



Letters to the Editor

The association between hand hygiene compliance and glove use: Still unknown?



To the Editor:

In a recent issue, Burdsall et al¹ described inappropriate glove use among a sample of certified nursing assistants in a long-term care facility. Similarly, in our latest unpublished research in Iran, we evaluated nurses' compliance with hand hygiene guidelines when caring for cancer patients. We found that glove use in clinical care was high and hand hygiene compliance rate was low.² Despite the importance of hand hygiene in the prevention of health care-associated infections (HAIs), hand hygiene compliance rate among health care providers is low.

There are limited and inconsistent data on the actual efficacy of glove use on hand hygiene.³ It is well known that suitable glove use can decrease and prevent HAIs, but gloves cannot be replaced for hand hygiene compliance in clinical settings. On the other hand, the use of gloves in the process of clinical care is often inappropriate, which could result in contamination of gloves because of failure to remove gloves for different patients and routine procedures.⁴ Studies indicate that glove use is a main risk factor for noncompliance with hand hygiene and there is a negative correlation between glove use and hand hygiene compliance.^{4,5} In a study by Cusini et al,⁵ hand hygiene compliance after eliminating mandatory glove use was assessed and it was found that after eliminating mandatory glove use, compliance with hand hygiene in clinical care significantly increased. Negative attitudes toward hand hygiene might be due to following reasons: time-consuming to perform, low ratio of nurses to patients, crowded wards, and heavy workload, all of which could result in nonconformity with hand hygiene in clinical care. Furthermore, an inappropriate sense of safety with the use of gloves or misunderstanding among health care workers can influence this issue.⁶

Correlation between glove use and hand hygiene practice is still unknown. Previous data have been inconsistent, and still more investigations are needed. It should be underlined that glove use is not a replacement for hand hygiene, but appropriate glove use can reduce the risks of cross-infection from staff to patients and HAIs. Limitation of glove use is rational. Health care workers need intermittent training for hand hygiene and glove use for correction of inappropriate understanding.

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Conflicts of interest: None to report.

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Do donated linens put patients at risk for fungal infections during hospitalization? A pediatric case investigation and subsequently implemented process changes



To the Editor:

After a mucormycosis fungal infection occurred in our neonatal intensive care unit (NICU), we examined our hospital practices around donated linen items. Our institution had an abundance of donated linen items such as blankets, hats, pillowcases, highchair covers, infant swing covers, clothes, incubator covers, and sheets made by volunteers and given to hospitalized patients. Some items