

	POLICY: Hand Hygiene
Facility: Inova wide	Key Words: Hand wash, alcohol-based hand rub, hand sanitizer, soap, CHG, lotion, ABHR
Applies To: All Departments	
Policy Manual: Infection Control	
Original Policy Date: 11/2007	Revised Date(s): 9/2016 1/2011, 5/2011, 7/2013
Approved by:	
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I. Purpose

The purpose of this policy is to provide specific recommendations to promote hand-hygiene practices and reduce transmission of pathogenic microorganisms to patients and personnel in all health care settings

II. Policy

Hand hygiene is the single most important procedure for preventing infections. Inova follows all Category IA, IB, and IC CDC Hand Hygiene recommendations. Additionally, Inova follows the World Health Organization (WHO) 5 moments for hand hygiene.

1. Antimicrobial soap, alcohol-based hand rub, and lotion will be made accessible to staff for compliance with this policy
2. Antimicrobial soap and alcohol-based hand rubs will be restocked with new product when empty
 - a. Do not add product to a partially empty dispenser. This practice of “topping off” can lead to bacterial contamination
3. Maintaining skin health is a critical component to the Inova Hand Hygiene program
4. Compliance with hand hygiene will be monitored and performance information will be shared with staff

III. Applies to

All areas excluding surgical hand antisepsis (see Operating Unit-specific Surgical Hand Antisepsis policy)

IV. Definition of Terms

Alcohol-based hand rub (ABHR)	A preparation containing alcohol designed for application to the hands for reducing the number of viable microorganisms on the hands. These preparations usually contain 60-95% ethanol or isopropyl alcohol
Hand Hygiene	A general term that refers to either handwashing or use of an alcohol-based hand rub
Handwash	Washing hands with an antimicrobial soap and water
Other potentially infectious material (OPIM)	All body fluids, secretions (except sweat), non-intact skin and mucous membranes. These may contain transmissible infectious agents

V. Expected Outcomes

Compliance with hand hygiene reduces the risk of transmitting infections

VI. Procedure

Always follow Standard Precautions and use appropriate personal protective equipment (PPE) (See [Standard Precautions](#) policy). Inova Administration, the Infection Prevention and Control (IPC) Department, and Infectious Disease physician consultants to IPC will approve all soaps/hand hygiene agents and lotion.

A. INDICATIONS FOR HAND HYGIENE

1. Handwashing or use of an Alcohol-based Hand Rub (ABHR):

- a. Before and after each patient encounter – regardless of whether or not direct patient contact is anticipated.
- b. Before and after contact with patient's, client's or resident's intact skin (e.g., taking a pulse or blood pressure, performing physical examinations, lifting the patient)
- c. Between contaminated and clean tasks
- d. Prior to beginning and upon leaving work

- e. After using the restroom
- f. Before eating, handling medications or preparing food
- g. After sneezing or coughing into hands
- h. Before donning sterile or nonsterile gloves
- i. After contact with wound dressings, body fluids or OPIM, mucous membranes, non-intact skin, or other body fluid exposure risk
- j. Before inserting indwelling urinary catheters, peripheral vascular catheters or other invasive devices that do not require a surgical procedure.
- k. Before an aseptic task
- l. After moving from a contaminated body site, to a clean body site during patient care.
- m. After contact with environmental surfaces in the immediate vicinity of patients (e.g. handling sputum containers, bedpans, urinals, catheters, bed rails, overbed tables, etc.)
- n. After contact with medical equipment/supplies in patient areas
- o. Immediately after removing gloves or any other personal protective equipment.
NOTE: 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.
- p. Leaving an isolation room.

2. Hand Washing ONLY:

- a. When hands (or gloves) are visibly dirty
- b. When soiled with blood, body fluids or OPIM
- c. For suspected or confirmed exposure to spore forming organisms (e.g. *C.difficile* and *B.anthraxis*)

B. HAND HYGIENE TECHNIQUE

1. Handwashing with Soap and Water

- a. Wet hands with warm water, then apply soap
- b. Rub hands together vigorously, interlacing finger, including the backs of hands, wrists, and the fingernail areas, for at least 15 seconds
- c. Rinse hands thoroughly with water, fingertips held in a downward position to allow water to flow over hands
- d. Dry thoroughly with a disposable towel
NOTE: Patting dry will decrease the potential for irritation
- e. Use a dry towel to turn off the faucet

NOTE: Use of a paper towel will avoid re-contamination of clean hands

2. Hand Antisepsis with an Alcohol-based hand rub

- a. With dry hands, apply the manufacturer's recommended amount of hand antiseptic agent
- b. Rub hands together vigorously, interlacing fingers, including the back of the hands, wrists and the fingernail areas, for at least 15 seconds or until product is DRY
- c. Be sure hands are dry before proceeding to other activities.

C. FINGERNAILS

Bacteria and fungus may be harbored underneath fingernails.

1. Keep natural nail tips clean and at a length of $\frac{1}{4}$ inch or less.
2. Artificial nails or nail accoutrements of any kind (synthetic, acrylic, silk, gel, nail extenders and long lasting nail enamel such as Shellac or Gelac Nails, may not be worn while in patient care areas or in other clinical support areas (e.g. pharmacy, food and nutrition services, environmental services, etc).
3. Nail polish may be worn, but must not be chipped

D. MAINTAINING SKIN HEALTH

1. Direct care providers should use only Inova approved lotions. Approved lotions are available in patient care areas.
2. Direct patient care providers should not bring personal hand care products from home. There is documentation of lotions being reservoirs for contamination with microorganisms.
NOTE: Staff with allergies or other conditions requiring personal hand care products will have the product evaluated for appropriateness within the healthcare environment by Employee Health and Safety. Approved products will be labeled and used only by the designated staff member.
3. Use lotions or creams at least twice per shift to minimize hand irritation and prevent dermatitis, use appropriate amounts to avoid excessive residue. Incomplete rinsing of soaps and incomplete drying may contribute to hand irritation (e.g. pat dry, avoid rubbing action in drying)
4. Petroleum based lotions may not be used in the healthcare setting. They may degrade latex gloves and compromise barrier protection and they may interfere with the antimicrobial properties of soap.