

HIGH DESERT HEALTH SYSTEM AMBULATORY SURGICAL CENTER

SUBJECT: XIII-130 HAND HYGIENE	POLICY #: 1107
	VERSION: 1
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PURPOSE: To decrease the risk of transmission of infection in the Ambulatory Surgical Center (ASC) by appropriate hand hygiene.

POLICY: Hand hygiene is to be performed per indications and guidelines outlined in this policy. Hand hygiene facilities and appropriate hand hygiene agents will be made available throughout ASC areas where hand hygiene is indicated. This policy is to be adhered to by all healthcare workers who provide direct patient care, have contact with patient care supplies or equipment.

DEFINITIONS:

Alcohol-based hand rub: An alcohol-containing preparation designed for application to the hands for reducing the number of viable microorganisms on the hands.

Antimicrobial Soap: Soap (i.e. detergent) containing an antiseptic agent

Antiseptic: A biocide or product that destroys or inhibits the growth of microorganisms in or on living tissue. Some such as chlorhexidine gluconate (CHG) have a persistent effect, whereas others, such as alcohol-based hand rubs, do not.

Antiseptic Handwash: Washing hands with water and soap that contains an antiseptic agent.

Artificial Fingernails: Any material applied to the fingernail to include but not limited to tips, acrylic, gels, porcelain, silk, jewelry, overlays, wraps, fillers, superglue, any appliqué (other than nail polish), nail-piercing jewelry of any kind, etc.

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

Hand antiseptis: The process for the mechanical and chemical removal or destruction of transient flora. An antiseptic skin cleanser is required - either antiseptic handwash or antiseptic hand rub.

Hand Hygiene: A general term that applies to handwashing with plain soap, antiseptic handwash, antiseptic hand rub or surgical hand antiseptis and proper hand care conditioning.

Hand washing: The process for the mechanical removal of dirt, organic material and transient flora from the hands.

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Persistent Activity: Prolonged or extended antimicrobial activity that prevents the survival of microorganisms after the application of the product.

Plain soap: Detergent based cleanser in any form (bar, liquid, leaflet, or powder) which works principally by mechanical action and has no bactericidal activity or contains low levels of antimicrobial agents that are included in the formulated soaps merely as preservatives.

Three Types of Hand Hygiene- Guide for Hand Hygiene Decision Making

TYPE	PRODUCT	PURPOSE	METHOD
Routine Handwash	Non-antimicrobial Soap	To remove soil and transient microorganisms	Soap or detergent and water for at least 15 seconds
Antimicrobial/Antiseptic Handwash	Antimicrobial Handwashing Agent	To remove soil and remove or destroy transient microorganisms	Antimicrobial soap and water for at least 15 seconds
Hand rub/Antisepsis	Alcohol Hand Rub	To destroy transient and resident microorganism on UNSOILED hands	Alcohol-based hand rub rubbed vigorously until dry, at least 15 seconds

GENERAL GUIDELINES:

I. Hand Hygiene Facilities

Handwashing facilities and hand hygiene agents are conveniently and strategically located throughout the facility to facilitate hand hygiene.

II. Hand Hygiene Indications

- A. In the absence of a true emergency, personnel will perform hand hygiene (handwashing or hand antisepsis) as follows:
1. Wash hands when visibly dirty or contaminated with proteinaceous material or are visibly soiled with blood or other body fluids with either a non-antimicrobial or antimicrobial soap or water.
 2. If hands are not visible soiled, use an alcohol-based hand rub for routinely decontaminating hands. Hands should be washed after 5-10 applications of alcohol hand rub product.
 3. Wash hands with non-antimicrobial or antimicrobial soap and water if exposure to *Bacillus anthracis*, *Clostridium difficile* or *Noro virus* are suspected or proven. The physical action of washing and rinsing hands under such circumstances is recommended because alcohol has poor activity against spores.

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B. Hand hygiene is to be performed:

1. Before having direct contact with patients
2. Before performing invasive procedures
3. Before gloving
4. After contact with a patient's intact skin (e.g. when taking a pulse or blood pressure, and lifting a patient)
5. After contact with body fluids or excretions, mucous membranes, non-intact skin, wound dressings, devices or surfaces likely to be contaminated.
6. If moving from a contaminated-body site to a clean-body site during patient care.
7. After contact with inanimate objects (including medical equipment) in the immediate vicinity of the patient
8. After removing soiled gloves
9. Before accessing clean or sterile supplies and before stocking supplies

C. Additional hand hygiene indications:

1. Before preparing food or eating
2. After using the restroom
3. After touching your face, nose or hair or personal device (e.g. pager, phone)

III. Hand-Hygiene Techniques

A. Alcohol Hand Antisepsis

1. Apply product to palm of one hand
2. Rub hands together, covering all surfaces of hands and fingers, until dry
3. Do not rinse or dry with towel.
4. Follow the manufactures recommendation for product volume

B. Handwashing

1. Wet hands first with water
2. Apply an amount of soap product recommended by the manufacturer to hands
3. Rub hands together vigorously for at least 15 seconds, covering all surfaces of the hands and fingers
4. Rinse hands with water
5. Dry thoroughly with a disposable towel
6. Use towel to turn off the faucet

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7. A void using hot water; repeated exposure may increase the risk of dermatitis

IV. Selection of Hand Hygiene Agents

- A. Solicit staff input when selecting hand-hygiene products.
- B. Solicit information from manufacturers regarding any known interactions between products used to clean hands, skin care products, and the types of gloves used.
- C. Liquid, leaflet or powdered forms of plain soap are acceptable as non-antimicrobial soap.
- D. Avoid bar soap for hand hygiene.
- E. Alcohol hand rub or alcohol-impregnated wipes may be used for hand antisepsis.
- F. An antiseptic (antimicrobial) handwashing product should be used prior to invasive procedures.

V. Dispensers/Maintenance

- A. Do not add soap to a partially empty soap dispenser. Practice of 'topping off' dispensers can lead to bacterial contamination of soap. If containers must be refilled, it must be cleaned, dried thoroughly, and then filled with fresh product.
- B. Soaps and alcohol-based hand rubs are to be made available at convenient locations in all patient care and work areas.
- C. Expiration dates for some soap or alcohol solutions need to be noted routinely by staff restocking supplies and dispensers.
- D. Store large supplies of alcohol-based hand rubs (e.g., > 25 Gallons) in cabinets or areas approved for flammable materials.

VI. Hand Lotion

- A. Hand lotion (water base) will be provided in key locations for employee use.
- B. Hand lotion should be applied regularly to maintain the skin's integrity. Hand lotion is considered clean and should only be applied after hands are washed.
- C. Lotion may promote the growth of bacteria. Do not refill containers.
- D. Petroleum-based lotions (includes mineral oil, petrolatum) affect latex glove integrity and negate the persistent antimicrobial effect of CHG and should not be used.

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VII. Fingernails, Gloves, Hand Jewelry

- A. Fingernails: All staff that has contact with patients, patient supplies or equipment is prohibited from wearing artificial fingernails and long natural fingernails. Natural nails must be clean, with tips less than ¼ inch beyond the tip of the finger.
- B. Gloves:
 - 1. Wear gloves when contact with blood or other potentially infectious materials, mucous membranes, and non-intact skin could occur.
 - 2. Remove gloves after caring for a patient and perform hand hygiene.
 - 3. Do not wear the same pair of gloves for the care of more than one patient, and do not wash gloves between uses with different patients.
 - 4. Change gloves during patient care if moving from a contaminated body site to a clean body site.
- C. Hand jewelry (rings & bracelets) are not permitted in the operating room. If a watch is worn it must be contained or confined within the scrub attire. In other ASC patient care settings the wearing of rings with stones on fingers is discouraged. They can harbor bacteria and also tear gloves.

VIII. Education, Compliance and Monitoring

- A. Employees are to receive hand hygiene education initially and annually.
- B. The ASC Medical Director, Chief of Surgery, Nursing Director or designees are responsible for monitoring ASC staff compliance with this policy and protocols.
- C. Employees are expected to adhere to this policy and performance will be considered during the employee's overall performance evaluation.
- D. An employee who does not comply with the fingernail provisions of this policy will be sent home without pay and not permitted to return to work until he or she has 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.
- E. Employees are to sign and acknowledgement that they have received a copy of the DHS policy on Hand Hygiene in Healthcare Settings (Policy No. 392.3) and agree to abide by its provisions.
- F. Staff is encouraged to educate patients and their families to perform hand hygiene. Patients and their families may be encouraged to remind staff to perform hand hygiene.

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IX. Hand Hygiene Monitoring and Surveillance

- A. Hand hygiene surveillance will be conducted by the Infection Preventionist or designee in an ongoing basis utilizing the hand hygiene observation tool. Hand hygiene observations which indicate noncompliance will be reported promptly to the supervisor. Hand Hygiene Monitoring Reports are to be submitted quarterly to the ASC MAC for review and analysis.

- B. The environment is to be monitored quarterly per environmental surveillance by the Infection Preventionist or designees and daily by the Environmental Services staff to ensure availability of the supplies and working order of the hand hygiene facilities. The Environmental Surveillance reports are reported by the Infection Preventionist to the ASC Nursing Director and at least quarterly to the ASC MAC.

REFERENCES:

Centers for Disease Control and Prevention. *Guideline for Hand Hygiene in Health-Care Settings* Recommendations of the Healthcare Infection Control Practices Advisory Committee and the HICPACISHEA/APICIIDSA Hand Hygiene Task Force (October 25, 2002 / Vol. 51 / No. RR-16)

LAC DHS Policy No. 392.3, Hand Hygiene in Health Care Settings, January 1, 2009.

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