Hand Hygiene Policy

Content Applies To

- Mayo Clinic Health System in Fairmont and all affiliated clinics (See last page for clinic list)
- Mayo Clinic Health System in Mankato and all affiliated clinics (See last page for clinic list)
- Mayo Clinic Health System in New Prague and all affiliated clinics (See last page for clinic list)
- Mayo Clinic Health System in Springfield and all affiliated clinics (See last page for clinic list)
- Mayo Clinic Health System in St. James and all affiliated clinics (See last page for clinic list)
- Mayo Clinic Health System in Waseca and all affiliated clinics (See last page for clinic list)

Scope

All employees in healthcare setting

Purpose

- To educate staff in the proper methods of hand hygiene and fingernail hygiene
- To reduce the transmission of pathogenic microorganisms and the incidence of healthcare associated infections caused by these organisms
- To guide compliance for fingernail recommendations and hand hygiene with the Center for Disease Control (CDC) Guidelines for Hand Hygiene in Healthcare Settings recommendations

Policy

The organization endorses the CDC’s Guidelines for Hand Hygiene in HealthCare Setting recommendations for hand hygiene and to restrict wearing of artificial nails in employees who have direct contact with patients or with certain products or duties that are intended for patient’s (e.g. sterilization, product chain; dietary; lab, etc). All employees are responsible for maintaining adequate hand hygiene by adhering to specific infection control practices.

Policy Statements

1. Compliance with the proper hand hygiene procedure before and after patient contact is an expectation of all healthcare disciplines.
2. The preferred method of hand hygiene for most patient care settings is use of a waterless alcohol based hand rub / sanitizer.
3. When hands are visibly soiled, soap and water will be necessary to solubilize organic matter. Friction generated by hand rubbing and rinsing with running water is necessary to remove organic matter from the hands.
4. Waterless surgical hand antisepsis products require a prewash of hands and forearms with soap including cleaning the nails under running water at the beginning of the work shift. Skin is dried before applying the waterless antisepsis product.
5. Access to hand hygiene products is provided in all work units.
Hand Hygiene Policy

- Hand rub is available at the point of care unless patient safety risks are identified and warrant removal.
- Waterless hand rub may be wall mounted, attached to carts or positioned on counters in outpatient areas as well as inpatient areas.

6. Nail grooming is essential for good hand hygiene.
- Artificial nails and shellac cannot be worn by employees doing direct patient care (including but not limited to direct physical contact with patients during exams, procedures, treatments, nursing care, surgery, or emergencies); preparing or dispensing medication or blood products for patient use; preparing equipment or supplies for patient use (e.g. Central Stores); food, beverages, and serving food. These employees must keep natural nails less than 1/4 inch long
- **Sterile Processing Department (SPD):** Fingernails should not extend beyond the fingertips and no nail polish, artificial nails, or shellac are allowed in the Sterile Processing Department (SPD)
- Chipped nail polish promotes the growth of micro-organisms on fingers; therefore, nail polish should be in good condition with no chipping.
- The use of gloves does not affect the restriction on long or artificial nails.

7. Gloves are a protective barrier for the healthcare worker and patients according to Standard Precautions. Exam and surgical gloves are never reused or washed. Gloves are removed when the need for protection no longer exists and hand hygiene should be practiced immediately after removal of gloves.

8. Only institutionally provided and approved hand lotions and creams are used by HCW's in the clinical setting. Healthcare workers with hand skin irritation should discuss their concerns with their supervisor and Employee Health Services to develop a plan for resolving the irritation.

9. Compliance with hand hygiene is monitored routinely in all patient care areas by one of the following methods (independent direct observations, self direct observations, peer and / or patient observation) and is reported on the Quality Resources web site.

The HCW will use waterless hand rub or soap and water to clean their hands:
- Before having direct contact with patients
- Before preparing or administering medication
- Before donning gloves (non-sterile or sterile) and after removing gloves
- Before inserting indwelling catheters or other invasive devices
- After contact with a patient's intact skin
- After contact with a patient's non-intact skin, wound dressings, secretions, excretions, mucous membranes, as long as hands are not visibly soiled
- When moving from a contaminated body site to a clean body site during patient care
- After contact with inanimate objects in the immediate vicinity of the patient

The HCW will use soap and water only to clean their hands:
- When hands are visibly soiled
- Before eating
- After using the restroom
- When notified from Infection Prevention & Control, during a outbreak situation
- As an alternative to the use of the waterless hand rub
- After contact with chemicals
The HCW will follow these glove guidelines:

- Use gloves whenever contact with blood, body fluid or other potentially infectious matter is present, for contact with patient's non intact skin or as a part of transmission based precautions and when using chemicals during cleaning activities.
- Change gloves when moving from a dirty to a clean or sterile activity involving patient care.
- Remove gloves after completing care for the patient or leaving the work activity requiring the use of gloves.
- Perform hand hygiene immediately after glove removal.

Definitions

Artificial Nails: Anything applied to natural nails other than polish. This includes, but is not limited to artificial nails, tips, wraps, appliqués, acrylics, gels, shellac and other items applied to the nail surface.

Colonized: An organism is present without clinical or subclinical disease. The organism is replicating in or on the tissues of the host and can be identified by culture in the laboratory. Colonizing organisms can be spread from one person to another.

Hand Hygiene: A simple and effective method of preventing the spread of pathogenic organisms via the hands. Hand hygiene applies to hand washing, antiseptic hand wash, antiseptic hand rub or surgical hand antisepsis.

Healthcare-Associated Infection (HAI): An infection occurring in a patient in a hospital or other healthcare facility in whom it was not present or incubating at the time of admission, or the residual of an infection acquired during a previous admission. This includes infections acquired in the hospital but appearing after discharge, and also such infections among the staff of the facility.

Resident Skin Flora: Organisms that permanently colonize the superficial and deep structures of the skin. Many of these organisms are not highly pathogenic, but may cause infection in immunosuppressed patients, patients with invasive devices, or patients undergoing invasive procedures.

Transient Skin Flora: Organisms that colonize the skin for short periods, usually as a result of contact with a colonized person. These organisms may be highly pathogenic and are a frequent cause of healthcare associated infections.

Visibly Soiled Hands: Hands showing visible contamination with dirt or organic material, such as blood or other body fluids, secretions or excretions.

References

Guideline for Hand Hygiene in Healthcare Settings
2009 WHO Guideline on Hand Hygiene in Health Care, Advanced Draft