

Shea Ear Clinic

Hand Hygiene

SHEA EAR CLINIC

Environmental Health, Safety & Risk Management

Bloodborne Pathogens Exposure Control Plan

Hand Hygiene Policy

BACKGROUND

Hands are the principal route by which cross-infection occurs and hand washing is one of the most important procedures for preventing the spread of disease. Hand decontamination is a simple and effective way in which healthcare workers can prevent the transmission of infection between patients and also protect themselves.

Hands must be decontaminated before and after every episode of care that involves direct contact with patient's skins, invasive devices or dressings. Effective hand decontamination can significantly reduce infection rates.

The spread of antibiotic-resistant organisms can be attributed, at least in part, to a failure of healthcare workers to perform hand hygiene either as often, or as efficiently as the situations require.

MICROBIOLOGY OF THE HANDS

Skin provides an environment that is acidic, arid, limited in nutrients and is constantly shed and renewed. Micro-organisms can be classified as "resident" or "transient".

Resident micro-organisms are commonly termed normal flora. They live deeply seated within the epidermis – in skin crevices, hair follicles and sweat glands and beneath fingernails. Their function is to protect the skin from invasion from more harmful micro-organisms. These organisms do not readily cause infection and are not easily removed. However, they may establish an infection following surgery or invasive procedures.

Transient micro-organisms are located on the surface of the skin and beneath the superficial cells of the stratum corneum. They are termed transient because direct contact with other people, equipment and other body sites all result in the transfer of these micro-organisms to and from the hands.

HAND WASHING POLICY

The Shea Ear Clinic provides adequate facilities to enable the staff to wash their hands appropriately.

All employees should remove all wrist bracelets and rings at the start of each workday before regular hand decontamination begins. Cuts and abrasions must be covered with waterproof dressings.

Hands must be decontaminated immediately before each and every episode of direct patient contact / care and after any activity or contact that potentially results in hands becoming contaminated.

Hands that are visibly soiled or potentially grossly contaminated with dirt or organic material must be washed with liquid soap and water.

Effective hand washing technique involves three stages including preparation, washing and rinsing, and drying. Preparation requires wetting hands under tepid running water before applying liquid soap. The hand-wash solution must come in contact with all the surfaces of the hand. The hands must be rubbed together vigorously for a minimum of 10 to 15 seconds, paying particular attention to the tips of the fingers, the thumbs and the areas between the fingers. Hands should be rinsed thoroughly prior to drying with good quality paper towels.

HANDWASHING PROCEDURE

Handwashing with a good technique covering all surfaces of the hands at the right times is more important than the agent used or the length of time of the handwashing.

Handwashing at the Shea Ear Clinic is carried out at two levels:

- A) Routine Handwashing
- B) Surgical Scrub Handwashing

(A) Routine handwashing must be carried out:

- Before and after each work shift and work break.
- Before and after direct physical contact with patients.
- After any patient care procedure.
- Always when contaminated with body fluids.
- Before putting on or after removing protective clothing.
- After removal of gloves.
- After handling contaminated items.
- After using the restroom facilities.
- After blowing your nose or covering a sneeze.
- Before eating, drinking or handling food.
- Before aseptic procedures.
- Before and after performing an invasive procedure.
- Before and after touching patient incisions and dressings.
- Before putting on sterile gloves.

(B) Surgical scrub handwashing

A surgical hand scrub is performed prior to gowning and gloving and before entering the surgical field. The goal is to remove transient flora and reduce resistant flora for the duration of the surgical procedure in the event of a glove tear.

The cuticles, hands, and forearms should be free of open lesions and breaks in the skin (which increase the risk of infection to the patient and the surgical team member). Breaks in the skin tend to ooze serum that may contain pathogens as well as provide an ideal bacterial breeding ground.

The most common method of surgical hand preparation is the hand scrub method, and it may involve either a timed scrub or a counted stroke method. It is recommended that the scrub should include but not be limited to the following:

- The hands and forearms should be thoroughly washed and rinsed before beginning the surgical scrub procedure.
- The subungual areas (beneath the fingernails) should be cleaned with a nail cleaner under the running water.
- An antimicrobial agent should be applied with friction to the wet hands and arms.
- Fingers, hands and arms should be scrubbed on all four sides.

- Hands should be held higher than the elbows and away from surgical attire.
- Care should be taken to avoid splashing water onto surgical attire.

It is unclear what the optimal scrub time should be. However, studies show that a three to four minute scrub is as effective as a five minute scrub. Other studies indicate that the effectiveness of the scrub is based on the effectiveness of the product as much as on the length of the scrub. It is the Shea Ear Clinic policy that the surgical scrub should be at least three minutes.

At the end of the surgical procedure, or whenever the gowns and gloves are removed, it is important to wash the hands. Bacterial recolonization of the hands, in addition to contamination from glove pinholes, makes handwashing a critical link to infection prevention. All healthcare providers in the operating room should follow the above hand hygiene guidelines when contacting the patient or contaminated article, or when removing gloves.

Preparation

- Keep fingernails short and pay attention to them when washing your hands – most microbes on the hands, come from beneath the fingernails.
- Remove rings with stones or ridges – the total bacteria count is higher when rings are worn. Also, rings interfere with thorough handwashing and make it more difficult to put on gloves.
- Do not wear artificial nails or nail polish – they discourage vigorous hand washing.
- Wristwatches, bracelets and long sleeved clothing should not be worn as these may prevent wrists being included in the procedure. When long sleeves are worn, they should be rolled up above the elbow.
- Nailbrushes must not be used for routine hand hygiene as they damage the skin and encourage shedding of cells.

Handwashing Technique - Routine

- Wet hands under water prior to using soap.
- Dispense one dose of soap into a cupped hand.
- Handwash for 10 to 15 seconds vigorously and thoroughly, without adding more water.

- Rinse hands thoroughly under running water.
- Dry hands with a disposable paper towel.

Skin Care

Do's

- Do wet hands prior to washing thoroughly
- Do use mild soap
- Do apply a water-based moisturizer before breaks and at the end of your workday. This will replace essential oils to the skin.
- Do cover cuts and grazes with a waterproof dressing.
- Do wear gloves for activities where body fluids may contaminate the hands.
- Do use an alcohol hand rub between patients.

Don'ts

- Don't use oil-based moisturizers if wearing latex gloves. Latex disintegrates within minutes of contact with petroleum.
- Don't use communal pots of hand cream.
- Don't expose your hands to extreme temperatures.
- Avoid contact with irritants.

Facilities

The Shea Ear Clinic strives to provide optimum hand cleansing facilities and especially in the clinical areas.

- Sinks with water supplied to elbow / wrist taps.
- Bar soap is not to be used in the clinical areas.
- Liquid soap provided in a container with a non-return valve.
- Cleaning of soap dispenser is in the domestic cleaning schedule.
- Quality paper towels provided for drying hands after washing.
- Alcohol rub is provided at strategic points in the clinical area.

Remember

- Handwashing with a good technique covering all surfaces of the hands at the right time is more important than the agent used or the length of time of handwashing.
- Bacterial counts increase when the skin is damaged. Hands should be washed with antiseptic agents. Thorough rinsing and drying is necessary.
- All Shea Ear Clinic employees should always protect any damaged skin, particularly on the hands and forearms with an impermeable waterproof

dressing. Gloves should also be worn for any activity where body fluids may contaminate the hands.

- Gloves are an important protective measure.
- The same glove should not:
 - Be worn from one patient to another
 - Be worn between clean and dirty procedures
 - Be washed or cleaned with alcohol hand rubs, gels or wipes
- Hands should always be washed after removing gloves and before sterile gloves are worn.