


Guideline Implementation: Hand Hygiene 1.1 www.aornjournal.org/content/cme

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Purpose/Goal

To provide the learner with knowledge specific to implementing the AORN "Guideline for hand hygiene."

Objectives

1. Discuss hand hygiene considerations related to maintaining healthy fingernails in the perioperative setting.
2. Explain methods perioperative personnel can use to prevent dermatitis.
3. Describe proper hand hygiene practices.
4. Discuss considerations for surgical hand antisepsis.
5. Discuss the implications of wearing jewelry on the hands and wrists in the perioperative setting.
6. Describe ways to engage patients in hand hygiene initiatives.

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Judith L. Goldberg, DBA, MSN, RN, CSSM, CNOR, CHL, CRCST, has no declared affiliation that could be perceived as posing a potential conflict of interest in the publication of this article.

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ABSTRACT

Performing proper hand hygiene and surgical hand antisepsis is essential to reducing the rates of health care–associated infections, including surgical site infections. The updated AORN “Guideline for hand hygiene” provides guidance on hand hygiene and surgical hand antisepsis, the wearing of fingernail polish and artificial nails, proper skin care to prevent dermatitis, the wearing of jewelry, hand hygiene product selection, and quality assurance and performance improvement considerations. This article focuses on key points of the guideline to help perioperative personnel make informed decisions about hand hygiene and surgical hand antisepsis. The key points address the necessity of keeping fingernails and skin healthy, not wearing jewelry on the hands or wrists in the perioperative area, properly performing hand hygiene and surgical hand antisepsis, and involving patients and visitors in hand hygiene initiatives. Perioperative RNs should review the complete guideline for additional information and for guidance when writing and updating policies and procedures. *AORN J* 105 (February 2017) 203-212. © AORN, Inc, 2017. <http://dx.doi.org/10.1016/j.aorn.2016.12.010>

Key words: *hand hygiene, surgical hand antisepsis, dermatitis, fingernail polish.*

A health care–associated infection after a surgical intervention can be devastating for a patient. The transmission of pathogens is a major concern for perioperative personnel that can be addressed through proper hand hygiene and surgical hand antisepsis. The removal of both transient and resident microorganisms from the hands of perioperative team members before they come in contact with patients is imperative.¹ Using proper technique for both hand hygiene and surgical hand antisepsis decreases the risk that a patient will acquire a surgical site infection.¹ Proper hand hygiene also provides for the safety of health care workers who come in contact with contaminated surfaces.¹

The AORN “Guideline for hand hygiene”¹ was updated in September 2016. AORN guideline documents provide guidance based on an evaluation of the strength and quality of the available evidence for a specific subject. The guidelines apply to inpatient and ambulatory settings and are adaptable to all areas where operative and other invasive procedures may be performed.

Topics addressed in the hand hygiene guideline include proper maintenance of hands and fingernails; wearing of jewelry on the wrists or hands; proper performance of hand hygiene and surgical hand antisepsis; selection of hand hygiene products, including how to analyze their effectiveness, cost, and acceptance by health care personnel; and quality assurance and performance improvement considerations. This article elaborates on key takeaways from the guideline document; however, perioperative RNs should review the complete guideline for additional information and for guidance when writing and updating policies and procedures.

Key takeaways from the AORN “Guideline for hand hygiene” include the following recommendations:

- Perioperative team members should
 - maintain healthy fingernail condition,
 - maintain healthy skin condition by taking measures to prevent hand dermatitis,
 - perform hand hygiene, and

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