

Administrative Policy
POLICY NO.: 200.02.103P

POLICY TITLE: Hand Hygiene

Submitted by: Dr. Sergio Gonzalez-Arias, MD, PhD, FAANS, FACS

Title: Executive Associate Dean, Office of Clinical Affairs, Chair of QIPSC

Approved by: Quality Improvement Patient Safety Committee (QIPSC)

Committee Chair: Dr. Sergio Gonzalez-Arias, MD, PhD, FAANS, FACS

Title: Executive Associate Dean, Office of Clinical Affairs, Chair of QIPSC

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SUMMARY & PURPOSE:

The single most important procedure for preventing transmission of potential infection-causing organisms is hand hygiene, which includes hand washing and hand antiseptics (hand sanitizer). The purpose of proper hand hygiene is to remove dirt and transient microorganisms, as well as to decontaminate hands and prevent cross-contamination between physicians, staff, visitors, and patients.

SCOPE/APPLICABILITY:

This policy applies to all the HWCOC Clinical Locations where faculty, students and /or staff provide care to patients and for the faculty, students and staff that are providing patient care in the *affiliated* hospitals, outpatient and diagnostic centers. The HWCOC clinical locations are: FIU Health Modesto Maidique, ("MMC"), FIU Health Broward, Green Family Foundation NeighborhoodHELP Mobile Health Centers and Household visits and the Linda Fenner 3D Mobile Mammography Center.

POLICY:

This policy addresses the practical aspects related to the performance of routine hand hygiene while providing outpatient care.

DEFINITION:

Hand hygiene is a general term that applies to hand washing and antiseptic hand wash (hand sanitizers).

Antiseptic agents are antimicrobial substances that are applied to the skin to reduce the number of microbial flora.

Hand washing is the use of soap and water to mechanically remove gross contamination and/or a limited number of organisms from hands by sudsing, friction, and rinsing.

Hand antiseptics refers to either antiseptic hand wash or antiseptic hand rub.

Antiseptic hand wash is the washing of hands with water and soap or other detergents containing an antiseptic agent.

Antiseptic hand rub is the application of an alcohol-based hand rub, usually containing 60-95% ethanol or isopropanol, to all surfaces of the hands to reduce the number of microorganisms present. After applying the agent, the individual rubs the hands together until the agent has dried.

Visibly soiled hands are hands showing visible dirt or visibly contaminated with proteinaceous material, blood, or other body fluids (e.g., fecal material or urine).

PROCEDURE:

1. Please note that attention to cleaning under the nails is an important aspect of hand washing/antiseptis. Fingernails must be natural, short (no more than ¼ inch beyond the tip of the finger), and under the nails should be cleaned daily and as needed. Polish may be worn but must not be chipped. Refer to other aspects of hand hygiene.
2. Employees with sensitivity to any hand products are to be referred to an appropriate physician for assessment and recommendation for alternative products.
3. All hand hygiene products including those used as alternatives must be recommended by the CDC (The Center for Disease Control and Prevention) and/or WHO (The World Health Organization).
4. Hand hygiene must be performed before and after every patient interaction, and, before and after donning gloves. Wearing gloves does not replace the need for hand hygiene.
5. If an emergency situation arises or there is a water outage or water contamination, refer to the Florida International University Emergency Management Plan.
6. Other aspects of hand hygiene: Individuals having direct patient contact which includes medical staff, nursing, medical assistants, other clinical support staff that provide treatment should adhere to the following:
 - a. May not wear artificial nails, which are substances or devices applied to natural nails to augment or enhance nails (CDC category 1A**). Application of artificial materials to the nail include, but are not limited to:
 - i. Gels, acrylics, overlays, extenders, tips or silk wraps, shellac (gel and nail polish hybrids) and bonding material.
 - b. Natural nails may not exceed ¼ inch past the fingertip.
 - c. Nail polish, if worn, may not be chipped, cracked, or peeling.
 - d. Nail ornaments are considered enhancements and may not be worn.
 - e. Hand lotion: Alcohol hand sanitizers contain emollients, which decreases the need for the application of hand lotions in most cases. If needed, hand lotion may be used with the following considerations:
 - i. Must be compatible with the hand hygiene products.
 - ii. Container of hand lotion should be discarded when empty. Never refill.

NOTE: Category 1A- Strongly recommended for implementation and strongly supported by well-designed experimental, clinical, or epidemiological studies.

Methods	Agent	Purpose	Examples	Area	Procedure
Routine Handwash	Water and soap	Remove soil and transient microorganisms	When hands are visibly dirty, wash with non-antimicrobial. Before and after anticipation or contact with infectious material (i.e., diarrhea)	All surfaces of the hands and fingers	Turn the water on to comfortable temperature. Wet hands, apply soap and work up a lather using friction for at least 15 seconds. Rinse thoroughly under running water. Dry hands thoroughly with paper towel and dispose in waste bin, then use another dry paper towel to turn off the faucet.
Antiseptic hand rub (sanitizer)	Alcohol-based hand rub	Remove or destroy transient microorganisms and reduce resident flora (persistent activity)	If hands are not visibly soiled, use an alcohol-based hand rub for routinely decontaminating hands, e.g., taking a blood pressure or handing patient medication, food or before and after any patient contact including items/equipment in their environment	All surfaces of the hands and fingers	Apply one pump, about 3-5ml of product to thoroughly dried hand. Rub until the hands are dry.

SUPPORTING/REFERENCE DOCUMENTATION:

- Boyce, J.M., Kelliher, S., Vallande, N. (2000). Skin irritation and dryness associated with two hand-hygiene regimens: soap-and-water handwashing versus hand antiseptics with an alcoholic hand gel. *Infection Control Hospital Epidemiology*, 21(7), 442-448.
- Center for Disease Control and Prevention (CDC). (2002). CDC Guideline for hand hygiene in health-care settings. *Morbidity and mortality weekly report*. Retrieved from <http://www.cdc.gov/handhygiene/providers/guideline.html> Special Publications
- Siegel, J.D., Rhinehart, E., Jackson, M., Chiarello, L. and the Healthcare Infection Control Practices Advisory Committee. (2007). Guideline for isolation precautions: Preventing transmission of infectious agents in healthcare settings. *MMWR*. <http://www.cdc.gov/ncidod/dhqp/pdf/isolation2007.pdf>. Governmental Guidelines
- Siegel, J.D., Rhinehart, E., Jackson, M., et al. and the Healthcare Infection Control Practices Advisory Committee. (2007). Management of multi drug resistant organisms in healthcare settings. *MMWR*. Retrieved from <http://www.cdc.gov/hicpac/pdf/isolation/isolation2007.pdf>
- Winnefeld, M., Richard, M.A., Drancourt, M., Grobb, J.J. (2000). Skin tolerance and effectiveness of two hand decontamination procedures in every-day hospital use. *British Journal of Dermatology*, 143, 546-550.

RELATED POLICIES, PROCEDURES, AND ASSOCIATED FORMS:

- FIU Policy: Emergency Management and Continuity of Operations No.: **180.105**

