



**IFPN Guideline
for
General Handwashing in the Perioperative Setting**

Purpose:

Handwashing is universally considered to be the most basic as well as the most vital infection control measure. Good hand hygiene is a highly cost-effective public health measure, and a cornerstone of safe and effective healthcare. It is crucial to protecting against a range of diseases, stopping the transmission of Covid-19 and preventing other outbreak-related diseases. It is also critical to combatting antimicrobial resistance.

The purpose of handwashing is to remove dirt and to reduce the level of microorganisms present on the hands. Handwashing reduces the number of potential microorganisms and interrupts the opportunity of transferring microorganisms to patients.

Thorough, regular, and consistent handwashing is essential because research has established the link between the contaminated/non contaminated status of the hands of health-care workers and the cross-transmission and spread of microorganisms. Each facility should have a policy and procedure for handwashing that considers the resources available in that facility. The following recommendations should be considered when drafting the policy and procedure for handwashing.

Recommendations:

HANDWASHING INDICATIONS: Known as the ‘5 Moments for Hand Hygiene’

Handwashing is Recommended Before & After:

- Touching all patients as hands to skin contact is a most convenient transport mechanism for microorganisms.
- Performing clean and aseptic procedures
- After contact with body fluids
- After touching patient surrounds (their bed)

Handwashing is also recommended:

After situations during which microbial contamination of hands is likely to occur, such as contact with mucous membranes, blood or body fluids, secretions, excretions, touching wounds and dressings of any type, whether surgical or traumatic.

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1003	1995	December 2021	Every 4 years	Dec 2025



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Personal contamination such as using the toilet and blowing or touching one's nose.

Leaving a work area and on returning to the work area, hand hygiene reduced opportunities for contamination.

After removing gloves due to the possibility of punctures or leak holes in the gloves. Hand may also become contaminated when removing gloves.

Caring for susceptible patients, such as those who are severely immunocompromised as their ability to fight hostile micro-organisms is severely reduced.

Caring for newborns. Development of the immune system does not occur until several months after birth and is boosted by maternal antibodies from breast milk.

Caring for patients infected or colonized with important bacteria such as methicillin-resistant *Staphylococcus aureus* where there is a risk of serious cross-infection.

Preparing or handling food, as cross contamination is highly possible.

Handwashing technique:

Wet hands with running water.

Apply a hand washing agent and thoroughly cover hands. If the operator is using an antimicrobial hand washing agent, the manufacturer's recommendations must be followed.

Soaps or detergent base in antiseptic agents facilitate physical removal of organic material and the microbes. Antiseptics kill or inhibit microorganisms and reduce the level further by their residual effect but are inactivated by organic material.

Vigorously rub hands (mechanical friction) together for 10 to 15 seconds, covering all surfaces of the hands and fingers, this is a key action in effective handwashing.

Thoroughly rinse hands under a stream of water to removal all soaps and antiseptic agents.

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Thoroughly dry hands to prevent skin irritation. Wet surfaces also are capable of transferring microorganisms.

After drying hands, the operator must turn off the water. If the elbow or foot does not operate the water controls, a disposable paper towel should be used to turn off the water without touching the contaminated water controls. Washed hands should not touch the water control mechanism.

For general patient care, a plain, non-antimicrobial soap is recommended in any form (bar, liquid, powder).

Plain soap should be used for handwashing for 10-15 seconds, minimum unless otherwise indicated such as invasive procedures or immuno-compromised patients.

If bar soap is used, small bars that can be changed repeatedly and soap racks that allow for drainage of water should be used. A wet bar of soap will transfer microorganisms more effectively than a bar of soap that is allowed to dry completely.

If liquid soap is used, the dispenser should be replaced or cleaned and filled with a fresh handwashing agent when empty; liquids should not be added to a partially full dispenser. Frequently cleaning and allowing the container to dry properly greatly decreases the microorganisms. Adding liquid to a partially full dispenser greatly increases the microorganisms.

Additional Considerations:

Alcohol based detergents can be used without initial or final water rinse as permitted by the manufacturer's directions. Alcohol kills bacteria more effectively than most other handwashing agents do.

Complete coverage of hands with the handwashing agent is important. Research has shown that base of the thumbs; backs of fingers and hands and underneath the fingernails are repeatedly missed.

Fingernails should be cleaned with a nail brush or a nail stick to remove debris which collects under the fingernails. Fingernails should be kept short.

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Rings should be limited to plain wedding bands in the clinical setting. During handwashing, it is advisable to rotate rings ensuring soap cleans underneath them.

Hand lotions should be available to prevent skin dryness. The lotion should be water based to avoid reaction with some glove material. Maintaining good skins integrity on healthcare workers hands has been shown to improve hand hygiene compliance.

References:

- ACORN (2018) Australian College of Perioperative Nurses: Standards for Perioperative Nursing in Australia.
- AfPP (2016) Association for Perioperative Practice: Harrogate UK: Standards and Recommendations for Safe Perioperative Practice.
- AORN (2019) Association of PeriOperative Registered Nurses : Denver USA: Perioperative Standards and Recommended Practices.
- ORNAC (2017) Operating Room Nurses Association of Canada: Standards for Perioperative Nursing Practice.
- World Health Organization.2014 Good Hand Hygiene by health workers protects patients from drug resistant infections
- Hand Hygiene for all Global Initiative. 2020 Progress Report.

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