

Hand Hygiene

Purpose:

- To cleanse hands to prevent the spread of potentially deadly infections
- To provide a clean and healthy environment for residents, staff and visitors
- To reduce the risk to the healthcare provider of colonization or infections acquired from a resident

Hand hygiene continues to be the primary means of preventing the transmission of infection.

Hand hygiene (HH) (e.g., hand washing and/or ABHR): consistent with accepted standards of practice such as the use of ABHR instead of soap and water in all clinical situations **except** when:

- Hands are visibly soiled (e.g., blood, body fluids), or
- After caring for a resident with known or suspected Clostridium (C.) difficile or norovirus infection during an outbreak, or if infection rates of C. difficile infection (CDI)
- If exposure to Bacillus anthracis is suspected or proven,
- Before eating and
- After using the restroom.

NOTE: According to the CDC, strict adherence to glove use is the most effective means of preventing hand contamination with C. difficile spores as spores are not killed by ABHR and may be difficult to remove even with thorough hand washing.

PROCEDURE

Perform hand hygiene: (Soap, water, Alcohol-based hand rub – ABHR), and a sink should be readily available in appropriate locations including but not limited to resident care areas and food and medication preparation areas. Antimicrobial gel (hand hygiene agent that does not require water) cannot be used in place of proper hand washing techniques in a food service setting. Staff must perform hand hygiene even if gloves are utilized:

- a. Recommended techniques for washing hands with soap and water include:
 - a. Wetting hands first with clean, running warm water,
 - b. Applying the amount of product recommended by the manufacturer to hands, and
 - c. Rubbing hands together vigorously for at least 15 **(Insert State Specific-i.e. 20 seconds)** seconds covering all surfaces of the hands and fingers;



- d. Rinsing hands with water and
 - e. Drying thoroughly with a disposable towel; and
 - f. Turning off the faucet on the hand sink with the disposable paper towel
- b. It is recommended avoiding hot water to prevent drying of the skin.
- c. Do not wear artificial fingernails or extenders if duties include direct contact with patients at high risk for infection and associated adverse outcomes (**NOTE: Facilities may want to develop an organizational policy on the wearing of non-natural nails by healthcare personnel who have direct contact with patients outside of the groups specified above**). Recommend direct care staff to keep natural nail tips less than ½ inch long.
- d. Recommended techniques for performing hand hygiene with an ABHR include applying the product to the palm of one hand and rubbing hands together, covering all surfaces of hands and fingers, until the hands are dry-approximately 20 seconds.
- e. Gloves or the use of baby wipes are not a substitute for hand hygiene.

Resources:

Centers for Disease Control and Prevention. Healthcare Providers-Hand Hygiene Guideline.
<https://www.cdc.gov/handhygiene/providers/index.html>