

ADVENTIST HEALTH CARE, INC.
CORPORATE POLICY MANUAL
Hand Hygiene Compliance

Effective Date:	07/22/09	Policy No:	AHC 1.20
Cross Referenced:	WAH 1200, 7021, 7027, 7100, SGAH 55003, PRBH - IC 14 & 31, HRMC PC 17	Origin:	ADMIN
Reviewed:		Authority:	EC
Revised:		Page:	1 of 6

PURPOSE

To provide guidelines for effective hand hygiene, in order to prevent the transmission of bacteria, germs and infections.

POLICY

All employees and physicians will use the hand-hygiene techniques, as set forth in the following procedure. Compliance to hand hygiene is considered a “safe practice”, therefore non-compliance to hand hygiene is considered an unsafe practice. The CDC has recommended guidelines on when to use non-antimicrobial soap and water, an antimicrobial soap and water or an alcohol-based hand rub. (See MMWR 2002; 51 - NO. RR-16, <http://www.cdc.gov/mmwr/pdf/rr/rr5116.pdf>)

1) Before:

- a. Coming on duty
- b. Entering patient/resident room
- c. Each patient/resident encounter
- d. Applying gloves both sterile & non-sterile
- e. Inserting a central intravascular catheter, inserting indwelling catheters, peripheral vascular catheters, and any other invasive devices that do not require a surgical procedure
- f. Eating
- g. Entering an isolated area

2) After:

- a. Coming in contact with patient/resident’s intact skin, (i.e., taking a patient’s/resident’s blood pressure, pulse, lifting/moving the patient/resident)
- b. Working on a contaminated body site and then moving to a clean body site on the same patient/resident
- c. Coming in contact with bodily fluids, dressings, mucous membranes, etc., and hands are not visibly soiled (i.e., handling sputum containers, bedpans, urinals, catheters)
- d. Exposure to Bacillus anthracis is known or suspected
- e. Contact with medical equipment/supplies in patient/resident areas
- f. Using the restroom
- g. Blowing or wiping the nose
- h. Eating
- i. Removing gloves

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- j. Leaving an isolated area
- 3) Wash hands with non-antimicrobial soap and water or with antimicrobial soap and water if exposure to *Bacillus anthracis* is suspected or proven. The action of washing and rinsing hands under these circumstances is recommended because alcohols, chlorhexidine, iodophors and other antiseptic agents have poor activity against spores.
 - 4) When hands are soiled
 - 5) Soap and water must be used when hands are visibly soiled
 - 6) If hands are not visibly soiled, hands may be disinfected with either an alcohol-based hand rub (ABHR) or soap and water. In these situations the CDC encourages the use of ABHRs.
 - 7) Nails should be kept short (no longer than 1/4 inch in length). Fingernails should be clean, neatly manicured, and an appropriate business length for employees in all departments of the hospital. Consistent with National Patient Safety and Infection Control Standards, the hospital prohibits artificial fingernails or extenders to be worn by staff that provide direct patient/resident care, directly supervise patient/resident care or have contact with patient/resident care supplies, medications, equipment or food. “Artificial fingernails are defined as any material applied to the nail for the purpose of strengthening or lengthening nails, including but not limited to, silk wrap, acrylic overlays, tips, extenders, gels or tapes.
 - 8) Alcohol-based hand rub *gel* dispensers shall be placed outside of patient/resident’s rooms in egress corridors under the following conditions:
 - a. Corridor width is six (6) feet or greater
 - b. Dispensers are at a minimum four (4) feet apart
 - c. Dispensers are not installed over or directly adjacent to an ignition source, i.e., electrical outlet or switch (adjacent means at least six (6) inches from the center of the dispenser to an ignition source)
 - d. Dispensers that are located directly over carpeted surfaced are allowed **only** in sprinklered smoke compartments

DEFINITIONS

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- 1) *Alcohol-Based Hand Rub*: An alcohol-containing preparation designed for application to the hands for reducing the number of viable microorganisms on the hands.
- 2) *Antimicrobial Soap*: Soap containing an antiseptic agent.
- 3) *Antiseptic Agent*: Antimicrobial substances that are applied to the skin to reduce the number of microbial flora. (Examples include alcohols, chlorhexidine, PCMX, quaternary ammonium compounds and triclosan).
- 4) *Plain Soap*: Detergents that do not contain antimicrobial agents.
- 5) *Waterless Antiseptic Agent*: An antiseptic agent that does not require water. After applying such an agent, the hands are rubbed together until the agent has dried.
- 6) *Antiseptic hand wash*. Washing hands with water and soap or other detergents containing an antiseptic agent.
- 7) *Antiseptic hand rubs*. Applying an antiseptic hand-rub product to all surfaces of the hands to reduce the number of microorganisms present.
- 8) *Cumulative effect*. A progressive decrease in the numbers of microorganisms recovered after repeated applications of a test material.
- 9) *Decontaminate hands*. To reduce bacterial counts on hands by performing antiseptic hand rub or antiseptic hand washes.
- 10) *Detergent*. Detergents (i.e., surfactants) are compounds that possess a cleaning action. They are composed of both hydrophilic and lipophilic parts and can be divided into four groups: anionic, cationic, amphoteric, and nonionic detergents. Although products used for hand-washing or antiseptic hand wash in health-care settings represent various types of detergents, the term “soap” is used to refer to such detergents in this guideline.
- 11) *Hand antisepsis*. Refers to either antiseptic hand wash or antiseptic hand rub.
- 12) *Hand hygiene*. A general term that applies to hand-washing, antiseptic hand wash, antiseptic hand rub, or surgical hand antisepsis.
- 13) *Hand washing*. Washing hands with plain (i.e., non-antimicrobial) soap and water.
- 14) *Persistent activity*. Persistent activity is defined as the prolonged or extended antimicrobial activity that prevents or inhibits the proliferation or survival of microorganisms after application of the product. This activity may be demonstrated by sampling a site several minutes or hours after application and demonstrating bacterial antimicrobial effectiveness when compared with a baseline level. This property also has been referred to as “residual activity.” Both substantive and non-substantive active ingredients can show a persistent effect if they substantially lower the number of bacteria during the wash period.
- 15) *Plain soap*. Plain soap refers to detergents that do not contain antimicrobial agents or contain low concentrations of antimicrobial agents that are effective solely as preservatives.

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- 16) *Substantivity*. Substantivity is an attribute of certain active ingredients that adhere to the stratum corneum (i.e., remain on the skin after rinsing or drying) to provide an inhibitory effect on the growth of bacteria remaining on the skin.
- 17) *Surgical hand antisepsis*. Antiseptic hand wash or antiseptic hand rub performed preoperatively by surgical personnel to eliminate transient and reduce resident hand flora. Antiseptic detergent preparations often have persistent antimicrobial activity.
- 18) *Visibly soiled hands*. Hands showing visible dirt or visibly contaminated with proteinaceous material, blood, or other body fluids (e.g., fecal material or urine).

PROCEDURE

- 1) Using antimicrobial soap and water or non-antimicrobial soap and water:
 - a. Keep clothing away from sink and splashes.
 - b. Wear minimal jewelry.
 - c. Turn on water and adjust temperature for your comfort.
 - d. Wet hands and apply manufacturer's recommended amount of soap to hands. Lather well (soap reduces surface tension enabling the removal of bacteria).
 - e. Clean fingernail area (bacteria may be harbored beneath fingernails).
 - f. Wash hands thoroughly, using rigorous scrubbing action for at least 15-20 seconds. Work lather around fingernails, top of hands, etc. (to facilitate eradication of all bacteria).
 - g. Rinse hands and wrists under running water.
 - h. Repeat hand-hygiene technique, if necessary (to prevent recontamination of hands).
 - i. Dry hands with clean paper towel. (Multiple use towels, i.e., rolling towels, are not recommended for healthcare facilities.)
 - j. Turn off faucets with used paper towel and discard.
 - k. Avoid using hot water for hand-hygiene. Repeated use of hot water may increase the healthcare worker's risk of dermatitis.

- 2) Using an alcohol-based hand rub:
 - a. Apply the manufacturer's recommended amount of alcohol-based hand rub to palm of one (1) hand.
 - b. Rub hands together, covering all areas of the hands and fingers, until hands are dry, per manufacturer's recommendations.
 - c. Proper use of an alcohol based hand sanitizer requires using a small amount of the product and rubbing it in, making sure to disperse it between the fingers and over the entire hand: front and back.

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- d. Alcohol based hand sanitizers may be used when it is not possible to wash hands properly AND when hands are NOT visibly soiled.
 - e. Alcohol based hand sanitizers may be used 5-6 times before hand washing is required as long as hands aren't visibly dirty or contaminated with proteinaceous materials.
 - f. Appropriate alcohol based hand sanitizers may be a gel, foam, or rinse form.
 - g. The concentration of the alcohol in the hand sanitizer must be between 60 and 95%.
 - h. Alcohol based hand sanitizers are not effective against bacterial spores (EX: C. difficile), protozoan oocysts, and certain viruses.
- 3) The Department Director/Manager will perform 10 pre and post observations per unit/department per month.
 - 4) The ICP will perform ten (10) pre and post observations per unit per month. In the instance where there is a variance of 30% or greater in the compliance rate, the ICP will perform a collaborative visit with the department Director/Manager of 10 pre and post observations per unit/department.
 - 5) Always follow Standard Precautions.
 - 6) Gloves are to be worn when contact with blood, bodily fluids, mucous membranes, dressings, non-intact skin, etc., is anticipated.
 - 7) Change gloves and discard after each patient/resident contact. One (1) pair of gloves - one (1) patient/resident.
 - 8) Change gloves when moving from a contaminated body site to a clean body site on the same patient/resident.
 - 9) Contact your local Fire Marshal for local regulations for volume restrictions and appropriate storage areas/cabinets approved for flammable materials.

COMPLIANCE

Non compliance to the hand hygiene policy is considered an “unsafe practice”, and repeated non-compliance to hand hygiene policy is considered “reckless behavior”. Non-compliance is subject to AHC HR Policy 2.20 Employee Conduct.

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AHC uses a process called progressive discipline to change unacceptable work or personal behavior and to encourage employees to become more productive workers. Warnings to employees are used to explain what behavior has been unacceptable.

Violations of employee conduct rules are categorized into four groups according to the severity and impact of the infraction. Each group of violations is handled differently. Because disciplinary infractions vary by type and degree of severity, the listed rules of conduct are not intended to be all inclusive. AHC reserves the right to administer discipline involving an employee's misconduct (on or off the job) that interferes with his/her work performance or otherwise impairs the performance of the organization's mission. Each situation will be dealt with on an individual basis. AHC has established specific rules to govern the conduct of its employees

Each category has different actions and the failure to comply with the hand hygiene policy will be a Group 2 category which includes:

Group 2 Category:

1st Offense: Written warning.

2nd Offense: Suspension.

3rd Offense: Termination.

REFERENCES:

- 1) Joint Commission Perspectives, March 2006, Volume 26, Issue 3, *Using Alcohol-Based Hand Rubs to Meet National Patient/resident Safety Goal 7-*
http://www.jointcommission.org/Patient/resident/Safety/InfectionControl/hh_monograph.htm
- 2) Other literature per Hospital Acquired Infection experts:



Four Rules for conducting Hand Hygiene Observations – AHC 1.20

1. Observe for hand hygiene upon ENTRY & EXIT from Patient Environment.
Patient Environment is defined as:
 - a. Private or Semi-Private rooms = crossing room door
 - b. Between patients & multi-patient room setting = crossing the ‘curtain line’
2. A provider may use the alcohol based dispenser just outside the room door, the dispenser inside the room, or the sink
3. DO NOT GUESS. If your view is blocked & you cannot confirm if provider performed hand hygiene simply check ‘unsure box’.
4. Do not exceed 3 observations per provider in one session.

Observers Name: _____
 UNIT: _____ Date: ____/____/____
 Day of week: S M T W Th F S Time: _____am/pm to _____am/pm

#	ROLE of Observed Person					Hand Hygiene Measures	Observed Behavior				
	Observation #	Unknown	Nurse (RN, LPN, CA, Student)	Provider (Attending, Resident, NP, PA, student)	Environment at Assistant	OTHER 1 = unknown 2 = phlebotomy 3 = social work 4 = transport 5 = respiratory 6 = PT/OT 7 = nutrition 8 = clergy 9 = visitor/family	(Circle One)	Blocked View / Unsure	Hand Cleaning with Alcohol based scrub	Hand wash with soap & warm water	No hand hygiene
1						ENTRY EXIT					
2						ENTRY EXIT					
3						ENTRY EXIT					
4						ENTRY EXIT					
5						ENTRY EXIT					
6						ENTRY EXIT					
7						ENTRY EXIT					
8						ENTRY EXIT					
9						ENTRY EXIT					
10						ENTRY EXIT					



_____, have read the ***Hand Hygiene Compliance*** policy. By signing below, I am stating that I understand the policy and procedure and will comply to ensure proper hand hygiene to prevent the transmission of bacteria, germs, and infections.

Signature

Date