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Infection Preventionist and
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Control

Hand Hygiene Policy

Purpose:

Hand Hygiene is considered the most important single procedure for preventing healthcare associated infections. This policy/procedure supports that prevention strategy.

Policy:

Hand hygiene must be performed at the right time and in the right way to prevent the spread of infection between patients and HCWs (Health Care Workers).

Use of soap and water for hand hygiene is always acceptable. Use of Hand Sanitizer is acceptable in most circumstances EXCEPT when the hands are visibly soiled OR when dealing with C-difficile or Norovirus or other spore-based disease.

At MDIH it is expected that hands will be washed/sanitized prior to entering and upon exiting a patient room, exam room or cubicle. (The sink in the room may be used if soap and water are preferred or necessary)

ALL employees, contract staff and volunteers have the responsibility for following the hand hygiene policy.

Hand Hygiene will occur:

- A. Before having direct contact with patients.
- B. Before donning sterile gloves
- C. Before inserting indwelling urinary catheters, peripheral vascular catheters, or other invasive devices that do not require a surgical procedure.

- D. After contact with a patient's intact skin (e.g., when taking a pulse or blood pressure or lifting a patient).
- E. After contact with body fluids or excretions, mucous membranes, non-intact skin, and wound dressings if hands are not visibly soiled.
- F. If moving from a contaminated-body site to a clean-body site during patient care.
- G. After contact with inanimate objects (including medical equipment) in the immediate vicinity of the patient.
- H. After removing gloves.
- I. Before eating and after using a restroom


Procedure for Hand Washing:

When hands are visibly dirty or visibly soiled with blood or other body fluids or after caring for a patient with *Clostridium difficile*, norovirus, or other spore-based disease, wash hands with soap and water.

1. Turn water on to a volume sufficient to rinse well. Wet hands thoroughly
2. Apply a sufficient volume of soap so lather will cover all surfaces of the hands and fingers
3. Scrub for 20 seconds, using friction, to clean both the front and back of hand as well as fingers and wrists
4. Rinse well, letting water drain downward from fingertips
5. Care should be taken to avoid contamination of hands while handwashing
6. Dry hands thoroughly
7. Use paper towel to turn off faucet

How to Handwash?

WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB

 Duration of the entire procedure: 40-60 seconds



Wet hands with water;



Apply enough soap to cover all hand surfaces;



Rub hands palm to palm;



Right palm over left dorsum with interlaced fingers and vice versa;



Palm to palm with fingers interlaced;



Backs of fingers to opposing palms with fingers interlocked;



Rotational rubbing of left thumb clasped in right palm and vice versa;



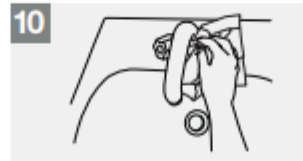
Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;



Rinse hands with water;



Dry hands thoroughly with a single use towel;



Use towel to turn off faucet;



Your hands are now safe.



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Procedure for using Alcohol-based Hand Sanitizer:

When hands are not visibly soiled, may use an alcohol-based hand rub for routinely decontaminating hands in all clinical situations other than those listed under "hand washing" above.

1. When decontaminating hands with an alcohol-based hand rub, apply product to palm of one hand and rub hands together gently, covering all surfaces of hands and fingers, until hands are

dry.

2. Follow the manufacturer's recommendations regarding the volume of product to use.
Lotion may be used after hand hygiene is completed, if desired

How to Handrub?

RUB HANDS FOR HAND HYGIENE! WASH HANDS WHEN VISIBLY SOILED

🕒 Duration of the entire procedure: 20-30 seconds



1a Apply a palmful of the product in a cupped hand, covering all surfaces;



1b Rub hands palm to palm;



2 Rub hands palm to palm;



3 Right palm over left dorsum with interlaced fingers and vice versa;



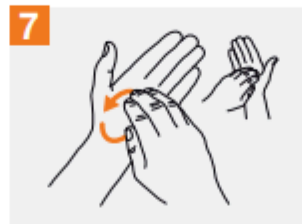
4 Palm to palm with fingers interlaced;



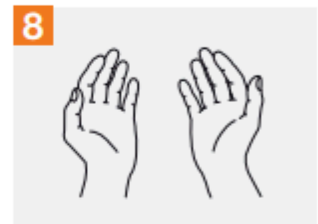
5 Backs of fingers to opposing palms with fingers interlocked;



6 Rotational rubbing of left thumb clasped in right palm and vice versa;



7 Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;



8 Once dry, your hands are safe.



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OTHER ASPECTS OF HAND HYGIENE:

- A. Nail grooming is essential for good hand hygiene. All staff should maintain clean, well-groomed fingernails.

- B. Staff working in patient care areas, working with patient equipment/supplies, working in food preparation, and environmental services: should keep fingernails short (e.g., nails should not extend beyond the tips of the fingers).
- C. Artificial fingernails nail enhancements, and polish **may not be worn** by staff who provide any direct patient contact, staff that prepare or dispense medications, dietary staff, and environmental services staff. (Artificial Fingernails: Anything applied to natural nails, including but not limited to artificial nails, tips, wraps, appliques, acrylics, gels, shellac, and other items applied to nail surface.)
- D. The use of gloves does not affect the restriction on long or artificial fingernails or on jewelry.
- E. Wear gloves when contact with blood or other potentially infectious materials, mucous membranes, and non-intact skin could occur.
- F. Change gloves during patient care if moving from a contaminated-body site to a clean-body site.
- G. Remove gloves immediately 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 with different patients. Do not wear gloves in the hallways.
- H. If an Employee is required to wear a cast, brace or bandage or similar item which cannot be removed for the employee to conduct correct hand hygiene:
 - The employee will consult with their Supervisor or manager **PRIOR** to reporting for duty.
 - Determinations will be made on a case-by-case basis.
 - The Supervisor/Manager may consult with the Employee Health Nurse and/or the Infection Preventionist to determine what, if any, restrictions may apply.
 - Responsibilities, tasks & involvement in high-risk situations/procedures will be considered.
- I. All employees who touch patients or who touch items that will be used by patients in any patient care unit will receive hand hygiene education at the time on on-boarding and annually thereafter. These employees will physically demonstrate proper hand hygiene with soap and water and alcohol based hand sanitizer.

Hand Hygiene Compliance

- A. Hand hygiene observations will and do occur randomly in in-patient and out-patient areas by **trained** observers.
 - 1. Observers will be trained before conducting audits and will demonstrate competency yearly and as needed.
- B. All staff are expected to abide by the above hand hygiene policy.
- C. All staff are asked to "Speak Up" if they observe hand hygiene not being completed at indicated times. This is to be done in a discreet tactful way - for example: "Don't forget to do hand hygiene", "I don't mind waiting while you wash your hands", or by showing your open hands, or by pointing to the sink or hand rub dispenser.

- D. Hand hygiene observations/audits can occur during all moments of HH as defined by the WHO, and at a minimum, before touching a patient and after touching a patient /or their environment.
- E. Trained observers will provide feedback and coaching as needed to all staff regarding technique and compliance.

RESPONSIBILITY:

ALL employees, contract staff and volunteers have the responsibility for following the hand hygiene policy.

All departmental managers and supervisors are responsible for monitoring and enforcing hand hygiene policy compliance.

- Hand Hygiene Audit data will be provided to patient care units monthly. It is the responsibility of leadership to share with staff and to create a unit action plan when compliance is less than 98%.

The infection Preventionist will send monthly audit reports to Infection Control Committee, Safety Committee, Board Quality and Safety, and Senior Leadership. Quarterly reports will be sent to Medial Executive Committee. The number of audits conducted in each unit will be determined by the Infection Preventionist based upon historical monthly occupancy, procedure, visit data, per Leapfrog Tables 1-3.

As a part of our Hand Hygiene Program, audits will be conducted to ensure that 1.0 ml of alcohol based hand sanitizer or a volume sufficient to cover hands completely, and requires 15 or more seconds to hands to dry. A sample of ABHS dispensers in all patient care units will be audited quarterly to ensure the average drying time of volume dispensed is amount is at least 15 seconds.

References:

[WHO Hand Hygiene in Health Care Settings](#)

[CDC Hand Hygiene](#)

Guidelines for Hand Hygiene in Health-Care (HICPAC/SHEA/APIC Hand Hygiene Task Force)

All Revision Dates

03/2024, 05/2022

Approval Signatures

Step Description

Approver

Date

MEC Approval	Jennifer Abbott: Medical Staff Support Manager	03/2024
Infection Control Committee	Morgan Mackenzie: Senior Executive Assistant	02/2024
Infection Control Coordinator Approval	Danielle Day: Infection Preventionist and Emergency Preparedness	02/2024
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