person or to the same client if they find a portal of entry. It is important that both the nurses’ and the clients’ hands be cleansed at the following times to prevent the spread of microorganisms: before eating, after using the bedpan or toilet, and after the hands have come in contact with any body substances, such as sputum or drainage from a wound. In addition, health care workers should cleanse their hands before and after giving care of any kind.

For routine client care, the World Health Organization (2005) recommends hand washing under a stream of water for at least 20 seconds using plain granule soap, soap-filled sheets, or liquid soap when hands are visibly soiled, after using the restroom, after removing gloves, before handling invasive devices (such as intravenous tubing), and after contact with medical equipment or furniture.

However, soap and water are inadequate to sufficiently remove pathogens. The CDC recommends use of alcohol-based antiseptic hand rubs (rinses, gels, or foams) for use before and after direct client contact. Recently, placement of alcohol-based antiseptic hand rub dispensers has been approved for agency corridors (Centers for Medicare and Medicaid Services, 2005). Previous concerns that this represented a fire hazard have been addressed in the regulations. Proper application of alcohol-based products includes the following steps.

- Apply a palmful of the product to a cupped hand. An adequate amount to completely cover both hands, palms and backs, is essential.
- Rub palms against palms.
- Interlace fingers palm to palm.
- Rub palms to back of hands.
- Rub each finger individually on all sides with the other hand.
- Continue until product is dry—about 20 to 30 seconds.

Antimicrobial soaps are usually provided in high-risk areas, such as the newborn nursery, and are frequently supplied in dispensers at the sink. Studies have shown that the convenience of antimicrobial foams and gels, which do not require soap and water, may increase health care workers’ adherence to hand cleansing.