

- (f) Before handling an invasive device (regardless of whether or not gloves are used)
 - (g) After contact with body fluids or excretions, mucous membranes, non-intact skin or wound dressings
 - (h) Every time when moving from a contaminated body site to a clean body site
 - (i) Before performing invasive procedures (e.g., insertion of central venous lines, urinary tract catheterization)
 - (j) After coughing or sneezing, and before handling food or oral medications
- (2) When hands are visibly dirty, or contaminated with proteinaceous material blood or other bodily fluids, wash hands with either a non-antimicrobial or an anti-microbial soap and running water.
- (a) Cleansing hands with soap and water is required:
 - (i) Before and after each shift
 - (ii) After using the restroom
 - (iii) Before eating
 - (iv) Any time hands are visibly soiled
 - (v) When there is significant build-up of alcohol hand sanitizer
 - (b) Always use this method after caring for a patient with *Clostridium difficile* (*C. difficile*) diarrhea, patients suspected of having *C. difficile* or other spore forming organisms, or norovirus. Using hand washing with soap and water instead of the alcohol-based hand sanitizer in this situation helps to wash away the spores which may be present on hands.
 - (c) The recommended routine hand hygiene technique to:
 - Use lukewarm water to wet the hands
 - Apply facility approved handwashing soap
 - Vigorously rub hands and exposed portions of wrists together for fifteen (15) seconds
 - Pay particular attention to areas between fingers, around nail beds and under finger nails
 - Rinse hands thoroughly under running water, keep hands so water flow is from wrists to finger tips
 - Dry well with clean paper towel
 - Use a paper towel to turn the faucet off and discard paper towel
- (3) The use of alcohol-based hand rubs is recommended for sanitizing hands when not visibly soiled and should be used for routine hand hygiene in all other clinical situations.
- (a) When performing hand hygiene with alcohol based hand rub, apply product into palm of hands and briskly rub hands together, covering all surfaces of hands and fingers, until hands are dry.

- (4) Medicated or antimicrobial handwashing products are provided in clinical areas, hallways and in areas where hands are likely to be heavily contaminated. Extra supplies will be provided in outbreak situations.
- (5) Staff with sensitivity to the hospital approved handwashing product should report to Family Medicine Department, who will work with Environmental Services to provide an alternative.
- (6) Staff with patient contact may only use hospital-approved hand lotion while at work. Lotion will help maintain integrity of the skin and help reduce skin irritation.
- (7) Surgical personnel will follow recommendations of the Association of Perioperative Registered Nurses (AORN) for hand hygiene practices in the Perioperative Setting.
- (8) Whenever possible, let the patient/family see you performing hand hygiene or inform them you have just washed your hands for their safety.

(E) Nail, nail polish and artificial nails

- (1) The term “artificial nails” refer to materials applied to the nail for strengthening, lengthening or cosmetic purposes. This may include but is not limited to: wraps, tips, tapes, acrylic overlays, gels, shellacs, appliques, jewelry, and pierced finger nails.
- (2) Use of artificial nails in the dietary, clinical, operating room, and on employees who provide direct patient care or have contact with contaminated environmental surfaces within close proximity of the patients are prohibited.
- (3) Food handlers will follow Ohio Department of Health guidelines in addition to the statements in this policy in regard to artificial nails and nail length. Information is listed in the Ohio Administrative Code 3717-1-02.2 Management of personnel: personal cleanliness.
- (4) Nail polish is allowed in all patient care areas. Polish must be freshly applied and free of chips and cracks.
- (5) Nails should be short enough to allow the individual to thoroughly clean underneath them (i.e., will not extend 1/4 inch past the end of the finger). Long nails may scratch patients and tear gloves.
- (6) The hands, including the nails and surrounding tissue, should be inflammation free. Family Medicine Staff should evaluate staff with infection of the nail/hands prior to reporting for work.

(F) Monitoring

Every UTMC clinical department, including ancillary and ambulatory services (i.e., Clinics, Laboratory & Radiology) that have direct patient contact will monitor for hand hygiene compliance to include a minimum of 30 observations per month.

- (1) Each department director / manager will ensure monitoring is completed and documented on the Hand Hygiene Monitoring Tool. Each department director/manager will compile results and send to the VP of Nursing by the 10th day of each month.
- (2) Each department director / manager will ensure that only personnel who have received the appropriate training in hand hygiene observation are utilized for data collection.

- (3) Department and discipline specific-data will be reviewed on a quarterly basis at the Infection Control Committee and shared with Administrative leaders.
- (4) Additionally, "Secret Shoppers" trained by an Infection Prevention professional may also be utilized to monitor hand hygiene practices.

(G) Education

Education is required upon hire and annually thereafter as part of the annual Infection Control education.

- (1) "Just in Time" refresher training is provided by observers as necessary.
- (2) Staff is encouraged to educate patients and families to remind healthcare workers to use the **Wash In/Wash Out** process.

References:


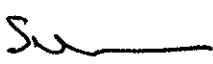

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Joint Commission Center for Transforming Healthcare, Targeted Solutions Tool, Hand Hygiene. <http://www.centerfortransforminghealthcare.org/tst.aspx>. 12/2015.

Ohio Administrative Code 3717-1-02.2 (certification 11/02/2015)

<p>Approved by:</p> <div style="margin-bottom: 10px;">  <hr/> Michael Ellis, MD Chair, Infection Control Committee </div> <div style="margin-bottom: 10px;">  <hr/> Thomas Schwann, MD Chief of Staff </div> <div style="margin-bottom: 10px;">  <hr/> Linda Speer, MD Interim, Chief Clinical and Operating Officer </div> <p><i>Review/Revision Completed By: Infection Control Committee</i></p>	<p>Review/Revision Date:</p> <p>6/18/79 12/15/80 11/16/81 3/28/83 9/17/84 10/21/85 5/5/87 6/20/88 8/6/90 9/9/91 11/10/93 6/2/97 5/1/99 4/15/02 10/20/03 10/16/06 1/25/2010 11/29/2012 6/12/2014 2/2016 7/22/2016</p> <hr/> <p>Next Review Date: 8/22/2019</p>
<p>Policies Superseded by This Policy: 31:GEN-102</p>	