

ROWAN-VIRTUA SOM DEPARTMENT OF CLINICAL EDUCATION

Rowan-Virtua SOM Hand Hygiene Policy

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Adopted

9/23/2015

Modified

7/7/2017

This document was prepared in conjunction with Kennedy Hospital Infection Control Policy Number: IC1106 in order to provide a consistent educational policy between both institutions regarding educating and instructing students how to properly perform hand hygiene in the clinical setting.

POLICY

In order to prevent the spread of infection in the health care setting all students will be required to learn how to properly cleanse their hands. This is to be done whether in the clinical setting or participating in simulated training/testing. This may be accomplished by using liquid soap and water and rubbing briskly for 15 seconds, or when hands are not visibly soiled, using an alcohol based hand sanitizer rubbing briskly until sanitizer has evaporated and hands are dry.

In order to maintain consistency with the infection control practices required at Kennedy Health Systems (our core teaching affiliate), we have adopted Kennedy's Hand Hygiene Policy which closely mirrors the recommendations of the Centers for Disease Control (C.D.C.) and emphasizes the importance of hand hygiene in the healthcare setting. The steps outlined in the hand hygiene training program below must be followed at all times when in the hospital. The steps are modified slightly when practicing in the outpatient setting, or when participating in a simulated patient encounters/OSCE' s and a more detailed description is provided later in this document. In order to be adequately prepared all students must complete all of the steps detailed in the educational exercise outlined below, attest that they have done so, and agree to adopt, implement and incorporate effective hand hygiene into their daily practice. Upon completion of the didactic program students will be required to give a satisfactory demonstration of proper hand washing technique. Presently satisfactory performance is being monitored by members of Kennedy's Infection Control Department and faculty/staff of Rowan-Virtua SOM. It is important that you understand that students will not be permitted to rotate at any division of Kennedy Health Systems without first demonstrating having satisfactorily completed this annual training at least once per year over all four years.

Students will be required to complete the following steps:

1. Received Dr. Hou's lecture outlining policy and procedure.
2. Read and follow Kennedy Hospital's Infection Control Policy Number: IC1106 on pages 3, 4, and 5 of this document.
3. Read and follow the World Health Organization's Poster "Your 5 Moments for Hand Hygiene" on page 6 of this document.
4. Review page 7 "How to Handwash" and learn how to perform the proper technique by practicing the steps depicted in the images. Note the time required is at least 15 seconds.
5. Review page 8 "How to Handrub" which essentially follows the same steps as depicted on page 7 but uses an alcohol based sanitizing gel rather than soap and water. Learn to perform the proper technique by practicing the steps depicted in the images. Note the time required is at least 15 seconds or until hands are dry.
6. Review and actively participate in the CDC interactive course and watch the video at the end. Click this link to go to the interactive site <http://www.cdc.gov/handhygiene/training/interactiveEducation/>

7. Satisfactory demonstration of effective hand hygiene technique and sign off on the attestation form when complete.
8. At the instructors' discretion, satisfactory completion of a quiz on Hand Hygiene.
9. **Note Special Exception of Expectations when Participating in Programs/OSCE's in the Rowan-Virtua SOM Clinical Education Assessment Center (Standardized Patient Lab).**

The joint policy adopted with Kennedy Health Systems essentially defines what is expected of students/medical staff in the hospital setting but did not define expectations in the outpatient setting. In order to ensure effective hand hygiene practices in the outpatient setting we have modified the procedure guidelines students should follow when in the outpatient setting or when participating in **any** program, training, exercise, or OSCE in the Rowan-Virtua SOM Clinical Education Assessment Center (Standardized Patient Lab). Please note that hand hygiene will be monitored in **all** Standardized patient encounters. The Standardized Patient will monitor and refer any student who fail to successfully perform hand hygiene for remediation. In addition, student performance will be reported by the Clinical Skills Center to the assistant Dean for Clinical Education on a quarterly basis which may result in interruption of clinical rotations.

Hand Hygiene Performance Requirements on OSCE's and Standardized Patient Encounters:

Hand hygiene is a scored element in each and every standardized patient encounter. However, it is treated as a stand-alone element and does not affect any other aspect of the SP activity, either positively or negatively.

*In assessing hand hygiene practice, the patient actors who assess this behavior will be watching for the following behaviors. The **four behaviors** indicated are required to pass.*

- a. *HH performed on entry to the patient room before any social contact - **REQUIREMENT FOR PASS***
- b. *HH performed before laying hands on the patient to examine or treat (e.g. after the patient history) – ENCOURAGED AND STRONGLY RECOMMENDED*
- c. *HH performed on exit from the patient room. (If time has expired, HH must still be performed and credit is still given.) - **REQUIREMENT FOR PASS***
- d. *HH performed by scrubbing multiple surfaces of the hands, as described in the SOM HH policy - **REQUIREMENT FOR PASS***
- e. *HH performed using approximately 15 seconds of scrub time, as described in the SOM HH policy - **REQUIREMENT FOR PASS***

Failure to perform any one or more of the four required elements of HH is considered a critical error and results in failure of HH for that activity.

Any student who fails HH will be referred, after each failure, to the Clinical Education & Assessment Center (CEAC) for a mandatory HH remediation session. More information is available on the CEAC Blackboard site.

KENNEDY UNIVERSITY HOSPITAL

Policy: Hand Hygiene	Manual: Infection Control
Function: Surveillance, Prevention and Control of Infection	Policy Number: IC1106
Implementation Date: May, 1990 Last Revised Date: May, 2013	Page: 1 of 3
Author: Infection Control Practitioners	Distribution: System Wide

POLICY

All associates, physicians, students, contracted workers and volunteers will cleanse their hands to prevent the spread of infection. This may be accomplished by using liquid soap and water and rubbing briskly for 15 seconds, or when hands are not visibly soiled, using the alcohol based hand sanitizers rubbing briskly until sanitizer has evaporated.

PURPOSE

- To prevent the spread of microorganisms and/or infection from staff to patients, patients to staff and from patient to patient.
- Based on studies by the CDC and WHO, hand hygiene is the single most important means of preventing the spread of infection.
- Alcohol based hand sanitizers are a recommended form of hand hygiene as per the CDC AND WHO. Hand sanitizers are located in all areas of the system where hand hygiene could be performed.

PHYSICIAN ORDER REQUIRMENT: N/A

CONSENT REQUIREMENT: N/A

RESPONSIBILITIES: All associates, physicians, students, contracted workers and volunteers must cleanse their hands:

1. When going on and off duty
2. Before and after touching a patient
3. After touching patient surroundings or belongings
4. Before clean/aseptic procedures
5. After contact with any blood or body fluids
6. Before donning and after removing gloves
7. Before and after meals or breaks
8. Before and after using the bathroom
9. After blowing or wiping the nose
10. Before and after handling medications
11. When in doubt, wash your hands

DEFINITION OF TERMS: N/A

EQUIPMENT:

- Liquid soap or approved germicidal solution and paper towels
- OR**
- Alcohol based hand sanitizer

Procedure for Soap and Water Cleaning

***Required when caring for a patient with C Difficile Colitis ***

STEPS	KEY POINTS
1. Stand in front of sink, leaning forward slightly to prevent clothes from touching sink.	1. Avoids contamination of clothing.
2. Turn on water, adjust temperature.	2. Warm water is more effective than cold
3. Apply small, but adequate amount, of soap/solution.	3. Large amount is not necessary and is wasteful
4. Wet hands, using friction, rub hands well, remembering to clean between fingers, under nails and backs of hands, taking 15 seconds.	4. Friction provides mechanical removal of organisms
5. Rinse hands thoroughly with water, holding hands downward.	5. Bacteria will be flushed with water prevents re-contamination
6. Dry hands completely with paper towel.	
7. Use paper towel to turn off faucet and to open bathroom door if necessary.	7. Prevent re-contamination from faucets and doorknobs.

Procedure for Hand Sanitizer Use

*** Not For Use On Hands That Are Visibly Soiled ***

STEPS	KEY POINTS
1. Squirt a thumbnail sized amount of sanitizer onto your hands.	1. Do not use alcohol hand sanitizer after caring with a patient with c. difficile colitis; soap and water hand hygiene is required
2. Rub the sanitizer briskly over both hands and wrists, covering all areas.	
3. Continue rubbing until the sanitizer has completely evaporated.	3. The hand sanitizer is flammable. Hands must be dry before using any equipment
4. Do not rinse hands.	4. Hands that are visibly soiled require washing with soap and water for 15 seconds.

Non-petroleum or mineral oil based hand lotion is recommended only if hands chap very easily. The use of a small personal disposable bottle of lotion is permitted. Contamination can occur from more than one employee using the same container. However, in common areas such as Nurses Stations, Pantry areas, Med Rooms etc. a large shared container of KUH approved hand lotion may be used. Hands should be thoroughly washed prior to application of hand cream/lotion.

AGE SPECIFIC TECHNICAL CONSIDERATIONS: N/A

DOCUMENTATION: N/A

REFERENCES:

1. Guidelines for Hand Hygiene in Health Care Settings, MMWR Recommendations and Reports, October 25, 2002, Centers for Disease Control (CDC).
2. Purell Hand Sanitizer educational information , GOJO Industries , 2008
3. 2007 Guidelines for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings, CDC
4. WHO Guidelines on Hand Hygiene in Health Care 2009.
5. Addendum 1, 5 Moments of Hand Hygiene, WHO Guidelines on Hand Hygiene in Health Care, page 123, 2009

ORIGINAL APPROVAL:

May, 1990

REVIEW DATES:

Annually through September, 2005

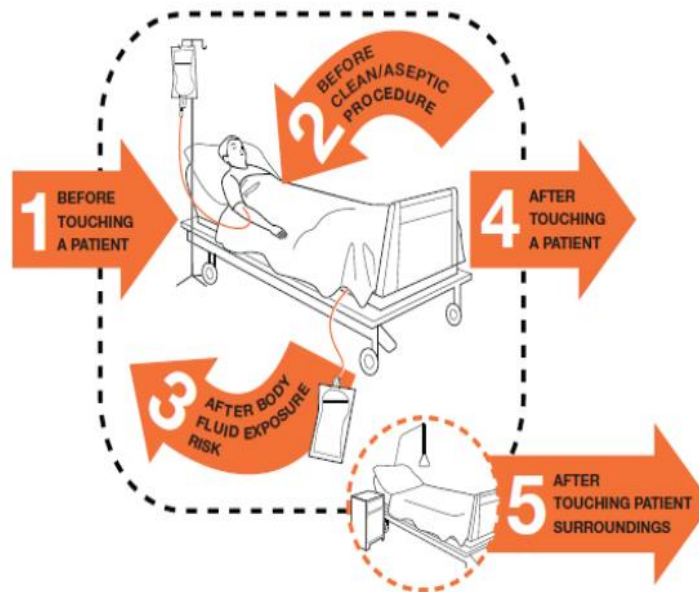
March, 2007

February, 2011

REVISION DATES:

May, 1990; January, 1996; March, 2003; March, 2007; January, 2009

Your 5 Moments for Hand Hygiene



1	BEFORE TOUCHING A PATIENT	WHEN?	Clean your hands before touching a patient when approaching him/her.
		WHY?	To protect the patient against harmful germs carried on your hands.
2	BEFORE CLEAN/ ASEPTIC PROCEDURE	WHEN?	Clean your hands immediately before performing a clean/aseptic procedure.
		WHY?	To protect the patient against harmful germs, including the patient's own, from entering his/her body.
3	AFTER BODY FLUID EXPOSURE RISK	WHEN?	Clean your hands immediately after an exposure risk to body fluids (and after glove removal).
		WHY?	To protect yourself and the health-care environment from harmful patient germs.
4	AFTER TOUCHING A PATIENT	WHEN?	Clean your hands after touching a patient and her/his immediate surroundings, when leaving the patient's side.
		WHY?	To protect yourself and the health-care environment from harmful patient germs.
5	AFTER TOUCHING PATIENT SURROUNDINGS	WHEN?	Clean your hands after touching any object or furniture in the patient's immediate surroundings, when leaving – even if the patient has not been touched.
		WHY?	To protect yourself and the health-care environment from harmful patient germs.



**World Health
Organization**

Patient Safety

A World Alliance for Safer Health Care

SAVE LIVES
Clean Your Hands

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WHO acknowledges the Hôpitaux Universitaires de Genève (HUG), in particular the members of the Infection Control Programme, for their active participation in developing this material.

How to Handwash?

WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB



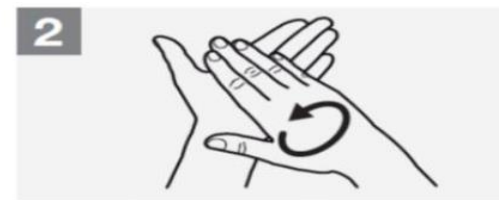
Duration of the entire procedure: **15 seconds**



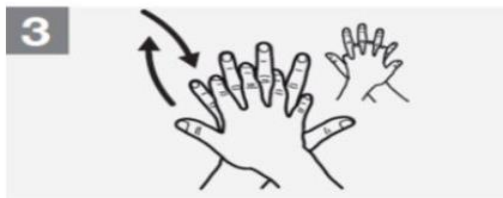
Wet hands with water;



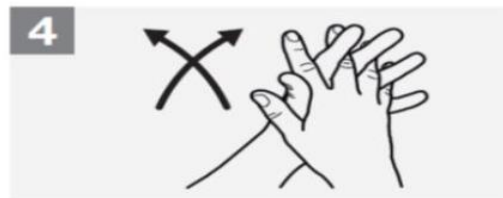
Apply enough soap to cover all hand surfaces;



Rub hands palm to palm;



Right palm over left dorsum with interlaced fingers and vice versa;



Palm to palm with fingers interlaced;



Backs of fingers to opposing palms with fingers interlocked;



Rotational rubbing of left thumb clasped in right palm and vice versa;



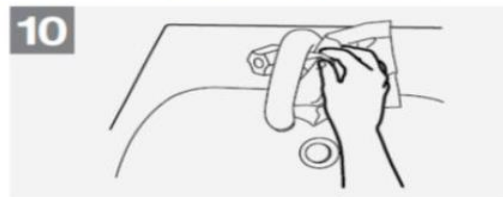
Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;



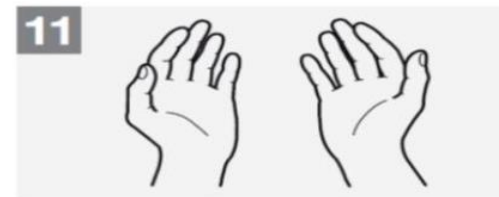
Rinse hands with water;



Dry hands thoroughly with a single use towel;



Use towel to turn off faucet;



Your hands are now safe.

How to Handrub?

RUB HANDS FOR HAND HYGIENE! WASH HANDS WHEN VISIBLY SOILED



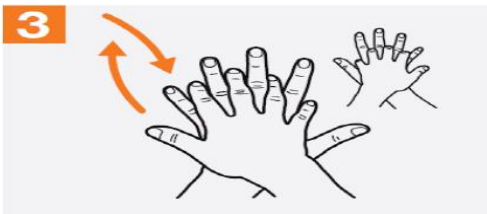
Duration of the entire procedure: 15-20 Seconds or Until Dry



1a Apply a palmful of the product in a cupped hand, covering all surfaces;



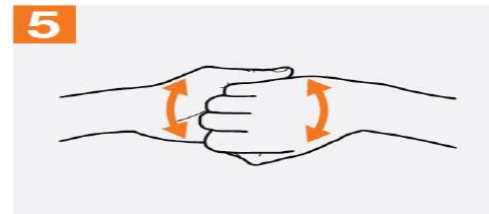
2 Rub hands palm to palm;



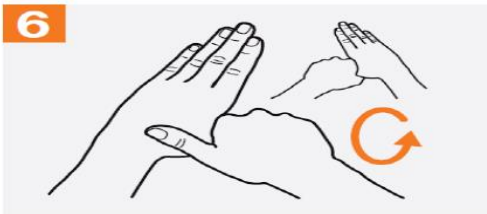
3 Right palm over left dorsum with interlaced fingers and vice versa;



4 Palm to palm with fingers interlaced;



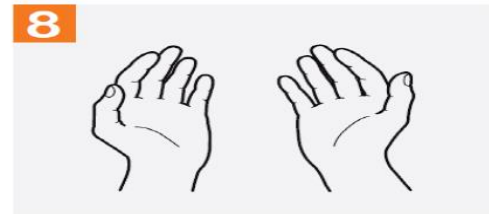
5 Backs of fingers to opposing palms with fingers interlocked;



6 Rotational rubbing of left thumb clasped in right palm and vice versa;



7 Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;



8 Once dry, your hands are safe.