



Evaluating practice for hand skin integrity

This document may be used for two purposes:

1. To educate healthcare workers about the proper way to clean hands and preserve hand skin integrity
2. For managers to evaluate adherence to hand hygiene skin integrity strategies when a healthcare worker reports breakdown in hand skin integrity

A. Soap-and-water hand hygiene (1-1.5 minutes):

- Use only one squirt of soap per wash. It is difficult to thoroughly remove excessive product, and the residual chemicals and perfumes have been associated with developing dermatitis.
- Rinse thoroughly—allow enough time and water to remove all traces of soap.
- Pat hands dry with paper towels (rather than rubbing hands dry).
- Always use an *antimicrobial* hand soap to clean hands prior to an invasive procedure (e.g., starting an IV, placing a urinary catheter).

B. Alcohol-Based Hand Rub (ABHR) (~20 seconds):

- Use whenever hand hygiene is indicated and hands are not visibly soiled.
- There is no “set” number of uses after which one should wash with soap and water. Let your senses be your guide, and when you feel like washing, wash.

C. Lotion use:

- Apply lotion to your hands at the following 4 times every day, making sure to leave it on your skin for at least 30 minutes after each application:
 - o With your waking toilette
 - o At your meal break
 - o At the end of your work shift
 - o Upon retiring
- If you use latex gloves, the lotion you use at work **MUST NOT** contain petroleum products (petrolatum, mineral oil, etc.). The petroleum products break down the latex.
- First, try the UCSF-provided lotion. Our hand product manufacturer develops products that are formulated to work cooperatively on your skin.

D. What if hands develop rash, dermatitis, lesions?

- If you develop a rash or open areas on your hands, do not perform direct patient care.
- If you develop dry skin, pay very close attention to all variables: what products have changed at home and at work? Are you following all the steps above? Is it a dry time of year? (Recall that dermatitis and dry skin occur cyclically, with worsening in winter.)
- If you develop a skin reaction that you believe is related to a hand hygiene product, make an appointment to be evaluated by EHS. Skin reactions related to products provided by the institution should be documented in your record. Alternative products can be provided for your use as a direct patient care provider.
- Above all, communicate with EHS and HEIC if a problem persists. We will work together toward a solution.