

April 2011

## GUIDELINES FOR HAND HYGIENE

1. **PURPOSE:** This policy provides guidance for establishing the basic requirements for hand hygiene practices.

### 2. BACKGROUND

a. In October of 2002, the Centers for Disease Control and Prevention (CDC) issued a new Guideline on Hand Hygiene in Health-Care Setting, which examined the evidence in over 400 publications and provided 44 recommendations for hand hygiene practices. The need to decontaminate hands before and after engaging in direct patient care activities by using an alcohol-based hand rub (in the absence of visibly soiled or contaminated hands, or as an alternative by using an antimicrobial soap and water, has been emphasized.

b. The Joint Commission, from January 1, 2004 has retained a National Patient Safety Goal (NPSG 7) to reduce the risk of health care-associated infections. Specifically, NPSG 7A calls for compliance with CDC hand hygiene guidelines.”

3. **POLICY:** All VAMHCS health care personnel will minimize the risk of transmission of potential pathogens by utilizing appropriate handwashing practices as outlined in this policy.

4. **ACTIONS:** The Director, VAMHCS is responsible for ensuring:

a. **All health care workers** in direct patient contact areas, i.e., inpatient rooms, outpatient clinics, etc., as well as those who may have direct patient contact in other settings, such as nursing personnel, physicians, respiratory therapist, radiology technicians, phlebotomists, occupational therapist, physical therapist, nutrition and food service personnel, canteen staff who prepare and handle food, etc., must:

(1) Use an alcohol-based hand rub or antimicrobial soap and water to routinely decontaminate their hands before and after having direct contact with patient.

*NOTE: If hands are not visibly soiled, use an alcohol-based hand rub for routinely decontaminating hands. When hands are visibly dirty or contaminated with proteinaceous material or are visibly soiled with blood or other body fluids, wash hands with an antimicrobial soap and water. When caring for a patient on contact precautions or diarrhea, wash hands with an antimicrobial soap and water. Using an alcohol-based handrub or an antimicrobial soap and water after one patient and before the next patient suffices to decontaminate a health care worker's hands if the hands are not subject to recontamination in-between patients (as in talking on the telephone, handling objects, pushing elevator buttons, turning doorknobs, etc). It is important not to reduce the availability of antimicrobial soap while increasing the use of alcohol-based hand rubs. Antimicrobial soap allows hand decontamination in single step when hands are visibly soiled. Otherwise, in order to decontaminate your hands consistent with CDC recommendations, use an alcohol-based hand rub afterwards.*

(2) Use an alcohol-based hand rub or antimicrobial soap and water before donning sterile gloves when inserting a central intravascular catheter.

(3) Use an alcohol-based hand rub or antimicrobial soap and water before inserting an indwelling urinary catheter, peripheral vascular catheter, or other invasive devices that do not require a surgical procedure.

(4) Put gloves on when contact with blood or other potentially infectious materials, mucous membranes, and non-intact skin could occur. Remove gloves after caring for patient. Do not wear the same pair gloves for the care of more than one patient, and do not wash gloves between uses with different patients.

(5) Use an alcohol-based hand rub or antimicrobial soap and water to decontaminate hands before and after removing gloves

(6) Wash hand with non-antimicrobial or antimicrobial soap and water whenever hands are visibly soiled or contaminated with body fluids, before eating, and after using the restroom.

(7) Use either an antimicrobial soap or an alcohol-based hand rub with persistent activity in lieu of soap and water before donning sterile gloves for all surgical procedures.

***NOTE:** When performing surgical procedures hand antisepsis using an antimicrobial soap or an alcohol-based hand rub with persistent activity (i.e., Prolonged or extended activity that prevents or inhibits proliferation or survival of microorganisms after application of a product), long scrub times (e.g., 10 minutes) are not necessary. Scrub hands and forearms for the length of time recommended by the product manufacturer, usually 2 to 6 minutes.*

(8) Use an alcohol-based hand rub or antimicrobial soap and water after contact with a patient's intact skin (as in taking a pulse or blood pressure, or lifting a patient).

(9) Use an alcohol-based hand rub if moving from a contaminated body site to a clean site doing patient care.

b. **All health care workers** who provide direct, hands-on care to patients shall not wear artificial fingernails or extenders; (e.g. wraps, acrylics, tips, tapes and any appliqué, and nail piercing jewelry of any kind) this includes non-supervisory and supervisory personnel who regularly or occasionally provide direct, hands-on care to patient. Natural nail tips will be kept less than ¼ inch in length. Nail polish, if worn must be in good repair with no cracks or chips.

c. **Appropriate supplies for hand hygiene are provided.**

(1) An alcohol-based hand rub is available at the entrance to each patient room and/or at the bedside, as well as other convenient locations.

***NOTE:** Alcohol-based hand rubs contain at least 60 percent ethyl alcohol and may present and abuse risk in certain patient care areas, such as inpatient psychiatric or substance use treatment units. The clinicians and facility leaders are to use discretion in their use of alcohol-based products in these areas.*

(2) Antimicrobial soap must be available in all patient care areas where soap is provided (i.e., at all sinks with a soap dispensers).

(3) Pocket-sized containers of alcohol-based hand rub must be available to all health care workers when there is no access to alcohol hand gel dispensers and upon personnel request.

(4) Chlorhexidine Gluconate (CHG) compatible hand lotions or creams to minimize irritant contact dermatitis must be readily available.

**d. Soap is not added to partially empty dispensers.**

*NOTE: "Topping off" soap dispensers can lead to bacterial contamination. This means that soap needs to be dispensed from disposable bladders or other containers that prevent old and new soap from mixing.*

e. Care is taken in installing and storing alcohol-based hand rubs consistent with fire safety requirements. The most recent relevant amendment to the Life Safety Code (April 28, 2004) permits the installations and use of alcohol-based hand rubs in patient rooms, suites, and corridors of healthcare facilities. In all locations alcohol-based hand rub dispensers must not be located over, or adjacent to, ignition sources (including electrical receptacles and switches). Corridors must have at least 6 feet of clear width with hand rub dispensers spaced at least 4 feet apart. Alcohol-based hand rub dispensers may not be installed in carpeted corridors unless the corridor is sprinkler protected. Dispensers may not project more than 6 inches into corridor egress width. Supplies of alcohol-based hand rub products must be stored in cabinets or areas approved for flammable materials consistent with applicable regulations and standards.

f. Improving hand hygiene is an institutional priority and that administrative and financial support is provided, as appropriate.

g. A requirement to monitor health care workers' adherence to required hand hygiene practices is included in the policy, and that health care workers are provided with information regarding their performance. This may include reporting information on the observed percent compliance with hand hygiene practices, the quantity of alcohol-based hand rub product used per 100 or 1,000 patient-days, the facility's rate of nosocomial infections, or other appropriate measures.

h. Input needs to be solicited from employees regarding the feel, fragrance, and skin tolerance of products, such as soap, alcohol hand rub, hand lotions, and gloves and this information needs to be used to inform local and national purchasing decision makers.

i. VAMHCS food service workers practice appropriate hand hygiene as they perform their duties. For example, in general, use of soap and water is required rather than alcohol-based hand rubs in food preparation settings. Those workers delivering food to inpatients are not required to routinely decontaminate their hands before and after entering each patient room. However, if during the course of delivering the food, the food service worker touches the patient, the bed linens, or objects in the room, the food service worker must decontaminate their hands before exiting the room. Hands must be decontaminated when entering and leaving a patient care ward area.

j. The VAMHCS Environment Management Service must perform hand hygiene with soap and water or use of alcohol gel must be performed prior to the start of cleaning procedures; before and after using gloves; immediately after contact with blood, body fluids, excretions, secretions

and contaminated equipment/surfaces; and, after completing cleaning activities. Hand Hygiene with soap and water is recommended if hands are grossly soiled.  
([vaww.ceosh.med.va.gov/01/HP/02HP/ Guidebooks/03](http://vaww.ceosh.med.va.gov/01/HP/02HP/Guidebooks/03))

### 5. Hand-Hygiene Technique:

(1) When decontaminating hands with a waterless antiseptic agent such as an alcohol-based handrub, apply product to palm of one hand and rub hands together, covering all surfaces of the hands and fingers, until hands are dry. The VAMHCS recommendation on the volume and number of times the product can be used consecutively is 15 applications of alcohol-based handrub before general handwashing with soap and water is required. If an adequate volume of an alcohol-based handrub is used, it should take 15 seconds for hands to dry.

(2) When washing hands with a non-antimicrobial or antimicrobial soap, wet hands first with warm water, apply 3-5ml of detergent to hands and rub hands together vigorously for at least 15 seconds, covering all surfaces of the hands and fingers. Rinse hands with warm water and dry thoroughly with a disposable towel. Use towel to turn off faucet.

- 5. REFERENCES:** Centers for Disease control and Hospital Infection Control and Prevention web site with Guideline for JCAHO 2004 AND 2005 National Patient Safety Goals. Available at <http://www.jcaho.org/accredited+organizations/patient+safety/npsg.htm>  
VA Under Secretary for Health memorandum on Hand Hygiene practices [http://vaww.ncps.med.va.gov/Hand\\_Hygiene/index.html](http://vaww.ncps.med.va.gov/Hand_Hygiene/index.html) and [http://vaww.ncps.med.va.gov/hand\\_hygiene/memo\\_from\\_undersec.pdg](http://vaww.ncps.med.va.gov/hand_hygiene/memo_from_undersec.pdg).  
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VAMHCS POLICY MEMORANDUM 512-11/COS-IC-006

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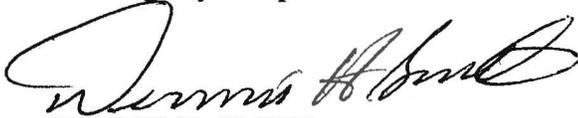
VHA Handbook 1109.04, Food Service Management Program, available at:

<http://vaww1.va.gov/vhapublications/index.cfm>

**6. RESPONSIBLE OFFICE:** Hospital Epidemiology/Infection Control (11/COS-IC) is responsible for the contents of this memorandum.

**7. RESCISSIONS:** VAMHCS Policy Memorandum 512-11/COS-006, subject: Guidelines for Hand Hygiene, dated September 2008.

**8. RECERTIFICATION:** This document is scheduled for recertification on/before the last working day of April 2014.



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