

# HAND WASHING BASICS

Hand washing is the single most effective procedure for preventing the spread of infection. Once your hands are contaminated, microorganisms can enter your body if you touch your eyes, nose or mouth, or if you have open cuts or abrasions on your skin. You can transfer infections to patients and/or co-workers, family via your hands. Good hand washing is the most critical factor to an effective Infection Control Program. Observe proper hand hygiene procedures either by washing hands with conventional antiseptic-containing soap and water or with waterless alcohol-based gels or foams. Perform hand hygiene before and after any patient contact, executing any invasive procedure, caring for patients in isolation precautions, and always after glove removal.

*Use of gloves DOES NOT obviate the need for hand hygiene.*

Procedure:

*Lather hands with soap and warm water.*

*Vigorously rub together all surfaces of lathered hands for at least 15 seconds.*

*Rinse hands thoroughly under a stream of warm water.*

*Dry hands completely with a clean, dry paper towel.*

*Avoid splashing or touching the sink.*

*Use a dry paper towel to turn off the faucet.*

Use of antimicrobial hand soap is indicated in the higher risk areas such as ICU, NICU, PICU, MOR, etc. However, **use of alcohol-based hand rubs**, unless hands are visibly dirty or contaminated, or in the case of *Clostridium difficile* colitis/diarrhea, **is the choice for standard hand washing**. When a diagnosis of C-diff is present, use antibacterial hand soap and water for hand hygiene since alcohol-based hand sanitizing products do not kill this organism. Alcohol-based hand sanitizers and hand lotion dispensers have been placed throughout NMCP in-patient areas and clinics.

According to the Centers of Disease Control and Prevention (CDC), “*Alcohol-based products are more effective for standard hand washing or hand antisepsis by healthcare workers (HCW) than soap or antimicrobial soap. Alcohol reduces bacterial counts on hands more than washing hands with soaps and detergents containing hexachlorophene, povidine-iodine, 4% chlorhexidine, or triclosan. Alcohol-based products reduce the number of multidrug-resistant pathogens recovered from the hands of HCWs more effectively than did hand washing with soap and water.*”

It is important to note that hand soap dispensers should not be “topped off” but each container of soap should be replaced when empty. In addition, the “no topping off” rule applies to hand gel sanitizers as well. When hand gel container is empty, toss the container and replace with a new one.

Reference below is from the CDC 2002 **Guideline for Hand Hygiene in Health-Care Settings**. This entire document can be found at the following web address:

<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5116a1.htm>

From Page Part II, Recommendations, paragraph 4:

4. Selection of hand-hygiene agents

**E. Do not add soap to a partially empty soap dispenser. This practice of "topping off" dispensers can lead to bacterial contamination of soap (IA) (187,419).**

Reference # 187: Archibald LK, Corl A, Shah B, et al. *Serratia marcescens* outbreak associated with extrinsic contamination of 1% chlorxylenol soap. Infect Control Hosp Epidemiology 1997;18:704--9.

Reference #419: Grohskopf LA, Roth VR, Feikin DR, et al. *Serratia liquefaciens* bloodstream infections from contamination of epoetin alfa at a hemodialysis center. N Engl J Med 2001;344:1491--7.

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