01.14 - Hand Hygiene for All Healthcare Workers

**Purpose**
To prevent the transmission of microorganisms from patient to patient and from inanimate surfaces to patients by the hands of all healthcare providers.

**Audience**
All employees of UTMB hospitals, clinics, Victory Lakes outpatient specialty care and surgical center, contract workers, volunteers, and students

**Policy**
- Hand hygiene shall be practiced before and after each patient contact (even if gloves are worn). All employees are required to wash, rinse, and dry their hands or apply an alcohol hand rub before beginning work, after using the rest room and prior to leaving work.
- Antiseptic (antimicrobial) handwashing products or alcohol hand rub shall be used for hand hygiene.
- An alcohol hand rub, may be used for hand hygiene in place of an antimicrobial soap handwash. Hands that are grossly contaminated must be washed with lotion soap prior to hand disinfection with an alcohol hand rub.
- Gloves shall be worn when exposure to blood or any other body fluids, excretions or secretions is likely.
- For a given patient, site care shall start at the cleanest site (e.g., mouth care) and progress to the dirtiest site (e.g., urinary catheter care). When going from a dirty site to a clean site, hands shall be washed or an alcohol hand rub applied between sites.

**Routine Handwashing Procedure**
- Use warm water to wet the hands.
- Apply antiseptic soap (containing chlorhexidine).
- Work up a good lather.
- Apply with vigorous contact on all surfaces of the hands.
- Wash hands for at least 15 seconds.
- Rinse, avoid splashing.
- Keep hands down so that run off will go into the sink and not down the arm.
- Dry well with paper towels and use the paper towels to turn off the faucet.
- Discard the paper towels into the appropriate container.
Hand Antiseptics

• An alcohol hand rub may be substituted for antimicrobial soap. The following technique should be used:
  – If hands are visibly soiled, wash hands with lotion soap prior to application of alcohol hand rub.
  – Apply enough alcohol hand rub to cover the entire surface of hands and fingers.
  – Rub the solution vigorously into hands until dry.
  – Use of alcohol hand rubs may result in a sticky residue on the hands. Wash with lotion soap periodically to remove the hand rub residue.

Fingernails

Healthcare workers with direct patient contact shall adhere to CDC and UTMB epidemiology guidelines. They must maintain fingernails so that their natural nail tips should not extend past the ends of their fingers. Artificial nail enhancements are not to be worn. This includes, but is not limited to, artificial nails, tips, wraps, appliques, acrylics, gel, shellac, glue, and any additional items applied to the nail surface. Nail polish is permitted, but anything applied to natural nails other than polish is considered an enhancement. Chipped nail polish supports the growth of organisms on fingernails and is strictly prohibited. Individual departments can institute measures, in addition to those above, to comply with established standards of care in specialty areas.

Hand Antiseptics Prior to Surgical Procedures

Healthcare workers who participate in surgical procedures must either perform a surgical scrub with an antimicrobial soap or hand and arm disinfection with an alcohol rub prior to donning sterile gloves and a sterile gown (see policy 01.46 Guideline for Prevention of Surgical Site Infections). If hands and arms are not grossly contaminated between cases, an alcohol rub may again be applied to hands and arms in place of a surgical scrub. If, at any time, hands are contaminated, they must be washed with an antiseptic soap and water or washed with lotion soap and water followed by application of an alcohol hand rub.

Note:

Bottles and other large containers of hand lotions may become contaminated with pathogenic organisms. Therefore, only small disposable bottles or packets of lotions shall be used.
Allergic reactions to products applied to the skin may present as delayed type reactions or less commonly as immediate reactions. If a HCW suspects allergic contact dermatitis, they will be instructed to go to the Employee Health Center and fill out a Hand Dermatitis Documentation form (see attached). The HCW will be assessed by the Employee Health physician. If allergic contact dermatitis is diagnosed, the healthcare worker will take the form to Materials Management whereby another hand hygiene product will be issued.

Reference