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Recommendations for Hand Hygiene

An article on the SHEA/IDSA/APIC Practice Recommendation: Strategies to prevent healthcare-associated infections through hand hygiene: 2022 Update outlines best practices for health care providers on hand hygiene. In the purpose section of this article, it states that the intention of the document is to highlight practical recommendations in a concise format designed to assist acute-care hospitals in implementing and prioritizing efforts to prevent HAIs through hand hygiene. However, reviewing the list of recommendations (Table I of the document), several of the elements are very practical to long-term care services.

Table I in the article includes 4 sections of recommendations, with recommendations in each section. Some of these items are identified by quality of evidence with a low, moderate, or high level. Here are some options for long-term care providers to consider including in their hand hygiene practice.

Essential Practices:

- Promoting the maintenance of healthy hand skin and fingernails.
    - Preferential use of ABHR in most clinical situations.
    - Perform hand hygiene in accordance with the CDC or WHO Five Moments
    - Inclusion of fingernail care and prohibition of artificial nails and/or polish.
    - Prevention of dermatitis, including readily accessible (IP approved) hand moisturizers.
- Selection of appropriate products.
    - ABHR with at least 60% alcohol.
    - Involving staff in selection of products.
    - Confirming the volume dispensed in ABHR dispensers is appropriate to obtain effectiveness.
    - Consider use of hand moisturizer that is compatible with antiseptics and gloves.
- Ensuring accessibility of hand hygiene supplies.
    - Ensuring that dispensers are visible and accessible within the workflow of HCP.

    - In private and semiprivate rooms, 1 dispenser per 2 beds is the recommended minimum threshold for adequate number of dispensers.
    - Evaluate the risk of intentional consumption, utilizing dispensers that mitigate this risk such as wall-mounted dispensers that allow limited numbers of activations within short periods.
- Ensuring appropriate glove use to reduce hand and environment contamination.
    - Use gloves for all contact with the patient and the environment according to standard and contact precautions during care of individuals with organisms confirmed to be less susceptible to biocides (i.e. C. difficile and norovirus).
    - Educate HCP about the potential for self-contamination and environmental contamination when gloves are worn.
    - Hand hygiene immediately following glove removal.
    - Educate HCP to doff gloves in a manner that avoids contamination.
- Steps to reduce environmental contamination associated with sinks and sink drains.
    - Ensuring handwashing sinks are constructed according to administrative codes.
    - Including sinks in water infection control risk assessments.
    - Dedicate sinks to handwashing if possible.
    - Educate HCP to refrain from disposing substances that promote growth of biofilms such as intravenous solutions and medications in handwashing sinks.
    - Using EPA-registered disinfectant to clean sink bowls and faucets daily.
    - Medications and patient care supplies should be stored and prepared at least 3 feet away from sinks.
    - Providing disposable or single-use towels to dry hands and avoiding hot air dryers in care areas.
- Monitoring adherence to hand hygiene.
    - Use multiple methods to measure adherence.
- Providing timely and meaningful feedback to enhance a culture of safety.

- Feedback should be considered in multiple formats and on multiple occasions such as verbal, written, and real-time or weekly.
- Consider debriefing unit managers as soon as possible following direct observation.
- Feedback should be meaningful with clear targets linked to actions that improve adherence.

Additional Approaches During Outbreaks:

- Consider educating HCP using a structured approach for handwashing or sanitizing. Evaluating their adherence to technique.
- For waterborne pathogens of plumbing, consider sink drain disinfectants with claims against biofilms. Consulting with state or local public heath for assistance in determining appropriate protocols.
- For C. difficile and norovirus, in addition to contact precautions, encourage hand hygiene with soap and water after the care of patients with known or suspected infections.

Approaches that **Should Not** Be Considered a Routine Part of Hand Hygiene:

- Do not supply individual pocket-sized dispensers in lieu of minimum thresholds for accessible wall-mounted dispensers.
- Do not refill or top-off soap, moisturizer, or ABHR dispensers intended for single use.
- Do not use antimicrobial soaps formulated with tricosan as an active ingredient.
- Do not double-glove except when specifically recommended for certain job roles or in response to certain high-consequence pathogens.
- Do not disinfect gloves during care unless specifically recommended in response to certain high-consequence pathogens.
- Do not remove access to ABHR when responding to organisms that are anticipated to be less susceptible to biocides (C. difficile or norovirus).
- Do not attempt to remediate potential biofilms in sink drains with disinfectants lacking EPA registration for this use.

Unresolved Issues:

- HCP use of alcohol-impregnated hand wipes is unresolved due to the lack of noninferiority data.