

**Hand Hygiene, Multidisciplinary**

Infection  
Prevention &  
Control

15191

Official (Rev: 1)

**Affected Departments:**

- All Departments

**I. OBJECTIVE:**

- A. To describe a policy that provides the guideline for Hand Hygiene based on the Category 1A and 1B recommendations from the Center for Disease Control and Prevention.
1. **Category 1A.** Strongly recommended for implementation and strongly supported by well-designed experimental, clinical, or epidemiological studies.
  2. **Category 1B.** Strongly recommended for implementation and supported by some experimental, clinical, or epidemiological studies and strong theoretical rationale.
  3. **Category 1C.** Required for implementation, as mandated by federal or state regulation or standard
- B. The purpose of hand washing is to remove dirt; organic material and transient microorganisms from the hands so as to decrease the risk of cross contamination.

**II. POLICY:**

- A. The choice of plain soap, antimicrobial soap, alcohol-based hand rub, or surgical hand scrub should be based on the degree of hand contamination and whether it is important to reduce and maintain minimal counts of resident flora, as well as to mechanically remove the transient flora on the hands of health care personnel.
1. Handwashing with plain soap, alcohol-based hand rub (if hands are not soiled) is indicated before and after routine patient care activities and non-patient care activities.
  2. Hand antisepsis with antimicrobial soap or hand rub/degerming with alcohol-based hand rub is indicated before and after all patient care in high risk areas, i.e. ICU/NICU, ER and when caring for patients with immunosuppression or multi-drug resistant organism; before invasive procedures such as IV insertion, bronchoscopy; and where no sinks are available (alcohol gel).
  3. Surgical hand scrubs are indicated prior to surgical procedures and pharmacy intravenous preparation.
- B. All personnel and physicians wash hands at the following times:
1. At the start of the tour of duty,
  2. Before and after direct contact with patients, blood or body fluids, mucous membranes, non-intact skin, and objects likely to be contaminated,
  3. Before eating, drinking, smoking, after using the rest room, after coughing or sneezing.
  4. If moving from a contaminated-body site to a clean-body site during patient care.
  5. After removing gloves.
- C. The use of alcohol rinse products instead of handwashing is acceptable in situations where the hands are not soiled with physical dirt. Alcohol is a poor cleaning agent and hands must be free from dirt for the alcohol to be effective.
- D. The use of alcohol rinse products is not acceptable for patients that are positive for *Clostridium difficile*. Alcohol is not effective with spores.
- E. Do not use hot water as it can cause skin damage.
- F. Soap from wall-mounted dispensers is to be used for routine handwashing. Bar soap is unacceptable.

- G. Hand lotion is provided to prevent skin dryness and damage.
  - 1. Lotion is a potential media for bacterial growth and is provided only in small disposable containers or containers that are not refilled.
  - 2. If latex gloves are used lotion must be water-based because petrolatum and mineral oil interfere with latex.
  - 3. CHG (chlorhexidine gluconate) is not compatible with most lotions.
- H. Rings other than plain bands are discouraged for health care workers. Bands may be left in place while washing.
- I. The natural nails of healthcare workers are to be kept short (less than ¼ inch long).
- J. Artificial nails and nail tips are prohibited for all healthcare workers and providers who provide direct, "hands-on" patient care, across the continuum of care, including but not limited to: inpatient, ambulatory and home care, invasive or diagnostic procedures or therapies, perioperative services, intensive care (adult, newborn), perinatal services (labor and delivery, post partum, nursery), etc.
- K. All members of the Sterile Surgical Team, Intravenous Pharmacy Team and all other departments requiring surgical scrubs must properly complete the Surgical Hand Scrub.
  - 1. Fingernails must be trimmed short and free of polish and artificial nails and tips.
  - 2. Hands and forearms must be free of open lesions and breaks in skin integrity.

### III. PROCEDURE:

- A. Procedure for soap and water and antimicrobial soap handwashing
  - 1. Stand near sink, but avoid touching it, as the sink itself may be a source of contamination.
  - 2. Using tepid water wet hands. Avoid splashing and keep moisture away from sleeves and clothing.
  - 3. Generously apply soap.
  - 4. Rub hands vigorously together causing friction to clean between fingers, around and under fingernails, the back of the hands, wrists, and palms for 15 seconds.
  - 5. Rinse hands well under running water.
  - 6. Dry hands with paper towel.
    - a. Use paper towel to turn off faucet if there is not a foot or knee control to prevent recontamination of hands.
    - b. Use paper towel to open door of bathroom or patient room to prevent recontamination of hands.
- B. Procedure for Antiseptic Hand Rubs (Waterless Cleaners)
  - 1. Assuming hands are NOT SOILED, apply enough alcohol gel or foam to cover the entire surface of hands and fingers.
  - 2. Rub hands vigorously together causing friction to degerm between fingers, around and under fingernails, the back of the hands, wrists and palms until dry - at least 20 seconds.
- C. General Procedure for Surgical Scrub
  - 1. Remove all jewelry from hands and forearms.
  - 2. Timing of surgical scrub is dependent on the product used. Therefore one must follow manufacturer's recommendations.
  - 3. Prepare for surgical scrub.
    - a. Set timer at scrub sink.
    - b. Adjust water temperature.
    - c. Keep arms level and well away from body. Keep hands up above the elbows for the duration of the scrub.
  - 4. Pre-wash the hands and forearms with surgical scrub .
    - a. Wet hands and forearms.
    - b. Wash from fingertips to three (3) inches above the elbows.
    - c. Clean nails and subungual areas with disposable nail cleaner under running water.
    - d. Discard nail cleaner in receptacle.

- e. Rinse hands and arms thoroughly.
- D. Moisten skin and begin scrub. Apply 3 - 5 ml of surgical scrub soap. Start at the fingertips and nails.
- E. Scrub all sides of each digit, including web spaces (a counted brush stroke method may also be used) between fingers.
- F. Scrub the palm and back of hand using circular motion.
- G. Repeat steps 3.5 and 3.6 for the second hand. Each hand will be scrubbed for one minute.
- H. Scrub the arm on all sides, up to and including the elbow and antecubital spaces, to a level of three (3) inches above the elbow.
- I. Scrub each lower forearm for 30 seconds. Scrub each upper arm for 30 seconds.
- J. Hold hands above the level of the elbows while scrubbing. Water flows from the level of the elbows while scrubbing. Hands and arms is now the clean area and are held away from the body.
- K. Add small amounts of water and/or soap to the brush during the scrub to develop and keep suds. Avoid splashing soap or water on scrub attire.
- L. Discard the brush in the wastebasket after the scrub.
- M. Rinse hands and arms from the fingertips to above the elbow. Never rinse back and forth or rinse from elbows to fingers.
- N. Proceed to the operating rooms for gowning and gloving while holding arms upright bent at the elbow.
- O. Prepare for surgical scrub in the Pharmacy Intravenous Room.
  1. Initially wash hands with soap and water prior to surgical scrub.
  2. Then follow surgical scrub as written utilizing alcohol scrub product.
  3. Upon re-entering room a surgical scrub must be completed utilizing alcohol based product.

## IV. REFERENCES:

- A. MMWR, Guideline for hand hygiene in Health-care settings. October 25, 2002 / Vol. 51 / No. RR-16.

### Referenced Documents

Reference Type	Title	Notes
<b>Signed by</b>	( 11/30/2011 ) Teresa Frey, Clinical Excellence ( 03/16/2012 ) Suzanne Smith, Medical Staff Committee Proxy ( 03/21/2012 ) Lucinda L Radcliffe, Director, Medical Staff & MEC Proxy ( 03/28/2012 ) Tes Pane, Director, Board Liaison & Board Proxy ( 02/16/2012 ) David Petreccia, Infection Prevention & Control ( 02/22/2012 ) Michael Marino, Chief Medical Officer	
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