	The Johns Hopkins Hospital	<i>Policy Number</i>	IFC001
	INTERDISCIPLINARY CLINICAL PRACTICE MANUAL	<i>Effective Date</i>	3/1/08
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	HAND HYGIENE	<i>Supersedes</i>	7/07

KEY WORDS: Hand washing, Hand hygiene, waterless hand sanitizer, lotion, artificial nails, fingernails

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I. POLICY:

A. OBJECTIVE:

The purpose of this policy is to outline indications for and methods of hand hygiene for personnel 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.


B. INDICATIONS FOR USE: All staff will adhere to this policy to reduce the transmission of microorganisms to patients and colleagues in health-care settings.

C. DEFINITIONS:

Hand hygiene	<ul style="list-style-type: none"> • A general term that applies to hand washing, antiseptic hand washing, waterless hand sanitizing, or surgical hand scrub.
Handwashing	<ul style="list-style-type: none"> • Washing hands with soap and water
Antiseptic handwashing	<ul style="list-style-type: none"> • Washing hands with an antiseptic soap
Waterless hand sanitizing	<ul style="list-style-type: none"> • Cleaning hands with a waterless hand sanitizer
Visibly soiled hands	<ul style="list-style-type: none"> • Hands showing visible dirt or contaminated with proteinaceous material, blood, or other body fluids
Surgical hand scrub	<ul style="list-style-type: none"> • An antiseptic-containing preparation that substantially reduces the number of microorganisms on intact skin; it is broad-spectrum, fast-acting, and persistent

II. RESPONSIBILITIES

ALL JHMI/JHH/JHU STAFF	<ul style="list-style-type: none"> • All staff MUST follow the hand hygiene policy. Hospital Epidemiology and Infection Control (HEIC) shall be contacted for questions related to this policy. • STAFF MAY ONLY USE HAND HYGIENE AGENTS AND HAND LOTIONS APPROVED BY HEIC. • All staff identified as non-compliant with hand hygiene are to be reported to their supervisor for education and/or corrective action. • All staff are empowered and encouraged to remind others, including patients, staff and visitors who are not adhering to hand hygiene standards.
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III. PROCEDURE

A. **HAND HYGIENE INDICATIONS**

1. Hand hygiene with either waterless hand sanitizer or soap and water is required:
 - Upon entering and leaving a patient room
 - Between patient contacts if more than one patient is in a room
 - Before and after touching a patient who is not in a room, for example, on a stretcher or wheelchair
 - Before donning and after removing gloves
 - Before handling an invasive device (regardless of whether or not gloves are used)
 - After contact with body fluids or excretions, mucous membranes, non-intact skin or wound dressings
 - And any time as needed such as after sneezing or coughing, and before handling food or oral medications

Soap and water required:


- Before eating
- After using the rest room
- Any time hands are visibly soiled
- 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 recommended because alcohols, chlorhexidine, iodophores, and other antiseptic agents have poor activity against spores.
- Before caring for a patient with a food allergy
- When there is a significant build-up of waterless hand disinfectant

B. **APPROVED HAND HYGIENE PRODUCTS**

1. The Hospital Epidemiology and Infection control (HEIC) Committee must 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 must 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).

C. **ROUTINE HAND HYGIENE TECHNIQUES**

1. Hand cleansing with waterless hand sanitizers 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. It can be accomplished in the following manner:
 - 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.

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D. ARTIFICIAL FINGERNAILS

1. Any individual whose responsibilities include handling sterile supplies and/or direct, hands-on patient contact may only have natural fingernails. The designation of direct, hands-on patient contact is intended to include those whose hands come into direct contact with the patient's skin. 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.

IV. REPORTABLE CONDITIONS:

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

SUPPORTIVE INFORMATION:

A. SEE ALSO:

Interdisciplinary Clinical Practice Manual
[Isolation Precautions, IFC023](#)
[Food Hypersensitivity Policy, PAT015](#)

B. REFERENCES:

Guideline for Hand Hygiene in Health – Care Settings. Centers for Disease Control . MMWR October 25,2002 Vol.51 No. RR-16

Association of Professionals in Infection Control and Epidemiology (APIC) Guideline for Hand Hygiene, <http://www.apic.org/resc/rr5116.pdf>


Pittett,Didier. Improving Compliance with Hand Hygiene. Prevention and Control of Nosocomial Infections Richard Wenzel Ed 4th Edition. Lippincott Williams and Wilkins Chapter 32 524-541

Hedderwick, S., McNeil, S., Lyons, M., & Kauffman, C. (2000). Pathogenic organisms associated with artificial fingernails worn by healthcare workers. *Infection Control and Hospital Epidemiology*, 21(8).

McNeil, S., Foster, C., Hedderwick, S., & Kauffman, C. (2001). Effect of hand cleaning with antimicrobial soap or alcohol-based gel on microbial colonization of artificial fingernails worn by health care workers. *Clinical Infections Disease*, 32, 367-72.

Moolenaar, R., Crutcher, M., San Joaquin, S., Sewell, L., Hutwagner, L., Carson, L., et al. (2000). A prolonged outbreak of pseudomonas aeruginosa in a neonatal intensive care unit: Did staff fingernails play a role in disease transmission? *Infection Control and Hospital Epidemiology*, 21(2).

Saiman, L., Lerner, A., Saal, L., Todd, E., Fracaro, M., Schneider, N., et al. (2002). Banning artificial nails from health care settings. *American Journal of Infection Control*, June, 30(4), 252-254.

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C. COMMUNICATION & EDUCATION:

1. 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.
2. Nursing Education Staff and all department managers will be responsible for education of all employees in their areas.
3. HEIC will provide updates regarding hand hygiene in an ongoing manner.
4. This policy will be placed in the Interdisciplinary Clinical Practice Manual on the JHH Intranet site <http://www.insidehopkinsmedicine.org/icpm>. Paper distributions will be made to the Functional Unit Nursing offices in the event of web access difficulty.
5. Placement of policy on-line at <http://www.hopkinsmedicine.org/heic>

SPONSOR:

- Medical Care Evaluation Committee

DEVELOPER:

- Department of Hospital Epidemiology and Infection Control

REVIEW CYCLE	▪ Three (3) years	MEDICAL BOARD	Approval Date: 2/26/08 Effective Date: 3/1/08
VICE PRESIDENT FOR NURSING & PATIENT SERVICES _____		VICE PRESIDENT FOR MEDICAL AFFAIRS _____	
Date:		Date:	