

LAC+USC MEDICAL CENTER POLICY

Subject: HAND HYGIENE POLICY	Original Issue Date: 4/03	Policy # 1201
	Supersedes: 5/9/17	Effective Date: 7/20/20
	Departments Consulted: Epidemiology Infection Control Committee Patient Safety Committee	Reviewed & Approved by: Attending Staff Association Executive Committee Senior Executive Council

PURPOSE

To ensure maximum adherence to hand hygiene practice for healthcare workers (HCWs) and to reduce the transmission of pathogenic organisms to patients, personnel and visitors in healthcare settings.

RESPONSIBILITY

All workers (employee or contract) who have contact with patients.

POLICY

It is the policy of LAC+USC Medical Center that all employees, including contract staff, who have contact with patients or enter patient care areas will comply with standard handwashing expected practices. This includes washing hands with an appropriate method (defined in Procedure below) when entering or exiting patient rooms or patient care areas regardless of whether the patient care area is occupied or there is contact with either patients or objects in the patient's rooms or patient care areas. All staff are responsible for reminding other staff of the need to wash hands when entering or exiting patient rooms or patient care areas. Failure to comply with this policy will result in progressive disciplinary action.

DEFINITIONS

Alcohol-based hand rub (gel or foam) – an alcohol containing preparation designed for application to the hands for reducing the number of viable microorganisms on the hands. The optimal content is 60%-75% ethanol or isopropanol.

Antiseptic agent – Antiseptic agents are antimicrobial substances that are applied to the skin to reduce the number of microbial flora.

Hand antisepsis – refers to either antiseptic handwash or antiseptic hand rub.

Hand hygiene – cleansing the hands with an alcohol-based foam, gel, or soap.

Handwashing – washing hands for 20 seconds with plain or antimicrobial soap and water.

Clean In/Clean Out – performing appropriate hand hygiene when entering and exiting a patient room or patient care area.

Subject: **HAND HYGIENE POLICY**Effective Date:
7/20/20Policy #
1201

Patient care area – a private room, semi-private room, or in a multiple-bed or multiple-room setting, it can be a “curtain line” or a “floor line”, including all patient care areas in the unit, even if they are in the hallway, restroom, Emergency Department, etc.

PROCEDURE

Indications for Hand Hygiene

1. Perform hand hygiene (with alcohol gel or foam, or with soap and water) when entering and exiting a patient room or patient care area (**Clean In/Clean Out**)
2. Wash hands with soap and water specifically, rather than with alcohol-based products:
 - when **hands are visibly dirty** or contaminated with protein material or are visibly soiled with blood or other body fluids,
 - after removing **gloves**
 - in circumstances in which hands are **visibly soiled** or
 - may have been potentially exposed to blood or
 - other potentially infectious materials,
 - whenever a patient is in precautions for known or suspected ***Clostridium difficile***. The physical action of washing and rinsing hands is recommended because alcohols, chlorhexadine, iodophors, and other antiseptic agents have poor activity against spores,
 - after **10 applications** of alcohol-based gel or foam to prevent the buildup of emollients after repeated use,
 - before **eating** or preparing food, or
 - after using the **restroom**.

Hand Hygiene Technique

1. Alcohol-based hand rub (gel or foam): apply product to palm of one hand and rub hands together, covering all surfaces of hands and fingers until hands are dry.
2. Washing hands with soap and water: wet hands first with water, apply product to hands and rub hands together vigorously for at least 20 seconds, covering all surfaces of the hands, including the thumbs and fingers. Rinse hands with water and dry thoroughly with a disposable towel. Use towel to turn off the faucet and open restroom door. Avoid using hot water because repeated exposure to hot water may increase the risk of dermatitis.

Gloves (NON-STERILE) - *Before and After* must clean (gel/foam/wash or hand antiseptis):

1. Wear gloves when in contact with blood or other potentially infectious materials, mucous membranes, and non-intact skin could occur.
2. One should remove gloves when exiting the room and immediately perform hand hygiene.
3. Change gloves during patient care if moving from a contaminated body site to a clean body site.
4. Perform hand hygiene (gel or foam or wash)
 - a. before putting on gloves and

Subject: **HAND HYGIENE POLICY**Effective Date:
7/20/20Policy #
1201

- b. after removing gloves,
 - i. if gloves **not visibly soiled** and
 - ii. no exposure to blood or other potentially infectious materials.

5. **Wash hands** after removing gloves
- a. in circumstances in which hands are **visibly soiled** or
 - b. may have been potentially **exposed to** blood or
 - c. other potentially infectious materials,

Other Aspects of Hand Hygiene

1. Providing urgent or emergent care should not be delayed. Hand hygiene should be performed as soon as safely possible.
2. Wearing rings with stones on fingers is discouraged. They can harbor bacteria and also tear gloves. Wearing bands may be allowed if they are cleaned along with the appropriate hand washing technique.
3. Direct patient care staff and health care workers who have contact with patients, patient supplies, equipment and food are prohibited from wearing artificial fingernails and long natural fingernails. Natural nail tips are recommended to be less than ¼ -inch long. If fingernail polish is worn, it must be in good condition, free of chips, and preferably clear in color.

PROGRESSIVE DISCIPLINARY RESPONSE

The principles of education and Just Culture based accountability shall be the basis for staff performing proper hand hygiene. Just-in-time coaching shall identify opportunities to ensure that staff perform proper hand hygiene.

In the event that staff refuses to perform proper hand hygiene in accordance with this policy an infraction shall have incurred. The first infraction will result in formal corrective action of a non-disciplinary nature which includes completing The Joint Commission Hand Hygiene Training Module and passing the post-test. All subsequent violations will result in referral to Human Resources/Performance Management and/or the Attending Staff Office for appropriate disciplinary action, up to and including discharge from County service.

REFERENCES

Guidelines for Hand Hygiene in Health-Care Settings. Recommendations of the Healthcare Infection Control Practices Advisory Committee and the HICPAC/SHEA/APIC/IDSA Hand Hygiene Task Force. MMWR October 25, 2002/51(RR16):-44.

Centers for Disease Control Guidelines for Hand Hygiene in Health-Care Settings
WHO

Joint Commission National Patient Safety Guidelines
Department of Health Services Hand Hygiene Policy

REVISION DATES

May 11, 2010, August 13, 2013, October 11, 2016; May 9, 2017; July 20, 2020