

MAINE MEDICAL CENTER
Institutional Infection Prevention Policy Manual

Policy Title: Hand Hygiene and Disinfection

Policy Summary: It is the policy of Maine Medical Center (MMC) that all personnel will perform hand hygiene before and after contact with each patient and/or the patient's environment. Hand hygiene can be accomplished with soap and water wash or the proper use of a waterless alcohol containing gel.

Policy:

1. **Fingernails:**

- a. All personnel that have routine contact with patients or the patient's environment will maintain clean and short natural nails, less than 0.25 inch or 0.5 cm.



Hand check: when looking at the palm of your hand, your nails should not be visible over the end of your fingers.

- b. *Artificial nails* will not be worn by personnel having routine contact with patients or the patient's environment (including handling sterile supplies) while on duty.
- c. Artificial nails are substances or devices applied or added to the natural nail to augment or enhance the wearer's own nails. They include, but are not limited to acrylic, gels, shellac, bonding, tips, wraps or tapes. Semi-permanent polish such as shellac or gel that must be ground or soaked off is not acceptable.
- d. Temporary nail polish that is freshly applied, without chips may be worn. Temporary polish is easily removed with a swipe of nail polish remover. Polish that is chipped must be removed prior to working with patients.

2. Jewelry

- a. Bracelets must be removed during work hours. A close fitting wrist watch is acceptable for routine patient care.
- b. Rings have been implicated in healthcare acquired infections. They can also carry hospital pathogens, including MRSA and Clostridium difficile spores, home with the healthcare worker. Therefore, the wearing of rings on fingers and thumbs are strongly discouraged for all personnel having routine contact with patients or the patient's environment (including handling sterile supplies) during work hours. A simple, smooth ring (such as a wedding band) during routine care may be acceptable, but in high-risk settings, such as the in operating room or during invasive procedures, all rings and other hand and wrist jewelry, including wrist watches, should be removed. Those who have routine contact with patients or the patient's environment and who choose to wear rings during work hours in the clinical setting, must demonstrate that high quality hand hygiene can be maintained at all times.

3. Handwashing:

- a. It is MMC policy that hands must be disinfected prior to entering the patient's room/cubicle and as exiting. Additionally, hands must be cleaned when hands are visibly soiled, before eating, after using the bathroom, before and after performing invasive procedures, and after handling contaminated equipment.
- b. Hands and wrists should be rubbed briskly for 15 to 20 seconds. For routine handwashing, friction caused by rubbing the hands together coupled with the wetting properties of soap and running water aid in the physical removal of microorganisms. Infant areas, such as NICU and Section 4 BBCH Inpatient Unit, require a 2-minute initial handwash at the beginning of each shift.
- c. Gloves are not a substitute for hand washing or hand antisepsis.
- d. Personnel with skin irritation from the soap or gloves provided should seek assistance in Employee Health.
- e. All hand hygiene products or lotions must be approved by MMC Infection Prevention or Employee Health for use by healthcare personnel.

4. Hand Antisepsis:

- a. Hand antisepsis can be accomplished by use of a waterless alcohol containing gel.
- b. Waterless alcohol containing gel may be a substitute for soap and water wash unless hands are visibly soiled or upon exiting a room of a patient on enteric precautions. In these instances hands must be washed with soap and water.

5. Hand Lotion:

- a. Use MMC provided hand lotions or creams to minimize the occurrence of irritant contact dermatitis associated with hand antisepsis or hand washing.
- b. Do not use or share non-MMC provided lotions unless authorized for individual use by Employee Health.

Procedure: (Waterless Hand Gel)

1. Push sleeves up and away from hands to prevent alcohol vapor from being trapped in the sleeves.
2. Dispense a dime to quarter size portion of gel into palm of hands.
3. Vigorously rub into all surfaces of hands (including nails) and wrists. Do not dry with towels.
4. Do not pull sleeves down until hands are completely dry.

Procedure: (Soap and Water)

1. Push sleeves above the wrist at midforearm level.
2. Assess hands for hangnails, cuts or breaks in the skin, and areas that are heavily soiled.
3. Turn on the water. Adjust the flow and temperature. Temperature of the water should be warm.
4. Wet hands and lower forearms thoroughly by holding under running water. Keep hands and forearms in the down position with elbows straight. Avoid splashing water and touching the sides of the sink.
5. Apply about 5 ml (1 teaspoon) of liquid soap. Lather thoroughly.
6. Thoroughly rub hands together for about 15 to 20 seconds. Interlace fingers and thumbs and move back and forth to wash between digits. Rub palms and back of hands with circular motion. Special attention should be provided to areas such as the knuckles, under rings and fingernails, which are known to harbor organisms.
7. Rinse with hands in the down position, elbows straight. Rinse in the direction of forearm to wrist to fingers.
8. Blot hands and forearms to dry thoroughly. Dry in the direction of fingers to wrist and forearms. Discard the paper towels in the proper receptacle.
9. Turn off the water faucet with a clean, dry paper towel.

References:

American Journal of Infection Control, The effectiveness of hand hygiene procedures in reducing the risks of infection in home and community settings including hand washing and alcohol-based hand sanitizers. Vol. 35 No. 10 Supplement 1.

Centers of Disease Control and Prevention (CDC). Guideline for Hand Hygiene in Health-Care Settings, MMWR, October 25, 2002, 51(RR 16):1-44.

CDC Guidelines for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings, 2007.

World Health Organization Guidelines on Hand Hygiene in Health Care, 2009.
www.cdc.gov/handhygiene/guidelines.html.

Original Date: 10/00

Review Date(s):

Committee(s) Approval and Date:

Infection Prevention Committee 12/02, 10/03, 2/05, 1/08, 3/11, 9/14

Institutional Policy Review Committee 10/13/14

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Date: 9/2014