

Lack of hand washing contributes infection nursing essay



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Aim of hand hygiene is to remove micro-organisms carried on the skin and any break in the skin can harbor bacteria and may be a cross infection risk to patients. Correctly apply hand washing enough to remove the harmful pathogens from the skin. Hand washing is most importance and effective way of preventing and controlling cross infection from healthcare staff. Gould et al (2008) stated that most infection is delivered to patients directly via hands of health workers. Transmissions of pathogens via hand of health care workers increase the incident of nosocomial infections. Horton (1995) sees that hand washing is effective means to protecting patients from nosocomial infections.

The healthcare professionals are aware of the need for hand washing and they do not wash their hand as often as they should. They must providers to ensure of safe and high standard of patients care within minimum risk of nosocomial infection in hospital. Every year 9% of patients admitted to hospital associated infections. “ Many patients treated in hospital develop infections after discharge, for example 50-70 % of surgical wound infections become apparent after discharge but these are not monitored “ NAO (2004).

This paper will discuss about lack of hand hygiene is a common problem in my work setting. “ Healthcare professional have long been aware that washing hands cut infection rates and saves lives” Baldry (1976). Despite this, Suchitra and Lakshmidēvi (2007) believe that healthcare still fail to practice good hand washing to their patients. Nurses must aware to be a good role model for junior staff to practice an effective hand washing to prevent infection.

It aims to enable community nursing and professional member to practice safely and effectively hand washing in the community. According to Suchitra and Lakshmidēvi (2007) says that compliance with hand hygiene was highest among junior staff such as care assistants and lowest among doctors and nurses. Larson E, Killien M (1982) believes that lack of awareness among personnel about hand washing, organization and personal attitudes and various logistical barriers are the factors and reason for poor hand hygiene practices among professional health.

Knowledge is one factors contribute of infection. “ Barriers to good hand hygiene include poor knowledge of infection control, time pressures, poor technique, inadequate facilities, and inappropriate clothing and hand adornments. (NAO 2004: Department of Health (DH) 2005). Professional healthcare staff must have a good knowledge hand washing follow by standard precaution to prevent infection. It can decrease infection via hand to hand among them. Gould et al (2008) thinks that infections in healthcare setting are spread by direct contact (cross infection) of health workers.

Professional healthcare should give health teaching to patients about the important of hand washing in preventing infection. “ Hand washing frequency increases following education, the rate soon returns to the previous level” Williams and Buckles (1998).

As professional healthcare workers knowledgeable of hand washing is important to prevent infection but sometime they are incomplete knowledge about this issue. According to Searle (1987) says that knowledge among the trained nurse is incomplete about universal precautions. Professional

healthcare workers knowledge will have impact on the standards of infection control and quality of health education.

The correct skill and technique of hand washing are important to prevent infection among the patients. Griffiths (2002) says that the area most often missed in practice hand washing is the back of thumbs, the nails and between the fingers. Therefore hand washing is an effective means of controlling infection, sometime healthcare member forgotten to practice the correct way. “ Health professionals do not always practice effective technique” (Larson and Killien, 1992). Effective technique of hand washing can prevent spread of pathogens from patients to another member or staff who may subsequently pass the bacterium on to other patients and decrease hospitalization mortality. According to Eaton (2005) hand washing is actually importance in controlling MRSA among the patients. From one study of compliance with hand washing (Girou and Oppein, 2001) state that 50% of healthcare workers’ did not wash their hands after the procedure.

Hand drying after washing is very important to prevent infection because wet surfaces transfer microorganisms thrive in a damp environment. Griffiths (2002) says that drying hand with paper towels are effective technique to prevent infection because the friction helps to remove transient organisms from the surface of the skin. Merchant (2001) options that using disposable paper to drying hand are more effective technique and quicker (7-9 seconds) compared using hand dryer (25 seconds).

When hand washing facilities are poor, it contributes to infection. Clinical hand wash sink are required in all areas where clinical activities are

performed. “ Convenient placement of sinks and adequate provision of soap and soft paper towels will encourage frequent and appropriate hand washing” Kesavan et al (1998). Provision of adequate and appropriate facilities could be improved hand washing compliance. According to Harris et al (2000) stated that hindering factors of good hand washing are lack of time, poor facilities and materials. The Infection Control Nurses Association (1998) mentions that commitments by managers to improve resources are important to prevent poor hand hygiene among healthcare and patients.

The value of easy access to hand hygiene supplies, whether sink, alcohol handrub or soap, is self explanatory. “ Busy healthcare workers to walk away from patients’ bed to reach a wash basin or hand antiseptic agents invites noncompliance with hand hygiene recommendations” (Pittet and Mourouga 1999). Community of nurses find that facilities in hospital are not suitable for prevent hand decontamination. Larson and Killen (1992) believe that when resources are not available, there will cause of poor hand washing. Therefore if facilities are very poor it is possible to decontaminate the hands thoroughly to infection.

Hands may be cleansed with soap, water and with antiseptics such as chlorhexidine , povidone iodine, triclosan or alcohol which typically contain 60-90% ethanol or isopropanol and it is most important means of preventing spread of infection. Liquid soap will remove many of the transient microorganisms. Kerr (1998) mentions that liquid soap is preferable to bar soap in clinical area as it avoids the contamination problems. ICNA (1998) also says that hand washing with liquid soap is adequate for most routine procedures and the handling of used equipment is easily removed by <https://assignbuster.com/lack-of-hand-washing-contributes-infection-nursing-essay/>

washing for 10-15 seconds. There for using liquid soap also avoids some contamination problem. Reybrouck (1986) believes that it is acknowledged that the dispenser of liquid soap may keep lead from contamination. However Heenan (1992) options that harsh soap challenges is more practice and recognized by healthcare professional.

Alcohol will kills bacteria more effectively than most other products because it preparations have a rapid action. According to Lee and Bishop (1997) mentions that alcohol is an effective agent to avoid the microorganism by dissolving lipids in the cell wall. However Voss and Widmer (1997) believe that using alcohol is a widely advocated where the hands avoid from soiled. Alcohol handrub also will save time if the handrub is widely available at each bed space. “ 17. 4% reduction in the incidence of Clostridium difficile-associated diarrhea and a consistent reduction in the proportion of hospital-acquired methicillin-resistant Staphylococcus aureus (MRSA) by the introduction of Spirigel, which is an alcohol-based gel” (Gopal Rao et al 2002). Alcohol with added emollients are less irritating than antiseptic agents and efficacious as detergents. Larson (1999) mentions that emollients may protect against cross infection by keeping the resident skin flora intact and hand lotion to protect skin irritating.

Alcohol also as an antiseptic agents and prevent the spread of infection in healthcare setting. Kjolen and Anderson (1992) opinion that alcohol are now available an antiseptic agents such as triclosan and chlorhexidine to destroy microorganism. However I not agree with this stamen because alcohol rub can spore forming pathogen and are not suitable for use in all situations.

Therefore soaps are still using as a washing agent in clinical area. A study <https://assignbuster.com/lack-of-hand-washing-contributes-infection-nursing-essay/>

undertaken in Sweden by Meding and Jarvhol (2002) states that rate of skin irritation among the general public is 9.7-11.8% lower than among healthcare professional workers." Percentage of healthcare workers with skin irritation could be much higher than that of the general public reaching a prevalence rate of 17-30%" (Smit et al 1993).

Antiseptic agent may be better than traditional hand washing to decrease infection rate. Heenan (1996) suggest that antiseptic agent more invasive procedures, contamination with body fluids and dealing with infectious patients. Antiseptic agent is concerned, triclosan, chlorhexidine and alcohol commonly discussed products.

According to McLure and Gordon (1992) povidone iodine has a wider spectrum of activity than chlorhexidine. However Kampf et al (1998) believes that 70% chlorhexidine more effective agent against methicillin-resistant *Staphylococcus aureus* (MRSA). Therefore these products are ideal and can save the time. Heenan (1996) mentions that antiseptic agent can save time as an alternative to hand washing in busy treatment area.

Personal hygiene especially fingernails are important in hand washing to preventing infection. Horton and Parker (2002) mention that daily bathing, keeping nails short, tying hair and not wearing jewellery, with hand washing is a important aspect to avoid infection. The space below long fingernails operates as a reservoir for bacteria. It will increase the risk of cross infection among healthcare member to the patients. " Artificial nails and nail art should be avoided because they increase the number of bacteria present, increasing risk of cross infection" Jeanes and Green (2001). Short fingernails

prevent from infection and scratching the patient's skin, which is easily to be fragile among elderly people. Larson et al (1998) mention that when it becomes sore and chapped on the skin, it available to contribute to cross infection. Poor hand hygiene can spread of MRSA and increase the mortality in hospital. Newsom (1993) noticed that the rate of mortality from puerperal fever was 11. 5% when delivery had been perform by doctors in obstetrician in Vienna Lying.

These sometime antiseptic agents have a propensity towards to skin irritation and allergic effects. Ayliffe et al (1988) mentions that iodine and alcohol has little or no residual effect after used. According to Larson (1995) says that triclosan has relatively low skin irritation and Babb et al (1991) believe that triclosan and iodine was little effects used. Alcohol based hand rub also will damage the skin such as burning sensation. Boyce (2000) agree that damage skin are stimulated by the alcohol and cause irritation to the epidermal. The effects of hand hygiene product can cause problem to the skin. Gould et al (2000); Larson (2001); Boyce (2001) mention that frequently of hand washing among healthcare staff are frequently problem due to sore and dry hands.

Hand washing is clearly seen as the responsibility of the individual healthcare workers and patients of preventing infection. Staff attitude are the factors to contribute lack of hand hygiene in hospital. In order to change attitude, healthcare works must be motivated. " Achieved a change in attitude by providing interventions to reinforce hand washing" (Williams and Buckles 1988). According to Zimakoff et al (1992) studied the factors that affect hand hygiene behavior in healthcare works in 15 hospitals in Denmark <https://assignbuster.com/lack-of-hand-washing-contributes-infection-nursing-essay/>

and Norway. Safe practice will occur when staffs are well informed and positive attitude toward to prevent infection. Kretzer (1998) opinion that various psychosocial parameters hand hygiene behavior include attitude, social, habits, role model, knowledge and motivation.

Healthcare works must take precautions to protect ourselves and patients from infection. However I believe a bad attitude is cause of poor hand hygiene among healthcare staff. The Infection Control Nurses' Association (ICNA 1998) mentions that hand washing policies has published but nurses do not adhere the hand washing protocols effectively.

Time also one of the factors to contribute infection. Ayliffe (1978) mentions that student nurses takes between 1 minute and 1.5 minutes to walk 5 yards to a sink, adjust the water, wet the hand, obtain some liquid soap and complete hand washing technique as devised. This hand cleansing technique was carried out more than 10 minutes or around 15% of the shift in activities concerned with hand washing. Weeks (1999) say that 15 % extra staffing would be required to encompass these extra hand washing duties. While Pittet and Beyce (2001) believe that if alcohol hand rub was used, it only takes 20 seconds for hand hygiene and it would reduced considerably.

Time of hand washing also depending on policy is managed. " Staff should be cleansed before and after every patient contact with no exception, as outlined in the evident-based practice project (EPIC)" Pratt et al (2001).

Wet surfaces can transfer microorganism more effectively than dry ones and bacteria remaining after washing will be removed by the added friction.

Marples and Towers (1979) believe that wet surfaces previously transfer
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microorganisms more effectively than dry environment. Drying is important to reduce infection and risk of sore. Ansari et al (1991) says that hand drying is importance in removing and avoids transfer microorganism effectively.

Towels should be dried well each time and changed regularly after used to prevent infection. According to Horton (1995) cloth towel become damp and contaminated are potential to be a significant source of infection. Drying hand with paper towels also advocated away transient microorganism.

Ansari et al (1991) says those disposable paper towels are more effectively than cloth towel to prevent infection and reducing contamination. Drying with paper towels is quicker and more thorough: 7-9 seconds compared to 25. 4 seconds with dryers. Now hot air dryers have been installed in public premises such as restaurants and shopping complex. Unfortunately there may in fact contribute to the dissemination of infection. " The circuits and nozzles of dryers can become heavily contaminated and could decontaminated hand by recirculation bacteria laden air currents" (Redway et al, 1991).

Education and training for healthcare workers in hand washing are important for preventing infection among them and patients. Elliott (1996) believes that education and training adequate about hand washing is importance in promoting safe practice for professional healthcare workers. Health education and training hand washing should be reinforced at each healthcare staff and patients. This will improve training in hand washing and education of infection factors. However House of Lords (2003) have reported that healthcare do not receive comprehensive pre-registration education in infection control.

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Hospital need to develop education to healthcare works as strategies to improve hand hygiene among them. Health education for all staff about hand washing technique are recommended, however Naikoba and Hayward (2001) opinion that one off educational interventions have a limited effect. Bischoff et al (2000) Education and feedback intervention and patient awareness programmes, failure to improve hand washing compliance (Bischoff et al 2000).

Knowledgeable are important among healthcare professional of preventing infection. Gould's (1995) mention that nurses' theoretical and knowledge of universal precautions is useful to prevent infection and ability to assimilate theoretical knowledge into practice. Knowledgeable followed by standard precaution can give a best treatment to the patients, therefore it can decrease infection problem. " The nurse with limited background knowledge will lack the tools needed from experience and the scope of practice will be limited by background the nurse brings to the clinical situation" (Benner 1984).

Guidelines and policies should clear to describe hand washing activities. Gould (2002) says that a general rules was recommended for healthcare workers to breaking the chain of infection. New protocol and guidelines may lead to clearer definitions of terms being developed. Educating healthcare works on protocol and guidelines may be equally and beneficial in encouraging to them. " Infection control nurses or their link nurses could undertake this teaching at ward level as this is viewed as the best place to teach good clinical practice" (Gould 1996).

However, this could be lacking and vague in evidence based guidelines and a clear documented standard principle are needed. Pratt et al (2000) mentions that The Epic Projects was designed to develop guidelines and standard principles for preventing Healthcare associated infection (HAIs). Therefore, failure technique of hand washing among the healthcare workers cause of failure of guidelines. According to Parker (1999) states that failure in education and training can cause of failure of hand hygiene. Hoffman and Wilson (1994) also believe that evidence based guidelines of hand washing technique is less clear, however brief hand wash followed by rinsing and drying is recognized to remove some transient skin flora.

Health teaching and scientific information about hand washing is important to prevent infection among healthcare staff and public. Health education about hand hygiene should offering from early school among the student to practice the correct technique. Institute of Child Health (UCL 2009) says that parents and children should been know the important of hand hygiene to prevent infection. It is not just knowledge to them but as a responsibility for their own action. Information and health teaching among patients and visitor about hand washing is a nurses' responsibility. According to Charalambous (1995) says that nurses should disseminate information and possess good teaching skills include demonstration of appropriate hand washing.

From the literature it is clear that poor hand cleansing by healthcare workers increase the risk of infection. " Most infections in hospitals and other settings where health and social care are delivered are transmitted to patients directly via the hand of health workers" (Gould et al 2008). Evidence

indicates that many factors to contribute infection among healthcare staff.
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Confidential Enquire into Stillbirths and Deaths in Infancy CESDI (1999) study that around 5% of the death analyses cause of infection.

Factors influence to infection such as lack of knowledge, lack of attitude, lack of facilities, lack of technique and lack of times. An intervention to promote hand washing plays an important role in the prevention of infection in hospitals.

Conclusion

In healthcare setting, frequently hand washing among healthcare staff can prevent infection spreading from patient to patient and from patient to healthcare staff. The primary goal of Infection Control is to educate all staff to practice good infection prevention technique to protect patients from spreading infection. Guidelines and protocols should therefore be clear to encourage universal compliance to best practice. To improve patient safety and reduce costs, good hand washing should become the highest priorities in healthcare institutions.