

## Hand Hygiene: SHEA/IDSA/APIC Strategies to Prevent Healthcare-Associated Infections Through Hand Hygiene (2023)

### About the Guideline

- This guideline is an update to the 2014 guideline “Strategies to Prevent Healthcare-Associated Infections in Acute Care Hospitals through Hand Hygiene.”
- The Society for Healthcare Epidemiology of America (SHEA) sponsored this guideline and worked with the Infectious Diseases Society of America (IDSA), the Association for Professionals in Infection Control and Epidemiology (APIC), the American Hospital Association (AHA), The Joint Commission, and other experts in this subject matter to create this guideline.
- The purpose of the guideline is to provide healthcare providers (HCPs) the skills to prevent healthcare-associated infections (HAI) through proper hand hygiene techniques and guidance on how to prioritize these methods.
- Although this guideline was created for the acute-care setting, it can be used in any healthcare area, including outpatient or long-term care settings.
- This guideline is not a replacement for a person's individual competency in a clinical setting; it is intended instead to provide guidance.

### Key Clinical Considerations

Become familiar with the recommendations and best-practice statements provided in this guideline, especially if you care for individuals in a healthcare setting.

### Essential Practices

- Support the importance of keeping healthy hand skin and fingernails in good condition.
  - Alcohol-based hand sanitizer (ABHS) with at least 60% alcohol should be available, and its usage should be encouraged in clinical areas in which the HCP workflow occurs.
  - Follow hand hygiene as recommended by the Centers for Disease Control and Prevention (CDC) or the World Health Organization (WHO) [Five Moments for Hand Hygiene](#).
    - Indications for handwashing and hand sanitizing are immediately before touching a patient, before performing an aseptic task, after contact with bodily fluids or contaminated surfaces, after touching a patient, after touching the patient environment, when moving from work on a soiled body site to a clean body site, and immediately after glove removal.
  - Hand hygiene policies should include fingernail care.
    - HCPs should have short, natural fingernails that do not extend beyond their fingertips.
    - Artificial fingernails should not be worn in high-risk areas, such as the ICU or perioperative area, by either direct or indirect HCPs.
    - Fingernail polish or gel should not be worn by HCPs in scrubbed sterile field procedures; all others should be subject to the decision of the infection control division.
  - Primary and secondary dermatitis prevention strategies should be developed.
  - Facility-approved hand moisturizers should be available for all HCPs.
  - Methods of primary prevention of work-related irritant and allergic contact dermatitis are as follows:

- Sustain hand healthy skin techniques such as:
  - Handwashing approaches, including patting instead of rubbing dry and not using hot water.
  - Proper usage of gloves; donning and doffing appropriately; permitting hands to dry between glove usage; regular usage of organizational approved moisturizers.
  - Awareness by the HCPs of the possibility of allergic reactions to ingredients in products such as ABHS, gloves, and antiseptics.
- HCPs with hand irritation should be provided with cotton glove liners and taught how to use them.
- Select appropriate products.
  - As noted previously, ABHS, whether in the form of gel, liquid, or foam, should contain at least 60% alcohol.
  - HCPs should be involved in the decision-making process of product choices.
  - HCP should know how much ABHS is effective and how long to use the product.
  - FDA-approved surgical hand scrub or waterless surgical rub should be used in areas where sterile technique is required.
    - Perform a surgical hand rub or scrub for sterile technique procedures.
    - Avoid scrub brushes as they harm the skin and create susceptibility to bacteria.
- Ensure the accessibility of hand hygiene supplies.
  - ABHS dispensers should be readily available, noticeable, and unmistakable to HCPs within their work environment.
  - Private rooms should have one ABHS dispenser inside the room and one outside in the hallway (at a minimum).
  - In areas that house more than one patient, there should be one ABHS dispenser for every two patients (at a minimum), and it should always be within the HCP work environment.
  - All patient care areas should have a stock of hand hygiene supplies readily available.
  - ABHS dispensers should not allow for multiple activations in short periods of time (less than 5 seconds) to decrease the risk of intentional ingestion.
  - Perioperative areas should have stock of surgical hand rub and scrub readily available.
  - When possible, ABHS hand rubs or handwash with disinfectant that is FDA approved should be provided in procedural areas and at bedside prior to high-risk procedures.
- Ensure appropriate glove use to reduce hand and environmental contamination.
  - If a patient is contaminated with an organism that is less vulnerable to a disinfectant, such as C-difficile or norovirus, standard and contact precautions should be followed by the HCPs.
  - The HCP needs to be knowledgeable of the risk of self and environmental contamination when gloves are worn.
  - Following the doffing of gloves, hands should be cleaned right away. ABHS may be used if there is no sink in the vicinity and handwashing is recommended; but after that, handwashing should occur as soon as possible.
  - The HCP should be educated and competent in the proper doffing of gloves without contamination.
- Take steps to reduce environmental contamination associated with sinks and drains.
  - Dedicated handwashing sinks should be available whenever feasible, and they should be within sight of the point of care.

- Education for the HCP should be provided on the discarding of items that stimulate bacterial growth such as drugs, intravenous fluids, foods, urine, or feces; these items should not be discarded in handwashing sinks.
- Daily disinfection of sinks and faucets should be done with an EPA-registered antiseptic.
- At least 1 meter, or 3 feet, around the sink should be kept clear of any patient care items or medications.
  - If sink countertops are needed for supplies, a splashguard should be installed.
- Do not use hot air dryers to dry hands in patient workflow areas. Dry hands with single-use disposable towels.
- Monitor adherence to hand hygiene.
- Provide timely and meaningful feedback to enhance a culture of safety.

### Cautions

- ABHS dispensers should never be replaced with personal pocket-sized ABHS dispensers.
- Single-use ABHS moisturizer or soap dispensers should never be refilled.
- Antimicrobial soaps with triclosan should not be used.
- Routine double gloving is not recommended unless specified for high-consequence pathogens or if it is a job-specific requirement.
- Routine disinfecting of gloves is not recommended unless specified for high-consequence pathogens.
- Even when responding to organisms that are not as vulnerable to biocides, ABHS should always remain available.

### Reference

Glowicz, J. B., Landon, E., Sickbert-Bennett, E. E., Aiello, A. E., deKay, K., Hoffmann, K. K., Maragakis, L., Olmsted, R. N., Polgreen, P. M., Trexler, P. A., VanAmringe, M. A., Wood, A. R., Yokoe, D., & Ellingson, K. D. (2023). SHEA/IDSA/APIC Practice Recommendation: Strategies to prevent healthcare-associated infections through hand hygiene: 2022 Update. *Infection control and hospital epidemiology*, 44(3), 355–376. <https://doi.org/10.1017/ice.2022.304>