



HAND WASHING PROCEDURE

Expected Behavior Assessment:	Rationale
1) Determine the need for hand washing	Hand Washing should be done in all of the following: -At the beginning and end of every shift. -Before and after prolonged contact with a patient. -Before invasive procedure. -Before contact especially with susceptible patients. -Before and after handling patient's article or dressing or equipment used in his care. -After contact with body surface, even when gloves are worn. -Anytime you are in doubt about the need for handwashing.
2) Check that nails are filed short.	So that they are less likely to harbor microorganisms. Short nails are less likely to harbor microorganisms, scratch a client, or puncture gloves. Long nails are hard to clean.
3) Check hands for breaks in the skin, such as hangnails or cuts. Report cuts to the instructor or nurse in charge before beginning work, or check agency policy about cuts. Use lotions to prevent hangnails and cracked, dry skin.	A nurse who has open sores may have to change work assignments or wear gloves for protection.
4) Remove all jewelry. Some nurse prefer to slide their watch above their elbows. Other pin the watch to the uniform.	- The caregiver's hands will be cleansed adequately to remove microorganism, transient flora, and soil from the skin. - Microorganisms can lodge in the settings of jewelry and under rings. Removal facilitates cleaning of the hands and arms.
Planning/Expected Assessment:	Rationale
5) Assemble equipment needed.	To avoid delay or minimize waste of time.
Implementation:	Rationale
6) Stand in front of the sink, keeping hands and uniform away from sink surface.	-Avoiding reaching into sink and touching edge prevents contamination. -Uniform should not touch the sink to avoid contamination. Microbes thrive in moisture thus dampness can contribute to contamination of the uniform.
7) Turn on the water and adjust the flow. • There are four common types of faucet controls: a) Hand-operated handles. b) Knee levers. Move these with the knee to regulate flow and temperature. c) Foot pedals. Press these with the foot to regulate flow and temperature. d) Elbow controls. Move these with the elbow instead of the hands.	Be careful not to splash water into uniform. Splashing water in uniform may result in contamination as moisture breeds microorganisms.

8) Adjust the flow so that the water is warm.	Warm water removes less of the protective oil of the skin and removes microorganisms more effectively. Hot water – opens skin pores, can cause dryness and chapping of the skin by removing oils. Cold water – does not make better soap subs and ineffective in removing microorganisms.
9) Hold the hands lower than the elbows so that the water flows from the arms to the fingertips.	The water should run from the least contaminated to the most contaminated area and the hands are more contaminated than the lower arms. Running water rinses organisms and dirt into the sink.
10) If soap is liquid; apply 2-4 ml (1 tsp). If it is bar soap, rub it firmly between the hands to remove its outer layer.	The outside of the bar soap has microorganism. Outer layer should be washed off first before using.
11) Lather hands and arms well.	
12) Wash hands and arms up to your elbow then drop bar soap without touching the sink or the soap dish.	Microorganisms are suspended in the lather and later rinses off. Sink and soap dish harbors microbes.
13) Thoroughly wash and rinse the hands. Use firm, rubbing and circular movements to wash the palm, back and wrist of each hand. Interlacing the fingers and thumbs cleans the interdigital spaces.	Friction caused by firm rubbing and circular motion helps loosen dirt and microorganism.
14) Rinse the hands thoroughly starting from elbow and move down to the arms. • Wash hands for a minimum of 10 seconds.	This position prevents microbes from being rinse off from the most contaminated part to the least.
15) For a more thorough washing, extend the time for wetting, and rinsing.	If the hands is heavily contaminated to ensure affectivity of the removal of pathogens.
16) Turn off water flow using foot or knee pedals. Use clean, dry paper towel to turn off hand faucet. Avoid touching with hands.	To prevent the transfer of microbes from faucet to your hands. This prevents the nurse from picking up microorganisms from the faucet handles.
17) Thoroughly dry the hands from fingers to forearm by blotting paper towel on the skin.	Contamination is prevented by drying from the least to the most contaminated areas. Drying the skin well prevents chapping. Blotting rather than rubbing helps prevent skin irritation.
18) Apply lotion to the hands if the skin appears dry.	Lotion can keep the skin of the hands and fingers from becoming dry and cracked.
19) Restart procedure at step #2 if your hands touched the sink anytime between steps 2-14.	If the hands touched the sink, then it becomes contaminated, therefore it requires one to repeat the hand washing procedure.
20) Tidy the sink area and wipe excess water with a paper towel.	Moisture allows microorganism to grow.
21) Discard the paper towel in the appropriate container.	Transfer of microorganism is prevented.
Evaluation:	
Indications of effective Hand Washing. -Strict application of medical asepsis. -Hand washing procedure performed at recommended time duration.	
Documentation:	
See general guidelines on documentation.	