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HAND HYGIENE TIMES

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Hand Hygiene Should Always Include Skin Health

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A healthcare workers' (HCW) most important tool is his or her hands. Without the ability to use our hands effectively, we cannot perform the duties of our job. Many HCW consider skin dryness, irritation, and contact dermatitis of hands part of the "cost of doing business." However, this should not be the case, and healthcare workers need more education around how to properly care for their hands. Hand hygiene products have come a long way in terms of formulation. Well-formulated products are designed to have good efficacy, skin health properties, and aesthetics (desirable sensorial attributes). Each attribute plays an important role in product functionality and how HCW accept and interact with products. The Healthcare Personnel Handwash Test is an accepted Health Canada test method for healthcare hand washes, including alcohol-based hand rub (ABHR) products. This test measures the reduction of a transient marker organism on the hands of adult subjects after a single product use and after 10 consecutive product uses, requiring a 3- \log_{10} reduction at application 1 and 10 for an ABHR.¹ Key decision makers for hand hygiene products should be aware of efficacy requirements and select products that meet these requirements.

HCW will be more acutely aware of skin health and aesthetic properties of hand hygiene products, such as whether the product causes skin dryness, or results in a sticky, tacky buildup. These attribute are important because of repeated product use throughout a shift. At the very least, hand hygiene products should maintain skin health, and ideally they should improve it. However, if products are improperly used, regardless of how well they are formulated, they will not prevent skin damage from

occurring. For example, ABHR should be used for the majority of hand hygiene events, except when hands are visibly soiled or contaminated. Soap and water should not be over-used and should be limited to when hands are visibly soiled or contaminated because even the best formulated soaps are less mild to skin than a well-formulated ABHR. In addition, ABHR have many advantages over soap and water such as superior efficacy, speed of procedure, better compliance, and skin health benefits.² If HCW over-wash and under-sanitize, they are setting themselves up for a potential cycle of skin damage that may be difficult to break. HCW often believe that soap and water is less damaging to the skin, but it is ABHR that causes the stinging and burning when the skin is already damaged and certain nerve receptors are exposed. Other common mistakes include not allowing hands to dry completely after the use of ABHR and soap and water and donning gloves too soon which traps moisture and contributes to skin irritation. Lastly, it's critical to provide lotion in the clinical setting. Using a lotion that is compatible with gloves and other hand hygiene products and does not contain offensive odors is key. HCW should be instructed to use lotion at least twice per shift, more often in cold climates or when relative humidity is low, and to use lotion frequently at home.

Even seasoned HCW should receive ongoing education and reminders around hand hygiene. It is often assumed that HCW know when and how to perform hand hygiene, but this is not always the case. Hand hygiene compliance is a major focus in many healthcare facilities right now. As pressure to improve compliance increases, a renewed focus on skin health should complement it.

¹ Minister of Public Works and Government Services Canada. Guidance document: Human-use antiseptic drugs. 2009. Available from Health Canada web site: https://www.canada.ca/content/dam/hc-sc/migration/hc-sc/dhp-mps/alt_formats/pdf/prodpharma/applic-demande/guide-ld/antiseptic_guide_ld-eng.pdf. Accessed October 8, 2018.

² Widmer AF. Replace and washing with use of a waterless alcohol hand rub? Clin Infect Dis. 2000;31:136-43.

PRODUCT FEATURE

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- **DIRT REMOVAL** Removes 30% more dirt than regular soap.²
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Hand Soap

Hand Soap	Dispenser Refills			
	535 mL bottle	ES4 1200 mL	ES6 1200 mL	ES8 1200 mL
PURELL CRT HEALTHY SOAP™* High Performance Foam	5775-04-CANOO	5085-02-CANOO	6485-02-CANOO	7785-02-CANOO



*Cleans & moisturizes

¹ Does not contain an antibacterial soap active ingredient.

² Augustine Scientific, Newbury OH, Ex Vivo Soil Removal Analysis, August 5, 2017.

³ BioScience Laboratories, Inc., Bozeman, MT, Study# 170398-101, Evaluation of In-Vivo Germ Removal, July 5, 2017.

⁴ GOJO Industries Inc, Study 2017-08-110608 Healthy Soap CRT Foam and Lather Study August 2017.

⁵ GOJO Industries, Inc., 2017-07-110599 PURELL Healthy Soap CRT Rinse and Sustainability Study, 19 July 2017.