

Your resource for the latest news in effective infection control program development and best practices.

HAND HYGIENE TIMES



Hand Hygiene Should Always Include Skin Health

Megan DiGiorgio,
MSN, RN, CIC, FAPIC
Clinical Manager, GOJO Industries

A healthcare worker's (HCWs) 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 HCWs 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 HCWs accept and interact with products.

Efficacy requirements of hand hygiene products are determined by the Food and Drug Administration (FDA). The Healthcare Personnel Handwash Test is the only FDA-accepted 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 2.5-log₁₀ reduction at application 1 and a 3-log₁₀ reduction at application 10, respectively.¹ Key decision makers for hand hygiene products should be aware of efficacy requirements and select products that meet these requirements. HCWs 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 attributes 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, ABHRs have many advantages over soap and water such as superior efficacy, speed of procedure, better compliance, and skin health benefits.² If HCWs over-wash and under-sanitize, they are setting themselves up for a potential cycle of skin damage that may be difficult to break.

HCWs often believe that soap and water are 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. HCWs 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 HCWs should receive ongoing education and reminders around hand hygiene.

It is often assumed that HCWs 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. Department of Health and Human Services: Food and Drug Administration, Topical antimicrobial drug products for over-the-counter human use; tentative final monograph for health-care antiseptic drug products. Federal Register. 1994;59(116):31402-31452.

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



PRODUCT FEATURE

PURELL® Advanced Hand Sanitizer Gel

PURELL is America's #1 brand of hand sanitizer. It kills 99.99% of most common germs that may cause illness in a healthcare setting.^{1,2}

Proven Effective

Formulated to exceed FDA healthcare personnel handwash requirements with just 1.1 milliliters of product,³ PURELL Advanced Hand Sanitizers out perform others milliliter for milliliter.⁴

Gentle on Skin

Enhanced with skin conditioners, PURELL hand sanitizers are proven to maintain skin health, even with high-frequency use.

Easily Accessible

We provide many dispensing options for easy access to hand hygiene in support of healthcare hand hygiene protocol.



Dispenser Refills

	ES4 1200 mL	ES6 1200 mL	ES8 1200 mL
† PURELL® Advanced Hand Sanitizer Gel Refreshing gel made with naturally renewable ethanol to meet ECOLOGO® hand sanitizer standard.	5063-02-INT00	6463-02-INT00	6463-02-INT00

† PURELL® Advanced Hand Sanitizer Foam Luxurious foam made with naturally renewable ethanol.	5051-02-INT00	6451-02-INT00	7751-02-INT00
---	---------------	---------------	---------------

Hand Sanitizer Gel Bottles

	30 mL	60 mL	354 mL
† PURELL® Advanced Hand Sanitizer Gel Refreshing gel made with naturally renewable ethanol.	3901-99-INT00	9606-24-INT00	3691-12-INT00

† PURELL® Advanced Hand Sanitizer Gel Jelly Wrap Each PURELL JELLY WRAP Carrier holds a 30 mL bottle of PURELL Advanced Hand Sanitizer Gel.	-	-	3901-72-INT00
--	---	---	---------------

PURELL SINGLES™

† PURELL® Advanced Hand Sanitizer Gel Single Use Gel formulation in convenient sizes for access anywhere.			2,000-Count Bulk Pack 9620-2M
--	--	--	----------------------------------

Meets UL ECOLOGO Hand Sanitizer Standard UL 2783

† Made with plant-based ingredients per biobased analysis ASTM D6866



To learn more visit: www.GOJO.com/en-INT

1. GOJO Industries, Inc., 2018 IRI PURELL Hand Sanitizer Market Data, 22 April 2018.

2. Bioscience Laboratories, Inc., Efficacy - Time Kill, 160274-402, 30 March 2016

3. Bioscience Laboratories, Inc., Efficacy - ASTM E 1174 Health Care Personnel Handwash, 111016-101 phases 1 and 2, 19 March 2012

4. Bioscience Laboratories, Inc., Efficacy - ASTM E 1174 Health Care Personnel Handwash, 110103-101, 5 April 2011