• Alternative hand hygiene products should be provided for healthcare workers with confirmed allergies or adverse reactions to standard products used. Hand care should be carried out by all healthcare staff to keep hands in good condition and prevent skin damage. Healthcare workers should
  • Avoid the prolonged use or inappropriate use of gloves.
  • Avoid donning gloves whilst hands are wet.
  • Avoid using hot water for hand washing.
  • Avoid using soap and alcohol hand rub product at the same time.
  • Rinse soap residue from hands after hand washing and dry with a patting motion rather than rubbing.
Please refer to Appendix 3.4 “Hand Care for Healthcare Staff” available from HSE South Occupational Health Department.

2.8 Hand Hygiene for Residents/Patients
Residents/Patients should be
  • Provided with information about the need for hand hygiene and how to keep their hands clean.
  • Offered the opportunity to clean their hands before meals, after using the toilet, commode, bedpan/urinal and at other times as appropriate.
  • HCWs should assist those residents unable to perform hand hygiene independently.
  • Appropriate hand hygiene could be carried out using patient wipes, soap and water or alcohol hand rub.

Please refer to the leaflet Hand Hygiene for Residents and Visitors (Long term care and Community Services) appendix 3.5

3. Personal Protective Equipment (PPE)
Healthcare workers should wear protective clothing when there is a risk of contact with blood, body fluids, secretions and excretions (with the exception of sweat). HCW should select the appropriate PPE (gloves, apron/gown, eye, nose and mouth protection) based on a risk assessment of the task to be carried out.

Protective clothing can create a false sense of security and even increase the risk of cross infection if used incorrectly e.g. failure to carry out hand hygiene following the removal of gloves.

Refer to Appendix 3.6 Donning and Removal of PPE

3.1 Gloves
Gloves reduce the risk of contamination but do not eliminate it; therefore gloves are not a substitute for performing hand hygiene.
Gloves should be worn for the following:
  • All activities that have been assessed as carrying a risk of exposure to blood, body fluids, secretions (except sweat) and excretions,
  • For direct contact with sterile sites, non intact skin or mucous membranes,
• For handling sharp or contaminated instruments and equipment,
• For invasive procedures.

Gloves should not be worn where there is no risk of exposure to blood, body fluids, secretions or excretions for example
• assisting a resident to mobilise, dress or wash and
• for administrative tasks such as writing in case notes or using computer keyboard.

See Appendix 3.7 Glove Usage Pyramid

**For the prevention of infection:**

• Gloves must be
  o single use and well fitting.
  o put on immediately before an episode of care or treatment.
  o removed as soon as the episode of care or treatment is completed.
  o discarded as per waste segregation policy.
  o changed between caring for different residents/patients.
• Gloves may need to be changed between different care/treatment activities for the same person.
• If wearing a disposable plastic apron, remove and discard gloves first.
• Perform hand hygiene before donning gloves for a clean or aseptic procedure.
• Perform hand hygiene after removing gloves.
• Wear sterile gloves if contact with sterile body sites is anticipated.

**Types of Gloves**

• Gloves that conform to European Community Standards must be available.
• Nitrile or powder free latex gloves must be available for healthcare delivery. Where a latex allergy is documented, for staff or residents/patients, an alternative must be available. For further details see Policy on the Prevention and Management of Latex Allergy (HSE, 2013).
• Vinyl gloves are not recommended for healthcare as they do not offer adequate protection against blood and body fluids.
• Powdered and polythene gloves are not recommended for healthcare delivery.
• Disposable gloves should be used for cleaning of spillages of body fluids, in the event of an outbreak or on the advice of infection prevention and control.

### 3.2 Aprons/Gowns

• Disposable plastic aprons should be worn when there is a risk that clothing or uniform may become contaminated with blood, body fluids, secretions (except sweat) or excretions.
• Gowns (full body fluid repellent) should be worn if sprays /splashes of blood or body fluids is anticipated and there is a risk of extensive contamination of the skin or clothing of healthcare workers and where an apron will not suffice.
• Aprons and gowns are single use and should be discarded after the procedure or episode of care and hand hygiene carried out.
3.3 **Facial Protection – face /mouth/eye protection**
A fluid repellent mask and protective eye wear or a face shield to protect the mucous membranes of the eyes, nose and mouth should be worn during any procedure or patient/client care activity where there is a risk of blood and/or body fluids splashing onto the face e.g. irrigation of a wound or suctioning.

**Masks**
A fluid repellent, single use face mask should be used for procedures likely to generate splashes of blood or body fluids.

When using a mask
- Ensure they are well fitting and fit for purpose.
- They should cover both the nose and mouth.
- They should only be used once.
- Masks should be changed when heavily contaminated e.g. wet with breath moisture or if torn or damaged.
- Avoid touching the mask while being worn.
- Remove the mask directly after the procedure or episode of care by handling the ties only and discard.
- If gloves, apron/gown and mask are worn, remove the mask last.
- Perform hand hygiene after removing the mask.

**Protective Eye Wear or Face Shields**
- Protective eyewear or face shields for healthcare workers should
  - Be optically clear, anti-fog, close fitting and shielded at the sides.
  - Provide protection from splashes or sprays, and are available to fit over prescription glasses.
  - If single use, be disposed of after a single episode of use.
  - If reusable, be decontaminated according to manufacturer’s instructions.

3.5 **Footwear**
Healthcare workers should wear enclosed footwear that can protect them from injuries with sharp objects if sharps are accidentally dropped.

3.6 **Donning and Removal of Personal Protective Equipment**
The type of PPE used will vary based on the risk of exposure anticipated and not all items of PPE will be required at the one time.

Perform hand hygiene before putting on PPE.

The order for putting on PPE is:
1. Apron or Gown
2. Fluid Repellent Face Mask
3. Eye Protection and