



FACT SHEET HAND HYGIENE IN CHILD CARE

Keeping hands clean is one of the most important steps we can take to avoid getting sick and spreading germs to others. It is best to wash your hands with soap and clean running water for at least 10 seconds. However, if soap and clean water are not available, you can use an alcohol-based product to sanitize your visibly clean hands. If applied as recommended by the manufacturer, alcohol-based hand rubs significantly reduce the number of germs on skin and are fast acting.

When washing hands with soap and water:

- Wet your hands with clean running water and apply soap. Antibacterial soap is unnecessary and may actually lead to hardier germs in the environment. Use warm water if it is available.
- Rub hands together to make a lather and scrub all surfaces.
- Continue rubbing hands for 10-20 seconds. For 10 seconds, sing to the tune of “Row, row, row your boat:
Wash, wash, wash your hands.
Play this handy game.
Rub and scrub, scrub and rub.
Germs go down the drain!
(For 20 seconds, sing the song twice.)
- Rinse hands well under running water
- Dry your hands using a paper towel or air dryer. Unless using a hands-free faucet, use your paper towel to turn off the faucet

Note: Only use alcohol-based gel if hands are visibly clean and soap and water are not available.

Alcohol-based Hand Rubs (liquid, gel or foam hand sanitizers):

- a) These products are flammable and toxic. Children must be closely supervised if they use them.
- b) If used, alcohol-based hand rubs should be limited to situations where there is no visible soil on the hands, where sinks with running water and soap are not available, and where the use and control of containers of the chemical sanitizer can ensure that no child can have independent use of the container or dispenser.
- c) Be sure that hand hygiene using alcohol-based hand rubs conform to the manufacturer's instructions. When using alcohol-based rubs follow this procedure:
 - Apply the required volume of the product recommended by the manufacturer to the palm of one hand.
 - Rub hands together, covering all surfaces of the hands and fingers as well as under the finger nails until the hands are dry. The required volume should keep the hand surfaces wet for the time recommended by the manufacturer, usually at least 15 seconds. Do not wipe the hands with a towel as this reduces the effectiveness of the use of the product.
- d) Check the dispenser systems for hand hygiene rubs on a regular schedule to be sure they deliver the required volume of the product and that they have not become clogged or malfunction in some way.
- e) Store supplies of alcohol-based hand rubs in cabinets or areas approved for flammable materials and where they are inaccessible to children except with close adult supervision.

When to Wash:

Adults and children in child care settings should wash their hands with soap and water in each of the situations listed in ***Caring for Our Children*** Standard 3.020 and whenever their hands are visibly dirty or soiled.

- a) Upon arrival for the day or when moving from one child care group to another;
- b) **Before and After:**
 - Eating, handling food, or feeding a child,
 - Giving medication,
 - Playing in water that is used by more than one person;
- c) **After:**
 - Diapering,
 - Using the toilet or helping a child use a toilet,
 - Handling bodily fluid (mucus, blood, vomit) from sneezing, wiping and blowing noses, from mouths, or from sores,
 - Handling uncooked foods, especially raw meat and poultry,
 - Handling pets and other animals,
 - Playing in sandboxes,
 - Cleaning or handling the garbage.

Fingernails: Do not wear artificial fingernails or extenders when working in child care. Keep natural nail tips less than ¼ inch long.

Rings and wrist jewelry: Limit hand and wrist jewelry to simple finger bands and a watch. Choose types that make it easy to clean and sanitize under and around them.

Contact with Body Fluids: Follow Standard Precautions for Child Care whenever contact with body fluids occurs. (See ***Caring for Our Children***, p. 492) Wear gloves when blood is involved and wash after removing the gloves.

Gloves: Latex and vinyl gloves pick up germs from touched surfaces. Gloves can develop holes from contact with nails, jewelry and hand lotions, swelling with the moisture and warmth of the skin and puncture by any pointy object. Latex gloves are the most popular type. Their elasticity gives the best fit, but warmth and moisture from contact with skin makes them swell and develop microscopic holes that allow germs through. Vinyl gloves are less expensive. Since they do not stretch, they fit like a plastic bag and puncture easily. Gloves can transfer germs to other touched surfaces. Wearing gloves is optional for diapering, but required for handling bloody fluids. Remove disposable gloves by peeling them off from the wrist to the finger tips, turning them inside out. After removing gloves, ALWAYS WASH YOUR HANDS.

Staff Training: Educate all personnel about hand hygiene and the importance of appropriate hand hygiene practices to their health and the health of the children.

Monitoring and Evaluation: Monitor hand hygiene with unannounced and regular direct observation. When hand rubs are used, check that the product is being used in the appropriate amounts and that the staff who are authorized to use this method of hand hygiene are continuing to use the material as they should.

References:

American Academy of Pediatrics and the American Public Health Association, *Caring for Our Children, National Performance Standards for Health and Safety in Child Care: Guidelines for Out-of-Home Child Care*, Second Edition, 2002.
Centers for Disease Control and Prevention, 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. MMWR 2002; 51(No. RR-16):1-45.
Centers for Disease Control and Prevention. <http://www.cdc.gov/cleanhands/>. Accessed 4-28-10

Prepared by:

Susan S. Aronson, MD, FAAP in collaboration with Larry Pickering, MD (Editor of the Red Book of the American Academy of Pediatrics), Jonathan Kotch, MD (University of North Carolina School of Public Health), Jackie Quirk, RN, BSN (North Carolina Child Care Health and Safety Resource Center), Fred Henretig, MD (Philadelphia Regional Poison Control Center) See <http://www.childcareexchange.com> Free Resources for complete article discussing the rationale. **Reviewed and updated by:** Susan S. Aronson, MD, FAAP 7/6/2010.