

HAND HYGIENE PROCEDURES AND CONSIDERATIONS

Hand hygiene should be performed:

- Before and after contact with a patient, particularly before performing invasive procedures
- Before and after contact with items in the patient's environment
- After any contact with or any activity involving the body fluids or other tissues of a patient
- Before putting on and especially after taking off gloves
- Before eating food or drinking
- After performing body functions, such as using the toilet or blowing one's nose



Special considerations

- **Condition of the skin:** it is easier to clean intact skin than it is to clean chapped, cracked, cut or abraded skin. It should be remembered that intact skin is the first line of defence against bacteria, and that bacteria adhere more readily to broken and/or inflamed skin.
- **Fingernails:** Natural nails more than 3-4 mm long are difficult to clean, can pierce gloves and harbour more microorganisms than short nails. Artificial nails or nail enhancements (including nail polish) should not be worn by anyone involved directly in patient care, there is evidence to prove they aid the transfer of microorganisms from staff to patient.
- **Jewellery:** Jewellery physically protects bacteria and viruses from the antiseptic action of alcohol-based hand sanitizers and the mechanical cleaning action of soap and running water. Jewellery should not be worn during patient contact. Rings have been demonstrated to increase the number of microorganisms present on hands and increase the risk of tears in gloves. Plain wedding bands may be worn, but other rings, jewellery, wristbands and wristwatches that may interfere with the efficacy of hand washing and disinfection should be avoided.
- Arms should be kept bare below the elbow to facilitate effective hand hygiene.

HAND WASHING AND / OR DISINFECTION TECHNIQUE

Hand washing and/or disinfection should follow World Health Organisation (WHO) guidelines. Disinfection should take 20-30 seconds and washing 40-60 seconds. Briefly:

- Apply a palmful of the product in a cupped hand, covering all surfaces.
- Rotational rubbing of fingertips in a pool of gel or wash, backwards and forwards, with clasped fingers of right hand in left palm and vice versa.
- Rub hands palm to palm.
- Right palm over left dorsum with interlaced fingers and vice versa.
- Palm to palm with fingers interlaced.
- Backs of fingers to opposing palms with fingers interlocked.
- Rotational rubbing of left thumb clasped in right palm and vice versa.
- Washed hands should be rinsed in water and dried with a single use disposable towel.



Examination gloves

It is a common misconception that using disposable gloves negates the need for hand hygiene. The use of examination gloves can help reduce the risk of transmission of pathogens by providing a physical barrier. Gloves should ideally be worn whenever personnel are likely to come into contact with bodily fluids, secretions, excretions or mucous membranes, with potentially infectious material and/or to provide extra protection for vulnerable patients. Gloves must be changed between patients. Care should be taken to ensure gloved hands are not used to touch surfaces, or equipment, that will be touched by personnel with non-gloved hands, such as telephones, dressing materials etc. Gloves should always be worn when cleaning kennels and environmental surfaces, as well as when doing laundry; this is particularly important when gross contamination is present. Following use gloves should be removed promptly, avoiding contact between skin and the outer glove surface, hands should then be washed, or an alcohol-based sanitizer used immediately following glove removal.

The use of gloves should be considered:

- Whenever moving from a contaminated area to a clean area on the same patient;
- Whenever moving from dirty to clean procedures on the same patient, e.g. wound dressing changes;
- When coming into contact with large amount of bodily excretions and secretions;
- In-between individual animals.