



INFECTION CONTROL NEWS

A Newsletter on Infection Prevention & Control
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March, 2001



Hand Hygiene

Summary of Infection Control Liaison meeting, 1/18/01

Hand washing remains the single most important practice to reduce spread of infection! UMHHC's hand washing policy is located at www.med.umich.edu/i/policies/ics/Handwash.htm. But good hand hygiene involves more than just washing hands with soap and water.

WINTER CARE: Protect hands from drying, chapping and skin damage during cold weather:

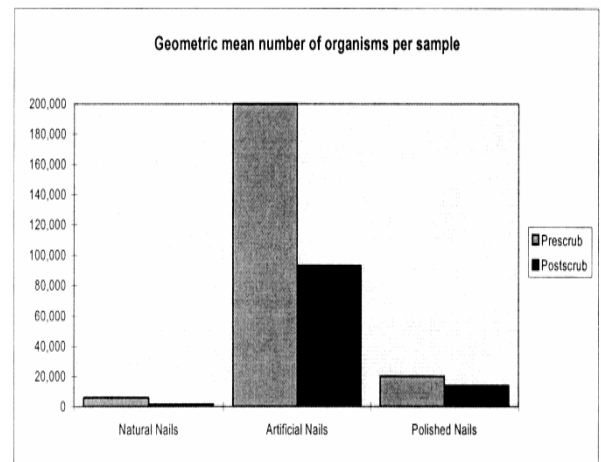
- ❖ Avoid hot water for hand washing. Use lukewarm water and wet hands before applying soap.
- ❖ Remove soap thoroughly. The pH of skin is acidic and the pH of soap is basic, increasing drying potential of soap products.
- ❖ Dry hands thoroughly, by patting instead of rubbing. Moisture allows more transfer of microbes to touched surfaces.
- ❖ Use hand lotion liberally, especially at home and on breaks. At work, use a small bottle, to prevent overgrowth of microbes.
- ❖ Use gloves for any environmental cleaning activity to avoid exposure to harsh detergents and chemical cleaners.
- ❖ Use latex gloves only when needed and avoid overuse.
- ❖ Use of waterless hand products (containing alcohol) has been shown over time to decrease chapping and dryness of skin. New formulations contain emollients.
- ❖ For severe chapping or skin irritation seek help from Employee Health Service.

FINGERNAILS: Another recent "hot" topic related to hand hygiene is the danger of cross infection posed by long and artificial fingernails. Many hospitals are banning long and artificial fingernails. The risk:

- ❖ The region under fingernails (subungual) harbors many microbes.
- ❖ Artificial nails and long native nails harbor more microbes than short natural nails, even after hand washing.

- ❖ Artificial nails are a risk factor for persistent pathogen carriage by health care givers.
- ❖ Long nails can tear gloves easier, cause potential patient injury, and require additional time to properly wash.
- ❖ Artificial or long nails may prevent effective hand washing.
- ❖ Fungal growth occurs under artificial nails from moisture trapped between the natural and artificial nail.

An article from Nursing Research 47:54-59, 1998, summarizes the number of organisms isolated from hands before and after a 5-minute surgical scrub. The number of organisms was dramatically higher on hands with artificial nails, both pre- and post-scrub.



	Natural Nails	Artificial Nails	Polished Nails
Prescrub	5,900	200,000	20,000
Postscrub	1,600	93,000	14,000

We are working out the details of a fingernail policy, but the basic content will be that:

- ❖ Fingernails are to be kept short (not extending past the tip of the finger) and clean;
- ❖ Nail polish may be worn if well manicured; chipped polish must be removed;
- ❖ Artificial nails or artificial nail products, e.g., tips, jewelry, overlays, wraps, etc., may not be worn if a staff member's job includes "hands-on" direct patient care.

This policy will focus on staff with the most "hands-on" contact with patients. We anticipate at least several months implementation period.

PRODUCTS: There are many good hand hygiene agents available. Here is some information on the products at UMHHC.

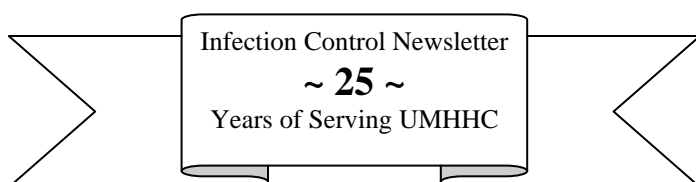
- ❖ Plain soap, for example, Sanifresh, supplied in a disposable dispenser, most commonly found in outpatient areas, has no “germ”-killing properties. Disposable soap containers are preferred. If a dispenser needs to be reused, it must be cleaned and filled with fresh soap product when empty. Liquid soap must never be added to a partially full dispenser.
- ❖ Antimicrobial soaps:
 - 2% chlorhexidine from Kimberly-Clark “KimCare,” is found on inpatient care units.
 - Acute-Kare (PCMX) is located in the ICUs.
- ❖ The current waterless hand sanitizer is the alcohol-based “KimCare.” The wall mount dispensers have presented some concerns, so we recommend ordering individual 8-ounce pump dispensers from MStores #383260.
- ❖ Hand Lotion should be individual use or small multiuse containers discarded after 30 days, to prevent overgrowth of bacteria. The current product is available through MSC, order #2537, for a 4-ounce container.

CEUs for NURSES: Earn 1.5 CEUs for completing a study guide on Skin Care and Hand Washing from Steris. Contact Infection Control & Epidemiology at 936-6355 to request a copy.

INFECTION CONTROL NOTES

Skin Wellness

The Kimberly-Clark Skin Wellness Institute was created in 1998 to address the myriad issues surrounding skin health in away-from-home settings - at the office or the factory, at school or in the hospital, when traveling or eating out, and even at play. It is composed of a multi-disciplinary faculty of independent, scientific professionals, the Institute focuses on researching and improving skin health through laboratory and clinical research as well as professional and consumer education of skin wellness practices. Check out the Kimberly-Clark Skin Wellness Institute at <http://www.kcskinhealth.com/>.



March, 2001

WASHTENAW COUNTY EPI UPDATE

Winter Vomiting Outbreaks

In the past month, Washtenaw County Public Health has been involved with two separate outbreaks in restaurants caused by Norwalk-like viruses (NLVs). NLVs cause a mild to moderate gastroenteritis with symptoms of nausea, vomiting, diarrhea, myalgia and/or low grade fever. Symptoms typically last 24 to 48 hours, hence, one common name of illness caused by NLVs is 24-hour stomach flu. The virus is highly contagious and passes through person-to-person contact or through food that has been contaminated by feces. It is important to note, particularly for food handlers, that individuals can still shed virus in their stool up to 3 to 5 days after symptoms have subsided. MDCH reports that many Norwalk-like viruses have been circulating in Michigan during the past four months.

School Disease Report

Over the first three weeks of February, Washtenaw County schools reported an increase in students sick with respiratory illness. Rates increased from about 5 cases per 1000 students per week during November and December to between 10 and 15 cases per 1000 in late January and early February. Schools have also reported many students ill with strep throat, Fifth's Disease, and stomach “flu” (probably Norwalk-like virus).

Influenza Update

Washtenaw County Public Health continues to offer flu shots through weekly walk-in clinics and daily appointment services. It is not too late to vaccinate! Please see their website for clinic times and locations:

<http://www.co.washtenaw.mi.us/DEPTS/HEALTH/Hltimms.htm>

MDCH reported on 2/13/01 that Michigan is experiencing a slight, but sure increase in the reports of influenza from the sentinel physicians in the state, and some practices are reporting a greater than 3% baseline level, especially in the southeastern part of the state.

Measles in the Air

Twice in the past two months, the health department has been notified about potential exposure of Washtenaw County residents to measles during an airline flight. In both cases, the flight originated in Seoul, Korea. South Korea is currently experiencing a measles outbreak. According to the World Health Organization, 39537 cases and 6 deaths have been reported in that country from March 2000 through January 2001. None of the Washtenaw County residents appear to have contracted measles on the flights.

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