PERSONAL PROTECTIVE EQUIPMENT

Topics for group discussion

Group discussion on uniforms

Discussion prompts

1. Discuss the uniform’s role in PPE, i.e. does it have one?
   
   a. Most research is qualitative, based on the perception of staff, patients and visitors
   
   b. There is a lack of uniform policy, (or it is not enforced, so it’s a dress code)
   
   c. Staff often travel to and from work in uniform, even if it has been soiled during the shift
   
   d. Staff changing facilities are inadequate, so most staff change on the ward, in the staff toilet, domestic service room, or in a dirty utility room (these are not examples of good hygiene)
   
   e. There should be specific guidelines for staff on what to do if their uniform becomes heavily contaminated during a shift, and facilities provided (for personal washing/showering, and for cleaning of uniforms), for staff who become heavily contaminated at work
   
   f. A uniform policy should make sure that:
      - staff uniforms are laundered by, or under the auspices of, the NHS
      - staff shouldn’t travel to and from work in uniform
      - staff changing and decontamination facilities are provided

(The Watt Report, 2002)
2. When should you wear PPE to protect your uniform?

   a. As a barrier when your uniform might become contaminated with blood or body fluids (urine, faeces, vomit, etc.)

References


THE WATT GROUP REPORT (2002) *A review of the outbreak of salmonella at the Victoria Hospital, Glasgow, between December 2001 and January 2002 and the lessons that may be learned by the Victoria Infirmary and the wider NHS family in Scotland*. Scottish Health Executive Health Department, Edinburgh

[www.scotland.gov.uk](http://www.scotland.gov.uk)

Group discussion on hand hygiene after removing gloves

There are a number of studies that show gloves do leak, even if there is no obvious damage. These studies are mainly laboratory test conditions except for those that are specific to operating theatres. As such, expert opinion suggests that you should never assume that gloves provide 100% protection, and that hands can become contaminated when gloves are being removed.

Discussion prompts

1. Ask students about the type of gloves that they use, for what tasks, and why, (usually for when in contact with diarrhoea, vomit, blood, or urine).
2. Discuss the size of micro-organisms versus the size of holes in gloves.
3. Think about how people remove gloves after use; do they know how to do this without contaminating their hands?
4. Think about the hands being hot and sweaty when gloves are being removed, and your own skin flora. Hands are not necessarily clean because you wore gloves.
5. Double gloving reduces the risk of perforations to the inner glove during surgery and is recommended for surgical operations to reduce surgical cross infection.

References


Group discussion on the **toxicity of different types of glove material**

There are a variety of glove materials available to practitioners, and a risk assessment needs to be undertaken before choice of glove is made. This helps to ensure that the right glove is chosen for the right task.

**Discussion prompts**

1. Consider the different types of material used for gloves:
   a. natural rubber latex (NRL)
   b. synthetic gloves including vinyl, nitrile, neoprene, polyisoprene.
2. Whilst alternatives must be provided, not all materials are used for surgical sterile gloves, e.g. nitrile is only available for non-sterile gloves.
3. Some allergic reactions have been recorded with nitrile gloves, as they have similar properties to NRL.
4. No allergic reactions have been reported to vinyl gloves.
5. Latex allergy is on the increase, due to the use of latex products in daily life and in hospitals.
6. Need to consider the risk of staff and patient/client sensitivity to NRL proteins.

**References**


**BREHLER R (1996)** Contact urticaria caused by latex-free nitrile gloves. *Contact Dermatitis*, vol 34, p 296