

Company Name

Category: Safety/Infection Control

Number: 7.005.1

Subject: Hand washing

Applies to: All Staff

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Purpose: To cleanse the hands of germs and prevent contamination between clients and home care personnel.

Policy: This agency follows CDC guidelines related to hand washing procedures and monitoring for compliance as outlined below.

1. Indications for hand washing and hand antisepsis.

- A. When hands are visibly dirty or contaminated with proteinaceous material or are visibly soiled with blood or other body fluids, wash hands with either a non-antimicrobial soap and water or an antimicrobial soap and water.
- B. If hands are not visibly soiled, use an alcohol-based hand rub for routinely decontaminating hands or wash hands with an antimicrobial soap and water.
- C. Decontaminate hands before having direct contact with patients.
- D. Decontaminate hands before donning sterile gloves when inserting a central intravascular catheter.
- E. Decontaminate hands before inserting indwelling urinary catheters, peripheral vascular catheters, or other invasive devices that do not require a surgical procedure.
- F. Decontaminate hands after contact with a patient's intact skin (e.g., when taking a pulse or blood pressure, and lifting a patient).
- G. Decontaminate hands after contact with body fluids or excretions, mucous membranes, non-intact skin, and wound dressings if hands are not visibly soiled.
- H. Decontaminate hands if moving from a contaminated-body site to a clean-body site during patient care.
- I. Decontaminate hands after contact with inanimate objects (including medical equipment) in the immediate vicinity of the patient.
- J. Decontaminate hands after removing gloves.
- K. Before eating and after using a restroom, wash hands with a non-antimicrobial soap and water or with an antimicrobial soap and water.
- L. Antimicrobial-impregnated wipes (i.e., towelettes) may be considered as an alternative to washing hands with non-antimicrobial soap and water. Because they are not as effective as alcohol-based hand rubs or washing hands with an antimicrobial soap and water for reducing bacterial counts on the hands of health care workers, they are not a substitute for using an alcohol-based hand rub or antimicrobial soap.

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- M. Wash hands with non-antimicrobial soap and water or with antimicrobial soap and water if exposure to *Bacillus anthracis* is suspected or proven. The physical action of washing and rinsing hands under such circumstances is recommended because alcohols, chlorhexidine, iodophors, and other antiseptic agents have poor activity against spores.
- N. Upon arrival to work
- O. Before and after **EACH** contact with a client.
- P. After handling bed pans, urinals, catheters, linens
- Q. Before and after gloves are used
- R. Before, during, and after preparing food
- S. Before and after eating
- T. After use of the toilet
- U. After blowing nose, sneezing or coughing
- V. After changing diapers or cleaning up a child who has used the toilet
- W. Before and after treating a cut or wound
- X. When leaving work.

2. Hand-hygiene technique per CDC.

- 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. Follow the manufacturer's recommendations regarding the volume of product to use.
- B. When washing hands with soap and water, wet hands first with water, apply an amount of product recommended by the manufacturer to hands, and rub hands together vigorously for at least 20 seconds, covering all surfaces of the hands and fingers. Rinse hands with water and dry thoroughly with a disposable towel. Use towel to turn off the faucet. Avoid using hot water, because repeated exposure to hot water may increase the risk of dermatitis.
- C. Liquid, bar, leaflet or powdered forms of plain soap are acceptable when washing hands with a non-antimicrobial soap and water. When bar soap is used, soap racks that facilitate drainage and small bars of soap should be used.
- D. Multiple-use cloth towels of the hanging or roll type are not recommended for use in health-care settings.

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3. Selection of hand-hygiene agents per CDC.

- A. Provide personnel with efficacious hand-hygiene products that have low irritancy potential.
- B. To maximize acceptance of hand-hygiene products by health care workers, solicit input from these employees regarding the feel, fragrance, and skin tolerance of any products under consideration. The cost of hand-hygiene products should not be the primary factor influencing product selection.
- C. When selecting non-antimicrobial soaps, antimicrobial soaps, or alcohol-based hand rubs, solicit information from manufacturers regarding any known interactions between products used to clean hands, skin care products, and the types of gloves.
- D. Before making purchasing decisions, evaluate the dispenser systems of various product manufacturers or distributors to ensure that dispensers function adequately and deliver an appropriate volume of product.
- E. Do not add soap to a partially empty soap dispenser. This practice of "topping off" dispensers can lead to bacterial contamination of soap.

4. Skin care per CDC.

- A. Provide health care workers with hand lotions or creams to minimize the occurrence of irritant contact dermatitis associated with hand antisepsis or hand washing.
- B. Solicit information from manufacturers regarding any effects that hand lotions, creams, or alcohol-based hand antiseptics may have on the persistent effects of antimicrobial soaps being used in the institution.

5. Other Aspects of Hand Hygiene per CDC.

- A. Do not wear artificial fingernails or extenders when having direct contact with patients at high risk.
- B. Keep natural nails tips less than 1/4-inch long.
- C. Wear gloves when contact with blood or other potentially infectious materials, mucous membranes, and non-intact skin could occur.

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- D. Remove gloves after caring for a patient. Do not wear the same pair of gloves for the care of more than one patient, and do not wash gloves between uses with different patients.
- E. Change gloves during patient care if moving from a contaminated body site to a clean body site.
- F. No recommendation can be made regarding wearing rings in health-care settings.

6. Health-care worker educational and motivational programs per CDC.

- A. As part of an overall program to improve hand-hygiene practices of health care workers, educate personnel regarding the types of patient-care activities that can result in hand contamination and the advantages and disadvantages of various methods used to clean their hands.
- B. Monitor health care workers' adherence with recommended hand-hygiene practices and provide personnel with information regarding their performance.
- C. Encourage patients and their families to remind health care workers to decontaminate their hands.

7. Administrative measures per CDC.

- A. Make improved hand-hygiene adherence an institutional priority and provide appropriate administrative support and financial resources.
- B. Implement a multidisciplinary program designed to improve adherence of health personnel to recommended hand-hygiene practices.
- C. As part of a multidisciplinary program to improve hand-hygiene adherence, provide health care workers with a readily accessible alcohol-based hand-rub product.
- D. Store supplies of alcohol-based hand rubs in cabinets or areas approved for flammable materials.

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The following performance indicators are monitored for measuring improvements in health care workers' hand-hygiene adherence:

- A. During supervisory visits with employee present, the supervisor shall observe employee adherence with this hand washing policy. If employee is not present during supervisory visit ask the patient if the employee routinely washes their hands. Provide feedback to personnel regarding their performance.
- B. Monitor the volume of alcohol-based hand rub (or detergent used for hand washing or hand antisepsis) used per quarter. Trend usage against previous quarter while considering visit load each quarter.
- C. Monitor adherence to policies dealing with wearing of artificial nails.
- D. When outbreaks of infection occur, assess the adequacy of health-care worker hand hygiene.

Hand washing Goal is for 100 percent compliance with this policy. QAPI measures success related to hand washing.