



POLICY AND PROCEDURE

POLICY # IC-TVH-1.24

SUBJECT: Hand Hygiene/Natural Nail Policy for all Healthcare Workers. (HCW)

PURPOSE: To prevent the transmission of microorganisms from patient to patient and from inanimate surfaces to patients by the hands of all healthcare providers.

SCOPE: All Valley Health System Employees, Volunteer Staff, Students, Vendors, Contracted Staff and Licensed Independent Practitioners

POLICY:

HAND HYGIENE:

1. Hand hygiene will be conducted before and after contact with every patient, the patient's materials and equipment, before donning sterile gloves, before beginning a sterile procedure, when removing gloves and other personal protective equipment, after using the lavatory, before eating and whenever hands require cleaning. Hand hygiene should be performed both before entering patient room/patient care area and upon leaving the area. Exceptions: In some instances, job duties may not require glove removal and/or hand hygiene upon entry/exit (i.e. Valley dining staff delivering/removing dietary trays, Environmental Services staff responsible for trash collection). In these situations, those team members have been educated about proper glove use and hand hygiene by the Infection Prevention and Control department.
2. Utilizing the Centrak Hand Hygiene module, patient room rules for entrance and exit have been identified. Specific timeframes can be obtained from the unit leader.
3. Hand hygiene can be accomplished using an Infection Control Committee approved alcohol-based waterless hand rub.
4. Soap and water hand hygiene are to be done when hands are visibly soiled, after using the lavatory, before eating and after caring for a patient with *C.difficile* infection
5. Gloves shall be worn when exposure to blood or any other body fluids, excretions or secretions is likely.
6. Hand hygiene must be performed prior to accessing supplies in the Nurse Servers and/or any clean supply areas.
7. For a given patient, site care shall start at the cleanest site (e.g., mouth care) and progress to the dirtiest site (i.e., urinary catheter care). When going from a dirty site to a clean site, hands shall be washed or an alcohol hand rub applied between sites.
8. Staff who work in patient care and patient care related areas that have arm/hand braces, casts, or other objects that interfere with handwashing will not be allowed to provide care or administer their job tasks until such obstructive items are no longer needed.

ROUTINE HANDWASHING PROCEDURE:

1. Use warm water to wet the hands and wrists thoroughly

2. Apply hospital-approved soap
3. Work up a good lather
4. Apply with vigorous contact on all surfaces of the hands
5. Wash hands for at least 15 seconds interlacing fingers and rubbing palms/back of hands with circular motion
6. Rinse, avoid splashing
7. Keep hands down so that run off will go into the sink and not down the arm
8. Dry well with paper towels and use a paper towel to turn off the faucet
9. Discard the paper towels into the appropriate container

HAND ANTISEPTICS

1. When an alcohol hand rub may be substituted for soap and water, the following technique should be used:
 - a) If hands are visibly soiled, wash hands with soap prior to application of alcohol hand rub.
 - b) Apply enough alcohol hand rub to cover the entire surface of hands and fingers
 - c) Rub the solution vigorously into hands until dry.
 - d) Use of alcohol hands rubs may result in a sticky residue on the hands. Wash with soap periodically to remove the hand residue.

HAND ANTISEPSIS PRIOR TO SURGICAL PROCEDURES

Health-care workers who participate in surgical procedures must perform a surgical scrub prior to donning sterile gloves and a sterile gown. The first scrub of the day must be a water based antimicrobial soap following manufacturers recommendations for use. All other hand scrubs can be performed with an alcohol-based scrub following manufacturer's guidelines. No jewelry can be worn by healthcare workers during surgical procedures.

ALLERGIC CONTACT DERMATITIS ASSOCIATED WITH HAND HYGIENE PRODUCTS:

1. Allergic reactions to products applied to the skin may present as delayed type reactions or less commonly as immediate reactions. If a health care worker (HCW) suspects allergic contact dermatitis, they will be instructed to go to Employee Health. If allergic contact dermatitis is diagnosed, the HCW will speak to Material Management whereby another hand hygiene product will be issued.

FINGERNAILS

DEFINITION:

Artificial nails are any substances or devices applied to natural nails except traditional nail polish and include, but is not limited to: artificial tips, wraps, inlays, appliqués, acrylics, powders, Gel polish is permitted if in good condition (free from chips).

I. NATURAL NAILS

- A. All staff is encouraged to keep their nails natural, short, clean and healthy.
- B. Nail polish must be in good repair, not chipped, cracked, worn away or peeling. Per AAMI (Association for Advancement of Medical Instrumentation) standards Central Processing/Sterilization staff may not wear nail polish.
- C. Nail polish that is not in good repair must be removed.

II. ARTIFICIAL NAILS

- A. The use of artificial nails are prohibited for all individuals providing direct and indirect patient care, including: all staff involved in sterilization and disinfection, all surgical staff, all staff involved in cleaning processes, all food handlers and all staff whose job task results in a product that will touch a patient.

III. NAIL LENGTH

- A. Nail length shall not exceed 5 mm or ¼ inch.

IV. VIOLATION

- A. Staff found to be in violation of this Policy will be asked to remove their artificial nails/nail polish and/or be suspended without pay until their fingernails are in compliance with this Policy.
- B. Violation of this Policy may result in disciplinary action, up to and including termination.

RESPONSIBILITY: It is the responsibility of nursing leadership or management member, as appropriate to implement, maintain, evaluate, review and revise this policy.

APPROVED DATE: August, 2017.



Audrey Meyers
President and Chief Executive Officer

REVIEWED/REVISED DATE: September 2018, November 2021. May 2023. March 2024

Forsyth NURSE Scale© Level

Attachments:	
Professional References:	Centers for Disease Control and Prevention. Guideline for hand hygiene in healthcare setting: Recommendations of the Healthcare Infection Control Practices Advisory Committee and the HICPAC/SHEA/APIC/IDSA Hand Hygiene Task Force. MMWR 2002; 51 (No. RR-16):1-45. Association for Operating Room Nurses (AORN), 2015 Guidelines for Perioperative Practices, Section 1, Hand Hygiene. AORN. (2021). <i>Guidelines for perioperative practices</i> . Denver, CO: AORN (267-291).
Regulatory References:	New Jersey Administrative Code (NJAC), Title 8 (Health), Chapter 43G, subchapter 14 (Infection Control), 8:43G-14.
Related Policies:	Infection Control 1.19 Surgical Attire
Replaces:	12:06 Natural Nail Policy for Indirect and Direct Patient Staff PCS 13:04 Infection Prevention and Control Practices PCS 13:05 Natural Fingernails/Hand Hygiene