



Incontinence
Solutions



Know How.
Hand Hygiene.

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Incontinence
Solutions

Continuing Education for Healthcare Assistants

Including CNAs, Home Health Aids and Health Care Techs

Hand Hygiene & Skin Care

How do we improve skin in any context? Keep in mind we're talking about skin not about skin disease. We're not talking about psoriasis, or melanoma, or the things that we would traditionally think about as skin diseases. We're talking about every day things that the nursing staff is held accountable for because one of the nursing quality indicators is skin care. The nurses need to keep the skin of their patients in good condition, as well as keeping their own skin healthy in a very challenging and dynamic environment.

The goal of reducing healthcare acquired infections is number one. When the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) comes, they evaluate everything. Many Infection Control Officers are of the mindset that no child should have a healthcare acquired infection.

So, the question is...

What does it take to reduce infection rates?

Infections can be transmitted from surfaces to personnel to the patient, or from those surfaces directly to the patient. Our goal is to prevent the spread of these infections.

Skin care does not get much attention but is very important because poor hand hygiene can lead to the spread of infections. The basic elements of hand hygiene are hand washing, disinfection, and skin care.

Hand Washing

One of the most troublesome things about hand washing is that it exposes the top layers of your skin to water, which can damage these top layers and remove many of the things that keeps our skin supple. Once the skin gets damaged, holes can develop and micro-organisms can penetrate. This irritation causes the skin to start a repair process. If the hands are continually going through this break down and repair process, normal skin is not formed.

Dry, scaly skin has cracks or fissures, which are ideal places for microorganisms to find and live in. Literature says that damaged skin has more microorganisms on it than non-damaged skin.

Disinfection

Alcohol rubs have been helpful for disinfection because they are less hurtful for the skin than soap and water. But the problem lies in switching people over to them. Our goal is to find the most effective techniques and use them, because in our industry any advances can save lives.

Continued on next page...

Disinfection (Continued)

If the user has a cut or fissure or crack, the alcohol can get into the cut and will sting or burn. From then on the user is likely to switch back to washing their hands. This causes a problem because they are likely to avoid using the product that is actually better for them, because of the temporary discomfort.

While not on the job, we recommend you to avoid skin-stressing activities, for example cleaning at home. Other skin stressors include: prolonged hand washing, brushing/scrubbing, prolonged wearing of gloves, and contact with irritating substances.

Skin Care

We recommend that people use lotions or other repair products before each shift, after breaks, after shifts, in leisure time, and whenever they deem necessary. Every time a person goes into a healthcare setting the skin is always a primary interface. The skin is always on the front line.

Skin care is important to the provider and also the patient. From the infections standpoint, the most important part of infection control is skin hygiene. When the staff recognizes this fact, they will be apt to mimic their skin hygiene to the care they provide patients.

If you could look at stratum corneum layer of the skin under a microscope you would see 16 different layers that are hooked together. They are about 10 micrometers thick. This is a thin and tough layer. This is the layer that can make it difficult to inject someone with a needle. If this layer gets infected every layer below it can get affected as well. Below the stratum corneum is the epidermis; the job of the epidermis is to create more cells that replace the layers of stratum corneum. If you breach the barrier the system is vulnerable, which is when the system has to respond to an infection.

A good analogy for breaches in the skin is a brick wall. If you start removing individual bricks then the integrity of the whole wall declines, infections can get through these small openings and create visibly evident problems such as inflammation.

Skin is well designed in that it repairs itself very fast. Unless you can let your skin repair properly, the new stratum cornea will not be normal, and it is more likely to allow penetration. You can get into this cycle of damage and repair, and the only way to get out is proper skin care. Another thing that causes skin problems is stress. Not stress on the skin, but mental stress, which causes hormones that can be found in the skin. When we examine those under stress we find that they have fewer of the native microbial agents that are typically found in the skin. They have increased infection and delayed recovery. Stress is a big problem that we cannot ignore. We will hear more about this as more research is done.



Reducing the Risk of Infection

Hand-Washing Technique

1. Turn on water to a comfortable temperature to moisten hands and wrists.
2. Apply soap.
3. Generate heavy lather and wash well for approximately 15 seconds, paying particular attention to areas between fingers, around nail beds, under fingernails and backs of hands.
4. Rinse well under running water, keeping hands low in the sink to prevent splashing.
5. Hold hands so that water flows from wrist to fingertips.
6. Dry hands completely with a clean paper towel.
7. Use the paper towel to turn off the faucet so your hands remain clean from any contaminants that may be on the faucet.

Technique for Using Alcohol-Based Instant Hand Sanitizer

1. Put your hands together, spreading the hand sanitizer onto fingertips, cuticles and nails and up to the wrists. Rub palms against each other.
2. Rub hand sanitizer into back of hand and into web spaces between fingers. Repeat procedure for other hand.
3. Rub palm to palm again, with fingers interlaced. Repeat procedure for other hand.
4. Rub upper part of your fingers against the palm of your hand.
5. Rub right thumb clasped in left palm and vice versa.

Hints

- » Keep nail tips (natural or artificial) less than 1/4 inch long.
- » Use a lotion or glove that moisturizes the skin to address and prevent irritated skin from hand hygiene products.





Clinical Education

Hand Sanitizer Use—Skill Review Validation Form

Employee's Name: _____ Date: _____

Task	Reviewed Date/Initials	Demonstrated Date/Initials	Comments
1 Apply 2-3 squirts of hand sanitizer to clean, dry hands.			
2 Rotate and rub clasped fingers of right hand in left palm. Repeat with left hand.			
3 Thoroughly work hand sanitizer under nails and into cuticles.			
4 Rub hands together, palm-to-palm and wrist-to-wrist.			
5 Rub the right palm over left back of hand with interlaced fingers. Repeat with left palm over right back of hand.			
6 Rub palm-to-palm with interlaced fingers.			
7 Rub back of fingers to opposing palms with fingers interlocked.			
8 Grasp the left thumb with the right hand and rub, rotating around the thumb. Repeat with the right thumb from front to back with all washing and strokes.			



Clinical Education

Hand Washing—Skill Review Validation Form

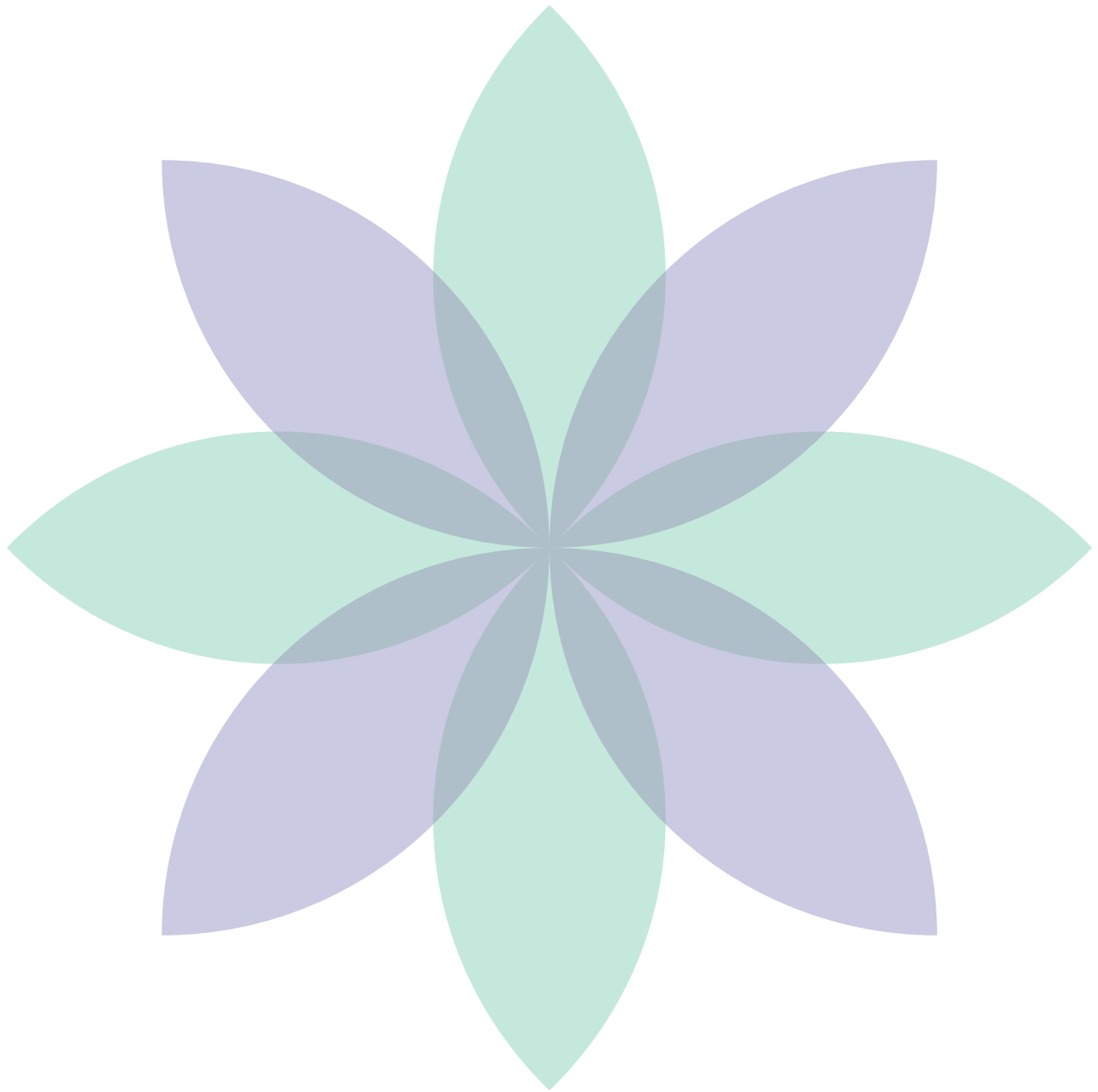
Employee's Name: _____ Date: _____

Task	Reviewed Date/Initials	Demonstrated Date/Initials	Comments
1 Greet resident, address by name and introduce self.			
2 Wet hands and apply soap.			
3 Work up lather, cleansing front and back of hands, between fingers, around cuticles, under nails and up wrists (hands-width).			
4 Provide cleansing friction for a minimum of 20 seconds.			
5 Remove all soap, rinsing while holding fingers lower than wrists.			
6 Dry hands with paper towel and limit contact of towel to cleansed skin surfaces.			
7 Turn off water with paper towel and dispose of towel.			
8 Complete task without contaminating hands, such as against sink.			
9 Promote resident rights throughout procedure.			

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