

HARBOR-UCLA MEDICAL CENTER

SUBJECT: HAND HYGIENE IN HEALTHCARE SETTINGS

POLICY NO. 471

PURPOSE

To promote hand hygiene (HH) practices that reduce the transmission of pathogenic organisms to patients and personnel in health care settings.

SCOPE

This policy applies to all workforce members at Harbor-UCLA Medical Center.

POLICY

It is the goal of Harbor-UCLA Medical Center to provide a safe and healthy environment for the care and treatment of patients. A major part of this goal is to promote hand hygiene and good hand condition, which are critical components of preventing healthcare-associated infections. All workforce members are to practice hand hygiene as described in the procedure section of the policy.

PROCEDURE

A. General Information

1. Hands serve as a vehicle by which germs may be transferred to and from patients.
2. Hand hygiene is a general term to describe handwashing and other methods to sanitize/decontaminate hands. Management of good hand condition is an important component of hand hygiene. These guidelines encourage healthcare workers to use practices and products that optimize healthy, intact skin.
3. Hand hygiene is a method to mechanically remove foreign matter including transient microorganisms and, in some instances, sanitize the hands by use of specific agents applied to the skin. Hand hygiene may include any or a combination of the below:
 - **Handwashing:** Washing hands with plain (i.e., non-antimicrobial) soap and water.
 - **Antiseptic handwash:** Use of antimicrobial agents applied to the skin to reduce the number of microbial flora, most commonly used in intensive care units and Operating Room.
 - **Alcohol-containing hand rub:** Use of alcohol-based hand rub (e.g., foam, gel) to decontaminate the hands (reduce bacteria on the hands).
 - **Surgical hand antisepsis,** also known as “surgical scrub”: Antiseptic handwashing or use of a persistent-activity alcohol-based hand rub by surgical personnel before operations.

EFFECTIVE DATE: 1/1/04

SUPERSEDES:

REVISED: 1/08, 7/11, 1/12, 4/15, 4/18

REVIEWED: 2/06, 1/08, 1/12, 8/14, 4/15, 4/18

REVIEWED COMMITTEE:

APPROVED BY:

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 Chief Nursing Officer

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4. Gloves are worn to protect the skin from exposure to blood and body fluids. The use of gloves is not a replacement for hand hygiene before and after patient contact. That is, hand hygiene must be performed before gloves are donned and after gloves are removed.
5. Artificial nails, including “gel” nails, may increase the number of germs under and around the nails. Artificial nails have been implicated in outbreaks of infections.
 - Subungual areas of the fingers (underside cove where the nail meets the skin) harbor high concentration of bacteria (most frequently coagulase-negative staphylococci, gram-negative rods, including *Pseudomonas* spp.), *Corynebacteria*, and yeasts.
 - Chipped nail polish may support the growth of larger numbers of organisms on fingernails.

B. Management of Optimal Hand Condition

1. Healthy, intact skin acts as a protective barrier against germs acquired from the healthcare environment. To minimize transmission of germs, it is important for healthcare personnel to use proper practices and the right products to maintain optimal skin condition. Of concern are hands with the following conditions:
 - Rash/eczema, irritant/contact dermatitis.
 - Herpes virus and other infections.
 - Dry, cracked, non-intact skin (cuts, scrapes).
 - Artificial nails, nail extenders, or long (greater than 1/4 inch) natural nails; nails with chipped polish.
2. Guidelines for maintaining healthy hand conditions:
 - Seek medical care for skin conditions such as eczema, allergic dermatitis, and infections.
 - Eliminate or modify exposure (e.g., duration of contact) with irritant, and use protection during contact.
 - Cover open skin (cuts, abrasions) with a bandage, and use gloves for contact with patients or contaminated equipment/environment.
 - Avoid hot water and contact with harsh soaps and chemicals, both in the workplace and at home.
 - Wash hands after removing gloves.
 - Dry hands thoroughly after washing hands. Paper towels are preferable to cloth towels. Be sure to dry skin under jewelry.
 - Use only products that are hospital approved and provided to prevent dry skin, such as lotions containing glycerin that attract and hold moisture in the skin. Do not bring products from home.
 - Use alcohol-based hand rubs that contain emollients (agents added to make a product softening or soothing to the skin, e.g. emollient-containing foam), if available.
 - If rash is associated with latex gloves, use non-latex, hypoallergenic products.

C. Indications for Hand Hygiene

Hands must be washed with soap and water in the following situations:

- When hands are visibly soiled
 - After using the toilet
 - Before and after preparing food
 - Before eating and drinking
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Hands must EITHER be washed with soap and water OR with alcohol hand rub (foam or gel) in the following situations:

- BEFORE and AFTER contact with the patient. This requirement applies to all clinical situations, without exception. It is to be used regardless of whether gloves are worn, and applies whether there is contact with body fluids or the patient's hair or skin.
- BEFORE and AFTER contact with items in the patient's environment (**zone**). For the purposes of this policy, the patient's environment (zone) includes any objects that are connected to the patient, generally including (but not limited to):
 - IV tubing and pumps
 - Monitors and leads
 - Beds, bedding, and bedrails
 - Ventilators and tubing
- Hand hygiene is generally encouraged before and after contact with other items that could carry pathogens, such as bedside tables, chairs, charts, carts, etc., but this is not strictly required by this policy unless the item is connected to or in contact with the patient.
- After any of the following:
 - Sneezing into the hands
 - Coughing into the hands
 - Smoking
 - Applying makeup
 - Touching one's face
- When moving from one area of the patient's body or the zone to another area on the patient's body or zone, hand hygiene is not required.
- However, if the hands are visibly soiled, the workforce member must discard the gloves and perform hand hygiene before moving to another area of the patient or environment within the zone.
- When caring for a patient known or suspected to be infected with *Clostridium difficile*, either soap and water or alcohol hand rub is acceptable for hand hygiene. Of note, the advantage of soap and water over alcohol hand rubs for *Clostridium difficile* is of theoretic value only and its use is not supported by observational studies. Alcohol hand rub may be superior to soap and water in this situation as it eliminates virtually all other pathogens better than soap and water.
- HH must also be performed in a number of other (potentially) non-patient care areas. These include, but are not limited to, dietary and environmental services, the clinical laboratory, and other ancillary services. For example:
 - EVS staff should perform HH after trash is disposed into waste containers and gloves are removed. Gloves must be changed and hand hygiene performed after cleaning each patient zone.
 - Laboratory staff should perform HH after gloves are removed between patient samples and/or testing procedures.

There are many circumstances in which HH should be performed in the normal course of hospital operations. All staff must be attentive to the possibility of transmitting pathogens to patients, their environment, or their colleagues.

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D. Hand Hygiene Technique

1. Hand washing:
 - Wet hands first with warm water. Apply plain soap or antimicrobial product to hands. Rub hands together vigorously for at least 15 seconds, covering all surfaces of the hands and fingers.
 - Rinse hands under running water and dry thoroughly with a disposable towel. Use the towel to turn off the faucet.
 - Using warm or cold water is acceptable. Avoid using hot water, because repeated exposure to hot water may increase the risk of dermatitis.
2. Alcohol-based hand rub may be used to decontaminate hands:
 - Apply enough product to palm of one hand to cover all surfaces of hands and fingers. Rub hands together, covering all surfaces of hands and fingers until hands are dry.
 - To prevent the build-up of emollients after repeated use of alcohol-based hand rub, washing with soap and water after 5-10 applications has been recommended by certain manufacturers.
3. Surgical hand antisepsis (*refer also to Operating Room policy/procedure manual*):
 - Remove rings, watches, and bracelets before beginning the surgical hand scrub.
 - Remove debris from underneath fingernails using a nail cleaner under running water.
 - Use an antimicrobial soap for initial scrub of the day. Surgical hand antisepsis using either an antimicrobial soap or an alcohol-based hand rub with persistent activity is recommended before donning sterile gloves when performing surgical procedures.
 - When performing surgical hand antisepsis using an antimicrobial soap, scrub hands and forearms for the length of time recommended by the manufacturer, usually 2-6 minutes. Long scrub times (e.g., 10 minutes) are not necessary.
 - When using an alcohol-based surgical hand-scrub product with persistent activity, follow the manufacturer's instructions. Before applying alcohol solution, pre-wash hands and forearms with a non-antimicrobial soap and dry hands and forearms completely. After application of alcohol-based product as recommended, allow hands and forearms to dry thoroughly before donning sterile gloves.

E. Other aspects of Hand Hygiene

1. Fingernail care:
 - **Artificial fingernails are not permitted for those who have direct contact with patients** (who touch the patient as part of their care or service), **handle instruments or equipment that will be used directly on patients, those who have contact with food, and select pharmacy personnel who prepare sterile admixtures under the laminar flow hood.**
Artificial fingernail is defined as any material applied to the fingernail for the purpose of strengthening or lengthening nails (e.g., tips, acrylic, gel nail, stickers, porcelain, silk, jewelry, overlays, wraps, fillers, Superglue, any appliques other than those made of nail polish, nail-piercing jewelry of any kind, etc.).
 - **Natural nails must be clean, with nail tips less than 1/4 inch long. Fingernail polish must be in good condition and free of chips and preferably clear in color.**
 - 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 hygiene technique.

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2. Use of gloves:

- Wear gloves when contact with blood or other potentially infectious materials, mucous membranes, and non-intact skin could occur. Remove gloves at the conclusion of the activity, and perform hand hygiene.
- Remove gloves after caring for a patient. Do not wear the same pair of gloves for the care of more than one patient, and do not wash gloves between uses.
- Change gloves during patient care if moving from a contaminated body site to a clean body site.
- Always perform hand hygiene after removing gloves.

F. Selection of Hand Hygiene Products

1. Caregivers and Infection Prevention and Control staff evaluate hand hygiene agents on a regular basis.
2. Agents are selected with consideration of factors described in the “CDC Guideline for Hand Hygiene in Health-Care Settings” (see references below). Desired qualities include non-irritating, presence of additives to improve skin tolerance and prevent dry skin, no perfumed products, easily rinsed (or quick drying for alcohol rubs), and compatibility with the types of gloves used at Harbor-UCLA. Additional considerations include types of dispenser and ease of delivery of the product.
3. Antiseptic preparations are used for surgical hand scrubs. Agents selected provide immediate and persistent activity to reduce microorganisms on intact skin.
4. **Do not add soap to a partially empty soap dispenser.** This practice of “topping off” dispensers can lead to bacterial contamination of soap.

G. Storage of Alcohol-based Hand Hygiene Products

1. **Do not store large quantities.** Up to 5 gallons of alcohol-based hand hygiene product may be stored in locations within a single smoke compartment without special precautions. Staff should contact Facilities Management for assistance with precautions, such as fire-safe cabinets, if larger quantities need to be stored.).
2. Check expiration date on the product before placing in dispenser.

H. Staff Education

Employees and volunteer staff will receive education about hand hygiene at time of hire (general orientation), and annually as part of each department’s annual reorientation program.

I. Responsibility for Compliance

1. Employees:
 - Are expected to comply with Department of Health Services (DHS) and hospital policies, and compliance with safety and Infection Prevention and Control policies should be considered during the employee’s overall performance evaluation.
 - Are required to sign an acknowledgement that they have received a copy of, and will abide by the provisions of DHS Policy No. 392.3 “Hand Hygiene in Healthcare Settings – JCAHO Requirements.”

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A. Non-compliance with hand hygiene provisions of this policy

- Non-compliance with this policy will be staged according to the number of violations that have been reported, as described below.
- Non-compliance with the hand hygiene provisions of this policy are to be determined only by:
 - Unit Nurse Manager
 - Service Directors
 - ICU and unit Medical Directors
 - DHS Surveyors performing audits for any purpose
 - An Infection Prevention and Control nurse or physician
 - Infection Prevention and Control designees who perform routine surveillance for Infection Prevention and Control as part of their regular duties
 - Workforce member's supervisor
- The above staff who witness non-compliance with hand hygiene must inform the workforce member about the non-compliance and must report such an event to the workforce member's supervisor. The supervisor will then determine if the event represented non-compliance. The above staff cannot rely on observations from other staff as to non-compliance with the hand hygiene policy.
- Tracking of non-compliance with the hand hygiene policy will be administered by the Department of Infection Prevention and Control (IP&C). The supervisor will contact IP&C to have the episode of non-compliance with the hand hygiene policy specifically linked to the workforce member. IP&C will determine how many episodes (or steps) of non-compliance that the workforce member has done and report this number back to the supervisor (see below).
- **Procedure for first episode of non-compliance with the hand hygiene policy.**
The supervisor or Department Chair of the workforce member will send the workforce member a reminder letter about the importance of hand hygiene to patient safety and consequences of further non-compliance. A copy of the memo will go into the workforce member's supervisor's department file. The supervisor will also give the workforce member a copy of this policy and have workforce member sign the "Letter of Attestation – Hand Hygiene in Health Care Settings" indicating that workforce member will comply with the hand hygiene policy. See Attachment A (Attestation Letter).
- **Procedure for second episode of non-compliance with the hand hygiene policy.**
The employee will be given a letter to attend a four-hour Hand Hygiene Educational Session ("Hand Hygiene School"). This session will be led by an experienced clinician under the supervision of the Department of Infection Prevention and Control. The session will incorporate contemporary material on proper hand hygiene and the importance of prevention. Workforce member's supervisors must provide coverage for the workforce member who attends these sessions, if needed. Documentation of attending the Hand Hygiene Educational Session will go into the workforce member's supervisor's department file.
- **Procedure for third episode of non-compliance with the hand hygiene policy.**
The workforce member will be given a Letter of Reprimand by their supervisor noting that the workforce member had violated the hand hygiene policy and further violations will result in suspension. A copy of the Letter of Reprimand will go into the workforce member's permanent HR file.
- **Procedure for fourth episode of non-compliance with the hand hygiene policy.**
The workforce member will be suspended from work without pay for one day. Documentation of

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suspension will go into the workforce member's permanent HR file.

- **Procedure for fifth episode of non-compliance with the hand hygiene policy.**
The workforce member will be suspended from work without pay for 30 days. Documentation of suspension will go into the workforce member's permanent HR file.
- **Procedure for sixth episode of non-compliance with the hand hygiene policy.**
The workforce member will be terminated. Documentation of the reason for termination will go into the workforce member's permanent HR file.

B. Non-compliance with fingernail provisions of this policy

- Personnel that do not comply with the fingernail provisions of this policy will be sent home without pay and not permitted to return to work until they have complied. Failure to comply with these requirements within 15 calendar days of being sent home may subject the employee to disciplinary action, up to and including discharge.
2. Department Managers (or designees) are responsible for:
- Ensuring this policy is included in new employee orientation, including competency training.
 - Monitoring compliance with this hand hygiene policy.
 - Considering the employee's compliance with Department of Health Services (DHS) and hospital policies, and compliance with safety and Infection Prevention and Control policies as part of the employee's overall performance evaluation.
 - Ensuring appropriate hand hygiene products including plain soap and/or antimicrobial soap and hand disinfecting agents (alcohol-based hand rub intended for hospital use) are provided in direct and inpatient care areas. Alcohol products shall be stored in accordance with Los Angeles County regulations and National Fire Protection Agency recommendations.

SELECTED REFERENCES

- Ellingson K et al. SHEA/IDSA Practice Recommendation: Strategies to Prevent Healthcare-Associated Infections through Hand Hygiene. *Infection Control and Hospital Epidemiology* 2014;35(8):937-960
- World Health Organization (WHO) Guidelines on Hand Hygiene in Health Care. 2009. Geneva, Switzerland
- 2002 CDC Guideline 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
- CDC/ <http://www.cdc.gov/handhygiene>
- Department of Health Services County of Los Angeles, Policy No. 392.3 "Hand Hygiene in Healthcare Settings-JCAHO Requirements"
- The Joint Commission. National Patient Safety Goals; found at http://www.jointcommission.org/standards_information/npsgs.aspx

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ATTACHMENT A

COUNTY OF LOS ANGELES

DEPARTMENT OF HEALTH

SERVICES HARBOR-UCLA MEDICAL CENTER

LETTER OF
ATTESTATION

HAND HYGIENE IN HEALTHCARE
SETTINGS

It is the goal of Harbor-UCLA Medical Center to provide a safe and healthy environment for the care and treatment of patients. A major part of this goal is to promote hand hygiene and good hand condition, which are critical components of preventing healthcare-associated infections. All workforce staff are to practice hand hygiene as described in the procedure section of Hospital Policy #471, Hand Hygiene in Healthcare Settings.

Non- compliance with this policy will be staged according to the number of violations that have been reported as determined by Department Managers, Service Directors, DHS Surveyors performing audits, Infection Prevention and Control nurses or physicians, and Direct Supervisors.

Acknowledgement

This is to acknowledge that I have received and read Hospital Policy #471, Hand Hygiene in Healthcare Settings and agree to comply with this policy as written. If I violate the Hand Hygiene in Healthcare Settings policy, I will be subject to disciplinary action up to and including warning, reprimand, suspension and/or discharge from County employment.

Employee Name (Print)

Employee Number

Employee Signature

Date

Supervisor Signature

Date

c. Unit Based File