Hand Hygiene: Bare below the elbow is best - no wedding bands or wristwatches

Current Hand Hygiene:

Up to 10% of patients acquire healthcare associated infections in New Zealand hospitals (Health Quality & Safety Commission New Zealand, 2018). Currently taught hand washing techniques are proven to be very effective at removing transient microorganisms from hands (Lippincott Procedures, 2017), so why are the rates still so high?



Literature Review:

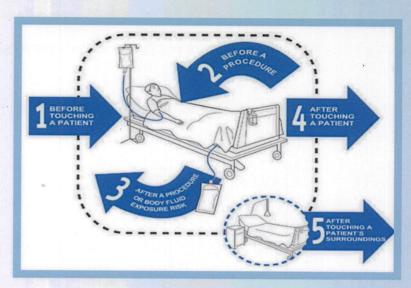
I conducted a literature review with the search question:

Does wearing wedding bands and/or wristwatches for hands-on healthcare professionals increase the risk of bacterial infections to patients?

Findings from the literature:

- There are higher bacterial counts on hands wearing rings (after hand hygiene has been performed) (Blanchard, 2006)
- Ring wearing is associated with a 10-fold higher count of median skin organisms, which commonly include S. aureus, Candida or gram-negative bacilli which produce a variety of diseases ranging from mild to life-threatening (Trick et al., 2003)
- Nurses can carry the same organism on the skin under their rings for several months, commonly gramnegative bacilli (Centers for Disease Control and Prevention, 2002)
- Only flat rings are acceptable, however, they must be washed and dried thoroughly and frequently in order to remove bacteria (Lippincott Procedures, 2017)
- Hand washing was found to be ineffective while wearing rings, but using an alcohol-based hand rub resulted in significantly less contamination (Trick et al., 2003)

- Wristwatches mustn't be worn by clinical staff as they can cause injury to patients, inhibit correct hand hygiene (Lippincott Procedures, 2017), may tear gloves, increase bacterial numbers on hands, and make glove donning more difficult (Ward, 2007)
- Wristwatches shouldn't be worn as wrists should be included during handwashing (Ward, 2007)
- To prevent the transfer of microorganisms, healthcare workers need to use correct hand hygiene, at the correct frequency, using enough soap, for an adequate amount of time (Iyasu, Ayele, & Abdissa, 2017)



Recommendations:

- 1. Clinical staff shouldn't wear rings or wristwatches as they prevent the removal of microorganisms from hands (Blanchard, 2006; Centers for Diseases Control and Prevention, 2002; Lippincott Procedures, 2017; Nazarko, 2009; Trick et al., 2003; Ward, 2007)
- 2. Clinical staff should use the nine-step process of handwashing, at the five moments of hand hygiene, using sufficient soap and water, and drying hands thoroughly afterwards, using clean towels (Iyasu, Ayele, & Abdissa, 2017)
- 3. If wearing wedding bands or wristwatches, remove them during hand hygiene and disinfect them at regular intervals, and use an alcohol-based hand-rub after handwashing; dry all items thoroughly (Lippincott Procedures, 2017, & Trick et al., 2003)

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References:

Blanchard, J. (2006). Ring wearing and hand hygiene; avian influenza; pharmaceutical waste; tuberculosis update; multiuse surgical site marking pens. *AORN Journal*, 84(3), pp1.

Centers for Disease Control and Prevention. (2002). Guideline for Hand Hygiene in Health-Care Settings: Recommendations of the Healthcare Infection Control Practices Advisory Committee and the HICPAC/SHEA/APIC/IDSA Hand Hygiene Task Force. *Morbidity and Mortality Weekly Report, 51*, pp30. Health Quality & Safety Commission New Zealand. (2018). Infection Prevention & Control. Retrieved from https://www.hqsc.govt.nz/our-programmes/infection-prevention-and-control/

Iyasu, A., Ayele, M., & Abdissa, B. (2017). Hand Hygiene Knowledge, Perception and Practices among Women of 'Kirkos' Locality in Addis Ababa, Ethiopia. *Health Science Journal*, 11(6), pp1. DOI: 10.21767/1791-809X.1000537

Lippincott Procedures. (2017). Hand Hygiene NZ. Retrieved from http://procedures.lww.com.op.idm.oclc.org/lnp/view.do?pId=4298005
Trick, W. E., Vernon, M. O., Hayes, R. A., Nathan, C., Rice, T. W., Peterson, B. J., Segreti, J., Welbel, S. F., Solomon, S. L., & Weinstein, R. A. (2003). Impact of Ring Wearing on Hand Contamination and Comparison of Hand Hygiene Agents in a Hospital. *Clinical Infectious Diseases*, 36, pp1. Ward, D. J. (2007). Hand adornment and infection control. *British Journal of Nursing*, 16(11), pp2-pp3.

Why use a poster?

Posters are useful in providing a learning experience for others, as they are visually appealing and able to present information in a clear and concise manner (Peer, 2017). I chose to do a poster as opposed to a digital presentation or a submission as I believed a digital presentation may be too complex for my topic, which is straight-forward, and a submission may not be useful as the topic could benefit from further research before being submitted to relevant clinical areas. Posters are also a good way of presenting material for a longer period of time to a number of people as people are able to walk by the poster when they please, and read the information in their own time (Oppenheimer Lab, 2014). Posters have also been scientifically proven to have the ability to change attitudes, alter behaviours and increase knowledge, and are some of the most commonly used formats for communicating information in academic and public health fields (Mimeo, 2015) – this will hopefully help the viewers of this poster to understand the message and change their own practices accordingly.

References:

Mimeo, J. (2015). Scientifically proven: The effectiveness of posters. Retrieved from https://www.mimeo.com/blog/scientifically-proven-the-effectiveness-of-posters/

Oppenheimer Lab. (2014). 7 Reasons Why You Should Present Posters at a Conference. Retrieved from https://people.clas.ufl.edu/oppenhe/2014/06/09/7 -reasons-why-you-should-present-posters-at-a-conference/

Peer, D. (2017). The Advantages of Posters. Retrieved from https://yourbusiness.azcentral.com/advantages-posters-14730.html

Below is the PECOT table (Schneider et al., 2013) used to narrow down and identify the search question for the assignment:

PECOT	Info relating to Q	Explanation
category		
Population	All patients receiving care in a hos-	This includes any healthcare professional who provides
	pital environment from healthcare	hands-on care to patients in a hospital setting while
	professionals wearing wedding	wearing wedding bands and/or wristwatches
	bands and/or wristwatches	
Exposure	Patients who received direct care	Investigate literature and research on wearing wedding
(intervention)	from a healthcare worker wearing	bands and/or wristwatches, and its effect on transient
	weddings bands and/or wristwatches	microorganisms and the rate of transmission of
		healthcare associated infections
Comparison	Patients who received direct care	What are the different numbers of transient microorgan-
(control)	from a healthcare worker without	isms, and infection rates, when wearing wedding bands
	both wedding bands and wrist-	and/or wristwatches compared to not wearing wedding
	watches	bands and wristwatches
Outcome	Discover what the literature and re-	Review a wide range of literature and research to identi-
	search states on increased number of	fy whether healthcare workers providing direct care to
	transient organisms and transmis-	patients, whilst wearing wedding bands and/or wrist-
	sion rates of healthcare associated	watches, increases the number of transient organisms on
	infections when healthcare workers	hands and raises the risk of infection of healthcare asso-
	wear wedding bands and/or wrist-	ciated infections to patients and others
	watches	
	No time constraint	This has been an ongoing issue in hospitals since hospi-
Time		tals were first invented and is still an issue today. It will
1		continue to be an issue unless there is change, hence it is
		an ongoing issue

Schneider, Z., Whitehead, D., LoBiondo-Wood, G., & Haber, J. (2013). Nursing and midwifery research methods and appraisal for evidence (4th ed.). Sydney, NSW, Australia: Mosby.