
General Advisory on Good Clinical Practice and Infection Control for TCM Practice (2020)



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1 Introduction to Good Clinical Practices and Infection Control for TCM Practice

1.1 TCM practitioners¹ come into close contact with patients through consultation and treatment. Due to the myriad of air/blood borne infectious diseases, it is important to have good clinical practice and infection control in place so as to minimize the risks of spreading infections amongst patients, staff, and TCM practitioners.

1.2 In a clinical practice setting, the four main modes of transmission of infection are: direct contact, indirect contact, droplet, and airborne transmission.

Direct contact transmission occurs when there is physical transfer of micro-organisms by direct physical contact between two persons.

In contrast, indirect contact transmission is contact through an intermediary such as contaminated equipment (e.g. used acupuncture needles in transmission of Hepatitis B) or work surfaces.

Droplet transmission occurs through contaminated splatter or through sneezing or talking when a person is in close proximity with an infected person (e.g. cold and influenza).

Airborne transmissions refer to residue from evaporated droplets or infected dust particles that can remain suspended in the air for extended periods of time. These airborne micro-organisms can be widely distributed by air currents (e.g. tuberculosis, measles, and chicken pox).

1.3 To minimize such transmissions, TCM practitioners should have a system (including vaccination policy for all staff) in place to prevent and control the transmission of infectious diseases. The TCM practitioner should:

¹ Includes registered TCM physicians and registered acupuncturists

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- apply these current infection control guidelines to your practice;
 - ensure ongoing infection control practices;
 - monitor changes to infection control practices and make adjustments to your practice as needed;
 - train others under your supervision and
 - refer or report patients with suspected or confirmed reportable infectious diseases to the appropriate health care professional or facility.

2 Routine Practices

Routine infection control practices should be carried out at all times, regardless of presumed infectious status or diagnosis. Routine infection control practices refer to the routine use of alcohol hand-rub or hand washing and the use of personal protective equipment (gloves, masks and gowns, where appropriate). This is to prevent contact with blood and body fluids to control the transmission of communicable diseases between healthcare providers, staff and patients.

Routine infection control practices for TCM practitioners include:

- conducting risk assessment;
- hand hygiene;
- use of masks/gloves and other protective gear (e.g. disposable gowns) where appropriate;
- proper disposal of used acupuncture needles and other wastes;
- maintaining a clean work environment.

2.1 Conducting Risk Assessment

2.1.1 A risk assessment approach to infection control requires the TCM practitioner to analyse and assess how risks can be minimized before each interaction with patients, and as an overall strategy for clinical safety.

2.1.2 A patient risk assessment should be performed before each interaction with a patient. The required interventions to prevent the transmission of infection will vary, and will be dependent on the following:

- Condition of the patient and relevant history (e.g. travel history as advised in MOH's health advisories) at the point of registration (refer to Annex A)
- likelihood of exposure to blood, excretions, secretions and body

fluids;

2.1.3 Higher risk situations e.g. pandemics, may require the use of appropriate protective gear, like masks/gloves and disposable gowns while waiting for referrals to hospitals.

2.1.4 The chart below provides examples of infection control measures, according to patient risk assessment. These measures are for the TCM practitioner, patient, and staff.

Situation	Infection Control Measures
Routine consultation	<ul style="list-style-type: none">• Respiratory etiquette (patient to use a surgical mask to cover mouth and nose if he has a cough or sore throat; similar precautions apply to TCM staff)
Physical contact with patient; either TCM practitioner or the patient has an open wound	<ul style="list-style-type: none">• Hand cleaning before and after each consultation• Use of medical gloves, proper disposal, followed by hand cleaning.• Dress and cover the wound
Contact with patient may involve body fluids or splattering (droplets)	<ul style="list-style-type: none">• Hand cleaning before and after each consultation.• Professional judgement related to use of gloves, mask, eye protection and gowns.• Proper disposal of protective equipment, followed by hand cleaning.
Physical contact with patient with respiratory concerns or symptoms	<ul style="list-style-type: none">• Hand cleaning before and after each consultation.• Respiratory etiquette (use a mask to cover mouth and nose).• Professional judgement related to use of gloves, mask, eye protection and gowns.• Proper disposal of protective equipment, followed by hand

	cleaning.
Physical contact with patient with fever and respiratory concerns	<ul style="list-style-type: none"> • Hand cleaning before and after each consultation. • Respiratory etiquette (use a mask to cover mouth and nose). • Professional judgement related to use of gloves, mask, eye protection and gowns. • Observe health advisories issued by MOH, as appropriate • Proper disposal of protective equipment, followed by hand cleaning.

2.2 Hand Hygiene

2.2.1 Hand hygiene is an important and basic infection control measure and TCM practitioners should observe the following 5 moments for hand hygiene recommended by WHO (refer to [Annex B](#)):

- when you arrive and before you leave work;
- before touching a patient;
- before aseptic or invasive task e.g. needle acupuncture;
- after touching blood or body fluid*;
- after touching patient;
- after touching patient's surroundings;
- after contact with potentially contaminated items*;
- immediately after removing gloves and/or other barriers;
- between certain procedures on the same patient where soiling of hands is likely, to avoid cross contamination between body sites;
- before preparing, handling, serving medicines/herbs;
- after personal hygiene

* use of gloves is recommended

2.2.2 Hand washing Procedure:

If hands are soiled, practitioners should follow the eight steps (scrubbing palm to palm, between fingers, back of hands, base of thumbs, back of fingers, fingernails, wrists, rinse and wipe dry) for hand hygiene, lathering with soap and water (refer to [Annex C](#)).

2.2.3 Alcohol-based hand rub agent:

An alcohol-based hand rub agent can be used as an effective alternative to clean hands that are not visibly soiled. Apply at least 3 ml of the product to palm of hands ensuring that all surfaces are covered and clean according to the 8 steps of hand rubbing procedure. This will take at least 20 - 30 seconds. Hands should be allowed to dry thoroughly. Do not use paper towels to dry hands (refer to Annex D).

2.2.4 Hand care:

Fingernails should be kept short and clean. The use of artificial nails or wearing of hand or wrist jewellery is strongly discouraged. It is recommended to moisturise hands at least 3 times per day with compatible hand moisturising agent to minimise damage to skin following repeated use of hand hygiene products.

2.3 Use of masks, gloves and protective clothing

2.3.1 TCM practitioners may need to use masks, gloves and gowns to prevent transmission of infections.

2.3.2 Gloves:

Gloves are not a substitute for hand washing. Gloves are not required for routine patient care activities in which contact is limited to patient's intact skin. TCM practitioners should use clean, single-use gloves, which must be discarded after each procedure (refer to section 2.4 on Disposal of Used Needles and Other Wastes) when:

- anticipating contact with blood and body fluids;
- contact with mucous membranes, pus, excretions, secretions, undiagnosed rashes or non-intact skin;
- TCM practitioner has non-intact skin on his hands.

2.3.3 TCM practitioners should assess the possibility of blood contact during each treatment and consider the use of gloves as appropriate. When indicated, gloves should be put on just before the task or procedures requiring gloves and removed immediately after use and before touching clean environmental surfaces.

- Gloves are highly recommended for examination and procedures performed in the mouth or ano-genital area.
- Gloves are mandatory if "blood-letting" is performed for the purpose of treatment or if the patient has open wounds or lesions.

2.3.4 Hands should be washed immediately after removing gloves. Single use disposable gloves should not be reused or washed.

2.3.5 Protective Clothing:

The routine use of gowns or aprons is not recommended. Fluid resistant gowns should be worn by TCM practitioners and staff when there is risk of splashes or sprays of blood, body fluids, secretions, or excretions. Gowns should be used immediately prior to the procedure and should be carefully removed once the procedure is completed to avoid contamination of the clothing. Gowns should not be used on procedures for more than one patient.

2.3.6 When dealing with or disposing soiled linens, TCM practitioners and staff must use appropriate protective equipment (e.g. non-medical utility rubber gloves) to transport or dispose soiled linens, aprons or

gowns (see section 2.4 on Disposal of Used Needles and Other Wastes).

2.3.7 Masks:

Medical/ surgical masks are effective in minimising the risks and spread of droplet-borne micro-organisms (e.g. coughs and sneezing) and, to a lesser extent, airborne infections.

2.4 Disposal of Used Needles and Other Wastes

- 2.4.1 Used needles and sharps are considered biohazardous wastes and have to be disposed with care. All used needles should be discarded into the sharps container (as required by the National Environment Agency [NEA]) immediately after use. Once the sharps container reaches the fill line, seal it and dispose of it according to NEA requirements.
- 2.4.2 Used paper sheets, swabs or cotton wool balls must be disposed of by throwing into a waste bin lined with a plastic bag and disposed according to NEA requirements.
- 2.4.3 TCM practitioners may contact NEA directly for details on the disposal of used needles and other wastes (refer to website www.nea.gov.sg, email NEA@nea.gov.sg, or call hotline at 1800 6225 5632).
- 2.4.4 TCM often involves the use of botanical material (e.g. herbs), which is neither irradiated nor sterilized, and can therefore form mould. Such moulds are potential health hazards and should be securely tied in a plastic bag and disposed.

3 Pandemic Preparedness

Infectious diseases continue to pose potential public health threats, as seen in previous outbreaks e.g. H1N1 pandemic (2009), MERS-CoV Ebola and 2019-nCov. TCM practitioners must be aware of such possible threats and be prepared to step up infection control measures, when needed.

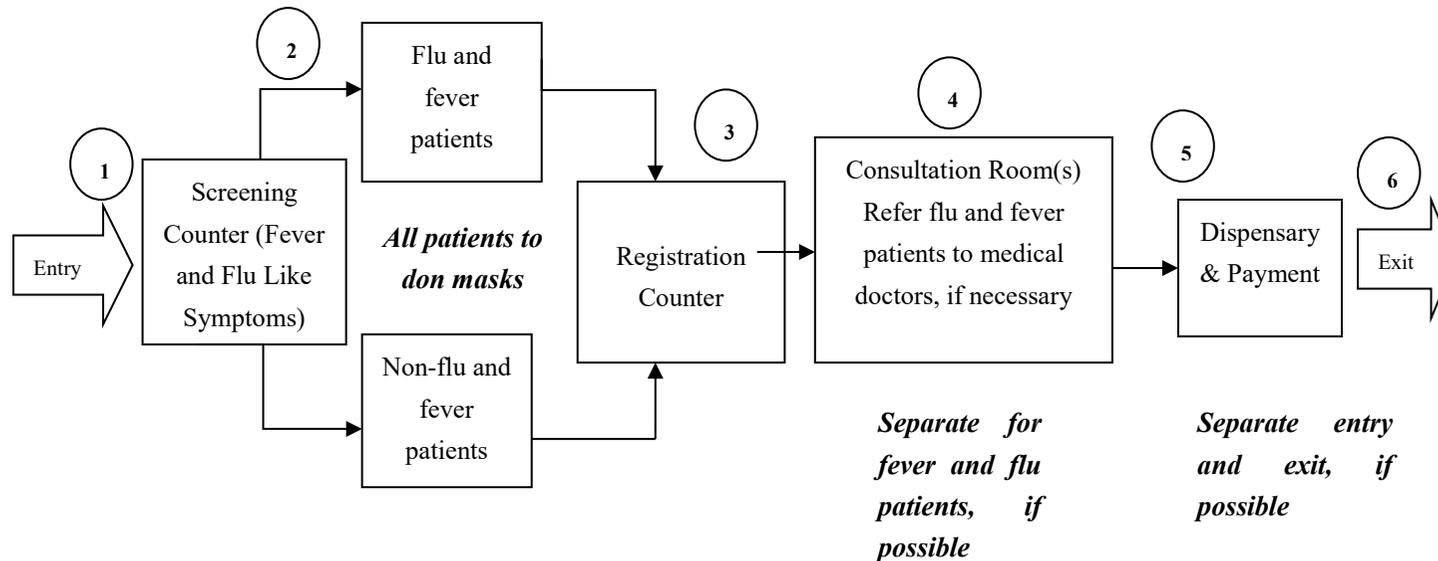
3.1 General Principles

- 3.1.1 The role of TCM practitioners is to focus on reducing the risk of cross transmission within the clinic and to refer suspect patients to medical doctors or hospitals as advised in the MOH's health advisories.
- 3.1.2 TCM practitioners, staff and patients need to be protected and it is necessary to adopt stringent infection control measures as described in the health advisories (e.g. use of masks and segregation of patients).

3.2 TCM Clinic Workflow during Pandemic

- 3.2.1 The below diagram serves as a guide for ordering workflow in a TCM clinic during a pandemic. TCM practitioners should customise the guide in accordance with TCM clinic setting and layout.

TCM Clinic Workflow during Pandemic



Procedure	Description
1. Triage (Screening)	<ul style="list-style-type: none"> At screening counter, clinic staff should note patients' condition e.g. fever/flu-like symptoms and travel history* (refer to Annex A for sample triage questionnaire) All patients to be masked and counter staff should also be masked and gowned* Hand hygiene is to be observed according to the WHO 5 moments (refer to Annex B)
2. Segregation	<ul style="list-style-type: none"> Patients with fever and flu like symptoms should be segregated to different waiting areas.

3. Registration	<ul style="list-style-type: none"> • Priority should be given to patients with fever and flu like symptoms.
4. Consultation	<ul style="list-style-type: none"> • Where possible, TCM clinics should have two consultation rooms, one for patients with fever and flu like symptoms and another for patients without these symptoms • TCM practitioners should be appropriately masked and gowned* • Suspect patients must be masked and gowned and referred to the nearest GP clinic/designated hospital.* Waiting area away from other patients must be provided for suspect patients while waiting for ambulance/ transport.
5. Exit from the clinic	<ul style="list-style-type: none"> • For clinics with two access points, (i.e. main entrance and back door), the entrance and exit route should be separated to minimise criss-crossing of patient flow
6. Environmental cleaning Procedures	<ul style="list-style-type: none"> • Environmental cleaning is important and necessary to reduce the level of contamination on all surfaces and to minimise the transmission of infection by indirect contact with surfaces contaminated with droplets. The environmental cleaning guidelines are described in Chapter 4 of this guide.

*as advised in the MOH's health advisories

4 Safe and Clean Working Environment

4.1 Premises

- 4.1.1 The premises used for the practice of TCM and acupuncture must be appropriate for the safe delivery of professional health care services. The premises must allow for safe, clean and sanitary practices. The premise must be used only for TCM practice.
- 4.1.2 The treatment rooms must have adequate light and ventilation.
- 4.1.3 The treatment room must be clean and should have a designated working area that sterile equipment can be placed (e.g. a table covered with a clean towel). Sterile equipment should be kept in sterile containers or covered/wrapped by sterile linens until needed for use
- 4.1.4 Use disposable paper sheets to cover the pillow and change them between patients.
- 4.1.5 Similarly, use disposable paper sheets to cover the treatment couch and change them between patients. If no paper sheets are used to cover the treatment couch, the couch should be wiped with 70% alcohol between patients.
- 4.1.6 The facility must have a hand sink with a clean running water supply. Soap and disposable paper towels should be available for washing and drying hands.
- 4.1.7 At the end of the day, wipe the work/table top and the couch with 70% alcohol.

4.2 Cleaning and Housekeeping

TCM practitioners are expected to understand what is meant by cleaning, disinfecting, and sterilizing in the context of their TCM practice.

4.2.1 General Definitions

4.2.1.1 Cleaning:

A process intended to physically remove micro-organisms (and the organic material on which they thrive) and other contaminants from objects. This is accomplished using water with detergents or enzymatic products.

These cleaning guidelines should be made known to all relevant staff.

Cleaning reduces the level of contamination on all surfaces and minimises the transmission of infection by indirect contact with surfaces contaminated with the micro-organisms. Establish a cleaning schedule to ensure all surfaces are kept clean. High touch surfaces should be identified for more frequent cleaning (e.g. door knobs, handles). Non-clinical surfaces that are at low risk of contamination require a less frequent cleaning schedule.

Detergent and water is adequate for non-critical areas.

Floor mops should be cleaned and dried after use, and fresh cleaning solutions should be used each day to prevent creating reservoirs for infectious organisms. Carpets are not recommended as these are often impossible to disinfect, when needed.

4.2.1.2 Disinfection:

A process intended to kill or remove pathogenic micro-organisms but may not kill bacterial spores. In health care settings, objects are usually disinfected using liquid chemicals.

Disinfectants are required in situations where there are spills with blood or body fluid or in pandemics. A common disinfectant used is sodium hypochlorite. Adequate contact time should be observed (see manufacturer's recommendation) to allow optimal disinfection activity.

4.2.1.3 Sterilisation:

A process intended to kill or remove all types of micro-organisms with an acceptably low probability of an organism surviving on any article e.g. steam under pressure.

4.2.2 Management of Blood Spills

- Wear household utility gloves.
- Soak spill with disposable paper towels. Using a pair of tongs, dispose paper towels into a plastic lined and covered biohazard container (refer to section 2.4 for additional information on waste disposal).
- Clean the spill area with a 1:10 dilution of household bleach and leave it for at least 10 minutes before drying with a disposable paper towel.

4.2.3 Laundering Sheets, Towels, or Other Linens

4.2.3.1 TCM practitioners may use linens (washed on-site or handled by a linen service) or disposable paper sheets to cover patient treatment areas. All bed linens, used towels, or disposable paper sheets must be changed between patients.

4.2.3.2 Linen (e.g. sheets, towels, gowns, pillow cases) are to be laundered with hot water cycle (70-80°C) and soap if there is no visible soiling. Bleach can be added as required if there is soiling.

4.2.3.3 Linen that is soiled with blood should be handled, transported and laundered with additional care. Place linen in appropriate impermeable bags and use protective non-medical utility gloves when handling.

4.2.4 Cleaning Instruments and Equipment

4.2.4.1 Single-use equipment are encouraged as these are disposed after use thus minimizing the risk of potential exposure to contaminated material. Examples are disposable acupuncture needles and cotton swabs.

4.2.4.2 Treatment equipment (e.g. *baguan* cups) should be disinfected promptly after use.

4.2.4.3 Instruments must be properly cleaned, rinsed and dried before the respective disinfection or sterilization process.

4.2.4.3a Immersible equipment:

Such equipment should be placed in containers with a close-fitting lid and taken to the cleaning area immediately. Soaking in bleach solution could be considered if cleaning cannot be done

immediately. Immersion of medical equipment in 1% sodium hypochlorite (diluted bleach) solution for at least 10 minutes and no more than 30 minutes prior to cleaning will make the equipment safe to handle. Treatment equipment that can be immersed should be rinsed under warm running water before cleaning to remove gross soiling. Cleaning should then be carried out using warm water and detergent, rinsed in hot water (70°C), and dried. Items should be kept below the surface of the water to prevent the creation of aerosols.

4.2.4.3b **Equipment that cannot be immersed under running water:**

These should be wiped over with a cloth dampened in warm water. It should then be washed using a cloth dampened in warm water and detergent, rinsed using a cloth dampened in hot water, and dried. Once clean and dry, the treatment equipment should then be sterilized.

4.2.5 Personal Protection during Cleaning

4.2.5.1 Staff should wear a pair of household utility gloves when performing routine cleaning or disinfecting.

4.2.5.2 The following guidelines should be followed in the use of protective gear when cleaning during a pandemic:

- Gloves should always be worn when cleaning. Single use (disposable) gloves should not be reused or washed.
- N95 masks and goggles must be worn by the cleaner and those in the room when there is any cleaning activity that is likely to generate aerosols.
- Cleaning an environment where there is a known infectious case should involve the use of appropriate protective gear as prescribed according to the pathogen (refer to MOH advisory).

4.2.5.3 Protective gear used during cleaning should always be considered potentially contaminated and should be removed and disposed of in a proper manner and correct sequence. For more information on environmental cleaning, please refer to “Environmental Cleaning Guidelines for Healthcare Settings - Jun 2013” available on the MOH’s website www.moh.gov.sg.

5 Patient's Record and Consent

5.1 Patient's record must be clearly documented in legible writing or in the clinics' computer system and should include all the following information:

- a) particulars of patient
(name, NRIC number/other identification number, gender, age, address, contact number);
- b) medical history;
- c) drug allergies (if any);
- d) main complaint;
- e) other observations;
- f) diagnosis / syndrome diagnosis (*bianzheng*);
- g) acupuncture treatment prescribed, if any;
- h) herbal prescription, if any;
(acupoints prescribed, manipulation technique used, course of treatment and response to treatment);

Note: Registered acupuncturists are not allowed to prescribe or dispense Chinese medicines to patients, unless they are also registered as TCM practitioners.

- i) instructions/advice to patient
- j) any follow up and repeat visits

5.2 TCM practitioners should review and record patient's history and pay attention to potential infection risk in the following cases:

- a) Medical history: skin infection, infectious disease (e.g. viral hepatitis, HIV/AIDS infection), chronic illnesses (e.g. diabetes mellitus, renal disease, epilepsy), cancer, bleeding tendencies
- b) Drug history: steroid, anticoagulant e.g. warfarin and to note the International Normalised Ratio (INR), if available. The target INR ranges between 2 and 3 for patients on warfarin. INR > 3 indicates higher risk of bleeding tendencies
- c) Allergy history: drugs, alcohol or metal allergy
- d) Travel history as indicated in the MOH's health advisories during pandemics or disease outbreaks.

5.3 Patients shall be informed on the benefits, risks and possible complications of the TCM / acupuncture procedure and such informed

consent shall be documented.

- 5.4 TCM practitioners shall observe the principle of medical confidentiality of patient's medical record and condition.

6 Work Place Safety

- 6.1 To encourage and improve workplace safety and health in TCM clinics, the Workplace Safety and Health Council (WSH Council) has produced a set of guiding principles known as the “Workplace Safety and Health Guidelines – Healthcare”. The guidelines highlight common work hazards faced by healthcare professionals and recommend best practices to control or prevent these hazards. The principles of safety and health management and information on the establishment of workplace safety and health programmes are also provided in the guidelines. Workplace Safety and Health Guidelines – Healthcare is available on the WSH Council Website www.wshc.sg.
- 6.2 This “Workplace Safety and Health Checklist for TCM Clinics” is prepared as an addition to the “Workplace Safety and Health Guidelines – Healthcare”. TCM practitioners are strongly encouraged to utilize this checklist to assess the level of compliance in their TCM clinics. It provides an aid for general assessment of TCM clinics and can be adapted to suit specific needs of different organisations. The checklist covers management commitment, occupational health and safety hazards such as biological, infectious, chemical, electrical, physical, fire and general safety and health hazards as well as management of hazardous waste. The checklist is also available on the WSH Council Website www.wshc.sg.

References

1. "A Guide to Organising a Primary Care Clinic During an Influenza Pandemic", Ministry of Health, Singapore, 2014
2. "Ethical Code and Ethical Guidelines for TCM Practitioners", Traditional Chinese Medicine Practitioners Board, Singapore, 2006
3. "Environmental Cleaning Guidelines for Healthcare Settings", Ministry of Health, Singapore, 2013
4. "Guidelines on Basic Training and Safety in Acupuncture", World Health Organization, 1999
5. Notification from National Environment Agency on "Control of Biohazardous Wastes" (13 July 2006)
6. Traditional Chinese Medicine Practitioners Act (Cap 399), 2000, Singapore
7. Traditional Chinese Medicine Practitioners (Registration of Acupuncturists) Regulations, 2001, Singapore
8. Traditional Chinese Medicine Practitioners (Registration of TCM Physicians) Regulations, 2002, Singapore
9. Safety Program for Traditional Chinese Medicine Practitioners and Acupuncturist, Transitional Council of the College of Traditional Chinese Medicine Practitioner and Acupuncturist of Ontario, 2012
10. "Workplace Safety and Health Guidelines – Healthcare", Workplace Safety and Health Council, Singapore

SAMPLE TRIAGE QUESTIONNAIRE

Name: _____

I/C No.: _____

Contact No.: _____

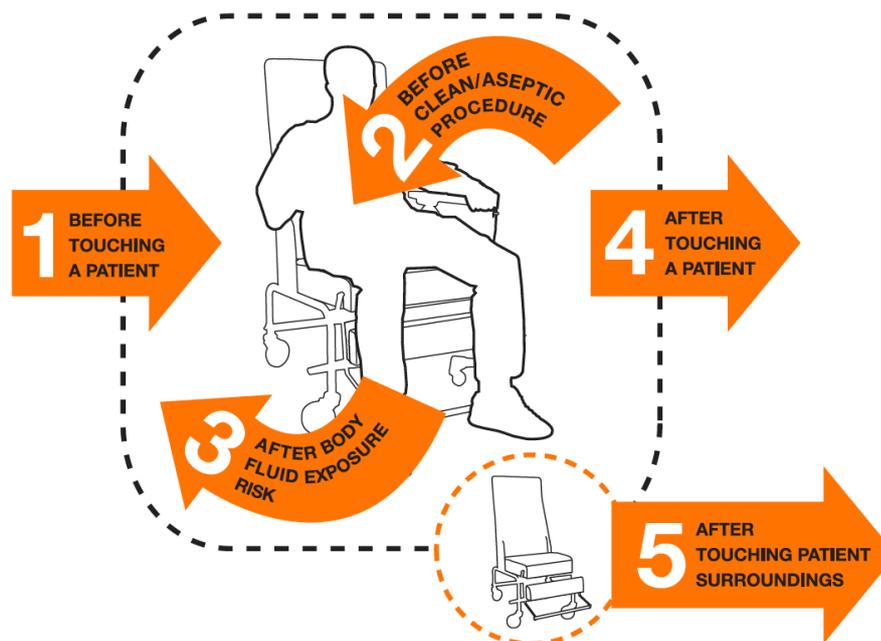
Date: _____

Time: _____

1. Have you recently travelled to XXX in the last 14 days?Y/N
2. Have you been in contact with a/an XXX infected/suspect patient in the last 14 days?Y/N
3. Fever in the last 24 hours.....Y/N
4. Muscle aches.....Y/N
5. Severe fatigue, feeling unwell.....Y/N
6. Severe headache (worse than usual).....Y/N
7. New or worsening cough.....Y/N
8. Shortness of breath.....Y/N
9. DiarrhoeaY/N

If you answer “Y” to any of the above questions, please notify the receptionist.

Your 5 Moments for Hand Hygiene



1	BEFORE TOUCHING A PATIENT	WHEN?	Clean your hands before touching a patient when approaching him/her.
		WHY?	To protect the patient against harmful germs carried on your hands.
2	BEFORE CLEAN/ASEPTIC PROCEDURE	WHEN?	Clean your hands immediately before performing a clean/aseptic procedure.
		WHY?	To protect the patient against harmful germs, including the patient's own, from entering his/her body.
3	AFTER BODY FLUID EXPOSURE RISK	WHEN?	Clean your hands immediately after an exposure risk to body fluids (and after glove removal).
		WHY?	To protect yourself and the health-care environment from harmful patient germs.
4	AFTER TOUCHING A PATIENT	WHEN?	Clean your hands after touching a patient and her/his immediate surroundings, when leaving the patient's side.
		WHY?	To protect yourself and the health-care environment from harmful patient germs.
5	AFTER TOUCHING PATIENT SURROUNDINGS	WHEN?	Clean your hands after touching any object or furniture in the patient's immediate surroundings, when leaving – even if the patient has not been touched.
		WHY?	To protect yourself and the health-care environment from harmful patient germs.

HOW TO HANDWASH?

WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB

 **Duration of the entire procedure: 40-60 seconds**



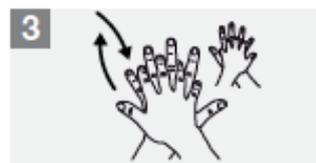
0 Wet hands with water;



1 Apply enough soap to cover all hand surfaces;



2 Rub hands palm to palm;



3 Right palm over left dorsum with interlaced fingers and vice versa;



4 Palm to palm with fingers interlaced;



5 Backs of fingers to opposing palms with fingers interlocked;



6 Rotational rubbing of left thumb clasped in right palm and vice versa;



7 Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;



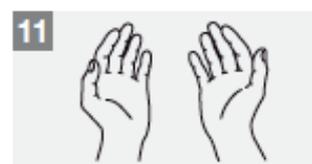
8 Rinse hands with water;



9 Dry hands thoroughly with a single use towel;



10 Use towel to turn off faucet;



11 Your hands are now safe.

HOW TO HANDRUB?

RUB HANDS FOR HAND HYGIENE! WASH HANDS WHEN VISIBLY SOILED

🕒 Duration of the entire procedure: 20-30 seconds



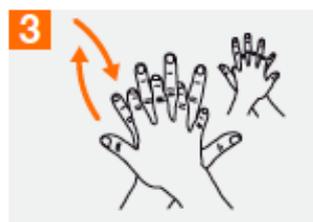
1a Apply a palmful of the product in a cupped hand, covering all surfaces;



1b Apply a palmful of the product in a cupped hand, covering all surfaces;



2 Rub hands palm to palm;



3 Right palm over left dorsum with interlaced fingers and vice versa;



4 Palm to palm with fingers interlaced;



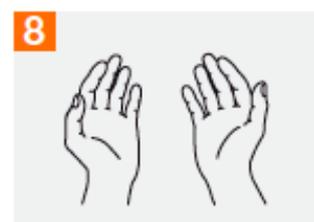
5 Backs of fingers to opposing palms with fingers interlocked;



6 Rotational rubbing of left thumb clasped in right palm and vice versa;



7 Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;



8 Once dry, your hands are safe.