



Los Angeles County Department of Health Services

Policy & Procedure Title:		Hand Hygiene in Health Care Settings	
Category:	300-399 Operation Policy	Policy No.:	392.3
Originally Issued:	1/1/2004	Update (U)/Revised (R):	07/18/2016 (U)
DHS Division/Unit of Origin:	Patient Safety		
Policy Contact – Employee Name, Title and DHS Division:			
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Distribution: DHS-wide	<input checked="" type="checkbox"/>	If not DHS-wide, other distribution:	

PURPOSE:

The purpose of this policy is to promote hand hygiene practices that reduce the transmission of pathogenic organisms to patients and personnel in health care settings.

SCOPE:

This policy applies to all workforce members who provide direct patient care, handle patient care supplies, equipment or food, specimens, or medications.

DEFINITION(S):

Hand Hygiene

A general term used to describe handwashing and other methods to sanitize/decontaminate hands and proper hand care conditioning.

Artificial Fingernails

Any material applied to the fingernail for the purpose of strengthening or lengthening nails (e.g., tips, acrylic, gel, porcelain, silk, jewelry, overlays, wraps, fillers, superglue, any appliques other than those made of nail polish, nail-piercing jewelry of any kind, etc.).

Workforce Member

Employees, contract staff, affiliates, volunteers, trainees, students, and other persons whose conduct, in the performance of work for DHS, is under its direct control, whether or not they receive compensation from the County.

The mission of the Los Angeles County Department of Health Services is to ensure access to high-quality, patient-centered, cost-effective health care to Los Angeles County residents through direct services at DHS facilities and through collaboration with community and university partners.

POLICY:

It is the goal of the Department of Health Services to provide a safe and healthy environment for the treatment of patients. A major part of this goal is to promote hand hygiene and optimal hand conditions.

The Joint Commission (TJC) accreditation requires hospitals and health care facilities to comply with current Centers for Disease Control and Prevention (CDC) hand hygiene guidelines or with the World Health Organization (WHO) hand hygiene guidelines. The following practices promote a safe environment for patients and health care workers and are to be adhered to by all health care personnel as noted in the Scope of this policy:

- Handwashing with water and plain or antimicrobial soap, or decontaminating hands with an antimicrobial agent is to be practiced as necessary and in the manner required by infection prevention and control guidelines and policies.
- Direct patient care staff and health care workers who provide direct patient care and/or handle patient supplies, equipment, food or medications are prohibited from wearing artificial fingernails and long natural fingernails. Natural fingernails must be clean, with tips less than 1/4 inch (1/4") beyond the tip of the finger. If fingernail polish is worn, it must be in good condition, 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.

RESPONSIBILITY FOR COMPLIANCE: CEO's AND MANAGERS

1. Hospital Chief Executive Officers (CEO's) and health facility managers shall develop internal operational procedures applicable to their facility describing proper hand hygiene protocols and infection control procedures, consistent with this policy, CDC, TJC, and WHO requirements.
2. Hand hygiene products including plain soap and/or antimicrobial soap and hand disinfecting agents (alcohol-based hand rub intended for hospital use) are to be provided in direct and indirect patient care areas. Store alcohol products in accordance with Los Angeles County regulations and National Fire Protection Agency recommendations.
3. The Department Manager or designee is responsible to ensure competency with hand hygiene protocols and for monitoring compliance with this hand hygiene policy.
4. Education regarding hand hygiene shall be provided to all workforce members upon hire and at least annually. This policy shall be included in the new employee/workforce orientation for health care workers as defined in the Scope of this policy.

RESPONSIBILITY FOR COMPLIANCE: WORKFORCE MEMBERS

1. Workforce members are expected to adhere to healthcare facility policies and guidelines. Compliance with safety and infection prevention and control policies will be considered during the employee's overall performance evaluation.
2. Any workforce member who does not comply with the fingernail provision 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 workforce member to appropriate corrective action which can include discharge or dismissal from assignment.
3. Workforce members are required to sign an acknowledgment that they have received a copy of this policy and agree to abide by its provisions.

ATTACHMENTS/FORMS:

DHS Onboarding Packet Acknowledgment
Comprehensive Policy Statement (Non-County Staff)
HS-1025 Agreement of Understanding (Performance Evaluation Packet)

REFERENCE(S)/AUTHORITY:

CDC, Morbidity and Mortality Weekly Report, October 25, 2002, Vol. 51, No. RR-16, "Guideline for Hand Hygiene in Health-Care Settings"

The Joint Commission
National Patient Safety goals. NPSG.07.01.01
Infection Control IC.01.04.01, EP 5 and IC.03.01.01, EP 3

World Health Organization Guidelines on Hand Hygiene in Health Care, 2009. Document accessed at these weblinks on Jan 26, 2015:

http://whqlibdoc.who.int/publications/2009/9789241597906_eng.pdf &
<http://www.who.int/gpsc/5may/tools/9789241597906/en/>