

**FLOYD MEDICAL CENTER
POLICY AND PROCEDURE MANUAL
ENVIRONMENT OF CARE
Infection Prevention**



<p>TITLE: Hand Hygiene</p>	<p>Policy No.: EC-05-008</p>
<p>Purpose: Compliance with hand hygiene guidelines by staff, independent practitioners, volunteers, students/trainees, visitors, and families will reduce the transmission of infectious agents to patients, thereby decreasing the transmission of organisms.</p>	<p>Developed Date: 9/96 Review Date: 6/16 Revised Date: 9/00, 11/02, 4/05, 3/08, 4/09, 5/10, 11/12, 3/14, 3/18</p>
<p>Policy: Hand hygiene is the single most important factor in reducing the risk of HAI's. This policy is to ensure that all staff complies with the World Health Organization (WHO) hand hygiene guidelines.</p>	<p>Review Responsibility: Infection Prevention Committee, Hospital Epidemiologist, Director of Infection Prevention, Hand Hygiene Committee</p>
<p>Reference Standards:</p> <ol style="list-style-type: none"> 1. The Joint Commission (TJC)Hospital Accreditation Standards, 2017, IC.01.04.01, IC.02.01.01, IC.03.01.01 2. TJC 2018 National Patient Safety Goal 07.01.01 3. http://www.who.int/gpsc/5may/tools978924159706/en/index.html 4. <u>Hedderwick, SA, McNeil SA, Lyons MJ, Kauffman CA. Pathogenic organisms associated with artificial fingernails worn by healthcare workers. Infection Control Hospital Epidemiology 2000;21(8): 505-9.</u> 5. TJC <i>Measuring Hand Hygiene Adherence: Overcoming The Challenges, April 2009.</i> 6. <i>The Joint Commission, Transcending Care. Rationale for Hand Hygiene Recommendations after Caring for a Patient with Clostridium difficile Infection</i> 7. https://www.uptodate.com/contents/infection-control-in-the-outpatient-setting 	

ACCOUNTABILITY:

Hand Hygiene is an expected and mandatory requirement of all FLOYD employees. Failure to meet this requirement will result in disciplinary action up to and including termination.

CROSS-TRANSMISSION OF ORGANISMS BY CONTAMINATED HANDS:

Cross-transmission of organisms occurs through contaminated hands. Factors that influence the transfer of microorganisms from surface to surface and affect cross-contamination rates are the types of organism, source and destination surfaces, moisture level, and size of inoculum. Inappropriate hand hygiene can result in hands remaining contaminated. Failure to cleanse hands results in between-patient cross-transmission.

RESPONSIBILITY FOR HAND HYGIENE

1. Managers are required to ensure staff are made aware of this policy and consequences of not following this policy.
2. It is the responsibility of all staff members to demonstrate consistently high standards of compliance with hand hygiene.
3. Hand hygiene must be performed immediately before and after each and every episode of direct patient contact/care and between different care activities for the same patient.
4. Hands that are visibly soiled or contaminated with dirt or organic material must be washed with soap and water. Must wash with soap and water after using restroom.
5. Alcohol hand rub can be used between patients or different care activities unless hands are visibly soiled .
6. Cuts and abrasions on hands must be covered with waterproof dressings.
7. Clinical personnel who have direct patient contact, or are involved in the preparation or processing of patient care food or goods, or will collect, process or analyze patient specimens, will not wear artificial nails, acrylics, gel nails, nail wraps, or nail extenders. Natural nails shall be maintained in a clean and short condition. The length of the fingernails should not protrude above the top of the fingertip when viewed from the palm side of the hand; should not be over ¼” long. Nail polish is discouraged. If worn, clear sealant is preferred. All nail polish, including clear sealant, must be kept in good repair with no chipping or flaking. (Evidence shows that polish worn for four days begins to harbor bacterial growth) Glitter nail polish or nail jewelry is prohibited.
8. Gloves are not a replacement for good hand hygiene. Staff must perform hand hygiene before putting on gloves and after glove removal. When wearing gloves, change or remove during patient care when moving from a contaminated body site to another body site with the same patient or after touching environmental surfaces.
9. Patients who are unable to effectively cleanse their hands, e.g., after going to the toilet and before meals, should be given help to ensure their hygiene requirements are met.
10. Patients should be offered an antiseptic hand wipe, hand gel, or a warm wash cloth with soap and a cloth to rinse hands prior to meals.

11. Patients, relatives and visitors have a right to ask if staff members have performed hand hygiene prior to providing patient care. Nurses will provide information on hand hygiene practices to the patient and/or family and will document the patients' understanding of this information in the patient's chart.

WHEN TO USE ALCOHOL HAND RUB/GEL

- ◆ After touching patient
- ◆ Before handling invasive devices
- ◆ After contact with bodily fluids/excretions, mucous membranes, non-intact skin, wound dressing changes
- ◆ After contact with inanimate surfaces and objects in immediate vicinity of patient
- ◆ After removing sterile or non-sterile gloves
- ◆ Before handling medications
- ◆ Before handling food

WHEN TO WEAR GLOVES

- ◆ During patient care involving exposure to blood/body fluids, mucous membranes, non-intact skin
- ◆ Outbreak situations
- ◆ When caring for a patient with diarrhea or diagnosed with *Clostridium difficile*

When to wash with soap and water

- ◆ *Clostridium difficile* outbreak
- ◆ Hands that are visibly soiled or contaminated with dirt or organic material
- ◆ Must wash with soap and water after using restroom.

Procedure

ACTIONS	KEY POINTS
<p>1. Routine Hand Hygiene:</p> <ol style="list-style-type: none"> a. Stand near sink but avoid touching it with your hands. Use elbow or feet to turn on faucet when able. b. Wet hands and four inches of forearms thoroughly with warm water. c. Apply soap; the soap must come into contact with all surfaces of the hands. d. Using circular, vigorous strokes wash for at least 40 – 60 seconds paying particular attention to the tips of the fingers, the thumbs and the areas between the fingers, and nails. e. Rinse hands. f. Dry hands with paper towels. g. Use new paper towel to turn off faucets. <p>2. Alternatively, rather than washing hands with soap and water, an alcohol gel or foam may be used for a handwashing replacement if hands are not visibly soiled. The procedure is as follows:</p> <ol style="list-style-type: none"> a. Place a small amount of alcohol gel or foam in the palm of one hand. Use manufacturer's suggestions for amount (generally around 1 teaspoon). b. Rub hands together, covering all surfaces of the hands and fingers until the hands are dry ~ 20 – 30 seconds. 	<p>1.</p> <ul style="list-style-type: none"> ◆ Reduces the number of transient and normal flora on skin that could potentially cause a nosocomial infection. ◆ Hot water increases the risk of dermatitis. ◆ Rub hands together (palm-to-palm), rub with fingers interlaced (right palm over left back of hand and vice versa, then palm-to-palm with fingers interlaced, rub backs of fingers to opposing palms, rub thumb while rotating left thumb in right palm and vice versa, rub tips of clasped fingers of right hand in left palm and vice versa. <p>2.</p> <ul style="list-style-type: none"> ◆ If hands feel dry after 10 – 15 seconds, insufficient volume of product was applied.

ACTIONS	KEY POINTS
<p>3. Staff is encouraged to apply an emollient hand lotion to protect the skin from the drying effects of regular hand decontamination. Staff should only use the products available in the clinical areas, as these have been specifically designed not to interact with the soaps and alcohol hand rub. The emollient lotion should be used at least four times per shift. Each area will supply lotions.</p> <p>a. Lotions used in clinical areas shall be supplied by the hospital in small personal bottles, or a larger bottle with a pump that is not refilled.</p> <p>b. Healthcare workers with direct patient contact will not use personal lotions or creams (i.e., those that are brought from home). Persons in positions that do not require direct patient care (e.g., office personnel) may use such lotion.</p> <p>c. If a particular soap, antimicrobial agent or alcohol hand rub causes skin irritation, advice should be sought from Employee Health.</p> <p>4. Some departments in the hospital may have special handwashing procedures and requirements for handwashing or surgical scrub (e.g., Surgery, Labor and Delivery, Neonatal Intensive Care Unit, Nursery, Intensive and Cardiac Care Units). Staff shall adhere to any department specific handwashing policies.</p>	<p>3.</p> <ul style="list-style-type: none"> ◆ Alternative hand hygiene products for employees with confirmed allergies or adverse reactions to standard products used will be supplied. ◆ The hospital shall provide lotion that is compatible with soap and alcohol hand rub. Such lotion is available from Central Supply. ◆ Personal lotions (i.e., those brought from home) will not be used by health care workers who have direct patient contact at work in order to avoid using contaminated lotions and strong fragrances. ◆ Do not refill lotion bottles

Floyd Medical Center and its entities support the WHO hand hygiene guidelines and have an active on-going hand hygiene committee and campaign.

Promotional materials produced by the committee must be approved by the Public Relations department. Staff must act as role models and be able to demonstrate ongoing commitment to hand hygiene.

TRAINING AND EDUCATION

1. Infection Prevention is mandatory for all staff and is part of the corporate orientation training program.
2. Each member of clinical staff must have a yearly hand hygiene training update.
3. Each member of the clinical staff during their annual assessment in Employee Health will sign the Hand Hygiene Pledge (Attachment A).
4. “Your 5 moments for Hand Hygiene” (Attachment C will be posted in clinical areas as a reminder to do the right thing.
5. Nursing staff should educate patients and families about hand hygiene.

MONITORING METHODS

Observance

Adherence to this policy will be monitored by hand hygiene audits (Attachment B).

Real time feedback to staff observed during the audit period by the auditor. Charge nurse/manager to be informed.

Secret Shoppers will be utilized to perform hand hygiene audits as well as direct observation by managers.

Achievement

Primary Care/Urgent Care audits are to be faxed to Infection Prevention on a monthly basis by 0700 on the last Friday of the month.

Attachment A

**FLOYD MEDICAL CENTER
HAND HYGIENE
STATEMENT OF COMMITMENT**

Hand hygiene is an expected and mandatory requirement of all FLOYD employees. Failure to meet this requirement will result in disciplinary action up to and including termination.

By signing this "Statement of Commitment", I pledge to follow the Floyd Medical Center policy about hand hygiene. That policy includes the following:

1. I have read and understand the hand hygiene policy of Floyd Medical Center.
2. I promise to perform hand hygiene before and after each patient contact.
3. I promise to perform hand hygiene before I perform an aseptic task.
4. I promise to wash my hands/use hand sanitizer before and after putting on gloves when used for patient care.
5. I promise to wash my hands after contact with blood/body fluids or my hands are visibly soiled.
6. I promise to perform hand hygiene before and after contact with the patient's physical environment.
7. I promise to be a hand hygiene role model for my co-workers.
8. I promise to verbally encourage all my co-workers to always follow hand hygiene good practices.

Date: _____

Signature: _____

Attachment B

FOUR rules for conducting Hand Hygiene Observations

1. Observe for hand hygiene upon ENTRY & EXIT from *Patient Environment*.
Patient Environment definition:
 Private or semi private rooms = crossing room door
 Between patients and multi-patient room setting = crossing the ‘curtain line’
 2. A provider may use the alcohol hand rub dispenser just outside the room door, inside the room, or the sink
 3. **DO NOT GUESS.** If your view is blocked & you cannot confirm if provider performed hand hygiene simply check ‘Unsure’ box.
 4. Do not exceed 3 observations per provider in one session.
- Complete by the **last** Friday of the month and fax it to Infection Prevention, at 101 5741 by 0700.

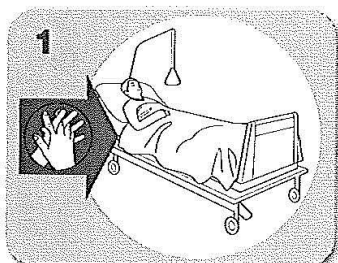
Practice or department: _____ MONTH/YEAR: _____

Observer’s Name _____

OBS #	Role of observed person		Observed Behavior				Unit/Comments
	Date	CODE 1 = RN 11 = Transport 2 = LPN 12 = Radiology 3 = CNA 13 = Respiratory 4 = MD 14 = PT/OT 5 = NP 15 = Nutrition 6 = PA 16 = Clergy 7 = Resident 17 = Visitor/Family 8 = Social Worker 18 = Unknown 9 = Phlebotomy 19= Other 10 = Clinical Assistant	Blocked view/Unsure	Hand Hygiene before care	Hand Hygiene after care	No Hand Hygiene	
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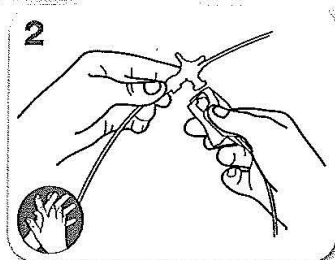
Your 5 moments for HAND HYGIENE

Design: marcinmijda@intra.net



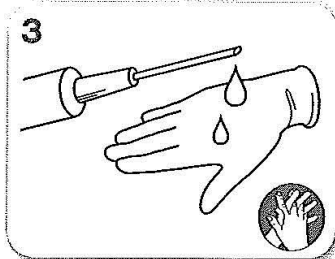
BEFORE PATIENT CONTACT

Clean your hands before touching a patient when approaching him or her



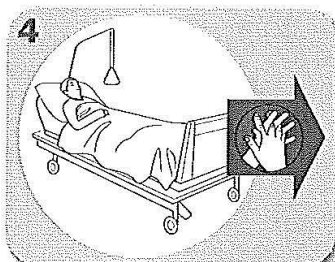
BEFORE AN ASEPTIC TASK

Clean your hands immediately before any aseptic task



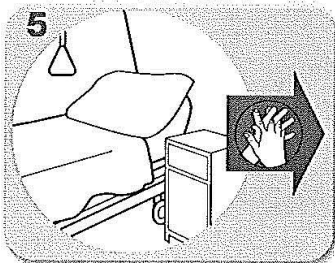
AFTER BODY FLUID EXPOSURE RISK

Clean your hands immediately after an exposure risk to body fluids (and after glove removal)



AFTER PATIENT CONTACT

Clean your hands after touching a patient and his or her immediate surroundings when leaving



AFTER CONTACT WITH PATIENT SURROUNDINGS

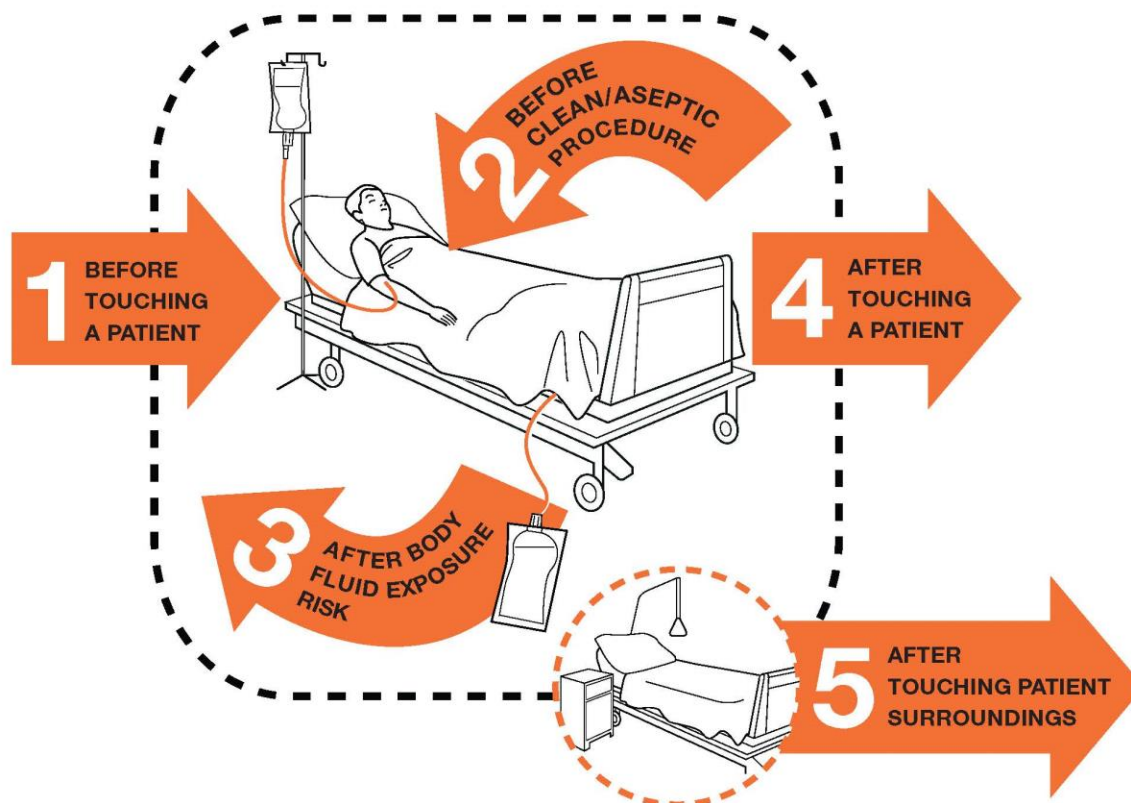
Clean your hands after touching any object or furniture in the patient's immediate surroundings, when leaving - even without touching the patient



WHO acknowledges the Hôpitaux Universitaires de Genève (HUG), in particular the members of the Infection Control Programme, for their active participation in developing this material.



Your 5 Moments for Hand Hygiene



1 BEFORE TOUCHING A PATIENT	WHEN? Clean your hands before touching a patient when approaching him/her. WHY? To protect the patient against harmful germs carried on your hands.
2 BEFORE CLEAN/ASEPTIC PROCEDURE	WHEN? Clean your hands immediately before performing a clean/aseptic procedure. WHY? To protect the patient against harmful germs, including the patient's own, from entering his/her body.
3 AFTER BODY FLUID EXPOSURE RISK	WHEN? Clean your hands immediately after an exposure risk to body fluids (and after glove removal). WHY? To protect yourself and the health-care environment from harmful patient germs.
4 AFTER TOUCHING A PATIENT	WHEN? Clean your hands after touching a patient and her/his immediate surroundings, when leaving the patient's side. WHY? To protect yourself and the health-care environment from harmful patient germs.
5 AFTER TOUCHING PATIENT SURROUNDINGS	WHEN? Clean your hands after touching any object or furniture in the patient's immediate surroundings, when leaving – even if the patient has not been touched. WHY? To protect yourself and the health-care environment from harmful patient germs.



World Health Organization

Patient Safety

A World Alliance for Safer Health Care

SAVE LIVES
Clean Your Hands

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