

# Prevention and Management of Skin Damage Related to Personal Protective Equipment: Update 2020 - Quick Reference Guide

You are welcome to make copies of this quick reference guide but please ensure users are familiar with the full report

It is the responsibility of each healthcare professional to verify with their institutional infection control team that any measures taken to prevent or manage Personal Protective Equipment (PPE) related skin injuries do not interfere with the efficacy of PPE.

Ensure that you have been properly fitted for your PPE and that you are using the PPE you were fitted for.

1. Skin Protection: Complete daily hygiene routine and follow by moisturizing regions of the skin, which will have greater contact with PPE. Consider using a cream based on acrylate polymer and/or dimethicone. Ensure moisturizer is dry prior to donning PPE.
2. Use the PPE appropriate to the level of care to be provided
3. Do not apply undue pressure when applying PPE as skin irritation can be related to misuse of PPE
4. It is recommended that PPE be removed and pressure areas relieved every 4 hours. This should be done in accordance with local procedures.
5. Once PPE has been removed, skin should be inspected for any damage or irritation
6. Report any damage as per institutional policy
7. After proper hand washing, face and neck should be thoroughly cleansed using soap and water. Do not rub any areas, which may have been under pressure as this may increase damage.
8. Dry the face and apply moisturizer. Do not apply over areas of skin breakdown but consider a dressing. Refer to recommendation table below.

Level of Tissue Damage	Recommendations		
	Hands Prior to Donning Gloves	Non-Airtight Personal Protective Equipment (e.g. surgical mask, goggles, face shield)	Airtight Personal Protective Equipment (e.g. N95, N99)
	Options	Options	Options
<b>Level One</b> (Intact – Non Erythemic Skin) Prevention	<ul style="list-style-type: none"> <li>• Provide staff with appropriate hand moisturizing skin care products (and encourage regular, frequent use) to minimize the risk and occurrence of irritant contact dermatitis associated with hand hygiene.</li> </ul>	<ul style="list-style-type: none"> <li>• Moisturizing cream</li> <li>• Barrier cream</li> <li>• Barrier wipe / spray</li> <li>• Dimethicone cream</li> </ul>	<ul style="list-style-type: none"> <li>• Moisturizing cream</li> <li>• Barrier cream</li> <li>• Barrier wipe / spray</li> <li>• Dimethicone cream</li> </ul>
<b>Level Two</b> (Intact – Erythemic skin) Stage 1 Pressure Injury	<ul style="list-style-type: none"> <li>• Optimally, the best hand cream is one where the hand cream's fat content is approximately 70%.</li> <li>• Remove all nail polish, artificial nails prior to applying gloves</li> <li>• Avoid wearing jewelry and wrist watches</li> </ul>	<ul style="list-style-type: none"> <li>• Thin adhesive foam dressing</li> <li>• Perforated silicone adherent sheet</li> <li>• Non-perforated silicone adherent sheet</li> <li>• Thin hydrocolloid Sheet</li> </ul>	<ul style="list-style-type: none"> <li>• Non-perforated silicone adherent sheet</li> <li>• Thin hydrocolloid sheet</li> <li>• Only IF approved by HCP's institution and does not interfere with the efficacy of the PPE</li> </ul>
<b>Level Three</b> (Non- Intact Skin) Stage 2 Pressure Injury	<ul style="list-style-type: none"> <li>• Ensure hands are dry (after washing, using hand sanitizers or applying moisturizer) prior to applying gloves</li> <li>• Seek medical attention if irritation persists</li> </ul>	<ul style="list-style-type: none"> <li>• Thin adhesive foam dressing</li> <li>• Thin hydrocolloid sheet</li> </ul>	<ul style="list-style-type: none"> <li>• Thin hydrocolloid sheet</li> <li>• Only IF approved by HCP's institution and does not interfere with the efficacy of the PPE</li> </ul>

The full report can be found at:  
[www.nswoc.ca/ppe](http://www.nswoc.ca/ppe)



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