


Name of Policy:	Hand Hygiene	 <p>Effective Date: 10/16/2006 Initial Effective Date: 6/4/1978</p>
Policy Number:	3364-109-GEN-102	
Department:	Infection Control University Health Services Hospital Administration	
Approving Officer:	Chairman, Infection Control Committee Vice President & Executive Director Chief of Staff	
Responsible Agent:	Infection Control Practitioner	
Scope:	The University of Toledo Medical Center and its Medical Staff	
<input type="checkbox"/> New policy proposal <input checked="" type="checkbox"/> Minor/technical revision of existing policy		
<input type="checkbox"/> Major revision of existing policy <input type="checkbox"/> Reaffirmation of existing policy		

(A) Policy Statement

All personnel will perform hand hygiene before and after patient contact or contact with patient environment.

(B) Purpose of Policy

To prevent the transmission of hospital acquired infections to patients, staff and visitors.

(C) Procedure

1. When hands are visibly dirty or contaminated with proteinaceous material, wash hands with either a non-antimicrobial or an anti-microbial soap and running water.
2. The use of alcohol based hand rubs is a CDC 1-A recommendation for sanitizing hands and should be used for routinely decontaminating hands in all other clinical situations.
3. Medicated or antimicrobial handwashing products are provided in clinical areas, in areas where hands are likely to be heavily contaminated, or in outbreak situations. It is also necessary to wash with antimicrobial soap before performing invasive procedures such as insertion of central venous lines, urinary tract catheterization, etc.
4. Hands should be decontaminated before and after direct patient contact, including after performing such tasks as blood pressure monitoring.
5. Decontaminate hands before and after donning gloves for any purpose.
6. Decontaminate hands after contact with body fluids, excretions or secretions, non-intact skin, and wound dressings.
7. Decontaminate hands after contact with inanimate objects in the patient's immediate environment.
8. Decontaminate hands before eating and after using the restroom.

9. When using the traditional method of hand washing, wet hands first with water, apply soap and rub hands together vigorously for at least 15 seconds, covering all surfaces with soap and water. Rinse thoroughly and dry with a disposable paper towel. Turn off faucet with paper towel.
10. When decontaminating hands with an alcohol based hand rub, apply product to one hand and rub hands together, covering all surfaces of hands and fingers, until hands are dry.
11. Staff with sensitivity to the hospital approved handwashing product should report to the University Health Services department, who will work with Environmental Services to provide an alternative.
12. Only hospital approved hand lotion will be made available. Personal hand lotions should not be shared in the units.
13. Surgical personnel will follow recommendations by the Association of Operating Room Nurses (AORN).
14. 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.

NAILS, NAIL POLISH AND ARTIFICIAL NAILS

1. Use of artificial nails in the dietary, clinical, operating room and on employees involved in direct patient care is prohibited. This includes the following: physicians, RNs, LPNs, surgical personnel, medical assistants, patient care techs, dentists, dental hygienists, occupational therapists, physical therapists, recreation therapists, paramedics, EEG techs, lab technicians, patient care aides, respiratory therapy, dietary, food handlers, anesthesia techs, sterile processing personnel, mental health techs, radiology and radiation therapy staff excluding clerical personnel, nursing students, medical students, and all other clinical students. This list may be amended at any time new evidence is presented that may affect the staff involved.
2. Nail polish is allowed in all patient care areas. Polish must be freshly applied and free of chips and cracks.
3. Nails should be short (not extend 1/4 inch past the end of the finger) enough to allow the individual to thoroughly clean underneath them. Long nails may scratch patients and tear gloves.
4. The hands, including the nails and surrounding tissue, should be inflammation free. University Health Staff should evaluate staff with infection of the nail/hands prior to reporting for work.

Special Circumstances:

Clostridium Difficile infection:

1. These patients should be placed into contact precautions when symptomatic. Symptomatic means active diarrhea.
2. Once symptoms have stopped patient can be removed from isolation.
3. When caring for these patients, use soap and water for hand washing instead of the alcohol hand sanitizer, as the action of the water is needed to wash away the spores which may be present on the hands

4. Bleach sani-wipes or other bleach properly mixed 1/10 parts with water should be used for cleaning the high touch areas of the patient's room.

Reference: APIC Guideline for Handwashing and Hand Antisepsis in Health Care Setting AJIC AM
 J Infect Control 1995; 23:251-269
 AORN Standards Recommendations and Guidelines, 1998; 225-229
 CDC Guidelines for Hand Hygiene in Health care Personnel 2003

Approved by:	Review/Revision Date:
_____ Julie Westerink, MD Chairman, Infection Control Com- Date	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
_____ Christopher L... Chief of S... Date	
_____ Mark Chastang Vice President & Executive Director Date	
<i>Review/Revision Completed By: Infection Control Committee</i>	
Next Review Date: 10/1/2009	
Policies Superseded by This Policy: 31:GEN-102	

It is the responsibility of the reader to verify with the responsible agent that this is the most current version of the policy.