

Policy Title: Hand Hygiene		
Department/Unite: Infection Control Unit.	Policy Number: UOJ-MSA-IC-P/09	Replaces No.:
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Revision History			
Subject	Changes made	Done by	Revision date

1. CONDITIONS:

1.1 Laboratory , Internal Medicine , Nursing , Psychiatry , Dental , X-ray And physiotherapy department.

2. PURPOSE:

2.1 In any language, washing your hands is the most important measure to prevent the transmission of infection.

3. DEFINITIONS:

3.1 Hand Hygiene is any action taken to cleanse the hands. To emphasize the importance of hand hygiene in preventing the transmission of infectious microorganisms and provide the indications and techniques for proper hand hygiene.

4. Related Documents:

4.1 Personal Protective Equipment. (UOJ-MSA-IC-P/30)

5. POLICY:

5.1 It is the University of Jeddah Medical Center policy to improve Hands hygiene to avoid contaminated with infectious microorganisms which can enter the body through a break in the skin or be transmitted to a susceptible host and cause infection.

6. PROCEDURES:

6.1 Indications for Hand hygiene

6.1.1 WHO Five opportunities/moments for Hand Hygiene:

6.1.1.1 Before patient contact.

6.1.1.2 Before aseptic task.

6.1.1.3 After body fluid exposure risk.

6.1.1.4 After patient contact.

6.1.1.5 After contact with patient surroundings/environment.

6.1.2 Other Opportunities for Hand Hygiene:

6.1.2.1 When hands are visibly soiled.

6.1.2.2 After contact with a source of microorganisms (body fluids and substances, mucous membranes, non-intact skin, that are likely to be contaminated).

6.1.2.3 After removing gloves.

6.1.2.4 Before and After: smoking, eating or preparing food.

6.1.2.5 Before leaving patient's room.

6.1.2.6 After bodily functions: use of toilet, blowing nose, sneezing, etc.

6.1.2.7 If moving from a contaminated body site to a clean body site during patient care.

6.1.3 Hands and other skin surfaces exposed to blood or body fluids must be cleansed as soon as patient safety permits.

6.1.4 Hand hygiene procedures utilize different methods for cleansing such as:

6.2 Hand Washing Procedure:

6.2.1 Wash hands for a minimum of 40 to 60 seconds.

6.2.2 Remove excess jewelry.

6.2.3 Select a comfortable water temperature.

6.2.4 Wet hands with running water.

6.2.5 Apply plain soap, or antimicrobial soap to cover all surfaces of the hands.

6.2.6 Rub hands palm to palm.

6.2.7 Right palm over left dorsum with interlaced fingers and vice versa.

6.2.8 Palm to Palm with fingers interlaces.

6.2.9 Backs of fingers to opposing palms with fingers interlaced.

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

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

6.2.12 Rinse the hands with running water to remove all soap residue holding hands in upward position over sink.

6.2.13 Dry the hands with a paper towel.

6.2.14 Turn the faucet off with the used paper towel.

6.3 Hand antiseptic procedure:

6.3.1 Using antimicrobial soap wash hands for a minimum of 1-2 minutes:

6.3.1.1 Remove excess jewelry.

6.3.1.2 Select a comfortable water temperature.

6.3.1.3 Wet hands with running water.

6.3.1.4 Apply antimicrobial soap to cover all surfaces of the hands.

6.3.1.5 Rub hands palm to palm.

6.3.1.6 Right palm over left dorsum with interlaced fingers and vice versa.

6.3.1.7 Palm to Palm with fingers interlaces.

6.3.1.8 Backs of fingers to opposing palms with fingers interlaced.

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

6.3.1.10 Rotational rubbing backwards and forwards with clasped fingers of right hand in vice versa.

left palm and

6.3.1.11 Rinse the hands with running water to remove all soap residue, holding hands in upward position over sink.

6.3.1.12 Dry the hands with a paper towel.

6.3.1.13 Turn the faucet off with the used paper towel.

6.3.2 Using alcohol based hand antiseptic rub for a minimum of 20-30 seconds:

6.3.2.1 Apply to dry hands that are not visibly soiled.

6.3.2.2 Rub hands vigorously to apply hand antiseptic to all surfaces of hands (as in steps

6.3.2.3 allow hands to dry.

6.4 Type of Hand Hygiene:

6.4.1 Wash hands with plain soap for patient examination and non-surgical techniques.

6.4.2 Wash hands with antimicrobial soap or alcohol rub for surgical / sterile procedures.

6.4.3 Cleanse hands with alcohol- based antiseptic rub (waterless).

6.4.4 Bar soap is not acceptable.

6.5 Agents used for Hands Hygiene:

6.5.1 Water:

6.5.1.1 Is described as the universal solvent for a large number of substances.

6.5.1.2 Used alone, it cannot remove soil from hands.

6.5.2 Drying Methods:

6.5.2.1 Is critical factor to determine level of bacterial residue.

6.5.2.2 Use of paper towels, cloth towel, and/ or hot air dryers.

6.5.2.3 Do not reuse or share hand drying towels.

6.5.2.4 Pat dry the skin rather than rub it, to avoid cracking (skin excoriation may lead to bacteria colonizing the skin).

6.5.3 Plain (non- antimicrobial) soap:

6.5.3.1 Are detergent based which will remove lipid and adhering dirt and organic matter.

6.5.3.2 Have no antimicrobial activity.

6.5.3.3 Can remove transient flora from the skin.

6.5.4 Alcohols:

6.5.4.1 Alcohol-based hand antiseptic contain either ethanol, isopropanol or n-propanol or a combination of two of these products.

6.5.4.2 Have the ability to denature proteins.

6.5.4.3 Most effective in solutions containing 60-80% alcohol (higher concentration is less effective).

6.5.4.4 Are rapidly germicidal.

6.5.4.5 Are available in gels, liquid foam.

6.5.5 Other antiseptic soaps:

6.5.5.1 Chlorhexidine.

6.5.5.2 Chloroxyleneol or Para-Chloro- Meta-Xyleneol (PCMX).

6.5.5.3 Hexachlorophene.

6.5.5.4 Iodine and Iodophors.

6.5.5.5 Triclosan.

6.6 Care of Hands:

6.6.1 Use your own lotion to replace the oils lost by frequent hand hygiene procedure.

6.6.2 Avoid large containers of hand lotion for group use; never top up containers of hands items.

6.6.3 Ensure that the skin on your hands is intact. Cover non-intact skin areas with an occlusive dressing.

6.6.4 Do not use petroleum based lotions as they may interfere with glove integrity.

6.7 Medical Assessment:

6.7.1 Any suspicion of dermatological condition must be evaluated by an Employee Health Physician or appropriate medical service.

6.7.2 HCWs that have oxidative lesions or weeping dermatitis should refrain from all direct patient care and from handling patient care equipment until the condition resolves.

7. RESPONSIBILITIES:

7.1 Accountable to the Infection Prevention Control Practitioner/Committee.


8. Appendix:

N/A


9. REFERRANCES:

9.1 Ministry of Health Manual for Infection Control


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