

Section 2: **Hand Hygiene**

Policy number: **2.2**

Subject: **Hand Care Protection Program**

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Distribution: **All FNIHB Staff**

Revised:

1 PURPOSE

- 1.1 A proactive hand care protection program for staff is a key component of improving effective and safe hand hygiene practices to protect the staff member and the client from infections.
- 1.2 Skin conditions, such as hand eczema or psoriasis in health care providers, can lead to decreased work productivity, increased sick leave and increases in health care costs.
- 1.3 Improved adherence to hand hygiene has been shown to terminate outbreaks, reduce the transmission of antimicrobial-resistant organisms and reduce overall infection rates.
- 1.4 Frequent and repeated use of hand hygiene products, particularly soaps and other detergents, is a primary cause of chronic irritant contact dermatitis among health care workers.

2 POLICY

- 2.1 The organization will ensure an assessment of the staff member's hands using the Assessment Tool for Health Care Provider Hands.
- 2.2 Staff should strive to maintain hand skin integrity to enable effective hand hygiene.

3 PROCEDURE

- 3.1 At the time of IPAC orientation for new hires, the hiring manager/coordinator will perform an assessment of the staff member's hands using the Assessment Tool for Health Care Provider Hands. (Refer to Appendix 9: Assessment Tool for Health Care Provider Hands)
- 3.2 For current staff, the process should take place at the time of the annual review of hand hygiene practices. (Refer to Policy 2.1: Hand Hygiene)
- 3.3 As part of the assessment, verify that the staff member is using correct hand hygiene technique and is aware of how to protect skin integrity. (Refer to Appendix 4: Hand Hygiene Fact Sheet)
- 3.4 Educate staff regarding wearing protective gloves correctly to decrease irritation from the gloves.
- 3.5 At the first sign of any irritation, the staff should be encouraged to report to their manager, and have their hands assessed.
- 3.6 Encourage staff to practice good hand care while outside of the work place as hand protection care is a 24 hour/7 day commitment. Some practices include:

- 3.6.1 Protect hands from chemical and extreme weather conditions
 - 3.6.2 Continue hand protection for all cooking, cleaning, bathing and child care duties
 - 3.6.3 Avoid chemicals on skin that may cause reactions e.g. nickel found in jewellery
 - 3.6.4 Use protective gloves when indicated and use moisturizers frequently
- 3.7 Product Selection:
- 3.7.1 Provide a 70-90% alcohol-based hand rub (ABHR) at point of care as one of the primary products to be used for hands that are not visibly soiled. Where a staff has sensitivity to a product, every effort will be made to find an alternate product or formulation.
 - 3.7.2 Educate staff on the benefits of using ABHR over washing with soap and water as well as appropriate hand hygiene techniques to minimize damage to hands. ABHR is more effective and better tolerated than soap and water. ABHR significantly reduce the number of microorganisms on skin, are fast acting and cause less skin irritation. Select alcohol-based hand rub with emollients.
 - 3.7.3 Staff will be provided with hand moisturizing skin-care products and instructions on their use in efforts to minimize the occurrence of irritant contact dermatitis associated with hand hygiene.
 - 3.7.4 Hand hygiene products chosen for use by staff must not interfere with glove integrity or other hand hygiene products.
 - 3.7.5 Moisturizing products are to be provided by the facility and not brought from home. (Products from home may not be dispensed safely, compatible with gloves or hand hygiene products.)
 - 3.7.6 Where possible, staff should be encouraged to provide input into product selection to maximize acceptance of products,. This may not be feasible in all health facilities.
 - 3.7.7 When selecting non-antimicrobial soaps, antimicrobial soaps or alcohol-based hand rubs, solicit information from manufacturers regarding any known interactions between products used to clean hands, skin care products, and the types of gloves used in the facility.
 - 3.7.8 All hand hygiene products should be purchased and dispensed in disposable closed system containers, which are tamper proof and do not allow for refilling or back-flow. The practice of “topping up” dispensers can lead to bacterial contamination of soap.
 - 3.7.9 Select paper towels that are non-irritating.
 - 3.7.10 Select gloves that are non-irritating without powder. To reduce skin irritation from gloves:
 - 3.7.10.1 Protective gloves should be used when necessary, but for as short a time as possible

- 3.7.10.2 Keep gloves touch specific (e.g. change them after each task)
- 3.7.10.3 Protective gloves should be intact and clean and dry inside
- 3.7.10.4 Hands must be clean and dry when donning gloves

4 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 9: Public Health Ontario. Just Clean Your Hands Program. Assessment Tool for Health Care Provider Hands Just Clean Your Hands Program.

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

5 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>

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