

GUIDELINE ESSENTIALS

QUICK VIEW

Hand Hygiene



FINGERNAIL AND SKIN CONDITION

- Maintain healthy, natural fingernails that are no longer than 2 mm (0.08 inches).
- Do not wear artificial fingernails or extenders.
- Do not wear lacquer (ie, nail polish) or enhanced nail lacquer (eg, ultraviolet cured [gel], dipped nail coating) while performing the scrub role.
- Follow facility policy and procedures on the use of nail lacquer or enhanced nail lacquer products for non-scrubbed roles.
- Take measures to prevent hand dermatitis, including:
 - using moisturizing skin care products that are approved by the health care organization and compatible with hand hygiene and surgical hand antisepsis products
 - implementing practices that decrease skin irritation (eg, controlling water temperature, completely drying hands before donning gloves)
 - selecting less irritating hand hygiene products (eg, an alcohol-based hand rub instead of soap)
 - participating in education on hand dermatitis prevention

★ *Perioperative team members with breaks in skin integrity or infections of the nails, hands, or arms may be at risk for acquiring infections or transmitting pathogens to patients. Perioperative team members should restrict patient care activities if dermatitis, infection, exudative lesions, or non-intact skin of the hands or arms is present.*



HAND HYGIENE

- Perform hand hygiene:
 - before and after patient contact
 - before performing a clean or sterile task
 - after potential blood or body fluid exposure
 - after contact with patient surroundings
 - when hands are visibly soiled
 - before and after eating
 - after using the restroom
- Perform hand washing with soap and water:
 - after being exposed to blood or body fluids
 - after using the restroom
 - when hands are visibly soiled
 - when caring for a patient with *Bacillus anthracis* or norovirus
 - when caring for a patient with a *Clostridioides difficile* infection
- Use a standard protocol to perform hand washing:
 - remove any jewelry from hands and wrists
 - wet hands thoroughly with water that is between 70° F and 80° F (21.1° C and 26.7° C)
 - apply the amount of soap needed to cover all surfaces of the hands
 - rub hands together vigorously, covering all surfaces of the hands and fingers for at least 15 seconds
 - rinse with water to remove all soap
 - dry hands thoroughly with a disposable paper towel
 - use a clean paper towel to turn off the water

- Use a standardized protocol to perform hand hygiene with an alcohol-based hand rub:
 - remove any jewelry from hands and wrists
 - apply the amount of alcohol-based hand rub per the manufacturer's instructions for use (IFU) to cover all surfaces of the hands
 - rub the hands together to cover all surfaces of the hands and fingers until dry
- Perform a surgical hand rub or surgical hand scrub before donning a sterile gown and gloves for operative and other invasive procedures.

★ *Benefits of performing hand hygiene include removal of soil and transient microorganisms from the hands of perioperative team members, possibly reducing occupational exposure to hazards commonly found in the OR and reducing the risk of microbial transmission to the patient. Guidance from health agencies concurs that hand hygiene is essential in reducing the incidence of health care-associated infections.*



SURGICAL HAND RUB

- Perform a surgical hand rub according to the manufacturer's IFU.
- Remove all jewelry from the hands and wrists.
- Don a surgical mask.
- Wash hands with soap and water if they are visibly soiled.
- Remove debris from underneath fingernails using a disposable nail cleaner under running water.
- Thoroughly dry hands and arms with a disposable paper towel.
- Apply the surgical hand rub product to the hands and arms according to the manufacturer's IFU (eg, amount, method, time).

- Allow hands and arms to dry completely before donning gloves.

★ *The user's hand and forearm size determine the volume required to keep the skin wet for the duration of the surgical hand rub. Failure to adhere to the manufacturer's IFU may result in harm or ineffectiveness of the surgical hand antiseptic.*



SURGICAL HAND SCRUB

- Perform a surgical hand scrub according to the manufacturer's IFU.
- Remove all jewelry from the hands and wrists.
- Don a surgical mask.
- Wash hands with soap and water if visibly soiled.
- Remove debris from underneath fingernails using a disposable nail cleaner under running water.
- Thoroughly dry hands and arms with a disposable paper towel.
- Apply the amount of surgical hand scrub product per the manufacturer's IFU to the hands and forearms using a soft, nonabrasive sponge.
- Visualize each finger, hand, and arm as having four sides, and wash all four sides effectively, keeping the hands elevated.
- Scrub for the length of time recommended in the manufacturer's IFU by timing the contact of the scrub product with the skin.
- Rinse hands and arms under running water in one direction, from fingertips to elbows.
- Hold hands higher than elbows and away from surgical attire.

- In the OR or procedure room, dry hands and arms with a sterile towel using sterile technique before donning a surgical gown and gloves.

★ *Surgical hand antisepsis is the primary line of defense to protect patients from pathogens on the hands of perioperative team members. High-quality evidence indicates that the surgical hand rub and surgical hand scrub are equally effective in reducing bacterial counts on the hands of health care professionals.*



HAND HYGIENE STATIONS

- Use only designated hand hygiene sinks for hand hygiene.
- Have an interdisciplinary water management team develop a water pathogen plan related to potential bacterial colonization of sinks, faucets, and drains.
- Implement actions to minimize dispersal of potential waterborne pathogens from perioperative area sinks, faucets, and drains to surrounding environments, including:
 - installing sinks with basins deep enough to minimize splashing
 - minimizing surface area in contact with water
 - ensuring sufficient space between sinks and patients, sterile items, and medication preparation areas
 - installing splash guards
 - locating faucets so that they do not discharge directly above the drain
 - adjusting water pressure to reduce forceful discharge into the sink

- implementing regular cleaning of sinks and surrounding areas

★ *The sinks, faucets, and drains of hand hygiene and scrub stations can serve as reservoirs for waterborne pathogens. When personnel are performing hand hygiene or surgical hand antisepsis, potentially pathogenic bacteria can be dispersed to nearby surfaces and supplies or to the hands and clothing of perioperative personnel.*



EDUCATION & QUALITY ASSURANCE

- Provide initial and ongoing education and competency verification activities focused on:
 - the importance of effective hand hygiene
 - fingernail and hand condition
 - the policy on wearing jewelry
 - hand hygiene performance
 - delineation of the perioperative patient zone
 - surgical hand antisepsis performance
 - recognition and prevention of hand dermatitis
 - use of hand hygiene products according to IFU
 - compatibility of moisturizing skin care products, hand hygiene products, and surgical hand antisepsis products
 - new products and processes
 - technique variations
- Participate in quality assurance and performance improvement activities.
- Identify barriers to hand hygiene performance and implement improvement interventions to address identified barriers.
- Monitor hand hygiene through direct observation methods and provide feedback, both verbally and in writing.
- Encourage patients and visitors to remind team members to perform hand hygiene prior to patient care.

★ *Professional organizations recommend monitoring hand hygiene compliance with facility policies and procedures. Quality assurance and performance improvement programs are aimed at improving understanding of and compliance with hand hygiene protocols.*