

## HANDWASHING AND HAND HYGIENE

### Policy Number

8023.002

### Policy Category

Medical & Dental

### Target Audience

All Care Resource Staff

### Overview

All Care Resource staff will comply with the handwashing and hand hygiene procedures established by the health center.

### Purpose

The purpose of this policy is to eliminate the risk of infection transmission from healthcare workers, patients, contractors and visitors by appropriate handwashing and hand hygiene.

### Definition

**Handwashing:** Washing hands with plain (i.e., non-antimicrobial) soap and water ([MMWR, 2002](#)).

**Hand Hygiene:** A general term that applies to either handwashing, antiseptic handwash, antiseptic hand rub, or surgical hand antisepsis ([MMWR, 2002](#)).

### Policy

This policy addresses the standards and acceptable procedures by the CDC and Joint Commission for handwashing and hand hygiene to reduce the incidence of healthcare associated infections. Handwashing in this context refers to the washing of hands with plain soap and water and hand hygiene includes handwashing, antiseptic handwash, antiseptic hand rub, or surgical hand antisepsis as well as the use of gloves.

HANDWASHING AND HAND HYGIENE PROCEDURES TO REDUCE HEALTH CARE ASSOCIATED INFECTIONS CONTROL

## **A. STAFF CARE OBJECTIVES**

1. Hand hygiene measures are the single most important strategy for preventing nosocomial (of a disease) originating in a hospital) infections and the spread of infections.
2. The skin of patients and personnel can function as a reservoir of infectious agents.
3. Hand hygiene can be achieved with either soap and water or alcohol-based hand sanitizer.
  - a. Washing with soap suspends microorganisms and allows them to be mechanically removed by rinsing.
  - b. In the United States, such preparations usually contain 60%–95% ethanol or isopropanol.
  - c. Hand cleansing with anti-microbial products kills or inhibits the growth of microorganisms; this process is referred to as antisepsis.
4. Hands should be cared for, so they do not become chapped or irritated.

## **B. INFECTION CONTROL MANAGEMENT**

### **Proper hand hygiene (washing or using hand sanitizer) must be completed:**

- a. Before beginning work
- b. Before and after touching a patient or performing a patient procedure
- c. Before performing invasive procedures
- d. Before and after touching wounds, whether surgical, traumatic, or associated with an invasive device
- e. After potential microbial contamination of hands is likely, especially those involving contact with mucous membranes, blood or body fluids, secretions, or excretions
- f. After touching inanimate sources that are likely to be contaminated with infectious waste (e.g., urine specimen containers, pathology samples, etc.)
- g. After taking care of an infected patient or one who is suspected of being infectious.

### **Proper hand hygiene (washing or using hand sanitizer) is required for non-health related activities which include:**

- a. Before and after eating
- b. Before and after handling used equipment
- c. Before and after using the restroom
- d. Immediately after removal of gloves or other personal protective equipment (PPE)
- e. At any time, there is doubt about the necessity for doing so
- f. When arriving at work

### **C. APPROVED HAND HYGIENE PRODUCTS**

1. The Care Resource Clinical Management team will select and approve all hand hygiene agents based on CDC and Joint Commission standards.
  - a. Only products approved and provided by Care Resource are acceptable for use.
2. Only hand hygiene agents approved by the Clinical Management team should be used by Care Resource employees.
3. Healthcare workers with allergies to approved hygiene agents must report this condition to the Clinical Management team for evaluation and recommendations for safe and best practices as an alternative to the standard approved agents.
4. In the instance that hands are visibly soiled, they must be washed with soap and water.

### **D. ROUTINE HAND HYGIENE TECHNIQUES**

1. Hand hygiene with alcohol-based waterless hand sanitizers can be accomplished by:
  - a. Applying a thumbnail-sized amount of sanitizer
  - b. Covering all surfaces of the hand
  - c. Briskly rubbing over all hand surfaces
    - i. Palmar
    - ii. Dorsal
    - iii. Intra-digitally
    - iv. Under nails
  - d. Rubbing hands together until completely dry

Staff should not touch any object until their hands are fully dry and free of product.
2. Handwashing with soap should take at least 20 seconds and can be accomplished in the following manner:
  - a. Turn on water, wet and with clean, running water
  - b. Apply soap
  - c. Lather hands by rubbing them together with soap
  - d. Lather the backs of hands, between fingers, and under nails
    - i. Scrub hands, fingers, and nails for at least 20 seconds (humming the "Happy Birthday" song from beginning to end twice can be used as a timer)
  - e. Rinse hands well under clean, running water.

- f. Dry hands using a clean paper towel.  
Use the paper towel to turn off the faucet, and then discard the paper towel in the proper receptacle.

#### **D. ARTIFICIAL FINGERNAILS**

1. Any individual whose responsibilities include direct, hands-on patient contact, or individuals whose hands come into direct contact with patient's skin shall only have natural fingernails.
2. No artificial fingernails or nail enhancements, including, but not limited to overlays, wraps, tips, or attached decorations, are permitted because of documented outbreaks of infection due to Gram-negative bacteria that have been associated with the use of artificial nails. Gram-negative bacteria are known to adhere to the surfaces of artificial nails and are known to persist there even after the appropriate use of hand hygiene cleansing/sanitization procedures.
3. The designation of direct, hands-on patient contact is intended to include those whose hands come into direct contact with the patient's skin.

#### **E. COMMUNICATION & EDUCATION**

1. Medical Coordination Manager, Infection Preventionist will be responsible for physician and nursing education.
2. Clinical Coordinators and all site managers will be responsible for education of all employees in their areas.
3. Infection Preventionist will provide updates regarding hand hygiene in an ongoing manner.

#### **H. REFERENCES**

1. Association of Professionals in Infection Control and Epidemiology (APIC) Guideline for Hand Hygiene, <http://www.apic.org/resc/rr5116.pdf>.
2. CDC Guideline for Hand Hygiene in Health-Care Settings, MMWR, Oct. 25, 2002. <https://www.cdc.gov/mmwr/PDF/rr/rr5116.pdf#page=19>
3. Healthcare Providers-Clean Hands Count for Healthcare Providers. <https://www.cdc.gov/handhygiene/providers/index.html>
4. Hedderwick, S., McNeil, S., Lyons, M., & Kauffman, C. (2000). Pathogenic organisms associated with artificial fingernails worn by healthcare workers. *Infection Control and Hospital Epidemiology*, 21(8).
5. K. A. Reynolds, et al., (2019), Microbial Transmission in an Outpatient Clinic and Impact of an Intervention with an Ethanol-Based Disinfectant. *American Journal of Infection Control*, 47 (2), 128.132. [https://www.ajicjournal.org/article/S0196-6553\(18\)30735-1/fulltext](https://www.ajicjournal.org/article/S0196-6553(18)30735-1/fulltext).
6. Lee, S. H., Jeong, S. K., & Ahn, S. K. (2006). An update of the defensive barrier function of skin. *Yonsei medical journal*, 47(3), 293–306. doi:10.3349/ymj.2006.47.3.293. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2688147/>.
7. McNeil, S., Foster, C., Hedderwick, S., & Kauffman, C. (2001). Effect of hand cleaning with antimicrobial soap or alcohol-based gel on microbial

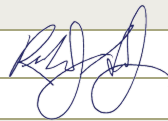
colonization of artificial fingernails worn by health care workers. Clinical Infections Disease, 32, 367-72.

**Enforcement**

This policy will be enforced by Management.

**Approved by:**

• Print and Sign Name Rick Siclari, MBA- CEO



**Effective Date**

• 5/12/2000

**Revised Date**

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**Reviewed Date**

• 5/30/2023

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