

February 16, 2011

REQUIRED HAND HYGIENE PRACTICES

1. PURPOSE: This Veterans Health Administration (VHA) Directive provides guidance for establishing the basic requirements for hand hygiene practices in VHA facilities.

2. BACKGROUND

a. Hand decontamination has been shown to prevent the spread of infectious agents in clinical settings for over 150 years.

b. In October of 2002, the Centers for Disease Control and Prevention (CDC) issued a new Guideline on Hand Hygiene in Health-Care Settings, which examined the evidence in over four hundred publications and provided over forty recommendations for hand hygiene practices. The need to decontaminate hands before and after engaging in direct patient care activities by using an alcohol-based hand rub (in the absence of visibly soiled or contaminated hands), or as an alternative by using an antimicrobial soap and water, was emphasized.

c. In July of 2003, The Joint Commission issued National Patient Safety Goals, which became effective January 1, 2004. Goal 7, reduce the risk of health care associated infections, required compliance with the CDC recommendations that were supported by a high level of evidence or mandated by Federal regulations or standards (identified as category IA, IB, or IC recommendations in the Guideline). This goal has been retained in subsequent years (presently as The Joint Commission 2010 National Patient Safety Goal 07.01.01) and has been expanded to include the World Health Organization (WHO) Guidelines on Hand Hygiene in Health Care, which were issued in May 2009 as an alternative strategy to CDC recommendations in meeting this national patient safety goal. The WHO Guidelines were the result of a multi-year, international project that included the review of more than 1,100 publications, and contained consensus recommendations also categorized as IA, IB, and IC. In addition to providing recommendations, the WHO Guideline provides valuable reference information and guidance on methods to improve hand hygiene practices.

d. In December of 2003, the Under Secretary for Health issued a memorandum to all Veterans Integrated Services Network (VISN) Directors and VA medical facility Directors summarizing the CDC Guideline requirements and affirming the need to make any necessary changes to improve hand hygiene practices. In January of 2005, VHA issued a Directive that summarized its required hand hygiene practices. This VHA Directive updates that one, and takes into account the WHO Guidelines.

3. POLICY: It is VHA Policy that each VHA facility must have a written policy regarding required hand hygiene practices and the policy must be updated before March 1, 2011.

THIS VHA DIRECTIVE EXPIRES FEBRUARY 29, 2016

VHA DIRECTIVE 2011-007

February 16, 2011

4. ACTION: Each VHA facility Director is responsible for ensuring:

a. The updated hand hygiene policy conforms to following subparagraphs 4b-4l and that the policy is implemented no later than March 1, 2011. These subparagraphs and most of the other requirements in this Directive are based on Category IA, IB, and IC recommendations from CDC and WHO Guidelines.

b. All health care workers in direct patient contact areas, i.e., inpatient rooms, outpatient clinics, etc., as well as those who may have direct patient contact in other settings, such as radiology technicians, phlebotomists, etc., are required to:

(1) Use an alcohol-based hand rub or antimicrobial soap and water to routinely decontaminate their hands before and after having direct contact with a patient.

(a) If hands are not visibly soiled, an alcohol-based hand rub needs to be used for routinely decontaminating hands; manufacturers' instructions need to be followed when using these products.

(b) When hands are visibly dirty or contaminated with proteinaceous material or are visibly soiled with blood or other body fluids, such as after contact with excretions, mucous membranes, non-intact skin, or wound dressings, hands need to be washed with antimicrobial soap and water.

NOTE: Avoid using hot water, as repeated exposure to hot water can increase the risk of dermatitis. Proper hand hygiene techniques are illustrated in Figures II.1 and II.2 of the [WHO Guidelines on Hand Hygiene in Health Care](http://whqlibdoc.who.int/publications/2009/9789241597906_eng.pdf), available at: http://whqlibdoc.who.int/publications/2009/9789241597906_eng.pdf.

(2) Use an alcohol-based hand rub or antimicrobial soap and water:

(a) Before inserting or handling any invasive device for patient care, whether or not gloves are used.

(b) Before donning sterile gloves and after removing sterile or non-sterile gloves.

(c) If moving from a contaminated body site to another body site during care of the same patient.

(d) Before handling medication.

(e) After contact with inanimate surfaces and objects (including medical equipment) in the immediate vicinity of the patient.

(3) Wear gloves when contact with blood or other potentially infectious materials, mucous membranes, and non-intact skin is anticipated. Gloves must be removed after caring for a patient. If gloves become visibly soiled, or if performing patient care on a contaminated site, remove or change gloves before moving to another body site on the same patient, a device, or the environment. The same pair of gloves are not to be worn for the care of more than one patient; gloves are not to be washed, they are to be disposed of appropriately. **NOTE:** The correct

technique for donning and removing gloves is illustrated in the WHO Guidelines on Hand Hygiene in Health Care, available at http://whqlibdoc.who.int/publications/2009/9789241597906_eng.pdf (see Figures I.23.2 and I.23.3).

(4) Use either an antimicrobial soap or an appropriate alcohol-based hand rub with persistent activity before donning sterile gloves for surgical procedures. When using an alcohol-based surgical hand rub:

(a) Follow the manufacturer's instructions,

(b) Apply to dry hands,

(c) Use a sufficient amount to keep hands and forearms wet throughout the preparation procedure, and

(d) Allow the surgical hand rub to dry completely before donning sterile gloves. **NOTE:** *Persistent activity is the prolonged or extended antimicrobial activity that prevents the growth or survival of microorganisms after application of a given antiseptic.*

(5) Wash hands with soap and water whenever hands are visibly soiled or contaminated with body fluids, and after exposure to potential spore-forming pathogens, such as *Clostridium difficile*. Hands are always to be dried using a method that will not re-contaminate them, such as using individual or motion-activated paper towel dispensers. **NOTE:** *For exposure to potential spore forming pathogens in circumstances noted in subparagraph 4b(2), an antimicrobial soap is to be used.*

c. All health care workers who provide direct, hands-on care to patients are not wearing artificial fingernails or extenders; this includes non-supervisory and supervisory personnel who regularly or occasionally provide direct, hands-on care to patients.

d. All facility staff wash hands with soap and water before eating and after using the toilet.

e. Appropriate supplies are provided, to include the following:

(1) An alcohol-based hand rub is readily available at the point of patient care, e.g., at the entrance to each patient room or at the bedside, as well as other locations such as clinics, emergency rooms, Community Living Centers (CLCs), Post-Anesthesia Care Units (PACUs), etc. **NOTE:** *Alcohol-based hand rubs may present an abuse risk in certain patient care areas, such as inpatient psychiatric or mental health residential rehabilitation treatment programs. Local clinicians and facility leaders need to use discretion in their use of alcohol-based products in these areas.*

(2) Antimicrobial soap must be available in all patient care areas where soap is provided (i.e., at all sinks with a soap dispenser). **NOTE:** *Antimicrobial soap allows hand decontamination in a single step when hands are visibly soiled. Antimicrobial-impregnated*

VHA DIRECTIVE 2011-007

February 16, 2011

wipes (i.e., towelettes) are not as effective as alcohol-based hand rubs or washing hands with an antimicrobial soap and water for reducing bacterial counts on the hands of health care workers; they are not a substitute for using an alcohol-based hand rub or an antimicrobial soap.

(3) Appropriate labeling. VHA facilities that supply both antimicrobial and non-antimicrobial soap must clearly and unambiguously label the dispensers to ensure that all users know which dispenser is providing antimicrobial soap and which dispenser is providing non-antimicrobial soap.

(4) Pocket-sized containers of alcohol-based hand rub must be available to all health care workers. **NOTE:** *This does not imply a requirement for all health care workers to carry pocket-sized alcohol hand rubs.*

(5) Appropriate hand lotions or creams to minimize irritant contact dermatitis must be readily available. **NOTE:** *Products designed for health care applications that do not reduce the effectiveness of other hand hygiene products, such as antimicrobial compounds, e.g., Chlorhexidine Gluconate (CHG), need to be provided. Some lotions are specifically advertised as "CHG compliant." Hand lotions or creams must be compatible with gloves being used in the facility.*

f. Soap is not added to partially-empty dispensers. **NOTE:** *"Topping off" soap dispensers can lead to bacterial contamination. This means that soap needs to be dispensed from disposable bladders or other containers that prevent old and new soap from mixing.*

g. That care is taken in installing and storing alcohol-based hand rubs consistent with fire safety requirements.

(1) In all locations alcohol-based hand rub dispensers must not be located over, or adjacent to, ignition sources (including electrical receptacles and switches).

(2) Corridors must have at least 6 feet of clear width with hand rub dispensers spaced at least 4 feet apart.

(3) Alcohol-based hand rub dispensers may not be installed in carpeted corridors unless the corridor is sprinkler protected.

(4) Dispensers may not project more than 6 inches into corridor egress width. **NOTE:** *Consideration needs to be given to installing dispensers at a height that ensures that they can be used by staff, patients and visitors who are in wheelchairs.*

(5) Supplies of alcohol-based hand rub products must be stored in cabinets or areas approved for flammable materials consistent with applicable regulations and standards.

h. That improving hand hygiene is an institutional priority and that administrative and financial support is provided, as appropriate.

(1) Financial support includes providing adequate supplies of alcohol hand rubs (wall mounted and pocket-sized), antimicrobial soaps, gloves (regular and sterile), and lotion.

(2) Input needs to be solicited from employees regarding the feel, fragrance, and skin tolerance of products, such as soap, alcohol hand rub, hand lotions, and gloves, and this information needs to be used to inform local and national purchasing decision makers.

i. Information or educational materials on the provisions of this Directive are provided to all health care workers. VHA's "Infection Don't Pass it On" campaign, which is led by the VHA Office of Public Health and Environmental Hazards, has relevant materials on its website, as does the VHA National Center for Patient Safety. **NOTE:** *Both offices may be contacted for additional information (see: <http://www.publichealth.va.gov/InfectionDontPassItOn/> and http://vaww.ncps.med.va.gov/Guidelines/Hand_Hygiene/index.html, which is an internal web site and is not available to the public).*

j. A requirement to monitor health care workers' adherence to required hand hygiene practices is included in the policy, and that health care workers are provided with information regarding their performance.

k. VHA food service workers practice appropriate hand hygiene as they perform their duties. For example, in general, use of soap and water is required rather than alcohol-based hand rubs in food preparation settings. Those workers delivering food to inpatients are not required to routinely decontaminate their hands before and after entering each patient room, except if required by local policy. However, if during the course of delivering the food, the food service worker touches the patient, the bed linens, or objects in the room, the food service worker must decontaminate their hands before exiting the room. Hands must be decontaminated when entering and leaving a patient care ward area (see VHA Handbook 1109.04, for additional information).

l. The facility Environment Management Service staff refers to guidance on hand hygiene and related practices in the Environmental Services Procedure Guide provided by the Environmental Programs Service within the VHA Office of the Deputy Under Secretary for Operations and Management (see http://vaww.ceosh.med.va.gov/01HP/02HP_Guidebooks/03_Collections/04HP_VHA_EPS/VHA-EMS/EMS_Guide_2005.htm). **NOTE:** *This is an internal web site and is not available to the public.*

5. REFERENCES

a. Centers for Disease Control and Prevention web site with Guideline for Hand Hygiene in Health-Care Settings and related materials. Available at <http://www.cdc.gov/handhygiene/>.

b. Joint Commission 2010 National Patient Safety Goals. Available at: <http://www.jointcommission.org/PatientSafety/NationalPatientSafetyGoals/>

VHA DIRECTIVE 2011-007

February 16, 2011

c. American Society for Health Care Engineering web site on the safe use alcohol-based hand rub, at: <http://www.ashe.org/ashe/codes/handrub/index.html>

d. World Health Organization Guidelines on Hand Hygiene in Health Care, 2009. Available at: http://whqlibdoc.who.int/publications/2009/9789241597906_eng.pdf

e. World Health Organization Hand Hygiene Tools and Materials, Available at: <http://www.who.int/gpsc/5may/tools/en/index.html>

f. FDA Retail Food Protection: Employee Health and Personal Hygiene Handbook, Available at: <http://www.fda.gov/Food/FoodSafety/RetailFoodProtection/IndustryandRegulatoryAssistanceandTrainingResources/ucm113827.htm>; See especially the section on “Employee Health and Highly Susceptible Populations,” Available at: <http://www.fda.gov/Food/FoodSafety/RetailFoodProtection/IndustryandRegulatoryAssistanceandTrainingResources/ucm184170.htm#sus>

g. VHA Environmental Services Procedure Guide, available at: <http://vaww.vhaco.va.gov/dushom/eps/2005EMS/whnjs.htm>

h. VHA Handbook 1109.04, Food Service Management Program, available at: <http://vaww1.va.gov/vhapublications/index.cfm>

i. CDC Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings 2007, available at: <http://www.cdc.gov/hicpac/2007IP/2007isolationPrecautions.html>

6. RESPONSIBLE OFFICES: Office of Patient Care Services (Infectious Diseases Program Office). Questions may be referred to the Infectious Diseases Program Office at (513) 475-6398.

7. RESCISSIONS: VHA Directive 2005-002 is rescinded. This VHA Directive expires February 29, 2016

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