HAND HYGIENE

Every Day
Every Patient
Every Time
At Henry Schein Medical, we support your efforts in working toward maintaining the total health of your patients and your practice by providing you with the products and services that enhance your clinical capabilities. Hand hygiene is a number one step to keep your practice healthy. The key to staying healthy is really in YOUR HANDS.

According to CDC, the single most important thing we can all do to keep from getting sick and spreading illness to others is to clean our hands. During this time of year it is vitally important to be aware of this and take the appropriate precautions within your medical practice to keep your patients and staff healthy. Hand to face contact has a surprising impact on health. Germs can enter the body through breaks in the skin or through the membranes of the eyes, mouth and nose. Shaking hands aids in the spread of germs between patients and co-workers so it is very important to wash/sanitize the hands often throughout the day.

Cover Your Cough
Stop the spread of germs that can make you and others sick!
Influenza (flu) and other serious respiratory illnesses like respiratory syncytial virus (RSV), whooping cough, and severe acute respiratory syndrome (SARS) are spread by cough, sneezing, or uncleansed hands.

Most experts believe that flu viruses spread mainly by droplets made when people with flu cough, sneeze or talk. These droplets can land in the mouths or noses of people who are nearby. Less often, a person might also get flu by touching a surface or object that has flu virus on it and then touching their own mouth, eyes or nose.

To help stop the spread of germs—
• Cover your mouth and nose with a tissue when you cough or sneeze.
• Put your used tissue in the waste basket.
• If you don’t have a tissue, cough or sneeze into your upper sleeve or elbow, not your hands.
• You may be asked to put on a facemask to protect others.
• Wash your hands often with soap and warm water for 20 seconds.
• If soap and water are not available, use an alcohol-based hand rub.

The American Society for Microbiology has downloadable educational hand hygiene materials, including posters and brochures for children and adults, available at www.washup.org. The site also contains information on ordering printed materials which may of interest to your practice.

Let Henry Schein Medical help maintain the health of your practice with the latest infection control products and supplies. Whether it is providing flu vaccine for your office staff and patients; supplying disposable and infection control prevention products; or diagnostic test kits and treatments, Henry Schein is your total resource. We have whatever you need to fight the good fight and avoid those infection causing germs.

Get Vaccinated
The single best way to prevent the flu is to get a flu vaccine each season. The 2011-2012 flu vaccine will protect against H1N1, and two other influenza viruses (an H3N2 virus and an influenza B virus).

Visit our Flu Resource Center website at www.henryschein.com/flu for the latest information about influenza and all the products you need. For more information on infection control and hand hygiene visit the CDC website: www.cdc.gov

HENRY SCHEIN BRAND – DEPEND ON US
Look for the Henry Schein Seal of Excellence icon to identify Henry Schein Brand products that are exceptional in quality and reasonably priced. From hand sanitizers, hand soaps to skin cleansers you'll find diverse products that support you in achieving greater hand hygiene compliance within your practice.

Satisfaction guaranteed!
HAND HYGIENE – Definition of Terms

Hand hygiene. A general term referring to any action of hand cleansing.

HAND HYGIENE PRODUCTS

Alcohol-based (hand) rub. An alcohol-containing preparation (liquid, gel or foam) designed for application to the hands to inactivate microorganisms and/or temporarily suppress their growth. Such preparations may contain one or more types of alcohol, other active ingredients with excipients, and humectants.

Antimicrobial (medicated) soap. Soap (detergent) containing an antiseptic agent at a concentration sufficient to inactivate microorganisms and/or temporarily suppress their growth. The detergent activity of such soaps may also dislodge transient microorganisms or other contaminants from the skin to facilitate their subsequent removal by water.

Antiseptic agent. An antimicrobial substance that inactivates microorganisms or inhibits their growth on living tissues. Examples include alcohols, chlorhexidine gluconate (CHG), chlorine derivatives, iodine, chloroxylenol (PCMX), quaternary ammonium compounds, and triclosan.

Antiseptic hand wipe. A piece of fabric or paper pre-wetted with an antiseptic used for wiping hands to inactivate and/or remove microbial contamination. They may be considered as an alternative to washing hands with non-antimicrobial soap and water but, because they are not as effective at reducing bacterial counts on HCWs' hands as alcohol-based handrubs or washing hands with an antimicrobial soap and water, they are not a substitute for using an alcohol-based handrub or antimicrobial soap.

Detergent (surfactant). Compounds that possess a cleaning action. They are composed of a hydrophilic and a lipophilic part and can be divided into four groups: anionic, cationic, amphoteric, and non-ionic. Although products used for handwashing or antiseptic handwash in healthcare represent various types of detergents, the term “soap” will be used to refer to such detergents in these guidelines.

Plain soap. Detergents that contain no added antimicrobial agents, or may contain these solely as preservatives.

Waterless antiseptic agent. An antiseptic agent (liquid, gel or foam) that does not require the use of exogenous water. After application, the individual rubs the hands together until the skin feels dry.

Chlorhexidine (CHG). Chlorhexidine gluconate produces its antimicrobial activity by increasing the permeability of the microbial cell, disrupting cytoplasmic membranes, and precipitating cell contents. A major disadvantage of chlorhexidine gluconate is its slow onset and relatively narrow range of antimicrobial activity. Its major advantage is its superior residual activity. It is most commonly used in combination with other hand hygiene products. Chlorhexidine gluconate is associated with a relatively low incidence of skin irritation but has been reported to cause isolated cases of contact dermatitis and anaphylactic allergic reactions.

Chloroxylenol. Chloroxylenol, also known as parachlorometaxylenol, derives its antimicrobial action by deactivating bacterial enzymes. Most commonly used as an antimicrobial agent in soaps, parachlorometaxylenol does not consistently demonstrate a broad spectrum of antimicrobial effectiveness or residual activity as compared with many of the other commercially available antiseptics.

Iodophors. Iodophors are complexes composed of iodine and a carrier such as polyvinylpyrrolidone (or povidone). The iodine exerts its antimicrobial action by crossing cell walls and substituting microbial contents with free iodine. Iodophors have a relatively wide range of antimicrobial activity. Problems associated with iodophor use are a relatively high incidence of skin irritation and allergic reactions, and the partial neutralization of activity in the presence of organic materials such as blood or sputum.

Triclosan. Triclosan is a diphenyl ether. Its antimicrobial activity results from the entry into the bacterial cell where it impedes the synthesis of RNA and proteins. In common clinical usage, triclosan is more bacteriostatic than bacteriocidal and has limited efficacy against Pseudomonas aeruginosa and most fungi. It is minimally affected by the presence of organic matter or blood and has the advantage of excellent persistent activity.

Source: World Health Organization
This Guideline advises that to maximize acceptance of hand-hygiene products, employers should solicit input from healthcare workers regarding the feel, fragrance, and skin tolerance of these products. These recommendations are designed to improve hand-hygiene practices and to reduce transmission of pathogenic microorganisms.

**CDC now recommends:**
- An alcohol-based handrub is recommended for routinely decontaminating hands of caregivers before and after clinical contact with the patient and after contact with inanimate objects (including medical equipment) in the vicinity of the patient.
- Healthcare facilities should implement a comprehensive, multi-modal hand hygiene education and compliance program in order to overcome obstacles to hand hygiene compliance.
The CDC notes that at least one third of all healthcare related infections can be prevented, and that hand hygiene is the single most important practice in preventing the spread of infection. In an effort to raise attention to this aspect of care, the U.S. Centers for Disease Control and Prevention (CDC) recently released its Guideline for Hand Hygiene in Healthcare Settings stating that all healthcare organizations must improve and sustain adherence with recommended hand-hygiene practices.

Source: www.cdc.gov

In order to implement the CDC’s hand hygiene recommendations, healthcare facilities will have recurring expenses that will be easily offset by the savings that result from preventing infections. In addition, healthcare facilities reduce the risk of any fines resulting from improper hygiene and infection control which can lead to the healthcare facility losing their status as a participating provider of Medicare and Medicaid.

According to the CDC, researchers have identified numerous obstacles to hand washing compliance:
- Poor quality hand washing agents that cause irritation and dryness
- Sinks are inconveniently located
- Empty soap and paper towel dispensers
- Insufficient time
- Lack of knowledge on proper hand-hygiene protocols
- Lack of facilities’ priority on hand hygiene.

HELPFUL CHECKLIST TO IMPLEMENT PROPER HAND HYGIENE PROTOCOL

- Is there a primary administrative resource available to develop and maintain infection control policies that adhere to proper hand hygiene practices?
- Does the healthcare facility have an allocated budget to meet hand hygiene policies?
- Are healthcare workers regularly monitored to ensure proper hand hygiene compliance?
- Does the healthcare facility provide healthcare workers with up-to-date education on proper hand hygiene?
- Are healthcare workers compensated on hand hygiene compliance?
- Are proper hand hygiene reminders posted throughout the facility to ensure compliance from healthcare workers and patients?
- Are patients encouraged to remind healthcare workers to follow hand hygiene compliance?

CHOOSING HAND HYGIENE PRODUCTS

- Is product efficacy and skin compatibility taken into consideration when selecting a hand-hygiene product?
- Are feel, fragrance and skin tolerance considered by the healthcare worker when selecting a hand-hygiene product?
- Are soap and water or alcohol-based hand rubs easily accessible for all healthcare workers?
- Are alcohol-based hand rubs conveniently located throughout the facility; exam rooms, entrances/exits, waiting rooms?
- Does the healthcare facility provide hand lotions or creams to healthcare workers in order to minimize irritated skin conditions?

Source: CDC – Guidelines for Hand Hygiene in Healthcare Settings
Guidelines & Recommendations:

**CDC Recommendations**
- Alcohol-based hand rubs are strongly recommended for routinely decontaminating hands if they are not visibly soiled.
- In order to improve hand hygiene compliance, make alcohol-based hand rubs easily available.
- Provide healthcare workers with hand lotions and creams to minimize skin dryness and irritation.
- Provide staff education and training regarding proper hand hygiene practices and methods.
- Monitor healthcare workers’ hand hygiene compliance and provide feedback.

Sanitize... when hands are not visibly soiled

**BEFORE:**
- Patient contact
- Donning sterile gloves prior to inserting a central intra-vascular catheter
- Inserting indwelling catheters and other invasive devices that do not require a surgical procedure
- Moving from a contaminated-body site to a clean-body site during patient care

**AFTER:**
- Contact with a patient’s skin
- Contact with bodily fluids or excretions
- Contact with non-intact skin
- Contact with wound dressings
- Contact with inanimate objects, including medical equipment in the immediate vicinity of the patient
- Removing gloves

**Source:** Metrex.com
Hand hygiene is one of the most important measures to prevent the spread and acquisition of healthcare-associated infections. Alcohol-based hand rubs also known as hand sanitizers, antiseptic hand rubs, and healthcare personnel hand rubs, are a critical component of a comprehensive hand-hygiene program. Alcohol-based hand rubs have various advantages over washing hands with soap and water, such as increased antimicrobial efficacy, and potential for increased compliance, because hand rubbing requires less time, results in less skin irritation and does not require access to water. Touchless dispensing systems provide added protection against the inadvertent transmission of germs. Alcohol-based hand rubs are recommended as the primary means of hand hygiene when hands are dry and free from visible soiling and when soap and water are not available.

**Avagard™ D Instant Hand Antiseptic with Moisturizers**
It’s the waterless hand antiseptic that feels like a moisturizer. This latex-glove-compatible antiseptic offers more moisturizing, less redness, and less skin breakdown than other comparable products. Featuring a unique rich emollient base that feels smooth on hands, it won’t leave hands sticky or impact glove performance.

- 3 oz
  - (493-9176) ea
  - #9222, 500 mL, 16.9-oz Pump Bottle
  - (493-5108) ea

**Kimcare® Moisturizing Instant Hand Sanitizer Gel**
Contains aloe and skin conditioners to moisturize and prevent dry skin. Active ingredient: 62% ethyl alcohol.

- 8-oz Pump
  - (643-3683) ea
- 4-oz Bottle
  - (643-1235) ea

**Purell® Instant Hand Sanitizer with Moisturizers**
Refreshing sanitizer that kills 99.9% of germs on the hands without water or towels. Leaves hands feeling soft. Contains 62% ethyl alcohol.

- 4-fl-oz Bottle
  - (313-1626) ea
- 8-fl-oz Pump Bottle
  - (590-6751) ea
- 12-fl-oz Pump Bottle
  - (590-7594) ea
- 250-mL Refill, Original
  - (770-4870) 6/case
- 800-mL Refill, Original
  - (274-7896) 8/case
- Dispenser for 800 mL
  - (415-2214) ea
- Dispenser NXT, Plastic 1000-mL Wall Mount
  - (590-1177) ea
- ½-fl-oz Bottles in Fishbowl Dispenser
  - (898-0170) 60/case
- Packets
  - (590-3688) 100/box
- 4.25 oz Squeeze Bottle
  - (313-1626) ea

**The Help Center:**

**Hand Hygiene Interactive Training Course**
This course and promotional materials review key concepts of hand hygiene and other standard precautions to prevent healthcare-associated infections
http://www.cdc.gov

**Measuring Hand Hygiene Adherence: Overcoming the Challenges**
Released by the Joint Commission, this program was created to help healthcare organizations target their efforts in measuring hand hygiene performance. The monograph is designed to address "everything you ever wanted to know about hand hygiene measurement but were afraid to ask."
http://www.cdc.gov

**Podcast: New Frontiers in Hand Hygiene Practices**
This podcast is an overview of the Clinician Outreach and Communication Activity (COCA).
http://www2c.cdc.gov/podcasts

**Webinar Report – Patient Hand Hygiene**
Addresses healthcare-associated infections (HAIs), and the challenges of healthcare worker hand-hygiene compliance.
http://www.infectioncontroltoday.com

**Alcohol-based Planning Hand Rub and Costing Tool**
The tool provides guidance for healthcare facilities to help senior managers conceptualize the necessary steps for implementation and assists in making decisions in relation to infrastructural and economic information.
http://www.who.int
Proper Hand Hygiene Techniques with Alcohol-Based Formulation

**Duration of the entire procedure:** 20–30 seconds

1a. Apply a palmful of the product in a cupped hand, covering all surfaces;

1b. Rub hands palm to palm;

2. Right palm over left dorsum with interlaced fingers and vice versa;

3. Palm to palm with fingers interlaced;

4. Backs of fingers to opposing palms with fingers interlocked;

5. Rotational rubbing of left thumb clasped in right palm and vice versa;

6. Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;

7. Once dry, your hands are safe.

*Source: World Health Organization*
Protecting your every touch...

Hand hygiene is the single most important intervention to reduce the transmission of flu. In addition, the regular disinfection of high-touch environmental surfaces will remove potentially dangerous pathogens from the medical office environment.

**SANI-HANDS® ALC & SANI-HANDS FOR KIDS**
Antimicrobial Alcohol Gel Hand Wipes

- Contains 65.9% alcohol, which meets the CDC recommendations for hand hygiene
- Kills 99.99% of germs and bacteria
- Contains aloe, glycerin, and vitamin E. Clinically proven to moisturize hands after repeated use

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</table>

**“Only 60% of people wash their hands after using the restroom….. Of those, only half use soap and just half of that wash for the necessary 15-30 seconds”**

Courtesy cleanlink.com
Learn more at safetec.com

Choose these Safetec® antimicrobial hand cleaners to help prevent infection and cross-contamination in your facility! Our products fight germs, viruses and unhealthy bacteria.

For an Interactive Survey, Incentives & Information, logon to:
Guidelines & Recommendations:

**CDC Recommendations**

- Hand-washing facilities should be accessible and sufficient for the maximum anticipated attendance and configured for use by children (low enough for them to reach or equipped with a stool), adults, and those with disabilities.
- Hand-washing stations should be conveniently located.
- Maintenance should include routine cleaning and restocking to ensure adequate supply of paper towels and soap.
- Running water should be of sufficient volume and pressure to remove soil from hands. Volume and pressure might be substantially reduced if the water supply is furnished from a holding tank. Therefore, a permanent pressured water supply is preferable.
- The hand-washing station should be designed so that both hands are free for hand washing by having operation with a foot pedal or water that stays on after turning on hand faucets.
- Hot water is preferable, but if the hand-washing stations are supplied with only cold water, a soap that emulsifies easily in cold water should be provided.
- Liquid soap dispensed by a hand or foot pump is recommended.
- Signs with proper hand-washing instructions should be posted at hand-washing stations and restrooms to encourage proper practices.
- Depending on the setting, hand washing signs might need to be available in different languages.

**When should you wash your hands?**

- Before preparing or eating food
- After going to the bathroom
- After changing diapers or cleaning up a child who has gone to the bathroom
- Before and after caring for a sick patient
- After blowing your nose, coughing, or sneezing
- After handling garbage
- Before and after treating a cut or wound
- When your hands are visibly soiled
Everyday more than 4,600 American patients become infected from their medical care. Healthcare-associated infections affect nearly 2 million individuals and are responsible for approximately 80,000 deaths each year. The Centers for Disease Control and Prevention (CDC) have identified hand hygiene as the single most important intervention to reduce the transmission of infection. Keeping hands clean through improved hand hygiene is one of the most important steps we can take to avoid getting sick and spreading germs to others. Many diseases and conditions are spread by not washing hands with soap and clean, running water.

Source: www.cdc.gov
Proper Hand Hygiene Techniques with Soap and Water

Duration of the entire procedure: 40–60 seconds

0. Wet hands with water;

1. Apply enough soap to cover all hand surfaces;

2. Rub hands palm to palm;

3. Right palm over left dorsum with interlaced fingers and vice versa;

4. Palm to palm with fingers interlaced;

5. Backs of fingers to opposing palms with fingers interlocked;

6. Rotational rubbing of left thumb clasped in right palm and vice versa;

7. Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;

8. Rinse hands with water;

9. Dry hands thoroughly with a single use towel;

10. Use towel to turn off faucet;

11. Your hands are now safe.

Source: World Health Organization
The CDC recommends washing hands with an antimicrobial soap or an alcohol-based hand sanitizer.*

AloeGuard®
(833-8374) 18 oz. Pump (each)
(306-9953) 800ml bag-in-box (bag)
(300-6331) Gallon Refill (each)

GBG AloeGel®
(923-8209) 18 oz Pump (each)
(300-4126) 800ml bag-in-box (bag)

GBG FOAMING™
(437-0002) 7oz Can (can)

A superior hand hygiene program needs high-level performing products.

• **Dial Complete®** provides 25X better germ kill than other antimicrobial soaps¹
• **Dial® Hand Sanitizer Foam** provides visible skin hydration
• **Dial** - a trusted brand² at a value price

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¹ Dial Complete® Healthcare Personnel Handwash test conducted at independent laboratory. Competitive product data obtained from manufacturer literature.
² Synovate Public Restroom Soap Survey June 2010,

Dial Complete® Antimicrobial Foaming Hand Soap
(390-9134) 7.5 oz Pump Bottle-------------------------- ea
(390-0017) 15.2 oz Pump Bottle-------------------------- 4/cs
(116-4916) Refill 1 Gallon----------------------------- 4/cs
(390-8503) Liter Dispenser, Smoke--------------------- ea
(113-5937) Liter Refill Cartridges---------------------- 6/cs

Dial® Hand Sanitizer Foam
(390-0016) 15.2 oz Pump Bottle-------------------------- 4/cs

For an Interactive Survey, Incentives & Information, logon to:
Guidelines & Recommendations:

Characteristics of a Surgical Scrub – Performance characteristics for a surgical scrub agent generally fall into four categories:

1. **Antimicrobial Action** – an ideal agent would have a broad spectrum of antimicrobial activity against pathogenic organisms. This agent would have to work rapidly. An agent that does not work rapidly may not provide adequate bacterial reduction before being rinsed off.

2. **Persistent Activity** – an agent offering persistent activity keeps the bacterial count low under the gloves. It is not unusual for a surgery to last in excess of two hours. Studies have shown the rate of glove failures (non-visible holes) increases with the duration of surgery. In addition, studies show bacteria grow faster under gloved than ungloved hands.

3. **Safety** – the ideal agent would be non-irritating and non-sensitizing. It must have no appreciable ocular or ototoxicity, be safe for use on the body, and not be damaging to the skin or environment.

4. **Acceptance** – probably most important to achieving compliance in using a new product is its acceptance by the healthcare worker. A product that has ideal antimicrobial action and an excellent safety profile is of little value to good infection control if the user population fails to support its use. Although each is important in its own right, all four characteristics should be present for a complete package.

Surgical scrub agents come in many forms Not all forms meet all characteristics.

1. **Liquid or foam soaps.** These are the most common products for surgical scrubs and are used in conjunction with water and dry scrub brushes or sponges. The most common antimicrobial agents in these products are CHG (chlorhexidine gluconate), iodophor, or PCMX (parachlorometaxylenol). These agents are very drying and with repeated scrubbing with the scrub brush can cause skin damage.

2. **Impregnated scrub brushes/sponges.** Scrub brushes/sponges are preloaded with CHG, iodophor, or PCMX and are water-aided products.

3. **Brush-free surgical scrub.** These products use an antimicrobial agent and water but no scrub brush.

**Source:** infectioncontroltoday.com

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**Triseptin Water-Aided Surgical Hand Scrub**

An alcohol-based antiseptic that works with water to remove microorganisms on skin. Triseptin hand scrub can be used with a brush or water alone, providing skin-conditioning benefits and antimicrobial action. Triseptin is an ideal complement to Surgicept® waterless surgical hand scrub when a water-aided scrub is needed.

- **32-oz Bottle** (227-6114)..................6/case
- **32-oz Bottle** (840-2629)............ea
- **Triseptin Nail Pick** (104-3098)........12/case
- **Dispenser Accessory for 32-oz Bottle** (935-2956).........ea
- **Foot Pump Bulb Replacement, Green** (104-7495).............ea

**Triseptin**

4% chlorhexidine gluconate formula. Emollient-rich formula with pleasant floral fragrance. Immediate and persistent kill.

- **1-gal Refill** (120-0241)..................ea
- **1000 mL (Surgical Scrub)** (120-4239)..............ea
- **1000 mL (DispensaCare Dispenser)** (120-0604)........12/case

**Betadine® Surgical Scrub**

Microbicidal sudsing cleanser that contains 7.5% povidone-iodine. Broad-spectrum microbicidal that kills most gram-positive and gram-negative bacteria, including antibiotic-resistant strains, as well as most viruses, fungi/yeasts, mycobacteria, and protozoa.

- **4 oz** (690-3564)......................36/case
- **16 oz Refill** (690-4214).............ea
- **With Dispenser, 16 oz** (690-5432)..............ea
- **Refill, 32 oz** (690-0581)............ea
- **1 gal** (690-6863)......................ea
With healthcare reform’s desire to reduce infection rates for economic purposes and with additional concerns on quality assurance to benefit the patient, the most cost-effective solution for healthcare facilities is to evaluate and focus on preoperative scrubbing techniques that are employed prior to each surgical procedure. During such a procedure no microorganisms should be transmitted. All surgical procedures require each surgical team member working within the sterile field to perform a scrub prior to every patient case as a necessary part of aseptic practice. The surgical scrub will be carried out with an antimicrobial product which is rapid acting and has residual effects and broad spectrum. The purpose of aseptic/clinical hand hygiene is to remove transient micro-organisms and inhibit the growth of resident micro-organisms prior to any care activity that implies a direct or indirect contact with a mucous membrane, non-intact skin or an invasive medical device. Source: infectioncontroltoday.com

The Help Center:

**Infection Control Surveyor Worksheet**

The worksheet contains the list of items that a surveyor must assess during the onsite survey. Specific areas for observation include, hand hygiene compliance, injection practices, sterilization and high-level disinfection, and environmental infection control.

**www.unc.edu**

**Institute for Healthcare Improvement (IHI)**

A not-for-profit organization that focuses on motivating and building the will for change, identifying and testing new models of care in partnership with both patients and healthcare professionals, and ensuring the broadest possible adoption of best practices and effective innovations.

**www.ihi.org**

**Association for Professionals in Infection Control and Epidemiology, Inc. (APIC)**

APIC is recognized as the leader in infection prevention and control by practitioners, policy makers, healthcare executives, and consumers.

**www.apic.org**

**International Federation of Infection Control (IFIC)**

The goal of IFIC is to minimize the risk of infection within the healthcare setting worldwide through development of a network of infection control organizations for communication, consensus building, education and sharing expertise.

**www.ific.org**

**Surgical Handwashing Video**

Reviews the procedure for the timed five minute scrub.

[https://questgarden.com/110/84/2/101008184658/process.htm](https://questgarden.com/110/84/2/101008184658/process.htm)

**Infection Prevention Online Course**

Designed to help healthcare providers strengthen prevention practices in low-resource settings.

[www.engenderhealth.org](http://www.engenderhealth.org)

For an Interactive Survey, Incentives & Information, logon to:

1. Regulate the flow and temperature of the water.

2. Pre-tear package containing brush; lay the brush on the back of the scrub sink.

3. Wet hands and arms for an initial pre-up a heavy lather, and then wash the hands and arms to a point about two inches above the elbow.

4. Rinse hands and arms thoroughly, allowing the water to run from the hands to the elbows. Do not retrace or shake the hands and arms let the water drip from them.

5. Remove the sterile brush and file, moisten brush and work up lather. Soap fingertips and clean the spaces under the fingernails of both hands under running water; discard file.

6. Lather fingertips with sponge under the fingernails of the right or left hand 30 circular strokes. When scrubbing, slightly bend forward, hold hands and arms above the elbow, and keep arms away from the body.

7. Lather digits; scrub 20 circular strokes on all four sides of each finger.

8. Lather palm, back of hand, heel of hand, and space between thumb and index finger. Choosing either of the surfaces, scrub 20 circular strokes on each surface.

9. You are now ready to scrub the forearm. Divide your arm in three inch increments. The brush should be approximately three inches lengthwise. Use the sponge to apply soap around wrist. Scrub 20 circular strokes on all four then scrub, ending two inches above the elbow.
10. Soap and/or water may be added to the brush at any time.

11. Repeat steps (6) through (9) above for the other arm.

12. Discard brush.

13. Rinse hands and arms without retracing and/or contaminating.

14. Allow the water to drip from your elbows before entering the operating room.

15. Slightly bend forward, pick up the hand towel from the top of the gown pack on the table. Grasp the towel and don’t allow the towel to touch any unsterile part of your body.

16. Holding one end of the towel with one of your hands, dry your other hand and arm with a blotting, rotating motion. Work from your fingertips to the elbow. DO NOT retrace any area.

17. Dry all sides of the fingers, the forearm, and the arms thoroughly. If moisture is left on your fingers and hands, donning the surgical gloves will be difficult. Moisture left on the arms may seep through surgical cloth gowns, thus contaminating them.

18. Grasp the other end of the towel and dry your other hand and arm in the same manner as above. Discard the towel into a linen receptacle (the circulator may take it from the distal end).

Get more nursing-related downloads at http://nursingpad.blogspot.com

Source: infectioncontroltoday.com
3M™ Avagard™
(Chlorhexidine Gluconate 1% Solution and Ethyl Alcohol 61% w/w)
Surgical and Healthcare Personnel Hand Antiseptic with Moisturizers

More Choices
Proven Persistence.

3M™ Avagard™ waterless, brushless surgical hand scrub is now available in two convenient sizes.

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<td>Nail Cleaners</td>
<td>6/Boxes</td>
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<tr>
<td>641-0661</td>
<td>Wall Bracket and Foot Pump</td>
<td>Each</td>
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<tr>
<td>600-4327</td>
<td>Wall Bracket and Hand Pump</td>
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MAXICLENS™
Antimicrobial/Antiseptic Skin Cleanser
Formulated with detergents, moisturizers, skin protectors, and humectants that cleanse without drying. Fast-acting formula that is proven effective at 15 seconds against a broad spectrum of bacteria. Effective for up to 6 hours after use. Active ingredient: 4% chlorhexidine gluconate.

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<tbody>
<tr>
<td>431-0032</td>
<td>1-qt Bottle</td>
<td>ea</td>
</tr>
<tr>
<td>431-0099</td>
<td>1-gal Bottle</td>
<td>ea</td>
</tr>
<tr>
<td>431-1478</td>
<td>Pump Dispenser Only for 1-qt Bottle</td>
<td>ea</td>
</tr>
</tbody>
</table>

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Glo Germ™ Gel
Gel is brilliant blue-white under UV light. Used to demonstrate proper hand washing and is recommended where staining may be of concern. Each 8-oz bottle is good for 75 to 100 applications.
8-oz Bottle (115-6115) ................................................. ea

Glo Germ™ Mini Gel
For greater convenience, we now offer the new 2-oz Mini Gel. Same great product as the 8-oz version. Used to demonstrate proper hand washing. 30 to 50 applications.
2-oz Bottle (115-6116) ................................................. ea

Glo Germ™ Powder
Used to demonstrate proper surface cleaning as well as the spread of germs, especially in the area of cross contamination. Good for hundreds of demonstrations. Brilliant white (also available in orange by special order; contact us for details).
1.9-oz Bottle (115-6117) ................................................. ea

Glo-Bush Applicator
Glo Brush lets you apply a thin layer of powder to any surface quickly and without waste. Refillable powder reservoir and a cover to protect bristles. Comes with a 4-oz container of Glo Germ™ powder that will last for hundreds of demonstrations.
(115-6106) .......................................................... ea

Glo Germ Kit 1003–Gel
(115-6101) .......................................................... ea

The #1 Product for teaching handwashing, isolation techniques, aseptic techniques, and general infection control.