

AH0700 – Hand Hygiene

Interior Health would like to recognize and acknowledge the traditional, ancestral, and unceded territories of the Dākelh Dené, Ktunaxa, Nlaka’pamux, Secwépemc, St’át’imc, syilx, and T̓silhqot’in Nations, where we live, learn, collaborate and work together.

Interior Health recognizes that diversity in the workplace shapes values, attitudes, expectations, perception of self and others and in turn impacts behaviors in the workplace. The dimension of a diverse workplace includes the protected characteristics under the human rights code of race, color, ancestry, place of origin, political belief, religion, marital status, family status, physical disability, mental disability, sex, sexual orientation, gender identity or expression, age, criminal or summary conviction unrelated to employment.

1.0 PURPOSE

To protect Patient, Health Care Personnel and visitor safety by ensuring adherence to Hand Hygiene best practices. To promote compliance with Hand Hygiene and to define responsibilities and actions required for a high standard of Hand Hygiene. Hand Hygiene is the single most important practice in reducing the transmission of microorganisms and the incidence of Healthcare-Associated Infections (HAIs) and promotes a culture of health and safety in all Interior Health (IH) settings.

2.0 DEFINITIONS

TERM	DEFINITION
<i>Alcohol-Based Hand Rub (ABHR)</i>	<i>A liquid, gel, or foam formulation of alcohol (e.g., ethanol, isopropanol) which is used to reduce the number of microorganisms on hands in clinical situations when the hands are not visibly soiled. ABHRs contain emollients to reduce skin irritation and are less time consuming to use than washing with soap and water. ABHR contain 70-90% alcohol.</i>
<i>Direct Patient Care</i>	<i>Means, for the purpose of this document, any personnel who has physical contact with a Patient or Patient’s Environment.</i>
<i>Hand Hygiene</i>	<i>A general term referring to any action of hand cleaning. Hand Hygiene relates to the removal of visible soil and removal or killing of transient microorganisms from the hands. Hand Hygiene may be accomplished using soap and running water or an alcohol-based hand rub. Hand Hygiene includes surgical hand antisepsis.</i>
<i>Health Care Personnel</i>	<i>For this policy, this term is inclusive of all IH employees providing or supporting healthcare services that will bring them into contact with Patients/clients/residents. This includes, but is not limited to emergency service providers, physicians, nurses, allied health professionals, support</i>

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	<i>services, instructors, students/residents, contractors, and volunteers.</i>
<i>Healthcare-Associated Infection (HAI)</i>	<i>Also referred to as nosocomial infections, this refers to an infection originating in a Healthcare Setting, e.g., occurring in a Patient, in a hospital or other healthcare facility, in whom infection was not present or incubating at the time of admission. Includes infections acquired in the hospital but appearing after discharge; it also includes such infections among Health Care Personnel.</i>
<i>Healthcare Setting</i>	<i>Any location where health care is provided, including settings where emergency care is provided, hospitals, complex continuing care, rehabilitation hospitals, long-term care facilities, mental health facilities, outpatient clinics, community health centres and clinics, physicians' offices, dental offices, offices of other health professionals and home health care.</i>
<i>Patient</i>	<i>Anyone who receives or requests care or services from IH including residents, inmates, and clients.</i>
<i>Patient Environment</i>	<i>The immediate space around a Patient that may be touched by the Patient and may also be touched by Health Care Personnel when providing care.</i>
<i>Personal Protective Equipment</i>	<i>Specialized clothing or equipment used by personnel to provide a barrier or shield to prevent exposure to potential infectious microorganisms, and exposures to chemicals, or physical hazards.</i>
<i>Routine Practices</i>	<i>The system of infection prevention and control practices recommended by the Public Health Agency of Canada to be used with all clients/Patients/residents during all care to prevent and control transmission of microorganisms in all Healthcare Settings.</i>

3.0 POLICY

IH will uphold current standards for appropriate Hand Hygiene practice as outlined in [BC's Best Practices for Hand Hygiene In All Healthcare Settings and Programs](#) and in conjunction with the Provincial Hand Hygiene Working Group (PHHWG).

3.1 Applicability

This policy applies to all IH employees, physicians, contractors, students, and volunteers within all IH Healthcare Settings. This includes private and non-profit facilities and/or providers supplying public health care services under contract to IH facilities and programs across the continuum of care including acute, long-term care and community services.

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3.2 Policy Compliance

If this policy is not complied to, Health Care Personnel may be subject to remedial or disciplinary action up to and including termination of employment, cancellation of contract, and/or revocation of privileges pursuant to applicable IH processes.

3.3 Hand Hygiene Best Practices in Healthcare Settings

- 3.3.1 IH Health Care Personnel must perform Hand Hygiene in accordance with the [4 Moments for Hand Hygiene](#).
- 3.3.2 The goal for Health Care Personnel Hand Hygiene compliance is a minimum of 80%, with an ideal rate of 100%.
- 3.3.3 IH Health Care Personnel must comply with hand hygiene procedures and best practices outlined in the IH [Hand Hygiene guideline](#)
- 3.3.4 Hand Hygiene must be performed:
 - BEFORE
 - Touching a Patient.
 - Touching any object or furniture in the Patient’s Environment.
 - Putting on gloves.
 - [Donning](#) Personal Protective Equipment.
 - Performing an aseptic procedure.
 - Handling/preparing medication and food.
 - AFTER
 - Touching a Patient.
 - Touching any object or furniture in the Patient’s Environment.
 - Removing gloves.
 - [Doffing each piece](#) of Personal Protective Equipment.
 - Performing an aseptic procedure.
 - Exposure to blood and bodily fluids.
 - Accessing or using the washroom.

NOTE: In emergencies when immediate Hand Hygiene is not possible, Patients will be assisted and stabilized then Hand Hygiene will be performed as soon as possible or after the emergency is resolved.

3.4 IH must support Hand Hygiene by:

- 3.4.1 Providing Health Care Personnel, visitors and Patients with Hand Hygiene education using educational materials (e.g., handouts, pamphlets, posters, stickers) and other knowledge transfer activities (e.g., direct teaching).
- 3.4.2 Encouraging and assisting Patients to perform Hand Hygiene during their stay in a healthcare facility.
- 3.4.3 Encouraging Patients to ask Health Care Personnel if they have performed Hand Hygiene prior to providing Direct Patient Care.

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3.4.4 Providing Health Care Personnel with appropriate hand moisturizing skin care products and encouraging regular use as per the IH Occupational Health [Hand Care Toolkit](#).

3.5 Education and Training

- 3.5.1 At the time of hiring and during orientation IH must:
 - o Inform all Health Care Personnel of this Hand Hygiene policy.
 - o Provide Hand Hygiene education, training, and ensure competency assessments are completed.
- 3.5.2 The requirements to complete education and training are as follows:
 - o **New hires**
i-Learn modules [853](#) and [854](#) are to be completed during standard orientation.
 - o **All Health Care Personnel who provide Direct Patient Care** (for physicians see below)
In addition to new hires, i-Learn modules [853](#) and [854](#) are required to be completed every two years.
 - o **Physicians**
I-Learn module [855](#) to be completed upon hire, every two years and attend training as required by their professional organization.
- 3.5.3 IH must ensure education and training is provided on an ongoing basis and will support national and local Hand Hygiene campaign initiatives (i.e. May 5th-World Hand Hygiene Day).
- 3.5.4 The Infection Prevention & Control program will review education modules and materials every three years and update as required.

3.6 Physical Infrastructure

- 3.6.1 IH will adhere to the most current CSA standards (Z8000 and Z8004) when constructing new buildings or renovating healthcare facilities to include appropriate infrastructure to support the Hand Hygiene policy and best practices.
- 3.6.2 The [Best Practice for Hand Hygiene Facilities & Infrastructure in Healthcare Settings: Facilities & Infrastructure Checklist](#) will be completed every three years by the facility.
- 3.6.3 IH will commit to improving the availability of Hand Hygiene sinks to facilitate hand washing compliance and as a strategy to reduce Hospital-Associated Infection rates.
- 3.6.4 IH must ensure Hand Hygiene supplies are readily available at locations specified in the IH [Hand Hygiene Guideline](#).

3.3 Evaluation and Reporting

3.6.5 IH will actively participate in the Provincial Hand Hygiene Working Group (PHHWG).

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- 3.6.6 IH will conduct Hand Hygiene compliance observations in accordance with the standardized surveillance methodology developed by the PHHWG.
- 3.6.7 IH will submit Hand Hygiene compliance results for all surveyed clinical areas to the Provincial Infection Control Network (PICNet) on a quarterly basis.
- 3.6.8 IH must publicly report, and display Hand Hygiene compliance rates as required by the Ministry of Health.
- 3.6.9 Hand Hygiene compliance rates must be monitored accordingly for quality improvement.
- 3.6.10 For each quarter where a unit has less than 69% hand hygiene compliance, Infection Preventionists (IP) will send a [Hand Hygiene Observation Feedback Tool](#) to the unit manager. The manager or delegate is responsible for completing the action plan and implementing initiatives for compliance improvement. The completed form must be returned to the Infection Preventionist within one month.

4.0 PROCEDURES

Roles and Responsibilities

4.1 Health Care Personnel

- Hand Hygiene is a shared responsibility by all Health Care Personnel, and it is the responsibility of all to support and encourage one another to perform Hand Hygiene in accordance with this policy.
- IH Health Care Personnel must comply with Hand Hygiene procedures and best practices outlined in the IH [Hand Hygiene guideline](#).
 - Nails, jewelry and clothing must not impede adequate Hand Hygiene.
 - Personnel with splints, casts, injuries or skin conditions that prevent adequate Hand Hygiene must consult with their manager.
 - Hand Hygiene products must be IH approved and meet provincial standards.

4.2 IH Leadership

- Organizational leaders are accountable for ensuring Health Care Personnel practice in adherence to this Hand Hygiene policy and address issues with non-compliance by:
 - Defining an aim for improving Hand Hygiene practices.
 - Investing in resources to improve Hand Hygiene practices.
 - Ensuring a Hand Hygiene quality improvement plan is developed.
 - Monitoring Hand Hygiene improvement activities over time based on identified indicators.
 - Ensuring the infection prevention and control program is informed by learnings from Hand Hygiene improvement activities.

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