

PROCEDURE FOR: Handwashing in the Nurseries

SUPPORTIVE DATA: Handwashing is the single most important infection control measure in the nurseries. The purpose of handwashing is to remove pathogens that potentially may be transferred to hospitalized infants. There are many reasons that explain the susceptibility of infants to infection; even organisms that are considered normal flora in adults may cause serious systemic infections in infants. Antimicrobial transient flora (that acquired by recent contamination) and resident flora (those organisms that survive and multiply on the skin) are eliminated.

- POLICY:**
1. Before entering the nurseries, all nursery personnel are to perform an initial 3-minute scrub with an approved antimicrobial soap. Refer to procedural steps below.
 2. All watches, bracelets, and rings (other than plain wedding bands) are to be removed prior to the initial scrub. These items are not to be worn for the duration of time the individual is in the nurseries.
 3. Only approved antimicrobial soaps are to be used for the initial scrub and interval washing.
 4. A vigorous 15 second wash of all surfaces of the hands with antimicrobial soap and water is required before and after each patient contact, after contact with body fluids or secretions, after contact with equipment that comes in contact with the patient, or contact with items that are potentially contaminated with microorganisms (monitors, telephones, Pyxis machine).
 5. Gloves are not a substitute for effective handwashing.
 6. Alcohol-based hand washes may be used as a substitute for effective handwashing.
 - a. Be sure that the hand sanitizer has completely evaporated before touching any devices, bed linens, or patients. The vapors, which have the potential to ignite in an oxygen-enriched environment, should be adequately dissipated once the hands feel dry and the cooling sensation associated with evaporation has disappeared.
 7. Waterless surgical scrub is to be used under select circumstances and does not replace the initial 3 minute scrub with water and antimicrobial soap.
 - a. By consultants as an alternative to the 3 minute scrub.
 - b. By nursery staff:
 - 1) After leaving the unit for lunch or breaks.
 - 2) After transporting infants to the OR or Radiology.
 - 3) After return from transport.
 - 4) Prior to central line or PICC placement (person performing the procedure and assistant).

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- 5) Prior to performing a circumcision.
8. Fingernails should be short. Natural nail tips are to be kept $\frac{1}{4}$ inch long or less. Artificial nails, nail extenders, or embedded nail jewelry are not permitted to be worn by health care workers.
9. Nail polish may be worn if freshly applied (not more than 4 days old) and if not chipped.
10. Lotions that are used to decrease dryness and irritation should be compatible with the antimicrobial soaps that are used. Lotions that are compatible are generally provided by the soap manufacturers. These compatible lotions will maintain the antimicrobial properties of the soap and will not affect the integrity of gloves.
11. Clothing with short sleeves is preferred for care giving because some organisms may not be eradicated from fabric. Shirt sleeves should be rolled up during periods of care giving. Arms up to the elbows should be rewashed if long sleeves are pulled back down over the forearms after scrubbing.
12. Health care workers with dermatitis related to antimicrobial soaps will need to be evaluated by the Employee Health Service to assess the need for alternative product use.

PROCEDURE: Initial 3-Minute Scrub

<u>ACTION</u>	<u>POINTS OF EMPHASIS</u>
1. Remove bracelets, watches, and rings (other than plain wedding band).	1. Jewelry may harbor pathogenic organisms that are not removed by scrubbing and handwashing.
2. Push or roll up sleeves so they are above the elbows.	
3. Wet hands and arms thoroughly before applying antimicrobial soap.	3. This may reduce irritation of soap on the skin.
4. Press start on 3 minute timer.	
5. Apply soap to hands, plain scrub brush, or use brush impregnated with antimicrobial solution.	5. Routine use of a scrub brush is not necessary; brushes are available for those with personal preference or soiled nails due to gardening or other activities.
6. Vigorously wash hands down to wrists and then down both arms to elbows.	
7. Clean nails by washing vigorously under running water.	7. Nail cleaner is available with scrub brushes for this purpose, if needed.

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8. Continue scrub by vigorous washing under running water of fingertips and each of the 4 planes of each finger and thumb. Follow this with vigorous washing of the back and palms of the hands. Wash the arms with form circular motions.
9. Rinse each arm thoroughly by allowing the water to run off the elbows.
10. Dry hands thoroughly with paper towels.

PROCEDURE FOR: Interval Handwashing with Soap and Water

<u>ACTION</u>	<u>POINTS OF EMPHASIS</u>
1. Apply antimicrobial soap to wet hands.	
2. Work soap into a lather and wash hands by vigorously rubbing together all surfaces. The duration of the wash should be a minimum of 15 seconds.	
3. Dry hands thoroughly with a paper towel.	
4. Use a paper towel to turn off faucet.	4. This prevents recontamination of your clean hands by pathogens that may be on the faucet handle.

PROCEDURE FOR: Use of Waterless Surgical Hand Antiseptic

<u>ACTION</u>	<u>POINTS OF EMPHASIS</u>
1. Be sure hands and nails are clean and dry before use.	1. If hands or nails are visibly soiled, a repeat scrub with antimicrobial soap is recommended.
2. Dispense 1 pump (2 ml) of antiseptic into the palm of one hand. a. Dip the fingertips of the opposite hand into the product and work it under the nails using a circular motion. b. Spread the remaining product over the hand and up to just above the elbow.	
3. Using another 1 pump (2 ml) of product, repeat the procedure with the opposite hand and arm to just above the elbow.	
4. Dispense a final pump (2 ml) of product into either hand and reapply to all aspects of both hands up to the wrist.	

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5. Allow antiseptic to dry before donning gloves.

APPROVAL: Nursing Standards Committee
NICU/NBN Advisory Committee

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