	The Johns Hopkins Hospital Interdisciplinary Clinical Practice Manual Infection Control	<i>Policy Number</i>	IFC001	
		<i>Effective Date</i>	09/01/2009	
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	<i>Subject</i>	Hand Hygiene	<i>Page</i>	1 of 4
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Keywords: hand washing, hand hygiene, waterless hand sanitizer, lotion, artificial nails, fingernails, surgical scrub, surgical rub, operating room

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I. OBJECTIVES


The purpose of this policy is to outline indications for and methods of hand hygiene in a patient care setting at the Johns Hopkins Hospital. Hand hygiene measures are the single most important prevention strategy for avoiding Healthcare Acquired Infections (HAI). The hands of personnel serve as a critical reservoir of infectious agents.

II. INDICATIONS FOR USE

All staff shall adhere to this policy to reduce the transmission of microorganisms in health-care settings.

III. DEFINITIONS

Staff	Staff includes all individuals who have direct contact with patients, enter patient rooms or handle patient items, including physicians, students, volunteers, visiting scientists and vendors and employees of the Johns Hopkins Hospital and all other covered entities.
Hand hygiene	A general term that applies to hand washing, antiseptic hand washing, waterless hand sanitizing, or surgical hand scrub.
Handwashing	Washing hands with soap and water
Antiseptic handwashing	Washing hands with an antiseptic soap
Waterless hand sanitizing	Cleaning hands with a waterless hand sanitizer
Visibly soiled hands	Hands showing visible dirt or contaminated with proteinaceous material, blood, or other body fluids
Surgical hand scrub	An antiseptic-containing preparation that substantially reduces the number of microorganisms on intact skin, it is broad-spectrum, fast-acting, and persistent.

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IV. RESPONSIBILITY

- A. All JHMI/JHH/JHU Staff
1. All staff shall follow the hand hygiene policy. Hospital Epidemiology and Infection Control (HEIC) shall be contacted for questions related to this policy.
 2. Staff shall only use hand hygiene agents and lotions approved by HEIC.
 3. All staff identified as non-compliant with hand hygiene shall be reported to their supervisor for education and/or corrective action.
 4. All staff have the responsibility to protect their patients by either intervening directly when they observe staff not adhering to this policy, or by reporting the risk to those to whom they report, or on a PSN.
 5. Staff shall educate vendors on the requirements of this policy.


V. PROCEDURE

A. HAND HYGIENE INDICATIONS

1. Hand hygiene with either waterless hand sanitizer or soap and water is required:
 - a. Upon entering and leaving a patient room or environment:
 - i. Private or semi-private room: Hand hygiene is required upon room entrance and exit
 - ii. All other patient rooms/ areas with curtains: Hand hygiene is required upon crossing the curtain line
 - iii. Patients not in rooms (in wheel chairs or stretchers in hallways): Hand hygiene is required before and after patient contact
 - b. When carrying supplies or transporting a patient into or out of a room, hand hygiene is required as soon as hands are free
 - c. Between patient contacts
 - d. Before donning and after removing gloves
 - e. Before moving to a clean body site from a contaminated body site during patient care
 - f. Before and after handling an invasive device (e.g. peripheral vascular catheter, central intravascular catheter, urinary catheter) regardless of whether or not gloves are used)
 - g. After contact with body fluids or excretions, mucous membranes, non-intact skin or wound dressings or items contaminated with these body fluids
 - h. And any time as needed such as after sneezing or coughing
 - i. Before handling food or oral medications
2. Soap and water hand washing required:
 - a. Before eating
 - b. After using the rest room
 - c. Any time hands are visibly soiled
 - d. After caring for a patient on contact precautions for *C. difficile* or other spore forming organisms, rotavirus or norovirus. The physical action of washing and rinsing hands is required because alcohols, chlorhexidine, iodophores, and other antiseptic agents have poor activity against spores.
 - e. Before caring for a patient with a food allergy
 - f. When there is a significant build-up of waterless hand sanitizer

B. APPROVED HAND HYGIENE PRODUCTS

1. The Hospital Epidemiology and Infection control (HEIC) Committee shall approve all hand hygiene and hand moisturizing agents. Agents that have not received HEIC approval may not be used in patient care areas. All hand hygiene agents shall be compatible with chlorhexidine gluconate (CHG).
2. Healthcare workers who report allergies to the hospital approved hand hygiene agents shall be evaluated by Occupational Injury Clinic (OIC).

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C. ROUTINE HAND HYGIENE TECHNIQUES

1. Hand cleansing with waterless hand sanitizer can be accomplished by applying a thumbnail-sized amount of sanitizer into the palm and briskly rubbing over all surfaces until the hands are dry.
2. Handwashing with soap and water requires a minimum of 15 seconds to be effective.
 - a. Wet hands with water.
 - b. Apply soap.
 - c. Vigorously rub together all surfaces of lathered hands for 15 seconds.
 - d. Thoroughly rinse hands under a stream of water.
 - e. Dry hands with a paper towel.
 - f. Use a dry paper towel to turn off faucets to avoid recontamination.
3. Apply lotion often (staff with patient contact may only use HEIC- approved lotion while at work) to help maintain the integrity of the skin and help reduce skin irritation.

D. ARTIFICIAL FINGERNAILS

1. Any individual whose responsibilities include handling sterile supplies and/or direct, hands-on patient contact shall only have natural fingernails. Artificial fingernails or nail enhancements including, but not limited to overlays, wraps, tips, or attached decorations, are NOT permitted because of documented outbreaks of infection due to Gram-negative bacteria and fungi that have been associated with the use of artificial nails. Gram-negative bacteria are known to adhere to the surfaces of artificial nails, and are known to persist there even after the appropriate use of hand hygiene cleansing/sanitization procedures.

E. PATIENT EDUCATION

1. Staff is encouraged to educate patients and their families to practice hand hygiene measures while in the facility.
2. Staff is encouraged to educate patients and families to remind healthcare workers to wash/sanitize hands.

VI. REPORTABLE CONDITIONS

- A. Any HCW who experiences a reaction to hand hygiene or skin antiseptics shall report to Occupational Health.
- B. Hand Hygiene non-compliance is to be reported to the employee supervisor and/or Patient Safety Network (PSN).

VII. EDUCATION AND COMMUNICATION


- A. Physician Advisors, Residency Training coordinators, and Department Chiefs will be responsible for physician education. An update to the policy will be included in the Medical Staff Newsletter.
- B. Nursing Education Staff and all department managers will be responsible for education of all employees in their areas.
- C. HEIC will provide updates regarding hand hygiene in an ongoing manner.
- D. This policy will be placed in the Interdisciplinary Clinical Practice Manual on the JHH Intranet site www.insidehopkinsmedicine.org/icpm. Paper distributions will be made to the Functional Unit Nursing offices in the event of web access difficulty.
- E. Placement of policy on-line at www.hopkinsmedicine.org/heic

VIII. SUPPORTIVE INFORMATION

See Also:

The Johns Hopkins Hospital, Interdisciplinary Clinical Practice Manual

- [IFC023 Infection Control and Prevention: Standard and Isolation Precautions](#)
- [PAT015 Food Hypersensitivity Policy](#)

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Sponsor:

- Medcal Care Evaluation Committee

Developer:

- Department of Hospital Epidemiology and Infection Control

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Date:_____
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