1. PURPOSE

To prevent the transmission of microorganisms by ensuring that hand hygiene and surgical hand antisepsis in the Aurora Health Care setting is in compliance with best practice.

2. SCOPE

This policy applies to Aurora Health Care, Inc. and any entity or facility owned or controlled by Aurora Health Care. Food Service preparation areas are outside of the scope of this policy.

3. DEFINITIONS

Hand Hygiene: a general term that applies to hand washing, antiseptic hand wash, antiseptic hand rub or surgical hand antisepsis.

Alcohol based waterless hand sanitizer: an alcohol-containing preparation (liquid, gel or foam) designed for application to the hands to reduce the number of viable microorganisms on the hands. Such preparations contain alcohol, other active ingredients and emollients.

Hand washing: washing hands with plain or antimicrobial soap and water.

Hand rub: treatment of hands with alcohol-based waterless hand sanitizer to reduce transient flora without affecting the resident skin flora. These preparations are broad spectrum and fast acting.

Surgical Hand Antisepsis: surgical hand scrub or waterless, brushless hand scrub performed pre-operatively by the surgical team to eliminate transient microorganisms and reduce resident skin flora. Antiseptics often have persistent anti-microbial activity.

Visibly soiled hands: hands showing visible dirt or visibly contaminated with proteinaceous material, blood, or other body fluids (e.g. fecal material or urine).

Direct patient care: having direct contact with patients as part of the job requirements.

4. POLICY

4.1 The Aurora Health Care hand hygiene program complies with the CDC hand hygiene guidelines found at http://www.cdc.gov/mmwr/PRR/rrf5116.pdf

4.2 The choice of which hand hygiene process to follow is based on:

a) The degree of hand contamination

b) The degree to which reduced bacterial burden is required according to activity

c) Transmission and patient risk factors based on:
i) High risk patient care (e.g., adult, pediatric, neonatal critical care, behavior health, hematology, transplant or immunosuppressed patients.)

ii) Confirmed or suspected Clostridium difficile or Norovirus infections

iii) Invasive or surgical procedures

4.3 For routine decontamination of hands in the clinical setting the preferred method of hand hygiene is to use an alcohol-based waterless hand sanitizer.

4.4 For any given patient, care shall start at the cleanest site and progress to the dirtiest site. When going from a dirty site to a clean site, hand hygiene will be performed between sites.

4.5 HAND HYGIENE

a) Hand washing (soap and water)

i) When hands are visibly soiled or contaminated with blood or body fluids.

ii) After using the rest room.

iii) After using alcohol based waterless hand sanitizer approximately 10-15 times (due to a build-up of emollients and thickeners).

iv) Before eating or drinking.

v) When contact with spores (e.g. Clostridium difficile) is anticipated for suspected or confirmed cases.

vi) If suspected or confirmed cases of Norovirus.

b) Hand rub (alcohol-based waterless hand sanitizer)

i) For any routine clinical situation, except in situations described above in Handwashing.

ii) Before and after your work shift.

iii) Before and after patient contact. After contact with a patient's intact skin (as in taking a pulse or blood pressure, or lifting a patient).

iv) Before donning gloves (sterile or clean) when inserting any invasive device that does not require a surgical scrub.
v) Before antisepsis (i.e. preparing or administering medication, phlebotomy procedures).

vi) After contact with body fluids or excretions, mucous membranes, non-intact skin, or wound dressing, as long as hands are not visibly soiled.

vii) If moving from a contaminated body site to a clean body site during patient care.

viii) After removing gloves.

ix) After contact with inanimate objects (including medical equipment) in the immediate vicinity of the patient.

x) After blowing nose or covering a sneeze (if visibly soiled must wash hands).

xi) Before eating or drinking.

4.6 SURGICAL HAND ANTISEPSIS

a) The purpose of surgical hand antisepsis is to significantly reduce the number of microorganisms on and under the fingernails, hands and forearms.

b) All personnel, in anticipation of gowning and gloving for surgery or invasive procedures requiring surgical asepsis, will perform surgical hand antisepsis.

c) Surgical attire will be worn during the hand scrub where required.

d) Scrub brushes should not be used for surgical hand antisepsis.

e) Rings, watches and bracelets should be removed prior to surgical hand antisepsis.

f) Hands and fingernails should be washed with plain or antimicrobial soap and running water before the first hand scrub of the day. Subsequent scrubs for the day can either be soap and water or waterless, brushless alcohol based hand scrub.

g) Surgical hand scrub time and procedure will follow product manufacturer’s directions.

4.7 SKINCARE

a) Hand lotion may be used to prevent skin dryness and damage.
i) Only facility-approved lotions may be used. These lotions are compatible with the current hand hygiene products.

ii) Do not "top off" or refill containers as lotions may promote the growth of bacteria.

4.8 FINGERNAILS

a) Artificial fingernails or extenders must not be worn when providing direct patient care (as defined as having direct contact with patients as part of job requirements).

b) Natural nail tips must be kept less than ¼ inch long in all areas.

c) Nail polish, if worn, must be intact, and must be able to be easily removed if chipping or damage occurs.

d) Refer to OPERATIVE AND PROCEDURAL ATTIRE (5.8) for additional fingernail guidelines for caregivers in operative and procedural areas.

4.9 GLOVES

a) Gloves are required when contact with blood or other potentially infectious materials, mucous membranes or non-intact skin is anticipated as part of Standard Precautions.

b) Gloves should never be washed or reused.

4.10 PRODUCT

a) Caregivers will only use products for hand hygiene and surgical hand antisepsis selected by Aurora Health care for that purpose.

b) Aurora Health Care Purchasing Department includes Infection Prevention and Control staff members in the decision making process when evaluating new hand hygiene or surgical hand antisepsis products.

4.11 EDUCATION

a) Education on Hand hygiene is completed on hire and annually as part of the system on-line annual safety review.

b) Other educational opportunities are determined on a site specific basis.

5. PROCEDURE
5.1 Hand Hygiene

a) Soap and Water
   i) Wet hands with water, apply soap, rub hands together for at least 15 seconds
   ii) Rinse and dry with disposable towel
   iii) Use towel to turn off faucet

b) Alcohol-Based Hand Sanitizer
   i) Apply to palm of one hand, and rub hands together covering all surfaces (apply more hand sanitizer if needed to cover all surfaces).
   ii) Rub hands together until dry.
   iii) Wash hands with soap and water if build-up of product is noted on hands (i.e. after 10-15 uses of alcohol-based hand sanitizer).

5.2 Surgical Hand Antisepsis: (AORN 2017)

a) The surgical hand scrub procedure includes, but is not limited to, the following steps for using an alcohol-based:
   i) Remove jewelry from your hands and forearms, including rings, bracelets, and watches.
   ii) Put on a surgical mask.
   iii) If visibly soiled, prewash hands and forearms with soap and water.
   iv) Clean the subungual areas of both hands under running water using a disposable nail cleaner.
   v) Rinse hands and forearms under running water.
   vi) Utilize the approved surgical hand scrub agent, or the approved alcohol-based surgical hand rub, following the manufacturer’s instructions for use.

   If scrub agent requires rinsing, hands and arms should be rinsed under running water in one direction from fingertips to elbows, and hands should be held higher than elbows and away from surgical attire until they are dried.
vii) Allow hands and arms to dry completely before donning surgical gown and gloves.

CROSS REFERENCES:

STANDARD AND TRANSMISSION-BASED PRECAUTIONS ISOLATION

OPERATIVE AND PROCEDURAL ATTIRE

CAREGIVER APPEARANCE

REFERENCES:


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