



POLICY/PROCEDURE

Category:	Infection Control	PAGE NUMBER:	1 of 5
Subject:	Hand Hygiene	DISTRIBUTION:	Hospital Wide Manuals
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Hand hygiene is the cornerstone of infection prevention. Hand hygiene decreases the number of disease carrying organisms on the surface of the skin and can be achieved by either traditional handwashing or by using an alcohol-based hand rub (ABHR) on the hands.

SPECIAL POINTS:

- This policy applies to all employees, locums, independent contractors, non-clinical staff, students, volunteers and other persons involved with Stanton Territorial Health Authority (STHA).
- All STHA staff that provide direct patient care or have the potential to have exposure to blood or body fluids are required to complete the Infection Control Self-directed Learning Module during orientation or shortly thereafter.
- ABHR is the preferred method for decontaminating hands that are not visibly soiled. The alcohol concentration provides a rapid kill of most transient organisms, is less time consuming, and is more portable compared to soap and water
- Hand hygiene must be performed with soap and water when hands are visibly soiled and /or exposure to diarrhea or *C. difficile* is inevitable. ABHR does not kill the spores in *C. difficile*
- Rings are not permitted for healthcare workers providing direct patient care with the exception of a plain band, one per hand at the most (STHA Dress Code Policy, 2011).
- Artificial or painted nails are not permitted for healthcare workers providing direct patient care, as this provides a portal for microorganisms to harbor and grow (CDC, 2002, STHA Dress Code Policy, 2011).
- Natural nail tips should be less than ¼-inch long (CDC, 2002).
- Gloves do not replace hand hygiene. Perform hand hygiene after removing gloves (CDC, 2002).

**STANTON TERRITORIAL HEALTH AUTHORITY
POLICY DOCUMENT**

Infection Control: Hand Hygiene

I-0691

DEFINITIONS:

Alcohol-based Hand Rub (ABHR) – A liquid, gel, or foam formulation of alcohol (e.g. 60-95% ethanol, isopropanol), which is used to reduce the number of microorganisms on hands in clinical situations when the hands are not visibly soiled.

Antimicrobial Soap – Soap containing an antiseptic agent.

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

Point-of-Care- the place where three elements occur together: the client/patient/resident, the health care provider, and care or treatment involving client/patient/resident contact. The concept refers to a hand hygiene product, which is easily accessible to staff by being as close as possible, i.e. within arm's reach, to where client/patient/resident contact is taking place.

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

PROCEDURE

Technique for performing hand hygiene with an **alcohol-based hand rub**:

- Apply a palmful of the alcohol-based foam hand rub in a cupped hand (or a quarter size amount if using a gel or liquid form)
- Rub hands palm to palm, interlacing fingers, backs of fingers, thumbs, and sides of hands to ensure all surfaces are covered
- Allow hands to thoroughly dry
- The procedure lasts 20-30 seconds.

Technique for performing hand hygiene with **soap and water**:

- Wet hands with warm water
- Apply enough soap to cover all hand surfaces
- Rub hands palm to palm, interlacing fingers, backs of finger, thumbs and sides of hands to ensure all surfaces are covered
- Rinse hands with warm water
- Dry hands thoroughly using a single use towel, leave the water running
- Use towel to turn off faucet

**STANTON TERRITORIAL HEALTH AUTHORITY
POLICY DOCUMENT**

Infection Control: Hand Hygiene

I-0691

- Discard towel
- The procedure lasts 40-60 seconds.

Hand-Moisturizing Cream:

- Prudent use of hand-moisturizing cream helps protect skin integrity and reduce damage caused by regular hand hygiene
- Hand-moisturizing cream **MUST NOT** be used before providing patient care, as microorganisms will readily adhere to the cream
- Do not use hand-moisturizing cream then put on gloves; the warmth and wetness provides a breeding ground for microorganisms.

Maintenance of Hand Hygiene Dispensing Containers:

- Housekeeping will replace empty hand soap or alcohol based hand rub containers as per manufacturers instructions
- Housekeeping will lock the dispensing containers as per the manufacturers instructions
- Any damage or malfunction with a hand hygiene dispenser, soap or alcohol, is to be reported to the Manager of Housekeeping then the Manger of Materials Management.

The Four Moments for Hand Hygiene:

1. BEFORE PATIENT CONTACT

When Approaching, clean your hands before touching:

- A patient
- Any equipment, furniture or surface in their bed space

Why To protect the patient against harmful germs carried on your hands. For example:

- Before courtesy / comfort gestures: greeting a patient by shaking their hand or comforting them by touching their arm or shoulder
- Before direct patient assistance with: dressing or undressing, personal hygiene, skin care, transfer to - or from - a chair or commode
- Before clinical examination: taking a patient's pulse or blood pressure, chest auscultation, abdominal palpation
- Before IV pump adjustment, silencing monitoring alarms, replenishing supplies, sitting at bedside.

**STANTON TERRITORIAL HEALTH AUTHORITY
POLICY DOCUMENT**

Infection Control: Hand Hygiene

I-0691

2. BEFORE AN ASEPTIC TASK

When Clean your hands immediately before any aseptic task (and before donning gloves)

Why To protect the patient against harmful germs, including the patient's own germs, entering his or her body. For example:

- Before contact with mucous membranes: oral/dental care, giving eye drops, suctioning respiratory secretion
- Before contact with non-intact skin: skin lesions, wound care, any type of injection
- Before contact with medical devices: catheter insertion, opening a vascular access system or drainage system
- Before preparation of: medications, dressing sets, and enteral feeds.

3. AFTER BODY FLUID EXPOSURE RISK

When Clean your hands immediately after an exposure risk to body fluids (and after glove removal)

Why To protect yourself and the health-care environment from harmful patient germs. For example:

- After contact with mucous membranes and with non-intact skin: as detailed above in - BEFORE AN ASEPTIC TASK
- After contact with medical devices or clinical samples: drawing and manipulating any fluid sample, opening a drainage system, endotracheal tube insertion and removal
- After the cleaning up of: urine, faeces, vomit or other body fluids
- After handling: waste (bandages, sanitary napkins, incontinence pads), or cleaning of contaminated and visibly-soiled areas or equipment (commodes, bedpans and urinals, K-basins, medical instruments, patient 's bed, chair, over-bed or bedside table).

4. AFTER PATIENT CONTACT

When leaving – clean your hands after touching

- A patient
- Any equipment, furniture or surface in their bed space

**STANTON TERRITORIAL HEALTH AUTHORITY
POLICY DOCUMENT**

Infection Control: Hand Hygiene

I-0691

Why To protect yourself and the health-care environment from harmful patient germs. For example:

- After courtesy and comfort gestures: touching or holding a patient's hand
 - After directly assisting with: personal hygiene, ambulation or repositioning, transferring to - or from - a stretcher or wheelchair
 - After clinical assessment: examining limbs or dressing sites, adjusting bed cloths and patient garments to assess signs & symptoms
 - After contact with a bed rail, changing bed linen, touching or moving patient care equipment / furniture, sitting in the bed space
- Adapted from WHO "Your 5 Moments for Hand Hygiene" 2006

REFERENCES

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Reviewed and approved by:


Chief Executive Officer (signed and date)

Reviewed and approved by:


Chairperson of CPAC (signed and date)