
	Quality Management Systems Procedure	
	Title: Judicious use of PPEs	
	Document Number- 09/QA/TVVP/2017	
	Issue Number- 01	
	Effective Date- 01. Dec.2017	
Review and Approved by: Smt. Karuna Vakati, IAS (Signed)		

Purpose:

The purpose of this policy is to provide staff employed by TVVP Hospitals with a clear and robust process for the use of personal protective equipment (PPE).

All healthcare professionals should ensure they work within the scope of their professional code of conduct.

Policy:

This policy has been developed to give clear guidelines to staff in relation to the procedure for the use of personal protective equipment by TVVP hospitals.

It describes the process for ensuring the delivery of effective infection prevention and control education and training for all relevant staff and is compliant with the NQAS.

Scope:

- All staff including permanent, contractual and out-sourced employed by TVVP Hospitals
- All specialist doctors, medical officers, allied health professionals, patients and visitors



Definitions:

Personal protective equipment (PPE) means all equipment which is intended to be worn or held by a person to protect them from risk to health and safety while at work.

Examples of PPE include: protective footwear, gloves, hard hats / helmets, clothing affording protection from the weather, visibility clothing, eye and face protection.

Objectives:

- To ensure appropriate PPE is identified to minimize hazards not able to be controlled to eliminate or isolation;
- To ensure fit for purpose PPE is provided at TVVP Hospital for use by staff;
- To ensure adequate training in the use of PPE is provided
- To monitor the use of PPE and evaluate effectiveness

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Description of the process:

Heads of respective departments, Infection control nurse will be in consultation with staff:

- Ensure PPE requirements are identified when carrying out risk assessments of activities;
- Regularly review the risk assessment of activities if substances or work processes change;
- Identify the most suitable type of PPE that is required;
- Ensure PPE is available to those who need it;
- Inform staff of the risks involved in their work and why PPE is required;
- Monitor compliance;

Management Responsibilities:

Must ensure that

- PPE requirements are considered when risks are assessed;
- Suitable PPE is provided and made accessible to employees;
- PPE is properly stored, maintained, cleaned repaired and replaced when necessary;
- Adequate information and training is provided to those who require PPE;
- PPE is properly used;
- Use of PPE is monitored and reviewed.

Employee's Responsibilities:



All healthcare workers must ensure that

- They use PPE whenever it is required;
- Attend and comply with training, instruction and information;
- Check the condition of their PPE;
- Store, clean and maintain their PPE;
- Report losses, defects or other problems with PPE to their HOD.

Use of Gloves

There are two categories of gloves available in the hospital

- Examination gloves: These gloves are clean but not sterile. They are used for all procedures that do not require sterile technique.
- Sterile gloves: These are used for all procedures where sterile technique is mandatory. Each pair of gloves is supplied in sealed covers.

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Gloves: Their uses and recommendations

Healthcare workers are recommended to wear gloves to

- Reduce the risk of personnel acquiring infections from patients,
- Prevent health-care worker flora from being transmitted to patients, and
- Reduce transient contamination of the hands of personnel by flora that can be transmitted from one patient to another

Gloves used by HCWs are usually made of natural rubber latex and synthetic non-latex materials (e.g., vinyl, nitrile, and neoprene {polymers and copolymers of chloroprene}).

When to Glove?

Gloves should not be worn unnecessarily as their prolonged and indiscriminate use may cause adverse reactions and skin sensitivity.



The following caveats regarding use of gloves by HCWs must be considered. Personnel should be informed that gloves do not provide complete protection against hand contamination. Bacterial flora colonizing patients may be recovered from the hands of <30% of HCWs who wear gloves during patient contact. Further, wearing gloves does not provide complete protection against acquisition of infections caused by hepatitis B virus and herpes simplex virus.

- Gloves must be worn for invasive procedures, contact with sterile sites, and on intact skin or mucous membranes, and all activities that have been assessed as carrying a risk of exposure to blood, body fluids, secretions and excretions; when handling sharps or contaminated instruments.
- Gloves must be worn as single use items. They are put on immediately before an episode of patient contact or treatment and removed as soon as the activity is completed. Gloves are changed between caring for different patients, or between different care/treatment activities for the same patient.
- Gloves must be disposed off as clinical waste and hands decontaminated, ideally by washing with liquid soap and water after the gloves have been removed.
- Choice between sterile and unsterile gloves must be made by the health care worker based on contact with susceptible sites or clinical devices.

Techniques for wearing and removing gloves

Wearing gloves

1. Pick up the cuff of the right glove with your left hand. Slide your right hand into the glove until you have a snug fit over the thumb joint and knuckles. Your bare left hand should only touch the folded cuff – the rest of the glove remains sterile.

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- Slide your right fingertips into the folded cuff of the left glove. Pull out the glove and fit your right hand into it.
- Unfold the cuffs down over your gown sleeves. Make sure your gloved fingertips do not touch your bare forearms or wrists.

Glove Removal



The key to removing both sterile and non-sterile gloves is “Dirty to Dirty – Clean to Clean”, that is, contaminated surfaces only touch other contaminated surfaces: your bare hand, which is clean, touches only clean areas inside the other glove.

- Take hold of the first glove at the wrist.
- Fold it over and peel it back, turning it inside out as it goes. Once the glove is off, hold it with your gloved hand.
- To remove the other glove, place your bare fingers inside the cuff without touching the glove exterior. Peel the glove off from the inside, turning it inside out as it goes. Use it to envelope the other glove.

Use of Gowns

Surgical gowns were first used to protect patients from microorganisms present on the abdomen and arms of healthcare staff during surgery. Surgical gowns made of fluid-resistant materials do play a role in keeping blood and other fluids, such as amniotic fluid, off the skin of personnel, particularly in operating, delivery and emergency rooms. Lightweight cloth gowns, however, which are generally available, offer little protection. Under these circumstances, if large spills occur, the best things to do is shower or bathe as soon as possible after completing the operation or procedure. If surgical gowns are worn, sleeves should either taper gently toward the wrists or end with elastic or ties around the wrists. (Large, droopy sleeves invite accidental contamination.) In addition, the cuffs of the surgical gloves should completely cover the end of the sleeves.

Aprons made of rubber or plastic provide a waterproof barrier along the front of the health worker’s body. An apron should be worn when cleaning or during a procedure in which blood or body fluid spills are anticipated (e.g. cesarean section or vaginal delivery). Aprons keep contaminated fluids off the healthcare worker’s clothing and skin. In surgery, wearing a clean plastic apron over the scrub suit will not only help prevent the surgeon or assistant from being exposed to blood or body fluids (e.g. amniotic fluid), but also prevent the surgeon’s or assistant’s abdominal skin from being a source of contamination to the patient.

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Gowning Technique (For sterile gowns)

Sterile gowns are always folded inside out to avoid contamination. As it is impossible to render the hands sterile, they must not come in contact with the outside of the gown or gloves.

Procedure:

- Hands must be washed thoroughly
- Pick up the gown holding it well away from the trolley and your own body.
- Hold the neck band and unroll until the sleeves are seen.
- Slide both hands and arms into the sleeves at the same time.
- The floor nurse/assistant slides her hands under the gown at the shoulder and pulls out and fastens all the back tapes.
- Cover the back with the back flap with help of the scrub nurse.

Remember:

- Do not keep the hands lower than the waist line.
- Do not keep the hands near ones neck or shoulder.
- Do not touch the auxiliary area once gowned.
- Do not touch the back of the gown.



Removal of Gown at the end of the Procedure:

- The circulating nurse will unfasten the gown.
- The gown is carefully removed by the scrub nurse leaving the gloves on.
- The gown with the inside folded out is placed in the appropriate bin.
- The gown is then removed by holding the inside if the cuff and placed in appropriate container.

Eyewear protects staff in the event of an accidental splash of blood or other body fluid by covering the eyes. Eyewear includes clear plastic goggles, safety glasses, face shields and visors. Prescription glasses or glasses with plain lenses also are acceptable. Masks and eyewear or face shields should be worn when performing any task where an accidental splash into the face is likely (e.g., performing caesarean section or vaginal delivery or when cleaning instruments). If face shields are not available, goggles or glasses and a mask can be used together.

Footwear is worn to protect feet from injury by sharps or heavy items that may accidentally fall on them. For this reason, sandals, "thongs" or shoes made of soft materials (cloth) should not be worn.

Rubber boots or leather shoes provide more protection, but they must be kept clean and free of contamination from blood or other body fluid spills. Shoe covers are unnecessary if clean, sturdy shoes are available for use only in the surgical area. One study suggests that cloth or paper shoe covers may increase contamination

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because they allow blood to soak through to shoes and they are often worn outside the operating room where they are then removed with un-gloved hands.

Masks

Masks should be large enough to cover the nose, lower face, jaw and facial hair. Health care workers (and sometimes patients) may use standard surgical facemasks to prevent respiratory droplets from the mouth and nose being expelled into the environment. Facemasks are also used, often in conjunction with eye protection, to protect the mucous membranes of the wearer from exposure to blood and/or body fluids when splashing may occur.

The traditional mask of four to six layers of muslin offers very limited protection. When first worn it may be reasonably efficient, but soon becomes saturated with moist vapour from the wearer's breath. More efficient masks are of high filtration disposable type. Several brands are available, any may be used. These masks can be moulded to facial contours and actually filter the respiration as compared to deflection with paper or cellophane insert masks. Such masks achieve 98 percent efficient filtration compared with only 40 percent with muslin mask.

Procedure for using a mask

- When wearing the mask, care should be taken to see that the nose, mouth and facial hair are well covered.
- Masks should be changed at least every operating session and should never be worn "around the neck".
- Mask 'wiggling' is also a potential source of infection.
- When removing a mask, care should be taken to avoid touching the part which has acted as the filter.
- The hands can easily become contaminated with bacteria.