

HAND WASHING: ARE WE BECOMING COMPLACENT?

BY **MARY GOVONI**, CDA, RDA, RDH, MBA

The Centers for Disease Control and Prevention and other health-care agencies have documented that hand washing is one of the most effective infection prevention protocols.

In spite of this knowledge, I frequently observe dental professionals breaching hand-washing protocol while treating patients.

CDC guidelines state that hand washing should occur before donning and after removing gloves. The former for patient safety and the latter for the safety of the health care professional.



Washing hands prior to patient treatment helps to prevent any microbes on the skin from contacting a patient's oral tissue, should the integrity of the gloves be compromised. Hand washing after removing gloves helps to remove any microbes that may

have migrated onto the hands through tears or defects in the gloves.

While consulting in practices, I commonly observe dental team members washing hands with soap and water or using a waterless hand sanitizer prior to donning gloves. Washing hands after removing gloves is much less frequently observed.

Even more frequently, I observe team members leaving the treatment room with their contaminated gloves on and going to the business office or lab wearing the contaminated gloves. This poses a risk of cross-contamination of any and all the surfaces that are touched before the gloves are removed.

It's just as easy to develop a good habit as a bad one. As dental professionals, we owe it to ourselves to develop a good habit of removing the contaminated gloves in the treatment room, followed by hand washing.

I typically recommend soap and water washing after removing gloves, rather than using a waterless product. The reason is that alcohol products do not do as good a job of removing debris from the hands as soap and water. The likelihood of microorganisms or debris being on the

hands is greater after treatment. Therefore soap and water is more appropriate.

Waterless hand sanitizers are great for hand hygiene prior to gloving since the hands tend to be drier after use. This makes donning gloves easier. These recommendations are consistent with CDC guidelines for hand hygiene in health-care settings.

There are many waterless hand sanitizers to choose from for use in dental facilities.

There are gel, foam, and liquid products that contain alcohol or some type of quaternary ammonium compound as the antimicrobial agent. For the products that contain alcohol, studies suggest that a product with an alcohol

concentration between 70% and 90% is most effective for health-care settings. Over-the-counter products typically have an alcohol concentration of 60%. This may not make them the best options in a dental health-care setting.

One product I frequently recommend that meets the alcohol content recommendation is Sterillium™ from Hu-Friedy. It has an alcohol concentration of 80%, and tends not to be drying to the skin.

Another product that I frequently recommend is Avagard™ from 3M. Although the alcohol concentration is less (61%), it contains chlorhexidine gluconate. This provides residual activity on the hands

once the alcohol has evaporated. It also contains moisturizers to prevent skin from drying.

These products are two good options for cleaning hands prior to gloving.

More information on hand hygiene is available from the CDC at www.cdc.gov/handhygiene. Protect yourself and patients with optimal hand hygiene protocols. **DE**

AS DENTAL PROFESSIONALS, WE OWE IT TO OURSELVES TO DEVELOP A GOOD HABIT OF REMOVING THE CONTAMINATED GLOVES IN THE TREATMENT ROOM, FOLLOWED BY HAND WASHING.

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