



LTC
Just Clean Your
Hands

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


Just Clean Your Hands
Hand Care Program




Central South

Giving Health
a Helping Hand




Overview



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- HCPs may clean hands up to 30 times per shift
- 25% of nurses report symptoms of dermatitis
- 85% give a history of skin problems
- Frequent and repeated use of hand hygiene products, especially soaps/detergents is the primary cause of chronic irritant contact dermatitis



Objectives for today's talk:
Components for an effective hand care
program

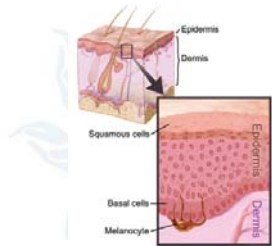


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- Occupational Health support of "healthy hands" program
- Product selection matters
- Education
- Technique matters
- Protection of hands is a 24 hours/7 day a week commitment
- Protecting Your Hands Fact Sheet for HCP
- Your Hand Care Assessment Tool



Healthy Skin is Your Best Protection from Infection



www.lookfordiagnosis.com

Occupational Health support
"healthy hands" at Preplacement

- Proactive Program
- Provide all HCPs with "Protecting Your Hands Fact Sheet for Health Care Providers"
- Review HCP correct hand hygiene technique
- Review factors to protect skin integrity
- Encourage early reporting of any skin irritation
- Do self skin assessment:
 - Appearance
 - Intactness
 - Moisture content
 - Sensation



Common Irritants

- Detergents (soaps) damage skin
- Hot water
- Wet work
- Low relative humidity (winter)
- Failure to use lotion/cream
- Not drying hands before donning gloves
- Powdered gloves
- Rubber and latex gloves
- Quality of paper towels
- Shear forces
- Traditional surgical scrub brushes

Product selection matters

- 60 to 90% ABHR at point of care
- Select ABHR with emollients
- Use hand hygiene products with low irritancy potential
- Get input from HCPs on products
- Get information from manufacturers regarding potential interaction with products
- Provide hand moisturizing skin care products
- Avoid barrier creams

It's not just oil and water that don't mix



- Know the ingredients of your products
- Know any interactions between products
- Know the indications for your products
- More is not better



Education

- Education at orientation and ongoing basis
- Document education sessions and attendance
- Know your hands by self-assessment
- Verify hand hygiene technique
- Specific education regarding moisturizing
- Educate regarding correct glove selection and usage

Technique Matters


- Remove hand and arm jewellery when performing hand hygiene
- Use warm running water
- Rinse thoroughly
- Pat hands dry with paper towel
- Apply moisturizer
- Dry hands well before putting on gloves



Surgical Hand Antisepsis

- Use either antimicrobial soap or ABHR with persistent activity
- Soap method: scrub hands and forearms for length of time recommended by manufacturer (2-6 min)
- ABHR product: follow manufacturer's recommendations
 - Pre-wash hands and forearms with non-antimicrobial soap and then dry hands and forearms completely
 - Apply ABHR
 - Allow hands/arms to dry completely before putting on sterile gloves

Glove Selection



• Choose correct glove for task
 • Sterile or Exam?
 • Cleaning glove
 • Is vinyl satisfactory?
 • Consider latex allergy
 • Nitrile gloves for longer duration procedures
 • Cuff length
 • Sandwich gloves are just that—not for patient care!

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Hand protection 24/7






**Wet Work
Irritant Contact Dermatitis**



- Cracking
- Peeling
- Dryness
- Itching
- Blisters
- Can become infected
- Can transmit infection

www.habla.org/_/Dermatitis_300.jpg

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Allergic Contact Dermatitis caused by nickel

Clarinet keys

Cell phone

ring

earring

Latex Allergic Contact Dermatitis

An. Bras. Dermatol. vol.84 no.2 Rio de Janeiro Mar./Apr. 2009

Type I allergy 20 min later

Type IV allergy 48 and 96 hours later

Skin test

Patch test

LATEX

THURAM MIX

Figure 2: Positive open test for glove fragment.

Figure 1: Positive contact test for Thiuram - mix

Pustular Dermatitis

www.pathguy.com/lectures/pustular_dermatitis

Thank you



REGIONAL INFECTION
CONTROL NETWORKS

Central South

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