

January 13, 2005

## 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 400 publications and provided 44 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, has been emphasized.

c. In July of 2003, the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) issued national patient safety goals, which became effective January 1, 2004. Goal 7, reduce the risk of health care associated infections, requires compliance with the CDC recommendations that were supported by a high level of evidence or required by law (identified as category IA, IB, or IC recommendations in the Guideline). This goal has been retained by JCAHO as a national patient safety goal for 2005.

d. In December of 2003, the Under Secretary for Health issued a memorandum to all Veterans Integrated Services Network (VISN) Directors and VA medical center Directors summarizing the CDC Guideline requirements and affirming the need to make any necessary changes to improve hand hygiene practices.

**3. POLICY:** It is VHA Policy that each VHA facility must have a written policy regarding hand hygiene and that policy must be implemented by March 1, 2005.

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

a. A hand hygiene policy (conforming to the Category IA, IB, and IC recommendations presented in the CDC Guideline as summarized in subpars. 4b-4i) is implemented by March 1, 2005.

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., must:

(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. **NOTE:** *If hands are not visibly soiled, use an alcohol-based hand rub for routinely decontaminating hands. When hands are visibly dirty or contaminated with proteinaceous material or are visibly soiled*

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*with blood or other body fluids, wash hands with either a non-antimicrobial soap and water or an antimicrobial soap and water. Using an alcohol-based handrub or an antimicrobial soap and water after one patient and before the next patient suffices to decontaminate a health care worker's hands if the hands are not subject to recontamination in-between patients (as in talking on the telephone, handling objects, pushing elevator buttons, turning doorknobs, etc). It is important not to reduce the availability of antimicrobial soap while increasing the use of alcohol-based hand rubs. Antimicrobial soap allows hand decontamination in a single step when hands are visibly soiled. Otherwise, in order to decontaminate their hands consistent with CDC recommendations, health care workers would have to wash their hands with a non-antimicrobial soap and then use an alcohol-based hand rub afterwards.*

(2) Use an alcohol-based hand rub or antimicrobial soap and water before donning sterile gloves when inserting a central intravascular catheter.

(3) Use an alcohol-based hand rub or antimicrobial soap and water before inserting an indwelling urinary catheter, peripheral vascular catheter, or other invasive devices that do not require a surgical procedure.

(4) Put gloves on when contact with blood or other potentially infectious materials, mucous membranes, and nonintact skin could occur. Remove gloves after caring for a patient. Do not wear the same pair of gloves for the care of more than one patient, and do not wash gloves between uses with different patients.

(5) Use an alcohol-based hand rub or antimicrobial soap and water to decontaminate hands after removing gloves.

(6) Wash hands with a non-antimicrobial or antimicrobial soap and water whenever hands are visibly soiled or contaminated with body fluids, before eating, and after using a restroom.

(7) Use either an antimicrobial soap or an alcohol-based hand rub with persistent activity before donning sterile gloves for surgical procedures. **NOTE:** *When performing surgical hand antisepsis using an antimicrobial soap or an alcohol-based hand rub with persistent activity, long scrub times (e.g., 10 minutes) are not necessary. Scrub hands and forearms for the length of time recommended by the product manufacturer, usually 2 to 6 minutes.*

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 (see subpars. 5e-5h).

d. Appropriate supplies are provided.

(1) An alcohol-based hand rub is available at the entrance to each patient room and/or at the bedside, as well as other convenient locations. **NOTE:** *Alcohol-based hand rubs contain at least 60 percent ethyl alcohol and may present an abuse risk in certain patient care areas, such as inpatient psychiatric or substance use treatment units. 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-impregnated wipes (i.e., towelettes) may be considered as an alternative to washing hands with non-antimicrobial soap and water. Because they 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) 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.*

(4) 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.*

e. 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.*

f. That care is taken in installing and storing alcohol-based hand rubs consistent with fire safety requirements. The most recent relevant amendment to the Life Safety Code (April 28, 2004) permits the installation and use of alcohol-based hand rubs in patient rooms, suites, and corridors of healthcare facilities. In all locations alcohol-based hand rub dispensers must not be located over, or adjacent to, ignition sources (including electrical receptacles and switches). Corridors must have at least 6 feet of clear width with hand rub dispensers spaced at least 4 feet apart. Alcohol-based hand rub dispensers may not be installed in carpeted corridors unless the corridor is sprinkler protected. Dispensers may not project more than 6 inches into corridor egress width. Supplies of alcohol-based hand rub products must be stored in cabinets or areas approved for flammable materials consistent with applicable regulations and standards.

g. That improving hand hygiene is an institutional priority and that administrative and financial support is provided, as appropriate. **NOTE:** *Financial support includes providing adequate supplies of alcohol hand rubs (wall mounted and pocket-sized), antimicrobial soaps, gloves (regular and sterile), and lotion. Input should be solicited from employees regarding the feel, fragrance, and skin tolerance of products, such as soap, alcohol hand rub and gloves, and this information should be used to inform local and national purchasing decisions.*

h. Information or educational materials on the provisions of this Directive are provided to all healthcare workers. The VHA National Center for Patient Safety (NCPS) may be contacted for sample documents that can be adapted for facility use.

i. 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. This may include reporting information on the observed percent compliance with hand hygiene practices, the quantity of alcohol-based hand rub product used per

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100 or 1,000 patient-days, the facility's rate of nosocomial infections, or other appropriate measures.

### 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. JCAHO 2004 and 2005 National Patient Safety Goals. Available at <http://www.jcaho.org/accredited+organizations/patient+safety/npsg.htm>.

c. VA Under Secretary for Health December 15, 2003 memorandum on Hand hygiene practices. Available at [http://vaww.ncps.med.va.gov/Hand\\_Hygiene/index.html](http://vaww.ncps.med.va.gov/Hand_Hygiene/index.html) and [http://vaww.ncps.med.va.gov/hand\\_hygiene/memo\\_from\\_undersec.pdf](http://vaww.ncps.med.va.gov/hand_hygiene/memo_from_undersec.pdf).

d. American Hospital Association information on amendment to the Life Safety Code. Available at <http://www.hospitalconnect.com/ashe/currentevent/abhi.html>.

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f. Edel E, Houston S, Kennedy V, LaRocco M. "Impact of a 5-minute Scrub on the Microbial Flora Found on Artificial, Polished, or Natural Fingernails of Operating Room Personnel," Nursing Research. 1998 Jan-Feb;47(1):54-9.

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**6. RESPONSIBLE OFFICES:** National Center for Patient Safety (NCPS) and Office of Patient Care Services (Infectious Diseases Program Office). Questions may be referred to the NCPS at (734) 930-5890 and/or the Infectious Diseases Program Office at (513) 475-6398.

**7. RESCISSIONS:** None. This VHA Directive expires January 31, 2010.

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