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Is there possibly anything more to write about hand hygiene?

We use the term hand hygiene (HH), not hand washing because HH includes both hand washing and use of alcohol based hand rub (ABHR). In the clinical setting, HH with ABHR is the gold standard for most situations.

So what stops us achieving 90% HH compliance in General Practice?

1. **Not providing ABHR**
   Some staff still prefer hand washing to ABHR prior to wound care or pap smears. ABHR is effective at removing MRSA after one application whereas it takes 5 handwashes with plain soap. Since most MRSA is community acquired, this is a convincing argument in favour of ABHR.

2. **Not placing ABHR at point of care including reception for staff and patients.**
   It has been shown that placing ABHR at point of care improves HH compliance by 30% compared with hand washing. Place it on a wound care trolley, the GP/nurse's desk and the patient couch i.e. there may be three bottles in one consulting room. Provide separate bottles for reception staff & patients

3. **Not performing it before & after patient contact, not just between patients.**

4. **Using less than the recommended 70% alcohol concentration (v/v), using insufficient volume.** **(**gel is not as active as liquid but is fine for GP. There are issues with foam but it is also acceptable).

5. **Placing ABHR at the sink.**
   This is a big no-no for three reasons. 1. If you have to go to the sink then compliance is likely to drop to that of hand washing (around 60%). Secondly, by mistake you may try to use the ABHR to wash with. Lastly, you may think that you should wash first then apply the ABHR - definitely not good for skin!

6. **Providing different brands when a single product range is advised**
   To reduce incompatibility and/or skin damage, Hand Hygiene Australia (HHA) advises use of ABHR, plain liquid soap including staff toilet, 4% chlorhexidine for surgery and hand cream from the same product range. If different pHs are used then these may inactivate each other and/or irritate the skin.

7. **Providing products that do not contain emollient**
   The brands recommended are those designed for healthcare workers (HCWs) because only these contain emollient (skin softener), not just moisturizer in the ABHR, liquid soap and hand cream.

8. **Not providing a compatible hand cream and not using it correctly**
   The hand cream should be aqueous based not petroleum based i.e. no mineral oil because this can affect glove integrity. (use same product range as ABHR etc). It is advised to use it 2-4 times per day and for a barrier effect, use it after the first HH episode on arrival at work. Use sufficient which means you will not be able to wear gloves for 3 or 4 minutes until it is absorbed. Maybe place it in the tea room

9. **Not wetting hands before applying soap and not drying hands correctly when hand washing**
   Hands are patted, not wiped and must be dry before you recommence work.

10. **Not performing competency checking to ensure staff are using ABHR and washing correctly**
    Staff are expected to perform HH for competency on a regular basis with another experienced staff member who can demonstrate correct technique. No one fails - you just get to do it again and again!

ABHR is not used when gastro is suspected nor when hands are visibly soiled nor for surgery. It is also not used in toilet or food/drink areas because it is not effective against Norovirus, a leading cause of viral gastro.

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