



Administrative Policy Manual
Code: AH Patient/Client Relations/Care

AH0700 Hand Hygiene

1.0 PURPOSE

To protect patient, healthcare provider (HCP) and visitor safety by ensuring high quality hand hygiene is practiced. To promote 100% compliance with hand hygiene and to define responsibilities and actions required for a high standard of hand hygiene. Optimal hand hygiene is a key component of a culture of safety and is associated with reduced transmission of healthcare associated infections (HAIs).

2.0 DEFINITIONS

TERM	DEFINITION
Alcohol-Based Hand Rub (ABHR):	is the preferred method to routinely decontaminate hands in clinical situations when hands are not visibly soiled as they provide for a rapid kill of most transient microorganisms, are less time-consuming than washing with soap and water and are easier on skin. ABHR shall contain 70 - 90% alcohol.
Healthcare Providers:	includes IH employees, contractors, physicians, students, instructors, volunteers, and paid companions.
Patient:	in this document, the term 'Patient' means patient, resident or client.
Routine Practices:	based on the assumption that all blood and body fluids contain potentially infectious organisms, the same safe standards of practice shall be used routinely with all patients to prevent exposure to blood, body fluids, secretions, excretions, mucous membranes, non-intact skin or soiled items and to prevent the spread of microorganisms.

3.0 POLICY

Interior Health shall implement current standards for appropriate hand hygiene practice as outlined in [BC's Best Practice Guidelines for Hand Hygiene \(2012\)](#) and in conjunction with the Provincial Hand Hygiene Working Group (PHHWG).

3.1 Scope

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

Any healthcare provider including all physicians, contracted employees and students 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 Health Authority processes, if this policy is not abided by.

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3.2 Rationale for Hand Hygiene

Hand hygiene is the single most important method of infection prevention and control. The hands of healthcare providers are the most common mode of transmission of pathogens to patients. In Canada, 8,000 to 12,000 people die every year from HAIs. Global research indicates that hand hygiene improvements could potentially reduce HAI rates by 30 – 50%.

3.3 Hand Hygiene Best Practices in Healthcare Settings

All healthcare providers including physicians, contracted employees and students shall perform hand hygiene before and after touching any patient and/or touching any object that comes in contact with the patient. **The expectation is that all staff shall be in compliance 100% of the time in non-emergency situations**, specifically:

a) BEFORE

- Touching a patient.
- Touching any object or furniture in the patient's environment.
- Putting on gloves.
- Performing an aseptic procedure.
- Handling/preparing medication and food.

b) AFTER

- Touching a patient
- Touching any object or furniture in the patient's environment
- Removing gloves.
- Performing an aseptic procedure.
- Exposure to blood/body fluids

NOTE: In emergency situations patients will be assisted and stabilized and hand hygiene will be performed as soon as possible after the emergency situation is resolved.

NOTE: Staff that are unable to perform hand hygiene due to injury or skin conditions (e.g. eczema, psoriasis) must report to their manager immediately – consultation with Workplace Health and Safety may be necessary. Tools can be found on the InsideNet under Employee Health and Safety t. [Hand Care Program for Health-care Workers](#)

3.4 Support for Hand Hygiene

Interior Health shall support hand hygiene by:

- Encouraging staff to assume a leadership role in providing instruction and educational support regarding hand hygiene to patients, family members and visitors as well as reminding coworkers to do appropriate hand hygiene.

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- Providing visitors and patients with educational guidance (Hand Hygiene pamphlet) and support to adhere to the hand hygiene policy.
- Assisting patients to perform hand hygiene during their stay in a healthcare facility.
- Encouraging patients to ask healthcare providers if they have performed hand hygiene prior to providing direct care.
- Providing staff with appropriate hand moisturizing skin care products and encouraging regular use.
- Having patient membership and engagement on the IH HH committee

3.5 Education and Training

- Interior Health shall provide staff hand hygiene education, training, and competency assessment and inform all healthcare providers of the hand hygiene policy at the time of hiring and during orientation.
- The requirements to complete education/training are as follows:
 - **Physicians** – Yearly at the time of credentialing, physicians will complete the education module (course ID: , [i-Learn 855](#)) and attend updated training as required.
 - **Direct Patient Care Staff** – Education will be linked to performance rates of the unit. Staff working on units with hand hygiene compliance less than 69% over a one year period will be required to complete the I-Learn education module (course ID: module: [853](#), quiz: [854](#))
 - **New Hires** – At the time of their standard orientation program.
 - **Students** – At the time of their standard orientation program to the facility.
- An audit feedback tool will be completed by ICP/Manager for each quarter that a unit has less than 69% compliance.
- Interior Health shall ensure targeted (in relation to national or local campaign initiatives) education and training is provided on an ongoing basis.
- Education modules and materials shall be reviewed every 3 years and updated as required.

3.6 Physical Infrastructure

- Interior Health shall ensure that appropriate infrastructure is in place to support the hand hygiene program and will follow the most current CSA standards (Z8000) when constructing new builds or renovating health care facilities.
[Construction & Renovation Guidelines](#)
- The [Best Practices for Hand Hygiene Facilities & Infrastructure in Healthcare Settings Infrastructure Checklist](#) will be completed every three years in each acute and LTC healthcare facilities in IH

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- Interior Health will commit to improve the availability of sinks/hand hygiene stations to facilitate staff, patient and visitor hand washing as annual budgets allow.
- Interior Health shall ensure hand hygiene supplies are readily available at **point-of-care** (within one meter of where care is delivered) in all healthcare settings.
- Single use product dispensers shall be used and shall be discarded when empty; containers shall not be 'topped up'.
- All hand hygiene products shall not interfere with glove integrity or with the action of using other hand care products (i.e. lotion).
- Housekeeping shall monitor ABHR use as part of their cleaning process and shall replace empty ABHR containers with full ABHR containers as needed.

3.7 Evaluation and Reporting

- Interior Health shall actively participate in the Provincial Hand Hygiene Working Group
- Interior Health shall conduct observational hand hygiene compliance audits quarterly in accordance with the standardized surveillance methodology developed by the Provincial Hand Hygiene Working Group.
- Interior Health shall submit hand hygiene compliance results for all surveyed clinical areas to the Provincial Infection Control Network (PICNet) on a quarterly basis.
- Interior Health shall be publically reporting hand hygiene rates as required by the Ministry of Health.
- The target for compliance is 100% except during emergency situations. Rates shall be monitored accordingly for quality improvement.
- There shall be ongoing processes to implement changes to standards and best practices as required.

4.0 PROCEDURE – [REFER TO IPAC MANUAL IF0200](#)

4.1 Hand Hygiene Practice Issues

The four moments for hand hygiene in health care are:

- Before initial contact with each patient or items in their environment
- Before performing an invasive/aseptic procedure
- After care involving risk of exposure to, or contact with, body fluids
- After contact with a patient or their environment.

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4.2 Methods of Performing Hand Hygiene

There are two methods of killing/removing microorganisms on hands:

- Hand sanitizing with an **alcohol-based hand rub (ABHR)** is the preferred method (when hands are not visibly soiled) for cleaning.
- Hand washing with **soap and water** must be performed when hands are visibly soiled or after caring for a patient with Clostridium difficile infection.

4.3 Use of Gloves

The use of gloves is not a substitute for performing hand hygiene. Hand hygiene shall be performed before and after using gloves.

4.4 Nails, Jewelry and Clothing

- Nails shall be kept clean and short (less than 3 mm) at all times - the nail shall not show past the end of the finger.
- Nail polish shall not be worn.
- Artificial nails or nail enhancements shall not be worn by healthcare providers who provide direct patient care.
- Hand/wrist jewelry shall not be worn by healthcare providers who provide direct patient care.
- Watches shall be removed or pushed up above the wrist by healthcare providers who provide direct patient care before performing hand hygiene.
- Long sleeves shall not interfere with, or become wet when performing hand hygiene.

5.0 REFERENCES

1. World Health Organization (WHO) World Alliance for Patient Safety. WHO Guidelines on Hand Hygiene in Health Care
http://whqlibdoc.who.int/publications/2009/9789241597906_eng.pdf
2. Public Health Agency of Canada (PHAC). Hand Hygiene Practices in Healthcare Settings
http://publications.gc.ca/collections/collection_2012/aspc-phac/HP40-74-2012-eng.pdf

IPAC Canada Practice Recommendations for Hand Hygiene in Health Care Settings
June 2017 [IPAC Canada Practice Recommendations](#)

3. Best Practices for Hand Hygiene in All Healthcare Settings and Programs. British Columbia Ministry of Health; July 2012 <http://www.health.gov.bc.ca/library/publications/year/2012/best-practice-handhygiene.pdf>

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4. Provincial Infectious Diseases Advisory Committee (PIDAC). Ministry of Health and Long Term Care (2010). Best Practices for Hand Hygiene in All Health Care Settings -4th Edition. [BC Best Practices for Hand Hygiene](#)
5. Accreditation Canada. Required Organizational Practices - Infection Control 2018.
6. <http://insidenet.interiorhealth.ca/QPS/accreditation/Documents/Version%2014.0%20IPAC%20Standards.pdf>
7. IH Human Resource Policy (AU0800 - DRESS CODE/PERSONAL APPEARANCE) <http://inet/infoResources/policies/Documents/Dress%20Code%20Personal%20Appearance.pdf>
8. Canadian Standards Association (CSA) Standards Z8000-18 Canadian health care facilities
9. IPAC Canada Practice Recommendations, Hand Hygiene in Health Care Settings; June 2017. https://ipac-canada.org/photos/custom/Members/pdf/17JulHand%20Hygiene%20Practice%20Recommendations_final.pdf

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