



## Prevention of skin injury

### Care of facial skin to prevent and reduce adverse skin reactions

- Use a pH neutral skin cleanser, a mild skin cleanser, soap substitute or micellar water at the beginning and end of the day to wash face or water skin cleansing wipes
- Avoid soaps and use. Standard soap is alkaline and has been shown to change skin pH and can damage the skin barrier function
- Moisturise with a light lotion regularly (e.g., QV lotion). Progress to a cream (e.g., QV cream) if tolerated and apply before going to bed
- If prone to acne avoid greasy creams
- Regular ongoing facial shaving is recommended and above skin care steps
- Ensure regular hydration for general skin health.

### Prior to donning respiratory PPE, implementation of preventative interventions to prevent skin injury and adverse skin conditions

- Ensure facial skin is washed 1-2 hrs prior to commencing work and apply a light moisturiser allowing it to be absorbed and dry
- Wearing makeup is not advised if skin sensitivities/issues have been previously identified
- Take time to fit the mask and ensure correct positioning over the nose and chin, adjust the straps to ensure they are in the correct position on the head and not over-tightened
- Check in a mirror and adjust PPE as required to ensure it is comfortable
- Perform a fit check for respirators.
- Ensure goggles/ face shield are in the correct position and comfortable
- Monitor the time PPE is worn and, where possible, allow for regular skin breaks for at least 15 minutes every four hours
- Monitor skin appearance, identify and report any concerns to your relevant manager
- Report any issues to your WHS Team.

### Preventative interventions if friction, pressure and moisture or skin injuries develop when wearing a mask

- Assess your facial skin prior to wearing PPE and regularly following removal of PPE. Ensure hand hygiene is conducted prior to assessing skin for areas of potential injury (e.g., bony prominence over nose or early signs of changes in the appearance of skin integrity)
- If areas of pain, burning, indentation, discolouration, erythema are noted then these areas require protection and cushioning using a low-profile dressing or tape
- Anything placed between the skin and the mask or PFR should not interfere with the function of respiratory PPE. Advice and early application of prophylactic low-profile silicon dressing e.g., Mepilex lite or Mepitac silicon tape is recommended

- If a wound care dressing or tape is required for skin protection, then a repeat fit test should be conducted with the dressing applied. Refer to (figures 2a and 2b) guides below to ensure appropriate fit prior to use.





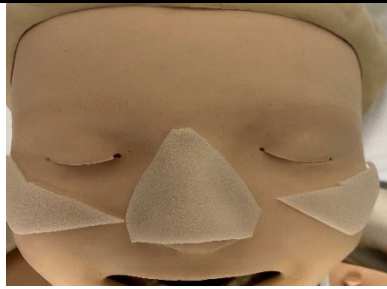


### Application of dressings guide

- Prior to applying dressings, skin should be cleansed gently with a wet wipe and allowed to dry. A liquid skin barrier should then be applied (e.g., Cavilon wipe) to forehead, nose, cheeks and ears. Allow to fully dry for at least 30 seconds
- Thin prophylactic dressings can be cut into strips for the areas in contact with PPE (e.g., nasal bridge, cheek bones and behind ears for masks and respirators or straps, and forehead for a facial shield)
- A dressing on the bridge of the nose may be sufficient
- Comfy Ears may be used to protect skin from PFR straps. They are made from a high-tech moisture wicking material that is soft and silky for reduced friction while staying secure. They keep the skin dry and protect against pressure sores. Refer to figure 2c below for the use of comfy ears.
- Do not stack multiple dressings
- It is the responsibility of the wearer in the clinical setting to ensure their own personal safety through fit checks when the dressings are in situ during wear time throughout the shift.
- On removal of dressings use an adhesive remover wipe carefully avoiding eye area and assume dressings are contaminated and exercise caution with removal. It is recommended the eyes are closed and the breath held in exhalation during dressing removal to avoid aerosolised pathogens
- Regular ongoing skin cleansing of the face with a natural pH skin cleanser or wet wipe is advised. Patting skin dry and application of regular light moisturising lotion or moisturising cream. Do not use products like Vaseline.




Figure 2a Use of dressing Silicone tape / interface between skin and PPE

Step 1	Step 2	Step 3
 <p>Perform hand hygiene and apply a no sting barrier to the face in the areas that the dressing will be applied</p>	 <p>With clean hands, cut off a section of Mepitac fixation tape. Length required will vary depending on the size of face.</p>	 <p>Apply the tape to the cheeks and under the eyes where the face mask will be sitting and above the ears to prevent trauma from the straps of the mask.</p>
 <p>Tape should be only fixed to the ear and firmly moulded to the skin.</p>	 <p>Position your mask and goggles/face shield on over the tape and perform a fit check.</p>	

**Figure 2b Application of dressing to cushion**

Step 1	Step 2	Step 3
 <p>Perform hand hygiene and apply a no sting barrier to the face in the areas that the dressing will be applied.</p>	 <p>Using a Mepilex lite 10cm x 10cm dressing, draw a triangle using half of the dressing.</p>	 <p>Draw in two lines for triangles and cut along these lines.</p>
 <p>Cut the dressing and ensure the size is correct for your face shape and covers all pressure points from the mask and goggles.</p>	 <p>Apply the dressing to your face and ensure that the dressing is adhered to your skin</p>	 <p>Apply your mask and ensure that it is fitting firmly over the dressing and the bridge of your nose.</p>
 <p>Apply your goggles/face shield and perform a fit check.</p>		

**Figure 2c Use of Comfy Ears**

Step 1	Step 2	Step 3
 <p>Perform hand hygiene and remove Comfy Ears from packaging.</p>	 <p>With clean hands, wrap Comfy Ears around the PFR strap/s.</p>	 <p>Apply PFR straps as per manufacturer's instructions for use and fit test. Apply additional PPE and equipment in appropriate order.</p>

Acknowledgement to Sir Charles Gardiner Hospital, Wound Management

**This document can be made available in alternative formats on request for a person with disability.**

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