

LOOK AFTER YOUR HANDS

- **Maintain** an intact skin in as far as possible
- **Always** wet your hands before applying soap and medicated agents
- **Always** rinse and dry your hands properly.
- **Do NOT** use communal pots of hand cream.
- **Always** cover cuts and abrasions with a good-sized water- proof plaster.
- **Assess** the infection risk. Do not wear gloves unless you need to do so. Always wear disposable gloves when handling blood/body substances.
- **Note:** Only heavy duty gloves should be worn by Maintenance, Laundry and Cleaning Staff.
- **Powdered** gloves are now obsolete.

If you suspect sensitivity/allergy to disposable gloves or suffer from any skin problem seek the advice of Occupational Health- Te. 5307.

A Germ Conversation



Germ No. 1 (under the stoned ring))
I am nicely settled on this ring

Germ No. 2 (in the palm of the hand)
Lets stick around here for a while and cause some trouble.

Germ No. 3 (lodged between the thumb and index finger)
We can go visit someone else if we get bored.

Germ No. 4 (underneath the finger nail)
This looks like a good hiding place

Germ No. 5 (on the back of the wrist)
A great place-they rarely reach us here

Note: Staff MUST NOT wear Wrist Watches or Stoned Rings - only Wedding Band allowed.

Doc. No. 7

Ref. 7.0

Infection Control
Mercy University Hospital
Cork.



Hand Washing for Staff.....

*Pass on the Message
Don't Hand on the Problem*



**STAFF INFORMATION
LEAFLET**

March 2006

Q. Why Wash Your Hands?

A. Hands are regarded as being one of the greatest risks of cross infection.

Effective hand hygiene is one of the basic principles of infection control, resulting in prevention of cross infection and protection of both patients and staff. Few aspects of care do not involve the use of hands that form a chain of contact from one patient to another. All disciplines of staff have a responsibility to their patients/clients, and to themselves to employ effective hand hygiene and break the potential chain of infection.

When to Wash Your Hands!

There is no set frequency for hand washing. It is determined by actions—those intended to be performed and those performed.

Some examples-

- On entering/ leaving a room/ward area.
- Before/after attending to a patient to include medical examination of patients.
- Before/after wearing gloves.
- Before after administering drugs—oral/iv.
- After any possible microbial contamination.
- Before preparing/handling food.
- After using the toilet /any sanitary facility.
- Any situation involving direct patient contact ie bathing/toileting/assisting to lift or

move a patient.

- Entering/leaving an isolation room/area.
- Before/ after aseptic procedures ie. wound dressing, insertion of urinary catheters/IV lines, any manipulation of an IV line. **Note: Any manipulation of Central Lines demands the use of sterile gloves.**
- Before/after emptying urinary drainage bags.
- After handling linen/waste.
- Before/after finishing your shift.
- In conclusion every time that there is patient involvement.

Preparation Check List

- Keep nails short and clean
- Do not wear nail varnish
- Do not wear false nails
- Do not wear stoned rings, wrist watches or bracelets only wedding band allowed

How to Wash Your Hands

Hand washing with the proper technique, covering all surfaces of the hands including the wrists is more important than the agent used or the length of time spent (Ayliffe et al). Proper drying is equally as important. Studies show that healthcare staff frequently use poor hand washing technique. The areas most commonly neglected are the fingertips, palms, the thumb, under the nails and the wrists

- See 6 steps of HSE Hand /Alcohol Rub Posters in your areas
- See diagram – next page

The areas in bold demonstrate the parts of the Hands most frequently missed



Hand Washing Agents usage in the MUH.

Social Hand Wash- soap & warm water

Aseptic Technique – Hibiscrub

Surgical Scrub- Betadine

Alcohol Rub

Prometic XL Cream

Alcohol Hand Rub Products

Alcohol Rubs are now a requirement in every hospital. (HSE SARI Guidelines. They are placed at all clinical entrances, sinks and should be available at each patient's bed side in “high” risk areas, and outside the doors of isolation rooms. In addition they must be near at hand in all other clinical areas.

Prometic XL Cream

As well as being an anti infective product it has excellent moisturising qualities and it's use is encouraged.

Note: Both of the above mentioned can on be used on clean hands and must not act as substitute for hand washing

Please ensure a supply of soap/oth products mentioned/paper towels a available at all times in your areas