

TITLE		POLICY #
Hand Hygiene		ICP.03.03
MANUAL	EFFECTIVE DATE	REVIEW DATE
Infection Control and Prevention Manual	2007	February 2014
SCOPE:	REFERENCE	
Hospital Wide	Center of Disease Control – CDC World Health Organization – WHO SHEA, Advance Practice Infection Control - APIC Hand Hygiene Guidelines: Overcoming the Challenges - MMWR	

Hand Hygiene has been shown to be the single most effective method for the prevention of the transmission of disease/antimicrobial resistant organisms and reduce infection rates. Hand hygiene includes both hand washing and hand antiseptics/decontamination with the use of alcohol based hand gels or foams.

Definition of Terms:

1. Alcohol-based hand rubs – An alcohol-containing preparation designed for application to hands, to be used for reducing the number of viable microorganisms on the hand (standard is 60%-95% of ethanol or isopropanol).
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, chlorahexadine, chlorine, iodine, etc.
4. Antiseptic Hand wash - Washing hands with water and soap, or any other detergent containing an antiseptic agent.
5. Decontaminating Hands – to reduce the number of bacteria on the hands by performing antiseptic hand washing.
6. Hand Hygiene – A general term that applies to hand washing, antiseptic hand washing, or surgical hand antiseptics.
7. Hand washing – Washing hands with plain soap and water.

Agents to be used:

- a. Soap and Water
- b. Alcohol based hand rubs

Hand Hygiene Indications:

- a. Hand washing with soap and water remains a sensible strategy for hand hygiene in non-health care settings and is recommended by Center of Disease Control (CDC), World Health Organization (WHO) and other experts.
- b. Before and after patient contact.
- c. When hands are visibly soiled, they should wash with soap and water.
- d. If a patient has a diagnosis of C-diff, hand should be washed with soap and water, instead of waterless hand sanitizer.
- e. The use of gloves does not eliminate the need for hand hygiene. Likewise, the use of hand hygiene does not eliminate the need for gloves. Gloves reduce hand

contamination by 70 percent to 80 percent, prevent cross-contamination and protect patients and health care personnel from infection.

- f. When moving from a contaminated patient body site to a clean patient body site.
- g. After contact with inanimate objects or medical equipment that comes in contact with the patient.
- h. Health care personnel will avoid wearing artificial nails, keep natural nails short (less than one quarter of an inch) and free of polish. If staff wear nail polish, it must be well maintained.

Hand rubs:

- a. Hand rubs should be used before and after each patient just as gloves should be changed before and after each patient.
- b. When using an alcohol-based hand rub, apply product to palm of one hand and rub hands together, covering all surfaces of hands and fingers, until hands are dry. Note that the volume needed to reduce the number of bacteria on hands varies by product.
- c. Alcohol-based hand rubs significantly reduce the number of microorganisms on skin, are fast acting and cause less skin irritation.
- d. Alcohol-based hand rubs take less time to use than traditional hand washing. In an eight-hour shift, an estimated one hour of an ICU nurse's time will be saved by using an alcohol-based hand rub.

Compliance

The Quality Manager measures compliance with hand hygiene protocols. The following indicators are monitored:

- a. Periodic monitoring/observation of hand hygiene adherence and providing feedback to personnel regarding their performance
- b. Survey Employees and Physician, recommendations welcome
- c. Monitoring the volume of alcohol-based hand rub
- d. Adherence to clinical staff not wearing artificial nails
- e. Hand washing compliance after removing gloves
- f. Witnessing glove changes between tasks

Use of Disposable Gloves:

Gloves should be worn, and should NEVER replace hand washing. The use of gloves is to reduce the risk of personnel acquiring infections from patients, prevent healthcare workers from transmitting their flora to the patients, and reduce contamination of the hands which is transmitted from one patient to another. Disposable gloves should be applied prior to entering and patients room and removed prior to leaving a patient room. Gloves should be checked for holes prior to application. Gloves should be removed gently, not to contaminate wrist or arm. Gloves do NOT replace the need for hand washing.

Wearing Fingernails and Artificial Nails and Jewelry:

The use of artificial nails is strictly prohibited at Cornerstone Hospitals. Freshly applied nail polish does not increase the number of bacteria recovered from the skin but chipped nail polish has the ability to support bacteria, making even soap and water hard to reach spaces.

Nails are to remain natural without acrylic overlays, and cannot be longer than ¼ of an inch long. They need to be kept neatly filed and no chipped nail polish will be allowed.

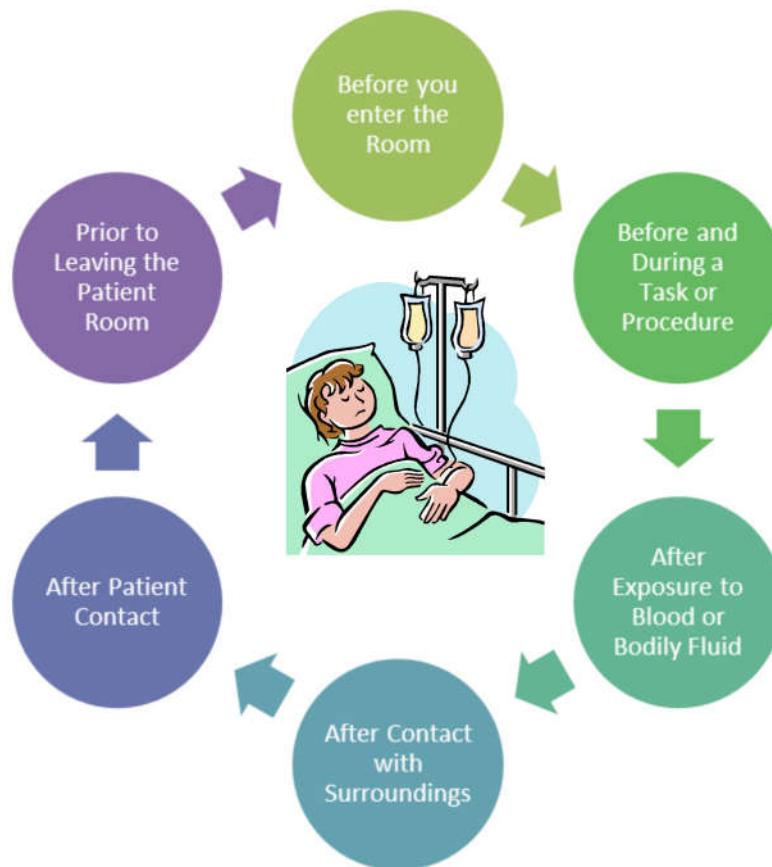
Jewelry should be kept to one ring on one hand. Several studies have shown that a number of organisms harbor on the skin under rings. One study found that 40% of nurses harbored gram negative bacilli (e.g. E. cloacae, Klebsiella and Acinetobacter) MMWR – Oct. 02 pg.30

Techniques for Hand Hygiene:

- ✓ Adequate amount of hand-hygiene solutions
- ✓ Duration of hand-hygiene performed – at least 20 sec.
- ✓ Selection of hand-hygiene agent
 - Alcohol-based hand rubs – most efficient except when hands are visible soiled or a patient that has C-diff
 - Soap and water – when hands are visibly soiled or the patient has C-diff
- ✓ Lotions and creams can prevent drying and cracking of the hands

World Health Organization (WHO) Moments for Hand Hygiene:

1. Before patient contact
2. Before aseptic task
3. After body fluid exposure risk
4. After patient contact
5. After contact with patient surroundings



Barriers to Proper Hand Hygiene – Goals for Improvement

- A. Lack of active participation – Get staff involvement and input
- B. Lack of knowledge – Continuous Education
- C. Lack of institutional priority – Always a Priority
- D. Lack of outcome belief – Present evidence based proof and recommended standard of care
- E. Lack of a role model – Lead by example – observation
- F. Lack of reward – Come up with an awards / initiative program
- G. Lack of soap / paper towels / alcohol based hand rub – Twice daily rounds by Housekeeping
- H. Lack of Time -Insufficient time / too busy
- I. Irritation to hands – Choose gentle / non-irritating soap
- J. Wearing gloves; belief that will be sufficient
- K. Forgetfulness – Continuous teaching and reminders