Reference:
The Joint Commission:
The hospital implements its infection prevention and control plan.
Centers for Disease Control and Prevention (CDC) hand hygiene guidelines

AIM: To prevent or reduce the risk of nosocomial infections in patients, employees and visitors by practicing the single most important means of infection prevention, handwashing.

POLICY: Handwashing is the most important procedure known in preventing nosocomial infection; therefore it is imperative that personnel perform handwashing properly and consistently

1. Hands should be washed: **Wash in, Wash out of patient rooms.**
   - after any personal care including use of the toilet and after coughing or sneezing, before eating or food preparation.
   - after handling raw fruits, vegetables and meats
   - before medication preparation.
   - before handling clean or sterile supplies.
   - before and after patient care, even if gloves or other protective barrier equipment are worn. This includes after medication administration.
   - after touching soiled or contaminated patient care items or surfaces, even if gloves are worn.
   - after removing protective barrier equipment including gloves, gowns, masks, and protective eye-wear.
   - immediately after unprotected contact with patient's body substances, non-intact skin or mucous membranes.
   - after handling trash or garbage.
   - Hands should be washed when there is a significant build up of waterless hand disinfectant.

2. Antimicrobial soap should be used for handwashing:
   - before performing invasive procedures such as bladder catheterization, tracheal suctioning, intravenous therapy insertion and care, or other invasive procedures.
   - before care of immunocompromised patients as those diagnosed with cancer, HIV infection or AIDS.
   - before and after wound care including surgical wounds, burns, and those associated with an invasive device.
   - after caring for an isolation patient or a patient infected or colonized with multiply-resistant microorganisms including methicillin resistant staph.
   - after touching patient care items or surfaces contaminated by an isolation patient or a patient infected or colonized with multiply-resistant microorganisms.

Disposable liquid-soap containers and sinks are to be readily available and operational in all patient care areas. Adequate supply of disposable towels should be available by sinks.

PROCEDURE:
1. While holding hands downward in the sink, wet hands and wrists thoroughly under running warm water.
2. Apply 1-2 squirts of soap from the soap dispenser.
3. While holding hands lower than the elbows, outside the stream of water, work up lather and vigorously scrub palms, back of hands and wrists for a minimum of 20 seconds. Pay particular attention to areas under the fingernails and between fingers. During washing hands pay attention to avoid splashing to prevent contamination to surrounding area.

4. Thoroughly rinse hands and wrists under the running water.
5. Dry hands and wrists using a clean paper towel and discard paper towel into receptacle.
6. Take another clean dry paper towel to turn off faucets to avoid recontamination.
7. Discard paper towels into receptacle.
8. If desired apply hospital supplied lotion to hands.

**Alcohol Hand Sanitizer:**

**Gel in, Gel out of patient rooms.**

Hand cleansing with Sterilium hand sanitizers can be accomplished by applying 1.2 ml into each palm and briskly rubbing over all surfaces and under nails until dry. Alcohol hand sanitizers are contraindicated when hands are visibly soiled, soap and water must be used to remove visible soil. It is essential that alcohol based hand sanitizers are used only on dry hands. Alcohol hand sanitizers are not to be used when caring for patients with diarrhea caused by spore forming organisms including but not limited to Clostridium Difficile and norovirus.

**Fingernails:**

1. Artificial nails are prohibited and not to be worn by healthcare providers, nutritional service staff, and others who provide direct patient care, directly supervise patient care or have contact with patient care supplies, equipment, or food. Artificial nails include but not limited to acrylics, gels, overlays, tips or silk wraps. Nail jewelry is not to be worn.
2. Nails are to be no longer than ¼ inch from the end of the fingertip.
3. Nail polish may be worn but must be free of chips or cracks.

Supervisors / Directors and the Infection Control Practitioner will monitor staff members for compliance with this policy. If staff is not compliant, disciplinary action will be taken in accordance with Human Resources policy.

**Reportable Conditions:**

1. Any healthcare worker who experiences a reaction to hand hygiene agents must report issue to human resources for further follow up to occur.

**REFERENCES:**


Hand Hygiene Compliance. Medline Industries, Inc. 2007