



Policy Number	Policy Title		Effective Date
2488.11	Hand Hygiene		Jan 14, 2013
Policy Type	Clinical Area	Applies To	
Patient Care	Infection Prevention & Control	System	

**POLICY:** For the purpose of this policy the term Healthcare Workers (HCWs) includes both employees and non-employee workers.

HCW's are required to perform hand hygiene to prevent transmission of microorganisms and limit potential for patient injury in the healthcare setting. This includes those who provide direct patient care, as well as those who provide indirect care, such as Food Services, Environmental services, Engineering & Maintenance staff, Laboratory workers, and all others in the healthcare setting. If fingernail polish is used, it is to be in good condition, without cracks or chips and capable of being easily removed with traditional nail polish remover. Fingernails should be less than ¼ inch in length and clean. Nail art and/or nail jewelry is not acceptable in healthcare settings.

Nail extenders, nail wraps, artificial fingernails, and artificial nail components (for example gel) are not to be worn by healthcare workers who provide direct patient care.

Patient care staff in Neonatal Intensive Care (NICU) areas does not wear jewelry on hands or wrists.

#### I. WHO (World Health Organizations)– **Five Moments for Hand Hygiene**

<b>BEFORE PATIENT CONTACT</b>	<p><b>WHEN?</b> Clean your hands before touching a patient when approaching him or her</p> <p><b>WHY?</b> To protect the patient against harmful germs carried on your hands</p>
<b>BEFORE AN ASEPTIC TASK</b>	<p><b>WHEN?</b> Clean your hands immediately before any aseptic task</p> <p><b>WHY?</b> To protect the patient against harmful germs, including the patient's own germs, entering his or her body</p>
<b>AFTER BODY FLUID EXPOSURE RISK</b>	<p><b>WHEN?</b> Clean your hands immediately after an exposure risk to body fluids (and after glove removal)</p> <p><b>WHY?</b> To protect yourself and the health-care environment from harmful patient germs</p>
<b>AFTER PATIENT CONTACT</b>	<p><b>WHEN?</b> Clean your hands after touching a patient and his or her immediate surroundings when leaving</p> <p><b>WHY?</b> To protect yourself and the health-care environment from harmful patient germs</p>
<b>AFTER CONTACT</b>	

<p><b>WITH PATIENT SURROUNDINGS</b></p>	<p><b>WHEN?</b> Clean your hands after touching any object or furniture in the patient's immediate surroundings, when leaving - even without touching the patient</p> <p><b>WHY?</b> To protect yourself and the health-care environment from harmful patient germs</p>
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## II. Other indications for hand washing and hand antisepsis

1. Wash hands with soap and water when hands are visibly dirty or contaminated.
2. Use an alcohol-based hand rub for routinely decontaminating hands in other clinical situations.
3. Decontaminate hands before donning gloves.
4. Decontaminate hands if moving from a contaminated-body site to a clean-body site during patient care.
5. Wash hands with a soap and water before eating.
6. Wash hands after using the restroom.
7. Wash hands with soap and water if exposure to potential spore-forming pathogens is strongly suspected or proven, including outbreaks of *Clostridium difficile* or exposure to *Bacillus anthracis* (anthrax).
8. Remove gloves and decontaminate hands after caring for a patient.
9. Do not wear the same pair of gloves for the care of more than one patient.
10. Do not wash gloves between uses with different patient.
11. Change gloves during patient care according to the hand hygiene opportunities that are encountered
12. Use hospital approved hand lotion.

## III. Hand-hygiene technique

1. Soap and water - wet hands first with water, apply soap (the soap and alcohol dispensers used by Norton Healthcare apply the manufacturer's recommended amount with one push of the dispenser), and rub hands together vigorously for at least 20 seconds, covering all surfaces of the hands and fingers. Rinse hands with water and dry thoroughly with a disposable towel. Use a towel to turn off the faucet.
2. Alcohol-based hand-rub - apply sufficient amount of the product to the palm of one hand that will allow coverage of both palms, back of hands, wrists, and fingers including between the fingers and the nail beds. Rub hands together, covering surfaces of hands and fingers, until hands are dry.

## V. Neonatal intensive care unit hand hygiene

1. Before handling neonates for the first time on a work shift, all patient care staff should use antimicrobial soap to wash their hands and arms to the elbows with care to clean all parts of the hands and beneath the nails. An optimum duration of washing time has not been established, but should be sufficient to wash and rinse all parts of the hands and arms thoroughly.
2. No jewelry is to be worn on the hands and wrists by those providing direct patient care in the NICU.
3. Parents and others entering the NICU to have direct contact with the infant should be instructed to practice the same hand hygiene as described in A. This instruction should be documented in the patient's medical record.

## **IMPORTANT CLINICAL INFORMATION**

A hand hygiene program is designed to reduce the risk of transmission of potentially pathogenic microorganisms during patient care activities and to decrease the risk for dermatitis on healthcare workers' hands. Fingernails are an integral part of hand hygiene. Numerous studies have documented that subungual areas (situated under the nail) of the hand harbor high concentrations of bacteria, most frequently coagulase-negative staphylococci, gram-negative rods, and yeast. Freshly applied nail polish does not increase the number of bacteria recovered from the periungual skin (around the nail), but cracked and chipped nail polish may support the growth of larger numbers of organisms on fingernails. Even after careful hand-washing or surgical scrubs, personnel often harbor substantial numbers of potential pathogens in the subungual spaces. Healthcare providers who wear "artificial nails" are more likely to harbor gram-negative pathogens on their fingertips than are those who have natural nails.

A direct care giver/provider is anyone who provides care, having "hands-on" contact with the patient, or who comes in contact with the immediate environment that a patient inhabits (e.g., patient's bed/bedding while the patient is in the bed). Examples include but are not limited to physicians, medical students, medical or surgical house staff (residents), bedside nurses, PCA's, physical therapists, occupational therapists, respiratory therapists, radiology technologists, and phlebotomy staff.

An indirect care giver/provider is anyone who comes into contact with the immediate environment of the patient, but does not have direct hands-on contact with the patient. Examples include but are not limited to environmental services workers, engineering/maintenance staff, laboratory workers other than phlebotomists, and dietary/food services staff.

### **References:**

1. CDC. "Guideline for Hand Hygiene in Health-Care Settings". Recommendations of the Healthcare Infection Control Practices Advisory Committee and the HICPAC/SHEA/APIC/ODSA Hand Hygiene Task Force. 10/25/02.
2. Journal of Hospital Infection (2001) 49:139-142 available on line at <http://www.idealibrary.com> on IDEAL
3. WHO Guidelines on Hand Hygiene in Health Care. May 2009
4. American Academy of Pediatrics, American College of Obstetricians and Gynecologists, Guidelines for Perinatal Care 5<sup>th</sup> Ed. 2007
5. The Joint Commission Hand Hygiene. NPSG Standards FAQ Details.

The policies and procedures set forth in this policy library do not establish a standard to be followed in every case. It is impossible to anticipate all possible situations that may exist and to prepare policies for each. These policies should be considered guidelines with the understanding that departures from them may be required at times. Accordingly, it is recognized that those individuals employed in providing healthcare are expected to use their own judgment in determining what is in the best interests of the patient based on the circumstances existing at the time. If this policy contains reference to clinical literature, the literature cited is only intended to support the reasoning for adoption of certain guidelines contained herein. It is not an endorsement of any article or text as authoritative. Norton Healthcare specifically recognizes there may be articles or texts containing other opinions on point that may be helpful and valid which would support other care or actions, given a particular set of circumstances. No literature is ever intended to replace the education, training and experience or exercise of judgment of the healthcare providers.

Replaces Policies

2488.6,2488.7,2488.8,2488.8,2488.9,2488.10

Revision	Approval Date	Reviewed / Approved By: (Group or Individual)
2488.10	Nov 23, 2012	Infection Control Matrix
	Jan 10, 2013	System Policy and Procedure Committee
	Feb 18, 2013	System Nursing Directors
2488.11	Aug 02, 2017	Infection Prevention -Control Matrix

