**Covenant Health Hand Hygiene Policy 9/15/2024 FAQ and What You Should Know**

* **Who does this apply to**: Applies to all workers and providers within Covenant Health facilities and our family of organizations including caregivers; employed, credentialed, contracted, volunteers, students, and vendors.
	+ View policy at [**PolicyStat**](https://phs-txcovenantmedicalctr.policystat.com/)**: PSJH-CLIN-1205 Hand Hygiene Policy**
* **Why do we need a regional HH Policy:** To provide standardized evidence-based guidelines for effective and safe hand hygiene in the healthcare setting for all caregivers by:
	+ Reducing disease transmission and healthcare associated infections (HAI).
	+ Maintaining compliance with standardized guidelines from World Health Organization (WHO) and AORN
* **Hand Hygiene General Information:**
	+ Compliance with performing **appropriate hand hygiene before and after contact with the patient the patient’s environment** is expected of all healthcare disciplines
	+ The preferred method of hand hygiene in most patient care settings is the use of a waterless alcohol-based hand rub/sanitizer.
	+ If hands are visibly soiled, soap and water is necessary to remove organic matter.
	+ When using waterless surgical hand antisepsis products, perform a prewash of forearms, hands, and underneath nails using soap and running water at the beginning of the work shift. Dry skin thoroughly before applying the waterless antiseptic product.
* **Fingernails:**

Enhanced nail lacquer: A nail coating that improves adhesion of the product to fingernails and duration of the product. These include self-adherent colored polish strips, powder dipped nail coatings, and ultraviolet-cured nail lacquer (e.g., gel or shellac).

 Artificial nails: Substances or devices applied or added to the natural nails to extend or augment (e.g., sculpt or shape) the wearer's own nails. These include bonding, extensions or tips, acrylic overlays, resin wraps, or acrylic fingernails

Nail grooming is essential for good hand hygiene

* Maintain healthy, short, natural fingernails. Fingernail tips should be no more than 2 mm (0.08 inch) (i.e., not extend beyond the fingertips).
* If nail lacquer or enhanced nail lacquer is worn it should be in good condition without chipping, as chipped nail lacquer promotes the growth of micro-organisms on fingers. Embellishments such as rhinestones, gems, beads, charms or studs should not be worn as they may limit the ability to effectively perform hand hygiene.
* **Nail lacquer is not an option for caregivers or providers working in areas where procedures are performed.**
* Artificial nails have been proven to harbor micro-organisms and cannot be worn by caregivers who have direct contact with patients, supplies that touch the patient or the patient’s environment.
* **Gloves – Proper Use:**
	+ Gloves are a protective barrier used with standard precautions
	+ Hand Hygiene should be performed before putting on gloves.
	+ Gloves should never be reused or washed
	+ Gloves are removed when the need for protection no longer exists. Hand hygiene should be performed immediately after gloves are removed.
* **Compliance:**
	+ Hand Hygiene is monitored routinely in all patient care areas and reported monthly to leadership and caregivers for communication and improvement.
	+ Barriers to performing job duties which require hand hygiene will be evaluated on a case-by-case basis with Infection Prevention, caregiver health and HR. Ex: Caregiver wearing a brace, cast, splint or other device (Large open wounds not easily covered) which covers part or all of hand or wrist.
* **Who is responsible for compliance with the policy:**
	+ Individual Caregiver and Direct Supervisor/Manager/Director
	+ Corrective action step process will be utilized for non-compliance.

I have read, understand and will comply with hand hygiene policy.

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