

Personal Protective Equipment Management
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PERSONAL PROTECTIVE EQUIPMENT MANAGEMENT

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Respiratory Mask Fit Testing Policy			
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Waste Management Policy			
Health and Safety Risk Assessments Procedure			

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Please note:

If you require a copy of this procedure in an alternative format (for example Large Print, Easy Read) or would like any assistance in relation to the content of this procedure, please contact the Human Resources (HR) team on 01803 656680.

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1. Introduction

Personal Protective Equipment (PPE) should be regarded as the last resort to protect against risks to health and safety (H&S). Elimination, substitution, Engineering controls and safe systems of work should be considered first.

The Trust acknowledges its duties under the Health and Safety at Work Act 1974, to protect employees from exposure to health hazards whilst at work. Before providing any PPE the Trust, as an employer has a duty under the Personal Protective Equipment at Work Regulations 1992 to carry out an assessment to determine whether the PPE is suitable.

2. Purpose

The purpose of this procedure is to provide a process to ensure that all employees are issued with PPE appropriate to the activities they carry out. Provide guidance on the standards required the system to ensure compliance with legislation, and the records to be maintained.

This procedure defines the management requirements to ensure the safety and health of staff required to wear PPE.

3. Definitions

3.1 PPE

PPE means all equipment, including clothing affording protection against the weather and infectious diseases, which is intended to be worn or held by a person at work and which protects them against one or more risks to their H&S.

3.2 Reasonably Practicable

Reasonable practicable has been interpreted in law to mean that safety measures should be undertaken unless the cost, in terms of money, time and trouble, is grossly disproportionate to the safety benefit, which is expressed in terms of the value of the risk averted by the safety measure.

3.3 Health Surveillance

A procedure to detect any adverse health effects from exposure to hazardous substances at work.

4. Responsibilities

The Trust H&S Policy sets out the responsibilities for the Chief Executive, Directors, Managers, Employees and Working Groups for all H&S policies, procedures and working guidelines, and has the same relevance to this policy.

4.1 The Trust

The Chief Executive has overall responsibility for ensuring the H&S of the employees in the Trust. This responsibility is coordinated through the H&S Committee and other sub-groups. It is the responsibility of these groups to take a lead on issues surrounding the

use of PPE, including implementation of policies, risk assessment, monitoring and reviewing.

4.2 Senior Managers including Associate Directors of Nursing, Divisional General Managers and Clinical Directors have a responsibility to:

- Ensure that this procedure is adopted in all areas under their control. They should also ensure that this process is cascaded to staff and that it is complied with
- Ensure departmental managers are aware of this procedure and comply with its requirements
- Ensure that there are adequate processes in place to manage the control of PPE within the departments/wards of the division

4.3 Line Managers

Line managers are responsible for ensuring H&S risk assessments are undertaken with regard to activities within their areas of responsibility including the requirement for PPE and ensure that PPE is only used as the 'last resort' after other methods of protection have been considered and eliminated as not reasonably practical. Guidance on completing risk assessments can be found in the Trusts H&S Risk Assessments Procedure.

Ensuring staff receive necessary information, instruction and training to enable them to manage their PPE and comply with this procedure and they ensure that this procedure is adhered to when PPE is used.

4.4 Employee Responsibilities

Employees are responsible for:

- Co-operating with managers regarding the implementation of this procedure
- Correctly using PPE in accordance with instructions given
- Take reasonable care of PPE provided

5. Provision and use of PPE

5.1 Suitable PPE

To make sure the right type of PPE is chosen, consider the different hazards in the workplace and identify the PPE that will provide adequate protection against them, this may be different for each task.

Consider the following when assessing suitability:

- Does the PPE protect the wearer from the risks and take account of the environmental conditions where the task is taking place? For example, eye protection designed to protect the eyes when using an angle grinder may not offer adequate protection from a blood borne virus on the ward.
- Does using PPE increase the overall level of risk or add new risks, e.g. by making

communication more difficult?

- Can it be adjusted to fit the wearer correctly?
- 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 or the requirements for visibility and communication
- If someone wears more than one item of PPE, are they compatible? For example, does using a respirator make it difficult to fit eye protection properly?

5.2 Selection and use

When selecting PPE:

- Choose good quality products which are UKCA or CE marked in accordance with the Regulations. The guidance on the minimum standards required can be seen at Appendix 1
- Choose equipment that suits the wearer – consider the size, fit and weight; you may need to consider the health of the wearer, e.g. if equipment is very heavy, or wearers have pre-existing health issues, standard PPE may not be suitable
- Let users help choose it. Those who do the job are usually best placed to know what is involved and what problems exist, and they should be consulted and involved in the selection and specification of the equipment – there is a better chance of PPE being used effectively if it is accepted by each wearer
- In a clinical environment select protective equipment on the basis of the procedure that you are about to perform and not simply whether the patient is known to be infected or not. This involves a risk assessment of the risk of transmission of micro-organisms from the healthcare worker to the patient and the risk of contamination of the healthcare practitioner's skin or clothing by the patient's blood, secretions, excretions and other body fluids.

5.3 Compatibility of PPE

If more than one item of PPE is to be worn, they must be compatible with each other and when used together, should adequately control the risks.

For example, a half-mask respirator may not be compatible with a pair of goggles, preventing either from fitting properly and leading to increased risk of eye injury and/or respiratory exposure. The manufacturer's instructions may provide guidance on what can or should be used together, for example hard hats and certain types of ear protection may be available as a single unit.

5.4 Maintenance and replacement of PPE

PPE must be kept clean and in good repair and the manufacturer's maintenance schedule (including recommended replacement periods and shelf lives) must be followed.

Simple maintenance can be carried out by the trained wearer, but more intricate repairs

should only be done by specialists always ensure replacement parts match the original.

Trust staff must make proper use of PPE and report its loss or destruction or any fault in it and suitable replacement PPE should always readily available.

5.5 Accommodation for PPE

PPE should be well looked after and properly stored when it is not being used.

Storage is required to:

- Prevent damage from chemicals, sunlight, high humidity, heat and accidental knocks
- Prevent contamination from dirt and harmful substances
- Reduce the possibility of losing the PPE
- Enable the sufficient drying of PPE to ensure its effectiveness is maintained, for example retaining its insulating capabilities if used in damp, hot or cold environments

Accommodation can be simple, for example, pegs for weatherproof clothing, safety helmets or hard hats. It does not have to be fixed, for example, safety spectacles could be kept by the user in a suitable carrying case. PPE used by mobile workers can be stored in suitable containers in their vehicle.

Where PPE becomes contaminated during use, it should be cleaned and decontaminated before storage; otherwise the accommodation may itself become contaminated and will also require suitable cleaning and decontamination. Where it cannot be suitably decontaminated it should be disposed of.

For PPE used in the clinical environment Decontamination Standard Operating Procedures (SOPs) must be in place for each type of procedure and Managers should refer to existing policies on Decontamination or Disposal of PPE and where they are absent then Managers need to write these in consultation with the trust Decontamination Lead.

5.6 Information, instruction and training

The Regulations require the Trust to:

- Provide suitable information, instruction and training for staff, to enable them to make effective use of the PPE provided to them to protect their H&S
- Ensure that anyone using PPE is made fully aware of why it is needed, when to use, repair or replace it, how to report it if there is a fault and its limitations
- Train and instruct people how to use PPE properly and make sure they are doing this
- Include managers and supervisors in the training, they may not need to use the equipment personally, but they do need to ensure their staff are using it correctly

The extent of the instruction and training will vary with the complexity and performance of the equipment, how frequently it is used and the needs of the people being trained. For

PPE which is simple to use and maintain, such as safety helmets and hard hats, some basic instructions to the users will be all that is required. On the other hand, the safe use respiratory protective equipment (FFP3 masks) or of laser eye protection will depend on an adequate understanding of the principles behind them.

The instruction and training should include both theory and practice.

Theoretical training should include:

- An explanation of the risks present, and why PPE is needed
- The operation, performance and limitations of the equipment
- Instructions on the selection, use and storage of PPE
- Written operating procedures such as permits-to-work involving PPE should be explained
- Factors which can affect the protection provided by the PPE such as other protective equipment, personal factors, working conditions, inadequate fitting and defects, damage and wear
- Recognising defects in PPE and arrangements for reporting loss or defects

Practical training should include:

- Practice in putting on, wearing and removing the equipment safely
- Practice in inspection and, where appropriate, testing of the PPE before use
- Practice in how to maintain the PPE, to the extent this should be done by the user, such as cleaning and the replacement of certain components
- Instruction in the safe storage of equipment

As well as initial training, users of PPE and others involved with the equipment may need refresher training from time to time. Records of training details should be kept either by the Trust training teams or by local managers.

The Trust must ensure, not only that staff undergo the appropriate training, but also that they understand what they are being taught. Staff may have difficulty in understanding their training for a number of reasons. For example, the risks (and precautions) may be of a particularly complex nature, making it difficult for employees to understand the precise nature of the protective measures they must take.

If English is not the first language of some staff members consideration should be given to whether the training should be given in a language they understand.

5.7 Use of PPE

PPE should be used in accordance with the Trust instructions, which should in turn be based on the manufacturer's instructions for use. It should be used only after adequate training

and instructions have been given to the user so they understand why, how, where and when it is to be used.

It is important that users wear PPE all the time they are exposed to the risk. Managers must never allow exemptions for those jobs which take 'just a few minutes' and they should also check regularly that PPE is being used and investigate incidents where it is not.

Safety signs can be useful reminders to wear PPE, but you must make sure that staff understand these signs, what they mean and where they can get equipment.

5.8 Defect or loss

PPE should be replaced when no longer providing the protection required or not suitable for the wearer.

Managers should make arrangements to ensure that staff can report to them the loss of or defects in PPE and ensure that defective PPE is repaired or replaced before the staff member restarts work.

Staff must take reasonable care of PPE provided and report to their line manager any loss or obvious defect or damage as soon as possible. If staff have any concerns about the serviceability of the PPE, they should immediately consult their line manager.

5.9 Infection Control

Further information and guidance on PPE for use in the clinical environment can be found in the Trusts infection control guideline 'A Safe Working Practice [0514](#).

6.0 Guidance on the selection, use and maintenance of PPE

The Personal Protective Equipment at Work Regulations 1992 do not apply to hearing protection or respiratory protective equipment these are covered by other regulations but information has been provided in this document.

Full guidance on these including selection, use and maintenance can be found in the publications:

- The Control of Noise at Work Regulations 2005. Guidance on Regulations
- Respiratory protective equipment at work. A practical guide

6.1 Head protection

Industrial safety helmets – Protect against falling objects or impact with fixed objects and offer limited resistance to flame. Helmets are also available which give protection against impact at high or low temperatures, against electrical shock from brief contact up to 440 V ac and against molten metal splash.

Bump caps – Protect against bumping the head (e.g. walking into a fixed object) and scalping, and can stop hair getting caught in machinery and moving parts. Bump caps do not offer adequate protection where there is a risk of falling objects or moving or suspended loads.

Examples of hazards or situations where head protection could be required are:

- Low-level fixed objects, for example pipework, machines or scaffolding where there is a risk of collision
- Transport activities, hoists, lifting plant, conveyors etc. involving the risk of falling material
- Tree-felling
- On construction sites

The key points to note for head protection are:

- If there is a risk of the helmet falling off or when being used at height an adjustable chinstrap, should be used, to make sure the helmet does not fall off
- Clean the inside of the helmet and clean or replace sweatbands regularly
- Check regularly that any damage to the outside is no more than shallow scratches or grazes and that the internal harness is not damaged or deformed
- Dispose of the head protection after significant impact by a fixed or falling object
- Head protection is unfit for use if the outside is deeply scratched, worn or deformed, the harness is damaged or deformed or it is beyond its usable protective life
- As a general guide, industrial safety helmets should be replaced three years after manufacture, but always check with the manufacturer
- Wear the helmet so that the brim is level when the head is upright. Do not wear it sloping up or down as this will significantly reduce the protection it can provide
- Do not wear head protection back to front – it will not protect you if you do
- Do not customise head protection, e.g. make your own ventilation holes, paint, mark or put stickers on it
- Do not wear a baseball style bump cap where there is a risk of falling objects – wear an industrial safety helmet instead

6.2 Eye and face protection

The main types of eye and face protection are:

- Safety spectacles – May be separate lenses in a metal or plastic frame (similar in appearance to prescription glasses) or have a single lens/frame moulding (sometimes called eye-shields). Most designs have side shields. Spectacles can incorporate corrective lenses, while eye-shields may fit over prescription glasses

- Goggles – These are made with a flexible plastic frame and one or two lenses with a flexible elastic headband. They give the eyes protection from all angles as the complete rim is in contact with the face. Some goggles are ventilated and may be unsuitable for protection against gases and fine dusts
- Face shields – These have one large lens with a frame and adjustable head harness or are mounted on a helmet. Most can be worn with prescription glasses. They protect the face but do not fully enclose the eyes

Examples of hazards which could require eye and face protection:

- Liquid or chemical splash as a result of handling or coming into contact with dangerous liquids or chemical substances
- Eye protection must be worn when there is a risk of blood, secretions, excretions and other body fluids splashing into the eyes
- Working with power-driven tools, where chippings or debris are likely to fly into the face, or abrasive materials may be ejected
- Dust, gas or liquid mist from machines, high-pressure cleaning, or using gas or vapour under pressure
- Radiant heat, molten metal, hot solids, sparks or hot liquid splash from working in hot conditions, for example welding etc.
- Intense light or other optical radiation emitted at levels liable to cause risk of injury, for example welding, lasers etc.

The key points to note for eye and face protection are:

- Make sure the eye/face protection fits the user and does not fall off easily. It should be issued on a personal basis
- Where there is a risk of infection 'single use' eye protection must be used to reduce the risk
- Consider misting/fogging. Anti-mist and ventilated eye protection is available
- Store eye protection in a suitable location/protective case
- Follow the manufacturer's instructions on cleaning, not forgetting headbands and frames. Use only anti-mist, cleaning and antistatic fluids and cloths recommended by the manufacturer
- Do not use when visibility is noticeably reduced (e.g. the lenses are deeply scratched or worn) or the frame, headband or harness is deformed. Throw them away and replace them

6.3 Hand and arm protection

There are four types of hand and arm protection:

- Gloves – hand only
- Gloves with a cuff – hand and wrist
- Gauntlets/sleeves/long gloves – hand, wrist and part of forearm
- Sleeving/arm protection – part or whole of forearm and/or upper arm

Examples where hand and arm protection could be required are:

- Handling or coming into contact with chemicals, for example maintenance of machinery, cleaning up chemical spillages, or bodily fluids and mixing and using cleaning products
- Protection from cuts and abrasions, for example when handling sharp or pointed objects
- To keep hands warm and supple in cold weather
- Danger from electrical hazards
- Handling radioactive materials
- Handling hot or cold materials and work involving accidental contact with naked flames such as welding, ovens etc.

The key points to note for hand and arm protection are:

- Make sure that users are not allergic to or sensitised by the material, for example latex gloves are made of rubber and the proteins present in the rubber are skin and respiratory sensitisers
- Ensure they fit the wearer properly and are worn correctly for the job being done. For example, there should be no gap between the glove and the wearer's sleeve when handling dangerous chemicals
- Ensure users can handle and remove the gloves carefully to avoid contamination of the hands and the inside of the glove. Contaminants that get inside the glove and sit permanently against the skin can lead to greater exposure than if a glove had not been worn at all. Many wearers are not instructed on how to correctly put on and take off gloves which means that the insides of the gloves become contaminated when worn for the second time or more. This contamination can cause damage to the skin
- Ensure users clean their hands thoroughly when they change gloves and moisturise their hands at least once a day
- Check gloves regularly and throw them away if they are worn or have deteriorated. They should be free of holes or cuts and debris and their shape should not be

distorted

- Do not wear a glove for extended periods as this can lead to the development of excessive moisture (sweat) on the skin which in itself will act as an irritant
- Select carefully for chemical resistance and protection, especially against mixtures, and do not use for longer than the recommended breakthrough times. Manufacturers will advise on breakthrough times for their products
- Do not use pre-work creams, sometimes sold as barrier creams, as a replacement for carefully selected gloves. They are not PPE because:
 - They do not provide protection against hazards
 - Workers may not apply them properly, leaving part of their skin uncovered
 - There is no information available on the rate of penetration of substances through pre-work creams
 - Protection may be removed while working without workers noticing

6.31 Glove Selection

Managers are required to decide whether or not protective gloves are required to perform the task (the law requires that other means to prevent exposure should be considered in preference to gloves). There may be reasons other than worker protection that require the use of gloves eg, patient protection. When deciding on glove selection, Managers need to take account of all factors.

The choice of glove should be made following a risk assessment of the nature of the task, the risk to the patient and the risk to the Health Care Worker (HCW).

Factors to be considered in a risk assessment on the use of clinical gloves:

- The likelihood of exposure to blood, body fluids
- The length of the procedure
- Whether or not a sterile glove is required
- Patient/user sensitivity to latex or other material
- Potential contact with any chemicals, drugs or other substances
- The need for dexterity and tactility
- Whether latex gloves are required or a safer alternative could be used

Some synthetic rubbers have been developed as an alternative to Natural Rubber Latex (NRL) and they are described below.

- Nitrile
 - Provides an excellent biological barrier, resistant to punctures and tears

- Comparable to NRL in terms of barrier performance
 - Are a good alternative for latex sensitive individuals
 - Can be used where a latex free environment is necessary
 - Are less elastic than NRL but do shape to the wearer's hand over time
 - Can be used for handling certain chemicals
 - However, nitrile contains the same types of chemicals as NRL in the manufacturing process and allergic reactions have been reported.
- Poly Isoprene and Neoprene
 - Offers effective protection against viral penetration
 - Has similar elasticity and physical properties as NRL
 - Is suitable for individuals sensitised to NRL proteins
 - Can be used when a latex free environment is necessary
 - Vinyl
 - In lab tests shows increased permeability to blood borne viruses than NRL
 - Possess lower tensile strength than NRL and break down more frequently
 - Prone to leaking
 - Inelastic and can be baggy to wear
 - Inexpensive in comparison to synthetic rubbers
 - Suitable for use in areas where there is a low biohazard risk
 - Suitable for use when staff or patients are sensitised to NRL

6.32 Latex gloves

Latex gloves are classified as PPE and are designed to protect against biological and appropriate chemical hazards.

It has been long established that latex gloves frequently used in health care have the potential to cause adverse reactions and therefore latex free gloves should be used as standard across Trust in all health care settings unless a Risk Assessment shows that there is a clinical reason not to do so and there are no alternatives are appropriate.

Any latex gloves that have to be procured for clinical reasons must, have been risk assessed, be powder free and of the low allergen variety.

6.33 General guidance on glove use in the clinical environment

- Gloves should be worn by all HCW's when there is a risk of exposure to blood, secretions, excretions and other body fluids. This includes contact with blood, urine, saliva, wound exudates and faeces.
- Gloves must be worn as single use items when dealing with patients. Put gloves on immediately before an episode of patient contact or treatment and remove them as soon as the activity is completed. Change gloves between caring for different patients or between different care/treatment activities for the same patient. Failure to do so will significantly increase the risk of transmission of infection
- Gloves should be worn to provide a protective barrier:

- To prevent contamination of the hands with organic matter and micro-organisms when exposed to blood, body fluids and non-intact skin
- To prevent the transmission of micro-organisms, present on the hands of staff during invasive or other patient care procedures
- Staff should cover any cuts or abrasions on their hands with a waterproof dressing to reduce the risk of contamination following glove failure
- Gloves must not be used as a substitute for hand decontamination
- Further information and guidance can be found in the Trusts Hand Hygiene Strategy and Policy ([0239](#))

To minimise the risk of damage to gloves healthcare staff must:

- Keep nails short and avoid wearing artificial nails
- Avoid wearing rings with stones which interfere with hand washing, make putting on gloves more difficult and have the potential to tear the glove

6.4 Respiratory Protective Equipment (RPE)

The Trust as an employer has a legal responsibility under the Control of Substances Hazardous to Health Regulations 2002 (COSHH) to control substances hazardous to health in our workplace and to prevent or adequately control our employee's exposure to those substances.

Under the law, RPE is a line of protection. Where RPE has to be used as a control measure, it is vital that the selected RPE is adequate and suitable. To ensure that the selected RPE has the potential to provide adequate protection for the individual wearer they must undergo face fit training/testing.

Further information on this, including its relevance to protection against COVID19 can be found in the Trusts Respiratory Mask Fit Testing Policy ([2079](#)).

Respiratory protective equipment is generally of two types:

- Respirators that rely on filtering contaminants from workplace air. These include simple filtering face pieces and respirators and power-assisted respirators. Such as those used by the Trust in the Powered Respiratory Protective Suits
- Breathing apparatus, which gives an independent supply of breathable air, for example fresh air hose, compressed airline and self-contained breathing apparatus. You may have to use breathing apparatus in a confined space or if there is a chance of an oxygen deficiency in the work area

To make sure that the selected RPE has the potential to provide adequate protection for individual wearers, the Approved Codes of Practice supporting the Control of Substances Hazardous to Health Regulations 2002, the Control of Lead at Work Regulations 2002 and the Control of Asbestos Regulations 2012 require the fit testing of RPE which incorporates a tight-fitting face piece. A tight face piece is a full-face mask, a half-face mask, or a filtering

face piece.

Whilst surgical masks may, in principle, offer adequate protection against large droplets and contact transmission, the level of protection they offer against a residual aerosol risk is poorly understood. They are not designed, or certified, as respiratory protective devices. However, there is a common misperception that they will provide protection against infectious aerosols. Guidance recommends that workers who are in close contact with patients should wear surgical masks to reduce exposure to large droplets and that procedures that are likely to generate aerosols should be minimised, or where unavoidable, workers should wear appropriate respiratory protection.

Full guidance on the selection, use and maintenance of RPE is given in HSE document Respiratory protective equipment at work HSG53: A practical guide.

6.5 Protective clothing

All persons carrying out tasks where there is any risk that the legs may be subjected to cuts and abrasions i.e. when having to kneel down, or come in contact with hazardous substances i.e. paint, sharps etc., or when working in dirty conditions staff must have legs fully covered and shorts are not allowed.

Protective clothing must offer some specific protection – if it does not, it is classified as ‘workwear’.

There are three main types of protective clothing:

- Separates – jackets, trousers etc. that only cover part of the body
- Aprons – that only cover part of the body
- Overalls, coveralls and body suits – which cover the whole body

Examples of hazards which may require protective clothing:

- Working with chemicals – handling small quantities of low-risk chemicals may only require aprons protecting against accidental splashes. Larger quantities of chemicals or risks of contact with sprays or jets of chemical are likely to require protective coats/trousers or coveralls. Potential exposures to large quantities of chemical or very hazardous materials will often require the use of gas or liquid tight suits and appropriate RPE
- Infection control – Disposable plastic aprons should be worn when there is a risk that clothing or uniform may become exposed to blood, secretions, excretions and other body fluids, and when caring for patients with known infections e.g. with MRSA or Norovirus virus infection. Plastic aprons should be worn as single use items for one procedure, or episode of patient care and then discarded and disposed of as clinical waste. For further guidance see the Trusts Waste [Policy](#).
- Full body, fluid repellent gowns should be worn where there is a risk of extensive splashing of blood, secretions, excretions and other body fluids onto the skin of healthcare practitioners

- Cuts and hazards when working with needles, knives, machinery etc. – use clothing made of thick or padded material or multilayer reinforced fabric, aramid fibers (e.g. body armor material) or chain mail
- Cold from working outside or in a cold/freezer area – use clothing made of thick or padded material, multilayer leather or fabric or thermal insulating fabrics
- Wet when working outside in the rain or using water sprays for cleaning etc. – use rubbers, plastics, water-repellent coatings, waterproof and breathable fabrics

The key points to note about protective clothing are to:

- Store used/contaminated clothing separately from clean clothing
- Select protective clothing carefully for chemical resistance and protection, especially against mixtures, and do not use for longer than the recommended breakthrough times. Manufacturers will advise on breakthrough times for their products
- Clean clothing according to the manufacturer's instructions
- Inspect for wear and tear, loose seams and surface damage before use
- Do not wear loose protective clothing near moving machinery in case it gets caught

6.6 High Visibility Clothing

Most high visibility clothing has a fluorescent yellow or orange background, made from materials impregnated with fluorescent pigments, with bands of shiny retroreflective material. It is designed to make the wearer easy to see under any light conditions in the day and under illumination, for example by vehicle headlights in the dark.

There are three classes of high visibility clothing. Each has minimum areas for the background and retroreflective bands:

- Class 1 – the least conspicuous (waistcoats and most trousers)
- Class 2 – more conspicuous than class 1 (waistcoats, jackets and some trousers)
- Class 3 – the most conspicuous (jackets and coveralls)

The key points to note for high visibility clothing are:

- Select high visibility clothing suitable for the task. Clothing that protects from other hazards such as cold weather is often available with a high visibility option. Outdoor workers may need different clothing at different times of the year
- Inspect before use for wear and tear, or loose seams
- Ensure only correct cleaning materials are used. Lack of cleanliness is a significant factor in loss of visibility

6.7 Foot protection

Types of protection

Footwear is available in a range of styles, for example shoe, low ankle boot, high ankle boot, knee boot, thigh boot and even chest high waders. The different types of protective footwear include the following:

- Safety boots or shoes. These are the most common type of safety footwear. They normally have protective toecaps and may also have other safety features including slip-resistant soles, penetration-resistant midsoles and insulation against extremes of heat and cold
- Wellington boots. These are usually made of rubber and used for working in wet conditions. They are also useful in jobs where the footwear needs to be washed and disinfected for hygiene reasons, e.g. in the food industry and the chemical industry

The main hazards which may need foot protection are:

- Objects falling on and crushing the foot/toes – this will include jobs requiring manual handling, such as porters, construction workers or removal people
- Treading on pointed or sharp objects (e.g. nails) on the ground piercing the shoe, injuring the sole of the foot and resulting in cuts and wounds
- Slips, trips and falls resulting in injuries such as sprained ankles. Although there is no such thing as non-slip footwear, there are slip-resistant 'anti-slip' soles which can reduce the likelihood of slipping on certain floors
- Working in cold or hot conditions. Working in the cold requires footwear with thermal insulation. Work in hot conditions requires footwear with heat-resistant and insulating soles
- Working with and handling hazardous chemicals. Footwear should be impermeable and resistant to that chemical
- Wet work, for example using water sprays when cleaning. Water-resistant or waterproof material should be used. Wellington boot style footwear should be used for very wet work

Key points to note about protective footwear:

- Consider the comfort factors for the wearer. Generally footwear should be flexible, wet resistant and absorb perspiration. Cushioned soles make standing more comfortable
- Inspect for wear and tear and loose seams before use. Replace broken laces and remove materials lodged in the tread of the sole

6.8 Hearing protection

The PPE regulations do not apply to hearing protection except that it must be compatible with any other PPE provided. Full guidance on the selection, use, care and maintenance of hearing protection is given in L108 Reducing Noise at work: The Control of Noise at Work Regulations 2005. Guidance on Regulations.

Hearing protection should only be used where risks to hearing remain despite the implementation of other measures to control the noise, or while those other measures are being developed or put in place.

Types of protection

There are two main types of hearing protection:

- Earplugs. These fit into or cover the ear canal, to form a seal. They sometimes have a cord or neckband to prevent them being lost. They can be permanent (indefinite use), reusable (use only a few times) or disposable (use once)
- Earmuffs. These are normally hard plastic cups, which fit over and surround the ears. They are sealed to the head by cushion seals (filled with plastic foam or a viscous liquid). The inner surfaces of the cups are covered with a sound absorbing material, usually soft plastic foam. They can be headband or helmet mounted and some can have communication equipment built into them

7. References

The following references and further reading are applicable to this document:

- Health and Safety at Work Act 1974
- The Personal Protective Equipment at Work Regulations 1992
- Management of Health and Safety at Work Regulations 1999
- Workplace (Health, Safety and Welfare) Regulations 1992
- Control of Substances Hazardous to Health Regulations 2002
- Respiratory Protective Equipment at Work HSG53
- Standards and Markings for Personal Protective Equipment OM 209/03

8. Appendices

Appendix 1 – Standards for PPE

Appendix 2 – Equality Impact Assessment

Appendix 1

Minimum Standards

PPE – the minimum standard for personal protective equipment includes:

- Safety footwear - EN ISO 20345 S3
- High visibility clothing - EN471
- Safety helmets - EN397:2012
- Protective eyewear - EN 166:2001

Safety Glasses Mechanical Strength Class F
Safety Goggles Mechanical Strength Class B

- Filters and eye protection against laser radiation - EN 207:2009
- Eyewear for protection against intense light sources used on humans and animals for cosmetic and medical applications - BS 8497-1:2008
- Hearing protection - EN 352

RPE – respiratory protective equipment includes:

- Particulate respirators - EN 143 & EN 149 Filter Type FFP3 minimum

Appendix 2

Equality Impact Assessment

Policy Title (and number)		PERSONAL PROTECTIVE EQUIPMENT MANAGEMENT		Version and Date	V2 June 2022
Policy Author		Corporate Health & Safety Manager / Technical Author			
An equality impact assessment (EIA) is a process designed to ensure that a policy, project or scheme does not discriminate or disadvantage people. EIAs also improve and promote equality. Consider the nature and extent of the impact, not the number of people affected.					
EQUALITY ANALYSIS: How well do people from protected groups fare in relation to the general population? <i>PLEASE NOTE: Any 'Yes' answers may trigger a full EIA and must be referred to the equality leads below</i>					
Is it likely that the policy/procedure could treat people from protected groups less favorably than the general population? (see below)					
Age	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Disability	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Sexual Orientation	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Race	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Gender	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Religion/Belief (non)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Gender Reassignment	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Pregnancy/ Maternity	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Marriage/ Civil Partnership	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Is it likely that the policy/procedure could affect particular 'Inclusion Health' groups less favorably than the general population? (substance misuse; teenage mums; carers ¹ ; travellers ² ; homeless ³ ; convictions; social isolation ⁴ ; refugees)					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Please provide details for each protected group where you have indicated 'Yes'. Suitable risk assessment will be completed depending on staff circumstances.					
VISION AND VALUES: Policies must aim to remove unintentional barriers and promote inclusion					
Is inclusive language ⁵ used throughout?					Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Are the services outlined in the policy/procedure fully accessible ⁶ ?					Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Does the policy/procedure encourage individualised and person-centered care?					Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Could there be an adverse impact on an individual's independence or autonomy ⁷ ?					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If 'Yes', how will you mitigate this risk to ensure fair and equal access? See individual Risk Assessment.					
EXTERNAL FACTORS					
Is the policy/procedure a result of national legislation which cannot be modified in any way?					Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
What is the reason for writing this policy? (Is it a result in a change of legislation/ national research?)					
The purpose of this Procedure is to provide a process to ensure that all employees are issued with PPE appropriate to the activities they carry out. Provide guidance on the standards required the system to ensure compliance with legislation, and the records to be maintained.					
Who was consulted when drafting this policy/procedure? What were the recommendations/suggestions?					
Health and Safety Committee					
ACTION PLAN: Please list all actions identified to address any impacts					
Action	Person responsible		Completion date		
none					
AUTHORISATION:					
By signing below, I confirm that the named person responsible above is aware of the actions assigned to them					
Name of person completing the form	Suzanne Ellis		Signature	<i>Suzanne Ellis</i>	
Validated by (line manager)	Kevin Wood		Signature	<i>K. Wood</i>	