

BEEBE HEALTHCARE

Infection Prevention Manual

Hand Hygiene	Date Issued: 1/78
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<input checked="" type="checkbox"/> Condition of Participation: 482.42 <input checked="" type="checkbox"/> Joint Commission Standard: IC.01.04.01, NPSG 07.01.01 <input type="checkbox"/> Department Specific Regulation	Reviewed:

PURPOSE

- Effective hand hygiene removes transient microorganisms, dirt and organic material from the hands and decreases the risk of cross contamination from patients, patient care equipment and the environment.
- Hand hygiene is the single most important strategy to reduce the risk of transmitting organisms from one person to another or from one site to another on the same patient. Cleaning hands promptly and thoroughly between patient contact and after contact with blood, body fluids, secretions, excretions, equipment and potentially contaminated surfaces is an important strategy for preventing healthcare-associated infections.
- This policy is intended to guide compliance with the evidence-based practices recommended by the World Health Organization (WHO) and the Centers for Disease Control (CDC) guidelines for hand hygiene in healthcare settings.

SCOPE

Beebe Healthcare and Beebe Medical Group

POLICY

Beebe Healthcare endorses recommendations from the World Health Organization (WHO) Guidelines on Hand Hygiene in Health Care supplemented by CDC's Guidelines for Hand Hygiene in Health Care. All healthcare workers are responsible for maintaining adequate hand hygiene by adhering to specific infection control practices.

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. Certain areas may be exempt from using alcohol-based products due to fire regulations, e.g., hyperbaric treatment areas.

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. Fingernails

Fingernails should be clean, healthy and short, i.e., length should not extend beyond the end of the fingertip.

Artificial nails, nail art or nail extenders should not be worn. Examples include, but are not limited to false nails, press on nails, bonding, extensions, tips, sculpting products, powders, dips, wraps, crackles, flakies, vinyls, stencils, decals, stickers, stamps, plates, silks, jewels, overlays, and tapes.

Nail polish may be worn but should be a single color (exception – traditional French manicures are permitted), and should not be chipped, cracked or show other evidence of poor maintenance.

This policy on fingernails applies to anyone who has direct contact with patients to include direct physical contact with patients during exams, procedures, treatments, and registration of patients. It also includes those team members who come in contact with the patient's environment or items the patient may use, e.g., those healthcare workers who clean the patient's environment, prepare or handle equipment, handle supplies or linens for patient use, prepare or handle medications or blood products for patient use, transport patients, or works in Nutrition Services in any capacity.

Infection Prevention reserves the right to identify any additional nail product of any kind that is inappropriate for use along with any additional department/job function to which this policy applies.

Certain departments may have additional restrictions.

The use of gloves does not affect the restrictions on fingernails.

5. Glove Use

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

Glove use is no substitute for hand hygiene.

Hand hygiene should be practiced prior to donning gloves.

Exam and surgical gloves are never reused or washed.

Gloves are removed when the need for protection no longer exists and hand hygiene should be practiced immediately after removal of gloves.

6. Only institutionally approved hand lotions and creams should be used by healthcare workers in the clinical setting. Compatibility between lotion and antiseptic products and the effect of petroleum or other oil emollients on the integrity of the gloves and the efficacy of hand hygiene product active ingredients (e.g., chlorhexidine gluconate [CHG]) will be considered at the time of product selection/approval.

7. Healthcare workers with hand skin irritation related to work-related hand hygiene products should discuss their concerns with their supervisor and Employee Health Services to develop a plan for resolving the irritation.
8. Department leadership, in partnership with Infection Prevention, is responsible for monitoring and enforcing compliance with Beebe Healthcare hand hygiene policies. As per Medical Staff Bylaws (Article III. Departments of the Medical Staff. Section 3.5 Clinical Privileges) all providers are responsible for complying with the elements of this policy.
9. Compliance with hand hygiene is monitored routinely in all applicable areas by direct observations and is reported regularly by Infection Prevention. Performance targets are set annually.
10. Healthcare workers should use waterless hand rub or soap and water to clean their hands:
 - Before having direct contact with patients
 - Before preparing or administering medication
 - Before donning gloves (non-sterile or sterile) and after removing gloves
 - Before inserting indwelling catheters or other invasive devices
 - After contact with a patient's intact skin
 - After contact with a patient's non-intact skin, wound dressings, secretions, excretions, mucous membranes, as long as hands are not visibly soiled
 - When moving from a contaminated body site to a clean body site during patient care
 - After contact with inanimate objects in the immediate vicinity of the patient
11. Healthcare workers should use soap and water only to clean their hands:
 - When hands are visibly soiled
 - Before eating
 - After using the restroom
 - When caring for patients with certain infections, such as *Clostridioides (Clostridium) difficile* and Norovirus, and/or in outbreak situations as directed by Infection Prevention.
 - After contact with chemicals

For related departmental recommendations regarding hand hygiene/skin antisepsis please see the following related policies:

Hand scrub: handwashing and garbing procedure. Reference # 4005. In: Beebe Healthcare-Pharmacy Manual. <https://bbmc.ellucid.com/documents/view/2658>

Scrub procedure. In: Beebe Healthcare-Operating Room Policy and Procedure Manual. <https://bbmc.ellucid.com/documents/view/2527/6670>

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