1. PURPOSE: To ensure correct hand washing practice. This document applies to all staff whether they work in Bioreach facilities or are involved with collection, processing or transport of laboratory specimens, within our premises, patients’ own homes, or other care settings owned by other agencies. It is the responsibility of all staff to ensure that they adhere to evidence-based best practice. All staff must take responsibility for their own hand decontamination and should act as an advocate for all their clients and others to ensure that everyone decontaminates their hands appropriately. This guidance will be implemented to ensure adherence to safe practice. Thorough hand washing is undoubtedly one of the simplest and most effective ways of preventing person-to-person transmission of infective agents in clinical practice. Hand decontamination has a dual role in protecting both the patient and the healthcare worker. Hands must be decontaminated between all activities that result in even superficial contact with patient surroundings.
2. POLICY:
	1. Bioreach personnel should use an alcohol-based hand rub or wash with soap and water for the following clinical indications:
* Immediately before touching a patient
* Before performing an aseptic task (e.g., placing an indwelling device) or handling invasive medical devices
* Before moving from work on a soiled body site to a clean body site on the same patient
* After touching a patient or the patient’s immediate environment
* After contact with blood, body fluids, or contaminated surfaces
* Before and after glove use.
* After using the restroom.
* Before and after eating
	1. Bioreach facilities should:
* Require healthcare personnel to perform hand hygiene in accordance with Centers for Disease Control and Prevention (CDC) recommendations.
* Ensure that healthcare personnel perform hand hygiene with soap and water when hands are visibly soiled via monthly QA audits.
* Ensure that supplies necessary for adherence to hand hygiene are readily accessible in all areas where patient care is being delivered.
	1. Soap and warm water hand hygiene is required after contact with any patient known or suspected of C. Difficile infection.
1. PROCEDURE: Unless hands are visibly soiled, an alcohol-based hand rub is preferred over soap and water in most clinical situations due to evidence of better compliance compared to soap and water. Hand rubs are generally less irritating to hands and, in the absence of a sink, are an effective method of cleaning hands.
	1. Alcohol Based Hand Hygiene Procedure:
		1. Use one full application of hand sanitizer. Either by measured dose or an amount of 3 mL from a self-measured container.
		2. Rub the entire area of hands, front and back, between fingers, finger tips and at the base of wrist area for 15- 30 seconds, until both hands are dry.
		3. Hands should be washed with soap and water after 10 application of Hand Sanitizer.
	2. Soap and Water Hand Hygiene Procedure:
		1. Pre-Wet hands with warm water
		2. Apply one full application of liquid hand soap to wet hands.
		3. Lather front and back paying close attention to between fingers, fingertips and base of wrist area for 20-30 seconds.
		4. Rinse with warm water
		5. Reapply/Repeat if necessary.
		6. Dry hands using touch-less dispenser or stock paper towels ensuring no surfaces of counters, doors, or items are touched after drying with towels.