

RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER

Infection Prevention and Control

SUBJECT: SAFETY OF PERSONNEL (Hand Hygiene)

Policy No.: IC101
Last Revision: 02/2022
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Hand hygiene reduces the incidence of health-care-associated infections. Good hand hygiene provides the best way to prevent the spread of infection in the health-care settings.

Definition of Terms

Hand hygiene - A general term that applies to any of the following: 1) handwashing with plain (nonantimicrobial) soap and water; 2) antiseptic handwash (soap containing antiseptic agents and water); 3) antiseptic handrub (waterless antiseptic product, most often alcohol-based, rubbed on all surfaces of hands); 4) surgical hand antisepsis (antiseptic handwash or antiseptic handrub performed preoperatively by surgical personnel).

Decontaminate hands - To reduce bacterial counts on hands by performing antiseptic hand rub or antiseptic handwash.

Handwashing - Washing hands with plain soap and water.

Antiseptic handwash - Washing hands with water and soap or other detergents containing an antiseptic agent.

Alcohol-based handrub - Rubbing hands with an alcohol-containing preparation.

Surgical hand hygiene/antisepsis - Handwashing or using an alcohol-based handrub before operations by surgical personnel.

Hand Hygiene

1. Hand Hygiene Technique
 - a. When decontaminating hands with an alcohol-based hand rub, apply product to the palm of one hand and **rub** hands together, covering all surfaces of hands and fingers, until hands are dry to prevent injuries such as burns from flash fire. Follow the manufacturer's recommendations regarding the volume of product to use.
 - b. When washing hands with soap and water, wet hands first with water, apply hospital approved soap (amount recommended by the manufacturer) to the hands and rub hands together vigorously for at least 15-20 seconds covering all surfaces of the hands and fingers. Rinse hands with water and dry thoroughly with a disposable towel. Use towel to turn off the faucet. Avoid using hot water because repeated exposure to hot water may increase the risk of dermatitis.
2. In the absence of a true emergency, personnel will perform hand hygiene (hand washing or an alcohol-based hand rub) as follows:

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- a. When hands are visibly dirty or contaminated or are visibly soiled with blood or other body fluids, wash hands with soap and water.
 - b. If hands are not visible soiled, use an alcohol-based hand rub for routinely decontaminating hands in all other clinical situations. Alcohol-based products for hand disinfection is preferred over antimicrobial or plain soap and water because of their superior microbiocidal activity, reduced drying of the skin, and convenience.
 - c. Decontaminate hands;
 - **Before** having direct contact with patients.
 - **Before** donning sterile gloves for any invasive procedures.
 - **Before** inserting indwelling urinary catheters, peripheral vascular catheters, or other invasive devices.
 - **After** contact with a patient's intact skin (e.g. when taking a pulse or blood pressure, and lifting a patient).
 - **After** contact with body fluids or excretions, mucous membranes, nonintact skin, and wound dressings.
 - **If** moving from a contaminated body site to a clean body site during patient care.
 - **After** contact with inanimate objects (including medical equipment) in the immediate vicinity of the patient.
 - **After** removing soiled gloves.
 - d. Wash hands before eating and after using a restroom.
 - e. Wash hands with soap and water if exposure to *Bacillus anthracis* is suspected or proven. The physical action of washing and rinsing hands under such circumstances is recommended because alcohol, chlorhexidine, iodophors, and other antiseptic agents have poor activity against spores.
 - f. Wash hands with soap and water if exposure to *Clostridium difficile infection (CDI)* is suspected or proven
 - g. To prevent build up of emollients after repeated use of an alcohol-based hand rub, washing hands with soap and water after 5-10 applications has been recommended by certain manufacturers.
3. Artificial nails will not be worn by staff that provide direct patient care, handle or reprocess equipment or instruments, or handle food.
 4. Keep natural nail tips less than 1/4 inch in long. Clear polish, if worn, is in good repair without cracks or chips.
 5. Consider *all* blood or body fluid from any patient as infectious. Wear gloves when contact with blood or body fluids from any patient is anticipated.
 6. Avoid contact with blood or body fluids onto open or abraded areas of skin or into mouth and eyes. Use gown, mask and goggles during invasive procedures which may result in

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splattering of blood or body fluids. These include insertion of chest tubes and endoscopy procedures. *Report all exposures to Employee Health Services immediately.*

7. Properly dispose of all used needles into rigid, contaminated needle containers to avoid injury to yourself and others. *Report all needle sticks to Occupational Health Services immediately.*
8. Carefully dispose of body fluids into flushing apparatus, *not* in sink drains. *Avoid splashing!*
9. Disinfect work areas with a hospital-approved disinfectant if soiling with blood or body fluid from any patient occurs. *Wear gloves and wash your hands.*
10. Use hospital approved hand lotion or cream only, do not bring home hand lotion or cream to work station.

Safety Tips When Using Alcohol-based Hand-Rub

When using alcohol-based hand-rubs,

- Rub hands until the alcohol has evaporated (i.e., hands are dry).
- Alcohol-based hand-rubs are stored away from high temperatures or flames, in accordance with CDC and National Fire Protection Agency recommendations.
- Supplies of alcohol-based hand-rubs are stored in cabinets or areas approved for flammable materials.

Standard Precautions will provide personnel protection from unnecessary exposure to multiple diseases such as AIDS and viral hepatitis. At the same time, Standard Precautions may protect patients from exposure to common health care-associated pathogens. However, because infections occur much more frequently in susceptible patients, reliance alone on preventive measures, such as standard precautions, to control health care-associated pathogens is often not enough. Therefore, control measures, such as isolation, will be used to protect patients from significant health care-associated pathogens when problems arise.