



Title: Hand Hygiene Program	Domain Name: Infection Control
Current Effective Date: Date: July/12/17	Next Review Date: Date: July/12/20
Issuing Authority: Sue Cullen, CEO	Date Approved: Date: July/12/17
  Accreditation Canada Infection Prevention and Control 8.0	

POLICY AND GUIDING PRINCIPLE:

Hand Hygiene must be performed by all NTHSSA staff, physicians, students, volunteers and contract workers in accordance with the guidelines outlined within this administrative directive.

All NTHSSA staff will complete Hand Hygiene Education during general orientation and again annually as part of required competency training.

All non-clinical staff will complete the one minute "Hand Washing Basics" video available at:

<https://www.youtube.com/watch?v=XhtGcsSM0IA>

All clinical staff will complete the "STOP! Clean Your Hands" on-line self-study module at:

<http://ipac.discoverycampus.com/en/index.html>

This link works best when opened in Google Chrome, not Internet Explorer.

If your region is not available to be selected in the drop down box, please click in the box and manually type it in.

In lieu of the video or self-study module staff can alternatively attend telehealth or hand hygiene presentation approved by the infection prevention and control coordinator or quality risk manager.

It is recommended that all NTHSSA staff review hand washing as part of staff meetings, at least once per year:

PURPOSE/RATIONALE:

The purpose of this policy is to communicate the importance of hand hygiene to all NTHSSA employees, physicians, volunteers, students and contract workers. Northwest Territories Health and Social Services Authority (NTHSSA) is committed to providing safe care to its clients and protecting

employees, physicians, volunteers, students and contract workers from occupational infections. Effective hand hygiene is the single most important practice in preventing the transmission of microorganisms.

SCOPE/APPLICABILITY:

This policy applies to all NTHSSA employees, physicians, volunteers, students and contract workers.

DEFINITIONS:

Alcohol-Based Hand Rub (ABHR): Alcohol based product that is applied to all surfaces of the hand to reduce the number of microorganisms present. Antiseptic hand rubs are the preferred method for performing hand hygiene if hands are not grossly contaminated.

Direct client contact: Actual physical contact with a client that may occur while providing services. This is not limited to physical examination but may include such things as handshakes, carrying infants or children or interviewing clients in closed rooms.

Grossly contaminated: Hands should be considered grossly contaminated when they are visibly soiled, after using the toilet, after contact with chemicals and prior to handling food.

Hand hygiene: A general term that refers to any action of hand cleaning, including hand washing with plain soap, application of alcohol based hand-rub, or surgical hand antisepsis.

Non-clinical staff: Are staff who do not have direct client contact and work mainly in office settings. Hand Hygiene remains important for this group in preventing and controlling the spread of many community acquired infections.

Clinical staff: Are staff who have direct interaction with clients, which may or may not include a direct physical examination.

The type of training for staff who provides support to clinical areas will be determined by the program area manager(s).

PROCEDURE:

Non-clinical staff: At a minimum, it is expected that hand hygiene be performed:

1. When hands are visibly soiled
2. After handshaking any client or other staff
3. After coughing, sneezing or using the restroom
4. Before preparing, handling or serving food at staff or client functions

Clinical staff: When dealing with clients it is expected at a minimum that hand hygiene be performed at each of the **4 Essential Moments for Hand Hygiene** as outlined in the NWT Infection Prevention and Control manual:

1. Before client contact	To protect your client from harmful germs carried on your hands
2. Before aseptic procedures	To protect the client from harmful germs including the client's own germs
3. After body fluid exposure risk	To protect yourself from the client's harmful germs.
4. After client contact	To protect yourself and the service environment from harmful client germs.

Other indications for Hand Hygiene for clinical staff working with a client include:

- Immediately after removing gloves and before moving on to another activity;
- When moving from a contaminated body site to a clean body site during care;
- Whenever in doubt.

To improve the effectiveness of hand hygiene techniques, reduce opportunities for the pathogens to harbour on the skin, all NTHSSA staff providing direct client care are expected to comply with the following:

Hand Hygiene Program
V2017.002

- Artificial/gel nails are a risk factor for persistent pathogen carriage and are not permitted.
- Nail polish, if worn, must be fresh and free of cracks or chips.
- Wear only plain ring bands without stones.
- Hand and arm jewellery, including watches, must be removed or pushed up above the wrist.
- Employees who have casts, dressings or splints must consult with their program supervisor as these can interfere with hand hygiene.

Hand Hygiene with Alcohol Based Hand Rub is the preferred choice for Hand Hygiene when hands are not visibly soiled. If hands are soiled and running water is not available, moistened towelettes followed by Alcohol based hand rub may be used.

Hand Hygiene	Usage	Technique	Considerations
<p>Alcohol-Based Hand Rub (ABHR)</p>	<ul style="list-style-type: none"> • Alcohol is ineffective if hands are visibly soiled • Faster and more effective than hand washing when hands are not visibly soiled • Mechanical action of rubbing is important to kill bacteria • Less drying to hands than hand washing 	<ul style="list-style-type: none"> • Should contain 70-90% alcohol • 1-2 pumps and enough product so that it takes 15 seconds to dry • Spread rub over all surfaces of hands concentrating on fingers, backs of hands and base of thumbs • Continue rubbing until product is dry (15 sec) • Do not use ABHR immediately after hand washing 	<ul style="list-style-type: none"> • ABHR products with 60% alcohol are available, but are ineffective against Norovirus • There is a very small risk of fire from ABHR. • Ensure hands are completely dry before use, ensure ABHR products are placed and stored according to CSA Standards • ABHR may be less effective for C difficile spores

Hand Hygiene	Usage	Technique	Considerations
<p>Hand Washing</p>	<ul style="list-style-type: none"> • Mechanical action of washing, rinsing and drying removes most bacteria, viruses • Preferred when hands are visibly soiled 	<ul style="list-style-type: none"> • Wet hands and apply soap with a vigorous lather of all surfaces for a minimum of 15 seconds • Use a rubbing motion to rinse soap from hands • Dry hands thoroughly by blotting with a paper towel or hand air dryer 	<ul style="list-style-type: none"> • Bar soap should not be used • Plain soap is recommended* Soap dispensers should be disposable and never "topped-up" • If hand air dryers are used, hands-free taps are required

*Antimicrobial soaps may be used in intensive unit areas or as surgical hand preparation

Non-alcoholic, waterless antiseptic agents should NOT be used as HH agents.

Responsibilities:

Managers/Supervisors:

- Ensure all staff are aware of the administrative directive
- Provide staff with appropriate space and time to complete mandatory hand hygiene training.
- Ensure staff training records are maintained to demonstrate compliance with AD.
- Ensure appropriate hand hygiene stations are distributed throughout their units and maintained regularly.
- Ensure appropriate signage is displayed above hand hygiene stations in all public areas (refer to Attachment A&B).

Staff:

- Must complete all mandatory hand hygiene training during general orientation and again annually as part of required competency training.
- Must comply with all procedures outlined in this AD.
- Must report any maintenance issues related to hand hygiene stations such as leaks, unit is empty, expired, stolen, etc. to their respective manager/supervisor.

PERFORMANCE MEASURE:

100% staff receive hand hygiene training at orientation and annually thereafter

TESTS FOR COMPLIANCE:

Team members and volunteers are provided with education about the hand-hygiene protocol

CROSS-REFERENCES:

NTHSSA Policy - Hand Hygiene Compliance

ATTACHMENTS:

- Attachment 1: How to Handwash
- Attachment 2: How to Handrub

REFERENCES:


- NWT Infection Prevention and Control Manual (March 2012)
- CPSI Stop Clean your hands campaign (2016)
<http://www.patientsafetyinstitute.ca/en/education/Pages/default.aspx>
- Hand Hygiene Practice in Health Care Settings (2012) Retrived from
<http://www.phac-aspc.gc.ca/nois-sinp/guide/summary-sommaire/hh-hm-eng.php>
- STOP! Clean Your Hands. (2016). How to handrub?How to handwash?
www.handhygiene.ca
- PIDAC. (April 2014). Best practices for hand hygiene: In all health care settings. <http://www.pidac.ca>

APPROVAL:

Reviewed and approved by:



Sue Cullen,
Chief Executive Officer, NTHSSA



Date

Hand Sanitizing

1



2



3



4



La désinfection des mains

Hand Washing

1



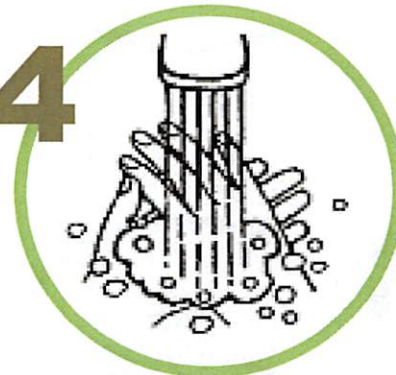
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Le lavage des mains