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 physicians, staff, 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 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”), 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 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.

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 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.
SUPPORTING/REFERENCE DOCUMENTATION:

RELATED POLICIES, PROCEDURES, AND ASSOCIATED FORMS: