Hand Hygiene Policy

POLICY 1.2
Patient Care
Issued: 12/06
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Office of Origin: Hospital Epidemiology and Infection Prevention (HEIP)

I. PURPOSE

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

B. 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 contacts and after contact with blood, body fluids, secretions, excretions, equipment, and potentially contaminated surfaces is a fundamental strategy for preventing healthcare-associated infections.

II. REFERENCES

A. Association of Operating and Perioperative Nurses. Guidelines for Perioperative Practice (2026).

B. Centers for Disease Control and Prevention (CDC), Guideline for Hand Hygiene in Health-Care Settings, MMWR 51(RR16): 1-44, 2002.

C. Centers for Medicare & Medicaid Services (CMS) Conditions of Participation for Hospitals 482.42 Infection Prevention and Control and Antibiotic Stewardship.

D. The Joint Commission Hospital Accreditation Manual. Infection Control IC.06.01.01.01

E. The Joint Commission Hospital Accreditation Manual. National Patient Goal NPG.05.03.01

F. Glowicz JB, Landon E, Sickbert-Bennett EE, et al. SHEA/IDSA/APIC Practice Recommendation: Strategies to prevent healthcare-associated infections through hand hygiene: 2022 Update. Infection Control & Hospital Epidemiology. 2023;44(3):355-376. doi:10.1017/ice.2022.304

G. World Health Organization (WHO): Guidelines on Hand Hygiene in Health Care

H. UCSF Medical Center Administrative Policies 4.03.04 Employee Dress Standards

I. UCSF Medical Center Nursing Procedures Handwashing for the Intensive Care Nursery

III. DEFINITIONS

A. Alcohol-based hand rub (ABHR): An alcohol-containing preparation designed for application to the hands to reduce the number of viable microorganisms on hands.

B. Antimicrobial soap: A soap containing an antiseptic agent.

C. Hand hygiene: Cleansing hands by either handwashing with soap and water or using an alcohol-based hand rub.

D. Presurgical hand antisepsis: Surgical hand scrub or surgical hand rub performed preoperatively with antimicrobial soap or alcohol-based hand rub products that are specifically approved for presurgical use to reduce skin flora on hands and forearms. Such antiseptics often have persistent antimicrobial activity. Surgical hand scrub refers to surgical hand preparation with

antimicrobial soap and water. Surgical hand rub refers to surgical hand preparation with a waterless, alcohol-based hand rub.

IV. POLICY

A. All UCSF Health employees including staff, faculty, and learners will consistently implement the hand hygiene practices as specified in the Procedures section below.

B. Hand hygiene performed with an alcohol-based hand rub (ABHR) is the preferred hand hygiene method for most situations, including those listed below. If ABHR is not readily available, hand hygiene with soap and water is acceptable.

1. Immediately before touching a patient
2. Before performing a clean/aseptic procedure (e.g., handling a central line or inserting an invasive device)
3. Before moving from work on a soiled body site to a clean body site on the same patient (for example, after removing a soiled dressing and before applying a new dressing)
4. Before donning any personal protective equipment (PPE) and after doffing any PPE.
    a. Perform hand hygiene before putting on and after removing gloves. Using gloves is not a substitute for performing hand hygiene.
5. Before preparing or administering medication
6. After contact with blood, body fluids, or contaminated surfaces
7. After touching a patient
8. After contact with the patient's direct environment or equipment (e.g., moving a patient's bedside table, touching a patient's call light)
9. After removing gloves

C. Perform hand hygiene with soap and water:

1. When hands are visibly soiled
2. After using the restroom
3. Before eating
4. After caring for patients on Enteric Contact Isolation
    a. For patients on Enteric Contact Isolation, use gloves for all contact with the patient and the patient's environment. Wash hands with soap and water immediately after glove removal. If a sink is not readily available, use an ABHR before leaving the patient room or area and then wash hands with soap and water at the nearest sink as soon as possible.

D. Jewelry

1. Wearing a simple wedding ring (band) during routine care may be acceptable except in the operating rooms and Intensive Care Nursery (ICN) where all rings and other jewelry below the elbow must be removed

2. Refer to Employee Dress Standards - 4.03.04

3. For ICN, refer to Nursing Administrative policy, Handwashing in the Intensive Care Nursery for details regarding removal of all jewelry or articles below the elbows.

E. Fingernail Care: The following applies to staff who provide direct patient care and/or handle patient care medications, supplies, food or equipment.

1. Fingernails are to be kept clean, neatly manicured, and should not extend past the tips of the fingers

2. Nail polish (including gel polish) without embedded enhancements in good repair is permitted

3. Nail enhancements such as jewelry, glitters, studs, rhinestones, and beads are prohibited

4. Artificial nails or enhancements are prohibited for staff who have direct patient contact, who prepare food, who prepare instruments for sterile procedures, or who prepare sterile pharmaceuticals.

   a. Artificial nails are defined as accessories applied to natural nails to extend length or augment (e.g., shape, sculpt) the wearer's nails. They include but are not limited to bonding, extensions/tips, dip powder, wraps, acrylic overlays, press-ons and tapes.

5. Departments that do not provide direct patient care or handle patient care supplies/equipment/food should refer to the UCSF Policy Employee Dress Standards 4.03.04

F. Hand moisturizers and maintenance of skin integrity

1. Healthcare personnel should only use hospital-approved hand moisturizers or lotions to ensure compatibility with the hospital's hand hygiene products and gloves

   a. These are available on clinical units

2. Do not refill hand moisturizer dispensers

3. Do not use petroleum-based (i.e., with ingredients that include mineral oil, petrolatum) hand moisturizers because they:

   a. Degrade latex
   b. Negate the persistent antimicrobial effect of chlorhexidine

4. Allergic reactions to components in ABHR, antimicrobial soap, glove materials, or products used to manufacture hospital products are possible

   a. Healthcare personnel should self-screen for development of rashes or dermatitis on hands
   b. If a rash develops on hands, contact Occupational Health Services for evaluation and, if needed, guidance about acceptable alternative hand hygiene products

G. Environment of care

1. In all healthcare settings:
    a. Dedicate specific sinks to handwashing only. Consult HEIP for guidance if this is not feasible.
    b. Healthcare personnel should refrain from disposing of substances that can promote the development of biofilms (e.g., intravenous solutions, total parenteral nutrition, medications, food, or human waste) into handwashing sinks
2. In the event of an unplanned emergent water outage, perform hand hygiene using ABHR and contact HEIP for additional guidance.

V. PROCEDURES

A. Procedures for cleaning hands. Video instructions for proper hand hygiene can be found online: ABHR & Soap and Water videos.

1. Alcohol-based hand rub (ABHR):
    a. Apply at least a quarter-sized or palm-full amount of the ABHR product in the palm of one hand; ensure that you have enough ABHR to cover all surfaces of your hands.
    b. Rub hands together, between fingers, around and under fingernails, fingertips, backs of hands, palms, and wrists until hands are dry, at least 15 seconds.



2. Soap and water handwashing
    a. Stand near the sink, but avoid touching it, as the sink itself may be a source of contamination.
    b. Using tepid water to wet hands. Avoid splashing and keep moisture away from sleeves and clothing. Avoid using hot water, as repeated exposure to hot water may increase the risk of dermatitis.

c. Apply sufficient soap product to the hands that will allow for a full lather over all surfaces.

d. Rub hands together for at least 15 seconds, covering all surfaces of the hands and fingers.

e. Rinse hands thoroughly.

f. Dry hands with disposable towel.

g. Use towel to turn off faucet for handle-operated faucets to prevent re-contaminating your hands.



B. Patient and visitor education

1. Inpatients are provided with information on the importance of hand hygiene. Patients and visitors are encouraged to perform hand hygiene frequently and encouraged to feel free to remind healthcare personnel to perform hand hygiene, as needed.

C. Considerations for hand hygiene product procurement and maintenance:

1. Antimicrobial-impregnated wipes (e.g., towelettes) are not a substitute for ABHR or handwashing with soap and water

2. Bars of soap are not allowed for hand hygiene in healthcare settings

3. For cassette-refillable hand hygiene product dispensers:

a. Do not refill or "top off" soap or ABHR cassettes
b. Do not use dispensers with refillable reservoirs. This practice can lead to bacterial contamination of the hand hygiene product.

VI. TRAINING, MONITORING AND REPORTING

A. Training

1. Hand hygiene education is provided to UCSF Health employees upon hire as well as annually. The method of delivery of this training may be through a learning management system or in person and may consist of a module, lecture, return demonstration or other format deemed effective for clinical education.

2. Hand Hygiene Observers complete a separate training program upon enrollment into the Observer program and prior to recording observations for the program.

B. Hand hygiene adherence monitoring

1. The organizational goal for hand hygiene adherence is assessed and reset each year as part of the annual UCSF Infection Prevention Risk Assessment and Plan.

2. Hand hygiene adherence is monitored through a direct observation program that consists of trained observers submitting observations as adherent or non-adherent into a database.

3. Observations may be performed during any shift or time during which clinical activity or other hand hygiene opportunities are taking place at the location.

4. Observers may be enrolled from any job role, provided they complete the required training prior to recording data for the program.

C. Reporting

1. Hand hygiene adherence reports that summarize number of observations and adherence rates by hospital location are sent twice a week to inpatient unit leadership and executive leadership.

VII. RESPONSIBILITY

A. Policy review and updates

1. HEIP is responsible for reviewing this policy and making updated recommendations, if indicated.

B. Dispenser type, location, and maintenance

1. Install ABHR dispensers at the entry to the patient care environment (e.g., rooms, bays) and other convenient locations. The unit manager is responsible for recommending specific locations that are applicable to the unit's workflow and that are accessible at the point of care.

2. Facilities Management is responsible for dispenser installation through the work order process and assures compliance with applicable Fire Code and other regulations related to location of ABHR products. Facilities Management works with managers to review smoke compartment limitations on ABHR, identify appropriate dispenser locations, and install dispensers.

3. Environmental Services (EVS) is responsible for dispenser ordering, cleaning, and replacement if damaged or not functioning.

C. Hand hygiene product inventory

1. EVS is responsible for ordering and maintaining product availability in all dispensers and other hand hygiene locations.

2. EVS ensures the appropriate storage of ABHR product.

D. Product evaluation

1. The Value Analysis Committee is responsible for reviewing hand hygiene product information related to:

a. Efficacy

b. Manufacturer information regarding known interactions among any of the following:

i. Hand hygiene products

ii. Skin care products

iii. Gloves used at the institution

iv. Persistent effects of antimicrobial products used at the institution

c. Low irritancy potential

d. Cost

e. Staff feedback regarding feel, fragrance, and skin tolerance of any products under consideration

f. Dispenser evaluation related to functioning and maintenance, suitability to deliver appropriate volume of product, and compliance with regulations and codes

E. Skin irritation and alternate products

1. Occupational Health Services is responsible for responding to and evaluating staff skin irritation complaints and providing alternate product recommendations

2. EVS provides one facility approved hand lotion dispenser at patient care unit stations. Additional lotion dispensers can be ordered by patient care unit managers.

F. Enforcement

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

VIII. HISTORY OF POLICY

Revisions: 12/06, 03/10, 03/11, 6/12, 9/14, 1/15, 4/15, 9/19, 12/22, 06/26

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IX. APPENDIX

A. Presurgical Hand Antisepsis:

1. Procedure for surgical hand scrub using an approved antimicrobial soap and water:

a. Remove all jewelry including rings, watches, and bracelets.

b. Wear proper surgical attire prior to beginning surgical hand scrub.

c. Anyone standing at the scrub sink (regardless of whether they are scrubbing), must wear a surgical mask while in the presence of anyone else performing hand antisepsis.

d. Wash hands and forearms if visibly soiled with soap and running water immediately before beginning the surgical scrub.

e. Clean the subungual areas of both hands under running water using a disposable nail cleaner.

f. Rinse hands and forearms under running water.

g. Dispense the approved antimicrobial scrub agent according to the manufacturer's instructions for use (MIFU).

h. Apply the antimicrobial agent to wet hands and forearms using a soft, nonabrasive sponge.

i. Follow the MIFU to determine the adequate product contact with skin; this could be a three- or five-minute scrub depending on the MIFU.

j. Visualize each finger, hand, and arm as having four sides. Wash all four sides effectively, keeping the hand elevated. Repeat this process for opposite fingers, hand, and arm.

k. Avoid splashing surgical attire.

l. Discard sponges, if used, in appropriate containers.

m. Hands and arms should be rinsed under running water in one direction from fingertips to elbows as often as needed.

n. Hold hands higher than elbows and away from surgical attire.

o. In the OR, dry hands and arms with a sterile towel before donning a sterile surgical gown and gloves.

Timing or Duration	Step
Before starting	Wet the sponge and start timing.
1 Minute	Scrub the nails of one hand (30 seconds). Scrub every aspect of the fingers of that hand, including the webs, sides, fronts, and backs (30 seconds total; 6 seconds per finger).
1 Minute	Scrub the palm and back of the hand (30 seconds each).
30 Seconds	Scrub each side of the forearm from the wrist to 2 inches (5 cm) above the elbow.
2.5 Minutes	Repeat the process for the other hand and forearm.
After finishing	Rinse both hands and forearms from the fingertips to the elbows.
Throughout the procedure, hold your hands above your elbows to allow the water to flow away from the cleanest area, thereby avoiding contamination.	

2. Procedure for using waterless (alcohol-based) surgical hand rub product:

   a. Remove jewelry, including rings, watches, and bracelets.

b. Don a surgical mask. If others are at the scrub sink, a surgical mask should be worn in the presence of hand scrub activity. In the OR or other invasive procedure room, don a sterile surgical gown and gloves.

c. Wash hands and forearms with soap and water upon arrival to the OR. If visibly soiled, wash hands and forearms with plain soap and water or antimicrobial agent.

d. Clean the subungual areas of both hands under running water using a disposable nail cleaner.

e. Rinse hands and forearms under running water.

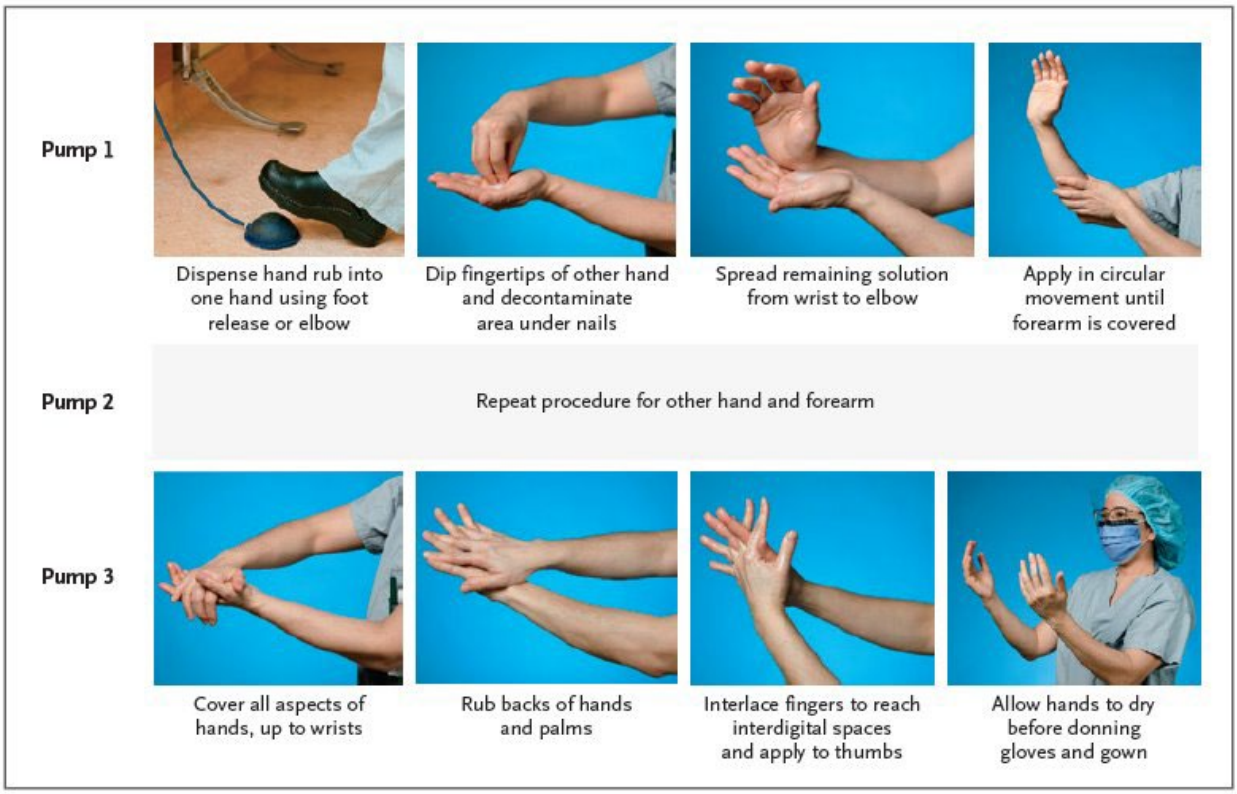
f. Dry hands and forearms thoroughly with a disposable paper towel.

g. Dispense the manufacturer-recommended amount of the surgical hand rub product.

h. Apply the product to the hands and forearms according to the MIFU.

i. Repeat the product application process as directed.

j. Rub thoroughly until completely dry.



3. Videos of surgical hand preparation technique with water-based and waterless surgical scrub techniques: Surgical Scrub Techniques