



Cutting Through the Foggy Myths Using Best Practice Guidelines in Long Term Care

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BP Blogger

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Myth Busting: The Hand Hygiene Issue

do not appropriately wear gloves/personal protective equipment (PPE), and poor hand hygiene.



Myth 1: Everyone cleans their hands

Hand hygiene and infection prevention and control should be a priority for all health care staff. Improved commitment to hand hygiene (ie. handwashing or use of alcohol-based hand rubs) has been shown to terminate outbreaks, reduce transmission of antibiotic resistant organisms (such as, MRSA, VRE, ESBL, MRPA) and reduce overall infection rates. MSRA (methicillin-resistant *Staphylococcus aureus*) occurs primarily through the contaminated hands of health care workers who do not follow appropriate precautions,



We can all do better!

Observational studies of adherence to hand hygiene procedures in health care has been poor with an overall average of 40% and as low as 5% and as a high of 81%. Why do staff say they don't follow hand hygiene procedures in health care? Reasons include skin irritation of hand-hygiene products, lack of hand-hygiene supplies at the point of care, it interferes with providing care, wearing of gloves is enough, forgetfulness, lack of knowledge, not enough time for hand hygiene, and high workload or understaffing.

***TIP* Everyone -start asking - "Have you cleaned your hands?"**

Myth 2: Hands do no harm

Staff can have a positive impact on working towards reducing the rates of health care associated infections by making sure they use all available measures (especially hand hygiene) to reduce the risk of transmission, colonization and infection.

Hand hygiene for residents should not be forgotten. Because LTC homes promote socialization and group areas for eating and therapies (all very important), they may be inadvertently increasing the risk for person-to-person infection transmission or exposure to infection through the use of equipment, tables, and sitting areas. LTC homes, everyone who works in or visits them has a responsibility to minimize risk of infection to residents, staff and

visitors through proper hand hygiene and appropriate wearing of gloves. Staff who wear artificial nails or have chipped nailpolish are more likely to have microorganisms on their fingertips than those who have natural nails both before and after hand hygiene. Several studies have also shown that skin underneath rings is more heavily colonized with microorganisms than on fingers without rings. Staff's hands play a major role in the transmission of infection between residents.

***TIP* Hand Hygiene is the single most important measure for preventing transmission of infection.**

More information on This and Other Best Practices

• **Contact** your Regional LTC Best Practices Coordinator. They can help you with Best Practices Info for LTC.

Find them at:

- www.rgpc.ca
Click on Long Term Care
- www.shrtn.on.ca
Click on Seniors Health
- **Check out** the Hamilton Long Term Care Resource Centre www.rgpc.ca

• **Surf the Web** for BPGs Some sites and resources are listed on pg 2.



Best Practice in LTC Initiative Central South and The Long Term Care Resource Centre Hamilton

Hamilton LTC Resource Centre

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Myth 3: Soap and water work best

Skin provides a micro-environment that supports the growth of two groups of microorganisms on the hands - transient and resident - with different areas of the body having different amounts. Resident microorganisms have adapted to the skin's acidic conditions and are not easily transferred to others. Transient microorganisms are acquired on the hands through contact and are easily transferred to others. Removal of transient microorganisms is essential to prevent and control the spread of infection during routine clinical care. **Hand hygiene** is the removal or killing of microorganisms on skin integrity. There are 2 methods of hands - washing with soap and running rub. **Alcohol based hand rub**



TIP When to Do Hand Hygiene

- Before and after contact with resident such as taking blood pressure/ temperature, lifting
- After care involving the resident's body fluids
- After contact with environmental surfaces in immediate area of residents
- Before preparing, handling or serving the resident's food, or eating
- Before moving onward to another activity
- Before putting on and after removing gloves/PPE
- When you accidentally come into contact with resident's body fluids, secretions, excretions, blood
- Before and after staff break times, using toilet, blowing nose, eating
- Whenever in doubt

the hands as well as maintaining good removing/killing microorganisms on the water or using an alcohol-based hand **is the preferred method for decontaminating hands.** Alcohol based rubs are recommended for routine hand hygiene, unless hands are visibly soiled. Alcohol based hand rubs are the most efficacious agents for reducing the number of bacteria on hands. Antiseptic soaps/detergents are the next most effective and plain soaps are the least effective. Soap and water are recommended for visibly soiled hands.

Myth 4: Gloves replace hand hygiene

Never. Wearing gloves is not a substitute for proper hand hygiene.

Gloves do not provide complete protection against hand contamination. Hands must be cleaned before and after wearing gloves as contamination may occur during glove removal. Staff may become overconfident that wearing gloves is protective and wear gloves for all procedures and between procedures or residents. This has major cross-infection and transmission potential. Gloves must be changed after resident contact or between 'dirty' and 'clean' body-site care on the same resident.



When should you wear gloves?

- When you face a reasonable likelihood of hand contact with blood or other body fluids, mucous membranes (eyes, nose, mouth) or non-intact skin
- When performing vascular access
- When handling contaminated items or touching potentially contaminated surfaces

Gloving do's

- Wear the correct size
- Choose the right type of glove for the task and length of the task
- Clean your hands before wearing gloves
- Clean your hands right after removing gloves
- If you're doing a complicated lengthy procedure you may need to change gloves
- Keep fingernails trimmed and natural if wearing gloves
- Change gloves between residents
- Change gloves between different tasks performed on the same resident
 - If unsure, seek advice!

To clean hands using alcohol based rubs:

- Remove hand and arm jewellery
- Check that hands are visibly clean (if dirty then wash them first)
- 1-2 pumps/loonie-sized amount in palm
- Spread over all hand surfaces x 15sec
- Rub hands until product is dry

Are you doing your hand hygiene properly?

To wash hands properly:

- Remove hand and arm jewellery
- Wet hands with warm water (not hot)
- Apply liquid or foam soap (no bar soap)
- Vigorously lather all hand surfaces x15sec (hand surfaces = fingertips, between fingers, backs of hands, base of thumbs)
- Rinse thoroughly under water, rubbing them
- Use paper towel to dry hands & turn off tap

Check out these Best Practices & Guidelines. Answers to the Myths came from them. Find out more!

Canadian:

Provincial Infectious Diseases Advisory Committee (2006). *Hand Hygiene Best Practice Document*. Toronto: Queen's Printer for Ontario.
www.health.gov.on.ca/english/providers/program/infectious/pidac/pidac_fs.html

MOHLTC Resources: 1. Hand hygiene fact sheet for health care settings. 2. Hand hygiene technique. 3. Hand hygiene for health care settings presentation. 4. Hand hygiene observational tool and training program. Toronto ON. www.health.gov.on.ca/english/providers/program/pubhealth/handwashing/hw_bpractice.html

Health Canada, Laboratory Centre for Disease Control, Division of Nosocomial and Occupational Infections. (1999). *Routine practices and additional precautions for preventing the transmission of infection in health care*. *Can Commun Dis Rep*. 25(4), Suppl 1-141. www.phac-aspc.gc.ca/publicat/ccdr-rmtc/99pub/cdr25s4e.pdf

Others:

Boyce JM, Pittet D. Healthcare Infection Control Practices Advisory Committee; HICPAC/SHEA/APIC/IDSA Hand Hygiene Task Force. (2002) *CDC Guideline for Hand Hygiene in Health-Care Settings. Recommendations of the Healthcare Infection Control Practices Advisory Committee and the HICPAC/SHEA/APIC/IDSA Hand Hygiene Task Force*. Society for Healthcare Epidemiology of America/ Association for Professionals in Infection Control/ Infectious Diseases Society of America. *Morb Mortal Wkly Rep Recomm Rep*. 2002;51(RR16):1-44. www.cdc.gov/mmwr/PDF/rr/rr5116.pdf

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