

- (e) Before donning and doffing gloves, including when gloves are changed as part of a multi-step procedure, such as a wound dressing change, or when providing care to a patient that includes different levels of contamination
 - (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 catheters, 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 *Clostridioides difficile* (*C. diff*) diarrhea (formerly known as *Clostridium difficile*), patients suspected of having *C. diff* 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:
 - (i) Use lukewarm water to wet the hands
 - (ii) Apply facility approved handwashing soap
 - (iii) 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

- (iv) Rinse hands thoroughly under running water, keep hands so water flow is from wrists to finger tips
 - (v) Dry well with clean paper towel
 - (vi) Use a paper towel to turn the faucet off and discard paper towel
- (3) The use of alcohol-based hand rub 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 Infection Prevention and Control and Environmental Services to provide an acceptable 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, ultraviolet-cured nails (e.g., gel, shellac), appliques, jewelry, and pierced finger nails.
- (2) The use of artificial nails is prohibited in employees who provide direct patient care or have contact with the patient’s skin. Additionally, it is prohibited for employees to have artificial nails when coming into contact with environmental surfaces in close proximity to the patients.
- (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 to be worn on nails in patient care areas. Polish must be freshly applied and free of chips and cracks.

- (5) Nails should be no longer than 6mm (¼ inch) past the end of the fingertip for non-perioperative team members and no longer than 2mm (0.08 inch) for perioperative team members. This will allow the individual to thoroughly clean underneath.
- (6) The hands, including the nails and surrounding tissue, should be free from inflammation. Family Medicine Staff or the employee's Personal Care Physician should evaluate staff with infection of the nail/hands prior to reporting to work.

(F) Monitoring

Every UTMC clinical department, including ancillary and ambulatory services (e.g., 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 or the Quality Department 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

Hand hygiene 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:

Association for Professionals in Infection Prevention and Control (APIC, 2014). APIC Text of Infection Control and Epidemiology 4th Edition, Volume I, Chapter 27.

Association of periOperative Registered Nurses (AORN, 2019). Guidelines for Perioperative Practice. pp. 289-313.

Center for Disease Control and Prevention (CDC). (2002, October 25). Guideline for Hand Hygiene in Health-Care Settings, *MMWR*, Vol. 51/No. RR-16; 1-44.

Joint Commission Center for Transforming Healthcare, Targeted Solutions Tool, Hand Hygiene. Retrieved on 8/22/2019 from: <https://www.centerfortransforminghealthcare.org/what-we-offer/targeted-solutions-tool/hand-hygiene-tst> .

Ohio Administrative Code 3717-1-02.2. (2019, March 1). Management and personnel: personal cleanliness.

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| <p>Approved by:</p> <p><u>/s/</u> <u>08/26/2019</u> Nicolas Yared, MD Chair, Infection Control Committee Date</p> <p><u>/s/</u> <u>09/03/2019</u> Samer, Khouri, MD Chief of Staff Date</p> <p><u>/s/</u> <u>09/06/2019</u> Michael Ellis, MD Chief Medical Officer Date</p> <p><i>Review/Revision Completed By: Infection Control Committee</i></p> | <p>Review/Revision Date:</p> <p>06/18/1979 08/22/2019 12/15/1980 11/16/1981 03/28/1983 09/17/1984 10/21/1985 05/05/1987 06/20/1988 08/06/1990 09/09/1991 11/10/1993 06/02/1997 05/01/1999 04/15/2002 10/20/2003 10/16/2006 01/25/2010 11/29/2012 06/12/2014 02/2016 07/22/2016</p> |
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