



# Best Practices for Healthy Hands



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# Hand Hygiene and Skin Health

Hand hygiene is a critical aspect of patient safety.<sup>1</sup> Repeated use of alcohol-based hand rub (ABHR) and soap and water places healthcare workers (HCWs) at increased risk for skin damage, and skin irritation is often cited as a barrier to hand hygiene compliance.<sup>2</sup> Lack of awareness of the true causes of skin damage is a significant contributing factor. Therefore, to maintain

healthy hands and ensure hand hygiene compliance, it is essential that HCWs understand the behaviors that actually lead to skin damage and steps they can take for prevention.

## Common Myths About ABHR Among Healthcare Workers

**MYTH** Soap and water is gentler on my skin.

**TRUTH** Over-use of soap and water causes damage to the outermost layer of the skin by dissolving lipids that help retain the skin's moisture, leading to dry, flakey skin. With each soap and water use, the problem worsens. Eventually, nerves in the skin become exposed, and when ABHR is applied, there is stinging and burning. Because of this, HCWs often continue soap and water use, creating a cycle of skin damage that is difficult to interrupt.

**MYTH** ABHRs damage my skin.

**TRUTH** ABHRs have very little impact on the skin. ABHR can cause stinging and burning when hands are already damaged, usually from over-use of soap and water. Imagine applying ABHR to your hand when you have a paper-cut. The ABHR burns, but it did not cause the paper cut.

MYTH  
vs.  
TRUTH

**MYTH** Soap and water works better than ABHR.

**TRUTH** National and international hand hygiene guidelines recommend using ABHR as the preferred means of cleaning hands. ABHR has been very well-studied and has superior efficacy over soap and water (even antimicrobial soap). In addition, ABHR has many other benefits like speed of use, convenience and skin health.<sup>1,3</sup>

**MYTH** After every 3-5 ABHR uses, I should wash my hands with soap & water.

**TRUTH** This is not necessary. When ABHRs were first introduced to the market, manufacturers recommended washing after every 3-5 uses; however, formulations have evolved and this is no longer recommended. If product build-up develops, it can be washed off, although it is best to reserve soap and water for when absolutely necessary, like when hands have visible blood or bodily fluids on them.

# Warning Signs of Skin Damage

Your hands are your most important tool. Always be on the lookout for skin damage.



## Early Warning Signs of Skin Damage:

Dryness, tightness, flaking or itching of the knuckles, back of hands, and between fingers.



### What To Do:

Make sure you're using ABHR as much as possible and not over-washing with soap and water. Use a lotion as often as possible during your shift and get a thicker lotion or cream for frequent use at home.



## Advanced Signs of Skin Damage:

Damage that involves the palms of the hands, redness, swelling, blistering, bleeding, cracking, difficulty making a fist.



### What To Do:

Find out who to report the damage to at your facility and seek help right away.

There are two types of skin reactions related to hand hygiene:

## Irritant Contact Dermatitis

Most common type of skin reaction associated with hand hygiene. Symptoms can include dryness, irritation, itching, cracking, and when severe, bleeding. In one study, **85%** of nurses reported a history of irritant contact dermatitis, and **25%** reported dermatitis symptoms at the time of the study.<sup>4</sup>

## Allergic Contact Dermatitis

**Rare** type of skin reaction that results from an allergy to an ingredient in the hand hygiene product. Can be mild and localized, or severe and generalized. It is sometimes difficult to distinguish from irritant contact dermatitis and may warrant evaluation by a dermatologist.

## Quick Tips for Healthy Skin

- 1** Always choose ABHR over soap and water, unless your hands are visibly soiled, after caring for patients with *Clostridioides difficile* (C. diff) or per your facility's policy.
- 2** Make lotion a part of your routine all year round. Be aware of times when you may need to increase the use of lotion or use a thicker moisturizer at home.
- 3** Be on the lookout for skin damage. The earlier you recognize it and do something about it, the better. Seek help immediately if your skin damage is advanced. Find out who you need to notify at your facility.



# Lotion is Essential

Incorporating lotion into your routine is good practice all of the time, but especially:

- During cold, dry weather or changes in climate
- When you're switching from one hand hygiene product to another
- If your hands feel dry for any reason



## AT WORK

- Ideally, use lotion after every soap and water use
- At minimum, apply twice per shift

Never bring lotions from home into the clinical environment without approval. Non-approved lotions may not be compatible with other hand hygiene products and gloves and may have levels of fragrance that are not appropriate.



## AT HOME

- Apply lotion as frequently as possible
- Apply a thicker lotion or cream before going to sleep so it remains on the skin for an extended period

Thicker lotions and creams have a higher oil content and can be very beneficial outside of work when more greasiness can be tolerated. Look for a thicker lotion or cream that is fragrance-free for use at home.



## Which Product Should I Use?

### USE SOAP AND WATER:

- When hands are visibly dirty or contaminated with proteinaceous material or are visibly soiled with blood or other body fluids
- Before eating
- After using the restroom
- After caring for patients with C. diff if your policy requires it

### USE ABHR:

- If hands are not visibly soiled
- Before direct patient contact
- After removing gloves
- Before handling an invasive device for insertion
- After contact with intact skin
- Before moving from contaminated patient body site to a clean site during patient care
- After contact with inanimate objects or medical equipment close to a patient

1. Centers for Disease Control and Prevention. Guideline for hand hygiene in health-care settings: recommendations of the healthcare infection control practices advisory committee and the HICPAC/SHEA/APIC/IDSA hand hygiene task force. MMWR 2002;51:RR-16. | 2. The Joint Commission. Measuring hand hygiene adherence: overcoming the challenges. 2009. Available from: [http://www.jointcommission.org/assets/1/18/hh\\_monograph.pdf](http://www.jointcommission.org/assets/1/18/hh_monograph.pdf). Accessed February 7, 2019. | 3. World Health Organization. WHO guidelines on hand hygiene in health care. First global patient safety challenge: clean care is safer care. [http://whqlibdoc.who.int/publications/2009/9789241597906\\_eng.pdf](http://whqlibdoc.who.int/publications/2009/9789241597906_eng.pdf). Published 2009. Accessed February 7, 2019. | 4. Bolon M. Hand hygiene. Infect Dis Clin North Am. 2011;25:21-43.

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