Use of Personal Protective Equipment

Background

This policy should be read in connection with The Hub Dental Practice Rules

1. All staff should be aware of the need for PPE right from the start of their employment and it should be incorporated at the start of their induction program.

2. Employees must wear the practice uniform including a name badge, protective clothing and equipment where this is considered necessary by the management. Shoes must be low-heeled and suitable. Jewellery should be unobtrusive and not liable to become caught in any equipment. We do not expect staff to wear rings, bracelets or bangles that may compromise health and safety rules and cross-infection controls. The overall appearance of all employees should be clean, neat and professional.

3. Uniforms should be only worn at the surgery and should not be worn outside, either before or after work. We expect staff to wear a new/clean uniform every day and we expect at least one clean uniform to be available for emergencies and left at the surgery.

4. We expect all staff to be aware of the importance of wearing protective equipment including:
   a. Gloves including vinyl, latex clinical gloves
   b. Gloves including heavy duty gloves
   c. Masks
   d. Visors
   e. Uniforms
   f. Plastic disposable aprons
   g. Hair pins, hair nets etc
   h. Proper fully enclosed shoes

5. All PPE should be stored according to the manufacturers’ instructions.

6. Removal of PPE should comply with the guidance in the Decontamination best Practice (HTM 01-05).

When used appropriately, and in conjunction with other infection control measures, PPE forms an effective barrier against transmission of infection.

PPE should be stored in accordance with manufacturers’ instructions.

Use of Gloves

1. All disposable clinical gloves used in the practice should be CE-marked and should be: low in extractable proteins <50 μg/g) and low in residual chemicals

2. Powder-free where appropriate Gloves protect hands from becoming contaminated with organic matter and microorganisms.

3. Gloves protect hands from certain chemicals that will adversely affect the condition of the skin. Particular care should be taken when handling caustic chemical agents, particularly those used in disinfection.

4. Gloves minimize the risks of cross-infection by preventing the transfer of organisms between staff and patients.

5. All gloves in the practice, except the heavy duty ones (molly Maids) are single use and must be disposed of after use. They should be discarded as clinical waste.

6. Used gloves should be replaced before performing activities that require strict aseptic precautions or when touching equipment that is difficult to clean.
7. It is important that gloves fit properly if they are to produce the level of protection against the expected contaminants.
8. The use of latex gloves are subject to a risk assessment. This is partly attributable to reports of long-term allergy development in some users. The use of vinyl or nitrile gloves may be a satisfactory substitute and should be made available to staff within the practice.
9. It is better not to use powdered gloves. Individuals who are sensitized to natural rubber latex proteins and/or other chemicals in gloves should take advice from their GP or occupational health department for an alternative to latex gloves.
10. Hand Hygiene must be performed before donning gloves and after their removal.
11. Heavy duty household gloves should be closely examined before usage and should be washed with detergent and hot after and left to dry after each use. Replace these gloves weekly or more frequently if worn or torn or if there is any difficulty in removing soil.
12. Jewellery (for example watches, dress rings, bracelets etc) may damage the integrity of the glove and may pose an infection risk.
13. Long or false nails may also damage the glove, so keep nails short and clean.
14. Glove integrity can be damaged if in contact with substances such as isopropanol or ethanol; therefore, alcohol rubs/gels should not be used to decontaminate gloves.
15. Gloves (except household gloves) should not be washed as liquids may be absorbed into the glove and compromise the efficacy of the barrier.
16. Storage of gloves should follow manufacturers' recommendations.

Use of Eye and face Protection

During cleaning procedures, there is a risk of contaminated fluids splashing onto the face and into the eyes. Therefore, the dental team should ensure protection of their mucosa from splashes and other contaminated fragments that may escape during these procedures.

Face masks are single-use items and should be disposed of as clinical waste.

Spectacles do not provide sufficient eye protection unless specifically designed for the purpose. It is advisable to wear a visor or face shield over spectacles; this gives added protection for prescription glasses.

Eye protection may be reusable but is often difficult to clean. It may be reused if cleaned according to manufacturers’ instructions. This should take place when it becomes visibly dirty and/or at the end of each session.

Disposable plastic aprons

1. These are worn to protect skin and clothing from splashes. They should be worn during all decontamination processes.
2. Aprons should be used as a single-use item and disposed of as clinical. Plastic aprons should be changed at the completion of each procedure. They should be disposed of as clinical waste.
3. Failure to use the equipment in 3 above when required is a serious disciplinary matter and as a team we expect each member of staff to encourage and alert other members to observe this policy at all times. The policy is to protect ourselves and each other.

I have read, understood and work under this policy

Signed       Date

Name

Last Updated 01/01/2011    Next Review of Policy Due 01/01/2013