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**IF0200: Hand Hygiene Guidelines**

**EFFECTIVE DATE:** September 2006

**REVISED DATE:** December 2012, November 2016

**REVIEWED DATE:** Sept 2014 July 2015

**1.0 PURPOSE**

Hand hygiene (hand cleaning) is the single most important procedure for preventing the spread of healthcare associated infections.

**2.0 DEFINITIONS**

See the glossary in [Appendix A](#) for hand hygiene definitions.

**3.0 GUIDING PRINCIPLES**

**3.1** Hand hygiene is known to reduce patient morbidity and mortality from healthcare associated infections. It causes a significant decrease in the carriage of potential pathogens on the hands.

***Hand hygiene is the responsibility of ALL individuals involved in health care.***

**3.2** Hand sanitizing with an alcohol-based hand rub (ABHR) is the preferred method (when hands are not visibly soiled) for cleaning hands.

**3.3** There is standardized ABHR product placement in acute, residential and community areas throughout IH :

- At entrances to facilities
- In waiting rooms
- At entrances to units
- In dining rooms
- At entrance to each patient room
- At entrance to soiled utility rooms, medication rooms, clean supply rooms
- At point-of-care, within 3 feet of the patient bed, unless there are safety concerns (e.g. psychiatry, residential)
- Affixed to the mobile work carts such as vital sign carts, med carts, dressing carts, clean linen carts, housekeeping carts, and others
- ABHR that is attached to the wall must not be installed directly over a source of ignition (i.e. electrical outlets). The risk of fire related to the use of ABHR is very small
- Entrance to clean and soiled service rooms
- In any location where personal protective equipment is donned or doffed

### 3.4 Hand hygiene infrastructure

- Sinks should be in adequate numbers and accessible to facilitate staff, patient and visitor hand washing (CSA Z8000)
- [Best Practices for Hand Hygiene facilities and Infrastructure in Healthcare Settings Checklist for all new projects and renovations](#) – this checklist should be completed for each facility every three years. This should be done jointly between plant services, capital planning and infection prevention and control
- Bar soaps are not recommended for use by healthcare providers
- Disposable paper towels are readily available for drying hands
- Healthcare workers will inform housekeeping if they see that the ABHR 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’s should not be placed at, or adjacent to, hand washing sinks
- Place ABHR according to CSA Z8000 specifications
- Plain soap is used in all care settings for routine hand washing

3.5 The use of gloves is not a substitute for performing hand hygiene. Hand hygiene must be performed **before** putting on gloves **and after** removing gloves.

3.6 When *Clostridium difficile* infection is suspected or diagnosed:

- Wash hands with soap and water (preferred)
- If no sink is in close proximity, clean hands with alcohol hand rub and wash with soap and water at first opportunity
- Do not perform hand hygiene at a patient sink, as this may cause recontamination of the health care provider’s hands. Use a dedicated staff hand washing sink

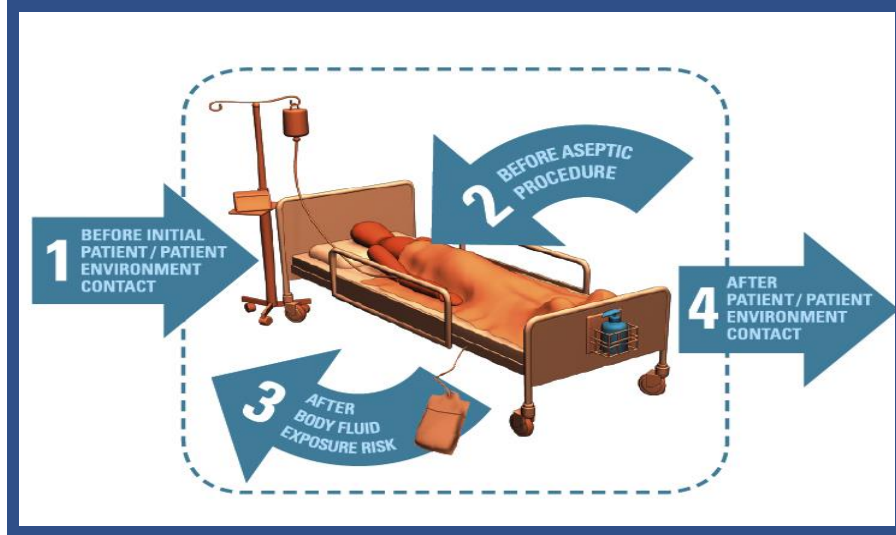
3.7 The fingernails are the area of greatest contamination. Short nails are easier to clean and are less likely to tear gloves. Artificial nails and nail enhancements have been implicated in the transfer of microorganisms.

- The areas of the hands that are often missed when performing hand hygiene are the wrist creases, thumbs, fingertips, under the fingernails and under jewelry.
- Dry or damaged skin conditions of the hands show a higher bacterial load, which is more difficult to remove than with healthy, intact skin.

3.8 Compatibility between lotions and hand hygiene products, and lotion’s potential effect on glove integrity should be considered (i.e. lotions should not be petroleum based).

## 4.0 PROCEDURE

### 4.1 4 Moments for Hand Hygiene



Reference: Government of Ontario (2006)

#### THE 4 MOMENTS FOR HAND HYGIENE IN HEALTHCARE:

1. BEFORE initial patient/patient environment contact
2. BEFORE aseptic procedure
3. AFTER body fluid exposure risk
4. AFTER patient/patient environment contact

### 4.2 Additional Moments for Hand Hygiene

- Before initial contact with a patient or items in their environment; this should be done on entry to the room or bed space, even if the patient has not been touched.
- Before putting on gloves.
- Before preparing, handling or serving food or medications to a patient.
- After care involving contact with blood, body fluids, secretions and excretions of a patient, even if gloves are worn.
- Immediately after removing gloves and before moving to another activity.
- When moving from a contaminated body site to a clean body site during healthcare activities.
- After contact with a patient or items in their immediate surroundings when leaving the area, even if the patient has not been touched.
- After using the toilet or after toileting others.
- After changing an incontinence product or a child's diaper.
- Prior to using computers and other electronic devices.
- And... whenever in doubt.

#### 4.3 Hand Hygiene Using Alcohol Based Hand Rub (ABHR)

- Use routinely when hands are not visibly soiled.
- Three steps for hand rub:
  1. Apply product liberally to palms of hands.
  2. Spread thoroughly over hands.
  3. Rub until dry.

#### 4.4 Hand Hygiene Using Soap and Water

- Use when hands are visibly soiled.
- Steps for hand washing with soap and water:
  1. Wet your hands with warm running water.
  2. Apply soap.
  3. Lather for 15 seconds.
  4. Rinse well with warm running water.
  5. Pat hands dry with a paper towel.
  6. Use the paper towel to turn off the taps.
- If hands are visibly soiled and running water is not available, perform hand hygiene using ABHR then immediately find a sink to wash with soap and water.

#### 4.5 Hand Hygiene for Patients

- Staff should 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 is available for patients to use at point of care.
- It is okay for patients to ask their healthcare providers if they have performed hand hygiene prior to providing direct care.

#### 4.6 Surgical hand scrubs are performed in the operative setting

<http://inet.interiorhealth.ca/infoResources/clinresources/Documents/Surgical%20Scrub.pdf>

#### 4.7 Hand Care

- Hand care for staff is a key component of improving effective and safe hand hygiene practices.
- Provide staff education on the benefits of using ABHRs and appropriate hand hygiene technique.
- Provide staff with appropriate hand moisturizing skin care products.
- To prevent skin damage from frequent hand hygiene, staff to moisturize hands regularly by applying hand lotion from a pump dispenser
- If you have an existing skin condition and /or suspected new skin condition that is interfering with performing hand hygiene look for hand care information on the InsideNet under Employee Health & Safety

#### 4.8 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 should not interfere with, or become wet when performing hand hygiene. If long sleeves are worn, push sleeves back prior to doing hand hygiene.

#### 4.9 Other Impediments to Effective Hand Hygiene

- Upper extremity support devices such as casts and splints, or complex bandages on hands and forearms of healthcare workers may impede effective hand hygiene.
- Staff that are unable to perform effective hand hygiene as per the 4 moments of hand hygiene must report to their manager immediately – consultation with Workplace Health and Safety may be necessary.

#### 4.10 Education

- IH will 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 ([AH0700 Hand Hygiene Administrative Policy](#)).
- The requirements to complete education/training are as follows:

**Physicians** – Yearly at the time of credentialing, physicians will complete the [I-Learn](#) education module (course ID: module: 855, quiz: 856).

1. 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)
2. New Hires – At the time of their orientation.
3. Students – At the time of their orientation.

- Provide education for patients, families and visitors including instructions regarding when and how to perform hand hygiene – use information brochures, posters.
- The hand hygiene pamphlet for patients, visitors, and families shall be at the bedside for each new admission.
- Routinely monitor healthcare provider hand hygiene compliance and provide timely feedback for each quarter that a unit has less than 69% compliance using an action plan with the goal of improving patient safety by increasing hand hygiene compliance rates.

## 5.0 REFERENCES

- 5.1 [AH0700 – Interior Health Administrative Hand Hygiene Policy](#).
- 5.2 **Best Practices for Hand Hygiene In All Healthcare Settings and Programs**. British Columbia Ministry of Health; July 2012.
- 5.3 **Best Practices for Hand Hygiene In all Healthcare Settings – 4<sup>th</sup> Edition**. Provincial Infectious Diseases Advisory Committee (PIDAC), Ontario;(2010).  
<http://www.publichealthontario.ca/en/eRepository/2010-12%20BP%20Hand%20Hygiene.pdf>
- 5.4 **APIC Text** 2009.
- 5.5 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](http://whqlibdoc.who.int/publications/2009/9789241597906_eng.pdf)
- 5.6 Strategies to Prevent Clostridium difficile Infections in Acute Care Hospitals: 2014 Update  
Source: Infection Control and Hospital Epidemiology, Vol. 35, No. 6 (June 2014), pp. 628-645

## APPENDIX A

### Glossary

**Alcohol-based Hand Rub (ABHR)** – can be a liquid, gel, or foam formulation. ABHR's are 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 must contain between 70 - 90% alcohol. Can be used as a surgical scrub.

**Contamination:** The presence of an infectious agent on hands or on a surface, such as clothing, gowns, gloves, bedding, toys, surgical instruments, patient care equipment, dressings or other inanimate objects.

**Direct Care:** Provision of hands-on care (e.g. bathing, washing, turning patient, changing clothes, continence care, dressing changes, care of open wounds/lesions, toileting).

**Environment of the Patient:** The immediate space around a patient that may be touched by the patient and may also be touched by the healthcare provider when providing care. For example:

- In a single room, the patient environment is the room
- In a multi-bed room, the patient environment is the area inside the individual's curtain and including the curtain
- In an ambulatory setting, the patient environment is the area that may come into contact with the patient within their cubicle
- In a nursery/neonatal setting, the patient environment includes the inside of the bassinette or isolette, as well as the equipment outside the bassinette or isolette used for that infant (e.g. ventilator, monitor)

**Hand Care:** Actions and products that reduce the risk of skin irritation. A hand care program for staff is a key component of hand hygiene and includes hand care assessment, staff education and an occupational health assessment.

**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 for patient care may be accomplished using an alcohol-based hand rub or soap and running water. Hand hygiene includes surgical hand preparation.

**Hand Hygiene Moment** - points to a patient care activity during which hand hygiene is essential because the risk of transmission of microorganisms is greatest. There may be several hand hygiene moments in a single care sequence or activity.

**Hand Washing:** The physical removal of microorganisms from the hands using soap and running water.

**Healthcare Provider (HCP):** Any person working in the healthcare system. This includes, but is not limited to, the following: emergency service workers, physicians, dentists, nurses, respiratory therapists and other health professionals, personal support workers, clinical instructors, students, environmental and food services, facility maintenance, contracted providers and home healthcare workers. In some settings, volunteers might provide care and would be included as a healthcare provider.

**Nail Enhancement:** Nail enhancements refer to artificial nails, resin wraps, tips, acrylics, gems, sticker, piercings or gels.

**Occupational Health and Safety (OHS)/Workplace Health:** Preventive and therapeutic health services in the workplace provided by trained occupational health professionals, e.g. nurses, hygienists, and physicians.

**Patient:** The term 'patient' in this document refers to any patient, clients and residents receiving care within a healthcare setting.

**Plain Soap:** Detergents that do not contain antimicrobial agents or that contain very low concentrations of antimicrobial agents that are present only as preservatives.

**Point-of-Care:** The place where three elements occur together: the patient, the healthcare provider and care or treatment involving patient contact. Point-of-care products should be accessible to the healthcare provider, within arm's reach, without the provider leaving the zone of care.

**Surgical hand preparation:** The preparation of hands for surgery, using either antimicrobial soap and water or an alcohol-based hand rub, preferably one with sustained antimicrobial activity.

**Visibly Soiled Hands:** hands on which dirt or body fluids can be seen.