I. Policy:
The Infection Control Committee has mandated that hand washing be practiced in the following situations even when gloves are worn:

1. Before performing invasive procedures.
2. Before taking care of particularly susceptible patients, such as those who are severely immunocompromised and newborns.
3. Before and after contact with wounds, whether surgical, traumatic or associated with an invasive device.
4. After situations during which microbial contamination of hands is likely to occur, especially those involving contact with mucous membranes, blood or body fluids, secretions or excretions.
5. After touching inanimate sources that are likely to be contaminated with virulent or epidemiologically important microorganisms; these sources include urine measuring devices, or secretion collection apparatus.
6. Between contacts with different patients in high risk units.
7. Between contact or different body sites of the same patient.

II. Purpose: The purpose of this policy is to:
A. To improve hand hygiene practices of healthcare workers and to prevent the spread of infection to patients and personnel in the healthcare settings by mechanically removing transient and residual skin flora.
B. To comply with the National Patient Safety Goals (NPSG) as a means to reduce and prevent Hospital Acquired Infections (HAI’s) throughout the facility.

III. Indication for Hand Washing or Hand Hygiene:
A. When hands are visibly dirty or contaminated with blood or other body fluids, wash hands with either non-anti-microbial soap and water or an anti-microbial soap and water.
B. If hands are not visibly soiled, use an alcohol-based hand rub for routinely decontaminating hands in all other clinical situations.
C. Decontaminate hands before having direct contact with patient; before donning gloves.
D. Decontaminate hands before inserting indwelling urinary catheters, peripheral vascular catheters, or other invasive devices that do not require surgical procedure.
E. Decontaminate hands before donning sterile gloves when inserting central venous catheter.
F. Decontaminate hands after contact with patient’s intact skin (e.g. when taking a pulse or blood pressure, lifting or positioning a patient).
G. Decontaminate hands after contact with body fluids or excretions, mucous membranes, non-intact skin and wound dressings even if hands are not visibly soiled.
H. Decontaminate hands if moving from a contaminated body site to a clean body site during patient care.
I. Decontaminate hands after contact with medical equipment etc., in the immediate vicinity of the patient.
J. Decontaminate hands after removing gloves.
K. Before eating and after using the restroom, wash hands with non-bacterial soap and water or anti-microbial soap and water.
L. Anti-microbial-impregnated wipes (i.e. towelettes) may be considered as an alternative to hand washing with non-anti-microbial soap and water. Because they are not as effective as alcohol-based hand rubs or washing hand with an anti-microbial soap and water for reducing bacterial counts on the hands of healthcare workers they are not a substitute for using alcohol-based hand rub or anti-microbial soap.
M. Wash hands with non-anti-microbial soap and water or with anti-microbial soap and water if exposure to Bacillus anthracis and/or clostridium difficile is suspected or proven. The physical action of washing and rinsing hands under such circumstances is recommended because alcohols, chlorhexidine, iodophors and other antiseptic agents have poor activity against spores.

IV. Responsibility:
A. All Hospital Personnel: Hospital personnel involved in direct contact with patients have the greatest likelihood of causing the spread of infection. Therefore, it is the responsibility of these personnel to practice effective hand washing/ hand hygiene techniques as described in the hand washing/hand hygiene procedure.
B. Other hospital personnel not coming direct contact with patients must wash/decontaminate their hands periodically during work hours as generally recommended.

V. Hand Washing/ Hand Hygiene Procedure:
A. Equipment:
   1. Sink with hot and cold running water/waterless soap/alcohol hand sanitizer.
   2. Cleansing agent
   3. Paper towels/ air dryer
   4. Waste receptacle
B. Procedure/Rationale: Hand Washing

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<tr>
<th>STEPS</th>
<th>RATIONALE</th>
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<tr>
<td>1. Remove jewelry and safeguard.</td>
<td>1. Bacteria can accumulate in crevices of jewelry.</td>
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<td>2. Standing away from the sink, turn water to temperature comfortable to hands. Avoid using hot water because repeated exposure may increase the risk of dermatitis.</td>
<td>2. Uniforms can become contaminated from water splash back from drains.</td>
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<td>3. Moisten hands, apply cleansing agent, and work up a lather covering the wrist beyond the area of contamination.</td>
<td>3. Hands and wrist must be well covered with lather.</td>
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<td>4. Wash hands and wrist using friction, one hand upon the other for 15 to 20 seconds.</td>
<td>4. Pay particular attention to the areas between fingers, under and around the nails, wrist level because these areas have the greatest amount of contamination.</td>
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<td>5. Use additional water as needed to maintain lather.</td>
<td>5. Water will increase lather. Do not add additional cleanser.</td>
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<td>6. Rinse hands and wrists thoroughly under running water.</td>
<td>6. Maintain the fingers above the level of the wrist allowing water to flow from the fingertips to wrist (see note 3)</td>
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<td>7. Dry hands thoroughly with a towel downward to the wrist.</td>
<td>7. This prevents contamination of the fingers from the unwashed skin flow above the wrist.</td>
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<td>8. Turn off the faucets with a paper towel and discard it in the waste receptacle.</td>
<td>8. Do not contaminate hands by touching inside of sink, faucets or receptacle.</td>
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NOTE:
1. Liquid soap and water may be used for routine patient care.
2. Faucets and inner surfaces are considered contaminated. Paper towels are not considered clean unless they are kept in paper towel dispenser.
3. If the spout on the faucet is too low to maintain fingers above the level of the wrist while rinsing, hold the hands with fingers pointed towards the faucets allowing the water to flow from the thumbs, across the palm and back of the hands.
4. Hand washing with soap and water for 15-20 seconds will be completed after the care of patients with profuse diarrhea. Alcohol hand sanitizer will not be utilized.

C. Hand Hygiene Techniques: Alcohol-based Hand Degermer
1. Apply degermer, about a dime size to palm of one hand.
2. Rub hand together, covering all surfaces and fingers.
3. Rub until hands are dry and/or alcohol degermer is absorbed.

D. Surgical Hand Antisepsis:
1. Remove rings, watches and bracelets before beginning the surgical hand scrub.
2. Remove debris from underneat fingers using nail brush under running water.
3. Surgical hand antisepsis using anti-microbial soap or an alcohol-based hand rub with persistent activity is recommended before donning sterile gloves when performing surgical procedures.
4. When performing hand antisepsis using anti-microbial soap, scrub hands and forearms for 2-5 minutes. Long scrub times e.g., 10 minutes are not necessary.
5. When using alcohol-based surgical hand scrub product with persistent activity, follow the manufacturer’s instruction. Before applying the alcohol solution, pre-wash hands and forearms with a non-anti-microbial soap and dry hands and forearms completely. After application of the alcohol-based product, allow hands and forearms to dry thoroughly before donning sterile gloves.

E. Other Aspects of Hand Hygiene:
1. Artificial fingernails, tips, or extenders are not allowed for any direct or indirect care giver to the patient or the environment.
2. Keep natural nail tips less than ¼ inch long.
3. Wear gloves when contact with blood or body fluids, mucous membranes and non-intact skin could occur (regulatory mandate).
4. Remove gloves immediately after caring for a patient. Do not wear the same pair of gloves for the care of more than one patient, and do not wash gloves between uses with different patients.
5. Change gloves during patient care if moving from a contaminated site to a clean body site.

VI. Reference:
The hand Hygiene Guidelines, CDC 2002
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<tr>
<th>Department</th>
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<td>William Lynch</td>
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<td>Executive Vice President &amp; COO</td>
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