

Hand Hygiene

saves lives!

Why are we here today?

- Q1 = 45%
- Q2 = 67%
- Q3 = 79%
- Q4 = 50%

- Year average = 60.25%





Watch short video

[WHO: SAVE LIVES - Clean Your Hands - No action today; no cure tomorrow - YouTube](#)

Hand Hygiene

Hand Hygiene means cleaning your hands by using either handwashing (washing hands with soap and water), antiseptic hand wash, antiseptic hand rub (i.e. alcohol-based hand sanitizer including foam or gel), or surgical hand antisepsis.

Should be performed before and after glove use, between patients, after touching bodily fluids, and when hands are visibly soiled.

- Soap and water wash for 20 seconds
 - Removes germs
 - Should be used when providing peri care
 - Should be used when patients are having diarrhea
- Alcohol hand sanitizer
 - Kills germs
 - Apply enough alcohol foam or gel to open palm
 - (to fully cover hands and wrists) on non visibly soiled hands
 - Keep rubbing hand surfaces until hands are dry
 - Should not be used for c. diff
- Only use approved lotions*

• Fingernails

- Clean, intact nail polish
- < ¼" in length

Applies to direct patient care providers

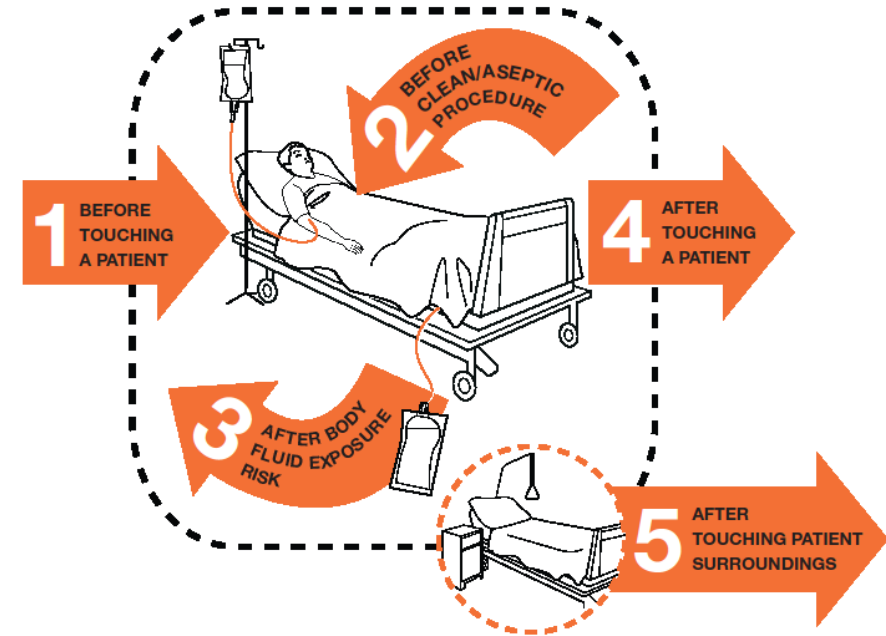
• Prohibited

- Any material applied to the fingernail for the purpose of strengthening or lengthening nails

- Tips
- Acrylic
- Porcelain
- Silk
- Jewelry
- Wraps
- Fillers



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.

When to perform Hand Hygiene?



Soap & Water



Palm to palm



Between fingers



Back of hands



Thumbs



Back of fingers



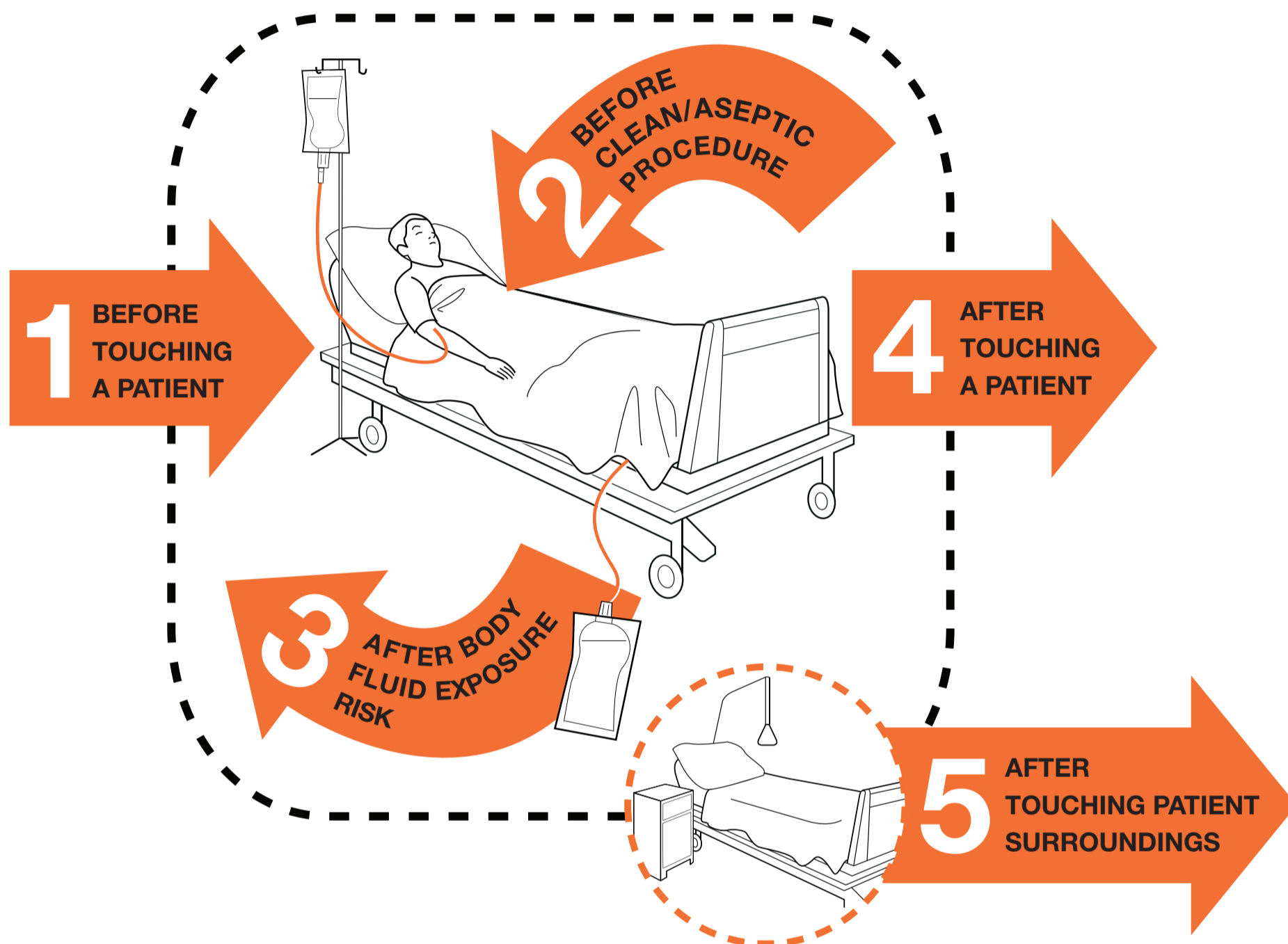
Fingernails



Wrists

At lease 20 sec.

Your 5 Moments for Hand Hygiene



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		WHY?	To protect yourself and the health-care environment from harmful patient germs.
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World Health Organization

Patient Safety

A World Alliance for Safer Health Care

SAVE LIVES
Clean Your Hands

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WHO acknowledges the Hôpitaux Universitaires de Genève (HUG), in particular the members of the Infection Control Programme, for their active participation in developing this material.

D. Airborne Precautions

VD.1. Use Airborne Precautions as infectious agents transmitted by disseminated herpes zoster)

VD.2. Patient placement

VD.2.a. In acute care hospitals and long-term care facilities, construct in accordance with the following:

VD.2.a.i. Provide at least six (existing facilities) or eight (new facilities) direct exhaust of air to the air-handling system.

VD.2.a.ii. Whenever an AIR is installed, use smoke tubes, flow indicators, or other means to keep the AIR door closed.

VD.2.a.iii. When an AIR is not available, use other engineering controls.

VD.2.b. In the event of an outbreak, infection control professionals should consult with the manufacturer for requirements for an AIR. For presentation and diagnosis, at increased risk for infection, create a negative pressure enclosure and air intake, or use other engineering controls.

VD.2.c. In ambulatory settings:

VD.2.c.i. Develop systems to prevent infection.

VD.2.c.ii. Place the patient in a room with a negative pressure one hour, to allow for disinfection.

VD.2.c.iii. Instruct patients to wear a surgical mask and observe Respiratory Hygiene/Cough Etiquette.

VD.3. Personal restrictions

VD.3.a. Restrict susceptible health-care workers (HCWs) from the AIR.

VD.4. Use of PPE

VD.4.a. Wear a fit-tested NIOSH-approved respirator when the following diseases are present and not controlled by other measures:

VD.4.a.i. Smallpox (varicella-chickenpox) after protection, or if exposure to infectious material is not controlled.

VD.4.a.ii. No recommendation is made for the use of respirators for patients with suspected or confirmed varicella-zoster disease (chickenpox or disseminated zoster).

VD.5. Patient transport

VD.5.a. In acute care hospitals, limit transport of patients outside of the AIR.

VD.5.a.i. If transport or movement is necessary, instruct patients to wear a surgical mask, if possible, and observe Respiratory Hygiene/Cough Etiquette.

VD.5.a.ii. For patients with skin lesions, instruct patients to cover lesions with a bandage.

VD.5.a.iii. Healthcare personnel should wear a fit-tested respirator when entering the AIR.

VD.6. Exposure management

VD.6.a. Immunize or provide prophylaxis to persons with whom there is contact within 72 hours after exposure to the AIR.

VD.6.a.i. For high-risk persons, such as newborns whose mothers were exposed to the AIR.

VD.6.a.ii. For persons who were exposed to the AIR.

VD.7. Discontinue Air Precautions

VD.7.a. Consult CDC's "Guideline for the Use of Respiratory Protection" for preventing transmission of the disease.

AIRBORNE PRECAUTIONS

(in addition to Standard Precautions)

PRECAUCIONES CONTRA ORGANISMOS QUE SE MANTIENEN EN EL AIRE

(además de las Precauciones Básicas)

VISITORS
Report to nurse before entering.



VISITANTES
Consulte con la enfermera antes de entrar.

Patient Placement

In an AIR (Airborne Infection Isolation Room). Monitor air pressure daily with visual indicators (e.g., flutter strips).

Keep door closed except for entry and exit.

In ambulatory settings instruct patients with a known or suspected airborne infection to wear a surgical mask and observe Respiratory Hygiene/Cough Etiquette. Once in an AIR, the mask may be removed.



Ubicación del Paciente

Coloque a los pacientes en una habitación de aislamiento por infección de transmisión aérea (AIR, por sus siglas en inglés). Examine la presión del aire diariamente con indicadores visuales (p. ej. cintas sensibles al flujo de aire).

Mantenga la puerta cerrada cuando no se requiera para entrar o salir.

En entornos ambulatorios, indique a los pacientes que se sepa o sospeche que presentan infección por transmisión aérea que usen una mascarilla quirúrgica y que sigan normas de etiqueta para la Higiene Respiratoria y el Manejo de la Tos. Una vez que haya ingresado en la AIR, puede quitarse la mascarilla.

Patient Transport

Limit transport and movement of patients to medically-necessary purposes.

If transport or movement outside an AIR is necessary, instruct patients to wear a surgical mask, if possible, and observe Respiratory Hygiene/Cough Etiquette.



Transporte del Paciente

Limite el traslado o movimiento de los pacientes a propósitos médicamente necesarios.

Si fuera necesario trasladar o mover al paciente en cualquier centro de asistencia sanitaria, indique que use una mascarilla y que siga las normas de etiqueta para la Higiene Respiratoria y el Manejo de la Tos.

Hand Hygiene

according to Standard Precautions.



La Higiene de las Manos

según las Precauciones Básicas.

Personal Protective Equipment

Wear a fit-tested NIOSH-approved N95 or higher level respirator for respiratory protection when entering the room of a patient when the following diseases are suspected or confirmed: Listed on back.



Equipo de Protección Personal

Use un respirador N95 o de nivel superior aprobado por NIOSH, de calce comprobado, para la protección respiratoria al ingresar en la habitación de un paciente, cuando se sospecha o sabe con certeza de la presencia de las siguientes enfermedades: Enumeradas al dorso.

CONTACT PRECAUTIONS

(in addition to standard Precautions)

PRECAUCIONES PARA EL CONTACTO CON PACIENTES

(ademas de las Precauciones Básicas)

VISITORS

Report to nurse before entering.

Gloves

Don gloves upon entry into the room or cubicle.

Wear gloves whenever touching the patient's intact skin or surfaces and articles in close proximity to the patient.

Remove gloves before leaving patient room.

Hand Hygiene

according to Standard Precautions.

Gowns

Don gown upon entry into the room or cubicle.

Remove gown and observe hand hygiene before leaving the patient-care environment.

Patient Transport

Limit transport of patient to medically necessary purposes.

Ensure that infected or colonized areas of the patient's body are contained and covered.

Remove and dispose of contaminated PPE and perform hand hygiene prior to transporting patients on Contact Precautions.

Don clean PPE to handle the patient at the transport destination.

Patient-Care Equipment

Use disposable noncritical patient-care equipment or implement patient-dedicated use of such equipment.



VISITANTES

Consulte con la enfermera antes de entrar.

Guantes

Póngase guantes al ingresar en la habitación o cubículo.

Use guantes cada vez que toque la piel sana del paciente o superficies y artículos que estén muy cercanos al paciente.

Sáquese los guantes antes de salir de la pieza del paciente.

La Higiene de las Manos

según las Precauciones Básicas.

Batas

Use una bata al ingresar en la habitación o cubículo.

Quítese la bata y observe las normas de higiene de las manos antes de retirarse del entorno de atención del paciente.

Traslado de Pacientes

Limite el traslado de pacientes a propósitos médicamente necesarios.

Asegúrese de que las áreas infectadas o colonizadas del cuerpo del paciente estén contenidas y cubiertas.

Elimine y deseche el EPP contaminado y realice la higiene de las manos antes de trasladar a los pacientes según las Precauciones por contacto.

Use EPP limpio para manejar al paciente en el destino de traslado.

Equipo Usado por el Paciente

Utilice equipos para la atención de los pacientes desechables no críticos o implemente el uso de dichos equipos de acuerdo con cada paciente.

V.C. Droplet Precautions

V.C.1. Use Droplet Precautions for patients known to be infected with pathogens transmitted by droplets >5 in size) through the air.

V.C.2. Patient placement
V.C.2.a. In acute care settings, place patients in single-patient rooms. If a single-patient room is not available, place patients in rooms with other patients who do not have Droplet Precautions. Apply the following to all patients with Droplet Precautions:

Priority rooms for single-patient placement. Place patients in rooms with other patients who do not have Droplet Precautions. Avoid rooms for patients who have Droplet Precautions. Ensure the room is immediately available for the patient. Draw the curtains around the patient. Change gloves after contact with the patient. In long-term placement, place patients in the room with other patients who do not have Droplet Precautions. In ambulatory care settings, place patients in examination rooms or rooms that are recommended for Droplet Precautions.

V.C.2.b.

V.C.2.c.

V.C.3. Use of personal protective equipment (PPE)

V.C.3.a. Don a mask and eye protection or a face shield.

V.C.3.b. No respiratory protection is required in addition to a mask.

V.C.3.c. For patients with Droplet Precautions, refer to the CDC website (www.cdc.gov) for information on the use of PPE.

V.C.4. Patient transport

V.C.4.a. In acute care settings, transport patients in a room with other patients who do not have Droplet Precautions. If transport is necessary, use a private room or a room with other patients who do not have Droplet Precautions. No mask is required for persons transporting patients on Droplet Precautions.

V.C.4.b.

V.C.4.c.

V.C.4.d.

DROPLET PRECAUTIONS

(in addition to Standard Precautions)

PRECAUCIONES CONTRA PARTICULAS O GOTITAS

(además de las Precauciones Básicas)

VISITORS

Report to nurse before entering.



ALTO

VISITANTES

Consulte con la enfermera antes de entrar.

Personal Protective Equipment (PPE)

Don a mask upon entry into the patient room or cubicle.



Equipo de Protección Personal (EPP)

Use una mascarilla para ingresar en la habitación o cubículo del paciente.

Hand Hygiene

according to Standard Precautions.



La Higiene de las Manos

según las Precauciones Básicas.

Patient Placement

Private room, if possible. Cohort or maintain spatial separation of 3 feet from other patients or visitors if private room is not available.



Ubicación del Paciente

Se le asignará una habitación privada si hay disponibilidad. En caso contrario, deberá compartir la habitación con uno o más pacientes con su mismo diagnóstico o mantenga un espacio de 1 metro entre pacientes o visitantes.

Patient Transport

Limit transport and movement of patients to medically-necessary purposes.



Traslado del Paciente

Limite el traslado o movimiento de los pacientes a propósitos médicamente necesarios.

Si fuera necesario trasladar o mover al paciente en cualquier centro de asistencia sanitaria, indique que use una mascarilla y que siga las normas de etiqueta para la higiene respiratoria y el manejo de la tos.

Las personas que trasladan a los paciente de acuerdo con las medidas para prevenir la transmisión por gotitas no necesitan usar mascarilla.

ENHANCED PRECAUTIONS

To prevent the spread of infection,
ANYONE* ENTERING THIS
ROOM **MUST** WEAR:



N-95 Respirator ✓



Gloves ✓



Gown ✓



Eye Protection ✓

Applies whether or not contact with the patient
or the patient's environment is anticipated.

***APPLIES TO ALL PERSON WHO ENTER THE ROOM
(INCLUDING VISITORS)**

Questions? Please call the Department of
Infection Control & Prevention at 936-0725

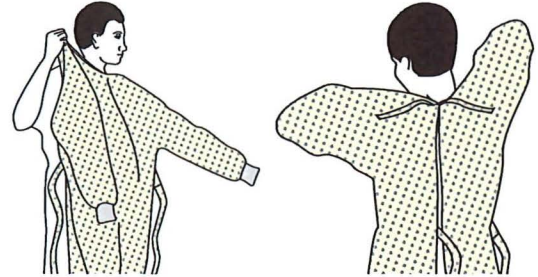
 Vanderbilt Infection Control and Prevention

SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

1. GOWN

- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
- Fasten in back of neck and waist



2. MASK OR RESPIRATOR

- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit-check respirator



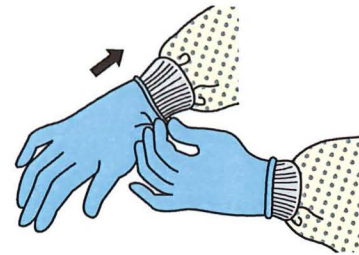
3. GOGGLES OR FACE SHIELD

- Place over face and eyes and adjust to fit



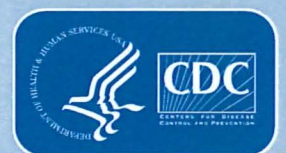
4. GLOVES

- Extend to cover wrist of isolation gown



USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene



HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 2

Here is another way to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

1. GOWN AND GLOVES

- Gown front and sleeves and the outside of gloves are contaminated!
- If your hands get contaminated during gown or glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp the gown in the front and pull away from your body so that the ties break, touching outside of gown only with gloved hands
- While removing the gown, fold or roll the gown inside-out into a bundle
- As you are removing the gown, peel off your gloves at the same time, only touching the inside of the gloves and gown with your bare hands. Place the gown and gloves into a waste container



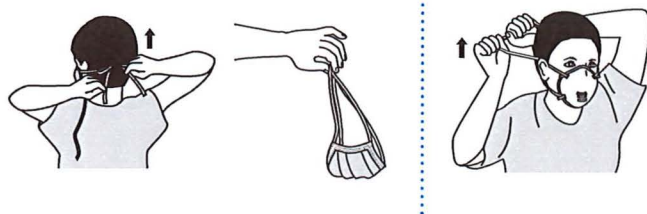
2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band and without touching the front of the goggles or face shield
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container

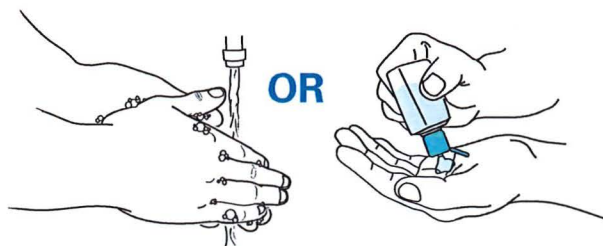


3. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



4. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE

