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Owner **Rebecca Bartles:**
Executive
Director
Infectious
Disease
Management a

Policy Area **Clinical**

Applicability **Providence
Systemwide**

PSJH-CLIN-1205 Hand Hygiene Policy

Executive Sponsor:	Hoda Asmar, MD, Chief Medical Officer
Policy Owner:	Rebecca Bartles, Director Infection Prevention
Contact Person:	Rebecca Bartles, Director Infection Prevention

Scope:

This policy applies to Providence and its Affiliates¹ (collectively known as "Providence") and their caregivers (employees), credentialed, contracted and volunteer (aka workforce members); workforce members of affiliated organizations.

☐ Yes ☒ No Is this policy applicable to Providence Global Center (PGC) caregivers?

This is a management level policy reviewed and recommended by the Policy Advisory Committee (PAC) for approval by senior leadership which includes vetting by Executive Council with final approval by the President, Chief Executive Officer or appropriate delegate.

Purpose:

To provide evidence-based guidelines for effective and safe hand hygiene in the healthcare setting and:

- To educate caregivers in the proper methods of hand hygiene and fingernail hygiene
- To reduce the transmission of pathogenic microorganisms and the incidence of healthcare associated infections caused by these organisms
- To guide compliance for fingernail and hand hygiene recommendations with the World Health Organization (WHO) Guidelines for Hand Hygiene in Healthcare Settings and the Association of Operating Room Nurses (AORN).

Definitions:

Alcohol-based hand rub: An alcohol-containing preparation designed for application to the hands for reducing the number of viable microorganisms on the hands. In the United States, such preparations usually contain 60% to 95% alcohol.

Antiseptic agent: Antimicrobial substance applied to the skin to reduce the log number of microbial flora. Examples include alcohols, chlorhexidine, chlorine, hexachlorophene, iodine, chloroxylenol (also known as parachlorometaxyleneol, i.e. PCMX), and quaternary ammonium compounds.

Artificial nails: Substances or devices applied or added to the natural nails to augment or enhance the wearer's own nails. Any fingernail enhancement or resin bonding product including, but not limited to, fingernail extensions or tips, acrylic overlays, resin wraps, gels, powder dips, shellacs or acrylic fingernails

Caregivers: Refers to all employees, faculty, temporary workers, trainees, volunteers, students, and vendors regardless of employer. This includes staff who provide services to or work in main hospital as well as additional facilities covered under the organizations regulatory footprint.

Hand hygiene: A general term that applies to hand washing, antiseptic hand wash, antiseptic hand rub or surgical hand antisepsis.

Resident microorganism: Microorganisms considered to be permanent residents of the skin and not readily removed by hand washing.

Surgical hand antisepsis: Antiseptic hand wash or antiseptic hand rub performed preoperatively by surgical personnel to eliminate transient bacteria and reduce resident hand flora. Antiseptic detergent preparations often have persistent antimicrobial activity. Previously known as surgical hand scrub.

Surgical hand antiseptic agent: FDA-compliant product that is a broad-spectrum, fast-acting, and non-irritating preparation containing an antimicrobial ingredient designed to significantly reduce the number of microorganisms on intact skin. Surgical hand antiseptic agents demonstrate both persistent and cumulative activities.

Waterless antiseptic agent: An antiseptic agent that does not require use of exogenous water. After applying such an agent, the hands are rubbed together until the agent has dried.

Policy:

Providence endorses the WHO Guidelines for Hand Hygiene in HealthCare Settings recommendations for hand hygiene and to restrict wearing of artificial nails in caregivers who have direct contact with patients or with certain products or duties that are intended for patient's (e.g. *sterilization, product chain; dietary; lab, etc.*). All caregivers are responsible for maintaining adequate hand hygiene by adhering to specific infection control practices.

Requirements:

1. Compliance with the proper hand hygiene procedure before and after patient contact is an expectation of all healthcare disciplines.
2. The preferred method of hand hygiene for most patient care settings is use of a waterless alcohol based hand rub / sanitizer.
3. When hands are visibly soiled, soap and water will be necessary to solubilize organic matter.

Friction generated by hand rubbing and rinsing with running water is necessary to remove organic matter from the hands.

4. Waterless surgical hand antisepsis products require a prewash of hands and forearms with soap including cleaning the nails under running water at the beginning of the work shift. Skin is dried before applying the waterless antisepsis product.
5. Access to hand hygiene products is provided in all work units.
 - a. Hand rub is available at the point of care unless patient safety risks are identified and warrant removal.
 - b. Waterless hand rub may be wall mounted, attached to carts or positioned on counters in outpatient areas as well as inpatient areas.

Fingernails

1. Nail grooming is essential for good hand hygiene.
 - a. Fingernails should not extend beyond the fingertips
 - b. Chipped nail polish promotes the growth of micro-organisms on fingers; therefore, nail polish should be in good condition with no chipping.
2. Artificial nails have been proven to harbor micro-organisms and cannot be worn by caregivers who have direct contact with patients. This includes and is not limited to:
 - a. Exams, procedures, treatments, nursing care, surgery, or emergencies;
 - b. Preparing or dispensing medication or blood products for patient use;
 - c. Preparing equipment or supplies for patient use (e.g. Central Stores); food, beverages, and serving food.
 - d. Operating Room Staff (OR) and Sterile Processing Department (SPD) staff
3. The use of gloves does not affect the restriction on long or artificial nails.

Gloves

Gloves are a protective barrier for the healthcare worker and patients according to Standard Precautions.

- a. Exam and surgical gloves are never reused or washed.
- b. Gloves are removed when the need for protection no longer exists and hand hygiene should be practiced immediately after removal of gloves.

Hand Sanitizing Products and Hand lotions

Only institutionally provided and approved hand sanitizers, hand lotions and creams are used by caregivers in the clinical setting.

- a. Approved hand sanitizers, hand lotions and creams have been evaluated for interactions with hand care products and gloves.
- b. Healthcare workers with hand/skin irritation should discuss their concerns with their supervisor and Caregiver Health Services to develop a plan for resolving the

irritation.

Compliance

1. Compliance with hand hygiene is monitored routinely in all patient care areas by one of the following methods (independent direct observations, self-direct observations, peer and / or patient observation).
2. Approved hand hygiene and surgical hand antisepsis products must be used per manufacturer instructions for use
3. Barriers to performing job duties which require hand hygiene will be evaluated on a case by case basis in conjunction with local infection prevention, caregiver health and HR. Any caregiver who wears a brace, cast, splint, or other device which covers part or all of the hand or wrist should be evaluated to determine if alternative options are available
4. Any breaks in skin integrity (cuts and abrasions) on the hands and wrist should be covered with a clean water-resistant bandage and the bandage should remain clean dry and intact
5. Hand hygiene practices and expectations shall be reviewed by all caregivers at hire and as needed for improvement

Choosing the Appropriate Product

1. **Soap and Water:** Use facility approved soap and water anytime hands are visibly soiled or feel soiled, in addition to:
 - a. After personal restroom use
 - b. Before/ after eating or drinking
 - c. After direct contact (no glove protection) with blood or body substances such as feces or vomitus
 - d. When leaving the room of a patient in Special Contact/Contact Enteric precautions, regardless of glove use or contact with the patient or the environment
2. **Alcohol Based Products:** Use an alcohol-based product when hands are not visibly soiled and do not feel soiled

Indications for Hand Hygiene

Hand hygiene will be performed before or after the following activities:

Indication	Product Selection
1. After personal restroom use	Soap and Water
2. Before/after eating or drinking	Soap and Water
3. Upon entering patient room, before patient contact	Alcohol Based Hand Sanitizer (ABHS) or soap and water
4. Upon exiting patient room, after patient contact	ABHS or soap and water
5. After contact with patient surroundings (e.g. IV Pumps,	ABHS or soap and water

suction containers)	
6. After direct contact (no glove protection) with blood or body substances such as feces or vomitus	Soap and Water
7. Before handling an invasive device for patient care, regardless of glove use (Indwelling urinary catheters, tubes, drains, central lines etc.)	ABHS or soap and water
8. Before putting on PPE	ABHS or soap and water
9. After removing PPE	ABHS or soap and water
10. Before putting on gloves	ABHS or soap and water
11. After taking off gloves	ABHS or soap and water
12. If moving between contaminated body sites to another body site during care of the same patient	ABHS or soap and water

Patient Hand Hygiene:

1. Patients should be offered the opportunity to clean their hands before meals; after using the toilet, commode, bedpan or urinal and at other times as appropriate
2. Patients and all visitors should be provided with information about the need for hand hygiene and how to keep their own hands clean

Hand Hygiene Techniques:

Hand washing with soap and water

- a. First, wet hands with water
- b. Apply soap to hands. Spread soap over entire area of hands, wrists, under nails, and between fingers
- c. Rub hands together vigorously for **at least** 15 seconds, covering all surfaces of hands and fingers
- d. Rinse hands with water and dry thoroughly with a disposable towel
- e. Use towel to turn off faucet. If possible use the same towel to open the door

Alcohol Based Hand Rubs

- a. When decontaminating hands with an alcohol-based hand rub, apply product to palm of one hand and rub hands together, covering all surfaces of hands and fingers, until hands are dry
- b. It should take 15-25 seconds for hands to dry, if an adequate volume of alcohol-based hand rub is used
- c. Adhere to the Manufacturer's Instructions for Use

Skin Care

1. The use of emollient lotions is encouraged to reduce irritant dermatitis and chapping of

hands

2. As stated in General Information Number 11 - Only lotions provided by the facility may be used while in the workplace
3. Issues/concerns arising from hand hygiene and surgical hand scrub products (e.g. rashes, skin integrity) are to be reported to the caregiver's direct supervisor
4. Caregiver Health will collaborate with Supply Chain and Infection Prevention to determine appropriate alternative products when necessary

Glove Use (Food Service – see department specific policies)

1. Hand Hygiene is required before and after glove use
2. Gloves must be used when contact with blood or other potentially infectious materials, mucous membranes, and non-intact skin is anticipated
3. 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
4. Change gloves during patient care if moving from a contaminated body site to a clean body site.

Surgical Hand Antisepsis (Perioperative and Interventional Areas)

1. Hand hygiene is critical for preventing the transmission of microorganisms from the hands of perioperative team members to the patient and the environment
2. Microorganisms that are harbored in unhealthy skin or fingernails may result in the patient developing a health care-associated infection
3. Surgical hand antisepsis is the primary line of defense to protect the patient from pathogens on the hands of perioperative team members, whereas sterile surgical gloves are the secondary line of defense. Due to the risk for glove failure, the performance of surgical hand antisepsis is critical for the prevention of surgical site infections
4. Surgical hand antisepsis removes soil and transient microorganisms from the hands and suppresses the growth of resident microorganisms to reduce the risk that the patient will develop a surgical site infection

2018 AORN Perioperative Guideline Recommendations for Hand Antisepsis:

1. Perioperative team members should perform surgical hand antisepsis before donning sterile gowns and gloves for operative and other invasive procedures
2. Surgical hand antisepsis must be performed preoperatively by surgical personnel
3. Perioperative team members should maintain short, natural fingernails.
4. Artificial fingernails or extenders **must not** be worn in the perioperative setting.
5. Finger nail edges and surfaces must be cleanable and smooth
6. Perioperative area (OR and SPD): nails should not extend beyond the tip of the finger.
7. Finger nail polish must be maintained in good condition, (i.e. smooth and without chips)
8. Ultraviolet (UV)-cured nail polish (e.g., gel, Shellac®) may NOT be worn in the perioperative setting.

9. Perioperative team members should not wear jewelry (e.g., rings, watches, bracelets) on the hands or wrists

SURGICAL HAND RUB:

- a. Follow the manufacturer's instructions for use
- b. Remove jewelry from hands and wrists
- c. Put on a surgical mask
- d. If hands are visibly soiled, wash hands with soap and water
- e. Remove debris from underneath fingernails using a disposable nail cleaner under running water
- f. Dry hands and forearms thoroughly with a disposable paper towel
- g. Apply the surgical hand rub product to the hands and forearms according to the manufacturer's instructions for use (amount, method, time)
- h. Allow hands and forearms to dry completely before using sterile technique to don a surgical gown and gloves

SURGICAL HAND SCRUB:

Follow the manufacturer's instructions for use when using a surgical hand scrub.

- a. A standardized surgical hand antisepsis protocol using a surgical hand scrub should be performed in the following order:
- b. Remove jewelry from hands and wrists
- c. Don a surgical mask
- d. If hands are visibly soiled, wash hands with soap and water
- e. Remove debris from underneath fingernails using a disposable nail cleaner under running water
- f. Apply the amount of surgical hand scrub product recommended by the manufacturer to the hands and forearms using a soft, nonabrasive sponge
- g. Scrub arms for the length of time recommended by the manufacturer
- h. Visualize each finger, hand, and arm as having four sides, and wash all four sides effectively, keeping the hands elevated
- i. Scrub for length of time recommended by the manufacturer
- j. Avoid splashing surgical attire
- k. Discard sponges into trash receptacle
- l. Rinse hands and arms under running water in one direction from fingertips to elbows
- m. Hold hands higher than elbows and away from surgical attire
- n. In the OR/procedure room, dry hands and arms with a sterile towel using sterile technique before donning a surgical gown and gloves

Selection of Hand Hygiene Products

1. Prior to evaluation and use in any PSJH setting, hand hygiene and surgical hand antisepsis products must be approved by the Infection Prevention & Control Committees at the system level
2. Products under consideration for use in PSJH settings must meet the following CDC and WHO selection criteria
 - a. Appropriate efficacy for healthcare use
 - b. Low irritancy potential
 - c. For any product under consideration; include Caregivers for input regarding skin tolerance, feel, and fragrance
 - d. Evaluation for any known interaction between products already in use in the institution such as hand lotions, creams, alcohol-based hand rubs, antimicrobial soaps and the types of glove used in the institution (ministry)
3. Evaluation for risk of product contamination based on product components and the dispenser
 - a. Evaluation of product dispensers must include Accessibility at the point of care
 - b. Adequate function and reliable delivery of an appropriate volume of the product
 - c. Approval for flammable materials and storage that adhere to national safety guidelines and local legal requirements for flammable materials
4. Cost comparisons should only be made for products that meet requirements for efficacy, skin tolerance, acceptability and safety

Storage and Management of Hand Hygiene Products

1. Alcohol-based hand hygiene products are flammable and shall be stored as mandated by the local authority having jurisdiction (e.g. Facilities, Safety)
2. Do not add soap or alcohol-based formulations or lotions to a partially empty dispenser

References:

1. AORN. (2018). *AORN Guidelines for Perioperative Practice* [Electronic version].
2. Boyce J.M., and Pittet D.: Guideline for hand hygiene in health-care settings. Recommendations of the Healthcare Infection Control Practices Advisory Committee and the HICPAC/SHEA/APIC/IDSA Hand Hygiene Task Force. Society for Healthcare Epidemiology of America/Association for Professionals in Infection Control/Infectious Diseases Society of America. MMWR Morb Mortal Wkly Rep 2002; 51: pp. 1-45
3. World Health Organization: WHO guidelines for hand hygiene in health care. Geneva, Switzerland: World Health Organization, 2009.
4. CDC/WHO Hand Hygiene Guidelines crosswalk. *Joint Commission Perspectives Joint Commission On Accreditation Of Healthcare Organizations*. 2008;28(2):4-7. <https://search.ebscohost.com/>

login.aspx?direct=true&db=mdc&AN=18376500&authtype=sso&custid=ns247570&site=eds-live&scope=site. Accessed November 2, 2018.

5. The Joint Commission (2018, July). Comprehensive Accreditation Manual E-dition. National Patient Safety Goal 7.

Attachments:

Appendix A – AORN Perioperative Indications

Appendix B – Outpatient Hand Hygiene

Appendix C – Residential Care Hand Hygiene

Applicability:

[1] For purposes of this policy, “Affiliates” is defined as any entity that is wholly owned or controlled by Providence St. Joseph Health (PSJH), Providence Health & Services, St. Joseph Health System, Western HealthConnect, Covenant Health Network, Inc., or is jointly owned or controlled by PSJH or its Affiliates and bears the Providence, Swedish Health Services, Swedish Edmonds, St. Joseph Health, Covenant Health Network, Covenant Health, Kadlec Regional Medical Center, or PacMed Clinics name (includes Medical Groups, Hospice, Home Health, etc.).

Attachments

[Appendix A – AORN Perioperative Indications.pdf](#)

[Appendix B – Outpatient Hand Hygiene.pdf](#)

[Appendix C – Residential Care Hand Hygiene.pdf](#)

Approval Signatures

Step Description	Approver	Date
PSJH President/CEO	Joel Kim: Assoc Compliance Spec PSJH	09/2019
PSJH President/CEO	Cynthia Johnston: Compliance Spec PSJH	09/2019
PSJH Executive Committee	Cynthia Johnston: Compliance Spec PSJH	09/2019
PSJH Executive Committee	Joel Kim: Assoc Compliance Spec PSJH	09/2019
PSJH Policy Advisory Committee	Cynthia Johnston: Compliance Spec PSJH	09/2019

Standards

No standards are associated with this document

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