

Personal Protective Equipment Policy

Target Group: All Caregivers at Holy Cross Hospital (Support Services, Clinical, Housekeeping, Catering)	Version: 8	Issue Date: 18 September 2025
Approved by: Leadership Team 18 September 2025	Date Last Approved/Reviewed: 23 rd August 2023	Effective Date: September 2025- August 2028

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Version

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1. Introduction

Holy Cross Hospital is committed to ensuring the health, safety, and welfare of all Caregivers, patients, visitors, and contractors. This policy sets out the arrangements for the selection, provision, use, and monitoring of Personal Protective Equipment (PPE) in accordance with the Health and Safety at Work etc. Act 1974, the Personal Protective Equipment at Work Regulations 1992 (as amended), and other relevant legislation and NHS requirements.

The policy ensures that PPE is used as a control measure only where risks cannot be eliminated or adequately managed by other means, and that all Caregivers are provided with suitable equipment that complies with relevant EN standards and bears a valid UKCA or CE mark of conformity, together with appropriate training and clear responsibilities.

This policy will be reviewed every three years, or sooner where changes in legislation, HSE guidance, or local operational requirements make this necessary.

2. Purpose

To describe the arrangements made for the health and safety of Caregivers at Holy Cross Hospital, specifically the provision and management of PPE when undertaking activities that would otherwise present a hazard to health.

3. Objectives of this Policy

- To ensure PPE is provided free of charge where risks cannot be eliminated or controlled by other means.
- To specify the responsibilities for selecting, issuing, maintaining, and auditing PPE.
- To ensure compliance with relevant legislation and best practice.

4. Policy Statement

Holy Cross Hospital is committed to providing a safe and healthy working environment for all Caregivers, patients, visitors, and contractors. As part of this commitment, we recognise our duty under the Health and Safety at Work etc. Act 1974, the Personal Protective Equipment at Work Regulations 1992 (as amended), and other relevant legislation to provide suitable and effective Personal Protective Equipment (PPE) where risks cannot be controlled by other means.

The purpose of this policy is to ensure that:

- PPE is only used as a control measure where elimination, substitution, engineering, or administrative controls cannot fully manage the risk.
- Suitable PPE is identified through risk assessment, provided free of charge, and maintained in a safe and serviceable condition.
- Caregivers are trained in the correct use, limitations, storage, and disposal of PPE, and records of training and fit testing are maintained.

- PPE must comply with relevant EN standards and bear a valid UKCA or CE mark of conformity
- Monitoring, inspection, and audit arrangements are in place to ensure compliance and continuous improvement.
- Equality, diversity, and inclusion are considered in the selection and provision of PPE, with reasonable adjustments made where required.

Holy Cross Hospital expects all Caregivers to co-operate with this policy by wearing PPE as instructed, reporting defects promptly, and following training and guidance provided.

This policy supports the hospital's wider health, safety, and infection prevention objectives, and demonstrates compliance with HSE standards, CQC Regulation 12 (Safe care and treatment), and NHS governance requirements.

5. Scope

This policy applies to all employees, agency workers, contractors and volunteers

6. Responsibilities

Chief Executive

- Overall accountability for ensuring the hospital complies with health and safety legislation, including the provision and use of PPE.

Director of Operations (Health & Safety Lead)

- Ensures this policy is implemented and maintained.
- Provides resources for the purchase, training, inspection, and replacement of PPE.
- Ensures PPE audits are carried out and findings are reported to the Leadership Team.

Departmental Leads / Line Managers

- Complete and review risk assessments to identify PPE requirements.
- Ensure suitable PPE is available, issued free of charge, and compatible with the tasks being undertaken.
- Check that Caregivers receive appropriate PPE training and refresher sessions.
- Monitor Caregivers compliance with PPE requirements and take action where PPE is not used correctly.
- Arrange for the inspection, cleaning, repair, and replacement of PPE.

Infection Prevention and Control (IPC) Lead

- Advise on PPE requirements for clinical and patient-facing tasks, including outbreak management and aerosol-generating procedures.
- Provide training and guidance to ensure PPE use complies with national IPC standards.

Health & Safety Committee

- Review PPE-related incidents, audits, and inspection findings.
- Provide assurance to the Leadership Team that PPE risks are being effectively managed.

Caregivers

- Wear PPE as instructed and in accordance with training.
- Take reasonable care of PPE, store it appropriately, and return reusable items after use.
- Report any defects, losses, or concerns about PPE immediately to their line manager.
- Co-operate with fit testing (where required for RPE) and refresher training.
- Failure to comply with PPE requirements will be treated as a breach of health and safety responsibilities and managed under the Disciplinary Policy

Agency and Temporary Caregivers

- Agency Caregivers must comply with this policy while working on hospital premises.
- They are required to wear PPE provided by the hospital (or, where appropriate, their agency if agreed in advance) in accordance with training and instructions.
- Agency workers must immediately report any defects, shortages, or concerns about PPE to their line manager or supervisor on shift.
- Where fit testing (e.g. for FFP3 masks) is required, agency Caregivers must provide valid evidence of a current fit test certificate or undertake testing arranged by the hospital before carrying out relevant tasks.
- Failure to comply with PPE requirements will be escalated via the agency, and individuals may be removed from duty where safety is compromised.

Purchasing/Stores:

- Ensure all PPE purchased meets relevant EN standards and bears a valid CE/UKCA mark of conformity.
- Maintain stock levels and ensure timely replacement of PPE items.
- Keep records of PPE specifications, certificates of conformity, batch/expiry dates, and supplier compliance with relevant legislation.
- Implement stock rotation and ensure expired or non-compliant PPE is quarantined and disposed of in line with hospital procedures.
- Ensure a full range of sizes and variants (e.g. latex-free, maternity, cultural adjustments) is available.
- Liaise with the Infection Prevention & Control (IPC) Lead and Departmental Managers to confirm suitability of PPE against identified risks.
- Work with Departmental Leads to source alternative PPE promptly where individual needs arise.
- Ensure Clinical PPE stockholding is audited on a six monthly basis and reported to Leadership Team.

7. Definitions

- **Personal Protective Equipment (PPE):** Equipment worn or held to protect the user against health and safety risks at work. This includes items such as gloves, aprons, respirators, masks, goggles, face shields, footwear, and safety helmets. (PPE at Work Regulations 1992).
- **Respiratory Protective Equipment (RPE):** A subset of PPE designed to protect the wearer from inhaling hazardous substances. This includes disposable masks (e.g., FFP2, FFP3), half masks, and full-face respirators. RPE requires fit testing if tight-fitting.
- **Fit Testing:** A method to ensure that tight-fitting RPE (such as FFP3 masks) correctly fits the individual wearer to provide effective protection.

- **Work wear (Uniform):** Standard clothing worn for professional appearance, hygiene, or identification purposes (e.g., nursing uniforms, catering tunics). Work wear is not classed as PPE, although it may include safety features such as slip resistance.
- **Hierarchy of Control:** The preferred order of risk management measures: elimination, substitution, engineering controls, administrative controls, and PPE as a last resort.
- **Inspection:** A documented check carried out to ensure PPE remains serviceable and fit for purpose.
- **COSHH (Control of Substances Hazardous to Health):** UK regulations requiring employers to control exposure to hazardous substances to prevent ill health. PPE may be required where exposure cannot be controlled by other means.
- **UKCA/CE Marking:** Indicates compliance with relevant EN standards and that PPE bears a valid UKCA or CE mark of conformity
- **Infection Prevention and Control (IPC):** Clinical practices and procedures used to prevent the spread of infection, which may require the use of PPE such as gloves, aprons, masks, and eye protection.

8. Policy or Procedure Implementation

Risk Assessments

- All departmental and task-based risk assessments must consider PPE as a potential control measure.
- PPE will only be specified where risks cannot be eliminated, substituted, or reduced through engineering controls or safe systems of work, in line with the hierarchy of control.
- Departmental Leads are responsible for ensuring task-based risk assessments are completed and reviewed regularly, and that PPE requirements are clearly identified.

Provision of PPE

Where PPE footwear is required by risk assessment (e.g., Catering, Housekeeping, Maintenance), it will be provided by the Hospital at no cost. Nursing footwear is classed as uniform, not PPE, and must comply with infection control and safety standards as specified in the Uniform Policy

- PPE identified through risk assessments will be provided free of charge.
- PPE must be suitable for the individual, considering size, fit, comfort, and any specific needs (e.g., latex-free gloves, cultural or religious requirements).
- All PPE must comply with relevant EN standards and bear a valid UKCA or CE mark of conformity.

Compatibility of PPE

- Where multiple PPE items are required (e.g., goggles with respirators, or hearing protection with helmets), the combined use must not compromise protection.
- Compatibility will be checked before issue.

Training and Competence

- Caregivers must receive training in the correct use, fit, limitations, maintenance, and storage of PPE.
- Training will be provided at induction and refreshed every three years, or sooner if there are changes in PPE or associated risks.

- Caregivers have a duty to wear PPE as instructed and report any defects immediately.
- Competence will be monitored through supervision, observation, and audit.
- All PPE training, including induction, refresher training and fit testing, will be documented and records retained for inspection.

Fit Testing (Respiratory Protective Equipment)

- All Caregivers required to wear tight-fitting respiratory protective equipment (RPE), such as FFP2/FFP3 masks or half masks, must undergo face fit testing in line with HSE guidance (INDG 479).
- Records of fit testing will be maintained, with repeat testing carried out as needed.

Storage, Maintenance and Disposal

- PPE must be stored in clean, dry, designated areas to prevent contamination or damage.
- Reusable PPE must be cleaned and maintained in accordance with manufacturer instructions.
- Damaged, expired or unsuitable PPE must be withdrawn from use and disposed of in line with hospital waste management procedures.

Inspection and Audit

- PPE will be inspected at point of issue and subject to routine six-monthly inspections by Departmental Leads.
- An annual audit will confirm compliance with this policy, identify trends (e.g., recurring damage, replacement rates), and ensure adequate stock levels.
- Compliance will also be monitored through workplace observations, incident reporting and Caregivers feedback.
- Findings from PPE audits will be documented and shared with the Leadership Team, and learning will be disseminated across departments.

Records and Monitoring

- Records will be maintained for:
 - PPE issued to individuals (including date, type and size).
 - Training and fit testing completed.
 - Inspections, audits, and replacements.
- Monitoring outcomes will be reported to the Leadership Team through the Health & Safety Committee and will be made available for external inspection by regulators (e.g., HSE, CQC).

9. Regulatory Requirements/ References

- Health and Safety at Work Act 1974
- Personal Protective Equipment at Work (Amendment) Regulations 2022
- Noise at Work Regulations 2005
- Infection Control Policy
- HSE HSG53 (RPE/fit testing)

10. Evaluation Measures

- Six-monthly PPE inspections.

- Annual audit of PPE arrangements.
- Monitoring through Caregiver feedback, incident reports and disciplinary records (where misuse occurs).

11. Related Documents

- Infection Control Policy
- Departmental Risk Assessments
- Health & Safety Policy
- Disciplinary Policy
- Maintenance Policy
- Water safety Policy and Plan
- Hydrotherapy Maintenance Policy
- Hydrotherapy Standard Operating Procedure

12. Appendices

Appendix 1 – Equality impact Assessment (EIA) Tool

To be considered and where judged appropriate, completed and attached to any policy document when submitted to the appropriate committee for consideration and approval.

Policy Title	Personal Protective Equipment
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	Yes/No	Comments
Does the policy/guidance affect one group less or more favourably than another on the basis of:		
Race	No	PPE is issued based on task requirements. Translation support or interpreters can be made available to ensure understanding of training or PPE instructions.
Gender reassignment	No	PPE provision applies consistently regardless of gender identity. Fit testing and clothing options will be provided sensitively.
Marriage & civil partnership	No	No impact identified. PPE requirements are based solely on role and risk.
Pregnancy & maternity	No	PPE requirements apply equally, but adjustments will be made (e.g., ensuring PPE is comfortable and safe during pregnancy).
Ethnic origins (including gypsies and travelers)	No	PPE is issued fairly to all Caregivers; cultural considerations (e.g., modesty requirements) will be respected when sourcing PPE
Nationality	No	PPE is provided consistently to all Caregivers. Language support can be given where

			instructions or training require clarification.
	Sex	No	PPE is provided equally to male and female Caregivers; sizing options are available.
	Culture	No	No negative impact anticipated. PPE requirements are applied consistently, with adjustments where cultural dress or practices intersect with PPE requirements.
	Religion or belief	No	PPE will be sourced to accommodate religious dress requirements.
	Sexual orientation	No	No impact identified.
	Age	No	No impact identified. Where appropriate, training will ensure PPE use is clearly explained and demonstrated to all age groups.
	Disability- both mental and physical impairments	No	PPE provision is inclusive. Where impairments make standard PPE unsuitable (e.g., dexterity issues, sensory impairments), alternative PPE will be sourced. Training materials can be adapted as needed.
2.	Is there any evidence that some groups are affected differently?	No	No evidence of differential impact. PPE is issued based on risk and task, not personal characteristics.
3.	Is the impact of the policy/guidance likely to be negative?	No	No negative impacts identified.
4.	If so can the impact be avoided?	N/A	
5.	What alternatives are there to achieving the policy/guidance without the impact?	N/A	Not applicable – PPE provision is a legal requirement.

6.	Can we reduce the impact by taking different action?	Yes –	Where individual needs arise (e.g., allergies, disability, or religious considerations), adjustments will be made through sourcing alternative PPE.
7.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	N/A	

Appendix 2 – Estates and Facilities PPE record

Pool

Type of Equipment	Amount	Model	Make/Brand	Colour	Comment
Apron	N/A	–	Chemmaster	Green	Resistant to acids, alkalis, hazardous chemicals. Complies with BS EN 467; UKCA/CE marked.
Gloves	N/A	–	Polyco	Black	Chemical resistance EN 374-3; micro-organism resistance EN 374-2; mechanical hazard protection EN 388; length 440 mm.
Goggles	–	PW22 CLR	Challenger	Black	UV protective, anti-scratch, anti-fog polycarbonate lens. Complies with EN 166:2001, EN 170 (2C-1.2).
Respirator	–	PPE0113	JSP Force 8+P3	Black/Grey	Half mask respirator with adjustable 4-point suspension. EN 140 compliant.
Gloves	–	37-185	Ansell Solvex	Green	Nitrile, chemical-resistant.

					Complies with EN 388; UKCA/CE marked.
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Workshop

Type of Equipment	Amount	Model	Make/Brand	Colour	Comment
Gloves	–	460	Showa	Orange	Oil/chemical resistant, waterproof, supple to –20°C. Complies with EN 388:2003, EN 374:2003, EN 511:2006. CE Cat. 3.
Polo Shirt	–	NM251	Alexandra	–	Standard issue workwear.
Trousers	–	NM515R	Alexandra	–	Standard issue workwear.
Coat	–	–	ST Workwear	–	Standard issue workwear.
Trousers	–	–	Pulsar	–	Standard issue workwear.
Fleece	–	W232	Alexandra	–	Standard issue workwear.
Gloves	–	VV 750	Delta Plus	Black	Acrylic/polyamide with nitrile foam coating. Thermal protection to – 30°C.
Glasses	–	E10	Safety Glasses	Clear	Scratch-resistant polycarbonate lenses. Complies with EN 166; UKCA/CE marked.
Mask	–	Reform P2	Reform	White	EN 149 FFP2V disposable valved mask.

Hard Hat	–	EVO3	JSP	Yellow	Impact resistance 50 J; temp –30°C to +50°C; HDPE shell. Complies with EN 397; UKCA/CE marked.
Safety Boots	–	3100	Himalayan	–	Complies with EN ISO 20345; UKCA/CE marked.
Forestry Helmet	–	–	Oregon	Orange	Certified EN 397. Includes SNR22 ear defenders (EN 352-3) and mesh visor (EN 1731).

Spares

Type of Equipment	Amount	Model	Make/Brand	Colour	Comment
Glasses	1	E10	Safety Glasses	Clear	EN 166 compliant. Scratch-resistant polycarbonate lenses.
Ski Goggles	1	–	–	Black	General use.
Glasses	4	10FZA001	Bollé Safety	Black	Anti-fog, scratch-resistant polycarbonate lens (2C-1.2 Clear).
Aprons	7	–	Chemmaster	Green	Resistant to acids, alkalis, hazardous chemicals. Complies with BS EN 467.
Gloves	4	37-185	Ansell Solvex	Green	Nitrile, chemical-resistant, water-resistant. Complies with

					EN 388 (4.1.0.2), EN 374-2, EN 374-3 (JKL).
Respirators	4	PPE0113	JSP Force 8+P3	Black/Grey	Half mask respirator. EN 140 compliant; UKCA/CE marked.
Masks	5	Reform P2	Reform	White	EN 149 FFP2V disposable valved mask.

Appendix 3 PPE for Clinical Teams – Eye and Respiratory Protection

Purpose

To provide clear guidance on when and how clinical Caregivers are issued and use goggles, fluid-resistant surgical masks (Type IIR), FFP3 disposable masks, and hood respirators, as part of their personal protective equipment (PPE).

Scope

This appendix applies to all clinical Caregivers who may be exposed to:

- Fluid splash hazards,
- Droplet transmission,
- Airborne infectious particles, or
- Hazardous particulates,

As identified through risk assessments in line with COSHH, Infection Prevention & Control (IPC) guidance, and CQC Fundamental Standards.

1. Goggles (Eye Protection) - UKCA or CE marked

Issued where risk assessments identify a threat of fluid splash, droplet exposure, or contact with infectious materials that could affect the eyes.

Goggles must be indirectly vented, anti-fog, and scratch-resistant.

Must fit securely without obstructing other PPE.

Where prescription eyewear is required, goggles must be compatible with glasses or available with corrective inserts.

Goggles must be cleaned and disinfected between uses, stored in a clean, dry place, and replaced if scratched, damaged, or ill-fitting.

2. Surgical Masks – Fluid Resistant (Type IIR) UKCA or CE marked

Protects against droplet transmission and splashes/sprays of blood and body fluids.

Provides source control, limiting spread of respiratory secretions from the wearer.

Must comply with BS EN 14683 Type IIR.

Worn where droplet precautions are required; single-use only; disposed of as clinical waste.

Limitations: Not classed as RPE; does not protect against airborne infectious agents or fine aerosols. Where airborne risk is identified, FFP3 or hood respirators must be used.

3. Respiratory Protective Equipment – FFP3 Disposable Masks- UKCA or CE marked

Protects Caregivers from exposure to airborne infectious agents or hazardous particulates where risk assessments require higher protection.

Must comply with BS EN 149 (FFP3); provides ≥99% filtration efficiency with a tight-fitting seal.

Single-use only; safely discarded as clinical waste.

Training: Caregivers will receive training in donning/doffing, fit checking. Records maintained.

All Caregivers required to wear FFP3 masks must:

Undergo face fit testing in line with HSE INDG 479.

Perform a pre-use seal check each time the mask is donned.

Be re-tested if mask type/model changes or if facial characteristics change.

4. Hood Respirators (Alternative RPE) - UKCA or CE marked

Provided to Caregivers unable to achieve a safe face seal with FFP3 disposable masks (facial hair, medical/religious reasons).

Must meet BS EN 12941/12942 depending on type.

Provides equivalent or greater protection than FFP3 masks.

Must be cleaned, disinfected, and stored in line with manufacturer's instructions.

Reusable and requires inspection and servicing.

Caregivers must be trained in donning, doffing, inspection, and cleaning. Records maintained.

5. Comparison of Mask Types

PPE Type	Standard	Protection Provided	Limitations	Use/Setting	Disposal
Goggles	EN 166	Eye protection against splashes/droplets	Does not protect respiratory tract	Procedures with splash risk	Reusable – clean/disinfect
Fluid Resistant Surgical Mask (Type IIR)	BS EN 14683 Type IIR	Protects against droplets, splashes, sprays; source control	No aerosol/airborne protection	Routine care requiring droplet precautions	Single-use, clinical waste
FFP3 Disposable Mask	BS EN 149 (FFP3)	≥99% filtration; protects against aerosols/airborne hazards	Requires fit test; cannot be worn with facial hair; single-use only	Aerosol-generating procedures, airborne precautions	Single-use, clinical waste
Hood Respirator	BS EN 12941/12942	Equivalent or greater protection than FFP3; suitable for Caregivers with facial hair	Requires cleaning; bulkier than FFP3 mask	Alternative to FFP3 where seal not achievable	Reusable – clean/disinfect

6. Accountability and Monitoring

Departmental Leads must ensure clinical teams have access to suitable PPE and that usage is monitored.

Infection Prevention and Control Team will support Caregivers training and audits to ensure compliance with HSE, COSHH, IPC, and CQC standards.

Caregivers must follow training and PPE requirements and report any defects, fit issues, or shortages immediately.

Any non-compliance, defects, or shortages must be reported to the Infection Prevention Lead.

Appendix 4 PPE for Catering Team

Type of Equipment	Purpose / When Used	Notes
Slip-resistant safety shoes	Prevent slips and trips in kitchens	Mandatory for all catering Caregivers
Toe-protective safety shoes (steel or composite)	Where risk assessments identify a risk of heavy items falling on feet (e.g., bulk deliveries, freezers, stores)	Issued only if required by task-specific risk assessment
Disposable gloves (nitrile/vinyl)	Food handling, cleaning tasks	Must be changed frequently to avoid cross-contamination
Disposable plastic aprons	Raw food preparation or cleaning	Single-use; must be discarded after task
Oven gloves / heat-resistant gauntlets	Handling hot trays, pans, or equipment	Washable or disposable; must be kept clean
Face masks (surgical type)	During infection outbreaks or food service in clinical areas	IPC requirement only
Goggles / face shield	When using hazardous cleaning chemicals	COSHH requirement only

Appendix 5 Housekeeping Caregivers PPE

Type of Equipment	Purpose / When Used	Notes
Slip-resistant footwear	Prevent slips on wet or polished floors	Mandatory for all housekeeping Caregivers
Toe-protective footwear (steel/composite)	Where heavy bins/equipment are moved	Issued only if identified by risk assessment
Disposable gloves (nitrile/vinyl)	General cleaning tasks	Must be changed between rooms/tasks
Chemical-resistant gloves	Handling concentrated cleaning chemicals	COSHH requirement
Disposable plastic aprons	Wet cleaning or risk of body fluid exposure	Single-use
Eye protection (goggles/visor)	When using hazardous chemicals or risk of splash	COSHH/IPC requirement

Face masks (surgical or FFP2/3 as required)	Cleaning in isolation rooms, outbreaks, or dusty environments	IPC requirement
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Appendix 6 Nursing Caregivers PPE

Type of Equipment	Purpose / When Used	Notes
Slip-resistant footwear	Prevent slips, trips and falls on wards and clinical areas	Mandatory for all nursing Caregivers; must be flat, closed and wipeable
Disposable gloves (nitrile/vinyl/latex-free)	Patient care tasks, handling specimens, cleaning up body fluids	Single-use; must be changed between patients/tasks
Disposable plastic aprons	Patient care, personal hygiene, cleaning up body fluids	Single-use; must be changed between patients/tasks
Eye protection (goggles/visor)	Where risk of splash to the eyes from body fluids or chemicals exists	IPC/COSHH requirement
Face masks (surgical type or FFP2/3 as required)	During outbreaks, isolation room care, or aerosol-generating procedures	IPC requirement; FFP3 requires fit testing
Protective gowns (where specified)	During outbreaks or high-risk clinical procedures	Issued based on IPC team advice

Appendix 7 Issue of Personal Protective Equipment – Caregivers Undertaking

Health and Safety at Work Act 1974

- I must take reasonable care of my own health and safety and that of others who may be affected by my actions or omissions.
- I must co-operate with my employer to enable them to fulfil their legal duties.
- I must not intentionally or recklessly interfere with, or misuse, anything provided for health, safety or welfare.

Control of Substances Hazardous to Health (COSHH) Regulations 2002

- Where PPE (e.g. respirators, gloves) is issued to protect me from hazardous substances, I must wear and use it correctly.
- I must report any defects or concerns immediately.

Noise at Work Regulations 2005

- If issued with hearing protection, I must use it fully and properly whenever exposed to high noise levels.
- Any defects must be reported without delay.

Personal Protective Equipment at Work Regulations 1992 (as amended 2005)

- I must use PPE in accordance with training and instructions.
- I must take reasonable steps to return it to the correct storage after use.
- I must report any loss, damage, or obvious defect promptly.

Personal Undertaking

I confirm that I have read and understood my duties regarding the correct use and care of the PPE issued to me. I understand where and how to obtain replacements if equipment is lost, damaged, or defective.

Signed: _____

Name (print): _____

Date: _____