



## **2015 Infection Control October Newsletter # 9**

### **Skin Care for your precious hands - why?**

*Below are from national and international references but are all within current healthcare guidelines*

#### **1. When staff complain about alcohol based hand rub (ABHR)**

ABHR is the gold standard for hand hygiene in healthcare and not just an alternative to soap - there are less complaints about ABHR than soap. Soap references are liquid soap - soap is a detergent. Remember, do not place ABHR at the sink because staff may think they need to use this after washing - not recommended at all!

#### **2. What does ABHR and soap do to skin?**

Both remove oil and moisture from the skin - anyone who tells you that these are good for your skin is perhaps trying to sell you a product. The key is to use a recommended brand correctly.

#### **3. Hand Hygiene brand type**

Hand Hygiene Australia advises using a brand of soap and ABHR for Health Care workers since this should contain moisturizer and emollient (skin softener) within the actual product to reduce loss of oil and moisture. Supermarket do not contain both. Place this brand in staff toilets too. So what brand are you using?

#### **4. Hand Hygiene brand compatibility**

Hand Hygiene Australia advises stay within the same brand range type to avoid issues of incompatibility. Look around your practice and assess if your hand hygiene range is all the same product range - it is difficult to mount a case against using a particular brand when it is not being used correctly or is used with other brands.

#### **5. Use of soaps containing antiseptics etc**

Given that ABHR is the gold standard for healthcare and is used for dressings, pap smears etc, there is no need to use soaps containing chlorhexidene for these procedures (use 4% chlorhex wash for surgery only). It is well known that chlorhexidene causes skin damage so ask whether this is being used unnecessarily?

#### **6. Methods of use that damage skin when handwashing**

Ensure you wet hands first; ensure you remove soap completely after washing; avoid hot water - use warm or use cold if you have skin damage; pat not wipe hands dry; use compatible skin lotion 2 - 4 times per day to reduce loss of oil and moisture - **hand lotion / cream is an essential part of hand hygiene - blokes too!**

#### **7. Glove use**

You must perform hand hygiene after every glove removal because gloves are not a perfect barrier but unnecessary glove use compounds skin damage. Check the guidelines for wound care and you will see there are steps in the procedure that do not require gloves. Aspects of surface cleaning also do not require gloves.

#### **8. Type of hand lotion / cream**

The recommendation is to use a compatible skin lotion 2 - 4 times per day. Compatible means it does not affect your soap or ABHR. It should be water based (mineral oils can affect glove integrity) and the same brand as your ABHR and liquid soap - ask your health care brand rep if their handcream contains emollient.

#### **9. Placement of hand lotion / cream**

Correct use of your provided lotion/cream means you cannot work for a few minutes while this is being absorbed. Place it in the tearoom where staff have time to use it - placing at the sink may not be effective

#### **10. Best time to use hand lotion / cream**

Wash at start of shift and follow with skin lotion/cream because this is a barrier cream and will create the barrier at the start of your working day. Reapply when you go for a break and again at the end of day.