers clothing/ uniform from contamination with blood, body fluids, secretions and excretions or chemicals
- Protect the patient from micro-organisms.

Always ensure:

- The apron or gown is worn correctly

- A full body fluid repellent gown is worn when there is a risk of extensive splashing of blood, body fluids, secretions and excretions onto the skin of healthcare practitioners which is not covered by a disposable apron, or as part of specific requirements of the isolation policy. Examples: untreated scabies where prolonged skin to skin contact with the arms is expected, Norwegian scabies. Incontinent patients who are heavily dependent on nursing care.

- Disposable plastic aprons are worn when close contact with the patient, materials or equipment is anticipated and there is a risk that skin or clothing of healthcare worker may become contaminated with pathogenic organism's blood, body fluids, secretions and excretions. See Appendix D for details on apron colours and uses.

- That aprons or gowns are worn as single use items for one procedure or episode of patient care and must not be worn for multiple tasks for the same patient.

- That used apron/gown is disposed of as clinical waste (See Waste Management Policy).

- That hand hygiene (including good hand care) is performed following removal and disposal of apron/ gown (See Hand Hygiene Policy).

5.6 Face Masks

Generally there are two main types of mask used in the healthcare setting:

- Fluid repellent facemask: used as part of standard precautions and droplet precautions (see Standard precautions and Isolation policy).
- Particulate filter respirator masks FFP3: used as part of transmission-based isolation precautions (see Isolation of Adult patients with Infectious Conditions Policy).

However, other types of mask or respirator (e.g. gas/vapour filter, or combined dust and vapour filter) might be required for particular (usually non-clinical) tasks.

The aim of wearing a fluid repellent facemask as part of standard precautions is to:

- Protect the healthcare worker from potential exposure to blood, body fluids, secretions and excretions.

The aim of wearing a Particulate filter respirator masks as part of transmission based isolation precautions is to:

- Protect the healthcare worker from exposure to airborne pathogens.

See Appendix E for mask and eye protection risk assessment.
For more information on the wearing of FFP3 masks please see Appendix F & G.

For clinical tasks always ensure:

- The mask has a fluid repellent layer.
- The mask is fitted and worn correctly.
- A face fit check must be performed prior to each use of a FFP3 masks.
- The mask is worn for a single patient episode, and then disposed of.
- The mask is removed correctly to minimise risk of contamination to hands.
- The mask is disposed of as clinical waste.
- Hand hygiene is performed following removal and disposal of mask.
- Particulate filter respirator masks must be worn as part of isolation precautions for patients with respiratory tract infection transmitted by airborne particles, such as tuberculosis and pandemic Influenza (See isolation policy and tuberculosis policy)

Note: Fitting respiratory protective equipment (particulate filter respirator masks) correctly is critically important for it to provide proper protection. All staff using respirator masks must be fit tested and trained in their use. Fit testing is a mandatory control of substances hazardous to health (COSHH) requirement to ensure any respirator mask worn is fit for purpose (see appendix E for further detail).

5.7 Facial Protection; Goggles; Visors; Face Shields

The aim of wearing facial protection is to protect the eyes, nose and mouth of the HCW from contamination with:

- Blood, body fluids, secretions and excretions
- Chemicals

See Appendix F for mask and eye protection risk assessment

Always ensure:

- The facial protection chosen is appropriate for the risks and task to be undertaken.

- The facial protection takes account of the staff members needs.
- The facial protection fits and is worn correctly.
- The facial protection is removed with the minimum risk of contamination to the hands.
- Facial protection is used for one patient episode only.

- That disposable facial protection is disposed of as clinical waste
- That reusable facial protection is cleaned and if necessary disinfected as per Trust policy
- That hand hygiene is performed following removal of facial protection.
- That all PPE are disposed as clinical waste whether it had contact with patient or not. (See Waste Management Policy)

See appendix H for PPE donning and removal guidance.

6. Implementation

Communication and Dissemination Plan

- The Policy will be launched with communication via a 'Staff Briefing' email, 'Core Brief' and Staffnet news pages.
- Divisional and Care Group leaders will cascade to all ward and department leaders.
- The Policy will be placed on the Infection Prevention and Control pages of the Staffnet.
- The Infection Prevention Team will issue a briefing paper highlighting the main changes in the revised Policy, which will be circulated to all Care Groups.

Education and Support Plan

- Education and training on PPE will be provided at induction (including local induction and e-learning) and as part of annual update training in Infection Prevention.
- Infection prevention link staff will be provided with education sessions about the policy at their meetings.

7. Process for Monitoring Compliance/Effectiveness

Compliance with the policy will be monitored via:

Element of Policy to be monitored	Lead	Tool/Method	Frequency	Who will undertake	Where results will be reported
Compliance with practice standards	IPT Risk and Patient Safety	IP Annual Audit Programme Spotlights and observations of practice	As per programme Yearly	Wards/Depts IPT	Infection Prevention Committee
Training for staff	IPT, Risk and Patient Safety	Quarterly Divisional Reports to IPC	Quarterly	DMT	Infection Prevention Committee
Monitoring all of the above	IPT Risk and Patient Safety	Annual IP Report Self Audit and H&S tours	Annual	IPT & Health and Safety Manager	Trust Board

8. Arrangements for Review of the Policy

This document will be reviewed by the Infection Prevention Team in the following circumstances:

- When new national or international guidance is issued.
- When newly published evidence demonstrates need for a change to current practice.
- Every 3 years routinely.

9. References

Bunyan, D. Ritchie, L. Jenkins, D. Coia JE (2013) Respiratory and facial protection: a critical review of recent literature Journal of Hospital Infection, 85 (3) pp165

Centres for Disease Control Guidelines (2007) Guidance for isolation precautions: Preventing Transmission of Infective Agents in Healthcare Settings

Department of Health 2009; The Health and Social Care Act 2008: Code of Practice for health and adult social care on the prevention and control of infections and related guidance. London: Department of Health.

Health and Safety Executive (1992). Personal Protective Equipment at work. Guidance on Regulations. L25. London: Health & Safety Executive. 2nd edition 2005

HSE (2013) A guide to the FFP3 Respirator, HSE http://www.england.nhs.uk/wp-content/uploads/2013/12/guide-ffp3-leaflet-v2.pdf accessed 28/02/2014

Infection Control Nurses Association (2002). Protective Clothing. Principles and Guidance. Bathgate: ICN

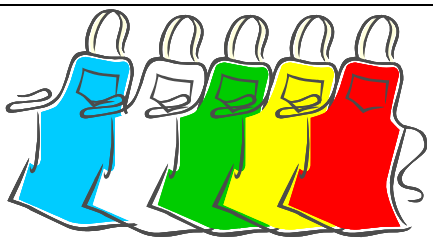
Loveday, HP. Wilson, JA. Pratt, RJ. Golsorkhi, M. Tingle, A. Bak, A. browne, J. Prieto, J. Wilcox, M (2014) epic3: National Evidence-Based Guidelines for Preventing Healthcare-Associated Infections in NHS Hospitals in England. Journal of Hospital Infection, 86 (S1)

The Healthcare Infection Society Working Group on Respiratory and Facial Protection (2013)Guidance on the use of respiratory and facial protection equipment Journal of Hospital Infection, 85 (3) pp 170

WHO (2009) Glove use Information Leaflet, World Health Organisation http://www.who.int/gpsc/5may/Glove_Use_Information_Leaflet.pdf accessed 28/02/2014

Examples of PPE & its common uses (not exhaustive)

Appendix A

Single use non sterile examination Gloves • Exposure to blood/body fluid • Chemicals • Sharps • Isolation precautions • As per standard precautions policy	
Disposable Apron Various colours available depending on the task being undertaken. See also appendix E • Exposure to blood/body fluid • Risk of Chemical splash • Used linen • Isolation precautions • As per standard precautions policy	
Water impervious gowns/ thumb loop gown • Exposure to blood/body fluid, chemicals and isolation precautions where an apron is not sufficient I.e. untreated scabies, Norwegian scabies, incontinent patient requiring high levels of nursing care • As per Standard precautions policy • As per contact, droplet and airborne precautions – refer to the Isolation of Adult patients with Infectious Conditions Policy	
Water impervious surgical face mask • Risk of blood/body fluid splash to the face i.e. chest drain removal, removal of femoral arterial lines, suctioning • Within one 1 meter of a patient with productive cough where splash to the face is possible • As per standard precautions policy • As per contact, droplet and airborne precautions refer to the Isolation of Adult patients with Infectious Conditions Policy	
Eye protection (Many variations available) Eye protection only or full facer protection, Single use or reusable • Risk of blood/body fluid splash to the face i.e. chest drain removal, removal of femoral arterial lines, suctioning • Within one 1 meter of a patient with productive cough where splash to the face is possible • As per contact, droplet and airborne precautions refer to the Isolation of Adult patients with Infectious Conditions Policy	  
Combined water impervious surgical mask and visor • Risk of blood/body fluid splash to the face i.e. chest drain removal, removal of femoral arterial lines, suctioning • Within one 1 meter of a patient with productive cough where splash to the face is possible • As per contact, droplet and airborne precautions refer to the Isolation of Adult patients with Infectious Conditions Policy	
FFP3 masks • Cough producing procedure and Aerosol generating procedure (AGP) for a patient with; Open pulmonary TB • Caring for the following patients Measles and Chicken pox (non immune staff). Open pulmonary TB (cough) - 1:1 care for greater than 8hrs Novel influenza virus refer to the Isolation of Adult patients with Infectious Conditions Policy	 

Appendix B

World Health Organization | Patient Safety — A World Alliance for Safer Health Care | SAVE LIVES Clean Your Hands

Glove Use Information Leaflet

Outline of the evidence and considerations on medical glove use to prevent germ transmission

Definitions

Medical gloves are defined as disposable gloves used during medical procedures; they include:

1. Examination gloves (non sterile or sterile)
2. Surgical gloves that have specific characteristics of thickness, elasticity and strength and are sterile
3. Chemotherapy gloves – these gloves are not addressed within this document

Rationale for using medical gloves:

Medical gloves are recommended to be worn for two main reasons:

1. To reduce the risk of contamination of health-care workers hands with blood and other body fluids.
2. To reduce the risk of germ dissemination to the environment and of transmission from the health-care worker to the patient and vice versa, as well as from one patient to another.

Gloves should therefore be used during all patient-care activities that may involve exposure to blood and all other body fluid (including contact with mucous membrane and non-intact skin), during contact precautions and outbreak situations.

The efficacy of gloves in preventing contamination of health-care workers' hands and helping to reduce transmission of pathogens in health care has been confirmed in several clinical studies. Nevertheless, health-care workers should be informed that gloves do not provide complete protection against hand contamination. Pathogens may gain access to the caregivers' hands via small defects in gloves or by contamination of the hands during glove removal. Hand hygiene by rubbing or washing remains the basic to guarantee hand decontamination after glove removal.

Key learning point: gloves do not provide complete protection against hand contamination.

The impact of wearing gloves on adherence to hand hygiene policies has not been definitively established, since published studies have yielded contradictory results. However, the recommendation to wear gloves during an entire episode of care for a patient who requires contact precautions, without considering indications for their removal, such as an indication for hand hygiene, could actually lead to the transmission of germs.

Key learning point: prolonged use of gloves for contact precautions in the absence of considering the need to perform hand hygiene can result in the transmission of germs.

Glove use and the need for hand hygiene:

- When an indication for hand hygiene precedes a contact that also requires glove usage, hand rubbing or hand washing should be performed ***before donning gloves***.
- When an indication for hand hygiene follows a contact that has required gloves, hand rubbing or hand washing should occur ***after removing gloves***.
- When an indication for hand hygiene applies while the health-care worker is wearing gloves, then gloves should be ***removed to perform handrubbing or handwashing***.

Inappropriate glove use:

- The use of gloves when not indicated represents a waste of resources and does not contribute to a reduction of cross-transmission.
- It may also result in missed opportunities for hand hygiene.
- The use of contaminated gloves caused by inappropriate storage, inappropriate moments and techniques for donning and removing, may also result in germ transmission.

Key learning point: it is important that health-care workers are able to differentiate between specific clinical situations when gloves should be worn and changed and those where their use is not required (see figure The Glove Pyramid). Moreover, the health-care worker should be accurately informed on the moment (see Table) for donning and removing gloves.

Type of gloves to be used:

As a general policy, selection of non-powdered gloves is recommended since this avoids reactions with the alcohol-based handrub in use within the health-care facility.

Re-use/reprocessing:

- As medical gloves are single-use items, glove decontamination and reprocessing are not recommended and should be avoided, even if it is common practice in many health-care settings with low resources and where glove supply is limited.
- At present no standardized, validated and affordable procedure for safe glove reprocessing exists.

Every possible effort should be made to prevent glove reuse in health-care settings, such as educational activities to reduce inappropriate glove use, purchasing good quality disposable gloves and replenishing stocks in a timely manner.

Summary of key messages for practical medical glove use:

- Gloves are effective in preventing contamination of health-care workers' hands and helping reduce transmission of pathogens dependent upon two critical factors:
  - They are used appropriately
  - Timely hand hygiene is performed using the method of hand rubbing or hand washing.
- Safe glove use involves:
  - Using the correct technique for donning gloves that prevents their contamination
  - Using the correct technique for removing gloves that prevents health-care workers' hands becoming contaminated (see figure *Technique for donning and removing non-sterile examination gloves*).
- The unnecessary and inappropriate use of gloves results in a waste of resource and may increase the risk of germ transmission.
- Health-care workers should be trained in how to plan and perform procedures according to a rational sequence of events and to use non-touch techniques as much as possible in order to minimize the need for glove use and change.
- If the integrity of a glove is compromised (e.g., punctured), it should be changed as soon as possible and complemented with hand hygiene.
- Double gloving in countries with a high prevalence of HBV, HCV and HIV for long surgical procedures (>30 minutes), for procedures with contact with large amounts of blood or body fluids, for some high-risk orthopaedic procedures, is considered an appropriate practice.
- Use of petroleum-based hand lotions or creams may adversely affect the integrity of latex gloves and some alcohol-based handrubs may interact with residual powder on health-care workers' hands.

Summary of the recommendations on glove use:

A. In no way does glove use modify hand hygiene indications or replace hand hygiene action by rubbing with an alcohol-based product or by handwashing with soap and water.

B. Wear gloves when it can be reasonably anticipated that contact with blood or other body fluids, mucous membranes, non-intact skin or potentially infectious material will occur.

C. Remove gloves after caring for a patient. Do not wear the same pair of gloves for the care of more than one patient.

D. When wearing gloves, change or remove gloves in the following situations: during patient care if moving from a contaminated body site to another body site (including a mucous membrane, non-intact skin or a medical device within the same patient or the environment).

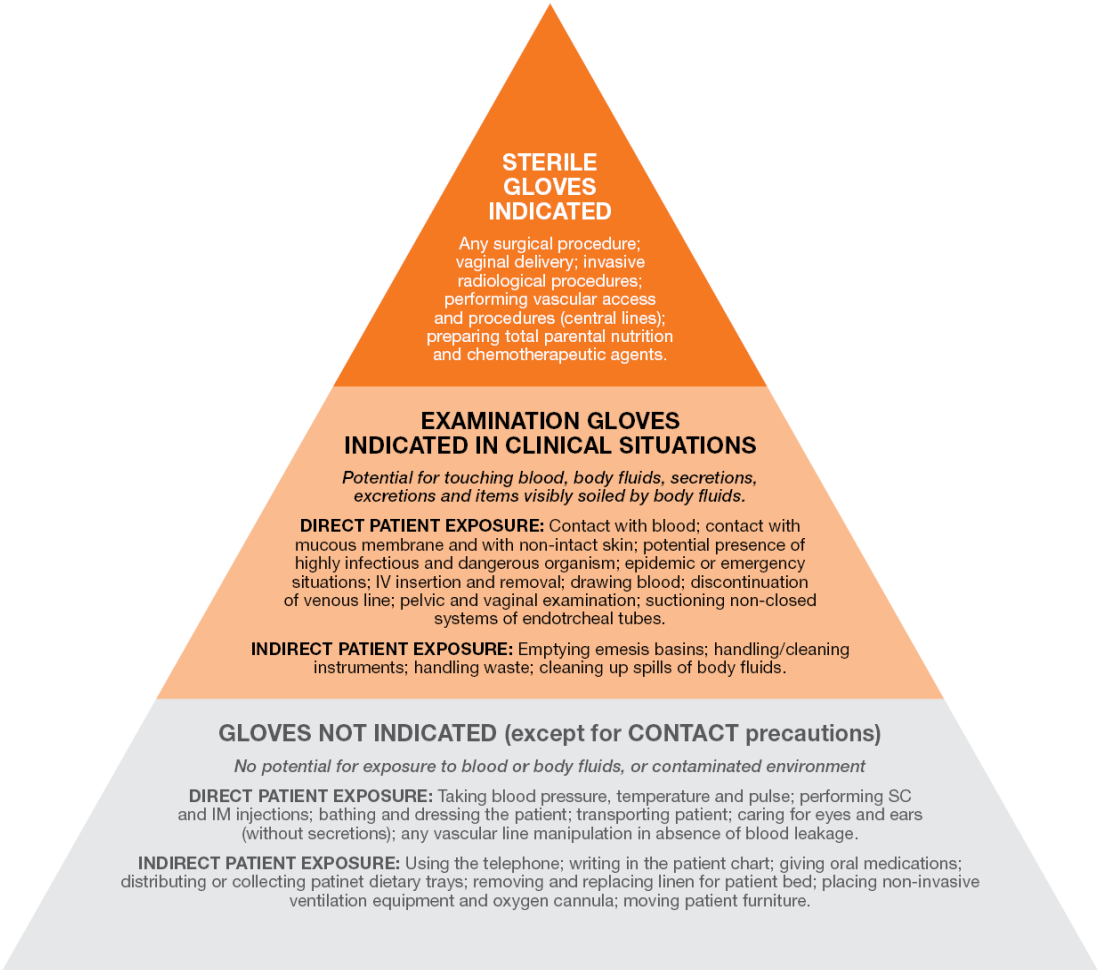
E. The reuse of gloves after reprocessing or decontamination is not recommended.

Table. Summary of the indications for gloving and for glove removal:

	Indication
Gloves on	1) Before a sterile procedure 2) When anticipating contact with blood or another body fluid, regardless of the existence of sterile conditions and including contact with non-intact skin and mucous membrane 3) Contact with a patient (and his/her immediate surroundings) during contact precautions.
Gloves off	1) As soon as gloves are damaged (or non-integrity suspected) 2) When contact with blood, another body fluid, non-intact skin and mucous membrane has occurred and has ended 3) When contact with a single patient and his/her surroundings, or a contaminated body site on a patient has ended 4) When there is an indication for hand hygiene.

The Glove Pyramid – to aid decision making on when to wear (and not wear) gloves

Gloves must be worn according to **STANDARD** and **CONTACT PRECAUTIONS**. The pyramid details some clinical examples in which gloves are not indicated, and others in which examination or sterile gloves are indicated. Hand hygiene should be performed when appropriate regardless of indications for glove use.

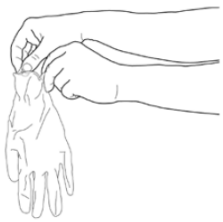


Technique for donning and removing non-sterile examination gloves

When the hand hygiene indication occurs before a contact requiring glove use, perform hand hygiene by rubbing with an alcohol-based handrub or by washing with soap and water.

I. HOW TO DON GLOVES:

1. Take out a glove from its original box



2. Touch only a restricted surface of the glove corresponding to the wrist (at the top edge of the cuff)

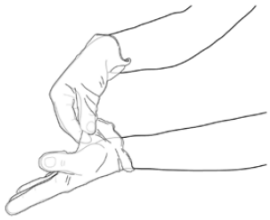
3. Don the first glove

4. Take the second glove with the bare hand and touch only a restricted surface of glove corresponding to the wrist

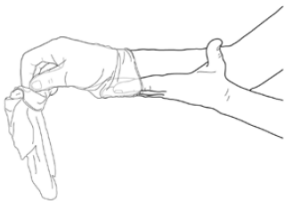
5. To avoid touching the skin of the forearm with the gloved hand, turn the external surface of the glove to be donned on the folded fingers of the gloved hand, thus permitting to glove the second hand

6. Once gloved, hands should not touch anything else that is not defined by indications and conditions for glove use

II. HOW TO REMOVE GLOVES:



1. Pinch one glove at the wrist level to remove it, without touching the skin of the forearm, and peel away from the hand, thus allowing the glove to turn inside out



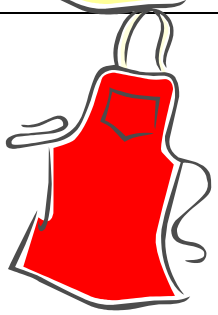
2. Hold the removed glove in the gloved hand and slide the fingers of the ungloved hand inside between the glove and the wrist. Remove the second glove by rolling it down the hand and fold into the first glove

3. Discard the removed gloves

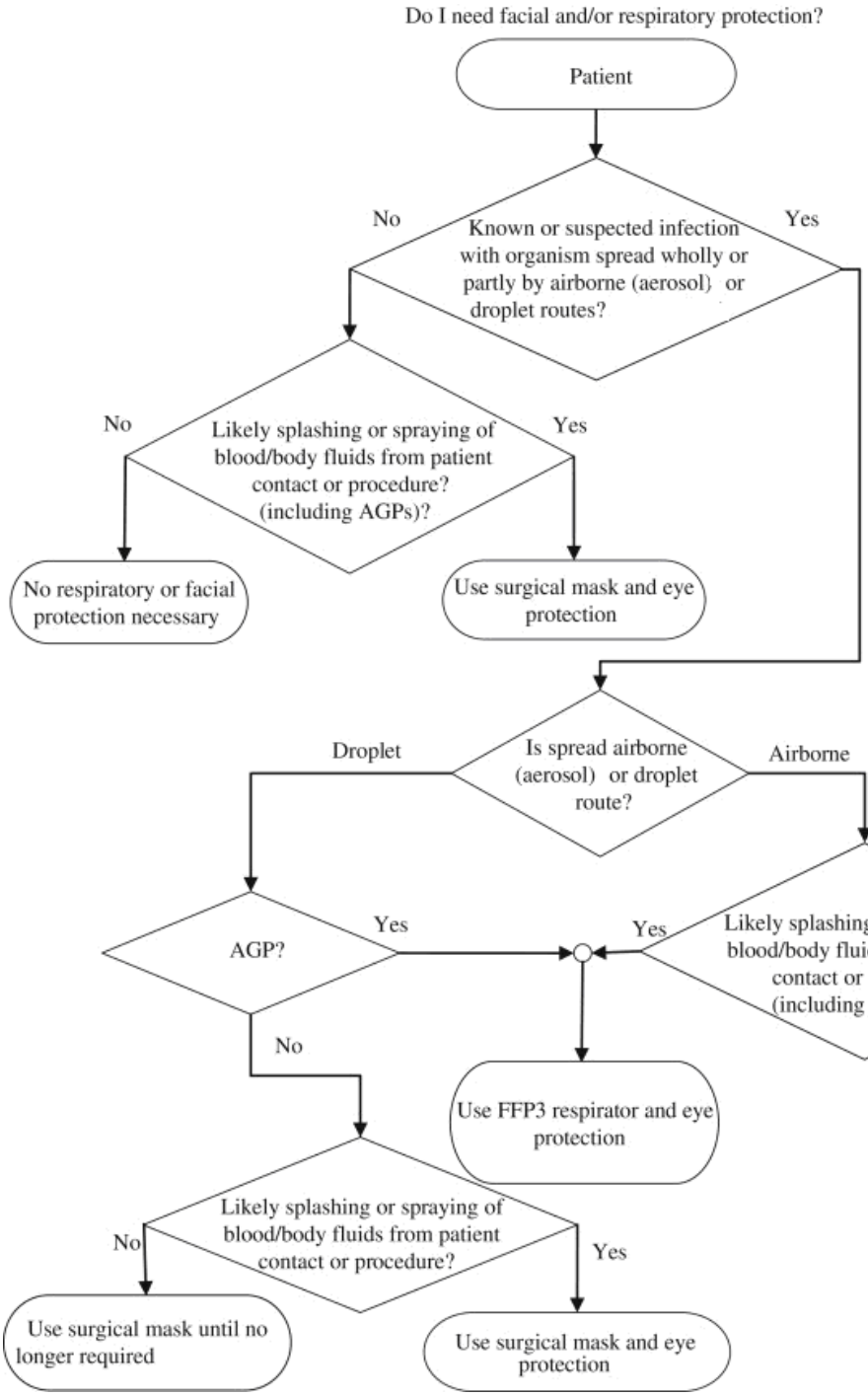
4. Then, perform hand hygiene by rubbing with an alcohol-based handrub or by washing with soap and water

WHO (2009) Glove use Information Leaflet, World Health Organisation

Appendix C **Single use disposable Apron colour and what it means**

Apron Colour	Tasks
Blue 	• General areas including wards where apron use is required • Bed making • Potential for contamination of uniform with blood/body fluid/pathogens/chemicals (carrying urinals, cleaning bedspace) • Providing Personal Care to a patient
White 	• Kitchen • Serving food • Feeding patients
Yellow 	• Isolation precautions where an apron provides sufficient coverage to the uniform.
Red/Pink 	• Sluice • Cleaning of commodes in sluice • Decontamination of items in the sluice
Green 	• Theatres • Mortuary • Accident and Emergency Resus & Major Trauma • Plaster room

Appendix D



AGPs can generate an aerosol hazard from an infection that may normally only be transmissible via splashes or droplets.
The following procedures are considered to be AGPs (this is currently an area of active research and this list is likely to be subject to.

- Intubation, extubation and related procedures (e.g. manual ventilation and open suctioning);
- Cardiopulmonary resuscitation;
- Bronchoscopy;
- Surgery and post-mortem procedures involving high-speed devices; some dental procedures (e.g. drilling);
- Non-invasive ventilation (e.g. bi-level positive airway pressure and continuous positive airway pressure ventilation); high-frequency oscillating ventilation; and induction of sputum.

Please note: Where face/eye/respiratory protection is required gloves and apron/gown must be worn.
The Healthcare Infection Society Working Group on Respiratory and Facial Protection (2013)*Guidance on the use of respiratory and facial protection equipment* Journal of Hospital Infection, 85 (3) pp 170

Appendix E

Respirator Fit Testing Guidance

Why is fit testing required?
Fit testing is the method of checking that a tight fitting respirator mask (FFP3) is achieving a good contact between the wearer's skin and the seal of the mask. Fit testing is a mandatory COSHH requirement to ensure any respirator mask worn is fit for purpose. This means the mask worn must provide an adequate seal to ensure that it offers the required level of respiratory protection in order to protect the individual against infection. One type of respirator does not fit everyone so fit testing provides a means of identifying the most suitable mask for the individual.

Fit testing Requirements:
FFP3 masks are used throughout the Trust to protect staff against various infections including TB. It is therefore essential that fit testing is an ongoing process.
Divisions are responsible for the fit testing of staff.
Every staff member who has been fit tested will have the details of the mask they have passed on recorded on Oracle Learning Manager (OLM) by the Division.
Each Division should maintain an up-to-date list of high Risk areas.

- It is suggested that each relevant department (e.g. hospital ward) have one or more competent Fit Testers. The number required depends on how many staff in the department need to be tested.
  (One person with one kit can test around 2-3 persons per hour. A department with a large number of respirator wearers may need several testers and several test kits.)

Criteria for Fit Testing & re-fit testing
Fit testing should be carried out on:

- all staff who currently wear FFP3 masks who have not already been tested
- any staff member who is about to start wearing FFP3 masks and has not previously been tested
- any wearer who has lost or gained significant weight, potentially changing their face shape
- any wearer who has had major dental work or has sustained a facial injury that may change their face shape
- any staff who are expected to wear a or model of mask that they have not previously been fit tested for
- any staff that have previously been fit tested but are not aware of the model of mask that they were fit tested for.

Re-fit testing of staff where no changes (see above) have taken place.

- Staff who have been fit tested to have a 3 year competency check by a trained fit tester.
- Competency check will consist of an assessment of the ability of the individual to carry out a mask fit test check when using an FFP3 mask.
- If the individual fails or concerns are raised a full refit test will be required.

I have failed my first fit test what will happen?

1. The tester will check the fit of the mask and will restart the test
2. If you fail with the mask twice a second choice mask will be tested (twice if necessary)
3. If you fail on the 2nd choice mask you will be tested on the third make of mask

4. If you fail twice on the 3rd mask you will need to contact the lead fit tester for you division who will carry out a risk assessment and identify a suitable mask

I have forgotten which mask I have been tested on, what do I need to do?

1. Check your VLE account
2. Ask your local fit tester
3. Still unable to find a record please get retested

Wearers must carry out a face fit check prior to the use of FFP3 masks to ensure appropriate fit.

Face fit check is carried out using the following method once the respirator (FFP3) has been fitted before each use. (Appendix G)

- Covering the surface of the mask gently with your hands around the upper part of the mask and Inhaling/exhaling
- Repeat for the lower part of the mask.
- Valved masks – Inhale sharply
- Non Valved masks – exhale sharply
- If leaks are detected around the seal refit the mask and repeat the checking process until no leaks are detected.

Factors which may affect face seal when using an FFP3 respirator

- Facial hair
- Jewellery – may need removing
- Facial markings (e.g. scarring or Moles)
- Safety or prescription glasses (should be worn for fit testing if required for work).

Fit tester process

Who should conduct fit testing?

According to guidelines issued by the Health and Safety Executive (HSE 282/28), fit testing should be conducted by a 'competent person'. The skill set suggested for a competent person includes such topics as adequate knowledge in the selection of suitable respiratory equipment, an ability to correctly fit the selected equipment and follow manufacturers guidelines, an ability to recognise a poor fitting mask and coach others in the correct fitting procedure, an ability to recognise poorly maintained mask (in the case of reusable masks) and of course, an ability to use the fit testing kit correctly.

Staff who are carrying out fit testing or are going to be carrying out fit testing within UHS must be trained by a competent fit tester

Fit Tester Training can be achieved by one of the following:

- Attendance the a Trust Fit Testing Training the Trainer Session
- Cascade training within Care Groups/Depts by a competent trained Fit Tester.

Training Requirements

Training must consist of:

- Presentation using standard UHS FFP3 Respirator Fit Testers Training/Refresher Package
- Practical demonstration of fit testing using Fit Test Kit (including completion of practical training checklist)
- Completion of the Trust Training Requirements & Competencies Document for Fit testers within UHS.

Refresher Training of fit testers:

- Individuals who consider themselves as a regular fit tester– 2 yearly peer review by a competent fit tester and sign off of a Trust Training Requirements & Competencies Document for Fit testers within UHS.
- Individuals who are not regular fit testers – 2 yearly formal refresher training – see training requirements above.

A programme of 'training the trainer' sessions for nominated Fit Testers will be organised by the Infection Prevention Team, in collaboration with Patient Safety.

Appendix F

Public Health England

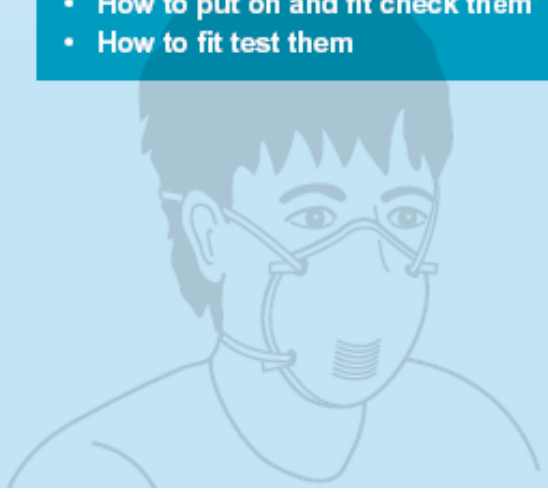
NHS England

A guide to the FFP3 respirator

An FFP3 respirator should be worn by frontline staff when carrying out a potentially infectious aerosol-generating procedure. Where a patient is known/suspected to have an infection spread via the aerosol route or when caring for patients known/suspected to be infected with a newly identified respiratory virus. It is a legal requirement that anybody who might be required to wear an FFP3 respirator be **fit tested in order to check that an adequate seal can be achieved** with each specific model. It is also important that the user carries out a fit check each time an FFP3 respirator is worn.

This booklet is designed to complement the FFP3 fit test training sessions being rolled out by trusts. It provides visual and practical information on:

- **When to use them**
- **How to put on and fit check them**
- **How to fit test them**



HSE

See link below for full guidance;
http://www.england.nhs.uk/wp-content/uploads/2013/12/guide-ffp3-leaflet-v2.pdf

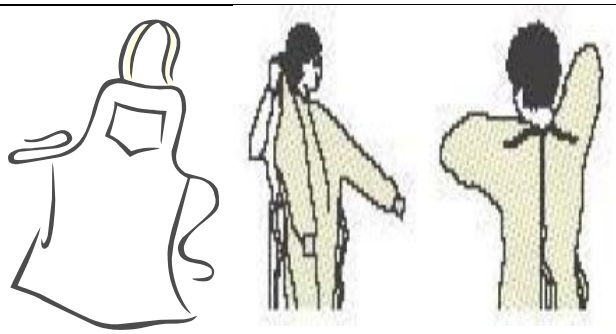
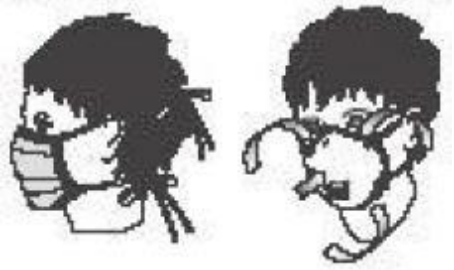
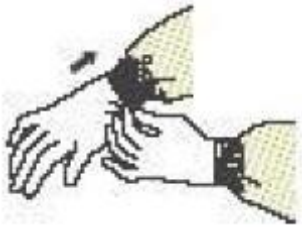
Appendix G

University Hospital Southampton NHS
NHS Foundation Trust

Donning and removal of PPE

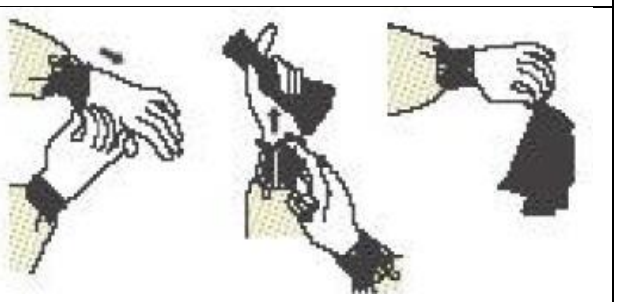
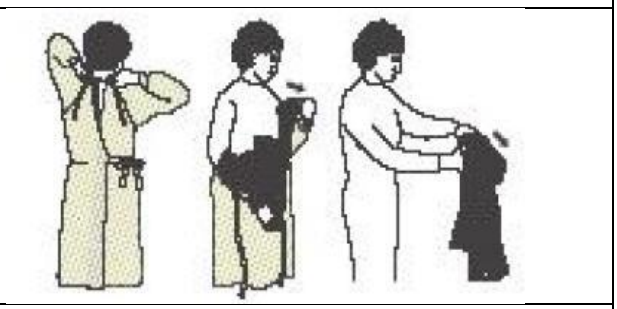
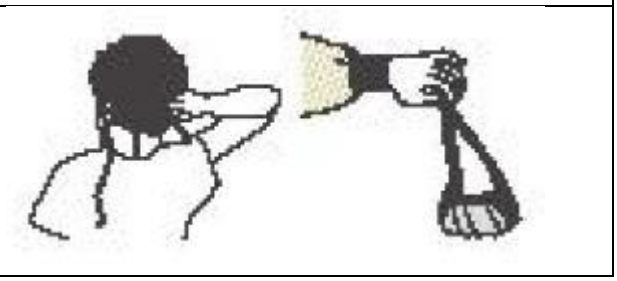
- The level of PPE used will vary based on the procedures being carried out and not all items of PPE will always be required.
- Standard Infection Control Precautions apply at all times.
- The order given here for putting on PPE is practical but the order for putting on is less critical than the order of removal.

Donning PPE

a) Gown or apron (as per risk assessment)	
Aprons 1. Secure with ties around waist **Gowns** 1. Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back 2. Fasten at back of neck and waist	
b) Surgical Mask or FFP3 respirator (as per risk assessment)	
1. Secure ties or elastic bands at middle of head and neck 2. Fix flexible band to nose bridge 3. Fit snug to face and below chin 4. Face Fit-check the FFP3 respirator prior to each use	
c) Goggles or face shield (as appropriate after risk assessment)	
1. Place over face and eyes adjust to fit	
d) Disposable gloves	
2. Extend to cover wrist and gown (if worn).	

Removal of PPE

The order for removing PPE is important to reduce cross contamination so the order outlined below always applies even if not all items of PPE have been used:

a) Gloves	
1. Assume the outside of the glove is contaminated 2. Grasp the outside of the glove with the opposite gloved hand; peel off 3. Hold the removed glove in gloved hand 4. Slide fingers of the ungloved hand under the remaining glove at wrist 5. Peel second glove off over the first glove 6. Discard appropriately	
b) Gown or apron	
1. Assume the gown / apron front and sleeves are contaminated: 2. Unfasten or break ties 3. Pull gown / apron away from the neck and shoulders, touching the inside of gown only 4. Turn the gown inside out 5. Fold or roll into a bundle and discard appropriately	
c) Goggles or face shield	
1. Assume the outside of the goggles or face shield is contaminated: 2. To remove, handle by head band or ear pieces 3. Discard appropriately	
d) Respirator or surgical mask	
1. Assume the front of respirator / surgical mask is contaminated: 2. Untie or break bottom ties, flowed by top ties or elastic and remove by handling ties only 3. Discard disposable ones appropriately	

Perform hand hygiene immediately after removing the last item of PPE

Appendix H

Minimum PPE requirements for care interventions
Quick reference

University Hospital Southampto
NHS Foundation Tr

Risk	Minimum PPE	
Procedures where there is a risk of blood/body fluid splash to the face & eyes	Apron/Gown, Gloves, Face protection (Gowns to be worn where an apron does not provide enough protection) Surgical face mask will be required for droplet precautions FFP3 masks will be required for aerosol precautions	
Patient specific variable which may increase the risk of splash to the face/ eyes with blood/body fluid i.e.: Cognitive impairment, staff need to position themselves close to the patients face	Apron/Gown, Gloves Undertake a patient assessment to determine if face protection is required. (Gowns to be worn where an apron does not provide enough protection)	 
Procedures where there is no expected risk of splash of blood/body fluid to the face or eyes, but potential risk of contamination to the hands and uniform	Apron/Gown, Gloves (Gowns to be worn where an apron does not provide enough protection)	
Procedures where there is no expected risk of splash	No PPE	

September 2015 Version 1.0

Minimum PPE requirements for care interventions

University Hospital Southampton NHS
NHS Foundation Trust

Respiratory

Invasive Procedure	Minimum PPE to be worn	Invasive Procedure	Minimum PPE to be worn
Procedures where there is a risk of blood/ body fluid splash to the face & eyes e.g. • All suctioning (ET, Oral/NP, tracheotomy) • Mouth care (with suction) • Intubation & Extubation • Manual hyperinflation • Disconnection from ventilator e.g. for transfer, for physio, changing circuit • Insertion and care of tracheotomy • Any cough inducing procedures • Treatment of patients who are Intubated and ventilated where there is a risk of disconnection • When cleaning any sputum contaminated equipment e.g. inner cannulas, larengectomy tubes, speaking valves, non invasive ventilation masks	**Apron/Gown, Gloves, Face Protection** (Gowns to be worn where an apron does not provide enough protection) 	**Patient specific variable which may increase the risk of splash to the face/eyes with blood/body fluid** **i.e.: Cognitive impairment, staff need to position themselves close to the patients face** • Cough assist techniques • Intermittent positive pressure breathing • Ultrasonic nebulisers • Airway clearance techniques	**Minimum requirement** – apron/ Gown, Gloves **Undertake a patient assessment to determine if face protection is required.** 
Procedures where there is no expected risk of splash of blood/body fluid to the face or eyes, but potential risk of contamination to the hands and uniform e.g. • Mouth Care (no suction)	**Apron/Gown, Gloves** 	**Procedures where there is no expected risk of splash e.g.** • Patient observations	**No PPE**

Minimum PPE requirements for care interventions

University Hospital Southampton NHS
NHS Foundation Trust

Therapies (Physio, OT, SLT, Nursing)			
Invasive Procedure	**Minimum PPE to be worn**	**Invasive Procedure**	**Minimum PPE to be worn**
Procedures where there is a risk of blood/ body fluid splash to the face & eyes e.g. • Care of tracheostomy • Any cough inducing procedures • Treatment of patients who are Intubated and ventilated where there is a risk of disconnection • Patients with a laryngectomy • Patients with a tracheostomy • FEES (if scoping face-on) • When cleaning any sputum contaminated equipment e.g. inner cannulas, larengectomy tubes, speaking valves, non invasive ventilation masks	**Apron/Gown, Gloves, Face Protection** (Gowns to be worn where an apron does not provide enough protection) 	**Patient specific variable which may increase the risk of splash to the face/eyes with blood/body fluid** **i.e.: Cognitive impairment, staff need to position themselves close to the patients face** • Head & Neck cancer patients • Cognitively impaired patients • e.g. dementia, acute brain injury • Cough assist techniques • Intermittent positive pressure breathing • Ultrasonic nebulisers • Airway clearance techniques • Kneeling/sitting/standing directly in front of a patient for	**Minimum requirement** – Apron/ Gown, Gloves **Undertake a patient assessment to determine if face protection is required.**  
Procedures where there is no expected risk of splash of blood or body fluid to the face or eyes, but potential risk of contamination to the hands and uniform e.g. • Mobilising patients were the patient has open wounds • Mobilising patients where there is a risk of incontinence	**Apron/Gown, Gloves** 	**Procedures where there is no expected risk of splash e.g.** • Mobilising of patients where there is no risk of blood or body fluid exposure	**No PPE**

University Hospital Southampton NHS
NHS Foundation Trust

Minimum PPE requirements for care interventions

Manual Handling

Invasive Procedure	Minimum PPE to be worn	Invasive Procedure	Minimum PPE to be worn
Procedures where there is a risk of blood/ body fluid splash to the face & eyes e.g. • **Log rolling patient (staff at head end)** • Treatment of patients who are Intubated and ventilated where there is a risk of disconnection	**Apron/Gown, Gloves, Face Protection** (Gowns to be worn where an apron does not provide enough protection) 	**Patient specific variable which may increase the risk of splash to the face/eyes with blood or body fluid** **i.e.: Cognitive impairment, staff need to position themselves close to the patients face** • Kneeling/sitting/standing directly in front of a patient for rehab	**Minimum requirement** – Apron/ Gown, Gloves **Undertake a patient assessment to determine if face protection is required.**  
Procedures where there is no expected risk of splash of blood or body fluid to the face or eyes, but potential risk of contamination to the hands and uniform e.g. • Cleaning up faecal incontinence • Manual handling of patients with open lesions on their skin • Mobilising patients where there is a risk of incontinence	**Apron/Gown, gloves** 	**Procedures where there is no expected risk of splash e.g.** • Mobilising of patients where there is no risk of blood or body fluid exposure	**No PPE**

Insertion, removal or management of invasive devices (i.e. lines, drains)			
Invasive Procedure	**Minimum PPE to be worn**	**Invasive Procedure**	**Minimum PPE to be worn**
Procedures where there is a risk of blood/ body splash to the face & eyes e.g. • Line insertion (CVC, vascath, PA catheter, IABP, cool guard, PICC, arterial) • Insertion of chest drain or other surgical drain or device • Removal of Central/Arterial line • Removal of drain or faecal management system • Insertion of faecal management system e.g. flexiseal • Disconnection and disposal of haemofiltration set • Aspirate NGT	**Apron/Gown, Gloves, Face Protection** (Gowns to be worn where an apron does not provide enough protection) Central line insertion: Use maximal sterile precautions Includes: Head cap, sterile gown and sterile gloves 	**Patient specific variable which may increase the risk of splash to the face/eyes with blood/body fluid** **i.e.: Cognitive impairment, staff need to position themselves close to the patients face** • Tasks where the staff member is close to the patients face	**Minimum requirement** – Apron/ Gown, Gloves **Undertake a patient assessment to determine if face protection is required.** 
Procedures where there is no expected risk of splash of blood/body fluid to the face or eyes, but potential risk of contamination to the hands and uniform e.g. • Disconnection from any invasive line e.g. arterial, CVC • Emptying haemofiltration bags • Taking samples e.g. arterial line, wound drain or catheter • Insertion/removal of urinary catheter • Peripheral line insertion/removal	**Apron/Gown, gloves** 	**Procedures where there is no expected risk of splash e.g.**	**No PPE**

Appendix I **Reusable Respirator Operating Procedure**

The reusable respirator is for staff who cannot be fit tested to the disposable FFP3 masks available within the Trust and who are essential to the delivery of patient care. This procedure covers the fitting, decontamination, storage and maintenance of reusable respirators.

When the individual fails on all 3 of the UHS standardised masks (Valmy, Easimask, 3M):

1. Review the assessment process and consider re-fit testing with a different assessor, in a different room on a different day
2. Consider sourcing an alternative mask for fit testing.
3. For senior members of staff who are essential to the delivery of patient care, consider use of 3M re-usable respirators.

If the individual is unable to achieve fit testing due to medical conditions/issues e.g. claustrophobic:

1. Offer re-assurance & support and involve line-manager in discussions with staff member.
2. Consider referral to occupational Health for their opinion.
3. If a successful fit test cannot be achieved undertake a risk assessment
4. For senior members of staff who are essential to the delivery of patient care, consider use of 3M re-usable respirators.

If unsuccessful fitting of a disposable masks occurs reasons as to why must be explored

1. Explore if there any conditions/reasons that affect taste e.g. recent colds, taste problems, medical issues affecting taste, smoker
2. Consider referral to occupational Health for their opinion and further investigation.
3. For senior members of staff who are essential to the delivery of patient care, consider use of 3M re-usable respirators.
4. If a successful fit test cannot be achieved undertake a risk assessment.

Where the use of a re-usable respirator is agreed, the individual must be allocated their own mask that has been fit tested to ensure the size selected is providing adequate protection, the 3M brand of re-usable respirator should be considered within this Trust

3M

7500 Series Half-Mask

Data Sheet

Main features

The 3M™ 7500 Series Half Masks are used with twin lightweight filters, which are fitted by a simple bayonet attachment system, providing an economical and flexible choice.

- Patented valve provides easier breathing while reducing heat and moisture build-up.
- Flexible system utilises all 3M gas / vapour and / or particulate filters with a bayonet fitting
- Soft silicone material for extra comfort
- Drop-down feature for added convenience
- Head harness design provides greater stability making mask easier to wear with other headgear
- Well balanced with improved sizing
- 3 sizes: small - 7501
  medium - 7502
  large - 7503

Applications

Particulates

FILTER	HAZARD	INDUSTRY
5911 P1 R 5925 P2 R 5935 P3 R 2125 P2 R 2135 P3 R 6035 P3 R (EN143:2000)	Particulates (Fine Dusts and Mists)	Pharmaceutical Powdered Chemicals Construction, Quarrying Ceramics Refractory Materials Foundries, Agriculture Woodworking, Food Industry
2128 P2 R 2138 P3 R (EN143:2000)	Particulates and nuisance levels of Organic Vapours and Acid Gases	Welding, Paper Industry Brewing, Chemical Processing Typical Smog, Inks and Dyes
6038 P3 R (EN143:2000)	Particulates, Hydrogen Fluoride Gas up to 30ppm and relief from Ozone, Organic Vapours and Acid Gases below WEL	Aluminium Welding Agriculture Pharmaceutical

Gas/vapour

FILTER	HAZARD	INDUSTRY
6051 A1 6055 A2 (EN14387:2004)	Organic Vapours	Anywhere conventional paints are used (subject to usage conditions) Vehicle manufacture Aircraft manufacture and refurbishment Boat building Ink and Dye manufacture and use Adhesive manufacture and use Paint and varnish manufacture Resin manufacture and use
6054 K1 (EN141:2000)	Ammonia	Manufacture and Maintenance of refrigeration equipment Agrochemicals
6057 ABE1 (EN141:2000)	Organic Vapours, Inorganic and Acid Gases	As 6051 but also: Electrolytic processes Acid cleaning Metal Pickling Metal Etching
6059 ABEK1 (EN141:2000)	Organic Vapours, Inorganic Gases, Acid gases and Ammonia	As 6057 and 6054
6075 A1 & formaldehyde (EN141:2000)	Organic Vapours and Formaldehyde	As 6051 but also: Hospitals and Laboratories
6096 HgP3 (EN141:2000)	Mercury and particulates	Laboratories and particulate applications

The tables above list the filters and typical industrial applications.

The 3M™ 7500 Series half mask can be used with a variety of different filter/product options:

3M™ Gas and vapour filters – All the 6000 Series filters listed overleaf fit directly onto the 7500 Series half masks (e.g 6051, 6055 etc)

3M™ Particulate filters – the 2000 Series, 6035 and 6038 filters fit directly onto the 7500 Series half masks.

The 5911 / 5925 / 5935 particulate filters can only be used on their own if used with the platform 603 & retainer 501.

A combination of gas / vapour and particulate filters – the 5911 / 5925 / 5935 particulate filters can be used with the 6000 series gas / vapour filters (except 6096) using retainer 501.

Note: The 6098 or 6099 filters should not be used with 7500 series half masks.

Approvals

The 7500 Series half masks and 6000 / 5000 / 2000 Series filters have been shown to meet the Basic Safety Requirements under Article 10 and 11B of the European Community Directive 89/686, and are thus CE-marked.

Approval body for the facepieces:
BSI identification number 0086
Body involved in Quality Assurance Assessment:
BSI identification number 0086

Materials

• Facepiece	silicone rubber
• Head harness & straps	low density polyethylene, polyester fibre & neoprene elastic
• Head harness yoke & filter holder	polybutylene terephthalate (PBT)
• Neck strap loop	polypropylene
• Neck strap hook	polypropylene
• Exhalation valve	silicone rubber
• Inhalation valves	silicone rubber

Maximum product weight – 139 grams

Standards

These products have been tested to the relevant European Standards as shown below:

Facepiece	EN140:1998 (7501, 7502 & 7503)
Filter	EN141:2000 (6054, 6057, 6059, 6075 & 6096)
	EN14387:2004 (6051, 6055)
	EN 143:2000 (2125, 2128, 2135, 2138, 5911, 5925, 5935, 6035, 6038)

Correct Usage

- The 7500 Series facepiece, when fitted with 6000 Series gas/vapour filters may be used in concentrations of gases or vapour (types specified by 3M) up to 10 times WEL^ or 1000ppm (5000ppm for 6055) whichever value is lower (APF=10)*. Gas / vapour filters should not be used to protect the wearer against a gas or vapour that has poor warning properties.
- The 7500 Series facepieces when used with the 5911 filter may be used in concentrations of solid and aqueous aerosols up to 4 times WEL^ (APF=4)*.
- The 7500 Series facepieces when used with the 5925, 2125 or 2128 filters may be used in concentrations of particulates up to 10 times WEL^ (APF=10)*.
- The 7500 Series facepieces when used with the 5935, 2135, 2138, 6035 or 6038 may be used in concentrations of particulates up to 20 times WEL^ (APF=20)*.
- The 7500 Series facepieces when used with the 2128 and 2138 may be used to protect against ozone up to 10 times WEL^ (APF=10)* and to offer relief from nuisance odours and acid gases below the WEL^.
- The 7500 Series facepieces when used with the 6038 filter may be used to protect against Hydrogen Fluoride gas up to 30ppm and offer relief from Ozone, Organic Vapours and acid gases below WEL

*APF = Assigned Protection Factor
^WEL = Workplace Exposure Limit

Cleaning and Storage

1. Cleaning is recommended after each use. Remove the filters.
2. Clean the facepiece (excluding filters) with 3M™ 105 Face Seal Cleaners or by immersing in warm cleaning solution, water temperature not to exceed 50°C and scrub with soft brush until clean. Add neutral detergent if necessary. Do not use cleaners containing lanolin or other oils.
3. Rinse in fresh, warm water and air dry in a non-contaminated atmosphere.
4. Respirator components, especially exhalation valve and seat, should be inspected prior to each use. Any damaged or deteriorated components should be replaced.
5. The cleaned respirator should be stored away from contaminated areas when not in use.

Fitting Instructions

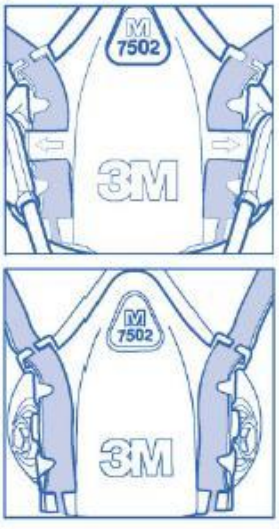
Fitting instructions must be followed each time the respirator is worn.

Standard Suspension

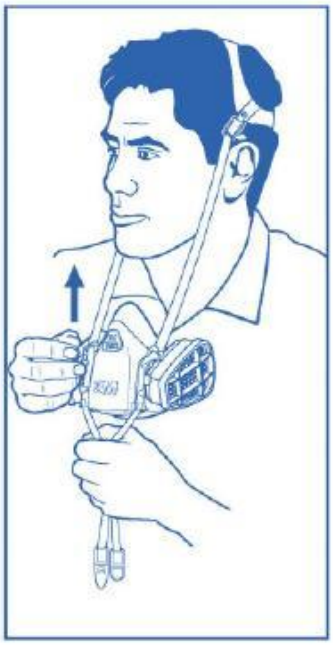
1. Adjust head cradle size to fit comfortably on head.
2. Place the respirator over the mouth and nose.
3. Pull the head harness over the crown of the head.

Drop Down Suspension

1.



2. Adjust head cradle size to fit comfortably on head.
3. While holding head harness strap ends with one hand, slide the facepiece up onto your face as shown below.



Both Types of Suspension

4. Take the bottom straps in both hands, place them at the back of the neck and hook them together.
5. Tighten the top straps first by pulling on ends to achieve a comfortable and secure fit as shown.

6. Tighten bottom straps using the rear adjustments (strap tension may be decreased by pushing out on back side of buckles).
7. Perform a positive and/or negative pressure face fit check.

Face Fitting

The negative pressure fit check is recommended when using the 6035, 6038 and 2000 Series filters; the positive pressure fit check is recommended when using other filters.

Positive Pressure Facefit Check

Place the palm of the hand over the exhalation valve cover and exhale gently.

If the facepiece bulges slightly and no air leaks between the face and the facepiece are detected, a proper fit has been achieved.

If air leakage is detected, reposition the respirator on the face and/or readjust the elastic strap to eliminate the leakage.

Repeat the above facefit check.

Negative Pressure Facefit Check

For the 2000 Series filters, press your thumbs into the central indentation of the filters, inhale gently and hold your breath for five or ten seconds.

For the 6035 and 6038 filters, pinch the filter between thumb and fingers to seal the filter cover to the body of the filter, inhale gently and hold your breath for five or ten seconds.

If the facepiece collapses slightly a proper fit has been achieved.

If air leakage is detected, reposition the respirator on the face and/or readjust the elastic strap to eliminate the leakage.

Repeat the above facefit check.

Fit Testing

The 3M 7500 Half Mask is a tight fitting facepiece and therefore requires a fit test per wearer before use as per the COSHH regulations 2002.

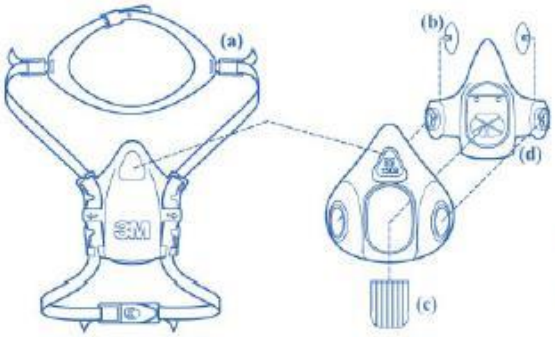
For qualitative fit testing - 3M FT10 or FT30 fit test kits are available.
For quantitative fit testing - the 3M 601 adaptor is available.

3M™ Spare Parts and Accessories

Due to the small number of components used in the 3M™ 7500 Series respirators, routine maintenance can be conducted with ease.

The spares available are as follows:

Part No.		Description
7581	(a)	Head harness assembly
7582	(b)	Inhalation Valve
7583	(c)	Exhalation Valve
7586	(d)	Filter Holder
501		Retainer for 5911/5925/5935
603		Particulate filter platform
105		Facepiece cleaner



For help with selecting the most appropriate forms of PPE and relevant Health & Safety legislation, or for more detailed product information, please contact the 3M Health & Safety helpline on: 0870 60 800 60.
For callers within the Republic of Ireland: 1 800 320 500

Use limitations

1. These respirators do not supply oxygen. Do not use in oxygen deficient areas*
2. Do not use for respiratory protection against atmospheric contaminants which have poor warning properties, are unknown or immediately dangerous to life and health or against chemicals which generate high heats of reaction with chemical filters.
3. Do not modify or alter this device.
4. The assembled respirator may not provide a satisfactory face seal with certain physical characteristics (such as beards or large side burns) resulting in leakage between the facepiece and the face, the user assumes all risks of bodily injury which may possibly result.
5. Do not use with unknown concentrations of contaminants.
6. Do not use for escape purposes.
7. Leave the work area immediately and check the integrity of the respirator and replace facepiece and / or filters if:
   - i) Damage has occurred or is apparent.
   - ii Breathing becomes difficult or increased breathing resistance occurs.
   - iii) Dizziness or other distress occurs.
   - iv) You taste or smell the contaminant or an irritation occurs.
8. Store this device in a sealed container away from contaminated areas when not in use.
9. Use strictly in accordance with facepiece and filter user instruction leaflet.

* 3M definition minimum 19.5% by volume oxygen

Respiratory protection is only effective if it is correctly selected, fitted and worn throughout the time when the wearer is exposed to respiratory contaminants.

3M offers advice on the selection of products and training in the correct fitting and usage.

3M

Occupational Health Group
3M United Kingdom PLC
3M Centre
Cain Road, Bracknell
Berkshire RG12 8HT
Tel: 0870 60 800 60

www.3m.com/uk/ohes
ohes.helpline.uk@mmm.com

Occupational Health Group
3M Ireland
3M House, Adelphi Centre,
Upper Georges St.
Dun Laoghaire, Co. Dublin, Ireland
Tel: 1 800 320 500

CH7500TDS 09/2007

NB The use if a reusable mask poses a contamination risk to the user if not taken off in the correct way and decontaminated effectively. The wearer must be trained in its use in order to reduce the risk of contamination.

All reusable respiratory protective equipment is subject to the maintenance requirements under the Control of Substances Hazardous to Health regulations. Records of monthly maintenance and testing must be kept for at least five years and must be able to be produced on demand for a Health & Safety Executive inspection. A monthly check must be made of the face seal, nose cup, straps, valves and gaskets with details noted on the record card (**below**) (HSE 2013).

Monthly check List

Name:

Area:

Year:

	face seal	nose cup	straps	valves	gaskets	visor	Dates & initials
Jan							
Feb							
Mar							
Apr							
May							
Jun							
Jul							
Aug							
Sept							
Oct							
Nov							
Dec							

Maintaining good practice in the area of record-keeping, as well as adopting a strict regime of pre and post-use checking, cleaning, maintenance and storage, will help to ensure that the employee remain safe and that legal requirements are satisfied

Getting the best out of reusable respirators

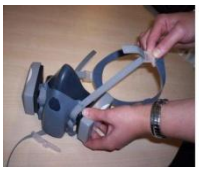
Reusable half-face and full-face respirators are a proven and effective means of ensuring that workers in a variety of environments receive a clean, safe air supply.

Modern products are highly versatile and can be fitted with a variety of filters which reduce the wearer's exposure to gases, vapours and particulates, depending on the filter used.

However, respirators will only offer the wearer effective protection, with product working life maximised, if pre-use and post-use checks, care and maintenance, and replacement of consumable parts are carried out at the right times and in the correct manner. Appropriate storage for any periods when products are not in use is also crucial.

Unlike single-use respirators, which can usually be assumed to be intact and ready for use on removal from their packaging, a series of checks should be made by the user before they wear a previously used reusable respirator.

The face piece should be checked for cracks, tears and dirt, while the inhalation valve may also harbour cracks and tears. While washing may be adequate to remove dirt, it goes without saying that any respirator which has any cracks or tears is likely to offer significantly reduced protection, potentially exposing the wearer to hazardous levels of gas or particulates, and should not be used.



The next step is to check that the head straps are intact and have elasticity. Respirators whose straps have lost their elasticity are unlikely to offer a snug enough fit around the user's face, potentially leaving gaps through which harmful gases and particulates can pass.

The user should also check that all gaskets are present and then remove the exhalation valve cover to examine the exhalation valve and seat for dirt, cracking or tearing. Once again, any product displaying either cracks or tears should not be used. For both half-face and full-face masks, a variety of spares are available and employers would be well advised to maintain a stock of spares for each product type used on site to allow any repairs to be undertaken immediately thus avoiding costly employee downtime. The lifetime of lenses can also be prolonged through the use of peel-off lens covers.

Once the user has satisfied themselves on all these points, and the correct particulate filters are attached, the product can safely be worn.

One issue which can significantly impact on the protection offered by reusable respirators is what happens to them when they are removed mid-shift, for example for lunch or a comfort break, and when the user returns and put them on again. Unfortunately, it is not unheard of for the user to remove the product while still in the hazardous area. This is dangerous enough in itself but the problem is exacerbated if the respirator is then left in the area where harmful contamination can settle on the interior of the product, meaning the next time it is worn, the user is breathing potentially highly toxic air. Employees should be instructed, therefore, to always don the respirator before entering the affected area and not to remove it until they are well clear.

After use, reusable respirators must be cleaned using a disinfectant wipe and air dried in a non-contaminated atmosphere.

Once dry, masks should be stored away from contaminants in a clean area, with full face masks stored face-up to reduce the risk of scratches to the lens. Many products also come with their own individual carry cases to afford further protection when not in use.

Given variations in usage levels and the quantity of particulates being filtered, it is difficult to be prescriptive about the intervals at which the filters should be changed, although a thorough risk assessment will give some indication. As a rule, particulate filters can be used until the user notices they are becoming harder to breathe through, this indicates that the carbon contained within the filter is saturated.

When it comes to record-keeping, all reusable respiratory protective equipment (RPE) is subject to the maintenance requirements of the Control of Substances Hazardous to Health regulations (COSHH). Records of monthly maintenance and testing must be kept for at least five years and must be able to be produced on demand for a Health & Safety Executive (HSE) inspection. Record cards are available from a number of sources including respirator manufacturers. A monthly check should be made of the face seal, nose cup, straps, valves and gaskets, and visor, with details noted on the record card.

Maintaining good practice in the area of record-keeping, as well as adopting a strict regime of pre and post-use checking, cleaning, maintenance and storage, will help to ensure that employees remain safe and that legal requirements are satisfied.

For more information go to the 3M™ 7500 Series Reusable Respirators product page on the 3M website.
3M is a trademark of 3M Company.

http://solutions.3m.co.uk/wps/portal/3M/en_GB/OccSafety/Home/News_and_Events/eNewsletters/?PC_7_RJH9U523084NB0IO3GLK0C2834_assetType=MMM_Article&PC_7_RJH9U523084NB0IO3GLK0C2834_assetId=1273661070671&PC_7_RJH9U523084NB0IO3GLK0C2834_univid=1273661070671#7_R

Facefit test

Each mask from the 3M half mask 7500 series is available in small (7501) medium (7502) and large (7503). The size of mask is based on the size and shape of your face. Usually those with large faces or prominent noses are suited to the large size, while the rest usually find the medium size suits. Small faces will obviously find the small masks fit best.

The only definite way of being assured that the respirator fits is to carry out a Fit Test. By initially covering the intake openings when you don your mask, this will demonstrate whether there is a satisfactory face seal or not.

Note all sizes may interfere with the wearing of eye glasses with respect to positioning and comfort of the spectacles.

When being fit tested with the 3M 7500 half mask respirator a face fit check must take place prior to fit testing and prior to delivery of patient care once fitted. A **negative pressure face fit check** must be carried out if the 3M 6035, 6038 or 2000 series filter is used or a positive pressure face fit check if another type of filter is used.

For the 6035 (the filter predominantly used in UHS), pinch the filter between thumb and fingers to seal the filter cover to the body of the filter. Inhale gently and hold your breath for five or ten seconds.

If the face mask collapses slightly a proper fit has been achieved.
If air leakage is detected, reposition the respirator on the face and/ or readjust the tension of the elastic strap to eliminate the leakage.

Repeat the above face fit check

3M™ Reusable Half Masks for use in the Healthcare Industry - Frequently Asked Questions

Whilst 3M reusable half masks have been widely used and established in industry for several decades, their use for protection against pandemic flu is a relatively recent development, requiring revision of 3M's standard industrial guidance in order to address some factors specific to the healthcare environment as detailed below.

Q- How should the 3M™ 7500 Series Reusable Half Mask fitted with 3M™ 6035 P3R Encapsulated Filters be decontaminated?

A - The User Instruction booklet accompanying the 3M 7500 series reusable half mask gives general information about cleaning and disinfecting. It discusses the use of 3M™ 105 Face Seal Wipes and immersion of the mask in detergent or disinfectant solutions followed by rinsing in clean water and drying.

However, the use of reusable respirators for protection of healthcare staff in an influenza pandemic is a recent development which gives rise to additional questions around decontamination and infection control. For this reason 3M has been looking to the hospital microbiology and infection control communities to give guidance on appropriate materials and procedures in healthcare settings.

Some Trusts are taking the view, on advice from their Microbiology and Infection Control Departments, that use of existing detergent or alcohol (70% IPA) hospital wipes on the mask and on the exterior surfaces of the filters will provide adequate decontamination between patients and aerosol generating procedures, as the flu virus is easily destroyed. *See opposite for an example photograph.*

Deeper cleaning, involving immersion of the mask for approximately 5 minutes in detergent or disinfectant solution may be required as an additional measure, for example, when it is heavily contaminated. Please note that the filters must not be immersed in cleaning or any other solutions and so should be removed from the mask before immersion. The mask should be thoroughly rinsed and dried before refitting filters.

Also note that the 3M 105 face seal wipes mentioned above is a 'face seal cleaner' and not a 'decontamination wipe' and is intended only for cleaning the face seal and inside of the mask as a basic hygiene measure before re-use.

Where hospitals and Trusts have their own alternative cleaning materials and methods, 3M will work with them on a case by case basis to verify whether their decontamination process is likely to damage the respirator or filters.

Q – What is the shelf-life of 3M™ 7500 Series Reusable Half Mask and 3M™ 6035 P3R Encapsulated Filters?

A – When stored in dry, clean conditions away from direct sunlight and at a temperature between -10°C and +50°C, then the shelf life of the 3M 7500 series reusable half mask and 3M 6035 P3R encapsulated filters is 5 years and 10 years respectively from date of manufacture.

The date of manufacture is marked on the inside of the 3M 7500 series reusable half mask, and the use-by date for the 3M 6035 P3R encapsulated filters is marked on the packaging and on the filter itself.

Q – For how long will a set of particulate filters last in use?

A – Particulate filters should always be changed when they become clogged with particulate contaminant. The wearer can determine for themselves when this occurs as it becomes noticeably harder to breathe through the filters.

The 3M 6035 P3R filter was designed to be used for prolonged periods in industrial environments where particulate concentrations can reach very much higher levels than are ever likely to be found in healthcare applications. At the very much lower particle concentrations encountered in these settings the capacity of the filters could easily be estimated in weeks or even months.

For this reason, and the fact that the 3M 6035 filter outer casing can be cleaned to satisfy infection control procedures, hospitals and PCT's that have selected the 3M reusable respirator with 3M 6035 particulate filters have generally taken the view that one pair of filters will be retained to last the full duration of a pandemic wave, after which they will probably be replaced for infection control reasons even if they were to have significant filtration capacity remaining.

Q – Does the 3M 7500 require any maintenance?

A – COSHH Regulations require reusable respirators to be checked every month. This does not mean that filters must be changed at the month point, however consideration and maintenance checks should be carried out and a record of this made. Typical maintenance checks include a thorough visual inspection of the mask and filters and if there are any obvious tears, damage to seals, straps, exhalation/inhalation valves they should be changed and recorded. There are four spare parts available for the 3M 7500;

3M 7581 Head Harness
3M 7582 Inhale Valve
3M 7583 Exhale Valve
3M 7586 Filter Holder

References

[1] **Pandemic Flu – A summary of guidance for infection control in healthcare settings** – Developed by the Department of Health and the Health Protection Agency Oct : 2007

Respiratory Protection for Healthcare Workers

Fitting a 3M™ 7500 Series Reusable Respirator and Filters

Step 1

Attach filters to respirator by aligning arrow on face piece with line marking on grey inner filter housing. When filter is flush to facepiece turn it clockwise to lock into position. (Reverse this procedure to remove filters.)

Step 2

Adjust head cradle size as needed to fit comfortably on head.

Step 3

Place respirator over the mouth and nose, then pull the head harness over the crown of the head.

Step 4

Take bottom straps in both hands and see how they hook together. Then fasten the bottom strap behind the neck.

Step 5

Tighten the top straps first by pulling on ends to achieve a comfortable and secure fit.

Step 6

Tighten bottom straps using the rear adjustments. (Strap tension may be decreased by pushing out on back side of buckles).

Step 7

Perform a **negative pressure fit check.**
Squeeze both filters between the fingers and thumb to block the flow of air through the filter. Then inhale gently and hold your breath for 5 to 10 seconds. If the facepiece collapses slightly then a proper fit has been achieved

NOTE: When squeezing the filter, position the thumb as near as possible to where it attaches to the facepiece.
See 2 diagrams below for correct thumb position.

Step 8

If the facepiece does **not** collapse slightly, remove and refit the respirator, taking care with the positioning of the facepiece and the adjustment of the straps. If this does not succeed, then repeat the fit check using one of the other sizes available. i.e. 3M™ 7501 Half Mask (small), 3M™ 7502 Half Mask (medium) or 3M™ 7503 Half Mask (large).

Step 9

After use, wipe mask and exterior surfaces of the filters with a detergent or alcohol wipe. Decontaminate more thoroughly as required, via immersion of the mask in detergent or disinfection solution for approximately 5 minutes.

!! Hand Hygiene is critical. Decontaminate hands before fitting your respirator and after use.

!! Put on other equipment – aprons, gowns, eye protection, gloves – after fitting your respirator

!! Before leaving the area, remove your gloves, gown and eye protection in that order and dispose of as clinical waste. After leaving the area, remove your respirator. See the Department of Health guidance for further information.

A Guide to 3M Qualitative Fit Testing

3M™ FT-10(sweet) and 3M™ FT-30 (bitter) fit test kits are suitable for disposable respirators and half face masks fitted with particulate or combination filters.

Reusable Half Masks

Disposable Particulate Respirators ("Dust Masks")

Wearers must be **CLEAN SHAVEN** to get a good fit with a respirator.

Please note that in order to carry out a full fit test, ALL the steps detailed below must be followed (Parts 1+2).

The "Taste" Test

Part 1 - The Sensitivity Test

1. Add 1/2 teaspoon of sensitivity solution **(in red labelled bottle)** into the sensitivity nebuliser **(marked in red).**
2. Put test hood on person.
3. Ask person to breathe through their mouth with their tongue at the front and ask them to indicate immediately when they taste solution.
4. Slowly squeeze solution into the hood and count the number of squeezes it takes for the solution to be tasted.
5. Ask the person to take a drink of water and wait 10 minutes, making sure that they wipe their lips to remove any traces of solution.

Stop the test if: solution is not tasted after 30 squeezes. Try an alternative solution:-

Sweet taste	3M FT11 (sensitivity solution), 3M FT12 (test solution)
Bitter taste	3M FT31 (sensitivity solution), 3M FT32 (test solution)

Part 2 - The Fit Test

1. Add 1/2 teaspoon of test solution **(in black labelled bottle)** into the test nebuliser **(marked in black).**
2. Make sure respirator is fitted correctly. Refer to 3M fitting instructions or posters for correct procedure.
3. Put test hood on person.
4. Introduce solution in an "initial dose" and start the exercises. Add a "top-up" dose after every 30 seconds as per below:-

Number of Squeezes needed in part 1	Number of Squeezes for Initial Dose	Number of Squeezes for "top-up" dose every 30 seconds
1-10	10	5
11-20	20	10
21-30	30	15

5. After the initial dose, ask the person to carry out the 7 exercises shown in turn for 1 minute each and indicate immediately if solution is tasted. Remember to add "top-up" dose every 30 seconds.
6. **Record results:–**
   If solution is not tasted after all 7 exercises, they have passed the test with that respirator. If solution is tasted, STOP test, clean mouth, face and hands, refit respirator and start Part 2 of test again.

If solution is still tasted on the second attempt, stop the test, clean hands, mouth and face, and try an alternative 3M respirator, starting Part 2 of the test again.

7. In the event of another failure, please call the 3M Health and Safety Helpline on 0870 60 800 60 (UK) or 1 800 320 500 (Ireland)

7 Exercises

For further information or advice on correct selection and use of 3M PPE please call the 3M Health & Safety Helpline:

0870 60 800 60 (UK) • 1 800 320 500 (Republic of Ireland)
ohes.helpline.uk@mmm.com • www.3M.com/uk/ohes

3M

Once the correct size has been chosen then the person is fit tested as per single use masks

Prior to entering the isolation room/ theatre

1. Decontaminate your hands.
2. Check your reusable respirator and filter for any cracks, tears or dirt.
3. Put on face mask 7500 with Filter 6035 (you will have been face fit tested on)
4. Perform a face fit check once the mask is in situ.
5. Put on goggles.
6. Put on gowns.
7. Complete hand hygiene then put on gloves.

Continuous wear time of this mask should be less than 1 hour (HSE 2013)

Before leaving the room/ theatre (whilst still inside the isolation room)

1. Remove gown, gloves and goggles.
2. Complete hand hygiene.
3. Leave the room with the reusable respirator in situ.

Outside the isolation room/ theatre

1. Decontaminate your hands with gel and put on new gloves.
2. Carefully remove your reusable respirator, taking care not to touch the outside of the reusable respirator or filters, by releasing the tension on the head straps and unhooking the bottom straps.
3. Wipe clean the inside with a disinfectant wipe and allow to air dry (dispose of wipe in a clinical waste bin).
4. Wipe clean the outside (reusable respirator and filters) using a disinfectant wipe and allow to air dry (dispose of wipe in a clinical waste bin).
5. Place your clean reusable respirator onto a clean surface.
6. Remove your gloves (dispose of in a clinical waste bin) and complete hand hygiene.
7. Place your reusable respirator in the 3M bag provided or in a clean brown paper bag, as per clinical area, fold over the top and put your name on the bag/ box.
8. Store your reusable respirator until its next use.

This decontamination process **MUST** be adhered to after every exit from the isolation room/

theatre.

Maintenance

General inspections of reusable respirator must be carried out before use and monthly if not in regular use, by the individual to whom it has been allocated (HSE 2013)

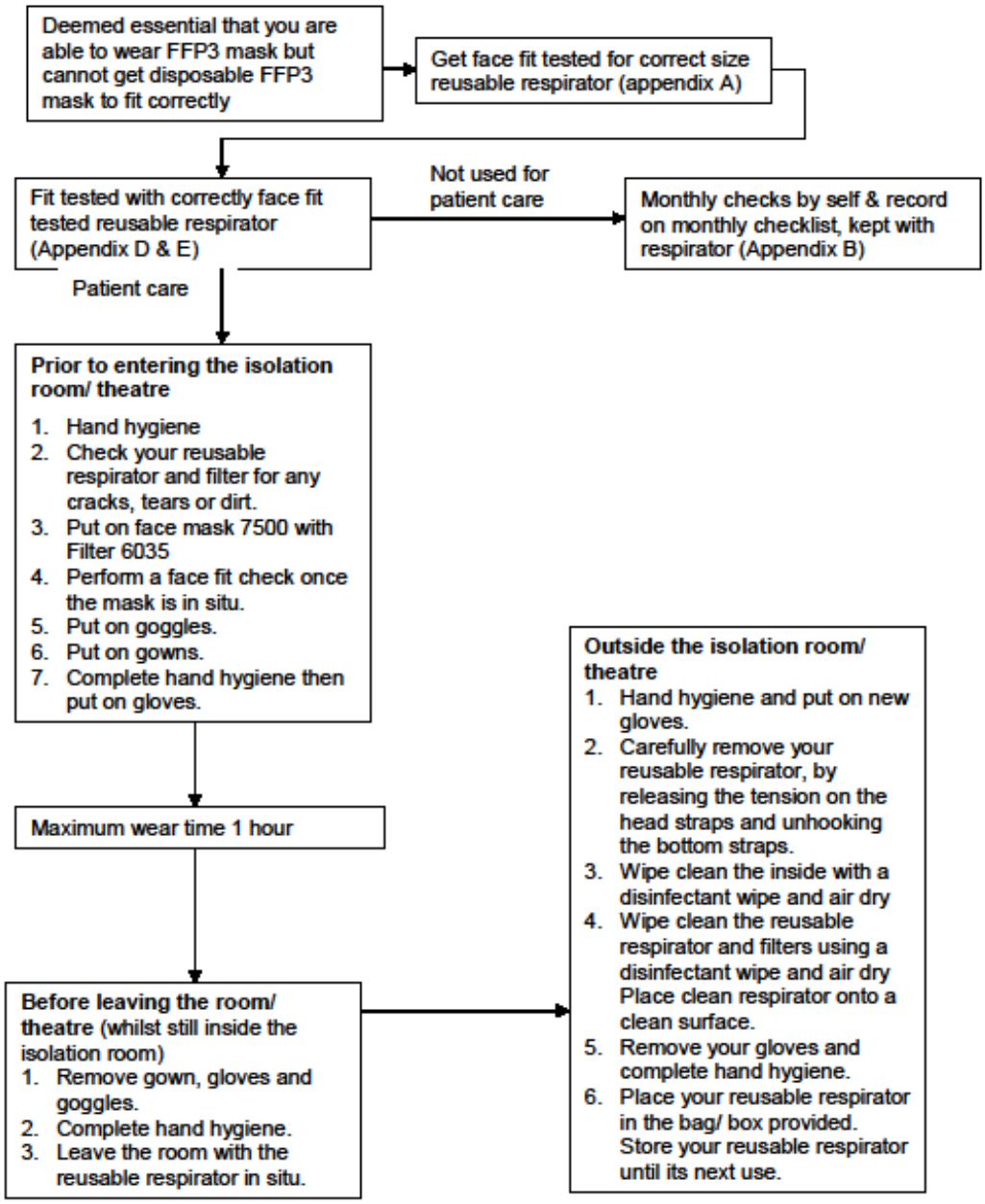
Cleaning must be carried out after each use, by the individual to whom it has been allocated.

Storage in dry, clean conditions away from direct sunlight, sources of high temperature, petrol and solvent vapours, and within temperatures >-10°C to < +50°C and humidity <90%.

The exhalation and inhalation valves must be discarded and replaced with new parts when damaged or **at least every 2 years** (whichever comes first).

The expected shelf life of the reusable respirator is **5 years** from the date of manufacture.

Appendix F - Quick reference guide



Document Monitoring Information	
Approval Committee:	Infection Prevention Committee
Date of Approval:	4 July 2016
Ratification Committee:	Policy Ratification Group (PRG)
Date of Ratification:	17 August 2016
Signature of ratifying Committee Group/Chair:	Chair of PRG
Lead Name and Job Title of originator/author or responsible committee/individual:	Head of Infection Prevention Unit/ Infection Prevention Committee
Policy Monitoring (Section 6) Completion Date:	June each year
Target audience:	All Trust Staff
Key words:	PPE, Personal protective equipment, infection control, protective clothing, standard precautions
Main areas affected:	All UHS Wards / Clinical Areas
Summary of most recent changes if applicable:	Minor amendments made. Inclusion of minimum PPE requirements for care interventions.
Consultation:	Infection Prevention Committee
Equality Impact Assessment completion date:	14 June 2016
Number of pages:	31
Type of document:	Level 1
Does this document replace or revise an existing document	Revision
Should this document be made available on the public website?	No
Is this document to be published in any other format?	No

The Trust strives to ensure equality of opportunity for all, both as a major employer and as a provider of health care. This Infection Prevention Personal Protective Equipment (PPE) Policy has therefore been equality impact assessed by the Infection Prevention Committee to ensure fairness and consistency for all those covered by it, regardless of their individual differences, and the results are available on request.