

Related Professional Association Guidelines and Recommended Practices

- CDC Hand Hygiene Guideline
“Provide specific recommendations to promote improved hand hygiene practices and reduce transmission of pathogenic microorganisms.”
<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5116a1.htm>
- JCAHO National Patient Safety Goals
“Accredited healthcare organizations will be surveyed for compliance with CDC’s Hand Hygiene Guideline.”
<http://www.jcaho.org/accredited+organizations/patient+safety/>
- AORN 2004 Recommended Practices for Surgical Hand Antisepsis/Hand Scrubs

“All personnel should practice general hand hygiene...skin moisturization products may help reduce bacterial shedding from the skin...the use of moisturizing products should be incorporated...into policies.”
“Recommended Practices For Surgical Hand Antisepsis/Hand Scrubs”. AORN Journal, February 2004, Vol. 79, No. 2, pp. 416-430.

References

1. Grove, G.L., et al, “Methods for Evaluating Changes in Skin Condition Due to the Effects of Antimicrobial Hand Cleansers: Two Studies Comparing a New Waterless Chlorhexidine Gluconate/Ethanol Emollient Antiseptic Preparation with a Conventional Water-Applied Product”, Am J Inf Con, 2001, Vol.29, No. 6, 361-369.
2. McCormick, R., Buchman, T., Maki, D. “Double-blind, randomized trial of scheduled use of a novel barrier cream and an oil-containing lotion for protecting the hands of health care workers”, AJIC, 28 (4), 2000, 302-310.
3. National Institute of Occupational Safety and Health. NORA allergic and irritant dermatitis. December, 1998.
www.cdc.gov/niosh/topics/skin
4. Larson E., Friedman C., Cohran J., Treston-Aurand J., Green, S. (1997 September/October). Prevalence and correlates of skin damage on the hands of nurses. Heart Lung. 26(5), 404-12.
5. Zhan C., Miller M.R. (2003). Excess length of stay, charges, and mortality attributable to medical injuries during hospitalization. JAMA. (290), 1868-74.

To learn more about hand hygiene and other important infection control issues for healthcare workers, visit www.apic.org or call APIC at 202/789-1890

Reviewed by Rosie Fardo, RN, BSN, CIC

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Healthy Skin:
An Ounce of Prevention for
Your Front Line of Defense

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ASSOCIATION FOR PROFESSIONALS IN
INFECTION CONTROL AND EPIDEMIOLOGY, INC.

An Ounce of Prevention

A clinician's intact skin is his or her first line of defense against microorganisms, chemicals and other fluids. Improved adherence to hand hygiene practices and skin wellness may significantly impact patient outcomes and occupational health.

The Centers for Disease Control and Prevention's "Guideline for Hand Hygiene in Healthcare Settings" provides significant evidence that addressing skin dermatitis is a critical healthcare issue. As a result, there has been a great deal of interest in new glove products and other products that contain additives known to moisturize or otherwise benefit the skin.

Moisturizing with effective, clinically appropriate products can help prevent dehydration, damage to barrier properties, excessive skin cell shedding, and loss of lipids, as well as restore the water-holding capacity of the skin's keratin layer. Controlled studies have shown that regular use of certain hand lotions or creams have been proven clinically effective in helping to prevent and treat irritant contact dermatitis.¹ Additionally, there is evidence that the use of emollients on the skin of health professionals may be protective against cross-infection.²



Employee Safety

- Skin disorders are the #1 occupational illness across all occupations, and cost \$1 billion annually.³
- One particular research study indicated that more than 4 out of 5 nurses reported a history of skin problems, and 1 out of 4 reported symptoms or signs of dermatitis at the time of the study.⁴

Patient Safety

- 30 to 40% of healthcare-associated infections are related to cross-contamination via the hands. Products that moisturize the skin may help reduce bacteria shedding from the skin.
- Compromised skin may harbor infectious organisms on the hands of clinicians, compared to healthy skin.
- 3% of all surgeries result in site infection, and infections acquired during surgery increase length of stay by almost 11 days at an extra cost of \$57,727 and increase the risk of death by 22%.⁵

The Role of Infection Control Professionals

The Centers for Disease Control and Prevention Guideline for Hand Hygiene in Healthcare Settings provide significant evidence that addressing skin dermatitis is a critical healthcare issue. In light of this Guideline, infection control professionals should insist on products that:

- Promote and maintain healthy skin.
- Reduce transepidermal water loss.
- Increase skin hydration (moisturization).
- Have low irritancy potential.

Availability of appropriate hand hygiene products addresses only part of the issue. Clinician compliance with recommended skin care and hygiene protocols is also key, and is a common weak link in many skin wellness programs.

Products such as gloves with proven emollients provide a convenient and effective way to improve the skin of caregivers and encourage compliance with handwashing and antisepsis guidelines.

The potential added cost of these products can be easily justified by the increased adherence to handwashing protocols and the impact on clinician and patient health and well-being.

Causes of Irritation/Contact Dermatitis

- Frequent occupational exposure to various soaps, detergents, disinfectants and other caustic chemicals known to cause changes in the skin.
- Frequent donning and removal of gloves, especially if not properly sized, which can cause friction across the dorsum of the hand (knuckles).
- Age. The majority of practicing nurses are over 40 years old and this population is at greater risk for dry skin.
- Low humidity; seasonal changes.
- Glove powder, especially among exam glove wearers.



The Skin Health-HAI Connection

