

Self-Contact in Healthcare

Self-contact occurs when a healthcare provider uses their hands (i.e., palm, fingertips) to touch their own face or hair; adjust or clean their glasses; access personal electronics (i.e., cell phone, their own pen, pager or Vocera) and then touches a patient or patient environment. If the healthcare provider is observed self-contaminating their hands, the healthcare provider must perform hand hygiene before any patient care interaction in accordance with the 4 Moments of Hand Hygiene. If hand hygiene is not performed after self-contact is observed, there is a risk of microorganisms being transmitted between the healthcare provider and the patient¹.

How do we decrease the risk of transmission from self-contact in healthcare?

- ✓ Staff need to be aware of their actions that lead to contamination and the potential spread of microorganisms
- ✓ Staff need to avoid touching their faces, scrubs, clothing, eye glasses, phones, pagers, items from pockets, etc. during patient care interactions



RECOMMENDATIONS

- Ensure alcohol - based hand rub (ABHR) or staff handwashing sinks are available and easily accessible to staff. This way, staff can easily access hand hygiene resources if they accidentally contaminate their hands.
- Place reminder signs on units. Habits are hard to break, so staff may need visual and regular reminders to avoid actions that lead to self-contact
- Make as many items part of the patient environment as possible (i.e., do not carry stethoscopes around their neck – instead make them part of the patient environment or leave pens within the patient environment so staff do not have to access their own pens from their pockets)
- Avoid carrying supplies and personal devices in pockets.
- Tie hair back so it does not impede work or require staff to touch their hair when performing tasks.

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