I. POLICY

It is the policy of UPMC to reduce the risk of transmission of pathogens and incidence of healthcare acquired infections by promoting and monitoring compliance with hand hygiene guidelines using the World Health Organization’s (WHO) five moments of hand hygiene.

Links to policies referenced within this policy can be found in Section VIII.

II. SCOPE

This policy applies to all Health Care Personnel in UPMC’s United States based hospitals, skilled nursing facilities, home care service lines and employed physicians’ offices. Similar policies may exist for other care settings within UPMC and are contained in setting-specific policy manuals.

III. PURPOSE

Effective hand hygiene removes transient microorganisms; dirt and organic material from the hands and decreases the risk of cross contamination to patients, patient care equipment and the environment.

Hand hygiene is the single most important strategy to reduce the risk of transmitting organisms from one person to another or from one site to another on the same patient. Cleaning hands promptly and thoroughly between patient contact and after contact with blood, body fluids, secretions, excretions, equipment and potentially contaminated surfaces is an important strategy for preventing healthcare associated and occupational infections.

IV. DEFINITIONS

- **Health Care Personnel** refers to all employees, faculty, temporary workers, trainees, volunteers, students and vendors regardless of employer that provide care to patients. This includes staff that provide services to or work in any UPMC facilities.
• **Direct Patient Contact** refers to anyone who has contact with a patient and/or their environment.

• **Indirect Patient Contact** refers to anyone who has contact with a common area or equipment which patients may have had contact (corridors, waiting areas in ancillary areas, common areas, etc.)

• **Hand Hygiene** – Performing handwashing, antiseptic handwash, alcohol based handrub, surgical hand hygiene/antisepsis.

• **Handwashing** – Washing hands with soap and water.

• **Antiseptic handwash** – Washing hands with water and soap or other detergents containing an antiseptic agent (e.g. chlorhexidine, triclosan, etc.).

• **Alcohol based hand rub** – preparation containing alcohol designed for application to the hands for reducing the number of viable microorganisms on the hands. Such preparations contain 60% to 95% isopropyl or ethyl alcohol.

• **Artificial Nails** - The definition of artificial fingernails includes, but is not limited to, acrylic nails, all overlays, tips, bondings, extensions, tapes, inlays, and wraps.

• **WHO Patient Zone** - contains the patient and his/her immediate surroundings. This typically includes the intact skin of the patient and all inanimate surfaces that are touched by or in direct physical contact with the patient such as the bed rails, bedside table, bed linen, infusion tubing and other medical equipment. It further contains surfaces frequently touched by HCWs while caring for the patient such as monitors, knobs and buttons, trash and linen bins, and other “high frequency” touch surfaces.

• **WHO Health-Care Area** - contains all OTHER surfaces in the health-care setting outside the patient zone.

• **WHO Clean/Aseptic Procedures** include activities such as but not limited to: vascular access, giving an injection or performing wound care.

• **WHO Critical Sites** - are associated with infection risks. Critical sites can either correspond to body sites or medical devices. Critical sites either 1.) pre-exist as natural orifices such as the mouth and eyes, 2.) occur accidentally such as wounds or pressure ulcers; 3.) are care associated such as an injection sites, vascular catheter insertion sites, or drainage exit sites or 4.) are device associated such as vascular catheter hubs, drainage bags and bloody linen.
V. PROCEDURES

A. Indications for hand hygiene

In most cases, either a waterless antiseptic product or handwashing with soap and water may be used for hand hygiene.

Hand hygiene is performed utilizing the World Health Organization’s (WHO) five moments of hand hygiene. The five moments are:

1. Before touching a patient (or patient zone)
2. Before clean/aseptic procedure (critical sites)
3. After body fluid exposure risk
4. After touching a patient
5. After touching patient surroundings (patient zone)

Handwashing with soap and water must be performed:

- When hands are visibly dirty.
- When hands are contaminated with proteinaceous material or visibly soiled with blood/body fluids.
- After using a restroom.
- After caring for patients with suspected or confirmed *Clostridium difficile* or Norovirus.

Handwashing procedure:

- Use warm, running water; moisten hands well.
- Dispensers are set to deliver the recommended amount of liquid soap or foam from the dispenser.
- Lather well and rub hands together for a minimum of (15) seconds. Remember that friction removes the surface organisms, which then wash away in the lather.
- Clean under and around fingernails.
- Rinse hands well, holding downward. All soap or foam should be removed to avoid skin irritation.
- Dry hands with paper towel and use the paper towel to turn off the faucets.
- Use appropriate hand lotion as needed. Moisturizers alleviate dry or chapped skin. UPMC provides a moisturizing product that is compatible with the hand care products and gloves that are used.
- Unapproved products should not be used; lotions not approved for use can harbor bacteria and/or interfere with the antiseptic properties of some handwashing solutions.
Alcohol-Based Hand Rub Procedure:

- Apply product to palm of one hand and rub hands together, covering all surfaces of hands and fingers until hands are dry.
- Gel dispensers are set to deliver the recommended volume of product, follow the manufacturer's recommendations for the amount of foam product to use.
- **Do not use** if hands are visibly soiled.

B. Gloves

- Hand hygiene must be performed prior to donning gloves when gloves are being worn for interaction with a patient and/or patient zone (Moment 1).
- Gloves must be worn for contact precautions and when there is an anticipated body fluid exposure risk.
- When wearing gloves, hand hygiene must be performed between glove changing and gloves should be changed during patient care when performing a clean or aseptic procedure (critical sites).
- Remove gloves and perform hand hygiene after contact with a patient, after contact with the patient zone, and after potential contact with blood/body fluids (i.e., blood spill).
- Gloves not contaminated with blood/body fluid can be discarded in the waste receptacle in the patient zone.
- Gloves contaminated with blood/body fluid should be discarded in the biohazardous (red) trash.
- **Do not wear** the same pair of gloves for the care of more than one patient.

**GLOVES DO NOT REPLACE THE NEED FOR HAND HYGIENE.**

C. Jewelry

- Jewelry policy is per System Dress Code Policy (HS-HR0714)

D. Fingernails

- Are to be kept neatly manicured and short, i.e. should not extend \( \frac{1}{4} \) inch past the tip of the finger.
- Are to be kept clean.
- Artificial nails policy is per System Dress Code Policy (HS-HR0714).
- **Nail polish without embedded enhancements in good repair is permitted.**
E. Compliance

- All staff are encouraged and expected to stop and remind any other staff member in a professional manner to perform hand hygiene if they have not cleaned their hands as outlined above.
- All staff who are reminded to perform hand hygiene will respond in a professional manner and comply with the request to perform hand hygiene.
- All staff are empowered to report to their supervisor any instances in which staff members fail to clean their hands as appropriate or if unprofessional behavior is exhibited.
- Retaliation against staff members who either remind other staff members to clean their hands or who report noncompliance is prohibited.
- Employees found to be non-compliant will be referred to their manager for appropriate follow-up.
- Noncompliance by employees should also be noted at the time of annual performance evaluations.

F. Oversight for Physicians

- Non-compliant physicians will be referred to the local Medical Leadership (or designee) and follow up will occur for physicians with repetitive non-compliance.

G. Enforcement

- Managers are responsible for enforcing compliance with all elements of this policy in their departments.

H. Monitoring Compliance with Hand Hygiene

- Periodic observations will be completed at each facility to assess Healthcare Personnel compliance with the 5 moments of hand hygiene.
- Ongoing monitoring will occur via anonymous trained observers as well as observers who intervene at the time of observation (to provide both positive and negative feedback).

VI. ORGANIZATIONAL RESPONSIBILITY

- To promote compliance with these requirements alcohol hand sanitizer dispensers, sinks and other means for hand hygiene have been installed, as appropriate, in corridors and rooms throughout UPMC facilities.
- The implementation of this policy should enable and not interfere with workflow.
- Staff providing care to patients in the home environment may be supplied with waterless soap products to facilitate compliance with this policy.
VII. REVIEW & EVALUATION

All staff including physicians will continue to have their hand hygiene behavior monitored. At a minimum, the summary results of this monitoring will be reported periodically to Hospital Leadership, and the Infection Control Committee, and to other Committees as appropriate.

VIII. POLICIES REFERENCED WITHIN THIS POLICY

HS-HR0714   Dress Code

HS-IC0604   OSHA Bloodborne Pathogen Standard Exposure Control Plan

SIGNED: Tami Minnier
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APPROVALS:
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        Executive Staff: August 30, 2012

PRECEDE: June 1, 2012

SPONSOR: System Infection Prevention and Control Committee

References

2. UCSF Medical Center Hand Hygiene Policy
3. OSHA Bloodborne Pathogen Standard Exposure Control Plan (HS-IC0604)