



# High Desert Health System POLICY AND PROCEDURE

POLICY NUMBER: 323  
VERSION: 1

## SUBJECT: HAND HYGIENE

---

**PURPOSE:** To outline indications for and methods of hand hygiene in patient care settings. Per the Centers for Disease Control and Prevention, hand hygiene measures are the single most important prevention strategy to reduce the risk of cross contamination between patients, health care staff and the environment and in avoiding healthcare associated infections (HAI).

**SCOPE:** This policy applies to all staff that provides direct patient care, has contact with patient care supplies, equipment or food, and laboratory and pharmacy staff. This includes Providers, Nursing, ancillary and support services staff, including county, contract, students and volunteers.

**POLICY:** Hand hygiene is to be performed per indications and guidelines outlined in this policy. Appropriate hand hygiene agents will be made available throughout the High Desert Health System (HDHS) areas where hand hygiene is indicated.

### 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.

**Artificial Fingernails:** Any material applied to the fingernail for the purpose of strengthening or lengthening nails (e.g., tips, acrylic, porcelain, silk, jewelry, overlays, wraps, fillers, superglue, any appliqué other than those made of 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 antisepsis:** 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 antisepsis and proper hand care conditioning.

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

**Plain soap:** Detergent based cleanser in any form (bar, liquid, leaflet, or powder) which works principally by mechanical action and has no bactericidal activity.

## **I. Responsibility**

### **A. Staff**

All staff is responsible to:

1. Comply with this policy
2. Use the hand hygiene agents approved by HDHS Infection Prevention & Control Committee for use
3. Intervene when they observe others not compliant with this policy and/or by reporting the risk to those to whom they report.

### **B. Department Heads, Managers, and Supervisors**

All Department Heads, Managers, and Supervisors are responsible for enforcing compliance with all elements of this policy in their departments. See Section IX below.

### **C. Hand Hygiene Products Inventory**

1. Materials Management Department is responsible to maintain product availability in warehouse for ordering by Environmental Services and Departments.
2. Environmental Services is responsible to order and maintain product availability in all dispensers.
3. Materials Management and Environmental Services ensure the appropriate storage of alcohol-based hand rubs.
  - a. Alcohol-based hand rubs are to be stored away from high temperatures or flames
  - b. Store large supplies (e.g., > 25 gallons) of alcohol-based hand rubs in cabinets or areas approved for flammable materials.

#### **D. Dispenser Location and Maintenance**

1. Soap and alcohol-based hand rub dispensers are to be made available and installed at the entry to the patient care environment and other convenient locations. The unit manager is responsible to recommend specific locations that are applicable to the unit's workflow and accessible at the point of care.
2. Facilities Department is responsible for dispenser installation through the work order process and assures compliance with applicable Fire Code and other regulations related to location of alcohol hand products.
3. Environmental Services Staff are responsible for dispenser restocking and cleaning:
  - a. Do not add soap or alcohol solutions to a partially empty soap or alcohol dispenser. This practice of "topping off" dispensers can lead to bacterial contamination of soap or alcohol-based hand rubs. If container must be refilled, it must be cleaned, dried thoroughly, and then filled with fresh product.
  - b. Expiration dates for soaps or alcohol-based hand rubs need to be noted routinely by staff restocking dispensers.

#### **II. Hand Hygiene Indications**

In the absence of a true emergency, personnel will perform hand hygiene (hand washing or hand antisepsis) as follows:

##### **A. Hands must be washed:**

1. When they are visibly soiled and/or contaminated with blood or body fluids.
2. Before eating or preparing food
3. After using the restroom
4. After removing gloves if gloves are visibly soiled with blood or body fluids
5. After every 5 – 10 applications of the alcohol-based hand sanitizer (see manufacturer's guidelines)
6. After direct contact with patients or with environment of patients with *Clostridium difficile* (C.Diff.), even if wearing gloves\*
7. 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.

**B. Handwashing or Alcohol-based Hand Antisepsis may be done:**

Hand Hygiene with either hand antisepsis with alcohol-based hand rub or handwashing with plain or antimicrobial soap may be done in circumstances not listed in section A. above. When possible, except as listed in Section A. above, use an alcohol based hand rub for routinely decontaminating hands.

**C. Perform Hand Hygiene:**

1. Before having direct contact with patients.
2. Before donning sterile gloves for any invasive procedures.
3. Before inserting invasive devices.
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, and wound dressings if hands are not visibly soiled.
6. After 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 gloves (not soiled with blood or body fluids)
9. Before eating and after using a restroom.
10. After contact with frequently touched objects in the work area like telephones, door handles or other inanimate objects in a patient care environment or environments that may be contaminated.
11. Before start of shift and end of shift

**III. Hand-Hygiene Technique****A. Alcohol Hand Antisepsis**

When decontaminating hands with an alcohol-based hand rub:

1. Apply product to palm of one hand. Follow the manufacturer's recommendations regarding the volume of product to use.
2. Rub hands together, covering all surfaces of hands and fingers, until alcohol has evaporated and hands are dry.
3. Do not use near an open flame.

## **B. Handwashing**

When washing hands with soap or hand antiseptic washing agent and water:

1. Wet hands first with water, apply an amount of product recommended by the manufacturer to hands
2. Rub hands together vigorously for at least 15 seconds, covering all surfaces of the hands and fingers.
3. Rinse hands well with water and dry thoroughly with a disposable towel. Avoid using hot water, as repeated exposure to hot water may increase the risk of dermatitis.
4. Use towel to turn off the faucet.
5. Do not touch faucet/sink/counter.
6. Keep paper towel in hand while opening door (when indicated).
7. Discard towel in waste container.

## **IV. Selection of Hand Hygiene Agents**

- A. Personnel are to be provided with efficacious hand hygiene products and hand washing facilities.
- B. Staff input is to be solicited when selecting hand-hygiene products.
- C. When selecting non-antimicrobial soaps, antimicrobial soaps, or alcohol-based hand rubs, solicit information from manufacturers regarding any known interactions between products used to clean hands, skin care products, and the types of gloves used in the facility.
- D. Liquid, leaflet or powdered forms of plain soap are acceptable when washing hands. Avoid bar soap for hand hygiene use by staff.
- E. Use of antimicrobial-impregnated or alcohol hand wipes is considered equivalent to handwashing, but they are not considered a substitute for alcohol-based hand rubs or antimicrobial soap.

## **V. Skin Care 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.
- C. A non-petroleum-based lotion is to be used if latex gloves are worn.

## **VI. Fingernails & Jewelry**

- A. Artificial fingernails and long natural nails are not permitted for staff that has direct contact with patients, patient supplies, equipment and food.
- B. Artificial Fingernails are defined as any material applied to the fingernail for the purpose of strengthening or lengthening nails (e.g., tips, acrylic, porcelain, silk, jewelry, overlays, wraps, fillers, superglue, any appliqués other than those made of nail polish, nail-piercing jewelry of any kind, etc.)
- C. Natural nails must be clean, with tips less than ¼ inch beyond the tip of the finger.
- D. If fingernail polish is worn, it must be in good condition, free of chips, and preferably clear in color.
- E. Compliance with fingernail requirements is a condition of employment. See section VIII below.
- F. 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 handwashing technique.

## **VII. Glove Use**

- A. Wear gloves when contact with blood or other potentially infectious materials, mucous membranes, and non-intact skin could occur.
- B. Do not wear the same pair of gloves for the care of more than one patient/task in which gloves become soiled or contaminated, and do not wash disposable gloves between uses.
- C. Change gloves during patient care/task if moving from a contaminated body site/task to a clean body site/task
- D. Remove gloves after caring for a patient and perform hand hygiene. Glove use does not take the place of hand hygiene.

## **VIII. Education, Monitoring, Compliance and Enforcement**

- A. Employees are to receive hand hygiene education as new employees and annually including education on handwashing and the appropriate use of alcohol-based hand rubs.
- B. The Department Head, Manager, Supervisor, or designee is responsible for ensuring their department staff compliance with this policy and protocols. Monitoring of compliance is to occur in all departments. Employees are expected to adhere to this policy and performance will be considered during the employee's overall performance evaluation.
- C. Staff that is observed to be non-compliant is to be reported to their supervisor for education and/or corrective action.
- D. An employee who does not comply with 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 required to sign an 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.

**IX. Patient Education**

- A. Staff is encouraged to educate patients and their families to perform hand hygiene.
- B. Staff is encouraged to educate patients and their families to remind health care staff to wash/sanitize their hands.

**REFERENCES:**

“Guideline for Hand Hygiene in Health Care Settings,” Centers for Disease Control and Prevention, Recommendations and Reports. MMWR, October 25, 2002, vol. 51, no RR-16.

The Joint Commission, National Patient Safety Goals

LAC DHS Policy No. 392.3, Hand Hygiene in Health Care Settings, July 18, 2016

Approved By: Beryl Brooks (ADMR,COMP AMB HEALTH CARE CENTER), Ruth Oren (CHIEF PHYSICIAN I ANESTHESIOLOGY), Susan Knapp (CHIEF NURSING OFFICER I)	
Date: 08/21/2015	Original Date: 07/01/2003
Reviewed: 08/03/2018	Next Review Date: 08/03/2021
Supersedes: 3-8-04	