POLICY TITLE: Hand Hygiene

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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 antisepsis (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 providers, staff, students, visitors, and patients.

SCOPE/APPLICABILITY: This policy applies to all the HWCOM Clinical Locations where faculty, students and/or staff provide care to patients and applies for the faculty, students and staff that are providing patient care in the affiliated hospitals, outpatient, and diagnostic centers. The HWCOM clinical locations are FIU Health Modesto Maidique, (“MMC”), 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.

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

Antiseptic Agents: or hand sanitizers 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 contamination and/or a limited number of organisms from hands by sudsing, friction, and rinsing.

Hand Antisepsis: 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. This method is as effective as handwashing.

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/antisepsis. 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 section # 6 below.
2. Employees with sensitivity to any hand products are to be referred to a provider 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 arises or there is a water outage or water contamination, refer and follow the Florida International University Emergency Management Plan.
6. Other aspects of hand hygiene: Individuals having direct patient contact (medical staff, nursing, medical assistants, paramedics 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.
<table>
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<tr>
<th>Methods</th>
<th>Agent</th>
<th>Purpose</th>
<th>Examples</th>
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<tr>
<td><strong>Routine Handwash</strong></td>
<td>Water and soap</td>
<td>Remove soil and transient microorganisms</td>
<td>When hands are visibly dirty, wash with non-antimicrobial. Before and after anticipation or contact with infectious material (i.e., diarrhea)</td>
<td>Make sure to scrub all areas of your hands, including your palms, backs of your hands, between your fingers, wrists, and under your fingernails.</td>
<td>Turn the water on to comfortable temperature. Wet hands first, apply soap and work up a lather using friction for at least 20 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. CDC recommends using a clean dry towel each time to dry hands.</td>
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<tr>
<td><strong>Antiseptic hand rub (hand sanitizer)</strong></td>
<td>Alcohol-based hand rub; 60% or more ethanol or isopropanol</td>
<td>Remove or destroy transient microorganisms and reduce resident flora (persistent activity)</td>
<td>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</td>
<td>All surfaces of the hands and fingers</td>
<td>Apply one pump, about 3-5ml of product to thoroughly dried hand. Rub until the hands are dry.</td>
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SUPPORTING/REFERENCE DOCUMENTATION:

- https://www.cdc.gov/handwashing/when-how-handwashing.html. Updated March 2022

RELATED POLICIES, PROCEDURES, AND ASSOCIATED FORMS: