

## HAND HYGIENE POLICY AND PROCEDURES

This document will illustrate how to properly create a hand hygiene policy for your facility.

What needs to be included in a hand hygiene policy:

1. **Purpose:** The purpose is the reason why a hand hygiene policy exists. For example: The purpose of this policy is to educate the proper hand hygiene techniques.
2. **Goal:** The goal is what the policy wants to achieve. For example, the goal of this policy is to ensure proper hand hygiene is always performed.
3. **Scope:** The scope is to whom this policy applies to. This could be staff, visitors, and residents.
4. **Definitions:** This section should define any terms in the following policy that may not be commonly known or that the facility administration feels are important to have explicitly defined.
5. **Procedure:** The actual policy the facility wants to enforce and adhere to. For example, according to the World Health Organization, hand hygiene must be performed following these 5 moments:
  1. Before providing care to a resident.
  2. Before a procedure.
  3. After a procedure or body fluid exposure.
  4. After providing care to a resident.
  5. After touching a resident's surrounding.

All Skilled Nursing Facilities (SNFs) within Los Angeles County (LAC) have their own policies and procedures. The following example does not have to be adapted as your new hand hygiene policy. This is purely an educational tool for the Infection Preventionist to have a hand hygiene policy to refer to, if needed. Please review your current facility or corporate policies to ensure current guidelines are being met at your facility.

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PURPOSE:

- The purpose of this policy is to educate staff on the importance of hand hygiene and promote uniform hand hygiene practices. By establishing uniform guidelines, we can help promote effective hand hygiene practices for residents and staff within a skilled nursing facility and reduce the transmission of pathogenic organisms, creating a safer environment for all.

GOAL:

- The goal of this policy is to provide the staff members a safe and healthy environment when treating their residents, as well as for their own protection. Hand hygiene remains to be a major component when promoting a safe and healthy environment.

SCOPE:

- This policy applies to all permanent and contracted SNF staff, which shall be referred to as “staff” going forward and includes all those who have direct and indirect patient care responsibilities, as well as third-party contracted workers and volunteers. This includes permanent, temporary, or contracted staff as well as students, volunteers, and/or visitors.

DEFINITIONS:

- **Hand Hygiene:** A general term used to describe hand washing or using antibacterial hand rub (ABHR) to sanitize/decontaminate hands.
- **Artificial Fingernails:** Any material that is applied to the fingernails for the purpose of strengthening or lengthening nails (e.g., tips, acrylic, gel, powder, press-on nails, porcelain, silks, jewelry, overlays, wraps, fillers, superglue, any appliqués other than those made of nail polish, nail piercing jewelry of any kind, etc.).

PROCEDURES:

The following practices promote a safe environment for residents and staff:

- Alcohol-based hand sanitizers are the most efficient agents for reducing the number of bacteria on the hands of workforce members. Antiseptic soaps are the next most efficient agents and non-antimicrobial soaps are the least efficient. Soap and water are recommended when the hands are visibly soiled. Alcohol--based hand sanitizers are recommended for routine decontamination of hands except when the hands are

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- visibly soiled after caring for a person with known or suspected infectious diarrhea, or after known or suspected exposure to spores (e.g., B. anthracis, C. difficile outbreaks).
- Direct resident care staff and staff who have contact with resident supplies, equipment, and food are prohibited from wearing artificial fingernails and long natural fingernails. Natural nails must be clean with tips less than ¼ inch beyond the tip of the finger. If fingernail polish is worn, it must be in good condition, free of chips, and preferably clear in color.
- Wearing rings with stones on fingers is discouraged. They can harbor bacteria and tear gloves. Wearing bands on fingers may be allowed if they are cleaned along with the appropriate handwashing technique.

**Roles and Responsibilities:**

- The Infection Preventionist will construct an internal operational procedure that best applies to their facility.
  - The hand hygiene policy should include the discussion of proper hand hygiene techniques, coordinating training for all SNF staff (including new employees), monitoring of SNF staff compliance, use of EPA (Environmental Protection Agency) approved hand hygiene products, appropriate storage and maintenance of hand hygiene products, and other requirements set by this policy and the Centers for Disease Control and Prevention (CDC).
- The facility Environmental Services (EVS) manager will coordinate with the Infection Preventionist to provide EPA approved hand hygiene products within direct and indirect resident care areas.
- Environmental Services Supervisor should work with EVS staff to ensure that the central supply of alcohol-based hand rub (ABHR) and other hand hygiene products are monitored by calculating burn rates of supplies.
- EVS supervisor should ensure ABHR stations should be present outside of each resident door if possible or ensure all staff carry their personal ABHR bottles for use.
- Hand washing stations should be present at each nursing station.
  - Hand hygiene products that are EPA/FDA approved will be purchased, stored, and maintained in an appropriate manner, as described on the product

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- labels by EVS staff. (See Resources on how to read product bottles to ensure it is an EPA approved product and the list of FDA do not use list for ABHR).
- All-Staff:
  - Staff are expected to adhere to their facility hand hygiene policies and procedures. Compliance is important for resident safety and infection control. Facility should ensure that hand washing products such as alcohol-based hand rubs should be available to maintain policy compliance.
  - All permanent and contracted SNF staff will have training on hand hygiene at new hire orientation, annually, and at all shifts (i.e., 7am-3pm/ 11am-7pm/11pm-7am). Hand hygiene training should include return demonstration of proper hand washing technique or the use of glo-germ. Staff should also sign all trainings and re-education regarding hand hygiene. Visitors should be provided with hand hygiene signage to show proper hand washing technique upon entry.
  - Any SNF staff member who provides direct resident care, or has direct contact with supplies, equipment, or food are prohibited from wearing artificial nails. Natural nails are to be kept clean and tips within ¼ inches beyond the tip of the finger. Fingernail polish is permitted so long as it is free of chips, and clean in color.
  - If a staff member does not adhere to the fingernail or artificial nail portion of this policy, please refer to your corporate office or facility’s current policy regarding nail care or artificial nails and corrective actions. Example of stepwise approach to escalating noncompliance with artificial nail policy:
  - Any staff member who does not adhere to the proper hand hygiene practices may be subject to any of the following actions depending on the severity or frequency of non-compliance:
    - Required re-training.
    - Sent home without pay.
    - Reviewed by a compliance committee.
  - Hand hygiene should be performed at the appropriate times by all persons in the facility, as shown in the Los Angeles County Department of Public Health (LAC DPH) hand hygiene poster (see Resources section).

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<ul style="list-style-type: none"> <li>○ ABHR is the most effective method of cleansing visibly un-soiled hands. However, washing hands with soap and water for at least 20 seconds is the preferred way of cleansing the hands when they are visibly soiled. (See Resources section for proper hand washing and hand rubbing technique).</li> </ul> <p><b>Procedures for Adherence Monitoring/ Audits</b></p> <p>Hand hygiene audits will be performed on an ongoing basis as defined below and can be changed by the Infection Preventionist or DON.</p> <ul style="list-style-type: none"> <li>○ Frequency: <ul style="list-style-type: none"> <li>○ At least once a month for each unit/department/shift.</li> <li>○ Given that there are <u>  A  </u> units and <u>  B  </u> departments (nursing/physicians, EVS/housekeeping, laundry, activities, rehab, CNA, social work, administration), there should be <u>      </u> (A + B) audit reports per month.</li> <li>○ During outbreaks, viral respiratory viral illness season, increased rates in HAIs beyond baseline (e.g., increasing CAUTI, CLABSI, VAP): Increased audits are highly recommended.</li> </ul> </li> <li>○ Who conducts the audits? <ul style="list-style-type: none"> <li>○ IP team, charge nurse, DON, DSD, Supervisors, and managers of departments (dietary, EVS/housekeeping, laundry, activities, rehab, social work) in the facility.</li> </ul> </li> <li>○ What staff is included in the audits? <ul style="list-style-type: none"> <li>○ All staff</li> </ul> </li> <li>○ When? <ul style="list-style-type: none"> <li>○ All shifts including day (7am-3pm), evening (3pm-11pm), overnight (11pm-7am) and weekends.</li> </ul> </li> <li>○ How? <ul style="list-style-type: none"> <li>○ By utilizing secret shoppers (i.e., charge nurse, administrator, DON, IP, or RN Supervisors) and CDPH Hand Hygiene Monitoring tool.</li> </ul> </li> <li>○ What happens when audit rates downtrend? What is a sample protocol of steps to take? <ul style="list-style-type: none"> <li>○ Review the efficacy of hand hygiene audits. Are audits conducted properly?</li> <li>○ Conduct an in-service for staff especially those who are noncompliant about proper hand hygiene techniques. See Resources for CDPH Hand Hygiene monitoring tool.</li> </ul> </li> </ul>	

## RESOURCES:

- LAC DPH Hand Hygiene poster:  
[http://publichealth.lacounty.gov/acd/docs/LTC\\_HandHygiene.pdf](http://publichealth.lacounty.gov/acd/docs/LTC_HandHygiene.pdf)
- LAC DPH Hand washing Technique poster:  
<http://publichealth.lacounty.gov/acd/docs/HandwashingSteps.pdf>
- CDC Hand Hygiene Guidance for Healthcare Settings:  
<https://www.cdc.gov/handhygiene/providers/guideline.html>
- How to Read Product Labels for EPA Approval:  
[https://www.epa.gov/system/files/images/2022-09/HowToReadALabel-508c-Final-2022-08-30%20%28005%29\\_1.png](https://www.epa.gov/system/files/images/2022-09/HowToReadALabel-508c-Final-2022-08-30%20%28005%29_1.png)
- Is Your Hand Sanitizer on FDA's List of Products You Should Not Use?  
<https://www.fda.gov/consumers/consumer-updates/your-hand-sanitizer-fdas-list-products-you-should-not-use>
- PDF Booklet that has all the EPA approved product links for Hand Soap:  
<https://www.epa.gov/system/files/documents/2023-02/epa-recommendations-specs-standards-ecolabels.pdf#page24>
- CDPH Hand Hygiene Monitoring Adherence Tool:  
<https://www.cdph.ca.gov/Programs/CHCO/HAI/CDPH%20Document%20Library/AdherenceMonitoringHandHygieneApproved101516.pdf>