

Reference Number: <i>TBA unless document for review</i> Version Number: 1	Date of Next Review: <i>07 Dec 2023</i> Previous Trust/LHB Reference Number: N/A
Personal Protective Equipment Procedure	
Introduction and Aim This procedure supports the Health and safety at Work policy and Health and safety risk assessment procedure. The aim of this procedure is to ensure personal protective equipment is provided, maintained and used safely in accordance with standards set out in the Personal Protective Equipment Regulations 1992 and other relevant regulations (e.g. Control of Substances Hazardous to Health Regulation) so as to minimise the risk of injury to staff employed/working within the Health board.	
Objectives <ul style="list-style-type: none"> • To ensure adequate and suitable risk assessments are carried out in the workplace to ensure the Health board complies with the Management of Health and Safety at Work Regulations. If the risk cannot be adequately controlled by other means then following assessment, provide adequate, suitable and compatible PPE to employees who may be exposed to the risk to their health or safety. • Ensure PPE is of a suitable quality, be appropriate for the risk(s) and conditions of exposure, take account of ergonomic considerations, be capable of fitting the wearer correctly, and be adjustable if necessary, be compatible with other items of PPE and not increase the overall risk. • Ensure adequate, training , storage and maintenance of personal protective equipment 	
Scope This procedure applies to all of our staff in all locations including those with honorary contracts, agency and where required, external contractors. This procedure should be read in conjunction with the All Wales IP&C manual sections on PPE which covers issues relevant to Infection, prevention and control.	
Equality and Health Impact Assessment	An Equality Impact Assessment has not been completed. This is because the procedure has been written to support implementation of the Health and Safety Policy. The Equality Impact Assessment completed for the Policy found there to be no impact.
Documents to read alongside this Procedure	Health and Safety Policy Control of Substances Hazardous to Health (COSHH) Procedure National Infection Prevention & Control Manual (NIPCM)

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	Incident, Hazard and Near Miss Reporting Policy and Procedure Minimal Manual Handling Procedure Management of Violence and Aggression (Personal Safety) Procedure Lone working procedure Latex allergy policy Maternity Risk Assessment Procedure Thermal Comfort Procedure Hand Arm Vibration Procedure Fire Risk Assessment Procedure Capital Planning and Estates Policies and Procedures Risk Assessment and Risk Register Procedure Risk Management and Board Assurance Framework Strategy
Approved by	Operational Health and Safety Group

Accountable Executive or Clinical Board Director	
Author(s)	Health and Safety Adviser
<p><u>Disclaimer</u> If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the Governance Directorate.</p>	

Summary of reviews/amendments			
Version Number	Date of Review Approved	Date Published	Summary of Amendments
1	07/12/2021	14/01/2022	This is a new document to support the Health and safety policy.

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1 Duties - roles and responsibilities

Health Board

The Health board recognises its responsibility to comply with the Personal Protective Equipment Regulations 1992.

The Health board will ensure that adequate and suitable risk assessments are carried out under the management of Health and Safety at Work Regulations 1999, so enabling the most appropriate means of reducing those risks to an acceptable level.

Where the risk cannot be controlled by any other means, the Health board will provide free of charge appropriate PPE as is required to meet the regulations.

The Health board will ensure that employees are provided with adequate health and safety training, information and instruction in its usage.

Chief Executive

The Chief Executive is responsible to the Health Board for the effective implementation of The Personal Protective Equipment at Work Procedure.

Executive Directors

Executive Directors are responsible to the Chief Executive for the overall co-ordination and implementation of the procedure within their areas of control.

Directorate/Locality Managers will, in association with the Management Team:

The Divisional Directorate/ Locality Managers have a joint responsibility to ensure this procedure is implemented within the Clinical board.

Ward/Departmental Managers:

It will be the duty of Ward/ Departmental managers to ensure that:-

- Adequate and suitable risk assessments are carried out in the workplace to ensure the Health board complies with the Management of Health and Safety at Work Regulations.
- If the risk cannot be adequately controlled by other means then following assessment provide adequate, suitable and compatible PPE to employees who may be exposed to the risk to their health or safety.
- PPE is of a suitable quality, be appropriate for the risk(s) and conditions of exposure, take account of ergonomic considerations, be capable of fitting the wearer correctly, and be adjustable if necessary,

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not increase the overall risk, and where more than one piece is required when used together will adequately control the identified risk(s).

- PPE provided for clinical application complies with standards set out in the Health board's infection control manual and policies.
- Where an item of PPE has been specified for a particular task, it must always be worn for that purpose. Never allow exemptions to those jobs that 'only take a few minutes'.
- PPE is:
 - Maintained in good condition.
 - Cleaned regularly.
 - Stored in suitable conditions.
- Practical and theoretical training in the use of PPE is given, which includes:
 - The nature of the hazard.
 - The performance and limitations of PPE.
 - The correct method of use.
 - The care, cleaning and storage of PPE.
 - Arrangements for repair or replacement.
- A record of training is kept.
- Adequate stock of PPE is held in order to make prompt replacements.
- Advice is sought from the health and safety adviser or Infection, prevention & control team for clinical applications where the manager is unsure.
- Manufacturer guidance for PPE/RPE is obtained, kept and is provided to employees during training, instruction.
- PPE/RPE is purchased in accordance with procurement policies and procedures.
- Ensure selected PPE/RPE meets the relevant British and European standards, suitable and is CE marked or UKCA marked from January 2022.
- Have a system in place to record the issue of PPE and RPE where necessary.
- Carry out monitoring and supervision to ensure PPE and RPE is used and worn appropriately.
- Ensure PPE and RPE is replaced when worn out, damaged or past its use by/shelf life date and disposed of correctly
- When implementing the selection and use of PPE and/or RPE, consult with employees.
- Ensure only non-latex gloves (powder free, low protein gloves) are available for all employees and effectively manage provision through the risk assessment process and appropriate control measures. Latex gloves should only be used if there is a specific clinical reason and a

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risk assessment has been carried out. These risk assessments should be reviewed and updated as necessary.

All staff

It will be the duty of every employee to ensure that:-

- They take reasonable care of themselves and others who may be affected by their activities.
- Such instructions and training are undertaken as deemed necessary.
- Correct PPE is used as assessed necessary for the task.
- PPE is used in accordance with this procedure.
- Reasonable care is taken of any PPE which is provided for their use.
- Any loss of or defective PPE is reported to their line manager.

Where personal protection equipment has been identified as a requirement as a result of a risk assessment and has been issued to an individual but is not used, or not used appropriately, the individual is in breach of the Personal Protective Equipment at Work Regulations 1992 and the Health and Safety at Work etc Act 1974.

- Such a breach would render the individual liable to disciplinary action by the Health board

Procurement

- Procurement are responsible for supporting and assisting the Clinical boards to achieve best value and improve service quality from its contractors / service providers / suppliers for non-property related procurement; they will advise on a compliant procurement route for PPE/RPE.
- Any contract clearly defines the service scope and identifies the necessary Health and Safety protocols.
- Those procuring PPE/RPE in clinical boards shall be responsible for defining the technical specifications for new PPE/RPE in relation to the needs identified through risk assessment. Where there is PPE/RPE currently in use it will be necessary, retrospectively, to assess the technical suitability for the tasks for which it is used. These resulting specifications shall be communicated to procurement services for purchasing.

The Health, Safety and Environment Unit and the Occupational Health Department:

- Provide advice, on request, in line with their respective areas of expertise. The Health and safety department will assist with providing

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advice on risk assessment and the specification of personal protective equipment, where requested. The occupational health department will provide advice on any work related ill health effects related to personal protective equipment and report any relevant issues to the Health and safety or Infection, prevention and control team as appropriate.

Infection Prevention and Control Teams (IPCTs) and Health Protection Teams (HPTs) must:

- provide expert advice on the application of infection prevention and control in all care settings and on individual risk assessments.

2 Definitions

PPE is defined in the Regulations as ‘all equipment (including clothing affording protection against the weather) which is intended to be worn or held by a person at work and which protects them against one or more risks to their health or safety’, eg safety helmets, gloves, eye protection, high-visibility clothing, safety footwear and safety harnesses.

Hearing protection and respiratory protective equipment provided for most work situations are not covered by these regulations because other regulations apply to them, however these items need to be compatible with any other PPE provided.

3 The Assessment and Use of Personal Protective Equipment

3.1 Assessing Suitable PPE

To allow the right type of PPE to be chosen, the different hazards in the workplace must be carefully considered. This will enable the assessment of which types of PPE are suitable to protect against the hazard and for the job to be done.

The following must be considered when assessing whether PPE is suitable:

- Is it appropriate for the risks involved and the conditions at the place where exposure to the risk may occur? For example, eye protection designed for providing protection against agricultural pesticides will not offer adequate face protection for someone using an angle grinder to cut steel or stone.

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- Ensure selected PPE/RPE meets the relevant British and European standards, suitable and is CE marked or UKCA marked from January 2022.
- Does it prevent or adequately control the risks involved without increasing the overall level of risk? Eg does it make communication more difficult?
- Can it be adjusted to fit the wearer correctly?
- Has the state of health of those who will be wearing it been taken into account?
- What are the needs of the job and the demands it places on the wearer? For example, the length of time the PPE needs to be worn, the physical effort required to do the job and the requirements for visibility and communication.
- If more than one item of PPE is being worn, are they compatible? For example, does a particular type of respirator make it difficult to get eye protection to fit properly?

3.2 The hazards and types of PPE

- **Eyes**

Hazards: chemical or metal splash, dust, projectiles, gas and vapour, radiation.

Options: safety spectacles, goggles, faceshields, visors.

- **Head**

Hazards: impact from falling or flying objects, risk of head bumping, hair entanglement.

Options: a range of helmets and bump caps.

- **Breathing**

Hazards: dust, vapour, gas, oxygen-deficient atmospheres.

Options: disposable filtering facepiece or respirator, half- or full-face respirators, air-fed helmets, breathing apparatus.

- **Protecting the body**

Hazards: temperature extremes, adverse weather, chemical or metal splash, spray from pressure leaks or spray guns, impact or penetration, contaminated dust,

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excessive wear or entanglement of own clothing.

Options: conventional or disposable overalls, boiler suits, specialist protective clothing, eg chain-mail aprons, high-visibility clothing.

- **Hands and arms**

Hazards: abrasion, temperature extremes, cuts and punctures, impact, chemicals, electric shock, skin infection, disease or contamination. **Options:** gloves, gauntlets, mitts, wristcuffs, armlets.

- **Feet and legs**

Hazards: wet, electrostatic build-up, slipping, cuts and punctures, falling objects, metal and chemical splash, abrasion.

Options: safety boots and shoes with protective toe caps and penetration resistant mid-sole, gaiters, leggings, spats.

- **Lone Working**

Personal protective devices – often referred to as lone worker devices, are classed as personal protective equipment and where issued to staff must be used.

3.3 Maintenance

Equipment must be:

- well looked after and properly stored when it is not being used, for example in a dry, clean cupboard, or in the case of smaller items, such as eye protection, in a box or case;
- kept clean and in good repair - follow the manufacturer's maintenance schedule (including recommended replacement periods and shelf lives).

Simple maintenance can be carried out by the trained wearer, but more intricate repairs should only be done by specialists.

Suitable replacement PPE must always be readily available.

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4 Training

Anyone using PPE must be made aware of why it is needed, when it is to be used, repaired or replaced and its limitations.

Managers must ensure that appropriate training and instruction has been provided to staff on how to use the PPE properly and make sure they are doing this.

Because PPE is the last resort after other methods of protection have been considered, it is important that users wear it all the time they are exposed to the risk. Never allow exemptions for those jobs which take 'just a few minutes'.

5 Diversity and Inclusion

Equality impact assessment above. It should be noted that the employment Act 1989 gives an exemption for turban-wearing Sikhs working on construction sites from the need to wear head protection. All personal protective equipment will be provided free of charge.

6 Process(s) for monitoring compliance with this procedure

Standard / process / issue	Monitoring and audit			
	Method	By	Committee	Frequency
Health and safety Risk assessment procedure	Health board wide risk assessment audit and report	Health and Safety Team	Health and Safety Committee.	Every 3 years
Provision and use of suitable personal protective equipment.	Summary of Infection Control Audit results of Personal Protective Equipment In Clinical Practice procedure	Infection Control	Check if its Quality Committee	Annually

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7 Consultation and review

The procedure has been reviewed with comments being sought from members of the operational Health and Safety group.

8 Procedure implementation (including awareness raising)

This procedure will be implemented through the clinical board. Health and safety arrangements monitored by the clinical board Health and safety meetings and operational Health and safety meetings.

9 References

The Personal Protective Equipment at Work Regulations 1992
The Control of Substances Hazardous to Health Regulations 2002
The Control of Lead at Work Regulations 2002.
The Ionising Radiations Regulations 2017.
The Control of Asbestos at Work Regulations 2012.
The Noise at Work Regulations 2005.
The Construction (Head Protection) Regulations 1989.
Management of Health and safety at work Regulations 1999