

Hand Hygiene

Using the correct hand hygiene methods has been proven to effectively minimise the spread of infection. Regularly cleaning hands either using old fashioned soap and water, newer antiseptic hand washes or alcoholic hand rubs or wipes is crucial to reducing the possibility of transferring micro-organisms from staff and Doctors to patients and vice versa.

Hands should be cleaned:

- Before and after eating
- After examining and treating patients
- After routine use of gloves
- After handling any instruments or equipment that may have been soiled with blood or other body substances
- After going to the toilet
- When visibly soiled or perceived to be soiled
- Between procedures
- Before performing aseptic procedures
- Before examining neonates and patients who are immunocompromised

Doctors and staff should have easy access to hand hygiene facilities so they can clean their hands often. Basins and taps or hand disinfectants need to be available in all patient management areas. Ideally, in new or refurbished premises, elbow-operated or sensor-operated hand washing facilities would be installed.

Hands need to be dried following washing with soap and water. Not completely drying hands can lead to chapping and damaged skin, which can lead to micro-organisms and bacteria, thereby increasing the risk of transmission to patients during procedures. Ideally fingernails will be kept short and clean and jewellery should be kept to a minimum while at work.

Selecting the correct product is vital to ensuring Doctors' and staff hands are adequately cleaned and disinfected. Consideration should be given to the type of hand wash routine required ie routine, clinical or surgical, and the location of the product. For example, use plain soaps in toilets for routine hand washing and soaps with 4% chlorhexidine (a skin disinfectant) in treatment room areas.

Reference: RACGP *Infection Control Standards for Office Based Practices* (4th Edition)