Ochsner Clinical School

Policy

TITLE: Hand Hygiene

EFFECTIVE DATE: 1/1/10 Revised 3/22/22

APPROVER(S): Dean of Medical Education, OCS Head of School

NUMBER: Reference # OCS 8640.1

I. Purpose

Hand hygiene is necessary by all health care and service personnel for prevention of hospital acquired infections and to reduce the incidence of cross-transmission of microorganisms within the medical facility. This policy sets forth guidelines to prevent transmission and acquisition of infectious agents and to reduce the incidence of hospital acquired infections as a result of Direct or Indirect Contact. This policy also sets forth guidelines for proper hand hygiene practices among health care workers in accordance with Centers for Disease Control and Prevention (CDC) Guidelines for Hand Hygiene in Health Care Settings and the Joint Commission National Patient Safety Goals.

II. Scope

This policy applies to (i) Ochsner Health, (ii) Ochsner Clinic Foundation, and/or (iii) all facilities and entities wholly-owned and/or leased by Ochsner Clinic Foundation ("Ochsner").

III. Definitions

A. Direct contact- occurs when there is direct person-to-person contact. Direct Contact may lead to transmission of infectious agents from person to person.
B. Hand Hygiene- a general term that applies to hand washing, antiseptic hand washing, waterless hand sanitizing.
C. Handwashing- washing hands with soap and water.
D. Indirect Contact- refers to touching contaminated surfaces or objects. Indirect Contact may lead to transmission of infectious agents from the environment to an individual.

IV. Policy Statements

Hand Hygiene is considered a necessary step to reduce transmission of pathogenic microorganisms to patients, personnel, and visitors in healthcare settings. It is the most important single procedure for preventing healthcare acquired infections (HAI).

V. Policy Implementation

A. INDICATIONS FOR HAND HYGIENE

1. When hands are visibly dirty or contaminated, wash hands with soap and water
    a. Wash hands with soap and water before eating and after using a restroom
    b. Wash hands with soap and water if exposure to *Clostridioides difficile* (C. diff), norovirus or *Bacillus anthracis* is suspected or proven. The physical friction of washing and rinsing hands under such circumstances is recommended because alcohols, chlorhexidine, iodophors, and other antiseptic agents have poor activity against spores.
2. If hands are not visibly soiled, use an alcohol-base hand rub for routinely decontaminating hands.
3. Decontaminate hands:
    a. Before having Direct Contact with patients.
    b. Before donning gloves and after removing gloves.
    c. Before inserting invasive devices (e.g. indwelling urinary catheter, peripheral vascular catheters).
    d. After contact with a patient.
    e. After contact with body fluids or excretions and wound dressings.
    f. When moving from a contaminated body site to a clean body site during patient care.
    i. For example, perform hand hygiene in between changing a wound dressing and administering medications.
    g. After contact with patient care items (including medical equipment) in the immediate vicinity of the patient.

B. HANDWASHING TECHNIQUE

1. When hands are visibly dirty, and/or after caring for a patient with confirmed or suspected C. diff, wash hands with soap and water.
    a. Turn on water to a comfortable warm temperature.
    b. Wet hands first with water.
    c. Apply soap product.
    d. Rub hands together vigorously for at least 15 seconds, covering all surfaces of the hands and fingers.
    e. Rinse hands well under running water.
    f. Dry hands thoroughly with a clean disposable paper towel,
    g. Use paper towel to turn off faucet.

C. HAND SANITIZING TECHNIQUE

1. If hands are not visibly soiled, use an alcohol-based hand rub, for routinely decontaminating hands in all clinical situations other than those listed in section V.A.1 above.
    a. When decontaminating hands with an alcohol-based hand rub, apply product to palm of one hand and rub hands together, covering all surfaces of hands and fingers, until hands are dry.
    b. Follow the manufacturer's recommendations regarding the volume of product to use.

D. HAND LOTIONS

1. The healthcare facility may choose to provide a hand lotion approved by the Infection Control Committee that is compatible for use with hand hygiene products and gloves already in use by facility.
2. Some products interfere with persistence of skin antiseptics or glove integrity.
3. No hand lotion products shall be brought from outside sources (home, company vendors, etc.) unless approved by Ochsner.

E. OTHER ASPECTS OF HAND HYGIENE

1. No artificial fingernails, gel nail polish, dip powder nail polish or fingernail jewelry should be worn by health care workers in patient care areas or by any employee/volunteer who has contact with patient care supplies, equipment, or food
    a. Alcohol-based hand rub is not effective at cleaning nails with gel polish.
2. Health care workers and any employee/volunteer who has contact with patient care supplies, equipment, or food should keep natural nail tips less than ¼-inch long.
3. Wear gloves when contact with blood or other potentially infectious materials, mucous membranes, and non-intact skin could occur.
4. Remove gloves and perform hand hygiene after caring for a patient. Do not wear the same pair of gloves for the care of more than one patient.
5. Change gloves and perform hand hygiene during patient care if moving from a contaminated body site to a clean body site.
6. Gloves are not a substitute for hand hygiene. Hand contamination may occur as a result of small, undetected holes in examination gloves. Contamination may also occur during glove removal. Glove use should be reserved only when performing “dirty tasks.” Gloves should not be used when handling clean equipment.
7. No hand sanitizing products shall be brought in from outside sources (home, product vendors, etc.) unless approved by Ochsner.
8. If a healthcare worker has an adverse reaction to alcohol-based hand rub, contact infection control and employee health. The adverse reaction must be documented in order for an alternative hand hygiene product to be used.

F. PROCEDURE FOR MONITORING ADHERENCE

1. Hand Hygiene will be monitored by observations conducted by trained volunteers, health care providers and infection control staff
2. Trained volunteers will look for hand hygiene adherence as staff enters and exits the patient environment (patient room, bay, exam room, etc.).
3. Hand hygiene adherence percentage will be calculated by dividing number of appropriate hand hygiene opportunities over total opportunities.
4. Annual goals for hand hygiene adherence will be set by Ochsner.
5. Hand Hygiene adherence reports are distributed to unit directors and staff and overall adherence reports are presented at Infection Control Committee and nursing monthly operating reports as well as quality dashboards.

VI. Enforcement

Failure to comply with this policy may result in progressive discipline up to and including termination of employment for employees or termination of contract or service for third-party personnel, students or volunteers.

VII. References

OHS.NURS.OS.005 Dress Code, Patient Care Areas
OHS.HR.620 System Dress Code and Appearance

The Center for Disease Control and Prevention, 2002. Guidelines for Hand Hygiene in Health Care Settings.

Joint Commission National Patient Safety Goal 07.01.01

Occupational Safety and Health Administration (OSHA) Bloodborne pathogen standard 1910.0130
http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10051

McNeil SA, Foster CL, Heddwerick SA, Kauffman CA. Effect of hand cleansing with antimicrobial soap or alcohol-based gel on microbial colonization of artificial fingernails worn by health care workers. Clinical Infectious Diseases 2001 (32):367–72

Hewlett AL et al. Evaluation of the bacterial burden of gel nails, standard nail polish, and natural nails on the hands of health care workers. Am Journal of Infection Control 2018 (46):1356-9

Hedderwick SA. McNeil SA. Lyons MJ. Kauffman CA. Pathogenic organisms associated with artificial fingernails worn by healthcare workers. Infection Control and Hospital Epidemiology 2000 (21):505-9