HAWAII HEALTH SYSTEMS CORPORATION PROCEDURE	Department: Administration	Procedure No.: **PAT 1008B**
		Revision No.: N/A
	Issued by: Quality Council	Effective Date: August 16, 2012
Subject: ***HHSC Hand Hygiene Procedure***	Approved by: Bruce S. Anderson President & CEO	Supersedes Policy N/A
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Last reviewed: July 6, 2012; Next review: July 6, 2015

I. **Purpose:** To establish specific procedures for hand hygiene practice in all HHSC facilities.

II. **Definitions:**

Antiseptic: washing hands with water and soap or other detergents containing an antiseptic agent.

Antiseptic Hand Rub: applying an antiseptic hand rub product to all surfaces of the hands to reduce the number of microorganisms present.

Hand Hygiene: a general term that refers to hand washing, antiseptic, antiseptic hand rub, or surgical hand antisepsis.

Hand Washing: washing hands with plain (non-antimicrobial) soap and water.

Surgical Hand Antisepsis: antiseptic or antiseptic hand rub performed preoperatively by surgical personnel to eliminate transient and reduce resident hand flora.

Visibly Soiled Hands: hands showing visible dirt or contaminated with proteinaceous (protein based) material, blood, or other body fluids.

Waterless Antiseptic Agent: an antiseptic agent that does not require use of water. After applying such an agent, the hands are rubbed together until the agent has dried.

Waterless Hand Sanitizing: cleaning hands with a waterless hand sanitizer.

III. **Procedures:**

A. **Hand Hygiene Indications**

1. **Hand hygiene is required:**
   a. At the beginning and end of each shift.
   b. Upon entering and leaving a patient room or environment.
   c. Before and after every patient contact.

d. As soon as hands are free (when carrying supplies or transporting a patient into or out of a room).
e. Before donning and after removing gloves (sterile/non-sterile).
f. Before moving to a clean body site from a contaminated body site during patient care.
g. Before and after handling an invasive device (peripheral vascular catheter, urinary catheter) regardless of whether or not gloves are used.
h. After contact with body fluids or excretions, mucous membranes, non-intact skin, wound dressings, or items contaminated with these body fluids.
i. After coughing or sneezing.
j. Before handling food or oral medications.
k. Before and after eating.
l. Before and after using the bathroom.

2. **Hand hygiene with soap and water is required:**
   a. Before eating.
   b. After using the restroom.
   c. Any time hands are **visibly** soiled.
   d. When caring for a patient with suspected or confirmed *C. difficile.*
   NOTE: alcohols, chlorhexadine, and other antiseptic agents have poor activity against *C. difficile.*

B. **Approved Hand Hygiene Products**

1. Hospital staff will be provided with effective hand hygiene products that have low irritancy potential.
2. All hand hygiene products and lotions must be approved for use by individual HHSC facilities.
3. Dispensers will be accessible at the point of care.
   - Dispensers containing alcohol hand sanitizer **will not** be placed near heat sources, electrical outlets, or light switches as defined by the applicable life safety code.
4. Hospital staff will be provided with hand products to minimize the occurrence of contact dermatitis.
   - Outside (personal) lotions and creams are not permitted.
   - If a staff member develops skin problems (e.g. dermatitis, cracked or chapped skin) as a result of using the hand hygiene products(s) provided, the individual will report the problem to their manager/supervisor and the facility protocol for addressing this situation will be implemented.

C. **Fingernails**

1. Only natural fingernails are acceptable for individuals whose responsibilities include handling sterile supplies and providing direct hands-on patient contact. ***Fingernail polish can be worn by food preparation staff as long as intact protective gloves are used at all times when handling foods.***
2. Natural nails must be no longer than 1/8 inch beyond the fingertip.
3. Artificial fingernails or nail enhancements including but not limited to overlays, wraps, tips, or attached decorations, are ***NOT*** permitted. Documented outbreaks of infection due to Gram-negative bacteria and fungi have been associated with the use of artificial nails. Gram-negative bacteria can adhere to the surfaces of artificial nails and persist there even after the appropriate use of hand hygiene cleansing/sanitizing procedures. ***Artificial fingernails or nail enhancements can***

be worn by food preparation staff as long as intact protective gloves are used at all times when handling food.

D. **Use of Gloves**

1. The use of gloves does not replace the need for hand cleansing by either hand rubbing or hand washing.
2. Gloves should be worn when it can be reasonably anticipated that contact with blood or other potentially infectious materials, mucous membranes, and non-intact skin will occur.
3. Gloves must ***never*** be used for the care of more than one patient.
4. When wearing gloves, change or remove during patient care if moving from a contaminated body site to a clean body site within the same patient or to the environment (leaving the room).

E. **Patient Education**

1. Staff is required to educate patients and their families to practice hand hygiene measures while in their individual facility.
2. Staff is required to educate patients and families to remind healthcare workers to wash/sanitize hands.

F. **Compliance**

1. Compliance will be recorded monthly in all patient care areas and feedback about performance will be provided to appropriate personnel.
2. Compliance will be recorded as the number of hand hygiene episodes performed by personnel out of the actual number of hand hygiene opportunities and calculated as a percentage.
3. Feedback about performance will be provided to appropriate personnel by the department manager/senior leader.
4. Staff who does not comply with this policy may be subject to corrective action and/or discipline in accordance with applicable collective bargaining agreements, civil service provisions, or other disciplinary provisions.

G. **Hand washing (using water and soap)**

1. Wear minimal jewelry.
2. Turn on faucet and wet hands with warm water.
3. Apply soap.
4. Vigorously rub together all surfaces of lathered hands for at least 20 – 30 seconds.
5. Thoroughly rinse hands under a stream of water.
6. Dry hands with a paper towel.
7. Use a dry paper towel to turn off faucet to avoid recontamination.

H. **Hand disinfection (using alcohol-based hand rub)**

1. Dispense a thumbnail-sized amount of sanitizer (one pumpet) into the palm.
2. Briskly rub over all surfaces until hands are dry.

I. **Surgical Hand Scrub**

1. All personnel performing or assisting with surgical procedures shall perform a surgical hand scrub/rub according to their individual facility's procedures.

2. Remove rings, watches, and bracelets before beginning surgical hand preparation.
3. If hands are visibly soiled, wash hands with plain soap before surgical hand preparation. Remove debris from underneath fingernails using a nail cleaner, preferably under running water.
4. Surgical hand antisepsis should be performed using either an antimicrobial soap or an alcohol-based hand rub, preferably with sustained activity, before donning sterile gloves.
5. When performing surgical hand antisepsis using an antimicrobial soap, scrub hands and forearms for length of time recommended by the manufacturer, usually 2-6 minutes.
6. When performing surgical hand antisepsis using an alcohol-based surgical hand scrub, prewash hands and forearms with a non-antimicrobial soap before applying the alcohol solution.

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

V. References: HHSC POLICY PAT 1008A.