**HAND HYGIENE**

**PURPOSE:** To reduce the number of potential pathogens on the hands and to decrease the likelihood of transmission of nosocomial pathogens via the contact route.

**Hand Hygiene before and after patient contact is the single most important means of preventing the spread of infection.**

Hand washing facilities are located in all patient care areas.

* Hand washing facilities should be readily accessible and of sufficient number in order to promote appropriate hand washing. They are to be included in the planning of all new construction or renovation.
* Alcohol-based hand rub (ABHR) dispensers should be placed in readily-accessible areas throughout the patient care area to allow for ease of access.

Use ABHR if hands are not visibly soiled for routine decontamination of hands.

* Apply product to palm of one hand and rub hands together, covering all surfaces of hands and fingers, until hands are dry.
* Do not use gel in close proximity to electrical equipment or sources of ignition.
* ABHR are NOT reliable in killing bacterial spores, which include *Clostridium difficile,* and Norovirus. Gloves are required when caring for patients with *C. difficile*-associated diarrhea. After gloves are removed, hands should be **washed** with an antimicrobial soap and water.

Hand washing consists of the use of soap, running water, and friction for at least 15 seconds.

* Hand hygiene is executed before and after patient contact; after handling items such as dirty dressings, catheters, bedpans, urinals, specimens, etc.; after contact with patient environment; after removing gloves; after blowing nose, etc.
* Hands will be washed with soap and water after using the restroom, before eating, and when they are visibly soiled.

*NOTE*: If hands are contained within utility gloves (used by EVS for cleaning) that are immersed in disinfectant, it is not necessary to wash hands between patient rooms.

Hand hygiene products

* Hand hygiene products used within patient care areas must be approved by the Infection Prevention and Control Program. Healthcare personnel who experience dermatological conditions with approved products should contact Employee Health.
* Antimicrobial soap is recommended in all clinical situations.
* An antimicrobial soap or approved scrubless antiseptic is to be used for all surgical hand scrubs.
* Soap dispensers used in patient care areas must utilize completely disposable refill cartridges (including the dispenser tubing).
* For other areas without disposable refill cartridges, soap bottle size should be 8 oz or less, depending on usage, and is never refilled. Bottles are to be discarded after use.
* Antimicrobial soap with Triclosan should not be used. Products with PCMX are preferred.

Antiseptic towelettes, alcohol-based hand hygiene agents, or other evaporative agents for hand hygiene.

* These may be used upon approval of and as directed by the Infection Prevention and Control program.
* These products are to be supplied in individual use packaging, small bottles (8 oz or less) or a disposable refill cartridge (including the dispenser tubing).
* See attachment regarding regulations for appropriate installation of gel dispensers and storage of product.

Gloves

* Gloves will be worn as needed per standard precautions.
* Gloves do not take the place of hand hygiene measures.
* Remove gloves after caring for a patient. 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.
* Change gloves during patient care if moving from a contaminated body site to a clean body site.

Paper towel holders

* Holders are within easy reach of the sinks.
* Holders are not lever-operated.
* Holders dispense towels one at a time

Lotion

* The use of lotion is recommended following Hand washing and drying. Hand Lotion must be contained in small (6-8 oz.) disposable dispensers. Dispensers are not refilled.

Fingernails

* No artificial fingernails or extenders are allowed for personnel involved in direct patient care and/or the care of high-risk (e.g., immune-compromised) patients. Natural nails are to be maintained at a short (1/4 inch or less) length. If nail polish is worn, it must not be chipped or peeling.

Rings

* Hand jewelry should be kept to a minimum (e.g. wedding band) to enhance hand hygiene.

**References:**

1. Guidelines for Environmental Infection Control in Healthcare Facilities (MMWR, June 6, 2003)
2. Occupational Exposure to Bloodborne Pathogens" Occupational Safety and Health Standard 29CFR 1910.1030 Subpart Z.
3. Guideline for Hand Hygiene in Health Care Settings. Center for Disease Control and Prevention, (MMWR, October 25, 2002).
4. NFPA 101 Life Safety Code, 2012. (2011). Quincy, MA: National Fire Protection Association.

**Staff Accountability:**

Medical Director, Infection Prevention and Control Program

Infection Prevention and Control Program Manager/ Lead

Lead, Safety