

**UPMC
POLICY AND PROCEDURE MANUAL**

**POLICY: HS-IC0615
INDEX TITLE: Infection Control**

**SUBJECT: Hand Hygiene
DATE: October 27, 2022**

I. POLICY

It is the policy of UPMC to reduce the risk of transmission of pathogens and incidence of healthcare acquired infections by promoting and monitoring compliance with hand hygiene guidelines using guidance from the World Health Organization’s (WHO), Your Five Moments for Hand Hygiene and the Center for Disease Control and Prevention (CDC).

Links to policies referenced within this policy can be found in Section VIII.

II. SCOPE

This policy applies to all Health Care Personnel in the following United States based UPMC facilities, as well as UPMC’s skilled nursing facilities, home care service lines and employed physicians’ offices. Similar policies may exist for other care settings within UPMC and are contained in setting-specific policy manuals.

[Check all that apply]

- | | |
|--|--|
| <input checked="" type="checkbox"/> UPMC Children’s Hospital of Pittsburgh | <input checked="" type="checkbox"/> UPMC Pinnacle Hospitals |
| <input checked="" type="checkbox"/> UPMC Magee-Womens Hospital | <input checked="" type="checkbox"/> UPMC Carlisle |
| <input checked="" type="checkbox"/> UPMC Altoona | <input checked="" type="checkbox"/> UPMC Memorial |
| <input checked="" type="checkbox"/> UPMC Bedford | <input checked="" type="checkbox"/> UPMC Lititz |
| <input checked="" type="checkbox"/> UPMC Chautauqua | <input checked="" type="checkbox"/> UPMC Hanover |
| <input checked="" type="checkbox"/> UPMC East | <input checked="" type="checkbox"/> UPMC Muncy |
| <input checked="" type="checkbox"/> UPMC Hamot | <input checked="" type="checkbox"/> UPMC Wellsboro |
| <input checked="" type="checkbox"/> UPMC Horizon | <input checked="" type="checkbox"/> UPMC Williamsport |
| <input checked="" type="checkbox"/> UPMC Jameson | <input checked="" type="checkbox"/> Divine Providence Campus |
| <input checked="" type="checkbox"/> UPMC Kane | <input checked="" type="checkbox"/> UPMC Lock Haven |
| <input checked="" type="checkbox"/> UPMC McKeesport | <input checked="" type="checkbox"/> UPMC Cole |
| <input checked="" type="checkbox"/> UPMC Mercy | <input checked="" type="checkbox"/> UPMC Somerset |
| <input checked="" type="checkbox"/> UPMC Northwest | <input checked="" type="checkbox"/> UPMC Western Maryland |
| <input checked="" type="checkbox"/> UPMC Passavant | |
| <input checked="" type="checkbox"/> UPMC Presbyterian Shadyside | |
| <input checked="" type="checkbox"/> Presbyterian Campus | |

- Shadyside Campus
- UPMC Western Psychiatric Hospital
- UPMC St. Margaret

Provider-based Ambulatory Surgery Centers

- UPMC Altoona Surgery Center
- UPMC Children’s Hospital of Pittsburgh North
- UPMC St. Margaret Harmar Surgery Center
- UPMC South Surgery Center
- UPMC Center for Reproductive Endocrinology and Infertility
- UPMC Digestive Health and Endoscopy Center
- UPMC Surgery Center – Carlisle
- UPMC Surgery Center Lewisburg
- UPMC Pinnacle Procedure Center
- UPMC West Mifflin Ambulatory Surgery Center
- UPMC Community Surgery Center

Free-Standing Ambulatory Surgery Facilities:

- UPMC Hamot Surgery Center (**JV**)
- Hanover Surgicenter
- UPMC Leader Surgery Center (**JV**)
- UPMC Specialty Care York Endoscopy
- Susquehanna Valley Surgery Center (**JV**)
- West Shore Surgery Center (**JV**)

III. PURPOSE

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

IV. DEFINITIONS

- **Health Care Personnel** refers to all employees, faculty, temporary workers, trainees, volunteers, students and vendors regardless of employer that provide care to patients. This includes staff that provide services to or work in any UPMC facilities.
- **Direct Patient Contact** refers to anyone who has contact with a patient and/or their environment.
- **Indirect Patient Contact** refers to anyone who has contact with a common area or equipment which patients may have had contact (corridors, waiting areas in ancillary areas, common areas, etc.)
- **Hand Hygiene** – Performing handwashing, antiseptic handwash, alcohol based handrub, surgical hand hygiene/antisepsis.

- **Handwashing** – Washing hands with soap and water.
- **Antiseptic handwash** – Washing hands with water and soap or other detergents containing an antiseptic agent (e.g. chlorhexidine, triclosan, etc.).
- **Alcohol based hand rub** – preparation containing alcohol designed for application to the hands for reducing the number of viable microorganisms on the hands. Such preparations contain 60% to 95% isopropyl or ethyl alcohol.
- **Artificial Nails** - The definition of artificial fingernails includes, but is not limited to, acrylic nails, all overlays, tips, bondings, extensions, tapes, inlays, and wraps.
- **WHO Patient Zone** - contains the patient and his/her immediate surroundings. This typically includes the intact skin of the patient and all inanimate surfaces that are touched by or in direct physical contact with the patient such as the bed rails, bedside table, bed linen, infusion tubing and other medical equipment. It further contains surfaces frequently touched by HCWs while caring for the patient such as monitors, knobs and buttons, trash and linen bins, and other “high frequency” touch surfaces.
- **WHO Health-Care Area** - contains all OTHER surfaces in the healthcare setting outside the patient zone.
- **WHO Clean/Aseptic Procedures**- include activities such as but not limited to: vascular access, giving an injection or performing wound care.
- **WHO Critical Sites**- are associated with infection risks. Critical sites can either correspond to body sites or medical devices. Critical sites either 1.) pre-exist as natural orifices such as the mouth and eyes, 2.) occur accidentally such as wounds or pressure ulcers; 3.) are care associated such as an injection sites, vascular catheter insertion sites, or drainage exit sites or, 4.) are device associated such as vascular catheter hubs, drainage bags and bloody linen.

V. **PROCEDURES**

A. **Indications for hand hygiene**

In most cases, either an alcohol based hand sanitizer or handwashing with soap and water may be used for hand hygiene.

Hand hygiene is performed when entering and exiting a patient room (area) along with the World Health Organization’s (WHO) five moments of hand hygiene. The five moments are:

1. Before touching a patient (or patient zone)
2. Before clean/aseptic procedure (critical sites)
3. After body fluid exposure risk

4. After touching a patient
5. After touching patient surroundings (patient zone)

Handwashing with soap and water must be performed:

- When hands are visibly dirty.
- When hands are contaminated with proteinaceous material or visibly soiled with blood/body fluids.
- After using a restroom.
- After caring for patients with suspected or confirmed *Clostridioides (priorly known as Clostridium) difficile* or Norovirus.

Handwashing procedure:

- Use running water; moisten hands well and apply soap.
- Lather well and rub hands together being sure to cover all surfaces of the hands and fingers for a minimum of (20) seconds. Remember that friction removes the surface organisms, which then wash away in the lather.
- Clean under and around fingernails.
- Rinse hands well; all soap or foam should be removed to avoid skin irritation.
- Dry hands with paper towel and use the paper towel to turn off the faucets.
- Use appropriate, hospital-approved hand lotion as needed to alleviate dry or chapped skin. UPMC provides a moisturizing product that is compatible with the hand care products and gloves that are used.
- Unapproved products should not be used; lotions not approved for use can harbor bacteria and/or interfere with the antiseptic properties of some handwashing solutions.

Alcohol-Based Hand Rub Procedure:

- Apply product to palm of one hand and rub hands together, covering all surfaces of hands and fingers until hands are dry.
- Gel dispensers are set to deliver the recommended volume of product, follow the manufacturer's recommendations for the amount of foam product to use.
- **Do not use** if hands are visibly soiled.

B. Gloves- GLOVES DO NOT REPLACE THE NEED FOR HAND HYGIENE.

- Hand hygiene must be performed prior to donning gloves when gloves are being worn for interaction with a patient and/or patient zone.
- Hand hygiene must be performed after removing gloves when gloves are being worn for interaction with a patient and/or patient zone and patient surroundings.
- Remove gloves, clean hands and don a fresh pair of gloves when caring for a

patient that requires moving from a dirty site to a clean site. i.e. after caring for a draining wound to changing a central line dressing.

- Do not wear the same pair of gloves between patients.

C. Jewelry

Jewelry has been shown to harbor microorganisms; therefore there are restrictions on jewelry. Please review System Dress Code Policy # HS-HR0714.

D. Fingernails

- Fingernails both natural and artificial have been shown to harbor microorganisms; therefore there are restrictions on their use. Please review System Dress Code Policy # HS-HR0714.
- Are to be kept neatly manicured and short, i.e. should not extend ¼ inch past the tip of the finger.
- Are to be kept clean.
- Nail polish without embedded enhancements in good repair is permitted.

E. Compliance

- All staff are encouraged and expected to stop and remind any other staff member in a professional manner to perform hand hygiene if they have not cleaned their hands as outlined above.
- All staff who are reminded to perform hand hygiene will respond in a professional manner and comply with the request to perform hand hygiene.
- All staff are empowered to report to their supervisor any instances in which staff members fail to clean their hands as appropriate or if unprofessional behavior is exhibited.
- Retaliation against staff members who either remind other staff members to clean their hands or who report noncompliance is prohibited.
- Employees found to be non-compliant will be referred to their manager for appropriate follow-up.
- Noncompliance by employees should also be noted at the time of annual performance evaluations.

F. Oversight for Physicians

- Non-compliant physicians will be referred to the local Medical Leadership (or designee) and follow up will occur for physicians with repetitive non-compliance.

G. Enforcement

- Managers are responsible for enforcing compliance with all elements of this policy in their departments.

H. Monitoring Compliance with Hand Hygiene

- Monthly observations will be completed at each facility to assess Healthcare Personnel compliance with hand hygiene upon entering and exiting the patient room (area).
- Ongoing monitoring will occur via anonymous trained observers as well as observers who intervene at the time of observation (to provide both positive and negative feedback).

VI. ORGANIZATIONAL RESPONSIBILITY

- To promote compliance with these requirements alcohol hand sanitizer dispensers, sinks and other means for hand hygiene have been installed, as appropriate, in corridors and rooms throughout UPMC facilities.
- The implementation of this policy should enable and not interfere with workflow.
- Staff providing care to patients in the home environment may be supplied with alcohol-based hand sanitizers to facilitate compliance with this policy.

VII. REVIEW & EVALUATION

All staff including physicians will continue to have their hand hygiene behavior monitored. At a minimum, the summary results of this monitoring will be reported monthly to Hospital Leadership, and the Infection Prevention Committee, and to other Committees as appropriate.

VIII. POLICIES REFERENCED WITHIN THIS POLICY

[HS-HR0714 Dress Code](#)

SIGNED: Tami Minnier
Senior Vice President, Health Services Division, and Chief Quality and
Operational Excellence Officer

ORIGINAL: October 5, 2004

APPROVALS:

Policy Review Subcommittee: October 13, 2022

Executive Staff: October 27, 2022

Infection Control Committees: Documentation of approval by individual facility

Infection Control Committees can be found in those facilities

PRECEDE: December 8, 2021

SPONSOR: System Infection Prevention and Control Committee

REFERENCES:

1. WHO Guidelines on Hand Hygiene in Health Care (2009)
2. CDC Hand Hygiene in Healthcare Settings (2019)