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Hand Hygiene Guideline

Purpose

To outline the required minimum Hand Hygiene procedures to be followed within Interior Health to prevent the transmission of microorganisms, reduce the incidence of Healthcare Associated Infections (HAIs), and promote the health and safety of Health Care Providers (HCPs), patients, and visitors.

To promote Hand Hygiene as a shared responsibility among organizational leaders, HCPs, patients, and visitors.

Definitions

Alcohol-Based Hand Rub (ABHR)

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 must contain 70-90% alcohol.

Hand Care Program

A hand care program for health care providers is a key component of Hand Hygiene and includes hand care assessment, health care provider education, occupational health assessment if skin integrity is an issue, provision of hand moisturizing products and provision of alcohol-based hand rub that contains an emollient.

Hand Hygiene

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.

Hand Washing

The physical removal of microorganisms from the hands using soap (plain or antimicrobial) and running water.

Health Care Providers (HCP)

Individuals providing or supporting health care services that will bring them into contact with patients/clients/residents. This includes, but is not limited to emergency service providers, physicians, dentists, chiropractors, nurses, podiatrists, respiratory therapists and other allied health professionals, students, support services (e.g., housekeeping, dietary, maintenance, hairdressers), and volunteers.

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Healthcare Associated Infections (HAIs)

Also referred to as nosocomial infections, this refers to an infection originating in a medical facility, e.g., occurring in a patient, in a hospital or other health care 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 HCP.

Healthcare Setting

Any location where healthcare is provided, including settings where emergency care is provided, hospitals, complex continuing care, rehabilitation hospitals, long term care homes, mental health facilities, outpatient clinics, community health centres and clinics, physician offices, dental offices, offices of other health professionals and home health care.

Patient

Means anyone who receives or has requested care or services from Interior Health including residents, inmates, and clients.

Point of Care

The place where three elements occur together: the client/patient/resident, the HCP and care or treatment involving client/patient/resident contact.

Routine Practices

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 health care settings.

Guiding Principles

Hand Hygiene

- Is the single most important procedure for preventing the spread of HAIs, thereby reducing patient morbidity and mortality from HAIs.
- Is a shared responsibility between HCPs, patients, and visitors, and is an organizational priority.
- At a minimum, will be performed following the [4 Moments for Hand Hygiene](#) as well as other common additional opportunities for Hand Hygiene such as:
 - On entering or exiting a unit.
 - Between each step of removing PPE.
 - Before accessing clean supplies.
 - Before accessing shared computer devices.
 - Before preparing medication.
 - After sneezing, coughing, or using a tissue.
 - Before and after eating or drinking.
 - After using the washroom.
 - Before and after changing diapers.
- Hand Hygiene observations are conducted regularly and reported according to the BC Ministry of Health directives.

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Placement of ABHR

- There is standardized ABHR placement in all healthcare settings throughout Interior Health per the CSA Z8000:24 specifications, including but not limited to:
 - At entrances to facilities and patient care areas.
 - At entrances and exits to units, patient rooms, treatment rooms, soiled utility rooms, laundry rooms, housekeeping rooms, medication rooms, clean and sterile supply rooms, tub/shower rooms and health care provider rooms.
 - At point of care, within one metre of the patient bed.
 - In dining rooms, waiting rooms, nursing stations and common areas.
 - Outside of all elevators.
 - Affixed to the mobile work carts such as vital sign carts, med carts, dressing carts, clean linen carts, housekeeping carts, maintenance cart and others.
 - In any location where PPE is donned and doffed.
- ABHR that is attached to the wall must not be installed directly over source of ignition (i.e. electrical outlets).

Hand Hygiene Sink Infrastructure

- Sinks should be in adequate numbers and accessible to facilitate health care providers, patient, and visitor Hand Washing per CSA Z8000:24 specifications.
- [Best Practices for Hand Hygiene Facilities and Infrastructure in Healthcare Settings, Facilities & Infrastructure Checklist](#) should be completed for each facility every three years. This should be done jointly between Facilities Management Operations, Capital Planning, and Infection Prevention and Control.
- Disposable paper towels must be readily available for drying hands. HCPs will inform Environmental Services workers if they see that the ABHR, soap, or paper towel is empty.
- Hand Hygiene products must be dispensed in single-use dispensers and discarded when empty; containers must not be “topped-up” or refilled - this practice is not acceptable since it can result in contamination of the container and product.
- ABHR should not be placed at, or adjacent to, Hand Washing sinks.
- Interior Health provided soap is to be used in all healthcare settings for Hand Washing with soap and water.
- Bar soaps are not recommended for use by HCPs.

Education and Training

- Interior Health must provide health care providers, including external agency workers, with Hand Hygiene education, training, competency assessments, and will inform all HCPs of the [Hand Hygiene Policy](#) at the time of hiring and during orientation.
- Requirements to complete education and training are outlined in the IH [Hand Hygiene Policy \(AH0700\)](#).
- A [Hand Hygiene Observation Feedback Tool](#) will be sent by the Infection Preventionist (IP) to the unit manager for each quarter where a unit has less than 69% compliance. The unit manager or delegate is responsible for completing and returning the tool to the IP within one month, identifying an action plan with the goal of increasing Hand Hygiene compliance rates and improving patient safety.

Accreditation Canada Required Organizational Practice

- Organizational leaders are responsible for ensuring that HCPs are in adherence to the [Hand Hygiene Policy](#) and are accountable to [improving Hand Hygiene practice](#) 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.

Hand Hygiene Methods

Hand Hygiene Using ABHR

- Hand sanitizing with an Alcohol-Based Hand Rub (ABHR) is the preferred method (when hands are not visibly soiled).

Steps for ABHR application:

1. Apply product liberally to palms of hands.
2. Spread thoroughly over hands, including backs, thumbs, and wrists.
3. Rub until dry (15 seconds).

Hand Hygiene Using Soap and Water

- Hand Washing with soap and water must be performed when hands are visibly soiled, or during Norovirus or *Clostridioides difficile* (CDI) outbreaks.
- If there is no Hand Washing sink in close proximity, clean hands with ABHR and then wash with soap and water at first opportunity.
- Use a dedicated Hand Washing sink if available. Do not perform Hand Hygiene at a patient's sink, as this may cause contamination of the HCP hands.

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Steps for Hand Washing with soap and water:

1. Wet your hands with warm running water.
2. Apply soap.
3. Lather hands for 15 seconds, including backs, thumbs, and wrists.
4. Rinse well with warm running water.
5. Pat hands dry with a paper towel.
6. Use the paper towel to turn off the tap.

Procedure

- Interior Health HCPs must perform Hand Hygiene in accordance with the [Four Moments for Hand Hygiene](#).



- Hand Hygiene must be performed:
 - BEFORE**
 1. Contact with a patient or their environment.
 2. Aseptic procedure.
 - AFTER**
 3. Body fluid exposure risk.
 4. Contact with a patient or their environment.
- The use of gloves is not a substitute for performing Hand Hygiene. Hand Hygiene must be performed prior to donning gloves and after doffing gloves.
- Hand Hygiene must be performed before donning PPE, and after doffing **each piece** of PPE.
- In emergencies when immediate Hand Hygiene is not possible, patients will be assisted and stabilized, and Hand Hygiene will be performed as soon as possible after the emergency is resolved.



- In addition to the above information, there are other situations where HCPs should perform Hand Hygiene. For example, after using the washroom, before eating, before handling food and medication, after touching contaminated items such as patient charts, cell phones, wheelchairs, etc.
- HCPs are encouraged to review the information in the [Occupational Health Hand Care Toolkit](#) to promote optimal hand skin integrity.

Hand Hygiene for Patients

- Health care providers should educate, encourage, and assist patients to perform Hand Hygiene prior to eating, when their hands are soiled, after toileting and before leaving their room or clinic area.
- ABHR must be made available for patients to use at point of care.

Operating Room

- [Surgical hand scrubs](#) are to be performed in the operative setting.

Nails, Jewelry and Clothing

- Nails must be kept clean, short, and must not show past the end of the finger.
- Nail polish, nail gel, artificial nails, and nail enhancements must not be worn by HCPs who have direct contact with patients.
- Rings and hand/wrist adornments should not be worn by those having direct contact with patients or while performing Hand Hygiene. If the healthcare setting allows HCP to wear adornments, it should be limited to a single smooth band without projections or mounted stones.
- Watches will be removed or pushed up above the wrist by HCPs who provide direct patient care before performing Hand Hygiene.
- Long sleeves must be pushed up to not interfere with Hand Hygiene.

Splints, Casts, Injuries and Skin Conditions

- HCPs wearing splints, casts or dressings on their hands or wrists shall not perform direct patient care or perform other tasks that require Hand Hygiene. The HCP must report to their manager and if required, an alternate work placement may be suggested.
- HCPs that are unable to perform effective Hand Hygiene due to skin conditions must report to their manager and review Interior Health's [Occupational Health Hand Care Toolkit](#) for further instruction.

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	December 2012, November 2016, July 2023		
	January 10, 2025	Purpose	Expanded definition.
		Definitions	Included in doc, removed Appendix A.
		Education & Training	Added new ROP language. Removed detailed education requirements as in HH policy.
		Methods	Updated indications for use of soap and water.

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