

Section 2: **Hand Hygiene**

Policy number: **2.1**

Subject: **Hand Hygiene**

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Revised:

1 POLICY

- 1.1 Hand hygiene is the single most effective infection prevention and control measure to prevent the transmission and spread of microorganisms leading to infections.
- 1.2 Hand hygiene is the responsibility of the organization and all individuals involved in health care. All health care providers and support staff must comply with best practices for hand hygiene in accordance with the current *PIDAC Best Practices for Hand Hygiene in All Health Care Settings* document.

2 PROCEDURE

- 2.1 There are two methods of performing hand hygiene: (Refer to Appendix 4: Fact Sheet Hand Hygiene for Health Care Settings)
 - 2.1.1 Alcohol-Based Hand Rub (ABHR)
 - 2.1.2 Hand Washing
- 2.2 Alcohol Hand Based Rub (ABHR) is the preferred method for decontaminating hands. ABHR is faster and more effective than washing hands when hands are **not visibly soiled** and is less irritating than washing hands.

NOTE: Non-alcohol-based waterless antiseptic agents are not recommended for hand hygiene in health care settings and should not be used.

- 2.2.1 ABHRs provide for a rapid kill of most transient microorganisms
 - 2.2.1.1 ABHR is available in concentrations from 60 to 90%; however a 70 to 90% concentration is to be used in all FNIHB health care settings
 - 2.2.1.2 ABHRs are not to be used with water as water dilutes alcohol and decreases effectiveness
 - 2.2.1.3 ABHRs contain emollients to reduce hand irritation
 - 2.2.1.4 ABHRs are less time-consuming than washing with soap and water
 - 2.2.1.5 ABHR should not be used immediately after hand washing with soap and water as it results in an increased risk of irritation of the hands (Refer to Policy 4.2 Hand Protection Program)

- 2.2.1.6 ABHRs must have a Drug Identification Number (DIN) or a Natural Product Number (NPN) from Health Canada
 - 2.2.1.7 ABHR must be available at point-of-care, (i.e. the place where three elements occur together: the client, the health care provider, and care or treatment involving client) and entrances to each health care setting. They should not be placed adjacent to hand washing sinks, nor installed over ignition sources or carpet. (Refer to Policy 4.3 Placement of Hand Hygiene Products for further information)
- 2.3 Hand washing with soap and water must be performed when hands are visibly soiled.
- 2.3.1 Antimicrobial soap is not required and is not recommended in areas outside of critical care
 - 2.3.2 Bar soaps are not acceptable in health care settings as they harbour bacteria that may be spread to subsequent users.
- 2.4 Indications for Hand Hygiene:
- 2.4.1 A hand hygiene indication points to the reason hand hygiene is necessary at a given moment. There are four basic indications for performing hand hygiene. These are referred to as “Your 4 Moments For Hand Hygiene.” (Refer to Appendix 5)
 - 2.4.1.1 BEFORE initial client/client environment contact
 - 2.4.1.2 BEFORE aseptic procedure
 - 2.4.1.3 AFTER body fluid exposure risk
 - 2.4.1.4 AFTER client/client environment contact
- 2.5 Common Indications for Hand Hygiene Based on the 4 Moments:
- 2.5.1 When hands are visibly soiled
 - 2.5.2 Before putting on and after removing gloves. Gloves are not a substitute for hand hygiene
 - 2.5.3 After removing other personal protective equipment
 - 2.5.4 Before and after using the toilet
 - 2.5.5 After performing personal functions such as sneezing, coughing or using a tissue to wipe the nose
 - 2.5.6 Before and after preparing, handling, serving or eating food
 - 2.5.7 When hands accidentally come into contact with secretions, excretions, blood and body fluids (hands must be washed with soap and running water)
 - 2.5.8 Whenever there is a doubt about the necessity of performing hand hygiene

2.6 Factors Influencing Hand Hygiene:

- 2.6.1 **Condition of the skin:** Intact skin vs. presence of dermatitis, cracks, cuts or abrasions is the body's first line of defence against bacteria. ABHRs are less irritating to skin than soap and water.
- 2.6.2 **Nails:** Keep natural nails clean and short. The nail should not show past the end of the finger. Long nails are difficult to clean, can pierce gloves and harbour more microorganisms than short nails.
- 2.6.3 **Artificial nails or nail enhancements** (such as gel nails and nail wraps i.e., adhesive decorative plastic or vinyl attached to nails): Are not to be worn by those giving care or preparing food as they have been implicated in the transfer of microorganisms
- 2.6.4 **Nail polish:** Only nail polish that is fresh and free of cracks or chips is acceptable.
- 2.6.5 **Products:** Products must be dispensed in a disposable pump container that is not topped-up, to prevent contamination. Wall mounted dispensers must be filled with disposable soap, hand cream, or ABHR refill bags.
- 2.6.6 **Jewellery:**
 - 2.6.6.1 Hand and arm jewellery hinder hand hygiene
 - 2.6.6.2 Arm jewellery, including watches, should be removed or pushed up above the wrist before performing hand hygiene. After performing hand hygiene, a watch, if worn, should not be manipulated or touched.
 - 2.6.6.3 Rings increase the number of microorganisms present on hands, are a barrier to completely cleaning all surfaces of the hands, and increase the risk of tears in gloves

2.7 Techniques For Performing Hand Hygiene:

- 2.7.1 **Technique for Using ABHR:** (Refer to Appendix 6: How to Handrub)
 - 2.7.1.1 Ensure hands are visibly clean (if soiled, follow hand washing steps) and dry.
 - 2.7.1.2 Apply 1 to 2 full pumps of product onto one palm; the volume should be such that 15 seconds of rubbing is required for drying.
 - 2.7.1.3 Spread product over all surfaces of hands, concentrating on finger tips, between fingers, back of hands, and base of thumbs; these are the most commonly missed areas.
 - 2.7.1.4 Continue rubbing hands until product is dry. This will take a minimum of 15 seconds if sufficient product is used.

NOTE: Hands must be fully dry before touching the client or the care environment for the ABHR to be effective and to eliminate the extremely rare risk of flammability in the presence of an oxygen-enriched environment.

2.7.2 **Technique for Hand Washing:** (Refer to Appendix 7: How to Handwash)

- 2.7.2.1 Wet hands with warm (not hot or cold) water; hot or cold water is hard on the hands, and will lead to dryness.
- 2.7.2.2 Apply liquid or foam soap.
- 2.7.2.3 Vigorously lather all surfaces of hands for a minimum of 15 seconds. Removal of transient or acquired bacteria requires a minimum of 15 seconds of mechanical action. Pay particular attention to finger tips, between fingers, backs of hands and base of the thumbs; these are the most commonly missed areas.
- 2.7.2.4 Using a rubbing motion, thoroughly rinse soap from hands; residual soap can lead to dryness and cracking of skin.
- 2.7.2.5 Dry hands thoroughly by blotting hands gently with a paper towel; rubbing vigorously with paper towels can damage skin.
- 2.7.2.6 Turn off taps with paper towel, to avoid recontamination of the hands.
- 2.7.2.7 DO NOT use ABHR immediately after washing hands, as skin irritation will be increased.

NOTE: If visible soil is present and running water is not immediately available (e.g. prehospital care, home care), use moistened towelettes to remove the visible soil, followed by ABHR.

2.8 Hand Hygiene Compliance:

- 2.8.1 Ongoing monitoring and observation of hand hygiene practices must be carried out in each health care facility on an annual basis to ensure that all health care providers and support staff are meeting best practices.
- 2.8.2 Supervisors must ensure staff have an annual review of the FNIHB policies and procedures on hand hygiene as well as an assessment of the staff member's hands (Refer to Policy 2.2: Hand Care Protection Program).
- 2.8.3 Following the policy review, the supervisor or delegated staff member will observe staff performing hand hygiene and provide feedback on technique.
- 2.8.4 All staff will annually complete a self-assessment of their hand hygiene knowledge and practice. (Refer to Appendix 8: Hand Hygiene Self Assessment Tool).

3 APPENDICES

Appendix 4: Public Health Ontario. PIDAC Hand Hygiene Fact Sheet

http://www.publichealthontario.ca/en/eRepository/PIDAC_Hand_Hygiene_Fact_Sheet_2013.pdf

Appendix 5: Public Health Ontario. 4 Moments of Hand Hygiene.

<http://www.publichealthontario.ca/en/eRepository/4-moments-for-hand-hygiene-poster.pdf>

Appendix 6: Public Health Ontario: How to Hand Rub.

<http://www.publichealthontario.ca/en/eRepository/how-to-handrub.pdf>

Appendix 7: Public Health Ontario. How to Hand Wash.

<http://www.publichealthontario.ca/en/eRepository/how-to-handwash.pdf>

Appendix 8: Health Canada Hand Hygiene Self Assessment Tool

4 REFERENCES

Public Health Ontario. (2014). Best Practices for Hand Hygiene in all Health Care Settings, 4th edition. Retrieved from <http://www.publichealthontario.ca/en/eRepository/2010-12%20BP%20Hand%20Hygiene.pdf>

Public Health Ontario. (2011). Just Clean Your Hands. Retrieved from

<http://www.publichealthontario.ca/en/BrowseByTopic/InfectiousDiseases/JustCleanYourHands/Pages/Just-Clean-Your-Hands.aspx>

Public Health Ontario. (2012). Hand Hygiene Fact Sheet for Health Care Settings. Retrieved from:

http://www.publichealthontario.ca/en/eRepository/PIDAC_Hand_Hygiene_Fact_Sheet_2013.pdf