

DARTMOUTH DENTAL PRACTICE PROCEDURES



TO: **All Staff**

FROM: **Marian Roberts**

DATE: **Thursday, 10 May 2012**

SUBJECT: **Hand Hygiene Procedure (a copy of this procedure to be kept in each surgery)**

This procedure is endorsed by the HPA (Health Protection Agency). A copy of this procedure is also included in the 'Induction Manual'. Check [this link](#) for an up-to-date position on hand hygiene.

Hand hygiene is the single most important method of preventing and controlling infection.

The hands normally have a "resident" population of micro-organisms. Other micro-organisms are picked up during every-day activities, and these are termed "transient" organisms. Many infection control problems are caused by these transient organisms. Hand washing with soap & warm water should remove these transient organisms before they are transferred to surfaces, another patient or to a susceptible area on the same patient. In addition to washing with soap and water an alcohol rub will increase the removal of transient bacteria and should be used prior to clean or aseptic procedures, e.g. dressing changes, giving injections. Using an alcohol rub is a useful alternative when the hands are not visibly dirty, or when adequate hand washing facilities are not available. It is important that hand washing is carried out correctly to prevent the spread of infection. Studies show that health care staff frequently use poor hand washing techniques and the most commonly neglected areas are the tips of the fingers, palm of the hand, and the thumb.

The hand-hygiene policy for the practice is as follows:

- Wash hands between each patient treatment, and before donning and after removal of gloves.
- Bar soap must not be used or made available in the practice.
- Do not use scrub or nail brushes because these can cause abrasion of the skin where microorganisms can reside.
- Nails must be short and clean. Nails should be free of nail art, permanent or temporary enhancements (false nails) or nail varnish.
- Nails should be cleaned using a blunt "orange" stick (this looks like a pencil without lead in it and is used to gently push back the cuticle).
- Use good-quality soft paper hand-towels.

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- Ensure that paper towels and drying techniques do not damage the skin.
- Use a hand cream following hand-washing at the end of a session to counteract dryness, but do not use hand cream under gloves because this can encourage the growth of microorganisms.
- Antibacterial-based hand-rubs/gels formulated for use without water can be used on visibly clean hands in conjunction with a good hand-washing technique for invasive dental procedures.
- Antibacterial-based hand-rubs/gels can also be used instead of hand-washing between patients during surgery sessions.
- Follow local infection control guidance or manufacturers' instructions on the maximum number of applications of antibacterial-based hand-rubs/gels that can be used on physically clean hands before hand-washing is required. Be aware that build-up of product on the hands occurs with repeated application. If hands become "sticky", they must be washed as normal using a proper hand-hygiene technique.
- Alcohol-impregnated wipes used for cleaning surfaces should not be used in place of hand-rubs/gels, as they are not effective in hand decontamination.
- Use a foot-operated or sensor-operated waste bin.

Good Practice

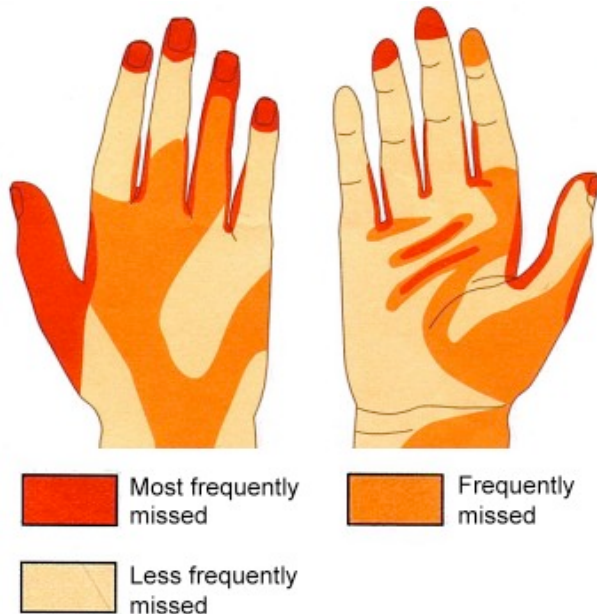
- Fingernails should be kept clean and short.
- Do not wear false-nails or nail polish
- Jewellery (including a wrist watch) should not be worn, except a plain wedding band.
- Breaks anywhere on the skin should be covered with a waterproof dressing.
- Medical advice should be sought for skin damage caused by other medical conditions e.g. eczema, psoriasis.
- All healthcare staff should be 'bare below the elbow'.

Hands should be washed:

- After visiting the toilet
- Before handling food
- When the hands are visibly soiled.
- Before a 'clean' procedure
- After a 'dirty' procedure, even if gloves were worn
- Between care episodes for one patient
- Between different patients
- After coughing or sneezing into hands





Areas missed during hand hygiene







Hand-washing - How to do it properly

Fit elbow operated or automated taps. Ensure continuous stream of water. Wet hands and apply soap (or recommended cleaning agent) to hands.

Instruction - what to do	Picture of what to do
1 Clean Palm to Palm.	
2 Right palm over left dorsum and left palm over right dorsum.	

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Instruction - what to do	Picture of what to do
3 Palm to palm fingers interlaced.	
4 backs of fingers to opposing palms with fingers interlocked.	
5 Rotational rubbing of right thumb clasped in left palm and vice versa.	
6 Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa.	
7. Make sure you also wash your wrists.	
8. Dry your hands thoroughly.	
9. Apply hand cream to assist with maintaining skin integrity.	

Equipment needed for effective hand washing

- Wash hand basin with either elbow operated mixer taps or automatic proximity taps

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- Liquid soap in dispenser either hand operated or preferable automated dispensing
- Disposable paper towels
- Foot operated pedal bin for disposal of towels

Method of applying an alcohol hand rub

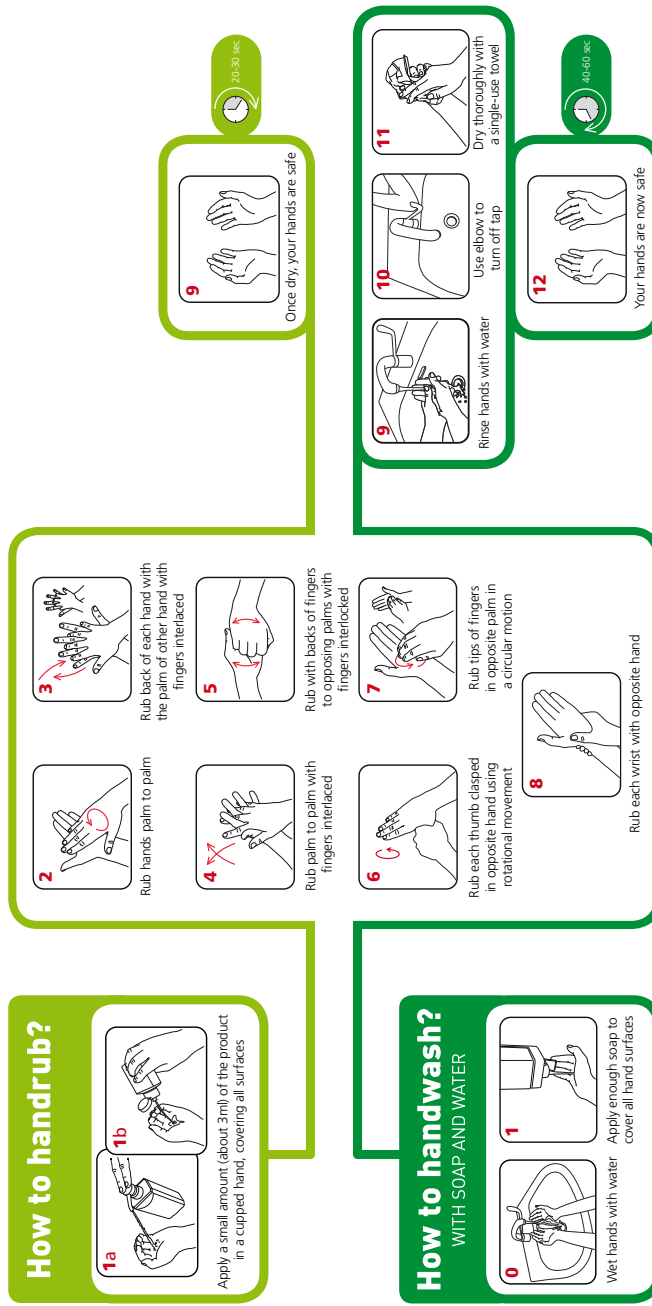
When using an alcohol rub, the preparation should be rubbed into all areas of the hands, again paying attention to the thumbs, fingertips, between the fingers and the backs of the hands (see diagram 1) until the hands feel dry. Sufficient must be used to treat all areas of the hands.



Decontamination: Health Technical Memorandum 01-05 – Decontamination in primary care dental practices

NHS
National Patient Safety Agency

HAND CLEANING TECHNIQUES



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campaign

Adapted from WHO World Alliance for Patient Safety, 2005