

Title of Document	Personal Protective Equipment (PPE) Policy				
Name of Department	Quality				
What type of document is this?	Policy		This sets out instructions for how a particular procedure in Helping Hands is to be routinely carried out		
Which Helping Hands POL/SOP/W.I does this document relate to?	Health & Safety Policy Infection Control Policy Control of Substances Hazardous to Health Policy		Reference number of POL/SOP/W.I	HHH-POL-008 HHH-SOP-005 HHH-POL-057	
Which Operational Priority/Priorities does this document link to?	Governance Framework	Superior Client Care	People, Performance & Culture	Business Growth	
Custodian of document	Group Managing Director		Committee/Group responsible for this document	Policy Committee	
Approval date and committee chairperson signature	28.01.2025		When is its next scheduled review?	28.01.2028	
Who does it apply to?	All Helping Hands staff at the facility / All staff at the facility / All staff working with Clients (<i>identify particular categories of staff where applicable</i>)				
	Does it apply to bank workers?	Yes	Does it apply to agency staff?	Yes	Does it apply to third party contractors?
Purpose of the Policy	This policy is to ensure that all staff fully understand their responsibilities regarding the provision and safe use of PPE in line with legislation.				

Key PPE Policy Requirements

ROLES AND RESPONSIBILITIES

Role	Responsibility
Senior Leaders	To provide sufficient resources to ensure the supply, training and management of PPE use.
Registered Managers	To maintain adequate stock levels for the service at all times To ensure that staff are supplied and trained in the use of PPE and that the policy requirements are embedded, and breach of policy is addressed
All Staff	To adhere to the policy requirements with the use of PPE To maintain adequate stock levels on their person at all times
Head of Property	To ensure the business is adequately supplied with suitable PPE for the activities To manage business continuity planning around supply chain failures and unforeseen pressures such as pandemics and economic factors.

1. Introduction

- 1.1. Using Personal Protective Equipment (PPE) safely is an integral part of our activity as a provider of domiciliary homecare. Correctly used PPE helps reduce risk of infection and cross contamination for our customers and helps protect staff from injury and illness. The following policy outlines our processes to ensure PPE is supplied and used to ensure the safety of our customers, staff and members of public.

2. Employer Responsibility

- 2.1. We have a duty to assess the risks to staff and identify requirements for PPE, provide the PPE itself, provide training and information for how and when to use the PPE, and supervise compliance with the policy.
- 2.2. In line with our duties under the Health & Safety at Work Act, our managers have a duty to ensure the safe use of PPE and are expected to address discrepancies through review and performance management processes.
- 2.3. Where exceptions arise due to allergies, or suitability of the PPE for the person, the risks should be assessed by the line manager to ensure hazards are adequately controlled and a suitable solution put in place.
- 2.4. We recognise that extended or excessive use of PPE can also cause health risks or environmental impact, and should be used appropriately to manage the risks at hand.

3. Employees Responsibility

- 3.1. All employees have a legal responsibility to adhere to safety measures put in place by the employer, as described in the Health and Safety at Work etc Act 1974.
- 3.2. Prior to delivering care, employees are expected to demonstrate knowledge and understanding of safe use of PPE, and suitable training will be provided for this.
- 3.3. Employees who use PPE, must ensure the PPE they use is in good condition and that they use the PPE as and when dictated in the training, work instructions, support plans and risk assessments applicable to the task.
- 3.4. Employees who use PPE are responsible for managing their own stocks and must ensure they carry sufficient quantities for their planned activities and request additional stock in ample time.
- 3.5. PPE should not be shared to mitigate risk of infection and cross contamination, and should be disposed of safely after a single use, unless otherwise instructed.

4. Provision of Personal Protective Equipment

Care

- 4.1. As identified through risk assessment, a standard stock of PPE equipment is made available to registered managers who must ensure sufficient stock is available to top-up, and all carers carry an adequate supply at all times through supervision.
- 4.2. The standard equipment provided / available is;
 - Disposable gloves – All gloves are tested to AQL 1.5 at a maximum (failure rate)
 - Available in a variety of sizes.
 - Available in both Vinyl & Nitrile material
 - Vinyl – More flexible and cost effective, most suitable for care work
 - Nitrile – More durable and resistant to tears, and suitable for those with latex allergy / intolerance.
 - Disposable aprons – To protect clothing from splashes from bodily fluids, chemicals etc.
 - Disposable gowns – To protect all clothing from splashes from bodily fluids, chemicals etc – where extensive exposure is foreseeable.

- Face shields – To protect eyes, mouth and face from ingestion / contact with splashes from bodily fluids, chemicals etc.
- Respiratory protection
 - 3 Ply surgical facemasks – To protect mouth and nose from inhaling pathogens, germs and other airborne harmful substances
 - FFP2/3 respirator mask – To offer maximum protection for mouth and nose when working in environments with specifically suspected or confirmed risks of exposure to viruses / pathogens.

General guidance for correct assignment of PPE to tasks can be found on the “Recommended PPE for Carers / Staff” poster, which should be on display in all branches and provided / available to carers.

5. Supply

- 5.1. Purchasing is managed centrally through an approved supplier, which registered managers order.
- 5.2. Approved suppliers are thoroughly vetted to ensure a reliable and consistent supply which can accommodate foreseeable changes in the external environment such as flu season, changes in foreign policy and supply chain issues, and inflation.

6. Monitoring and Review

- 6.1. This policy is set to review on a 3 year cycle, however may be reviewed early following changes in legislation, technology, our activities, accident reporting trends, or industry guidance and best practice.

7. Training and Competency

- 7.1. Training for how to select and use PPE is part of carers mandatory induction training, and delivered both in person and digitally. This includes the correct process for putting on and taking off PPE (donning and doffing), and disposal in a way which ensures cross-contamination does not occur.
- 7.2. Competence of knowledge and understanding is verified through direct observations, and development areas are addressed through performance management and additional training and supervision. Competency is assessed at a minimum annually.

TRAINING

Is training required?	Yes
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Details of training	PPE training will be supplied via practical and e-learn sessions
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COMPLIANCE

How is compliance with the POL going to be monitored	Through internal Quality Governance
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EQUALITY IMPACT ASSESSMENT AND PROCEDURAL INFORMATION

	Positive / Negative / N/A	Comments
Does the document have a positive or negative impact on one group of people over another on the basis of their:		
• age?	N/A	
• disability?	Positive	Should there be a requirement to make reasonable and safe adjustment this will be via a suitable risk assessment
• gender reassignment?	N/A	
• pregnancy and maternity (which includes breastfeeding)?	Positive	Should there be a requirement to make reasonable and safe adjustment this will be via a suitable pregnancy risk assessment
• race (including nationality, ethnic or national origins or colour)?	N/A	
• marriage or civil partnership?	N/A	
• religion or belief?	N/A	
• sex?	N/A	
• sexual orientation?	N/A	
If you have identified any potential impact (including any positive impact which may result in more favourable treatment for one particular group of people over another), are any exceptions valid, legal and/or justifiable?	Positive	Medical exemptions will be considered, and reasonable safe adjustment made, if possible to do so.
If the impact on one of the above groups is likely to be negative:		
• Can the impact be avoided?	N/A	
• What alternatives are there to achieving the document's aim without the impact?	N/A	
• Can the impact be reduced by taking different action?	N/A	
• Is there an impact on staff, client or someone else's privacy?	N/A	<i>If yes, privacy impact assessment required</i>

What was the previous version number of this document?	Version 01
Changes since previous version	<ul style="list-style-type: none"> Expanded responsibilities to include senior leadership, registered managers, head of property Re-worded and reformatted text from a "We do" point of view, removing generic HSE guidance. Condensed and bullet-pointed duties for easier reference Added reference to PPE poster

	<ul style="list-style-type: none"> Added responsibilities around stock management for the business, managers, and carers. Added criteria to provided standard equipment Changed compliance section from review period to state we will supervise through accident reporting. 	
Who was involved in developing/reviewing /amending the POL?	Head of Quality Quality Assurance Business Partner HSQE Business Partner	
How confidential is this document?	Public	Can be shared freely within and outside of Helping Hands

References	https://www.gov.uk/government/publications/covid-19-management-of-exposed-healthcare-workers-and-patients-in-hospital-settings
Associated Documents	Recommended PPE for Carers / Staff" Poster