HAND HYGIENE

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Washing hands with soap and water

Soaps are cleaning products that come in a variety of forms: bars, tissues, leaves, and liquids. Their cleaning power comes from their detergent properties, which remove dirt, soil, and organic substances from the hands.

Liquid is considered the most effective form of soap, but it comes
with a caveat: Adding it to a partially empty dispenser (a practice sometimes referred to as “topping off”) can contaminate the soap and is therefore never recommended. Bar soap, meanwhile, tends to leave buildup on the surface it rests on, which can foster microbial growth. It can also retain germs from users when not rinsed properly. If bar soap is the only available option, use small bars and store them on a rack that permits drainage to prevent bacterial growth.

Finally, plain soaps have little, if any, ability to kill microorganisms. However, hand washing with this type of soap removes dirt and many germs, so it’s better than forgoing the process altogether.

Whenever possible, CNAs should wash with soap and water when their hands are (or will become) visibly dirty, soiled, or contaminated, such as before and after:

- Preparing and eating food
- Treating wounds or cuts
- Touching a sick or injured person
- Moving from a contaminated body site to a clean body site during patient care (e.g., when providing a bed bath)

Before:
- Having direct contact with patients.
- Cleaning indwelling urinary catheters.
- Making contact with body fluids or excretions, mucous membranes, broken skin, and wound dressings. (Note: In addition, gloves should always be worn if there will be any contact with body fluids, broken skin, or excretions.)

After:
- Making contact with a patient’s non-intact skin
- Using the restroom
- Handling animals or animal waste
- Blowing the nose
- Coughing or sneezing into the hands
- Handling garbage
- Making contact with surfaces that are frequently touched, such as doorknobs, railings, and TV remotes, or inanimate objects in the immediate vicinity of a resident
- Removing gloves

To perform hand hygiene with soap and water:
- Roll up your sleeves to avoid wetting them during hand washing. Remove your watch and other jewelry, if worn.
- Wet your hands and wrists with warm water, and apply a sufficient amount of soap.
- Lather the soap by rubbing your palms together.
- Scrub in between and around your fingers, finger-tips, backs of both hands, and wrists for at least 20 seconds.
- Rinse your hands thoroughly, allowing water to run down the wrists to the fingertips. Ensure all soap is washed away.
- Wipe your hands and wrists dry with a paper towel.
- Also with a paper towel, turn off the faucets and open the bathroom door as you exit. This will help you avoid accumulating infectious germs from contaminated surfaces on your hands.

Using alcohol-based hand sanitizers
Infection control organizations now recommend that healthcare staff use alcohol-based hand sanitizers routinely. These sanitizers, which are available as gels, rinses, or foams, should be used between patient contacts when hands are not visibly dirty.

More specifically, CNAs should clean their hands with an alcohol-based sanitizer before having direct contact with a patient and after any of the following events occurs:
- Direct contact with a patient’s skin.
- Contact with body fluids, wounds, or broken skin. (Note: In addition, gloves should always be worn if there will be contact with broken skin; excretions; secretions; or body fluids, including urine.)
- Touching equipment or furniture near the patient.
- Removing gloves.

Alcohol-based sanitizers are better than those without alcohol because they act fast to significantly reduce
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organisms on the skin. However, although the alcohol in these sanitizers kills germs quickly, the effects are not long-lasting, making repeated applications necessary.

Sanitizers with at least 60% alcohol are excellent disinfectants in caregiving situations. Compared to many hand washing agents, these sanitizers can reduce the greatest amount of bacteria on hands. (Antiseptic soaps and detergents are less effective; non-antimicrobial soaps are the least effective.) Hand sanitizers also save busy healthcare workers valuable time. One study shows performing hand hygiene with sanitizer takes about one-third the time of traditional hand washing at a sink. However, despite the many benefits of hand sanitizers, washing with soap and water is essential when hands are visibly dirty or soiled with body fluids, such as blood.

To perform hand hygiene with sanitizer:
• Before using an alcohol-based sanitizer, remove visible dirt from hands by washing with soap and water.
• Apply a sufficient amount of sanitizer to the palm of one hand. Refer to label instructions when deciding how much product to use.
• Rub hands together, ensuring the sanitizer covers all surfaces, including between and around fingers, fingertips, backs of both hands, and wrists.
• Continue rubbing hands together until they are dry.

Towelettes and hand wipes
Antimicrobial products kill or slow the spread of microorganisms. Antimicrobial towelettes and wipes may be used as an alternative to washing hands with non-antimicrobial soap and water. However, they are not as effective as other methods for reducing bacteria, so they should not be used in place of alcohol-based sanitizers or antimicrobial soap.

Fingernails and jewelry
Fingernails and jewelry play a key but easily overlooked role in hand hygiene. Freshly applied nail polish does not increase bacteria levels on hands, but chipped nail polish may support the growth of organisms and bacteria. While it is not known whether artificial nails can fuel infection spread, caregivers with artificial nails are more likely to harbor pathogens on their fingertips than those who have natural nails, even after performing careful hand hygiene. Similarly, studies show that the skin underneath rings and bracelets has more germs than the surrounding skin.

For these reasons, CNAs should stick with natural nails that are less than one-quarter of an inch in length, clean under fingernails, and maintain cuticles. If possible, they should remove jewelry before washing hands or avoid wearing it altogether when providing patient care.

Skin care
Frequent hand washing can cause skin irritation and contact dermatitis. Dry, cracked skin may in turn deter CNAs from washing hands as often as necessary to prevent the spread of infection.

Aides should consider using an oil- or fat-containing lotion or cream to increase skin hydration and improve the barrier function of normal skin after hand washing, which can help the skin to better withstand frequent cleaning. Other strategies to reduce skin irritation include:
• Using a mild soap with warm water during washing.
• Patting hands dry, rather than rubbing, after washing.
• Using sanitizers and lotions that contain emollients, which prevent contact dermatitis caused by irritants. Such products are absorbed into the superficial layers of the epidermis, where they form a protective layer that is not removed by standard hand washing.
• Reducing exposure to irritating agents (e.g., by wearing gloves while washing dishes and floors).
• Replacing irritating products with those that cause less damage to the skin. If you are sensitive to one hand sanitizer, try others.

Key takeaways
CNAs are vital members of the clinical team. Because close, intimate interactions occur between aides and residents, they must practice good hand hygiene throughout the workday to prevent the spread of infections—an approach that centers on cleaning hands with soap and water and/or alcohol-based sanitizer between patient contacts.
**Hand Hygiene**

Mark the correct response.

**1.** Hand hygiene should be performed __________.
   a. only when the hands become visibly soiled
   b. three or four times a day
   c. before every new patient contact
   d. only upon a resident’s request

**2.** A healthcare worker should wear gloves __________.
   a. during activities involving blood or body fluids contaminated with blood
   b. instead of performing hand hygiene
   c. when caring for patients with intact skin
   d. None of the above

**3.** A nosocomial infection is __________.
   a. an infection acquired in a healthcare facility
   b. an infection that is unrelated to a patient’s original need for treatment
   c. any infection present in a healthcare facility
   d. Both a and b

**4.** How long should healthcare workers scrub their hands when washing with soap and water?
   a. At least 5 seconds
   b. No more than 10 seconds
   c. At least 20 seconds
   d. Exactly 30 seconds

**5.** ________ is the best form of soap for washing hands.
   a. Liquid
   b. Bar
   c. Plain
   d. All types of soap are equally recommended

**6.** When is using an alcohol-based hand sanitizer an appropriate hand hygiene approach?
   a. Never
   b. When hands are not visibly dirty
   c. When hands are saturated with blood
   d. Always

**7.** Sanitizers with at least ______% alcohol are excellent disinfectants in caregiving situations.
   a. 40
   b. 60
   c. 80
   d. 100

**8.** Using antimicrobial wipes is the most effective hand hygiene method for reducing bacteria.
   a. True
   b. False

**9.** Caregivers with artificial nails are more likely to harbor pathogens on their fingertips than those with natural nails.
   a. True
   b. False

**10.** Which of the following is a viable way to prevent skin irritation while demonstrating hand hygiene best practices?
    a. Using non-alcohol-based hand sanitizer
    b. Rubbing hands together until they are very dry
    c. Applying fat- or oil-soluble lotions
    d. Cutting back on hand washing frequency