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Policy Number: 1906
Manual Name: Infection Prevention
Policy Name: Hand Hygiene
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Hand Hygiene

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Policy Type

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|-----------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Entity Governance Policy | <input type="checkbox"/> System Governance Policy |
| <input type="checkbox"/> Entity Policy | <input checked="" type="checkbox"/> System Policy |
| <input type="checkbox"/> Entity Departmental Policy | <input type="checkbox"/> System Departmental Policy |
| | <input type="checkbox"/> Home Office Policy |

Policy Scope

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|------------------------------------------------------------|---------------------------------------------------------------------------------------|
| <input type="checkbox"/> Home Office (Summa Health System) | <input type="checkbox"/> Akron City & St Thomas Hospital |
| <input type="checkbox"/> Summa Health Network | <input type="checkbox"/> Barberton Hospital |
| <input type="checkbox"/> Summa Physicians, Inc | <input type="checkbox"/> New Health Collaborative |
| <input type="checkbox"/> Summacare | <input type="checkbox"/> Department: _____ |
| | <input checked="" type="checkbox"/> Summa Health System (includes all other entities) |

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1.0 Purpose:

- 1.1 To provide guidance to staff in the proper methods of hand hygiene to reduce the transmission of microorganisms and to decrease the incidence of HAI caused by these organisms.

2.0 Scope:

- 2.1 Summa Health System

3.0 Definitions:

- 3.1 **Hand hygiene:** The act of cleansing hands with water or liquids, including the use of water, soaps, antiseptics, or other substances such as alcohol-based hand rubs.
- 3.2 **Alcohol-based hand rub (ABHR):** An alcohol-containing preparation (liquid, gel, or foam) designed for application to the hands to inactivate microorganisms and/or temporarily control their growth. Such preparations may contain one or more types of alcohol and other active ingredients. Alcohol-based hand rub is a solution containing 60 to 95 percent alcohol.
- 3.3 **Antimicrobial soap:** Soap (detergent) containing an antiseptic agent at a concentration appropriate to inactivate microorganisms and/or temporarily suppress their growth. The detergent activity of these soaps may also dislodge transient microorganisms or other contaminants from the skin to facilitate their subsequent removal by water.
- 3.4 **Handwashing:** Washing hands with soap and water, or other detergents containing an antiseptic agent.
- 3.5 **Hand rubbing:** Applying an antiseptic hand rub to reduce or inhibit the growth of microorganisms without the need for water and requiring no rinsing or drying with towels or other devices.
- 3.6 **Surgical hand antisepsis:** Antiseptic hand wash or antiseptic hand rub performed preoperatively to eliminate transient flora and reduce resident skin flora. Such antiseptics often have persistent antimicrobial activity.
 - 3.6.1 Surgical hand scrub/pre-surgical scrub refers to surgical hand preparation with antimicrobial soap and water.
 - 3.6.2 Surgical hand rubbing refers to surgical hand preparation with a waterless, alcohol-based hand rub.
- 3.7 **Medical gloves:** Disposable gloves used during medical procedures; they include examination (sterile or non-sterile) gloves and surgical gloves.
- 3.8 **Visibly soiled hands:** Hands on which dirt or body fluids are readily visible.
- 3.9 **Artificial nails:** Devices applied or added to the natural nails to augment or enhance the wearer's own nails. They may include and not limited to bonding, tips, wrappings, and tape.
- 3.10 **All employees providing direct patient care:** This includes, but is not limited to, the following positions, nursing, physicians, technicians, therapists, and all others who provide direct patient care.
 - 3.10.1 Departments may institute measures in addition to those above to comply with established standards in specialty areas.

4.0 Policy:

- 4.1 Summa recommends the CDC's *Guidelines for Hand Hygiene in Healthcare Settings* for hand hygiene. All staff shall comply with current CDC hand hygiene guidelines and shall perform hand hygiene as indicated in compliance with the following procedure.
 - 4.1.1 In addition to "Clean in-Clean out" of patient rooms, other CDC indications for Hand Hygiene:

- 4.1.2 After touching inanimate sources that are likely to be contaminated with pathogenic microorganisms (examples: urine measuring or secretion collection devices).
- 4.1.3 After removal of barrier clothing. The use of gloves does not eliminate the need for hand hygiene. Likewise, the use of hand hygiene does not eliminate the need for gloves. Gloves reduce hand contamination by 70 percent to 80 percent, prevent cross-contamination and protect patients and health care personnel from infection. Hand rubs should be used before and after each patient just as gloves should be changed before and after each patient.
 - 4.1.3.1 Decontaminate hands before having direct contact with patients.
 - 4.1.3.2 Decontaminate hands before donning sterile gloves when inserting a central intravascular catheter.
 - 4.1.3.3 Decontaminate hands before inserting indwelling urinary catheters, peripheral vascular catheters, or other invasive devices that do not require a surgical procedure.
 - 4.1.3.4 Decontaminate hands after contact with a patient's non-intact skin (e.g., when taking a pulse or blood pressure or lifting a patient).
 - 4.1.3.5 Decontaminate hands after contact with body fluids or excretions, mucous membranes, non-intact skin, and wound dressings if hands are not visibly soiled.
 - 4.1.3.6 Decontaminate hands if moving from a contaminated-body site to a clean-body site during patient care.
 - 4.1.3.7 Decontaminate hands after contact with inanimate objects (including medical equipment) in the immediate vicinity of the patient.
 - 4.1.3.8 Decontaminate hands after removing gloves.
 - 4.1.3.9 Before eating and after using a restroom, wash hands with soap and water.
- 4.2 **Jewelry**
 - 4.2.1 Skin under rings may have increased colonization with microorganisms than the rest of the hand. Rings may also increase the risk of glove tears. Per the CDC, wearing rings remains an unresolved issue.
 - 4.2.1.1 Recommendation: When washing or sanitizing hands, one may want to move ring around the finger to remove potential organisms.
 - 4.2.2 Avoid dangling bracelets.
 - 4.2.2.1 Wrist jewelry may prevent proper washing of the skin, and skin may not be dried properly following handwashing if wrist jewelry is present.
- 4.3 **Soap and water hand washing must be used when hands:**
 - 4.3.1 Are visibly soiled
 - 4.3.2 Before and after eating
 - 4.3.3 Before and after using the restroom
 - 4.3.4 Contaminated with organic material
 - 4.3.5 Have build-up of emollients on their hands after repeated use of alcohol hand gels
 - 4.3.6 In the presence of spore-forming organisms (example: *Clostridium difficile*). If a sink is not available, may use the alcohol based sanitizer; however, must immediately find a sink to wash with soap and water.
 - 4.3.7 In other circumstances required by Infection Control Department (example: outbreak of Norovirus)

- 4.4 **Waterless alcohol based hand antiseptics:**
 - 4.4.1 Are approved by the Infection Control Department and may be used in circumstances not requiring soap and water method. These are readily available in patient care areas.
 - 4.4.2 Alcohol-based hand sanitizers have limited efficacy against Clostridium difficile and Norovirus and, therefore, hand washing with soap and water is crucial.
- 4.5 Hand washing facilities with soap are available in patient care areas.
- 4.6 The regular use of hand lotion can help reduce or prevent dermatitis due to hand washing. Use hospital approved hand lotion while at work. **Avoid petroleum-based lubricants when using latex gloves.**
- 4.7 **Fingernails:**
 - 4.7.1 Must be kept clean, well-manicured, and trimmed to a length so as not to interfere with patient care.
 - 4.7.2 Artificial fingernails or extenders are not to be worn when having direct patient care.
- 4.8 Individual departments may initiate measures in addition to those above to comply with established standards in specialty areas.
- 4.9 Provide the patient/family with education regarding hand hygiene:
 - 4.9.1 Encourage to view the educational channel.
 - 4.9.2 Encourage patient and visitors to review admission packet that references hand hygiene.
 - 4.9.3 Provide patient with personal use hand sanitizer and encourage hand hygiene.
 - 4.9.4 Document education provided.
- 5.0 **Procedure:**
 - 5.1 Instruct staff on proper hand hygiene as part of new hire orientation. This training is provided on-hire, annually, and during hand hygiene rounds.
 - 5.2 **Soap and water method**
 - 5.2.1 Wet both sides of hands, including the wrist area.
 - 5.2.2 Apply hand-washing agent and thoroughly distribute over hands. Using friction, lather both sides of the hands well for **at least** 20 seconds.
 - 5.2.3 Clean in and around the nails carefully.
 - 5.2.4 If you wear rings, make sure they are clean and free of debris.
 - 5.2.5 Rinse thoroughly, holding your hands downward. Avoid touching the sink.
 - 5.2.6 Dry hands well with a paper towel and discard.
 - 5.2.7 Turn off the faucets using a dry paper towel and discard.
 - 5.2.8 Avoid hot water, as repeated exposure may increase the risk of dermatitis.
 - 5.2.9 Functioning sinks with handwashing supplies, including soap, water, and paper towels are readily accessible in patient care areas. Should staff encounter an empty dispenser or broken dispenser, Environmental Services should be contacted.
 - 5.3 **Alcohol-based hand rub method** - If hands are not visibly soiled, a waterless alcohol-based hand antiseptic may be used.

- 5.3.1 Apply waterless alcohol-based hand rise.
- 5.3.2 Rub vigorously over all hand surfaces including between the fingers and around nails.
- 5.3.3 Continue rubbing until hands are dry.
- 5.3.4 ABHR dispensers will be resupplied with ABHR when emptied and will be maintained in working order. Should staff encounter an empty dispenser or broken dispenser, Environmental Services should be contacted.
- 5.3.5 ABHR dispensers are available in either wall-mounted dispensers or in bottles designed to provide a controlled amount of product to the end user.
- 5.3.6 ABHR dispensers or bottles should be within easy reach of HCW during patient care activities at the point of care.
- 5.3.7 Bottles of ABHR product may not be refilled. Wall-mounted or other ABHR dispensers must be of the type that are refilled with sealed cartridge or plastic replacement packs and are not to be refilled with bulk product.
- 5.3.8 The local Fire Marshall is a resource for local regulations regarding volume restrictions and appropriate storage areas or cabinets approved for flammable materials.
- 5.3.9 ABHR dispensers may be placed outside of patient rooms in egress corridors under the following conditions:
 - 5.3.9.1 The corridor width is 6 feet or greater.
 - 5.3.9.2 Dispensers are required to be separated from each other by at least 4 feet of horizontal spacing
 - 5.3.9.3 Dispensers cannot be installed above, below, or within one inch to the side of an ignition source (such as an electrical outlet or switch).
 - 5.3.9.4 Dispensers can be installed above carpeted floors only where the area of the building is sprinkled.
 - 5.3.9.5 ABHR does not contain more than 95% alcohol content by volume.
 - 5.3.9.6 Each smoke compartment may contain a maximum aggregate of 10 gallons (37.8 liters) of ABHR gel in dispensers, and a maximum of 5 gallons (18.9 liters) in storage.
 - 5.3.9.7 Dispensers will adhere to criteria laid out in the National Fire Protection Association requirements.

6.0 Surgical Hand Antisepsis

- 6.1 Procedure: Whether using an antimicrobial soap and water or alcohol-based surgical hand rub product for surgical hand antisepsis:
 - 6.1.1.1 Hand and arm jewelry should be removed before the surgical scrub.
 - 6.1.1.2 Hands are washed including removal of debris from underneath fingernails using a nail cleaner under running water prior to the first scrub of the day.
 - 6.1.1.3 Dry hands and arms after the hand wash before beginning alcohol-based surgical hand preparation.
 - 6.1.1.4 Follow manufacturer's instructions for each product with hands and arms thoroughly dry before donning sterile gloves.
 - 6.1.1.5 Artificial fingernails or nail extenders are not to be worn by personnel in operating rooms.

7.0 Responsibilities and Authorities:

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- 7.1 Unit directors, managers, and supervisors are responsible for monitoring and enforcing compliance. Individual departments complete Hand hygiene surveillance and submit data to Infection Prevention and Control via Eoscene documentation.
- 7.2 Infection Prevention utilizes “secret shoppers” for data collection. Information shared at departmental meetings as required.

8.0 Records

- 8.1 Reviews and associated documents are maintained in accordance with the System policy.

9.0 References:

- 9.0 CDC. (2023). Guidelines for Hand Hygiene in Healthcare Settings (2002). Retrieved from <http://www.cdc.gov/handhygiene/>
- 9.1 APIC (2023). Hand Hygiene. Retrieved from <http://text.apic.org/toc/basic-principles-of-infection-prevention-practice/hand-hygiene>
- 9.2 The Joint Commission. (2022). Retrieved from Joint Commission Standards: <https://www.jointcommission.org/standards/standard-faqs/hospital-and-hospital-clinics/life-safety-ls/000001560/>
- 9.3 National Fire Protection Association [NFPA]. (2023). Retrieved from [Free access NFPA codes and standards](#)

10.0 Key Words or Aliases (Optional):

- 10.0 Hand hygiene