

Hand Hygiene

Hand Hygiene means cleaning your hands by using either handwashing (washing hands with soap and water), antiseptic hand wash, antiseptic hand rub (i.e. alcohol-based hand sanitizer including foam or gel), or surgical hand antisepsis.

Why Practice Hand Hygiene?

Cleaning your hands reduces:

- The spread of potentially deadly germs to patients
- The risk of healthcare provider colonization or infection caused by germs acquired from the patient

Two Methods for Hand Hygiene:

Alcohol-Based Hand Sanitizer vs. Washing with Soap and Water

- Alcohol-based hand sanitizers are the most effective products for reducing the number of germs on the hands of healthcare providers.
- Alcohol-based hand sanitizers are the preferred method for cleaning your hands in most clinical situations.
- Wash your hands with soap and water whenever they are visibly dirty, before eating, and after using the restroom.

During Routine Patient Care:

Use an Alcohol-Based Hand Sanitizer

Wash with Soap and Water

- Immediately before touching a patient
- When hands are visibly soiled
- Before performing an aseptic task (e.g., placing an indwelling device) or handling invasive medical devices
- After caring for a person with known or suspected infectious diarrhea
- Before moving from work on a soiled body site to a clean body site on the same patient
- After known or suspected exposure to spores (e.g. *B. anthracis*, *C difficile* outbreaks)
- After touching a patient or the patient's immediate environment
- After contact with blood, body fluids or contaminated surfaces
- Immediately after glove removal

When and How to Perform Hand Hygiene

When to Perform Hand Hygiene?

Multiple opportunities for hand hygiene may occur during a single care episode. Following are the clinical indications for hand hygiene:

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Techniques for Using Alcohol-Based Hand Sanitizer

When using alcohol-based hand sanitizer:

- Put product on hands and rub hands together
- Cover all surfaces until hands feel dry
- This should take around 20 seconds

Techniques for Washing Hands with Soap and Water

The CDC [Guideline for Hand Hygiene in Healthcare Settings pdf icon](#)[PDF – 1.3 MB] recommends:

When cleaning your hands with soap and water, wet your hands first with water, apply the amount of product recommended by the manufacturer to your hands, and rub your hands together vigorously for at least 15 seconds, covering all surfaces of the hands and fingers.

Rinse your hands with water and use disposable towels to dry. Use towel to turn off the faucet.

Avoid using hot water, to prevent drying of skin.

Other entities have recommended that cleaning your hands with soap and water should take around 20 seconds.

Either time is acceptable. The focus should be on cleaning your hands at the right times.

Glove Use

When and How to Wear Gloves

Wear gloves, according to Standard Precautions, when it can be reasonably anticipated that contact with blood or other potentially infectious materials, mucous membranes, non-intact skin, potentially contaminated skin or contaminated equipment could occur.

- Gloves are not a substitute for hand hygiene.
- If your task requires gloves, perform hand hygiene prior to donning gloves, before touching the patient or the patient environment.
- Perform hand hygiene immediately after removing gloves.
- Change gloves and perform hand hygiene during patient care, if gloves become damaged, gloves become visibly soiled with blood or body fluids following a task,

moving from work on a soiled body site to a clean body site on the same patient or if another clinical indication for hand hygiene occurs.

- Never wear the same pair of gloves in the care of more than one patient.
- Carefully remove gloves to prevent hand contamination.

Skin and Nail Care

Methods to Maintain Hand Skin Health

- Lotions and creams can prevent and decrease skin dryness that happens from cleaning your hands
- Use only hand lotions approved by your healthcare facility because they won't interfere with hand sanitizing products
- Fingernail Care and Jewelry
- Germs can live under artificial fingernails both before and after using an alcohol-based hand sanitizer and handwashing
- It is recommended that healthcare providers do not wear artificial fingernails or extensions when having direct contact with patients at high risk (e.g., those in intensive-care units or operating rooms)
- Keep natural nail tips less than ¼ inch long
- Some studies have shown that skin underneath rings contains more germs than comparable areas of skin on fingers without rings
- Further studies are needed to determine if wearing rings results in an increased spread of potentially deadly germs

Clean Hands Count Video CDC. <https://www.cdc.gov/handhygiene/video/CHC-Final-SD-360.mp4>

USING PERSONAL PROTECTIVE EQUIPMENT (PPE)

Personal protective equipment (PPE) refers to protective clothing, helmets, gloves, face shields, goggles, facemasks and/or respirators or other equipment designed to protect the wearer from injury or the spread of infection or illness. When used properly, PPE acts as a barrier between infectious materials such as viral and bacterial contaminants and your skin, mouth, nose, or eyes (mucous membranes). The barrier has the potential to block transmission of contaminants from blood, body fluids, or respiratory secretions. PPE may also protect patients who are at high risk for contracting infections and from being exposed to substances or potentially infectious material brought in by visitors and healthcare workers. When used properly and with other infection control practices such as hand-washing, using alcohol-based hand sanitizers, and covering coughs and sneezes, it minimizes the spread of infection from one person to another. Effective use of PPE includes properly removing and disposing of contaminated PPE to prevent exposing both the wearer and other people to infection.

How to Put On (Don) PPE Gear

More than one donning method may be acceptable. Training and practice using your healthcare facility's procedure is critical. Below is one example of donning.

1. Identify and gather the proper PPE to don. Ensure choice of gown size is correct (based on training).
2. Perform hand hygiene using hand sanitizer.
3. Put on isolation gown. Tie all of the ties on the gown. Assistance may be needed by other healthcare personnel.
4. Put on NIOSH-approved N95 filtering face piece respirator or higher (use a facemask if a respirator is not available). If the respirator has a nosepiece, it should be fitted to the nose with both hands, not bent or tented. Do not pinch the nosepiece with one hand. Respirator/facemask should be extended under chin. Both your mouth and nose should be protected. Do not wear respirator/facemask under your chin or store in scrubs pocket between patients.*
 - Respirator: Respirator straps should be placed on crown of head (top strap) and base of neck (bottom strap). Perform a user seal check each time you put on the respirator.
 - Facemask: Mask ties should be secured on crown of head (top tie) and base of neck (bottom tie). If mask has loops, hook them appropriately around your ears.
5. Put on face shield or goggles. When wearing an N95 respirator or half face piece elastomeric respirator, select the proper eye protection to ensure that the respirator does not interfere with the correct positioning of the eye protection, and the eye protection does not affect the fit or seal of the respirator. Face shields provide full face coverage. Goggles also provide excellent protection for eyes, but fogging is common.
6. Put on gloves. Gloves should cover the cuff (wrist) of gown.
7. Healthcare personnel may now enter patient room.

USING PERSONAL PROTECTIVE EQUIPMENT (PPE)

How to Take Off (Doff) PPE Gear

More than one doffing method may be acceptable. Training and practice using your healthcare facility's procedure is critical. Below is one example of doffing.

1. Remove gloves. Ensure glove removal does not cause additional contamination of hands. Gloves can be removed using more than one technique (e.g., glove-in-glove or bird beak).
2. Remove gown. Untie all ties (or unsnap all buttons). Some gown ties can be broken rather than untied. Do so in gentle manner, avoiding a forceful movement. Reach up to the shoulders and carefully pull gown down and away from the body. Rolling the gown down is an acceptable approach. Dispose in trash receptacle. *
3. Healthcare personnel may now exit patient room.
4. Perform hand hygiene.
5. Remove face shield or goggles. Carefully remove face shield or goggles by grabbing the strap and pulling upwards and away from head. Do not touch the front of face shield or goggles.
6. Remove and discard respirator (or facemask if used instead of respirator). Do not touch the front of the respirator or facemask.*
 - Respirator: Remove the bottom strap by touching only the strap and bring it carefully over the head. Grasp the top strap and bring it carefully over the head, and then pull the respirator away from the face without touching the front of the respirator.
 - Facemask: Carefully untie (or unhook from the ears) and pull away from face without touching the front.
7. Perform hand hygiene after removing the respirator/facemask and before putting it on again if your workplace is practicing reuse.*

* Facilities implementing reuse or extended use of PPE will need to adjust their donning and doffing procedures to accommodate those practices.

Demonstration of Donning (Putting On) Personal Protective Equipment (PPE). CDC

<https://youtu.be/H4iQUBAIBrl>

Hands that look clean can still have icky germs!



Wash YOUR HANDS!

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