

EFFECTIVE HAND HYGIENE PRACTICES



- If you shake hands, either at the start or end of an appointment, it can increase the risk of transmission of skin-borne pathogens. This risk can be reduced by including an additional hand hygiene routine after shaking hands.
- Practitioners should not shake a patient's hand when greeting them in the reception area without having first completed hand hygiene.
- Hands must always be washed at the start of a working session, after toilet breaks, before and after eating and when leaving the surgery.
- Hands must also be washed with soap and water when visibly dirty or contaminated with proteinaceous material, or visibly soiled with blood or other body fluids. Washing hands with soap and water is preferred over using an alcohol based hand rub (ABHR) in these situations as it guarantees a mechanical removal effect.
- Handwashing should be undertaken in dedicated (clean) sinks preferably fitted with non-touch taps (or carried out using a non-touch technique) and not in the (contaminated) sinks used for instrument cleaning.

ABHR Use

- The accepted protocol is to use an ABHR for all clinical situations where hands are visibly clean.
- In a dental practice, the normal routine should be for dental staff to use ABHR between patient appointments and during interruptions within the one appointment.
- ABHR is applied onto dry hands and rubbed on for 15-20 seconds, after which time the hands will be dry.
- ABHR can be used as often as is required, and a compatible moisturiser should be applied up to four times per day.
- ABHR must only be used on dry skin as wet hands dilute the product, thereby decreasing its effectiveness.
- Unlike detergents and soaps, ABHRs do not remove skin lipids and they do not require paper towel for drying.
- In Australia, a range of ABHR products are registered with Therapeutic Goods Administration (TGA). These contain a sufficiently high level of alcohol (ethanol or isopropanol) to achieve the desired level of decontamination.
- Dental practitioners must not use ABHR products that do not carry TGA approval. Typically, suitable ABHR will contain a skin emollient to minimise the risk of skin irritation and drying, have minimal colour and fragrance, and will leave the hands in a dry state after being rubbed in for 15-20 seconds.
- Bottles of ABHR should not be 'topped up' because the outside of the dispenser may become contaminated. Empty dispensers should be discarded and not reused.
- ABHR products designed for domestic use will not have TGA registration and must not be used in clinical settings. Only a limited number of alcohol-containing foams are certified for use for hand hygiene in healthcare settings.
- All dental staff must be aware of the correct use of ABHR and handwashing products and caring for their hands.
- Regular use of skin moisturisers both at work and at home should be promoted.
- Moisturising skincare products used in the dental practice must be compatible with the ABHR.
- Washing hands with soap and water immediately before or after using an ABHR is unnecessary and could lead to dermatitis. For this reason, it is both desirable and convenient to position ABHR dispensers close to the clinical working area (but away from contamination by splash and aerosols), rather than at an existing handwashing sink.



Note: Particular attention to handwashing is required when dental practitioners work outside the normal clinical environment, for example, in a nursing home or at a patient's home, since ABHR products do not inactivate norovirus, hepatitis B or certain other enteric viruses that spread readily from contact with contaminated surfaces.