

ABHR - Myths, Facts and Frequently Asked Questions

Myths and Facts:

Myth: Alcohol is absorbed into the bloodstream.

Fact: There is no absorption of alcohol into the bloodstream from using ABHR.¹

Myth: ABHR is not as good as hand washing.

Fact: ABHR use is as good as or better than hand washing with soap and water.²

Myth: Alcohol-based Hand Rub (ABHR) makes germs more resistant.

Fact: Germs do not develop resistance to alcohol. While some germs can develop ways of avoiding the effects of antibiotics and some chemicals, they cannot develop ways of avoiding the kill effect of alcohol.³

Myth: ABHR has negative long-term health effects.

Fact: There is no evidence of negative health effects from using sanitizer. Alcohol has been used as a disinfectant for centuries.

Myth: ABHR dries out hands.

Fact: Most ABHRs contain an emollient that helps maintain hand health.⁴

Myth: There are a maximum number of times you should use ABHR.

Fact: There is no maximum number of times to use ABHR; however, you should clean your hands with soap and water when they are visibly soiled.

References:

- Bessonneau, V., Clément, M., & Thomas, O. (2010). Can Intensive Use of Alcohol-Based Hand Rubs Lead to Passive Alcoholization? *International Journal of Environmental Research and Public Health*. 7(8), 3038–3050.
- Boyce, J., Kelliher, S., Vallande, N. (2000) Skin irritation and dryness associated with two hand-hygiene regimens: soap-and-water hand washing versus hand antisepsis with an alcoholic hand gel. *Infection Control Hospital Epidemiology*. 21(7): 442-8.
- Kampf, G., & Kramer, A. (2004). Epidemiologic background of hand hygiene and evaluation of the most important agents for scrubs and rubs. *Clinical Microbiology Reviews*. 17(4), 863-893.
- Kampf, G., Wigger-Alberti, W., Schoder, V., Wilhelm, K. (2005). Emollients in a propanol-based hand rub can significantly decrease irritant contact dermatitis. 53(6), 344-9.

Frequently Asked Questions:

Q: How do I use ABHR?

A: Push the pump to get the metered amount, rub over all surfaces of your hands until evaporated. No need to clean your hands after use, this is a waterless system. If your hands are visibly soiled it is recommended you wash them with soap and water.

Q: What if my hands are clean?

A: Even when our hands look clean many germs may be still present which could transmit disease or other infections. ABHR is effective against many types of viruses and bacteria, which are invisible to our eyes. To offer the best protection to everyone we recommend that you use the ABHR regularly.

Q: Will it matter if my hands are wet when I apply the ABHR?

A: Yes, having wet hands dilutes the solution thus decreasing its effectiveness. The product must be applied to dry hands.

Q: Can I bring in my own moisturising cream from home?

A: No, many hand creams inactivate the components in ABHRs. The products used in each facility should be chosen for their compatibility with the ABHR in use.

Q: Do I have to decontaminate my hands after removing gloves? I thought the gloves stopped 'bugs' getting onto my hands!

A: Yes. The use of gloves does not replace the need for hand decontamination. ABHR should be used before **and** after glove use.

Q: Should hand hygiene be performed prior to donning non-sterile gloves?

A: Yes, if your hands are dirty then the outside of the gloves you don will also be dirty. Hand hygiene should be performed regardless of the use of gloves when an indication for hand hygiene applies. Usually there will be patient contact or the start of a procedure after the donning of gloves. The fact of donning gloves by itself does not constitute an indication for hand hygiene.

Q: Can we recycle or "top up" the bottles?

A: No, because the outside of the ABHR bottles, and the pump often become contaminated, they should generally be discarded and not re-used. Attempts to recycle/re-use ABHR bottles have unfortunately proven to be cost-ineffective to date.

APPENDIX C: BC HAND HYGIENE FACT SHEET FOR HEALTHCARE SETTINGS

In healthcare settings, hand hygiene is the single most important way to prevent infections.

Hand hygiene is the responsibility of the organization and all individuals involved in healthcare. Hand hygiene is a core element of patient safety for the prevention of infections and the spread of antimicrobial resistance. There are two methods of performing hand hygiene:

1. ALCOHOL-BASED HAND RUB (ABHR)

ABHR is the preferred method for decontaminating hands. ABHR is faster and more effective than washing hands (even with an antibacterial soap) when hands are not visibly soiled:

- ABHRs provide for a rapid kill of most transient microorganisms
- ABHRs contain a variety of acceptable alcohols in concentrations from 60 to 90%; 70 to 90% is preferred for healthcare settings
- ABHRs are not to be used with water
- ABHRs contain emollients to reduce hand irritation
- ABHRs are less time-consuming than washing with soap and water
- If running water is not available, use moistened towelettes to remove the visible soil, followed by ABHR

2. HAND WASHING

Hand washing with soap and running water should be performed when hands are visibly soiled. Antimicrobial soap may be considered for use in critical care areas but is not required and not recommended in other care areas. Bar soaps are not acceptable in healthcare settings except for individual patient personal use.

WHEN TO PERFORM HAND HYGIENE

BEFORE initial patient or environment contact

- clean your hands when entering a room
- before touching patient or
- before touching any object or furniture in the patient's environment
- before donning gloves

Why? To protect the patient and their environment from harmful germs carried on your hands.

BEFORE aseptic procedure

- clean your hands immediately before any aseptic procedure.

Why? To protect the patient from harmful germs, including his/her own germs, entering his or her body.

AFTER body fluid exposure risk

- clean your hands immediately after an exposure risk to body fluids (and after glove removal).

Why? To protect yourself and the healthcare environment from harmful patient germs.

AFTER patient or environment contact

- clean your hands when leaving a room
- after touching patient or
- after touching any object or furniture in the patient's environment

Why? To protect yourself and the healthcare environment from harmful germs.

FACTORS THAT REDUCE THE EFFECTIVENESS OF HAND HYGIENE

The following factors reduce the effectiveness of hand hygiene:

- **Condition of the skin:** See Section 4, "Hand Care", for information about maintaining skin integrity.
- **Nails:** Long nails are difficult to clean, can pierce gloves and harbour more microorganisms than short nails. Nails should be kept clean and short.
- **Nail polish** should not be worn by those giving care.
- **Artificial nails or nail enhancements** are not to be worn by those giving care.
- **Jewellery:** Hand and wrist/arm jewellery hinder hand hygiene. Rings increase the number of microorganisms present on hands and increase the risk of tears in gloves. Rings and wrist jewellery, including watches, should not be worn when performing hand hygiene.
- **Products:** Products should be dispensed in a disposable pump container that is not topped-up, to prevent contamination.]