The CDC’s New Hand Washing Guidelines

by Katherine West

The new Hand Hygiene Guidelines published by the Centers for Disease Control and Prevention (CDC) on October 25, 2002 offer some major changes. All health care workplace settings will need to begin to develop new policies and conduct education and training programs to introduce the new guidelines. The easiest way to put forth the training is to include a new policy in your annual OSHA/infection control update training program.

The following are the key new CDC hand hygiene changes that are listed as “strongly recommended” and “required for implementation” as recommended by federal and/or state regulation:

1. Wash hands with non-antimicrobial soap and water when not contaminated. Note that antimicrobial soap is not the same as antibacterial soap. Antibacterial soaps are not recommended for routine hand washing procedures. Antibacterial soaps kill off the resident bacteria that are on your skin to protect you from pathogens. Antimicrobials only reduce the number of organisms present and remove transient flora, not your normal flora.
2. If hands are not visibly soiled, use an alcohol-based waterless antiseptic agent for routine decontamination.
3. To improve hand hygiene in high workload areas with a high intensity of patient care, make an alcohol-based waterless antiseptic available at the entrance to the patient room or at the bedside.
4. Provide hand hygiene products that have a low irritancy potential or provide hand lotions or creams to minimize irritant contact dermatitis.
5. Do not wear artificial fingernails or extenders when providing patient care.
6. Keep nails natural and at one-quarter inch long.

Certainly items number 5 and 6 are going to meet with some resistance. This is where the education process becomes very important. Education and training need to include the study data that clearly document infection transmission linked to artificial nails from health care worker to patients. Policy development needs to be clear and concise. Administration needs to write policy that leaves no questions as to what is expected of staff. One should not “ride the rail” on written policy to try to ward off resistance. Policy that is not clear would be difficult to support in court if a patient sued because he or she felt an infection was linked to artificial nails worn by an attending health care provider.

To assist with staff “buy-in” to the policy changes, consider these ideas:

- Create a multi-disciplinary committee to review the data and draft the policy (infection control, legal counsel, nursing, human resources, and administration)
- Send the draft policy to key areas for comment
- Finalize the policy
- Develop an education and training program
• Establish a program for compliance monitoring
• Provide feedback on the results of the monitoring to show the staff its performance
• Have an enforcement plan that lists progressive disciplinary action leading to termination

In October 2001, New York Presbyterian Hospital set forth its policy on artificial nails.* The policy clearly states that (1) artificial fingernails are forbidden for all health care personnel involved in direct patient care, (2) natural fingernail length shall be one-eighth inch over the fingertip, and (3) department directors, managers, and supervisors are responsible for compliance enforcement. This policy is a great guide. It is clear and specific and it assigns responsibility for enforcement.

The CDC’s hand hygiene guidelines are not just applicable to the hospital care setting. This policy is applicable to all health care settings, including the pre-hospital arena. Long fingernails and especially artificial fingernails are difficult to clean under the nail where bacteria reside and multiply. Infection control practices are designed not just to protect care providers, but also to protect the patients we serve from infections.

References


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