**PURPOSE**:

- To prevent the transmission of microorganisms from patient to patient and from inanimate surfaces to patients by the hands of Agency nurses. Effective hand hygiene reduces the incidence of healthcare-associated infections.

**DEFINITIONS:**

- Alcohol-Based Hand Rub: An alcohol-containing preparation designed for application to the hands for reducing the number of viable microorganisms on the hands.
- Antimicrobial Soap: Soap containing an antiseptic agent.
- Antiseptic Agent: Antimicrobial substances that are applied to the skin to reduce the number of microbial flora. Examples include alcohols, chlorhexidine, PCMX, quaternary ammonium compounds and triclosan.
- Plain Soap: Detergents that do not contain antimicrobial agents.
- Waterless Antiseptic Agent: An antiseptic agent that does not require water. After applying such an agent, the hands are rubbed together until the agent has dried.

**POLICY:**

- Hand hygiene is a routine infection-control practice that decreases the potential risk of microbial contamination and cross-contamination.
- Gloves are a protective barrier for the healthcare worker and patients according to Standard Precautions.
- Gloves are removed when the need for protection no longer exists, and hand hygiene should be practiced immediately after removal of gloves.
- Gloves should not be worn during clean procedures (e.g., obtaining vital signs).
- The CDC has recommended guidelines on when to use non-antimicrobial soap and water, an antimicrobial soap and water or an alcohol-based hand rub.

- Upon entry to the home, staff member should immediately wash hands with soap and water before gathering supplies or beginning patient care.
- Staff member should use an alcohol-based hand rub or wash with soap and water for the following clinical indications:
    - Immediately before touching a patient
    - Before performing an aseptic task (e.g., placing an indwelling device) or handling invasive medical devices
    - Before moving from work on a soiled body site to a clean body site on the same patient
    - After contact with bodily fluids, dressings, mucous membranes, etc., and hands are not visibly soiled (i.e., handling sputum containers, bedpans, urinals, catheters)
    - After touching a patient or the patient's immediate environment
    - After contact with blood, body fluids, or contaminated surfaces
    - Immediately after glove removal
    - After toileting
    - After smoking
        - Smoking is prohibited during home infusion visits
        - Smoking is prohibited anywhere inside the home environment or on client property / premises (outside, driveway, porch, etc.)
    - After blowing or wiping the nose
    - Before and after eating
- Soap and water must be used when hands are visibly soiled.
- If hands are not visibly soiled, hands may be disinfected with either an alcohol-based hand rub (ABHR) or soap and water. In these situations, the CDC encourages the use of ABHRs.

**PROCEDURE:**

- **When running water is available:** Using antimicrobial soap and water or non-antimicrobial soap and water:

    1. Remove jewelry.
    2. Keep nails short (1/4 inch in length). Artificial nails should be avoided.
    3. Turn on water and adjust temperature for your comfort.
    4. Wet hands and apply manufacturer's recommended amount of soap to hands. Lather well (soap reduces surface tension enabling the removal of bacteria).
    5. Clean fingernail area (bacteria may be harbored beneath fingernails).
    6. Wash hands thoroughly, using rigorous scrubbing action for at least 25 seconds. Work lather around fingernails, top of hands, etc. (to facilitate eradication of all bacteria).
    7. Rinse hands and wrists under running water.
    8. Repeat hand-hygiene technique, if necessary (to prevent recontamination of hands).
    9. Dry hands with clean paper towel. Do not wave hands or blow on skin to dry.
    10. Turn off faucets with used paper towel and discard.
    11. Avoid using hot water for hand-hygiene. Repeated use of hot water may increase the healthcare worker's risk of dermatitis.

- **Using an alcohol-based hand rub:**

    1. Remove jewelry.
    2. Dispense alcohol-based product, at minimum 60% ethanol or 70% isopropanol, into palm of one hand, follow manufacturer's recommendations regarding the volume of product to use.
    3. Rub hands together, covering all areas of the hands and fingers, until hands are dry.
    4. Do not rinse with water or towel dry.



*Reference: PDN Policy 5011*

- **Donning Gloves:**

    1. Perform Hand Hygiene.
    2. Select the appropriately sized gloves.
    3. Hold with one hand and insert the other.
    4. When the base of your thumb reaches the cuff of the glove begin to spread fingers and insert hand into glove.
    5. Pull glove cuff towards wrist to cover as much skin as possible and secure glove.
    6. Check to make sure there are no holes or tears.
    7. Repeat for your other hand.

- **Doffing Gloves**

    1. Pinch one glove at the wrist.
    2. Remove glove by pulling away from your body.
    3. Continue holding the glove you just removed in your gloved hand.
    4. Slide a few fingers of your bare hand inside the cuff of the glove you are still wearing.
    5. Pulling away from your body, peel off the second glove, turning it inside out and leaving the first glove wrapped inside as you remove it.
    6. Dispose of gloves in waste container.
    7. Perform Hand Hygiene.

**NOTES:**

- Always follow Standard Precautions.
- Gloves are to be worn when contact with blood, bodily fluids, mucous membranes, dressings, non-intact skin, etc., is anticipated.
- Change gloves and discard after each client contact.

- Change gloves when moving from a contaminated body site to a clean body site on the same client.
- Gloves should not be worn during clean procedures (e.g., obtaining vital signs).
- If it is found that a nurse did not wash their hands during a patient visit, then that nurse will require additional education through an approved CE educational program and supervisory visit to reassess compliance.