

Student Hand Hygiene Policy

Approved: May 16, 2011

Policy Statement: Hand hygiene, which includes hand washing and decontamination of hands using an alcohol-based product, is the single most important way to reduce the risk of transmitting organisms from one person to another or from one body 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 transmission of healthcare associated infections.

Purpose: The purpose of this policy is to provide indications and methods for improving compliance with hand hygiene at the Ohio State University Medical Center (OSUMC).

Definitions:

1. Alcohol based hand rub/hand rub – an alcohol-containing preparation designed for application to the hands for reducing the number of viable microorganisms. Contains a minimum of 60% ethanol or isopropanol alcohol.
2. Antimicrobial soap – soap containing an antiseptic agent such as alcohol, chlorhexidine, chloroxylenol (PCMX), quaternary ammonium compounds or triclosan.
3. Hand antisepsis – use of antiseptic hand wash or antiseptic hand rub.
4. Hand hygiene – a general term that applies to either hand washing with plain soap and water, antiseptic soap and water, antiseptic hand rub or surgical hand antisepsis.
5. Hand washing – washing hands with plain soap and water.
6. Surgical hand antisepsis – an antiseptic hand wash or hand rub performed preoperatively by surgical personnel to eliminate transient and reduce resident hand flora, having broad spectrum, rapid acting and persistent qualities.

Procedure:

A. Refer to the table below for indications for hand hygiene and recommendations for product use:

Alcohol based handrub ¹	Plain or antimicrobial soap ² and water	Antimicrobial soap and water ²	Surgical hand antiseptics ⁴
Upon entering patient room ¹	When hands are visibly soiled or contaminated with proteinaceous material, blood or other body fluids	When opting to use soap and water handwash rather than alcohol based handrub in patients in CONTACT isolation	Before donning sterile gloves when performing surgical procedures
Upon exiting patient room ¹	Before eating		
Before having direct contact with patients ¹	After using the restroom		
Before donning sterile gloves when inserting central venous catheters ¹	Suspected or proven exposure to <i>Clostridium difficile</i> ³ or <i>Bacillus anthracis</i>		
Before inserting indwelling urinary catheters, peripheral vascular catheters or other minimally invasive procedures ¹	After performing surgical procedures		
After contact with patient's intact skin (i.e., taking a blood pressure, pulse or lifting a patient) ¹	Upon entering patient room ¹		
After contact with body fluids, excretions, mucous membranes, non-intact skin, and wound dressings if hands are not visibly soiled ¹	Upon exiting patient room ¹		
If moving from a contaminated-body site to a clean-body site during patient care ¹			
After contact with inanimate objects (including medical equipment) in the immediate vicinity of the patient ¹			
After removing gloves ¹			

¹Alcohol based handrub is recommended for routine decontamination of hands for all clinical indications except when hands are visibly soiled. Washing hands with soap and water available in the patient care areas/room is an acceptable alternative.

²Antimicrobial soap (2% chlorhexidine gluconate) routinely supplied at handwashing sinks in high risk patient care areas as determined by the Infection Control Committee and the Department of Clinical Epidemiology. Also provided with contact isolation supply carts/units.

³Washing hands with non-antimicrobial or antimicrobial soap and water may help to physically remove spores from the surface of contaminated hands; antimicrobial soap is routinely provided with isolation supplies on patients in contact isolation. Plain soap and water is an acceptable alternative.

⁴Antiseptic handwash or antiseptic handrub product having FDA approval as surgical hand antiseptics

B. Hand Hygiene Technique:

1. Alcohol based hand rub:
 - a. Apply product to the palm of one hand
 - b. Rub hands together, covering surfaces of hands and fingers until dry
 - c. Follow manufacturer's recommendations for volume of product to use
2. Plain or antimicrobial soap and water hand wash
 - a. Wet hands with warm water

- b. Apply an amount of product recommended by the manufacturer to the palm of one hand
- c. Rub hands together vigorously for 15 seconds, covering the surfaces of hands and fingers
- d. Rinse hands with warm water
- e. Dry thoroughly with a disposable towel
- f. Use the disposable towel to turn off the faucet

3. Surgical antiseptic hand wash:

- a. 4% chlorhexidine gluconate and/or an iodophor is available at scrub sinks
- b. Remove rings, watches and bracelets
- c. Remove debris from underneath fingernails using a nail cleaner under running water; dispose after use
- d. Apply an amount of product recommended by the manufacturer, or use the antiseptic impregnated scrub brushes available at the scrub sinks
- e. Scrub hands and forearms for the amount of time recommended by the product manufacturer; visualizing each finger, hand, and arm as having four sides. Wash all four sides effectively. Repeat this process for opposite fingers, hand and arm.
- f. Dispose of brush or sponge after scrub
- g. Rinse hands and arms thoroughly, holding hands higher than elbows
- h. Keep hands away from body, taking care not to touch any surface or item
- i. Hands and forearms are dried with sterile towels; assistance is available

4. Surgical antiseptic hand rub (waterless): Instructions provided are for use of 3M™ Avagard™ product. If another FDA approved product is used, follow manufacturer recommendations.

- a. 1% chlorhexidine gluconate with 61% ethyl alcohol is available in surgical suites and procedural areas as a waterless surgical hand antiseptic; it is a 3 pump application.
- b. Remove rings, watches and bracelets
- c. Apply to clean, dry hands – wash and dry them if necessary; (no pre-scrub required)
- d. First application of the day: clean under nails with a 3M™ Avagard™ nail cleaner; dispose after use; nails do not need to be cleaned on subsequent applications within the same day
- e. Dispense 1 pump (2 mls) into palm of one hand
- f. Dip fingernails of the opposite hand into the product dispensed and work under fingernails
- g. Spread remaining product over the hand and up the forearm and up to just above the elbow
- h. Dispense a second pump (2 mls) into the palm of the opposite hand and repeat the procedure with the opposite hand
- i. Dispense a final pump (2 mls) into the palm of either hand and reapply to all aspects of both hands and fingers of both hands only to the wrists
- j. Allow product to dry; do NOT use towels

C. When selecting products for purchase:

- 1. Efficacious products having low potential for irritating healthcare (HCW) hands and skin will be selected; persistence of antimicrobial effects will also be considered

2. Input from the Department of Clinical Epidemiology, members of the Infection Control Committee and others will be obtained regarding the feel, fragrance and skin tolerance
3. Manufacturer's reported interactions with other hand hygiene and skin care products and gloves will be considered
4. Dispenser function, size, style, ease of use and ability to dispense appropriate volume of product will be considered
5. Hospital provided hand soaps, alcohol based hand rubs and hand lotions are to be used when performing hand hygiene in patient care areas. Use of non-hospital provided hand hygiene products (including lotion) are not to be used in patient care areas as they may be incompatible with other products, gloves and may not be as efficacious or persistent.
6. Hand hygiene products with disposable or recyclable dispensers or product cartridges will be selected as the practice of refilling empty dispensers (topping them off) can lead to bacterial contamination. Lotions and other hand hygiene products will be disposed when empty; containers are not to be refilled.

D. Fingernails

1. Artificial fingernails and items affixed to fingernails such as appliqués or extenders are prohibited in direct patient care areas.
2. Anyone who touches or transports patients may not wear any of the aforementioned and their natural nail tips must be less than ¼ inch long.
3. Bans on artificial nails in other departments may be considered and implemented per recommendations of professional organizations and practice guidelines; refer to department policies.
4. Nail polish that is not chipped or cracked is acceptable and must meet OSUMC dress code policy for color and appearance; decorative designs are not acceptable.

E. Casts, splints or other items/conditions that may interfere with hand hygiene:

1. Students unable to perform hand hygiene as indicated because of a cast, splint or other assistive device should notify their manager and may be referred to Student Health Services for evaluation.
2. Students with open sores or lesions on their hands should notify their manager and may be referred to Student Health Services for evaluation.
3. Contact dermatitis
 - a. The most common causes of contact dermatitis/allergies are fragrances and preservatives.
 - b. It is neither recommended nor necessary to routinely wash hands after the application of alcohol hand rub; this practice increases the risk of dermatitis.
 - c. Alcohol hand rub products with emollients are provided by the OSUMC and are less likely to cause contact dermatitis than soap and water.
 - d. Regular use of hospital provided hand lotion can help prevent irritant contact dermatitis caused by hand hygiene products.
 - e. Students experiencing contact dermatitis are encouraged to report to Student Health Services.

F. Glove use:

1. Examples of situations when non-sterile gloves are to be worn include, but are not limited to the following: (refer to Bloodborne Pathogens Exposure Control Plan 01-04):

- a. Blood, body fluids, secretions and excretions or items visibly soiled by body fluids
 - b. Mucus membranes
 - c. Non-intact skin
 - d. Presence of infectious organisms in the environment or environmental surfaces
 - e. IV insertions, IV removals and blood draws
 - f. Pelvic, vaginal examinations
 - g. Tracheal care or suctioning with a suction catheter within a closed sheath
2. Gloves are to be removed immediately upon completion of the task or after caring for the patient to prevent contamination of other surfaces.
 3. Gloves are to be changed during patient care if moving from a contaminated body site to a clean body site i.e. manipulating a urinary catheter followed by accessing a central venous catheter.
 4. Hand hygiene is to be performed after removing gloves.

G. Hand hygiene education:

1. Hand hygiene education will be provided in a variety of forums; examples include, new hire orientation, educational in-services, computer based learning programs, department meetings, OSUMC publications and newsletters, signage, one-on-one reminders etc.
2. Education will include information on hand hygiene purpose, indications, description of hand hygiene technique and may include video or real-time demonstrations of hand hygiene technique.
3. Patients and visitors will receive hand hygiene education and reminders via one-on-one communication, posters, signage and/or handouts.

H. Improving compliance – Improving compliance with hand hygiene is an institutional priority.

1. Compliance with the policy will be monitored on patient care units and outpatient settings.
2. Compliance data will be compiled and reported at least quarterly for select areas and posted on OneSource scorecards. (Refer to attachment A; hand hygiene audit form)
3. Peer-to-peer, manager-to-staff, administrator-to-staff observations for hand hygiene compliance is encouraged. When failures are identified, one-on-one feedback and reminders will be provided in a kind and professional manner.
4. Hand hygiene products will be available and visible in convenient locations for promotion and visual reminders to clean hands; (example, at entrance to patient room, treatment bays etc)
5. The OSUMC has established hand hygiene as a red rule; one of four focused efforts on high impact patient safety issues. The red rule is designed to set student expectations, develop methodologies for holding each other accountable with coaching, counseling and corrective action when an individual is not performing in compliance with this policy.

Consequences:



Hand Hygiene and Medical Student Consequences of Non-Compliance

Consequences of Non-Compliance*

Noncompliance	Medical Students
First occurrence	<ul style="list-style-type: none">• A written warning regarding the consequences of non-compliance will be sent.• Students will be required to complete a remedial module on infection control and hand-washing in order to satisfactorily complete their clinical assignment. Students will have one week to complete this before being pulled from the clinical setting.• Successful completion of the module will be documented in medSTAR.
Second occurrence	<ul style="list-style-type: none">• A written warning regarding the consequences of non-compliance will be sent.• Students will be required to meet with the appropriate med 1/2 or med 3/4 associate director (or designee) to discuss the importance of hand-washing. This meeting should be documented in medSTAR.• Medical center policy will be reviewed with the student.
Third occurrence	<ul style="list-style-type: none">• A written warning regarding the consequences of non-compliance will be sent.• The student will be referred to the Violations Committee to further explore this issue. Consideration will be given to removing the student from the clinical setting with any future occurrences.• The violations committee meeting will be documented in medSTAR.
Fourth occurrence	<ul style="list-style-type: none">• A written warning regarding the consequences of non-compliance will be sent.• The student's non-compliance will be noted in their MSPE.
Continued non-compliance	<ul style="list-style-type: none">• The student will be referred to the Violations Committee for consideration of LOA, withdrawal or dismissal.

Students have the opportunity to appeal an infraction with a written letter to Dr. Clinchot within 2 weeks of receipt of the warning letter.

*Occurrences are based on a 2 year cycle

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