



TITLE: Hand Hygiene	ORIGINAL EFFECTIVE DATE: 04/01/1992	
	REVISION DATE: 08/27/2013	2: 2

Printed copies are for reference only. Please refer to the electronic copy for the latest version.
(This policy rescinds any previous publication covering the same material)

- I. **Policy:** Practitioners/staff will utilize appropriate hand hygiene.
- II. **Purpose:** To provide guidance for appropriate hand hygiene to facilitate the reduction of disease transmission and prevent infection.
- III. **Definitions:**
 - Hand hygiene:** A general term that applies to handwashing, antiseptic handwashing, antiseptic hand rub, or surgical hand antisepsis. Hand hygiene is necessary:
 - A. World Health Organization (WHO) Five Moments for Hand Hygiene: See Appendix A – WHO 5 Moments for Hand Hygiene
 - 1. Before touching a patient
 - 2. Before an aseptic or clean procedure
 - 3. After body fluid exposure or risk
 - 4. After touching the patient
 - 5. After touching the patient surroundings
 - B. Additional Times for Performing Hand Hygiene:
 - 1. Between two procedures on the same patient
 - 2. Between a dirty portion and a clean portion of a procedure
 - 3. After removal of gloves- sterile or non-sterile
 - 4. Before and after handling medication or food
 - 5. After coughing , sneezing, or use of a tissue

Handwashing (soap and water wash): the vigorous rubbing together of all surfaces of hands with soap and water for a period of at least 15 seconds, covering all surfaces to include wrist area.

- A. Handwashing is necessary when:
 - 1. Hands are visibly or physically soiled or contaminated with proteinaceous material
 - 2. Hands feel sticky/tacky
 - 3. After use of powdered gloves

4. To minimize occupational exposure after contamination with blood, body fluids, or other potentially infectious materials (OPIM)
5. During situations of suspect or diagnosed Norovirus
6. After any contact with spores (*Clostridium difficile*, *Bacillus anthracus*) as mechanical scrubbing as well as the dilution and wash-away effect of the running water is the best way to rid the hands of spores.

Degerming (antiseptic hand rub): is a cleansing of the hands (when not visibly or physically soiled) by using an alcohol-based hand sanitizer. It reduces the bacterial count.

A. Degerming is to be used when:

1. Hands are not visibly or physically soiled
2. After use of non-powdered gloves

Nail applications: items or materials to include, but not limited to, artificial nails, tips, extenders, wraps, appliques, acrylic gels, decals, charms and any additional items applied to the natural nail surface are not permitted (with the exception of an approved nail polish color).

IV. **Equipment:** Running water, soap, disposable towel/s, alcohol-based hand sanitizer

V. **Procedure:**

A. Handwashing:

1. Wet hands with water. Apply soap. Vigorously rub together all surfaces of hands for 15 seconds. Pay close attention to wrists, backs of hands, between fingers and area around fingernails. See Appendix B – Method for Handwashing.
2. Rinse hands with water. Avoid using hot water because repeated exposure may increase the risk of dermatitis.
3. Dry hands thoroughly with a disposable towel.
4. Use towel to turn off faucet.
5. Following a soap and water wash with alcohol-based sanitizer decreases the bacterial count. *Handwashing reduces spores but does not decrease the bacterial count.

B. Degerming:

1. Apply one pump of sanitizer in the palm of one hand and vigorously rub hands together, covering all surfaces of hands and fingers, until hands are dried. Pay close attention to wrist, backs of hands, between fingers, and the area around the fingernails. See Appendix C – Method for Degerming.

C. Fingernails:

1. In addition to the stipulations stated in the Human Resource Employee Handbook [Aultman Employee Handbook 2014](#) all staff, care/service providers, volunteers and contract staff having direct patient contact, and/or those who contact the patient's environment, to include food service staff and

those who prepare, package, or handle patient care products, the following applies:

- a. Nail applications of any type, to include but not limited to, artificial nails, tips extenders, wraps, appliques, acrylic gels, decals, charms and any additional items applied to the natural nail surface (with the exception of approved nail polish colors) **are not permitted**.
- b. Nail polish of the approved colors must be in an unchipped condition.
- c. Existing policies forbidding rings, etc., in such areas as NICU, and Surgery still apply.

VI. Surveillance and Measurement of Hand Hygiene Compliance

- A. Surveillance of staff compliance with hand hygiene will be conducted on a monthly basis.
- B. Hand hygiene compliance data will be reported periodically to key stakeholders.

Sources:

CDC Hand Hygiene Guidelines, October 25, 2002/Vol. 5/ No. RR-16. Retrieved from:
<http://www.cdc.gov/handhygiene/Guidelines.html>

The Joint Commission (2009). Measuring Hand Hygiene Adherence: Overcoming the Challenges. The Joint Commission. Oakbrook Terrace, IL. Retrieved from:
www.cdc.gov/Handhygiene/

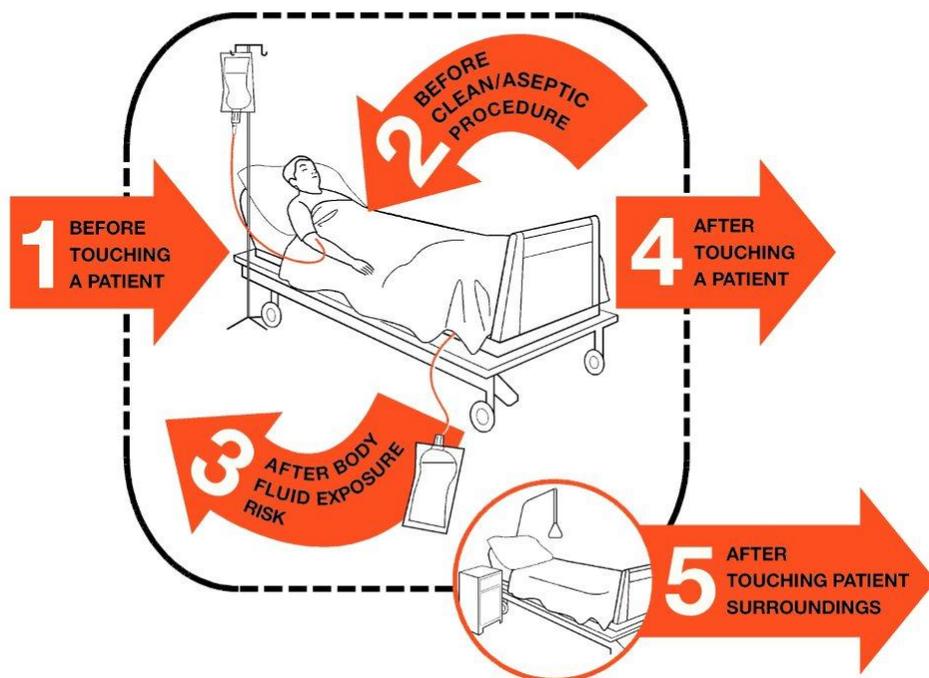
WHO Guidelines on Hand Hygiene in Health Care 2009. Retrieved from:
<http://www.sho.int/iris/bitstream/10665/44102/1/9789241597906eng.pdf>
<http://www.who.int/gpsc/5may/tools/9789241597906/en/>

Related References:

NONE

Appendix A:

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

All reasonable precautions have been taken by the World Health Organization to verify the information contained in this document. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization be liable for damages arising from its use. 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.

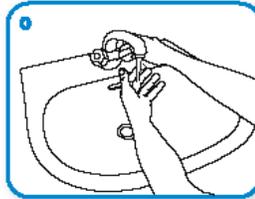
May 2009

How to handwash?

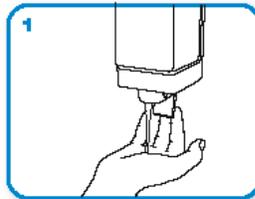
Design: www.merckgroup.com

WASH HANDS ONLY WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB!

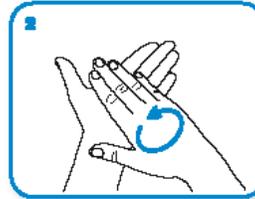
 Duration of the entire procedure: 40-60 sec.



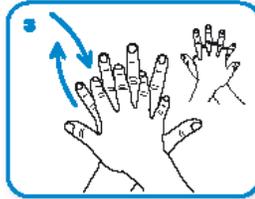
Wet hands with water



apply enough soap to cover all hand surfaces.



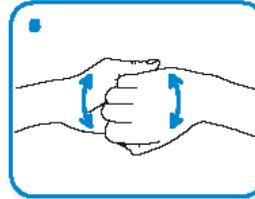
Rub hands palm to palm



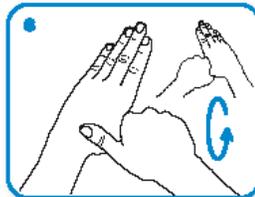
right palm over left dorsum with interlaced fingers and vice versa



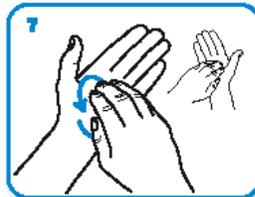
palm to palm with fingers interlaced



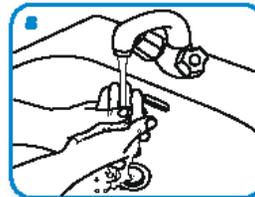
backs of fingers to opposing palms with fingers interlocked



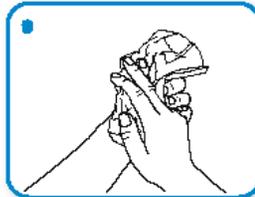
rotational rubbing of left thumb clasped in right palm and vice versa



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



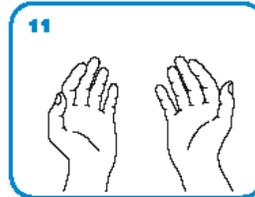
Rinse hands with water



dry thoroughly with a single use towel



use towel to turn off faucet



...and your hands are safe.



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.



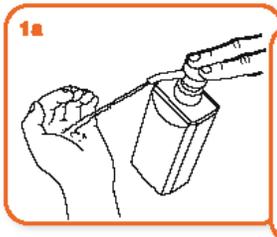
October 2006, version 1.

How to handrub?

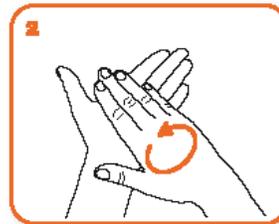
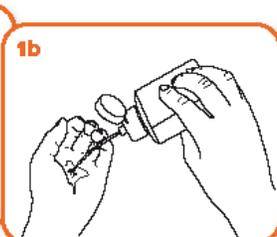
Image credit: iStockphoto.com

RUB HANDS FOR HAND HYGIENE! WASH HANDS ONLY WHEN VISIBLY SOILED!

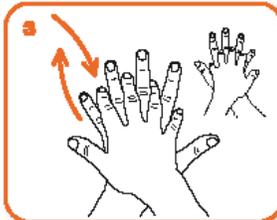
 Duration of the entire procedure: **20-30 sec.**



Apply a palmful of the product in a cupped hand and cover all surfaces.



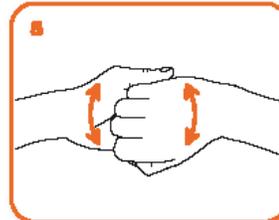
Rub hands palm to palm



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



...once dry, your hands are safe.



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.



October 2006, version 1.



TITLE: Influenza Vaccination Program for Staff, Students, Medical Staff Members and Volunteers	ORIGINAL EFFECTIVE DATE: 08/01/2011	
	REVISION DATE: 10/31/2014	2: 2

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

(This policy rescinds any previous publication covering the same material)

- I. **Policy:** Aultman Hospital requires staff, students, medical staff members and volunteers to participate in the annual Influenza Vaccination Program. Annual influenza vaccination is offered, as available, to all staff, students, medical staff members and volunteers.

- II. **Purpose:** To outline the Influenza Vaccination Program requirements and responsibilities for Aultman staff, students, medical staff members and volunteers.

- III. **Definitions:**
None

- IV. **Procedure:**
 - A. Notification
 - 1. Staff, students, medical staff members, and volunteers will be notified of the availability of influenza vaccine initially through the organization’s Pyramid Communication.
 - 2. Pyramid Communication will include, but is not limited to the following information:
 - a. Date/schedule of vaccine availability
 - b. Methods of vaccine administration
 - c. Locations of vaccine administration
 - d. Deadline for receipt/declination of vaccination
 - e. Mask usage requirements
 - 3. Additional communications may be presented through other means including, but not limited to the following:
 - a. Employee Portal
 - b. E-mail

 - B. Influenza Vaccination
 - 1. Influenza vaccinations will be available at the annual influenza vaccination clinic, Health Services, and additional locations as needed.
 - 2. Employees who receive their vaccination through means other than the previously defined (e.g. physician’s office, public health department,

military, etc.) will be required to provide written documentation to Health Services.

- a. Documentation may include, but is not limited to, vaccination card, doctor's notes, bill, and etc.
3. A badge card attachment/sticker will be provided upon receipt of vaccine or documentation of immunization. This is to be worn immediately behind Aultman identification badge and must be visible at all times.

C. Mask Usage

1. Staff, students, medical staff members and volunteers who have chosen to decline, or have not received influenza vaccination by the established deadline will be required to wear a mask upon entry to any defined clinical areas.
2. Defined clinical areas where mask usage is required include:
 - a. All patient care areas including, but not limited to, areas where healthcare is provided or solicited (i.e. Registration/information desks, Admitting Office, nursing units, and etc.).
3. The mask usage requirement will remain in effect until March 31st, or until the defined end of the influenza season, whichever is later.
4. The mask usage requirement will be in place for those individuals not visibly displaying proof of vaccination via badge card.
 - a. If the badge card attachment/sticker is lost or damaged, the mask usage requirement will be in place until it can be replaced through Health Services.
5. The mask used by staff should be a surgical grade/fluid resistant mask. They are usually BLUE in color. Staff should reserve YELLOW mask for patient/visitor use.
6. Masks should be obtained upon entry to any clinical/nursing area. Proceed immediately to the clinical/nurses' station to retrieve a mask from the designated location.
7. The mask MUST cover both the mouth and nose at all times. Masks must be worn for the entire duration of time in the clinical area (i.e., entire shift).
8. A mask change is required if the mask becomes soiled, contaminated, wet, damaged, or used in an isolation room.
9. Mask should be discarded upon exit of a clinical area.

D. Allergies to components of influenza vaccine

1. Egg Allergy
 - a. According to the recommendations of the Advisory Committee on Immunization Practices (ACIP), persons with a history of egg allergy who have experienced no reaction or only hives after exposure to eggs should receive influenza vaccine. Additional safety measures may be taken during vaccine administration. An

egg-free version of the vaccine may be available to those with severe reactions to eggs.

2. Thimerosal Allergy

- a. Individuals with an allergy to thimerosal, a preservative found in the vaccine, may request to receive a preservative free version of the vaccine, if available.

E. Compliance

1. Required participation in the annual Influenza Vaccination Program includes one of the following:

- a. Receipt of influenza vaccination
- b. Completion of a declination by established deadline and adherence to mask usage requirements.

2. Those who have not received the vaccination by the established deadline will not be permitted to work until vaccine receipt or declination has been completed.

3. Staff will not be granted PTO time as a result of lack of compliance.

4. Failure to comply with any component of the annual influenza vaccination program may result in employee disciplinary action or removal from student and volunteer activities.

Source:

The Joint Commission Standards, 2014

Center for Disease Control and Prevention (CDC): Prevention and Control of Seasonal Influenza with Vaccines *Recommendations of the Advisory Committee on Immunization Practices—United States, 2014-15 Influenza Season* www.cdc.gov/flu/professionals/acip/index.htm

Related References: August 2015: ANA Recommendations for All Nurses Regarding Immunization against Vaccine-Preventable Diseases <http://www.infectioncontroltoday.com/>

	POLICIES & PROCEDURES: Joint Commission: HR Last Review Date	
	RESPONSIBLE AREA: Human Resources	PAGE: 1 of 4
TITLE: Human Resources Policy 4.2 Personal Conduct and Dress Code	EFFECTIVE DATE: 11/97	REVISION DATE: 9/07, 9/10, 6/11

This policy rescinds any previous publication covering the same material

A. **Policy:** Personal Conduct and Dress Code

B. **Purpose:** To maintain guidelines for personal appearance and conduct.

C. **Procedure**

I. **Personal Conduct:** As employees perform their duties, they must keep in mind that they are being observed by patients and visitors. The way employees do their jobs and the way employees talk about their jobs and the organization to patients, visitors, and others in the community is a basis upon which they form impressions about Aultman. Aultman employees should want these impressions to be favorable.

Conduct on the job is very important. Disturbances and noises that go unnoticed by people who are well may have a tendency to annoy patients who are ill. Employees can help keep the hospital quiet by speaking softly, by wearing rubber-heeled shoes, and by pushing carts or wheelchairs in the patient care areas as quietly as possible. All employees have the responsibility to preserve the “tranquility” of the patient environment. This cooperation is expected.

II. **Personal Appearance:**

Aultman recognizes the importance of maintaining a standard of dress that projects an image of professional integrity and service excellence. The following guidelines apply to all areas; however, clinical areas may use stricter guidelines.

- **Jewelry:** Employees must utilize good business taste when wearing jewelry. Jewelry is not to endorse any commercial or sports products.
- **Earrings:** No earrings are acceptable for men. No more than three earrings per ear are acceptable for women. If a third earring is worn, the earring is to be a stud style. Large, dangling earrings are not acceptable. Ear gauges are not permitted and must not be visible to the public.

- **Other body piercing jewelry:** Body piercings should be limited to earrings or not be visible to the public.
- **Rings:** Rings, class rings, wedding sets are acceptable. No more than two rings per hand. Thumb rings are acceptable.
- **Necklaces:** No large medallions are acceptable. Two necklaces may be worn.
- **Bracelets:** Large dangling bracelets are not acceptable.
- **Pins:** Employees are required to wear the official Aultman badge with the picture visible. No pins may be attached to the identification badge. With the following exceptions, no other badges may be worn: service award pins, pins and badges in recognition of professional education or achievement, and /or pins and badges distributed in connection with official Aultman activities.
- **Hair:** Hair must neat and well groomed. Extreme hairstyles are unacceptable.
- **Hair Length:** Asymmetrical or bi-level styles are unacceptable.
Men: No longer than top of collar. Pony-tails are not acceptable.
Women: In clinical areas hair below shoulder must keep confined so it will not fall forward over face while working. Shaving of the head is unacceptable.
- **Hair Color:** No extremes in coloring or dyeing (unnatural colors) are permitted.

III. **Grooming:**

- **Mustaches & Beards:** Mustaches and beards must be kept neat and trimmed close to face. The maximum beard length should not exceed a ½ inch, no stubble is permitted. Employees must be clean shaven. Handlebar mustaches are unacceptable.
- **Fingernails:** Fingernails are to be clean and presentable. Artificial nails are not permitted in the clinical setting. Length of nails for men should not extend past the tip of finger. Length of nails for women is to be no longer than ¼ inch from tip of finger. Charms, decals and designs on fingernails are unacceptable.
- **Nail Polish:** No extreme or unnatural colors are acceptable (green, blue, yellow, black, orange, fluorescents).
- **Tattoos:** Tattoos should not be visible to the public.
- **After-shave, perfumes, deodorants, and anti-perspirant:** Use of Deodorant or anti-perspirant is required. Use of perfume/cologne must be limited and may be prohibited in cases of fragrance sensitivity.

- **Tobacco:** Employees should not smell of tobacco odor.

IV. **Attire:**

- **Dresses/Skirts:** Acceptable length is from top of knee to bottom of calf. Slits in skirts and kick pleats should not exceed 3 inches above knee.
- **Dress Pants:** Tailored and in good repair. Long enough to touch ankle and must be worn outside the sock. Pegging of slacks (including scrubs) is unacceptable. Loose fitting dress gauchos are acceptable. Capri pants are not acceptable.
- **Knit Slacks:** Loose fitting, non-clinging slacks are acceptable.
- **Lab Coats:** Lab coats are to be kept clean and in good repair.
- **Hosiery:** Hosiery or socks must be worn at all times. Acceptable hosiery can be sheer or opaque in subdued shades that compliment the outfit. Textured or fishnet hosiery is unacceptable. Hosiery with patterns or designs is unacceptable. Socks are to coordinate with the color of the pant. Subdued designs are acceptable. Socks worn in the clinical setting are to be white or coordinate with color of the pant or scrub.
- **Hats:** Acceptable only as part of the employee's uniform.
- **Holiday Apparel:** Holiday apparel and jewelry may be worn beginning the after Thanksgiving. Appropriateness of apparel and jewelry is to be determined by the manager/supervisor. All established guidelines for personal appearance are to be upheld.
- **Fabrics:** Unacceptable fabrics include denim, spandex, leather, metallic, or transparent. Undergarments should be worn but not visible.
- **Unacceptable Apparel:** Unacceptable apparel includes stretch pants, stirrup pants, skorts, apparel that endorses sports or commercial products/services (including cartoon characters), tube tops, halters and jumpsuits, T-Shirts, shorts or sweatshirts (unless a part of approved departmental uniform) and sleeveless shirts or dresses (unless a jacket/blazer is worn).

V. **Footwear:**

- **Shoes:** Sandals and flip flops are unacceptable. Sling back and open toe dress shoes are acceptable. Dress boots are acceptable when worn with slacks, long skirts or gauchos.

- **Dress shoes:** All dress shoes must be polished and in good repair. Heels are to be 3 inches maximum.
- **Athletic shoes:** All athletic shoes must be white, grey, navy or black. Small color logos or trim are acceptable. Shoes must be kept clean and in good repair.
- **Clogs:** Clogs and sling backs are acceptable. Acceptable solid colors are white, grey, navy, black or matching the color of the scrub or pant.

VI. Uniforms:

- **Professional Uniforms:** Loose fitting styles in a polyester/cotton blend are acceptable. Acceptable apparel include jumper and blouse, pant suit, dress, vest, blouse, and skirt/pant, skirt and blouse, oxford blouse, Polo shirt, dress style t-shirt to be worn under uniform (no underwear t-shirts), white tunic style shirt, white or navy warm-up jacket or vest, white hose or socks (no ankle or tennis socks). An employee may wear a long-sleeved turtleneck or mock turtleneck under uniforms. Appropriately colored undergarments are to be worn. Shoes are to be white, grey, navy or black nursing shoes, tennis shoes or clogs. White, navy, grey or black undershirts may also be worn.
- **Unacceptable Professional Uniforms:** Unacceptable attire includes: knits/jersey knits (clinging style), banded pants with knit cuffs, pull-over knit tops, skorts and culottes.
- **Surgical & Invasive Procedure Area:** Requires a specific dress code. Please see department for policy.

VII. Work Attire During Off Hours:

- **Non-Clinical Executive/Managers** called into work during off-hours, are required to wear at least business casual attire.
- **Clinical Managers** called into work during off-hours, are required to wear approved departmental attire.
- **Clinical On-Call Employees** are required to wear approved departmental attire.