

POLICY

Title: Hand Hygiene - "S"

Location: Centennial Hills, Desert Springs Hospital, Henderson Hospital, Spring Valley, Summerlin, Valley Hospital		Page: 1 of 6
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Section: Infection Control (IC)		

I. SCOPE

House-wide

II. PURPOSE

The purpose of this policy is to prevent the transmission of disease by freeing hands of microorganisms and potentially infectious material. This policy is based upon the guidelines in the Centers for Disease Control (CDC) *Guidelines for Hand Hygiene in Healthcare Settings 2002* and the World Health Organization (WHO) *Guidelines on Hand Hygiene in Healthcare*.

To protect patients, visitors, and employees from transmitting infectious causing microbes using current scientific knowledge regarding artificial fingernails. Artificial fingernails are a significant reservoir for fungus and bacterial growth. Patients today are at higher risk in today’s healthcare environment due to increased age, increased comorbidities, and more immunocompromised states.

To outline a facility-wide policy on fingernails and the wearing of artificial fingernails as part of Hand Hygiene (defined below).

III. DEFINITIONS

Hand hygiene: A general term referring to any action of hand cleansing

Handwashing: Washing hands with plain or antimicrobial soap and water

Healthcare workers: Employees, licensed independent practitioners, residents, volunteers, students, and contracted personnel

Natural fingernails: Natural fingernails are defined as natural nails without an artificial covering other than nail polish.

Artificial fingernails: Any material applied to the nail for the purpose of strengthening or lengthening the nail including, but not limited to:

- Wraps
- Gels
- Acrylics
- Tips
- Tapes
- Any appliqués other than those made of nail polish
- Nail-piercing jewelry of any kind

This policy and any related procedures or guidelines were developed based on available evidence, regulatory standards, and accreditation requirements. Caregivers are accountable for following policies, procedural steps, and/or guidelines as they carry out their responsibilities. However, no clinical policy, procedure, or guideline can account every situation, so caregivers remain responsible for exercising their clinical judgment within their scope of practice and varying from a policy, procedure, or guideline in the event where the patient’s circumstances fall outside the scope of the policy.

IV. POLICY

Handwashing with non-antimicrobial or antimicrobial soap and water and/or hand antisepsis with an alcohol-based hand rub is the single most important factor in the spread of infections/organisms throughout the hospital. Proper hand hygiene reduces the risk of hands serving as vectors for the transfer of microorganism from one patient to another, from patients to hospital personnel, and from one part of a patient's body to another.

Handwashing facilities and alcohol-based hand rub wall dispensers are located in patients' rooms, with liquid soap dispensers located near each sink. Additionally, alcohol based hand rub wall dispensers are located throughout the hospital and in the café.

A. Principles of hand hygiene

1. Bacteria and other microorganisms can be transmitted to the hands, and other parts of the body, by direct or indirect contact.
2. Bacteria tend to harbor around rings and cuticles, between fingers, and under fingernails.
3. Keep hands clean and nails neatly manicured. Broken nails and torn cuticles may be a portal for infection. Natural fingernails shall be clean and of reasonable length, with tips less than $\frac{1}{4}$ inch long. Any type of artificial fingernails, extenders or overlays shall not be worn if providing direct patient care, handling patient equipment/medications or preparing food.
4. Gloves should be used as an adjunct to, not a substitute for, hand hygiene.

B. Choosing the appropriate method of hand hygiene:

Hand hygiene can be performed with either a non-antimicrobial or antimicrobial soap and water or an alcohol-based hand rub.

1. Soap and water must be used, rather than an alcohol-based hand rub, in the following situations:
 - Whenever hands are visibly soiled
 - Whenever caring for a patient with any suspected or confirmed spore-forming organism (e.g. *Clostridioides difficile*), Norovirus, and/or *Candida auris*.
 - Whenever exposure to *Bacillus anthracis* is suspected or confirmed
 - Before eating
 - After using the restroom

C. All health care workers are required to perform proper hand hygiene at the following times:

1. Upon entering and upon exiting a patient's room.
2. Before and after contact with a patient.
3. After contact with a source of microorganisms.
4. Before donning gloves.

5. After removing gloves.
6. After touching equipment or surfaces that may be contaminated.
7. After contact with inanimate objects, including medical equipment, in the patient's room.
8. Before handling an invasive device.
9. After contact with body fluids, excretions, mucous membranes, non-intact skin, wound dressings.
10. Before handling medication and/or preparing food.
11. If moving from a contaminated body site to a clean body site during patient care.

V. PROCEDURE

A. Handwashing

1. Moisten hands – Hold hands and forearms lower than elbows under warm running water.
 2. Wash Hands – Apply soap and work up a good lather. Vigorously rub hands together for at least 20 seconds, generating friction on all surfaces of the hands and fingers. Pay close attention to fingernails.
 3. Rinse Hands – Rinse hands thoroughly. Keep hands lower than wrist to prevent soiled water from contaminating arms.
 4. Dry Hands – Dry hands thoroughly with a disposable towel. Turn off faucet with paper towel.
 5. Repeat Process – Repeat steps 2 and 3 if gross contamination with blood or body substances has occurred.
- **Reminder: Faucets and outside of soap containers are contaminated.

B. Hand antisepsis with an alcohol-based hand rub

1. Dispense an adequate amount of alcohol-based hand rub into the palm of one hand.
2. Spread over both hands covering all surfaces of the hands and fingers and rub until dry.

C. Surgical hand preparation

1. Remove rings, wristwatch, and bracelets before beginning surgical hand preparation.
2. If hands are visibly soiled, wash hands with soap before surgical hand preparation. Remove debris from underneath fingernails using a nail cleaner under running water.
3. Brushes are not recommended for surgical hand preparation
4. Surgical hand antisepsis should be performed using either an antimicrobial soap or alcohol-based hand rub with a product ensuring sustained activity (i.e. chlorhexidine) before donning sterile gloves

5. When performing surgical hand antisepsis using antimicrobial soap, scrub hands and forearms for the length of time recommended by the manufacturer (typically 2-5 minutes).
6. When using an alcohol-based surgical hand rub product with sustained activity:
 - a. Follow the manufacturer's instructions for application times.
 - b. Apply the product to dry hands only.
 - c. Do not combine surgical hand scrub and surgical hand rub with alcohol-based products sequentially.
 - d. Use sufficient product to deep hands and forearms wet with the hand rub throughout the surgical hand preparation procedure.
 - e. After manufacturer's recommended application, allow hands and forearms to dry thoroughly before donning sterile gloves.

D. Other aspects of hand care and protection

1. Glove use
 - a. Gloves will be used as an adjunct to, not a substitute for, hand hygiene.
 - b. Gloves will be used when it can be reasonably anticipated that contact with blood or other potentially infectious materials, mucous membranes, or non-intact skin will occur.
 - c. Gloves will be removed and hand hygiene performed when such activity is completed, when the integrity of the gloves is in doubt, and between patients. Gloves will be changed during the care of a single patient (i.e. when moving from one procedure to another).
 - d. Disposable gloves will be used only once and should not be washed for reuse.
2. Lotion
 - a. Lotion is to be used to prevent skin dryness associated with hand hygiene.
 - b. Lotion will be supplied from the hospital stock in small, individual use, pump dispenser, or wall dispenser containers that are not refilled.
 - c. Compatibility between lotion and antiseptic products and the effect of petroleum or other oil emollients on the integrity of gloves is considered at the time of product selection, therefore personal lotions are not allowed for use by employees and hospital supplied lotions must be used.
3. Adverse effects of hand hygiene agents
 - a. If an employee has adverse effects in using the current hospital supplied hand soap, alcohol-based hand rub, and/or lotion, discuss these issues with the Employee Health Nurse who will make recommendations for a substitute product that will meet the necessary criteria.

- E. Nail care/artificial nails as part of hand hygiene
 - 1. Maintenance of natural fingernails on employees who may not wear artificial fingernails.
 - a. Nails should be trimmed so they are no longer than 1/4 –inch past the tip of the finger.
 - b. They may need to be shorter to avoid puncturing gloves or injuring patients in certain situations if determined by the employee’s manager.
 - c. Polish if worn must be in good repair without cracks or chips.
 - 2. Cleaning of fingernails
 - a. Attention must be given to cleaning around the base the nails, cuticles, as well as the undersides of nail tips when washing hands.
 - 3. The hospital does not permit the use of artificial nails by
 - a. Healthcare workers who provide direct patient care
 - b. Healthcare workers who handle or reprocess equipment or medical instruments
 - c. Healthcare workers who clean and disinfect surfaces in patient care areas
 - d. Food service workers who directly handle food
 - 4. Other non-clinical personnel may wear artificial fingernails within the guidelines of the hospital dress code policy. **Refer to VHS HR Dress Code and Personal Appearance Policy.
- F. Storage and dispensing of hand care products (both soap and alcohol based products)
 - 1. Liquid products are stored in closed containers.
 - 2. Disposable containers are to be used.
 - 3. The soap, alcohol-based hand rub, and towel dispensers are checked routinely by EVS employees during the daily cleaning processes in throughout the facility to ensure proper function and adequate supply.
 - 4. Containers of alcohol should be stored in conjunction with recent storage guidelines, which include, but is not limited to the following
 - a. Installation of alcohol-based hand rub dispensing containers will be in accordance with Nevada State and local regulations.
 - b. The product is not installed over carpeted areas, unless within a sprinklered smoke compartment.
 - c. The products are not installed next to sinks.
 - d. Warehousing of the product will not exceed the current recommended storage amounts.
 - e. Storage of the product in each department will not exceed the current recommended storage amount.
- G. Drying of hands
 - 1. Cloth towels, hanging or roll type are not used.
 - 2. Paper towel dispensers are placed within easy reach of the sinks.

3. Paper towel dispensers, that are not automatically dispensed, should be activated before beginning handwashing.

H. Inaccessible handwashing facilities/interruption of water supply

1. In settings where handwashing facilities are inadequate or inaccessible, and hands are not soiled with dirt or heavily contaminated with blood or other organic material, alcohol-based hand rub is recommended for use.
2. In situations where soiling occurs, detergent containing towelettes should be used to cleanse the hands; alcohol-based hand rubs can then be used to achieve hand antisepsis afterward.
3. In the event of interruption of water supply, alternative agents such as detergent containing towelettes and alcohol-based hand rubs will be available.

VI. References

Boyce, J. M., Pittet, D. (2002). Guideline for hand hygiene in health-Care settings: Recommendation of the healthcare infection control practices advisory committee and the HICPAC/SHEA/APIC/IDSA hand hygiene task force. Retrieved September 2019, from <http://www.cdc.gov/mmwr/PDF/rr/rr5116.pdf>

World Health Organization. (2009). WHO guidelines on hand hygiene in health care. Retrieved September 2019, from https://apps.who.int/iris/bitstream/handle/10665/44102/9789241597906_eng.pdf;jsessionid=F55FCEE2D35AEA3A6ACEAFC3A3A66457?sequence=1