

Origin: Department of Hospital Epidemiology and Infection Prevention (HEIP)

I. PURPOSE

Effective hand hygiene removes transient microorganisms, dirt and organic material from the hands and decreases the risk of cross contamination from 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 infections.

II. REFERENCES

1. Centers for Disease Control and Prevention. Guideline for Hand Hygiene in Health-Care Settings Recommendations of the Healthcare Infection Control Practices Advisory Committee and the HICPAC/SHEA/APIC/IDSA Hand Hygiene Task Force (October 25, 2002 / Vol. 51 / No. RR-16)
2. Centers for Medicare and Medicaid Services. Conditions of Participation (77 FR 29034); published May 16, 2012; effective July 16, 2012
3. The Joint Commission. 2018 Hospital Accreditation Standards
4. Association of Operating and Perioperative Nurses. Recommended Practices for Hand Hygiene in the Perioperative Setting 2018 Perioperative Standards and Recommended Practices.
5. Artificial fingernails & enhancements (see Employee Dress Standards A.3) [Employee Dress Standards - 4.03.04](#)
6. ABHR & Soap & Water [videos](#).
7. [HEIP Standard and Transmission Based Precautions Policy 1.1](#)
8. California Fire Code 2010, Section 1003.3.3.1, Exception 2
9. NFPA 101 Life Safety Code 2018 Edition
10. 2009 Hospital Accreditation Standards (IC.03.01.01; IC.01.04.01; National Patient Safety Goal .07.01.01)
11. The Joint Commission Center for Transforming Healthcare
<http://www.centerfortransforminghealthcare.org/>
12. Pincock T, Bernstein P, Warthman S, Holst E. Bundling hand hygiene interventions and measurement to decrease health care-associated infections. American Journal of Infection Control. 2012 May;40 (4 Suppl 1):S18-27.
13. Katherine Ellingson, PhD; Janet P. Haas, PhD, RN, CIC; Allison E. Aiello, PhD; Linda Kusek, MPH, RN, CIC; Lisa L. Maragakis, MD, MPH; Russell N. Olmsted, MPH, CIC; Eli Perencevich, MD, MS; Philip M. Polgreen, MD; Marin L. Schweizer, PhD; Polly Trexler, MS, CIC; Margaret VanAmringe, MHS; Deborah S. Yokoe, MD, MPH. Strategies to Prevent Healthcare-Associated Infections through Hand Hygiene. Infection Control and Hospital Epidemiology, Vol. 35, No. 8 (August 2014), pp. 937-960.

III. DEFINITIONS

“Staff” refers to all medical center employees, faculty, temporary workers, trainees, volunteers, students and vendors regardless of employer. This includes staff who provide services to or work in UCSF Medical Center.

ABHR- alcohol-based hand rub

IV. POLICY

- A. Clean hands before and after routine patient care activities, including entering and exiting the patient care environment and after hand-contaminating activities. Clean hands before handling medication or preparing food.
- B. Glove use does not replace the need for hand hygiene.
- C. The choice of alcohol-based hand rub (ABHR), antimicrobial soap, or surgical hand preparation is based on:
 1. The degree of hand contamination.
 2. The degree to which reduced bacterial burden is required according to activity (see Table A. Guide for Hand Hygiene Decision-Making).
 3. Transmission and patient risk factors:
 - i. Requirements of immediate patient care
 - ii. High risk patient care (e.g., adult critical care, pediatric critical care, neonatal critical care (See Table A)
 - iii. Confirmed or suspected infection requiring Contact Precautions
 4. Invasive or surgical procedure.

Table A. Guide for Hand Hygiene Decision-Making

TYPE	PRODUCT	METHOD	PURPOSE
Hand decontamination	ABHR	Rub product over all surfaces of hands until dry, at least 20 seconds. Hands must not have VISIBLE SOILING .	To destroy transient and resident microorganisms on hands without visible soiling.
Antimicrobial hand antisepsis	Antimicrobial soap	Wet hands. Rub soap over all surfaces of the hands and wrists, then rinse with water and pat dry with paper towels. Total time 1 to 1 ½ minutes.	To remove soil and remove or destroy transient microorganisms.
Surgical hand antisepsis:	Waterless surgical scrub: Surgicept	Apply antimicrobial scrub agent and water with sponge to achieve friction for 5 minutes.	To remove or destroy transient microorganisms and reduce resident flora.
		OR apply waterless surgical scrub (Surgicept) per manufacturer's instructions	

- D. Wearing a simple wedding ring (band) during routine care may be acceptable, but in high-risk settings, such as the operating room and Intensive Care Nursery, all rings or other jewelry must be removed. [Employee Dress Standards - 4.03.04](#)
- E. Fingernails:
 1. Are to be kept neatly manicured and short, i.e. should not extend past the tip of the finger.
 2. Are to be kept clean.
 3. Artificial nails or enhancements are prohibited for staff who have direct patient contact, who prepare instruments for sterile procedures or who prepare sterile pharmaceuticals.
 4. Nail polish (including gel polish) without embedded enhancements in good repair is permitted.
- F. Avoid bar soap for hand hygiene by staff.

V. PROCEDURES

- A. Hand hygiene indications include:
1. Before touching a patient. For example:
 - a. At the beginning of work
 - b. Upon entry to the patient's room
 - c. Before patient contact, including dry skin contact
 - d. Before contact with a wound
 - e. **Before** donning gloves when providing direct patient care (wearing gloves does not substitute for hand hygiene)
 2. Before clean/aseptic procedure. For example:
 - a. Before handling sterile or clean supplies including medications
 3. After body fluid exposure. For example:
 - a. After contact with wounds
 - b. When moving from a contaminated body site to a clean body site during patient care;
 - c. Between completing a "dirty" task and starting a clean task e.g. emptying the urine Foley bag, and doing a BP check;
 - d. After removing a dirty dressing and before applying a new dressing
 - e. After contact with patients' body substances
 - f. After handling equipment, supplies, or linen contaminated with body substances
 - g. After removing other personal protective equipment **including gloves**
 4. After touching a patient, including:
 - a. Upon exiting the patient care area
 5. After touching patient surroundings. For example:
 - a. Exiting the patient care area
 - b. Before leaving the unit
 6. Additional hand hygiene indicators
 - a. Before preparing food
 - b. After using the restroom
 - c. After touching your face, nose or hair or personal device (e.g. pager, phone)
 - d. Other unique hand hygiene situations as approved by HEIP. ([Appendix D](#))
 7. One hand hygiene episode may satisfy multiple hand hygiene indicators e.g. hand hygiene at room entry may satisfy "before patient contact" or "before handling medications". Hand hygiene at exit may satisfy "after touching the patient" or "after touching the patient's surroundings". In addition to hand hygiene at the points of entry or exit from the patient care environment, additional hand hygiene may be required after a hand contaminating event within the patient care area e.g. "after body fluid exposure".
- B. Products for cleaning hands (refer to Table B):
1. Use ABHR for routine hand decontamination when hands are not visibly soiled.
 2. Use ABHR or antimicrobial soap for hand washing before invasive procedure such as IV insertion, bronchoscope or urinary catheter insertion.
 3. Use soap and water hand washing for visibly soiled hands.
 4. Use soap and water hand washing upon exit from the room of a patient on Contact Precautions regardless of whether you had contact with the patient.
 5. Use a surgical hand preparation before performing surgery.

6. Antimicrobial-impregnated wipes (e.g. towelettes) are not as effective as (and are not a substitute for) alcohol-based hand rubs or washing hands with an antimicrobial soap and water for reducing bacterial counts on the hands of staff.
 7. Avoid bar soaps.
 8. Use cassette-refillable dispensers. Do not refill or “top off” soap or ABHR cassettes, and do not use dispensers with refillable reservoirs. This practice can lead to bacterial contamination.
- C. Hand lotion may be used to prevent skin dryness and damage. See Appendix C. Considerations include:
1. Lotion may promote the growth of bacteria. Do not refill containers.
 2. Petroleum-based (ingredients include mineral oil, petrolatum) lotions degrade latex.
 3. Petroleum-based lotions negate the persistent antimicrobial effect of CHG.
- D. Procedures for cleaning hands. Video instructions for proper hand hygiene can be found online: ABHR & Soap and Water [videos](#).
1. ABHR (not for visibly soiled hands)
 - a. Apply product to palm of one hand.
 - b. Rub hands together, covering all surfaces of hands and fingers until hands are dry.
 - c. Follow the manufacturer’s recommendations for product volume.Total time to complete procedure = approximately 20 seconds
 2. Soap and water hand washing
 - a. Stand near the sink, but avoid touching it, as the sink itself may be a source of contamination.
 - b. If using a lever-operated paper towel dispenser, dispense a portion of towel before washing hands.
 - c. Using tepid water, 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.
 - d. Apply soap product according to manufacturer’s recommendations.
 - e. Rub hands together for at least 15 seconds, covering all surfaces of the hands and fingers.
 - f. Rinse hands thoroughly.
 - g. Dry hands with disposable towel.
 - h. Use towel to turn off faucet for handle-operated faucets to prevent contaminating your hands.Total time to complete procedure (a to h) = 1–1.5 minutes

Table B. Method of Hand Cleaning Indicated for Reducing Bacterial Burden Based Upon Activity

Activity/Method	Routine Patient Care	High Risk Patient Care	Invasive Procedure	Resistant Organisms	Any Contact Precautions	Surgery
Hand decontamination: ABHR on visibly clean hands	√	√	√	√		
Antimicrobial hand washing: antimicrobial soap and water	√	√	√	√	√	
Surgical hand antisepsis: Use of either an antimicrobial surgical scrub agent intended for surgical hand antisepsis or an alcohol-based antiseptic surgical hand rub is acceptable.						√

E. Surgical Team hand hygiene

1. A traditional, standardized, surgical hand scrub procedure includes:
 - a. Remove jewelry including rings, watches, and bracelets.
 - b. Don a surgical mask during hand scrub.
 - i. 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 scrub activity.
 - c. Wash hands and forearms if visibly soiled with soap and running water immediately before beginning the surgical scrub.
 - 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. Dispense the approved antimicrobial scrub agent according to the manufacturer's written directions.
 - g. Apply the antimicrobial agent to wet hands and forearms using a soft, nonabrasive sponge.
 - h. A three- or five-minute scrub should be timed to allow adequate product contact with skin, according to the manufacturer's written directions.
 - i. 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.
 - j. For water conservation, turn water off when it is not directly in use, if possible.
 - 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.

2. A standardized surgical hand scrub procedure **using an alcohol-based surgical hand rub product (Surgicept)** includes:
 - 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.
 - c. If visibly soiled, prewash 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. See Appendix B.
 - h. Apply the product to the hands and forearms according to the manufacturer's written instructions.
 - i. Repeat the product application process as directed.
 - j. Rub thoroughly until completely dry.
 - k. In the OR or other invasive procedure room, don a sterile surgical gown and gloves.

VI. RESPONSIBILITIES

A. Indications and Technique

HEIP is responsible to determine indications and techniques for hand hygiene and product suitability to accomplish desired hand hygiene results.

B. Dispenser Type, Location, and Maintenance

1. HEIP recommends that ABHR dispensers be installed at the entry to the patient care environment (e.g., rooms, bays) and other convenient locations. The unit manager is responsible to recommend specific locations that are applicable to the unit's workflow and 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. Hospitality Services is responsible for dispenser ordering, cleaning, and replacement if damaged or not functioning.

C. Hand Hygiene Products Inventory

1. Hospitality Services is responsible for ordering and maintaining product availability in all dispenser and other hand hygiene locations.
2. Hospitality Services ensures the appropriate storage of ABHR product.

D. Product Evaluation

The Value Analysis Committee is responsible to review information related to

- a. Capacity to achieve desired hand hygiene results
- b. Manufacturer information regarding known interactions among any of the following:
 - i. hand hygiene products
 - ii. skin care products
 - iii. gloves used in the institution
 - iv. persistent effects of antimicrobial soaps used in 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 alternate product recommendations.
- 2. Hospitality Services provides one 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
- 2. As per Medical Staff Rules and Regulations (Section II Patient Affairs, II. Infection Control and Communicable Diseases) all providers are responsible for complying with all elements of this policy.

VII. HISTORY OF POLICY

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

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Appendix A

Surgical hand preparation technique with an alcohol-based antiseptic surgical hand rub

The handrubbing technique for surgical hand preparation must be performed on perfectly clean, dry hands. On arrival in the operating theatre and after having donned theatre clothing (cap/hat/bonnet and mask), hands must be washed with soap and water. After the operation when removing gloves, hands must be rubbed with an alcohol-based formulation or washed with soap and water if any residual talc or biological fluids are present (e.g. the glove is punctured).

Surgical procedures may be carried out one after the other without the need for handwashing, provided that the handrubbing technique for surgical hand preparation is followed (Images 1 to 17).



1
Put approximately 5ml (3 doses) of alcohol-based handrub in the palm of your left hand, using the elbow of your other arm to operate the dispenser



2
Dip the fingertips of your right hand in the handrub to decontaminate under the nails (5 seconds)



3
Images 3–7: Smear the handrub on the right forearm up to the elbow. Ensure that the whole skin area is covered by using circular movements around the forearm until the handrub has fully evaporated (10-15 seconds)



4
See legend for Image 3



5
See legend for Image 3



6
See legend for Image 3



7
See legend for Image 3



8
Put approximately 5ml (3 doses) of alcohol-based handrub in the palm of your right hand, using the elbow of your other arm to operate the dispenser



9
Dip the fingertips of your left hand in the handrub to decontaminate under the nails (5 seconds)

**Surgical hand preparation technique with an alcohol-based antiseptic surgical hand rub
continued...**



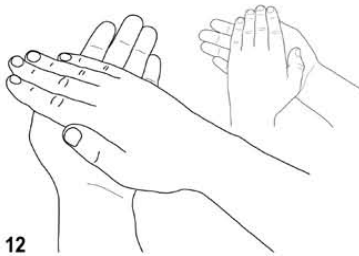
10

Smear the handrub on the left forearm up to the elbow. Ensure that the whole skin area is covered by using circular movements around the forearm until the handrub has fully evaporated (10-15 seconds)



11

Put approximately 5ml (3 doses) of alcohol-based handrub in the palm of your left hand, using the elbow of your other arm to operate the distributor. Rub both hands at the same time up to the wrists, and ensure that all the steps represented in Images 12-17 are followed (20-30 seconds)



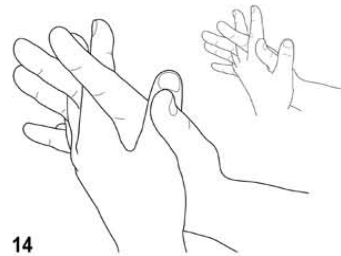
12

Cover the whole surface of the hands up to the wrist with alcohol-based handrub, rubbing palm against palm with a rotating movement



13

Rub the back of the left hand, including the wrist, moving the right palm back and forth, and vice-versa



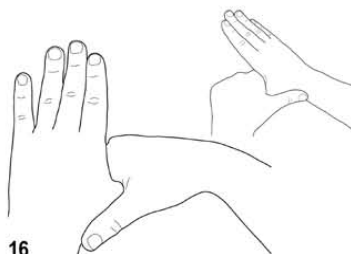
14

Rub palm against palm back and forth with fingers interlinked



15

Rub the back of the fingers by holding them in the palm of the other hand with a sideways back and forth movement



16

Rub the thumb of the left hand by rotating it in the clapsed palm of the right hand and vice versa



17

When the hands are dry, sterile surgical clothing and gloves can be donned

Repeat the above-illustrated sequence (average duration, 60 sec) according to the number of times corresponding to the total duration recommended by the manufacturer for surgical hand preparation with an alcohol-based handrub.

Appendix B



Discover the soft, clean feeling of Surgicept®.



Surgicept Application Instructions:

Apply to clean, dry hands. Surgicept can be used for first scrub and every scrub of the day. For the first scrub of the day, clean under nails using a nail pick under running water.

Step 1

Dispense sufficient quantity of Surgicept® antiseptic to cover one hand (approximately 2mL*) into cupped palm. Dip the fingertips of your opposite hand into Surgicept and work under the nails. Spread remainder of Surgicept on hand and lower two-thirds of forearm.

Step 2

Repeat step 1 with other hand and forearm.

Step 3

Dispense an additional sufficient quantity (approximately 2mL) of Surgicept antiseptic, and apply to all surfaces of hands up to wrists, paying particular attention to the nails, cuticles and interdigital spaces. Rub hands until dry.

Allow to dry before donning gloves. Do not dry with towel.

*Dispenser releases 1mL at a time.



For Healthcare Personnel Handwash Use:

Wet hands thoroughly with Surgicept and allow to dry without wiping.

Do not use if you are allergic or have known or suspected hypersensitivity to any ingredient in this product. **Stop use and ask a doctor** if irritation, redness or allergic reaction occurs.

Ordering Information:

SKU	Product	Cs Qty
0064-1080-11	1150mL	6/cs
109245	Dispenser for 1150mL	1/cs
0064-1080-80	800mL	12/cs
109246	Dispenser for 800mL	1/ea
0064-1080-59	2oz bottle	24/cs
0064-1030-15	Nail Picks	12/cs



References: 1. Surgical scrub comparison market research. Bernstein-Rein, 2010. 2. Final Report D51001-102. 2006. 3. Centers for Disease Control and Prevention. Guideline for hand hygiene in health-care settings: recommendations of the healthcare infection control practices advisory committee and the HICPAC/SHEA/APIC/IDSA hand hygiene task force. MMWR. 2002;51(No. RR-16).

surgicept.com | 800.523.0502

Surgicept® WATERLESS
Surgical Hand Scrub



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Appendix C

SKIN INTEGRITY ISSUES WITH HOSPITAL-PROVIDED HAND HYGIENE PRODUCTS

Staff who experience skin integrity issues attributed to hospital-provided hand hygiene products must be evaluated by Occupational Health Services. Occupational Health Services and the staff persons' manager/supervisor will use the checklist to address hand skin integrity issues. This checklist may be used for two purposes:

1. To educate healthcare workers about the proper way to clean hands and preserve hand skin integrity.
2. For managers/supervisors to evaluate staff adherence to hand skin integrity strategies when a healthcare worker reports breakdown in hand skin integrity.

EVALUATING PRACTICE FOR HAND SKIN INTEGRITY

A. Soap-and-water hand hygiene (total procedure takes 1-1.5 minutes):

- ☐ Wet hands first before applying soap.
- ☐ Use only one squirt of soap per wash. It is difficult to thoroughly remove excessive product, and the residual chemicals and perfumes have been associated with developing dermatitis.
- ☐ Rinse thoroughly—allow enough time and water to remove all traces of soap.
- ☐ Pat hands dry with paper towels (rather than rubbing hands dry).
- ☐ Always use an *antimicrobial* hand soap or an alcohol-based hand rub with persistent activity to clean hands prior to an invasive procedure (e.g., starting an IV, placing a urinary catheter).

B. ABHR (total procedure takes approximately 20 seconds):

- ☐ Use whenever hand hygiene is indicated and hands are not visibly soiled.
- ☐ There is no “set” number of uses after which one should wash with soap and water. Let your senses be your guide, and when you feel like washing, wash.

C. Lotion use:

- ☐ It is recommended that you apply lotion to your hands periodically throughout the day to replenish skin moisture. The following four times may be appropriate opportunities to do so making sure to leave it on your skin for at least 30 minutes after each application:
 - Following morning bathroom use
 - At your meal break
 - At the end of your work shift
 - When preparing to sleep
- ☐ Use the UCSF-provided lotion. Our hand product manufacturer develops products that are formulated to work cooperatively on your skin and not interact with certain other products in use at UCSF.

SKIN INTEGRITY ISSUES WITH HOSPITAL-PROVIDED HAND HYGIENE PRODUCTS

D. What if hands develop rash, dermatitis, lesions?

- ☐ If you develop a rash or open areas on your hands, do not perform direct patient care.
- ☐ If you develop dry skin, pay very close attention to all variables: what products have changed at home and at work? Are you following all the steps above? Is it a dry time of year? (Recall that dermatitis and dry skin occur cyclically, with worsening in winter.)
- ☐ If you develop a skin reaction that you believe is related to a hand hygiene product, advise your manager and make an appointment to be evaluated by Occupational Health Services (OHS). Skin reactions related to products provided by the institution should be documented in your record. Alternative products can be provided for your use as a direct patient care provider.
- ☐ Above all, communicate with OHS if a problem persists.

Appendix D

UNIQUE HAND HYGIENE SITUATIONS

There are some circumstances when the hand hygiene rule (clean hands on entry and exit) must be adapted for a task when being completed by staff while maintaining patient safety. HEIP and the department(s) jointly evaluate workflow and hand hygiene in order to determine efficiency and safety. HEIP must approve modifications.

PATIENT CARE

HANDS-FULL TECHNIQUE:

1. Enter patient room & place items in an appropriate place in the room/environment
2. Immediately clean hands
3. Complete task, cleaning hands as indicated by the nature of the task
4. Clean hands upon exit

If clean items need to be removed from the room at the end of the task:

- a. Clean hands
- b. Pick up the items
- c. Exit patient room/environment

If soiled items need to be removed from the room at the end of the task:

- a. Pick up the items
- b. Exit patient room/environment with soiled items
- c. Clean hands upon completion

PATIENT CARE

30-SECOND RULE:

1. Allow 30 seconds before/after entry or exit for the person to complete hand hygiene
2. Hand hygiene at room exit also counts as compliant for entry to the next room when then exit/entry is done within 30 seconds

PATIENT CARE

GLOVE USE:

1. Clean hands before donning gloves
2. Remove gloves and clean hands when task is complete

FOOD & NUTRITION SERVICE (FNS)

FOOD TRAY DELIVERY (CLEAN TRAYS):

1. Clean hands
2. Pick up tray
3. Walk into patient room/environment
4. Place tray on over-bed table or as directed by patient/visitor or staff
5. Clean hands upon exit and en route to tray cart
6. Pick up the next tray
7. Repeat until all trays are delivered

FOOD TRAY PICK-UP (DIRTY TRAYS):

1. Clean hands upon entry to patient room/environment
2. Pick up used tray
3. Place tray in the cart
4. Clean hands and repeat until all the trays have been collected.

Glove use: Assess the need to wear gloves before picking up the tray.

1. Clean hands
2. Don gloves if the tray is visibly soiled
3. Pick up tray and place in cart
4. Remove gloves and clean hands upon entering next room

If the tray is visibly soiled with blood or body fluids, report incident to nursing staff. Nursing staff will remove the blood or body fluids from the tray. Do not throw away flatware, china etc.

1. Clean hands
2. Don gloves
3. Pick-up tray and place in cart
4. Remove gloves and clean hands
5. Report to supervisor as per FNS policy

HOSPITALITY SERVICES

TRASH & LINEN PICK-UP:

1. Clean hands upon entry to patient care unit
2. Don gloves
3. Pick up trash/linen bags in patient room/environment as per Hospitality Services policy
4. Place trash/linen bags in cart
5. Repeat 1-4 until all areas have been serviced *
6. Remove gloves and clean hands

* When trash or Linen cart is full take cart to trash/linen chute.

1. Place trash/linen bags into chute
2. When cart is empty remove gloves & clean hands
3. Don new gloves

SHARPS BOX EXCHANGE:

1. Clean hands upon entry to patient care unit
2. Don gloves
3. Exchange sharps boxes for entire patient care unit
4. Remove gloves and clean hands after the unit's sharps boxes have been exchanged,

ROOM CLEANING:

- a. Place cart outside patient room per Hospitality Services policy
- b. Clean hands upon entry to patient room/environment
- c. Return to cart put on gloves & pick-up ALL supplies
- d. Enter the room and clean room per Hospitality Services policy
- e. Remove gloves and clean hands when vacating the room
- f. Take supplies back to cart
- g. When leaving room to get extra supplies:
 - i. Remove gloves
 - ii. Clean hands
 - iii. Go pickup supplies
 - iv. Clean hands put on new gloves when you re-enter the room

TRANSPORT:

GLOVES ARE NOT REQUIRED FOR ROUTINE PATIENT TRANSPORT

1. Clean hands upon entry to patient room/ environment
2. Assist patient on gurney, wheelchair or bed
3. Arrive at destination (leave gurney, wheelchair, bed)
4. Clean hands on exit
5. End of observation; do *not* include cleaning of transport unit as part of compliance observation

REHABILITATION SERVICES

GLOVES ARE NOT REQUIRED FOR ROUTINE REHABILITATION SERVICE AND ARE NOT TO BE WORN IN THE HALLWAY UNLESS PERFORMING PATIENT CARE

1. Clean hands upon entry and don gloves as necessary
2. Complete Rehabilitation service, which may include exiting patient room with the patient
3. Return patient to room, remove gloves and clean hands upon service completion.

PORTABLE EQUIPMENT

CLEAN EQUIPMENT BEFORE EACH PATIENT EXAM: DON GLOVES, CLEAN EQUIPMENT; REMOVE GLOVES

HAND HYGIENE REQUIREMENTS BEGIN NOW:

1. Clean hands upon entry to patient room
2. DON GLOVES;
3. MOVE EQUIPMENT INTO ROOM, PERFORM EXAM, TRANSMIT IMAGE, RETURN PATIENT TO POSITION
4. Remove gloves; perform hand hygiene; exit room (HH observation ends here)
5. Clean equipment following gloving requirements

OTHER

1. Health Care Provider must always apply posted Precaution requirements
2. Empty room: Hand hygiene entry/Hand hygiene on exit standards still apply
3. Zone=Patient, equipment, and bed/gurney. Hand hygiene is required when entering or exiting a Zone and after a hand-contaminating event within the zone.

**Appendix V
Correction Action Plan Template**

Unit or Department Name:		Current Compliance %:	
Name of Individual Completing Intervention Plan:			
Date:			
Action:	Yes/No	Date of Action or Plan	Comment
Monthly HH Compliance results are posted in a visible space (e.g. Nurses' station, staff lounge, unit entry, or other visible location)			
Monthly HH Compliance results are discussed in staff meetings			
Unit or departmental leadership (e.g. PCM, Medical Director, Department Director) consistently supports the gel in/gel out standard and communicates the expectation			
Staff have been educated about general gel in/gel out standards			
Staff have been educated about general gel in/gel out standards applicable to any specific workflow modifications			
Unit or departmental leadership monitor staff performance by:			
- Providing Just-in-Time Coaching			
- Gathering Hand Hygiene Observations			
Staff indicate through their signature their knowledge of hand hygiene requirements and their commitment to implement (e.g. behavioral contract; commitment board)			
Unit or departmental leadership intervenes in personnel performance by:			
- Identifying factors that contribute to non-compliance			
- Implementing corrective actions for workflow, equipment, or other common factors that impact compliance			
- Taking action on persistent individual non-compliance			
Unit and departmental leaders collaborate and communicate to improve compliance			
Unit or departmental leadership develops additional program-level corrective action plan to achieve 85% compliance			
HEIP Hand Hygiene Policy: http://infectioncontrol.ucsfmedicalcenter.org/ICMANUAL2007/Section1/Sec%201.2%20Hand%20Hygiene%20Policy.pdf			
Hand Hygiene Training: http:// cleanhands.ucsfmedicalcenter.org/Hand%20Hygiene%20Training.asp			