



- **Remove Jewellery**
- **Wash hands, nails and forearms thoroughly for at least 3 minutes**
- **Use disposable nail brush with care if required**
- **Rinse carefully keeping hands above the elbows**
- **Do not touch taps with clean hands – if elbow foot or electronic controls are not available use sterile towels to turn off taps**

Notes:

1. Bar or cake soaps can harbour contaminants
2. Hand cleansing agents should be in fully disposable containers with the bag and dispensing nipple combined. They should be disposed of when empty – not refilled.
3. Waterless hand scrubs or sprays may have a drying or irritating effect on the skin.
4. Nailbrushes should not be routinely used as they can break the skin and be a source of infection.
5. Cover cuts and abrasions with a waterproof dressing – replace when wet. Use aqueous based hand creams prior to wearing gloves. Powderless “nitrile” gloves are stronger and less allergenic than standard latex gloves.
6. Gloves should be used as an adjunct to, never a substitution to, hand washing.
7. Sterile gloves must be worn during any surgical procedure involving penetration of skin or mucous membrane and removed immediately after the procedure and properly disposed of. Hands must always be washed before donning the gloves and after removing them.
8. Facilities for hand cleaning should be readily accessible to every clinical management area.
9. Recent studies suggest that in general practice for high risk “sterile” procedures hand washing with liquid soap and water is sufficient. Anti-microbial soap should be used for formal operating theatres, burns, transplants and intensive care units.
10. Several studies have demonstrated superior efficiency of waterless hand scrubs compared with hand washing with soap and water or chlorhexidine. Alcohol preparations have a significant immediate anti-microbial effect. No wash basin is necessary for their use and alcohol rubs can be conveniently available both within the practice and for use “off-site”.