**Title: Hand Hygiene**



**Area Manual: Infection Control Manual** **Pages:** 4

**Reference Number:** D001 **Effective Date:** May 1977

**Contact Person:** Infection Prevention Manager

**Policy:** Healthcare workers often acquire microorganisms on their hands during direct contact with patients or contaminated environmental surfaces adjacent to the patient and are the organisms most frequently associated with health care-associated infections (HCAI). Performing hand hygiene (handwash or handrub) is essential in preventing the transmission of microorganisms. Saratoga Hospital utilizes the Center for Disease Control (CDC) Hand Hygiene Guidelines and the World Health Organization’s (WHO) “My 5 Moments for Hand Hygiene” approach for Hand Hygiene. It is essential that everyone performs hand hygiene at the right moment and correctly to ensure that we are providing safe care for our patients.

**Procedure:**

Hand Hygiene Indications:

1. Handwashing

Hands must be washed thoroughly with soap and water by all health care providers when hands are visibly soiled. Hands must also be washed:

A. After contact with blood, body fluids, mucus membranes, etc.

B. If patient has a diarrheal illness called Clostridium difficle (C.diff) suspected or confirmed

C. Immediately after removing gloves or personal protective equipment if **skin contact** with body fluids, mucus membranes, etc **is suspected or confirmed***.*

\*ALL employees must wash hands: after personal use of the toilet, before eating, and after sneezing/coughing/using a tissue.

2. Handrubbing:

A. Before and after patient contact

B. Immediately after removing gloves or other personal protective equipment if **skin contact** with body fluids, mucus membranes, etc **is not**suspected or confirmed

C. Upon exiting the room of a patient

Your 5 Moments for Hand Hygiene

1. Before touching a patient

2. Before clean/aseptic procedure

3. After body fluid exposure risk

4. After touching a patient

5. After touching patient surroundings

1. Hand antisepsis: achieved by handwashing with an antimicrobial containing soap (i.e., chlorahexidine gluconate/CHG).

Hand antisepsis is recommended:

A. Before the performance of invasive procedures such as surgery or the placement of intravascular catheters, indwelling urinary catheters, or other invasive devices.

B. When persistent antimicrobial activity on hands is desired

Technique:

1. Handwashing

- Wet hands with luke warm water

- Apply handwashing agent, thoroughly distribute over hands

- Vigorously rub hands together for at least 30 seconds, covering all surfaces

- Rinse thoroughly under a stream of water

- Dry hands thoroughly

\*If sink is not equipped with elbow/wrist blades, foot controls, or automatic, use a dry paper towel to turn off faucet to prevent recontamination of hands.

2. Handrubbing

-Squirt sanitizer into cupped hand to cover palm

- Rub all over hands until dry

Handwashing and Handrubbing are not to be performed consecutively

Compliance:

1. All Healthcare workers (HCW) are responsible for:

-complying with handwashing and handrubbing guidelines

-reporting adverse skin conditions and/or problems which interfere with handwashing or hand rubbing to Employee Health. (dermatitis, inflammation)

-complying with glove use as indicated for standard patient care (Standard Precautions).

2. Hand Hygiene observations are conducted by the Unit based Quality representatives.

Glove Use:

1. Gloves are worn for all activities for which hand contamination is likely.
2. Gloves are removed and hands washed or rubbed every time gloves are used.
3. Gloves may also need to be changed for different procedures on a single patient; for example, when moving from one contaminated site to another body site. Disposable gloves are used once, and are never washed for reuse.
4. See Isolation Policies in the Infection Prevention Manual for specific glove indications.

***GLOVES ARE NOT A SUBSITITUE FOR HANDWASHING OR HANDRUBBING.***

Hand lotions:

May be used to alleviate skin dryness associated with handwashing and handrubbing. Lotion provided by SH&NH has been selected because the ingredients are most compatible with products used in facility.

Fingernails:

Should be short enough to thoroughly clean beneath then and not cause love tears. Fingernails can be not longer than ¼ inch above the fingertip. Artificial nails, regardless of length are prohibited in all patient care areas.

Jewelry:

The use of jewelry is strongly discouraged do to the potential for contamination, potential for puncturing gloves and may pose a physical danger to patients.

**All staff who are providing direct patient care and are not capable of performing proper hand hygiene due to bandages, wraps, or other orthopedic devices may not be able to provide direct patient care and may have other work restrictions. Each case will be evaluated and a recommendation will be made on an individual basis by the Infection Prevention Nurse and Employee Health Services.**

**Origination Date:** May 1977

**Revision Dates:** June 1981, June 1983, June 1984, June 1985, June 1986, February 1987, February 1991, July 1992, January 1997, July 1998, June 2001, June 2004, July 2011, 09/09/12

**Review Dates:** March 2007, January 2010

**References:** WHO Guidelines on Hand Hygiene in Health Care. 2009.

CDC. Guidelines for Hand Hygiene in Health Care Settings: Recommendations of the Health Infection Control Practices Advisory Committee and the HICPAC/SHEA/APIC/IDSA Hand Hygiene Task Force. MMWR 2002; 51 (No RR-16): 1-45.

**Approved:**  Infection Prevention Committee

***Sections applicable to laboratory operations have been reviewed and approved by:***

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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_  Laboratory Medical Director Date  Saratoga Hospital Laboratory | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_  Laboratory Medical Director Date  Saratoga Hematology-Oncology |