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Purpose

The purpose of this policy is to prevent transmission of pathogenic microorganisms to patients and staff through cross contamination.

Responsibility

All staff, patients, patient care givers, including physicians and non-physician practitioners, social workers, dietitians and any other indirect patient care staff must follow the same requirements for hand hygiene.

Policy

Hand hygiene includes either washing hands with soap and water or using a waterless alcohol-based antiseptic hand rub with 60-90% alcohol content. Drying effects of alcohol can be counteracted by addition of emollient or humectants, e.g. 1-3% glycerol.

The table below identifies when hands shall be washed specifically with soap and water or when alcohol-based hand rubs can be used:

Hands Will Be	When
Washed with antimicrobial soap and	Hands are visibly dirty or
water	contaminated with proteinaceous
	material, blood, or other body
	fluids.
	Before eating
	After using a restroom
	Anthrax or C-difficile exposure
Decontaminated using alcohol-based hand rub or by washing hands with	Before and after direct contact with patients
antimicrobial soap and water	_
antimicrobial soap and water	• Entering and leaving the treatment area
	Before performing any invasive Transdume such as vesseller access.
	procedure such as vascular access
	cannulation or administration of parenteral medications
	• Immediately after removing
	gloves
	• After contact with body fluids or
	excretion, mucous membranes,
	non-intact skin, and wound
	dressings if hands are not visibly
	soiled.
	After contact with inanimate
	objects near the patient.

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 When moving from a contaminated body site to a clean body site of the same patient After contact with the dialysis wall box, concentrate, drain, or
water lines

Soap and Soap Dispensers

Soap dispensers that use prepackaged soap packets may be used in facilities and refilled with prepackaged soap packets.

If using individual hand pump soap bottles such as those meant for personal use, they will not be refilled and will be discarded when empty.

Alcohol Based Hand Rubs

Alcohol based hand rub dispensers should be:

- strategically placed throughout the facility
- placed away from sinks to avoid any confusion between using soap and water and alcohol hand rub dispensers
- installed on the side of each dialysis machine
- at doors coming into and out of the treatment area, technical area or staff lounge
- stored away from high temperatures, heat, sparks and open flames and in accordance with National Fire Protection Agency recommendations.
- placed where they are easily accessible for use in the home setting

Clean the dialysis machine-mounted dispenser and bracket between patients with a 1:100 bleach solution.

The dispenser bracket must be discarded if it becomes soiled with blood or other potentially infectious material (OPIM) and replaced.

Check the expiration date on the bottom of the hand sanitizer each time it is cleaned and replace if expired.

Additional Guidelines for Home Therapies

Home Therapies patients will be taught how to wash hands appropriately during training.

Hands Will Be	
Washed with antimicrobial soap and water	Before gathering suppliesAfter applying any PPE except gloves.

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Decontaminated using alcohol-based hand rub or by washing hands with antimicrobial soap and water

- Before performing any connections or disconnections with the PD catheter and/or extension set.
- Before and after palpating any PD catheter access site as well as before and after dressing any access

Hand Hygiene: Patients

Patients should perform hand hygiene if able, prior to and after each dialysis treatment.

As needed, direct patient care staff will demonstrate how to operate the sinks, demonstrate hand washing to patients who are able to perform hand washing, and explain risk of contamination with regard to their vascular access and hands to all patients.

Gloves must be provided to patients when performing procedures which risk exposure to blood or body fluids, such as when self-cannulating or holding access sites post treatment to achieve hemostasis

To help ensure the prevention of cross contamination to their family members or other patients, hand hygiene must be performed.

Hand Lotions or Creams

Only approved hand lotions and creams available on the FKC formulary will be used.

Some lotions (petroleum based) may interact with other products and cause breakdown of exam gloves or make antimicrobial soap less effective.

Lotion dispensers will not be refilled; the practice of refilling dispensers can lead to bacterial contamination.

Sink Policy

A sufficient number of sinks with soap and plumbed with both hot and cold water shall be available to facilitate hand washing.

The hand washing sinks may be used for both staff and patients. Soap and a supply of paper towels protected from contamination must be available at each sink

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Hand washing sinks should be dedicated for hand washing only and should remain clean

Used items should not be placed, cleaned or drained in the hand washing sink.

If bladed faucets, use clean paper towel when turning off water to avoid direct contact with contaminated sink handles.

If a hand washing sink becomes contaminated, the sink shall be disinfected with 1:100 bleach solution unless contaminated with greater than 10mL of blood necessitating the use of 1:10 bleach solution.

Caution Regarding Fingernails

- Do not wear artificial fingernails, extenders or nail wraps when having direct contact with patients.
- Natural fingernail length shall be kept to ¼ inch or less
- Ring and bracelet use should be limited

Related Policies & Procedures

• Hand Hygiene Procedure

END OF DOCUMENT