

Aspirus Emergency System Wide Policy COVID-19

Hand Hygiene Policy (System)

Approved 03.13.2020 14:02

PURPOSE:

TO ESTABLISH PROCEDURES FOR HAND HYGIENE, WHICH WILL CLEANSE THE HANDS OF CONTAMINANTS AND MICROORGANISMS FOR PROTECTION OF EVERYONE

AREAS AFFECTED/STAKEHOLDER(S):

All Departments

PERFORMED BY:

Aspirus Employees

Medical Staff

Allied Health Practitioners

Residents, Students, Contracted Staff, Volunteers, and others

EQUIPMENT:

Soap

Hand lotion

Paper towel

Alcohol-based hand rub (ABHR) 60%-95%.

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GENERAL INSTRUCTIONS:

- I. Hand hygiene is the single most important means of preventing spread of infection.
- II. Perform hand hygiene with soap and water or alcohol-based hand rub for at least twenty (20) seconds when:
 - a. Before direct contact with patients
 - b. Before donning sterile gloves
 - c. Before inserting indwelling urinary catheters, peripheral vascular catheters, or other invasive devices that do not require a surgical procedure
 - d. After contact with a patient's intact skin (e.g. when taking a pulse or blood pressure, or when lifting a patient)
 - e. After contact with body fluids or excretions, mucous membranes, nonintact skin, and wound dressings
 - f. If moving from a contaminated-body site to a clean-body site during patient care
 - g. After contact with inanimate objects (including medical equipment) in the immediate vicinity of the patient
 - h. After removing gloves
- III. Soap and water should be used:
 - a. When hands are visibly dirty or contaminated with proteinaceous material or visibly soiled with blood or other body fluids
 - b. After caring for a person with known or suspected infectious diarrhea
 - c. Before eating
 - d. After using a restroom
 - e. After known or suspected exposure to spores (e.g. B. anthracis, C. difficile)

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- IV. Artificial fingernails or extenders may not be worn by those having direct contact with patients. See Aspirus Dress Code / Personal Hygiene Policy for specific details.
- V. Natural nail tips should be less than ¼ inch long.
- VI. Personnel with dermatitis, after consultation with Employee Health, may use alternative products. Report suspected reaction to hand hygiene products to Employee Health Services.
- VII. Lotions should be used to prevent skin dryness associated with hand washing. Hospital approved lotions are chosen to ensure ingredients do not destroy the efficacy of the soaps or contain ingredients that impact the material of gloves. Lotions not provided by the hospital may not meet these criteria and are prohibited.
- VIII. Bar soap is not used by personnel for hand washing procedures.
- IX. Paper toweling is used to turn off the faucet after hand washing
- X. There may be care settings where additional Hand Hygiene practices are necessary (i.e., Surgical Hand Antisepsis). Refer to specific policies for these situations.

ESSENTIAL STEPS IN PROCEDURE

- I. Hand washing
 - a. Wet hands first with water, (Avoid using hot water because repeated exposure to hot water may increase the risk of dermatitis)
 - b. Apply an amount of product recommended by the manufacturer to hands, and rub hands together vigorously covering all surfaces of the hands and fingers.
 - c. Wash for twenty (20) seconds.

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- d. Rinse hands with water and dry thoroughly with a disposable towel
 - e. Turn off faucet with paper towel.
- II. Alcohol-based Hand Rub
 - a. Apply enough product to palm of one hand and rub hands together, covering all surfaces of hands and fingers
 - b. Rub for twenty (20) seconds.
 - c. Do not wipe or rinse excess product from hands.
 - d. Do not wash hands with soap and water immediately after using an alcohol-based hand rub as this may lead to dermatitis.

AUDITING:

- I. All leaders at every business unit will audit hand hygiene performance
- II. An audit tool will be utilized to capture observations and track and trend for fallouts.
- III. Fall outs will addressed by using the High Reliability - Safety Culture Tool
- IV. An example of the audit tool is attached for reference.

REFERENCES:

Guidelines for Hand Hygiene in Health Care Settings. (2002, October 25).
Center for Disease Control and Prevention.
<https://www.cdc.gov/mmwr/PDF/rr/rr5116.pdf> Accessed 3/11/2020

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Applicability

Aspirus Clinics, Inc., Aspirus Iron River, Aspirus Ironwood Hospital & Clinics, Inc., Aspirus Keweenaw, Aspirus Langlade, Aspirus Medford, Aspirus Ontonagon, Aspirus Post Acute Care, Aspirus Riverview, Aspirus Wausau, Aspirus, Inc.

Policy Reviewed and Renewed by Emergency Operations Center (EOC) 04/10/2020 15:00

Policy Reviewed and Renewed by Emergency Operations Center (EOC) 05/07/2020 16:00

Policy Reviewed and Renewed by Emergency Operations Center (EOC) 06/04/2020 16:00

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