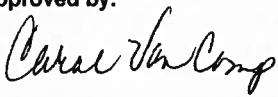
 <p>HAWAII HEALTH SYSTEMS CORPORATION</p> <p>POLICY</p>	Department: Administration	Policy No.: PAT 1008A
		Revision No.: N/A
	Issued by: Quality Council	Effective Date: August 16, 2012
Subject: HHSC Hand Hygiene Policy	Approved by:  HHSC Board of Directors By: Carol VanCamp Its: Secretary/Treasurer	Supersedes Policy N/A
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Reviewed May 8, 2012; Next review May 8, 2015

- I. **Purpose:** To provide consistent guidelines (see PAT 1008B) as prescribed by the Centers of Disease Control (CDC) for hand hygiene practice in all HHSC facilities.
- II. **Background:** Healthcare-Associated Infections (HAI) affect hundreds of millions of patients worldwide every year. These infections can lead to more serious illness, prolonged hospital stays, and increased long-term disability. It is now widely believed that many HAIs are preventable. Improved adherence to hand hygiene has been shown to terminate outbreaks in healthcare facilities, reduce transmission of antimicrobial resistant organisms, and reduce overall infections rates. Hand hygiene is an important prevention strategy for avoiding HAI.
- III. **Policy:** It is the policy of the Hawaii Health Systems Corporation (HHSC) that all healthcare providers in HHSC facilities will practice appropriate hand hygiene based on the role of the provider and in accordance with the CDC Guideline for Hand Hygiene in Health-Care Settings, October 25, 2002. This policy applies to HHSC employees, HHSC affiliate employees, Medical Staff, affiliating students and volunteers (referred to as "hospital staff").
- IV. **Definition:**

Hand Hygiene: a general term that refers to hand washing, antiseptic, antiseptic hand rub, or surgical hand antisepsis.
- V. **Responsibilities:**
 - A. Hospital staff shall be provided with education on hand hygiene at time of new hire and at least annually thereafter.
 - B. All hospital staff shall follow the HHSC hand hygiene policy. Individual facility Infection Prevention & Control Departments shall be contacted for questions or concerns.

- C. Hospital staff shall only use hand hygiene agents and lotions approved by their individual facilities.
- D. All hospital staff identified as non-compliant with hand hygiene shall be reported to their supervisor and/or department manager for education and/or corrective action.
- E. All hospital staff have the responsibility to protect patients/residents by either intervening directly when they observe staff not adhering to this policy or by reporting the incident to appropriate managers/supervisors.
- F. It is the responsibility of each department manager and senior leader to enforce this policy.

VI. Applicability: The policy shall apply to all HHSC employees, HHSC affiliate employees, Medical Staff, affiliating students and volunteers (referred to as "hospital staff").

VII. References:

1. Guideline for Hand Hygiene in Healthcare Settings, Centers for Disease Control (CDC), MMWR October 25, 2002, Vol. 51; HHSC Procedure PAT 1008B.