



IMPROVING HAND HYGIENE IN DENTAL PRACTICES

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The original article is available here: [Improving Hand Hygiene in Dental Practices | MedPro Group](#)

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The original article has been supplemented with content which reflects guidance and best practice in the Republic of Ireland.

Meticulous hand hygiene is a best practice and [standard precaution](#) for patient and healthcare worker safety in healthcare organisations of all types and sizes, including dental practices. In fact, hand hygiene often is recognised as the single most important step that dental providers and staff can take to prevent the spread of infections.¹

Yet, as simple as practising diligent hand hygiene sounds, lack of compliance with established protocols can thwart good intentions and compromise safety. Barriers to proper hand hygiene may include a busy environment, skin irritation and dryness, a false sense of protection in relation to wearing gloves, lack of appropriate hand hygiene supplies, poorly located sinks, low prioritisation due to other demands or the belief that infection risk is not significant, insufficient organisational protocols or lack of awareness of protocols, inadequate knowledge about disease transmission, and general forgetfulness.²

Because hand hygiene is a vital aspect of infection prevention and control, dental practice leaders and administrators should proactively work with providers and staff to review their current policies and develop strategies to improve compliance. It is advisable to:

- Familiarise yourself with the [Guidelines for hand hygiene in Irish healthcare settings](#) (updated in January 2015, available on www.hspc.ie). The Guidelines are stated to be intended to assist Irish healthcare facilities and services to improve hand hygiene and thereby to reduce healthcare associated infections, through a series of recommendations that reflect best practice. The Guidelines

are aimed at all healthcare care workers including Dentists and will also be of relevance to patients, visitors, carers and members of the public. The Guidelines state that the recommendations should be implemented in all settings in which healthcare is delivered in Ireland as part of an integrated multimodal infection prevention and control and patient safety strategy.

- Review and familiarise yourself with the Dental Council's Code of Practice relating to Infection Prevention and Control (available here at www.dentalcouncil.ie) which includes guidance on good hand hygiene, including the following extract:
 - *“Good hand hygiene, including the use of alcohol-based solutions and gels or medicated soap along with careful hand drying with disposable paper towels, is critical to reducing infectious disease transmission for all healthcare staff. Alcohol hand gels (concentration 70% – 85%) should only be used Dental Council April 2015 PAGE 11 Code of Practice: Infection Prevention and Control if hands are visibly clean. Soiled hands must be washed with medicated soap. Alcohol hand gels are not suitable for use after caring for a patient known or suspected to be infected with Clostridium difficile or with norovirus*
 - *The following practices should be incorporated into hand hygiene routines:*
 - *Long sleeves should be rolled up to the elbow;*
 - *All arm and hand jewellery should be removed (WHO strongly discourages the wearing of rings and other jewellery during the delivery of healthcare as these can act as reservoirs and disseminators of infection);*
 - *Nails should be worn short and artificial nails and nail polish of any type should not be worn in the clinical environment;*
 - *Good quality hand-care moisturisers should be used regularly as they will help to reduce skin irritation and maintain the integrity of the skin.*

The Health Protection Surveillance Centre (HPSC) recommends the WHO Guidelines on Hand Hygiene in Health Care. 9 DHCWs must adhere to these guidelines”.

Examples of proactive strategies to reduce hand hygiene risks include the following:

- Review the practice's infection prevention and control plan to verify that hand hygiene protocols are included and thorough. Ensure that the practice's plan

also includes disciplinary actions for knowingly failing to follow established protocols.

- Ensure that hand hygiene is an organisational priority that practice leaders, administrators, and other influential staff members promote and champion. Consider programs that offer incentives, rewards, and recognition for compliance with hand hygiene protocols.
- Motivate providers and staff members to follow hand hygiene protocols through education that focuses on the benefits of compliance (e.g., reducing adverse events, protecting patients and other employees, and setting an ethical example) and the risks associated with noncompliance (e.g., health implications for patients and staff members, disciplinary actions, loss of reputation, and potential liability).
- Consider various methods for engaging providers and staff members in hand hygiene education. For example, provide actual case examples of infection control lapses that have resulted in adverse outcomes, and offer hands-on tutorials for practising appropriate hand hygiene and donning and doffing personal protective equipment.
- Support a culture of safety that empowers providers, staff members, and patients to speak up about hand hygiene. Post signs in visible locations that state the practice's commitment to hand hygiene, and encourage patients to voice potential concerns and ask questions.
- Use visual cues to trigger providers, staff members, and patients to clean their hands. For example, place automated hand sanitizer dispensers in strategic locations throughout the practice (e.g., at reception, in waiting areas, and in patient care areas).
- Implement environmental modifications to support hand hygiene compliance. For example, locate glove dispensers next to sinks and hand sanitiser stations, and make sure providers and staff members have ample counter space on which to place equipment and supplies while performing hand hygiene.
- Stock adequate hand hygiene supplies, including plain soap, antimicrobial soap, alcohol-based hand sanitiser, and paper towels. Consider providing lotion to combat dry and irritated skin, which is a common barrier to hand hygiene compliance. Make sure supplies are in a convenient, easily accessible location.
- Monitor staff for hand hygiene compliance, and provide constructive feedback and guidance to address observed lapses. Make sure expectations and disciplinary actions are consistently applied across the organisation.³

Hand hygiene is a pillar of infection prevention and control efforts in dentistry. Although gaps and oversights in hand hygiene compliance may seem innocuous, they can have serious consequences for providers, staff members, and patients.

To mitigate risks associated with inadequate hand hygiene, dental practices should assess their current policies, work with providers and staff members to identify and address barriers to compliance, and implement strategies to promote hand hygiene best practices. To learn more, see MedPro's [Risk Resources: Infection Prevention & Control in Dentistry](#).

Endnotes

¹ Centers for Disease Control and Prevention. (2016, October). *Summary of infection prevention practices in dental settings: Basic expectations for safe care*. Retrieved from www.cdc.gov/dental-infection-control/media/pdfs/2024/07/safe-care2.pdf

² World Health Organization. (2009). Hand hygiene practices among health-care workers and adherence to recommendations. In *WHO Guidelines on Hand Hygiene in Health Care: First Global Patient Safety Challenge Clean Care Is Safer Care* (Chapter 16). Retrieved from www.ncbi.nlm.nih.gov/books/NBK144026/; Chassin, M. R., Mayer, C., & Nether, K. (2015, January). Improving hand hygiene at eight hospitals in the United States by targeting specific causes of noncompliance. *The Joint Commission Journal on Quality and Patient Safety*, 41(1), 4-12; Centers for Disease Control and Prevention. (2002, October 25). 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. *Morbidity and Mortality Weekly Report*, 51(No. RR16). Retrieved from www.cdc.gov/mmwr/PDF/rr/rr5116.pdf

³ Centers for Disease Control and Prevention, *Summary of infection prevention practices in dental settings: Basic expectations for safe care*; Chassin, et al., Improving hand hygiene at eight hospitals in the United States by targeting specific causes of noncompliance; MacNeill, B. A., & Huber, M. A. (2019, October 22). Hand hygiene (Course Number: 590). *Dental Care*. Retrieved from www.dentalcare.com/en-us/ce-courses/ce590; Zimmerman, B. (2016, December 7). A culture of support: 4 ways to improve hand hygiene compliance. *Becker's Clinical Leadership & Infection Control*. Retrieved from www.beckershospitalreview.com/quality/a-culture-of-support-4-ways-to-improve-hand-hygiene-compliance.html