

FINGERNAILS AND USE OF HAND CREAMS

References:

- (a) APIC, *Infection Control and Applied Epidemiology Principles and Practice*, Mosby, 2000, Chapter 19.
- (b) "A prolonged outbreak of *Pseudomonas aeruginosa* in a NICU" *Infection Control and Hospital Epidemiology* (Feb 2000):80-5.
- (c) "Sleuths track nosocomial outbreak to skin creams" *Hospital Infection Control* 22 (May 1995):65.
- (d) "Artificial nails may carry danger of staph infection" *Hospital Employee Health* (May 2000):56-7.

Background:

Fingernails (both artificial and natural) and skin creams have been implicated in outbreaks of surgical site infections as well as other healthcare-associated infections that have resulted in the death of patients.

Artificial fingernails, DEFINED AS ANY ANYTHING OTHER THAN THE NATURAL NAIL, and natural nails have been shown to increase the carriage of gram-negative bacteria on hands. In addition, the length of any type of fingernail plays a role in bacterial contamination as well as increasing the potential for tearing or puncturing of gloves when worn for protection from pathogens.

Skin and hand creams or lotions cause the retention of bacteria on the skin surface. Combined with small tears or cuts produced from the normal wear-and-tear on the hands, the skin and fingernails provide an excellent reservoir for growth and multiplication of bacteria and viruses. Lotions and creams from jars or squeeze bottles where hands touch the dispenser opening become the source of contamination to all that use them.

Policy:

This policy has been established to aid in the prevention of disease transmission and acquisition of nosocomial infections. Enforcement of the ensuing standards is the responsibility of the Department Head.

1. The wearing of artificial fingernails in the NICU, PICU, ICU, and any operating room scenario such as the MOR, PACU, L&D operating room is strictly prohibited.

2. Fingernails will not protrude more than ¼ inch beyond the fingertip in ANY patient care area.
3. Fingernails, cuticles, and skin around the nails should be inspected daily for integrity.
4. Hand lotion must be used only from a pump-action dispenser, avoiding contact with the dispenser opening when applying to hands.
5. Dispensing hand creams and lotion from jars is prohibited.
6. Hand/body creams or lotions should be light and non-oily types without heavy fragrance (which can possibly cause a patient to become ill) that can be easily removed from the skin.
****NOTE** DO NOT USE** petroleum or petroleum-based hand creams or lotions since the petroleum can cause the latex (rubber) gloves to deteriorate, resulting in tears and holes.
7. The use of personal hand lotion dispensers such as the pocket-size type is encouraged. DO NOT SHARE!
8. Wash hands often, for at least 10 seconds, using soap and lots of friction. Pay attention to between the fingers, around the nailbeds, and particularly under the tips of the fingernails. ALWAYS wash hands after removing gloves, handling patient care equipment, eating, drinking or using the restroom, and between patients.

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