

# Hand Hygiene Special issues Glove use, Skin care and Barriers effecting good practise in HH

### **Outline**

HH and appropriate glove use

Hand care and skin integrity

Barriers affecting good practice in HH

HH and challenges associated with glove use

### HH-When do we use gloves?

AH action during patient care- gloves should be removed

an no way does glove use modify HH indications or replace HHM Any surgical procedures: performing vascular access and procedures (central es); preparing total parental nutrition **EXAMINATION GLOVES INDICATED IN CLINICAL SITUATIONS** INDIRECT PATIENT EXPOSURE: emptying emesis basins; handling/cleaning instruments; handling waste; cleaning up spills of body fluids. GLOVES NOT INDICATED (except for CONTACT precautions) No potential for exposure to blood or body fluids, or contaminated environment DIRECT PATIENT EXPOSURE: taking blood pressure; temperatureand pulse; performing SC and IM injections; bathing and dressing the patient; transporting patient; caring for eyes and ears (without secretions) any vascular line manipulation in absence of blood leakage INDIRECT PATIENT EXPOSURE: using the telephone, writing in the patient chart; giving oral medications; distributing or collecting patient dietary trays; removing and replacing linen for patient bed; placing non-invasive ventilation equipment and oxygen cannula; moving patient furniture

INDICATED

Gloves must be worn according to STANDARD and CONTACT PRECAUTIONS. The pyramid details some clinical examples in wich gloves are not indicated, and others in which examination or sterile gloves are indicated. Hand hygiene should be performed when appropriate regardless indications for glove use.

Kampf G. & S. Lemmen J Hosp Infect 2017; 97: 3-10

WHO Guidelines on HH 2009

# Key messages for glove use and HH

- To prevent contamination of gloves and HCWs' hands:
  - HH should be performed <u>immediately</u> before and after glove use
  - Correct technique should be used while donning and doffing gloves
- Gloves should be changed or removed and HH should be performed:
  - When moving from a contaminated body site to a clean body site within the same patient
  - After touching a contaminated site and before touching a clean site or the environment
- To minimize the need for glove use and change:
  - HCWs should plan and perform procedures according to a rational sequence of events

# Please state whether true or false

Statements	Т	F
Gloves should be worn in anticipation of contact with blood or another body fluid		
Gloves can be used during the whole episode of care on the same patient		
HH should be performed immediately after glove removal		



# Skin care

- Frequent and repeated use of HH products, mainly soaps and other detergents, may cause skin reactions among HCWs
- Presence of dermatitis, abrasions or fissures can trap an increased number of organisms
- These skin problems can increase the risk of transmission and compromise HH

# Two major types of skin reactions associated with HH

### Most common type

**Irritant contact dermatitis (ICD)** 

Erythema Dryness Itching Burning Scaling **Fissuring** 





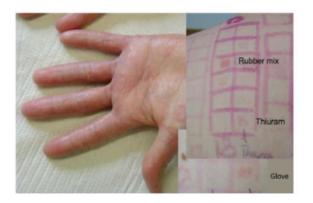
#### Rare

Allergic contact dermatitis

Erythema, pruritus Edema, induration Vesicles, bullae Crusting **Fissuring** 

Lichenification





### What can be done to minimize HH related ICD?

### **Choose less irritant products**

ABHRs are less irritating to skin than soap and water



# Avoid practices that increase the risk of skin irritation:

- Washing hands before or after using ABHR
- Donning gloves before hands are completely dry
- Using hot water

# Apply appropriate skin-care products regularly and frequently to moisturize hands

- Facility-approved skin product should be used
- Skin-care product should be dispensed correctly to prevent contamination



### **Continue Hand protection**

- From chemicals and extreme conditions
- Wear gloves during activities at home :
- In cold weather
- When cleaning, gardening, etc.







# Jewelry and Nails

### Long nails and jewelry interfere with effective HH

### **Jewelry**

- The skin underneath rings is colonized more than other skin areas without rings
- Rings may also increase the risk of tears in gloves
- Dermatitis often starts under a ring
- Irritants may be trapped under the ring

### **Nails**



Long nails, artificial nails, and nail enhancements (e.g. gel nails, nail art) have been associated with outbreaks of resistant pathogens





Arm jewelry interferes with the action of a HH agent



Chipped nail polish may provide a harbor for large numbers of organisms on nails





# To perform effective hand hygiene

 Remove rings and bracelets during patient care





- Do not wear artificial nails
- Remove chipped nail polish
- Keep nails short and clean
  - <0.2 inches or 0.5cm in length









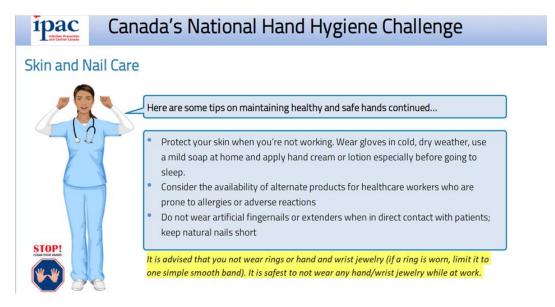




## Unresolved issue

- Each health care facility should establish their policies related to wearing jewellery (hand and/or arm ) and nail polish
  - Jewellery must be limited to a single wedding ring without mounted stones and if a watch is worn, it should not be touched

Public Health Ontario. Best Practices for Hand Hygiene in All Health Care Settings, 4th Edition, 2014



Infection Prevention and Control Canada Hand Hugiene F-Learning Tool

# Which of the following statements is true?

- Irritant contact dermatitis seen in HCWs is due mostly to handwashing
- Dermatitis, cracks, or cuts in hands may cause increased bacterial colonization
- HH and handcare are essential for an effective HH program
- All of the above

# Please state whether true or false

Statements	Т	F
Nails must be kept clean and short		
Gloves can be used to avoid irritant contact dermatitis		
Some studies have reported the association of long or artificial nails with outbreaks of resistant microorganisms		

