



# Health and Safety Policy (Appendix 'H') Personal Protective Equipment (PPE) policy

<b>DOCUMENT INFORMATION</b>	
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## **1. Introduction**

- 1.1 The South Central Ambulance Service NHS Foundation Trust recognises its duty to comply with the Health and Safety at Work Act (HSWA) 1974 and all subordinate regulations, such as the Management of Health and Safety at Work Regulations 1992 (Amended 1999) and the Personal Protective Equipment at Work Regulations 1992 (Amended 2002). Therefore, the Trust is committed to ensuring, so far as is reasonably practicable, the health, safety and welfare of all of its employees and others who work for or on behalf of the Trust and will do all that is reasonably practicable to ensure that these staff are provided, free of any charge, with suitable personal protective equipment.

## **2. Scope**

- 2.1 This policy applies to all staff who work at the Trust, including work experience students and, where applicable, voluntary staff.
- 2.2 Although the Personal Protective Equipment at Work Regulations 2002 do not apply to most respiratory protective equipment, this policy does refer to respiratory protective equipment.

## **3. Equality statement**

- 3.1 The Trust is committed to promoting positive measures that eliminate all forms of unlawful or unfair discrimination on the grounds of age, marriage and civil partnership, disability, race, gender, religion/belief, sexual orientation, gender reassignment and pregnancy/maternity or any other basis not justified by law or relevant to the requirements of the post. The Trust will therefore take every possible step to ensure that this procedure is applied fairly to all employees regardless of the afore mentioned protected characteristics, whether full or part time or employed under a permanent or a fixed term contract or any other irrelevant factor.
- 3.2 By committing to a policy encouraging equality of opportunity and diversity, the Trust values differences between members of the community and within its existing workforce, and actively seeks to benefit from their differing skills, knowledge, and experiences in order to provide an exemplary healthcare service. The Trust is committed to promoting equality and diversity best practice both within the workforce and in any other area where it has influence.
- 3.3 Where there are barriers to understanding; for example, an employee has difficulty in reading or writing, or where English is not their first language, additional support will be put in place wherever necessary to ensure that the process to be followed is understood and that the employee is not disadvantaged at any stage in the procedure. Further information on the support available can be sought from the HR Department.

## **4. Aim**

- 4.1 The aim of the policy is to set out the arrangements for the identification, assessment and management of the hazards and risks to staff and work experience students and, where applicable, voluntary staff and ensure that where safe place controls cannot be put in place or are insufficient then they are provided, so far as reasonably practicable, with suitable personal protective equipment.
- 4.2 The objectives are to ensure that the Trust has clear and defined arrangements for:



- the identification of suitable personal protective equipment
- the carrying out of suitable and sufficient risk assessments on personal protective equipment
- the regular review of these risk assessments
- the provision of suitable and sufficient personal protective equipment
- the management and control of hazards and risks by the wearing and use of personal protective equipment
- the cleaning, storage, inspection and maintenance of personal protective equipment.

## **5. Roles and Responsibilities**

### **5.1 Trust Board**

5.1.1 The Trust Board will ensure that there are suitable and sufficient arrangements and adequate resources for the identification, assessment, purchase, issue, storage and management of personal protective equipment to staff and others such as work experience students. The personal protective equipment provided to staff and work experience students and, where applicable, voluntary staff will be provided free of any charge.

### **5.2 Chief Executive**

5.2.1 The Chief Executive has overall responsibility for:

- the effective implementation of this policy within the Trust and for ensuring that there are suitable and sufficient arrangements for identification, assessment, purchase, issue, storage and management of suitable and sufficient personal protective equipment and respiratory protective equipment to relevant staff and work experience students and, where applicable, voluntary staff
- ensuring the allocation of sufficient resources to maintain efficient and effective health and safety arrangements to provide and maintain a safe working environment by, among other things, providing suitable and sufficient personal protective equipment and where applicable, respiratory protective equipment,
- ensuring that policies are reviewed to secure compliance with existing legislation and any changes to this legislation.

### **5.3 Executive Director**

5.3.1 Executive Directors are responsible for the effective implementation of this policy within their directorates and for ensuring that there are adequate resources available to fulfil the requirements of this policy.

### **5.4 Director of Quality and Patient Care**



5.4.1 The Director of Quality and Patient Care is directly accountable to the Chief Executive and will advise and assist the Trust Board in fulfilling its duties under the relevant statutory legislation. In particular, the Director of Quality and Patient Care is responsible for:

- ensuring that workplace health, safety and welfare procedures are constantly reviewed
- ensuring that there are arrangements for liaising with the Health and Safety Executive (HSE)
- ensuring that the Trust Board are kept abreast of relevant new legislation and guidance in order to ensure on-going compliance with the law.

## **5.5 Chief Operations Officer**

5.5.1 The Chief Operations Officer, as the Trust's Accountable Emergency Officer, is responsible for:

- ensuring that suitable personal protective equipment and respiratory protective equipment is identified and provided to the Hazard Area Response Team (HART), Resilience staff and relevant Operational staff who are part of the Specialist Operations Response Team (SORT) so that they can safely attend to any chemical, biological, radiological and nuclear (CBRN) incidents
- ensuring that staff who are part of the response teams for marauding terrorist fire arms (MTFA) incidents, are provided with the suitable personal protective equipment (PPE) and respiratory protective equipment so that they can be safely deployed in accordance with the National Ambulance Resilience Unit (NARU) and SCAS protocols
- ensuring that all other relevant SCAS staff are provided with suitable personal protective equipment
- the provision of information, instruction and training on personal protective equipment and respiratory protective equipment to HART, Resilience staff and all relevant Operational staff (who are part of the Specialist Operations Response Team and/or who are part of the response teams who deal with MTFA incidents) and for the replacing of personal protective equipment as required
- the provision of information, instruction and training on personal protective equipment to all other operational staff
- ensuring that there are suitable and sufficient arrangements for the storage, inspection, cleaning, maintenance and, where applicable, decontamination of this personal protective equipment and respiratory protective equipment
- ensuring that, where applicable, written records of the inspection, cleaning, maintenance, storage and decontamination of personal protective equipment and respiratory protective equipment are held and maintained.

5.5.2 To fulfil this role, the Chief Operations Officer will liaise with the Director of Operations and the Assistant Director of Operations. They will also follow the advice and guidance of the National Ambulance Resilience Unit (NARU).

## **5.6 Managers and Supervisors**

5.6.1 Managers and supervisors' responsibilities include:



- attending any training to enable them to fulfil their responsibilities outlined in this policy
- bringing this policy to the attention of staff within their area of responsibility
- carrying out or arranging for the carrying out of suitable and sufficient risk assessments on personal protective equipment and, where applicable, respiratory protective equipment; and any revisions to these assessments
- making arrangements to ensure, so far as is reasonably practicable, that all identified controls and further controls identified by the assessment and any subsequent reviews are put into place
- making arrangements to ensure that all of the staff within their area of responsibility receive appropriate information, instruction and training about the significant hazards and risks associated with the work they carry out for the Trust; and how to avoid such problems and what to do if problems occur
- ensuring that all staff within their area of responsibility receive appropriate information, instruction and training in the safe use and operation of the personal protective equipment and where applicable, the respiratory protective equipment that is issued to them
- ensuring that any personal protective equipment and respiratory protective equipment which is damaged or lost is replaced as soon as reasonably practicable
- ensuring that there is appropriate personal protective equipment and, where applicable, respiratory protective equipment available for temporary staff such as bank or agency staff and/or observers and work experience students
- bringing all relevant safe systems of work or safe operational procedures to the attention of their staff
- ensuring that their staff wear the personal protective equipment and respiratory protective equipment that is provided
- ensuring that there are adequate storage facilities for the personal protective equipment and respiratory protective equipment issued to their staff
- arranging for the investigation of any matters raised by the staff within their area of responsibility; including arranging for the carrying out any revisions to the risk assessments
- notifying the Risk Department immediately of any staff within their area of responsibility who inform them that they are any experiencing health related problems associated with the personal protective equipment and/or respiratory protective equipment provided to them and/or the work that they carry out for the Trust
- where necessary, referring any staff to Occupational Health for assessment.

## **5.7 All staff**

### **5.7.1 Staff have the following responsibilities:**

- to make themselves fully aware of the policy and to abide by it
- to take reasonable care for their own health and safety and that of others who may be affected by their acts or omissions
- to abide by and follow any information, instruction and training provided to them in the use and safe operation of the personal protective equipment issued, and where applicable, any respiratory protective equipment
- to adhere to any safety measures put in place to ensure their safety, including any safe systems of work or safe operating procedures



- to carry out a visual inspection of the personal protective equipment and, where applicable, the respiratory protective equipment before wearing/using it to ensure that it is in good repair and affords protection and is fully functioning
- to wear any personal protective equipment and, where applicable, any respiratory protective equipment issued to them and ensure that it fits comfortably and properly
- to ensure, when wearing two or more types of personal protective equipment together, that they are compatible when worn together and that their combined use does not reduce the effectiveness
- to store personal protective equipment and respiratory protective equipment in accordance with the manufacturers' recommendations
- to co-operate with the Trust in relation to the completion of any risk assessment on the work they carry out for the Trust
- to notify their manager of any work-related problems they are experiencing whilst carrying out their work for the Trust; and if it cannot easily be resolved to report any health and safety related concerns using the Trust's incident reporting system, Datix This includes reporting any concerns or issues about personal protective equipment and/or respiratory protective equipment. It also includes reporting any damage and defects to their personal protective equipment and respiratory protective equipment that if not addressed could pose a significant hazard; and any symptoms of discomfort and/or ill health immediately
- to report any missing personal protective equipment (PPE) and respiratory protective equipment (RPE) immediately and make arrangements to obtain replacement PPE and RPE
- to attend the Occupational Health department, if referred by their manager because of possible work-related problems associated with the work they carry out for the Trust.

## 5.8 Head of Procurement

5.8.1 The Head of Procurement is responsible for managing the uniform contract and the contract with other suppliers. They are also responsible for:

- the identification and sourcing of suitable and sufficient personal protective equipment
- the issuing of personal protective equipment to staff where appropriate. Operational staff will be issued, on an individual basis, with:
  - Safety footwear (boots)
  - Lightweight jacket which can be worn with the high visibility jacket
  - High visibility over-trousers
  - High visibility bomber jacket (road traffic collisions)
  - Safety helmet (with protective eye shield).
- keeping and maintaining a record of all of the personal protective equipment issued
- ensuring that a replacement programme is developed for items that require regular replacement such as high visibility garments.

5.8.2 The Head of Procurement will ensure that all personal protective equipment ordered via the Procurement Department has a European conformity 'CE' mark and complies with the requirements of the Personal Protective Equipment Regulations 2002.



5.8.3 The Head of Procurement will also make arrangements to ensure that there a sufficient number of the following items to equip all Ambulance vehicles:

- Safety Glasses - single use splash goggles
- Eye protection goggles
- Moulded ear plugs (Smartfit)
- Rigger/Debris gloves
- Nitrile gloves
- Fluid repellent surgical face masks
- Disposable aprons
- Disposable footwear protectors
- FFP3 Facemasks
- Hooded coverall.

## **5.9 The Uniform Group**

5.9.1 The Trust's Uniform Group will decide upon the personal protective equipment to be provided to SCAS staff. The Uniform Group will also abide by the guidance and recommendations of the National Ambulance Resilience Unit (NARU) with regard to the personal protective equipment and respiratory protective equipment provided to Hazard Area Response Team (HART), Resilience and the Operational staff who are part of the Specialist Operations Response Team (SORT) and/or who attend to marauding terrorism and firearms (MTFA) incidents.

5.9.2 The Trust's Uniform Group will also abide by any guidance on personal protective equipment and respiratory protective equipment provided by the Head of Risk and Security and the Trust's Infection Control lead and the Health and Safety Executive.

5.9.3 The Uniform Group will also carry out or arrange for the carrying out of the risk assessments on personal protective equipment which are not within NARU's remit.

## **5.10 National Ambulance Resilience Unit (NARU)**

5.10.1 The National Ambulance Resilience Group (NARU) will identify what personal protective equipment and respiratory protective equipment should be issued to the Hazard Area Response Team (HART), Resilience staff and the Trust staff who respond to chemical, biological, radiological and nuclear (CBRN) incidents and/or marauding terrorist firearms (MTFA) incidents. The Trust will provide this equipment to the said staff free of any charge.

5.10.2 It is understood that NARU have carried out risk assessments on the personal protective equipment and the respiratory protective equipment that is worn and used by staff attending to chemical, biological, radiological and nuclear (CBRN) incidents and to marauding terrorist firearms (MTFA) incidents.

## **5.11 Head of Risk and Security**

5.11.1 The Head of Risk and Security will be responsible to the Director of Quality and Patient Care for the development of effective policies and procedures to assist the Trust in



providing a safe environment for staff and patients and this includes assisting with the identification, assessment of, and providing advice and guidance on, personal protective equipment and where applicable, respiratory protective equipment.

## 5.12 Non-clinical Risk Manager

5.12.1 The Non-Clinical Risk Manager will assist and support the Head of Risk and Security and the Trust by carrying out or assisting with the carrying out of suitable and sufficient risk assessments on personal protective equipment.

5.12.2 The Non-Clinical Risk Manager will provide specialist advice to line managers and teams by:

- Supporting investigations, safety audits and inspections. Developing a comprehensive risk assessment register and associated safe systems of work
- Instigating and monitoring area wide action plans arising from the risk assessment process as necessary
- Analysing any reported incidents about personal protective equipment and reporting them to the Health, Safety and Risk Group
- Raising awareness of the risks associated with not wearing personal protective equipment through campaigns, articles in Staff Matters and possible Hot News bulletins.

## 5.13 Occupational Health

5.13.1 The Occupational Health Department, commissioned by the Trust, have the following responsibilities:

- a) to advise the Trust of all aspects of health in the workplace in order to assist the Trust in complying with legal requirements
- b) to assess any managers and staff who have been referred to Occupational Health with suspected work-related ill-health and to advise the Trust of the action that should be taken
- c) to carry out assessments of medical fitness on staff prior to employment
- d) to carry out assessments and advise on the manager or staff member's suitability to return-to-work following an injury or musculoskeletal injuries
- e) to provide a physiotherapy service. Any member of staff requiring the service is advised to contact the Occupational Health Provider through the relevant HR departments
- f) to provide a comprehensive rehabilitation programme for staff who have sustained any injury or illness due to any incidents involving the use and operation of personal protective equipment and/or respiratory protective equipment; and to assist in their recovery to a safe level of fitness so that they can return to work.

## 6. Definitions

6.1 The Health and Safety Executive define **personal protective equipment** 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 the person against one or more risks to that person's health or safety.



- 6.2 **Personal protective equipment** can include items such as safety helmets, gloves, eye protection, high visibility clothing, safety footwear and safety harnesses. It can also include respiratory protective equipment and equipment worn by personnel to protect against chemical, biological, radiological and nuclear (CBRN) hazards and also marauding terrorism and firearms (MTFA) incidents.
- 6.3 The Health and Safety Executive define **Respiratory protective equipment** as a particular type of personal protective equipment (PPE) designed to protect the wearer from breathing in harmful substances or from oxygen-deficient atmospheres when other controls are not possible or insufficient on their own. The three main types of respiratory protective equipment (RPE) are respiratory face masks, respirators and breathing apparatus.

## 7. **Suitable and sufficient risk assessments on personal protective equipment (PPE)**

- 7.1 The Trust will carry out suitable and sufficient risk assessments on personal protective equipment using the Trust's personal protective equipment (PPE) risk assessment form in appendix 2. When carrying out the risk assessment, consideration will be given to, among other things, the following:
- the health of the person carrying out the work activity wearing the PPE and the ergonomic effects
  - the work activity being carried out and the hazards and risks to health and safety for which the PPE is required
  - any existing engineering controls and safe systems of work
  - the physical effort required to do the work activity and how long the PPE has to be worn
  - the requirements to maintain visibility and communication
  - the environment and the surrounding conditions in which the PPE is to be worn
  - the suitability of the PPE and any risks that the PPE may create
  - the compatibility with any other PPE being worn simultaneously by staff
  - the information, instruction and training which should be provided with the PPE
  - the storage and inspection and possible maintenance of the PPE.
- 7.2 The suitable and sufficient risk assessment should identify any hazards and the existing controls in place (if any) associated with the personal protective equipment and from this evaluate the level of risk. The level of risk should be reduced to the lowest level so far as is reasonably practicable. Therefore, it may be necessary to introduce further measures to manage and control the risks effectively. The significant hazards, risks and controls should be recorded on the risk assessment form.
- 7.3 The risk assessment should be reviewed periodically to check and ensure that all of the controls that are in place are working effectively.
- 7.4 The risk assessment should also be reviewed and revised if there is reason to suspect it is no longer valid; and following any significant changes to any aspect of the personal protective equipment to which it relates. For instance, if there is a change in working practices or changes in the equipment used or the work place/working environment. It should also be reviewed following the reporting of any notifiable incident involving personal protective equipment to the Health and Safety Executive as per RIDDOR; and/or if an employee wearing the personal protective equipment suffers an illness,



injury or onset of a disability which makes them more vulnerable to risk. All revisions and changes to the risk assessment should be recorded.

## 8. Provision of personal protective equipment

- 8.1 Under the Personal Protective Equipment Regulations 2002, the Trust has to provide personal protective equipment and any replacement personal protective equipment to staff and work experience students and, where applicable, voluntary staff free of charge. This would also apply to any respiratory protective equipment (RPE) provided to staff.

## 9. Personal protective equipment procedures

- 9.1 Personal protective equipment (PPE) should be provided as 'last resort' to protect against hazards and risks to health and safety. Therefore, before considering PPE, the Trust will consider any existing engineering controls and safe systems of work.

- 9.2 However, where PPE is issued as an important means of protecting staff from hazards and managing and controlling the level of risk involved in the various work activities, then to ensure that it is effective, it is necessary to follow the manufacturers' and Trust's instructions on its correct use. Therefore, the following procedures should be observed when using personal protective equipment:

- **High visibility clothing** must be worn (zipped up) when dealing with all incidents on the public highway and at any other appropriate places such as the grounds of an airport.
- **Head protection (with eye shield)** must be worn at all times at identified work locations/premises assessed as requiring head protection and at all road traffic incidents.
- **Safety footwear** must be worn at all times when on operational duties.
- Ensure that suitable **medical gloves** are worn where there is a risk of exposure to or contamination from blood and/or body fluids. It is important to note that excessive use of medical gloves when risks are low can increase the risk of skin problems, such as dermatitis. In addition to this, wearing medical gloves when driving, for example, may increase the risk of cross infection and therefore should not be done. Staff should therefore assess and consider the risks and wear medical gloves appropriately.
- Where there is a risk of blood or body fluids splashing then the wearing of **disposable aprons** should be considered.
- Where there is a risk of the transmission of a contagious disease such as Tuberculosis (TB) then a fluid repellent **surgical facemask** should be worn by the patient. If this is not possible or if the patient will not wear it, then the Trust staff in contact with the patient must wear a fluid repellent surgical mask. These masks are located on Trust vehicles.
- Where there is a risk of inhalation of wood dust or other particles other than asbestos, a fluid repellent **surgical facemask** should be worn.



- Where there is a risk that blood, body fluids or drugs may get into the eye, for example, when attempting intubation or carrying out a difficult cannulation then **protective eyewear** must be worn. Protective eyewear is located on all Trust vehicles.
- In line with the trust Infection Prevention Control and Decontamination policy, ensure that where there is a risk of biological agents defined in the control of substances hazardous to health (COSHH) regulations as micro-organisms – bacteria, viruses, fungi, the agents causing transmissible spongiform encephalopathies, and other internal parasites – that create a hazard to human health, staff are trained in the use of FFP3 masks.
- All staff must wear a FFP3 mask for aerosol generated procedures when treating such conditions that are a risk to health from fine particulate atomised droplets such as nebulisation of patients with;
  - Tuberculosis
  - Pertussis (Whooping cough)
  - Bronchiolitis
  - Other notifiable diseases as directed by the World Health Organisation, PHE or other advisory bodies
- FFP3 masks are also to be used if treating patients with such illnesses as described in the Infection Prevention Control and Decontamination policy (appendix 2).
- A **hooded coverall** and/or a **disposable apron** and the **disposable footwear protectors** can also be worn where there is a risk of excessive contamination from blood or bodily fluids. The **hooded coverall** can also be worn with the FFP3 face mask.
- **Life jackets** should be worn when staff are within the 3 metres (warm zone) of water and also when staff are trying to carry out a rescue around, near or by deep or fast running water as set out in the Trust's Water Incident policy.
- **Rigger/Debris gloves** should be worn whenever handling jagged metal at road traffic incidents.
- **Ear plugs** must be worn when working within the 2 metre zone around vehicles when cutting equipment is being used and operated during a road traffic collision extrication and/or when blue ear protection signage is displayed. Hearing tests are carried out by Occupational Health. These should be requested by staff or Line Manager's referral following any decrease in hearing, tinnitus or due to prolonged exposure to noise whilst at work.
- All HART staff carry **personal dosimeters** which measure radiation levels. In the event of an activation, staff should follow the procedure as taught and inform the Clinical Coordination Centre and on-call Tactical Advisor.



## **10. General guidance on personal protective equipment**

10.1 All staff wearing personal protective equipment and, where applicable, respiratory protective equipment should adhere to the following general guidance:

- before using any personal protective equipment and respiratory protective equipment check that it is free from any defects and is in good repair
- make sure that the personal protective equipment and respiratory protective equipment is functioning correctly before use in specified work activities
- when wearing personal protective equipment and, where applicable, respiratory protective equipment ensure that it fits properly and, if necessary, adjust the personal protective equipment so that it is comfortable to wear
- when using two or more types of personal protective equipment together, ensure that the equipment is compatible when used together and that their combined use does not reduce their effectiveness
- report symptoms of discomfort or ill health immediately
- report defects or missing items immediately.

## **11. Storage of personal protective equipment**

11.1 The Trust will have arrangements in place to provide for the storage of personal protective equipment and respiratory protective equipment when it is not in use. Where possible this should be separate from the storage of ordinary clothing.

11.2 This storage can be either a clothes peg or a locker, but it should be adequate to protect the personal protective equipment and respiratory protective equipment from contamination, loss or damage by hazardous substances, damp or sunlight.

11.3 The Hazard Area Response Team (HART) and the Resilience Team have specific, designated storage areas for all of the personal protective equipment and respiratory protective equipment that they use. The personal protective equipment for CBRN Incidents is stored within vehicles.

11.4 The personal protective equipment and respiratory protective equipment for the operational staff who attend to marauding terrorist and firearms (MTFA) incidents is stored locally by these staff in agreement with the respective Heads of Operations (HoO) and the Clinical Operations Managers (COM) and in accordance with the standard operating procedure for deployment.

## **12. Maintenance of personal protective equipment**

12.1 The Trust will have arrangements in place for the maintenance of personal protective equipment and respiratory protective equipment and this will be carried out in accordance with the various manufacturers' recommendations for the respective piece of personal protective equipment and respiratory protective equipment.

## **13. Voluntary workers**

13.1 Although the Personal Protective Equipment Regulations 2002 do not apply to voluntary workers and visitors to worksites, section 3 of the Health and Safety at Work Act (HSWA) 1974 and the duty to protect the general public from the hazards of work activities does apply. Therefore, if the Trust was required to provide personal protective equipment and respiratory protective equipment to volunteers and visitors to comply



with section 3 of HSWA 1974 then it would have to do so; and it would do this by following the requirements of the Personal Protective Equipment Regulations 2002 and any other relevant associated legislation such as the control of substances hazardous to health (COSHH) regulations and the Control of asbestos regulations 2012 and this policy.

**14. Training**

14.1 Managers and staff will receive training in accordance with the Trust’s training needs analysis and its statutory and mandatory training programme.

14.2 The Hazard Area Response Team (HART), Resilience staff and relevant Operational staff (who are part of the Specialist Operations Response Team (SORT) and who are part of the response teams who deal with marauding terrorist and firearms incidents) will receive information, instruction and training on the safe use and operation of personal protective equipment and respiratory protective equipment to enable them to safely deal with chemical, biological, radiological and nuclear (CBRN) and marauding terrorism and firearm (MTFA) incidents.

14.3 Information, instruction and, where necessary, training will be provided to all staff who have to wear personal protective equipment and, where applicable, respiratory protective equipment. The information, instruction and training on personal protective equipment and respiratory protective equipment will include:

- the hazards and risks which the personal protective equipment and respiratory protective equipment is provided to guard and protect against
- the circumstances, purpose and manner in which the personal protective equipment and respiratory protective equipment must be worn/used
- the factors affecting the performance of the personal protective equipment and respiratory protective equipment such as poor fit, wear and tear, contamination, damage
- the action to be taken to maintain the personal protective equipment and respiratory protective equipment in a clean, efficient and safe working order
- the importance of the correct storage of personal protective equipment and respiratory protective equipment
- the importance of reporting any defective or absence of personal protective equipment and respiratory protective equipment.

**15. Equality and Diversity**

15.1 An equality and diversity impact assessment has been carried out on this policy and can be found at appendix 4.

**16. Monitoring**

16.1 The effectiveness of this policy will be monitored in the following way.

Standard process / issue	Monitoring and audit			
	Method	By	Committee	Frequency



<p>a) The number of risk assessments completed on personal protective equipment as per legislation and policy in a financial year.</p> <p>b) Actions taken as a result of the risk assessments.</p>	<p>a) Report from the Risk Team on the number of risk assessments on personal protective equipment completed in a financial year.</p> <p>b) Audit on 10% of the risk assessments on personal protective equipment completed in a financial year.</p>	<p>a) Risk Team.</p> <p>b) Risk Team.</p>	<p>Health, Safety and Risk Group.</p>	<p>Annually, as a minimum.</p>
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## 17. Consultation and Review

17.1 A consultation exercise on the policy will be carried out with the stakeholders listed below.

17.2 This policy will be reviewed every three years or sooner if there are any relevant changes to legislation or best practice.

Stakeholder or Group Title	Consultation Period (From-to)	Comments received (Yes/No)
All Managers and staff	4/3/2017 to 25/3/2017	Y
Health, Safety and Risk Group	4/3/2017 to 25/3/2017	Y

## 18. Implementation (including raising awareness)

18.1 The policy will be implemented and communicated to managers and staff within the Trust via the weekly newsletter, Staff Matters. Emails will also be sent to senior managers and area managers asking them to bring the existence of the policy to their staff.

## 19. References

- Health and Safety at Work Etc. Act 1974
- Management of Health Safety at Work Regulations 1992 (Amended 1999)
- Personal Protective Equipment Regulations 1992 (Amended 2002)
- Control of Substances Hazardous to Health Regulations 2002
- Workplace Health, Safety and Welfare Regulations 1992



- Control of Noise at Work Regulations 2005
- Control of Asbestos Regulations 2012
- Provision and Use of Work Equipment Regulations 1992 (Amended 1998)
- Lifting Operations and Lifting Equipment Regulations (LOLER) 1998
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013.

## **20. Associated documentation**

- Health and safety policy and procedures
- Minimal lifting policy
- Bariatric lifting policy
- Asbestos policy
- Water incident policy
- First aid policy
- Control of substances hazardous to health (COSHH) policy
- Uniform policy
- Infection prevention and decontamination policy
- Latex policy
- New or expectant mothers policy
- Adverse incident reporting and investigation policy
- Reporting of Injuries, diseases and dangerous occurrences regulations (RIDDOR) policy
- Risk management strategy



21. Appendix 1: Review Table

Version	Reason for change	Overview of change
V4	Review of policy.	Adoption of new policy template. Policy completely rewritten and changes to all sections.
V5	Amendments by the Health, Safety and Risk Group meeting 28/4/2017.	Minor Amendments and ratification.



## 22. Appendix 2: Personal Protective Equipment Risk Assessment Form

South Central Ambulance Service NHS Foundation Trust Personal Protective Equipment (PPE) Risk Assessment Form							
Risk assessment on (specific piece of personal protective equipment):							
Person (s) carrying out the assessment:				Department/Area/Directorate:			
Risk assessment number:			Date of assessment:			Date of review of assessment:	
Ref	Hazards (List all of the identified hazards)	Existing Controls (List all of the measures currently in place to control exposure to the hazards)	Initial risk score (SxL =)	Further controls required- Action Plan (List all of the additional measures to be introduced to reduce the risk to the lowest level reasonably practicable)	To be Completed by: (Insert name of person)	When (insert date when further controls will be completed)	Final risk score (SxL=)
1.							
2.							
3.							



**23. Appendix 3: Responsibility Matrix – Policies, Procedures and Strategies**



Policy Group	Lead Director / Officer	Working Group	Committee	Board Ratification
Strategies	As appropriate	As appropriate	As appropriate	Required
Standing Orders & Standing Financial Instructions	Chief Executive + Director of Finance	Not applicable	Audit Committee	Required
Corporate Policies	Chief Executive +Director of Quality and Patient Care	As appropriate	Quality and Safety Committee	Required/ Committee decision
Health and Safety Policies and Procedures	Director of Quality and Patient Care	Strategic Health, Safety and Risk Group	Quality and Safety Committee	Health and Safety Policy – Required H&S Appendices – Committee decision
Control of Infection Policy and Procedures	Director of Quality and Patient Care	Clinical Review Group	Quality and Safety Committee	Required
Personnel Policies and Procedures	HR Director	Staff Consultation Group	Quality and Safety Committee	Required for new policies. Committee decision for revisions
Financial Policies and Procedures.	Director of Finance	Not applicable	Audit Committee	Required for new Policies. Committee decision for procedural changes.
Operational Policies and Procedures	Chief Operations Officer	As appropriate or through Team Meeting	Quality and Safety Committee	Committee decision
Information and IT Policies and Procedures	Associated Director of Information Management and Technology (IM&T).	Information Management and Technology Control Board.	Audit Committee	Committee decision
Emergency Operational Centre Policies and Procedures	Chief Operations Officer	As appropriate	Quality and Safety Committee	Committee decision
Clinical Policies and Procedures	Director of Clinical Services	Clinical Review Group	Quality and Safety Committee	Committee decision





**24. Appendix 4: Equality Impact Assessment Form Section One – Screening**

Name of Function, Policy or Strategy: Personal Protective Equipment (PPE) policy.

Officer completing assessment: John Dunn, Head of Risk and Security.

Telephone: 01962 898068.

<p>1. What is the main purpose of the strategy, function or policy?</p>
<p>The aim of the policy is to set out the arrangements for the identification, assessment and management of the hazards and risks to staff and work experience students and, where applicable, voluntary staff and ensure that where safe place controls cannot be put in place or are insufficient then they are provided, so far as reasonably practicable, with suitable personal protective equipment.</p>
<p>2. List the main activities of the function or policy? (for strategies list the main policy areas)</p>
<p>The objectives are to ensure that the Trust has clear and defined arrangements for:</p> <ul style="list-style-type: none"> <li>• the identification of suitable and sufficient personal protective equipment</li> <li>• the carrying out of suitable and sufficient risk assessments on personal protective equipment</li> <li>• the regular review of these risk assessments</li> <li>• the provision of suitable and sufficient personal protective equipment</li> <li>• the management and control of hazards and risks by the wearing and use of personal protective equipment</li> <li>• the cleaning, storage, inspection and maintenance of personal protective equipment.</li> </ul>
<p>3. Who will be the main beneficiaries of the strategy/function/policy?</p>
<p>All staff, patients (within the care and control of the Trust) volunteers, work experience students and visitors to the Trust.</p>
<p>1. Use the table overleaf to indicate the following:-</p> <ol style="list-style-type: none"> <li>a. Where do you think that the strategy/function/policy could have an adverse impact on any equality group, i.e. it could disadvantage them?</li> <li>b. Where do you think that there could be a positive impact on any of the groups or contribute to promoting equality, equal opportunities or improving relations within equality target groups?</li> </ol>



		Positive Impact	Negative Impact	Reasons
<b>GENDER</b>	Women	✓	N/A	Policy is designed to protect all staff and people who carry out work for or on behalf of the Trust.
	Men	✓	N/A	Policy is designed to protect all staff and people who carry out work for or on behalf of the Trust.
<b>RACE</b>	Asian or Asian British People	✓	N/A	Policy is designed to protect all staff and people who carry out work for or on behalf of the Trust.
	Black or Black British People	✓	N/A	Policy is designed to protect all staff and people who carry out work for or on behalf of the Trust.
	Chinese people and other people	✓	N/A	Policy is designed to protect all staff and people who carry out work for or on behalf of the Trust.
	People of Mixed Race	✓	N/A	Policy is designed to protect all staff and people who carry out work for or on behalf of the Trust.
	White people (including Irish people)	✓	N/A	Policy is designed to protect all staff and people who carry out work for or on behalf of the Trust.
<b>DISABILITY</b>	Disabled People	✓	N/A	Policy is designed to protect all staff and people who carry out work for or on behalf of the Trust.
<b>SEXUAL ORIENTATION</b>	Lesbians, gay men and bisexuals	✓	N/A	Policy is designed to protect all staff and people who carry out work for or on behalf of the Trust.
<b>AGE</b>	Older People (60+)	✓	N/A	Policy is designed to protect all staff and people who carry out work for or on behalf of the Trust.
	Younger People (17 to 25) and children	✓	N/A	Policy is designed to protect all staff and people who carry out work for or on behalf of the Trust.



<b>RELIGION/BELIEF</b>	Faith Groups	✓	N/A	Policy is designed to protect all staff and people who carry out work for or on behalf of the Trust.
	Equal Opportunities and/or improved relations	✓	N/A	Policy is designed to protect all staff and people who carry out work for or on behalf of the Trust.

**Notes:**

Faith groups cover a wide range of groupings, the most common of which are Muslims, Buddhists, Jews, Christians, Sikhs and Hindus. Consider faith categories individually and collectively when considering positive and negative impacts.

The categories used in the race section refer to those used in the 2001 Census. Consideration should be given to the specific communities within the broad categories such as Bangladeshi people and to the needs of other communities that do not appear as separate categories in the Census, for example, Polish.



5. If you have indicated that there is a negative impact, is that impact:		
	<b>Yes</b>	<b>No</b>
<b>Legal</b> (it is not discriminatory under anti-discriminatory law)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Intended</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Level of Impact</b>	<b>High</b>	<b>Low</b>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If the negative impact is possibly discriminatory and not intended and/or of high impact then please complete a thorough assessment after completing the rest of this form.		
6(a). Could you minimise or remove any negative impact that is of low significance? Explain how below:		
6(b). Could you improve the strategy, function or policy positive impact? Explain how below:		
7. If there is no evidence that the strategy, function or policy promotes equality, equal opportunities or improves relations – could it be adopted so it does? How		
Please sign and date this form, keep one copy and send one copy to the Trust's Equality Lead.		
Signed:.....		
Name: John Dunn, Head of Risk and Security.		
Date: 17/2/2017.		



**25. Appendix 5: Equality Impact Assessment Form Section Two – Full Assessment**

Name of Function, Policy or Strategy: Personal Protective Equipment (PPE) policy.

Officer completing assessment: John Dunn. Head of Risk and Security.

Telephone: 01962 898068.

**Part A**

1. Looking back at section one of the EQIA, in what areas are there concerns that the strategy, policy or project could have a negative impact?

- Gender
- Race
- Disability
- Sexual Orientation
- Age
- Religion/Belief

2. Summarise the likely negative impacts:-

.....

.....

.....

3. Using the table below, give a summary of what previous or planned consultation on this topic, policy, function or strategy has or will take place with groups or individuals from the equality target groups and what has this consultation noted about the likely negative impact?

Equality Target Groups	Summary of consultation planned or taken place
Gender	
Race	



Disability	
Sexuality Orientation	
Age	
Religion/Belief	

4. What consultation has taken place or is planned with Trust staff including staff that have or will have direct experience of implementing the strategy, policy or function?

.....

.....

5. Check that any research, reports, studies concerning the equality target groups and the likely impact have been used to plan the project and guide or indicate what research you intend to carry out:-

Equality Target Groups	Title/type of/details of research/report
Gender	
Race	
Disability	
Sexual Orientation	
Older People	
Age	



6. If there are gaps in your previous or planned consultation and research, are there any experts/relevant groups that can be contacted to get further views or evidence on the issues?

Yes (Please list them and explain how you will obtain their views)

.....  
.....

No

**Part B**

Complete this section when consultation and research has been carried out

7a. As a result of this assessment and available evidence collected, including consultation, state whether there will be any changes made/planned to the policy, strategy or function.

7b. As a result of this assessment and available evidence is it important that the Trust commission specific research on this issue or carry out monitoring/data collection?

(You may want to add this information directly on to the action plan at the end of this assessment form)

.....  
.....  
.....  
.....

8. Will the changes planned ensure that negative impact is:

Legal?

(not discriminatory, under anti-discriminatory legislation)

Intended?

Low impact?



9a. Have you set up a monitoring/evaluation/review process to check the successful implementation of the strategy, function or policy?

Yes  No

9b. How will this monitoring/evaluation further assess the impact on the equality target groups/ensure that the strategy/policy/function is non-discriminatory?

Details:

.....  
.....  
.....  
.....

Please complete the action plan overleaf, sign the EQIA, retain a copy and send a copy of the full EQIA and Action Plan to the Trust's Equality Lead.

Signed:.....

Name:.....

Date:.....





26. Appendix 6: Ratification Checklist

**Section 1: To be completed by Author prior to submission for ratification**

<b>Policy Title</b>	Personal Protective Equipment (PPE) policy.
<b>Author's Name and Job Title</b>	John Dunn, Head of Risk and Security.
<b>Review Deadline</b>	
<b>Consultation From – To (dates)</b>	1/3/2017 to 25/3/2017.
<b>Comments Received? (Y/N)</b>	Y
<b>All Comments Incorporated? (Y/N)</b>	Y
<b>If No, please list comments not included along with reasons</b>	
<b>Equality Impact Assessment completed (date)</b>	17/2/2017.
<b>Name of Accountable Group</b>	Health, Safety and Risk Group.
<b>Date of Submission for Ratification</b>	21/4/2017.

**Section 2: To be completed by Accountable Group**

<b>Template Policy Used (Y/N)</b>	Y
<b>All Sections Completed (Y/N)</b>	Y
<b>Monitoring Section Completed (Y/N)</b>	Y
<b>Date of Ratification</b>	28/4/2017.
<b>Date Policy is Active</b>	
<b>Date Next Review Due</b>	April 2020.
<b>Signature of Accountable Group Chair (or Deputy)</b>	
<b>Name of Accountable Group Chair (or Deputy)</b>	Philip Astle, Chief Operations Officer.