

Hand Hygiene FactSheet

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This publication was produced in cooperation with the Centers for Disease Control to improve hand hygiene in health care settings.

- Improved adherence to hand hygiene (i.e. hand washing or use of alcohol-based hand rubs) has been shown to reduce transmission of antimicrobial resistant organisms (e.g. methicillin resistant staphylococcus aureus) and reduce overall infection rates in healthcare facilities.
- The Centers of Disease Control (CDC) has released guidelines to improve adherence to hand hygiene in health care settings. In addition to traditional hand washing with soap and water, CDC recommends the use of alcohol-based handrubs by health care personnel for patient care because they address some of the obstacles that health care professionals face when taking care of patients.
- Hand washing with soap and water remains a sensible strategy for hand hygiene in non-health care settings and is recommended by CDC and other experts.
- When health care personnel's hands are visibly soiled, they should wash with soap and water.
- The use of gloves does not eliminate the need for hand hygiene. Likewise, the use of hand hygiene does not eliminate the need for gloves. Gloves reduce hand contamination by 70 percent to 80 percent, prevent cross-contamination and protect patients and health care personnel from infection. Handrubs should be used before and after each patient just as gloves should be changed before and after each patient.
- When using an alcohol-based handrub, apply product to palm of one hand and rub hands together, covering all surfaces of hands and fingers, until hands are dry. Note that the volume needed to reduce the number of bacteria on hands varies by product.
- Alcohol-based handrubs significantly reduce the number of microorganisms on skin, are fast acting and cause less skin irritation.



- Health care personnel should avoid wearing artificial nails and keep natural nails less than one quarter of an inch long if they care for patients at high risk of acquiring infections (e.g. Patients in intensive care units or in transplant units).
- When evaluating hand hygiene products for potential use in health care facilities, administrators or product selection committees should consider the relative efficacy of antiseptic agents against various pathogens and the acceptability of hand hygiene products by personnel. Characteristics of a product that can affect acceptance and therefore usage include its smell, consistency, color and the effect of dryness on hands.
- As part of these recommendations, CDC recommends health care facilities to develop and implement a system for measuring improvements in adherence to these hand hygiene recommendations. Some of the suggested performance indicators include: periodic monitoring of hand hygiene adherence and providing feedback to personnel regarding their performance, monitoring the volume of alcohol-based handrub used/1000 patient days, monitoring adherence to policies dealing with wearing artificial nails and focused assessment of the adequacy of health care personnel hand hygiene when outbreaks of infection occur.
- Allergic contact dermatitis due to alcohol hand rubs is very uncommon. However, with increasing use of such products by health care personnel, it is likely that true allergic reactions to such products will occasionally be encountered.
- Alcohol-based hand rubs take less time to use than traditional hand washing. In an eight-hour shift, an estimated one-hour of an intensive care unit (ICU) nurse's time will be saved by using an alcohol-based handrub.

- These guidelines should not be construed to legalize product claims that are not allowed by the Federal Drug Administration (FDA) Approved Over-the-Counter Drug Review process.

These recommendations are not intended to apply to consumer use of the products discussed and are considered factual at the time of publication.

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