



Hand Hygiene

IPAC Program Guidelines

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This guideline was developed in collaboration with the Alberta College of Pharmacy, College & Association of Registered Nurses of Alberta, and Alberta Health Services Environmental Public Health.

Purpose

Hand hygiene is the most effective way of preventing the transmission of healthcare-associated infection (HAI) to patients, staff, and visitors in all healthcare settings. Effective hand hygiene programs include proper training and education on policies, procedures, and practices that are reviewed on a regular basis.

For more information on infection prevention and control, contact CPSA's IPAC program:

Email: ipac@cpsa.ab.ca

Phone: 780-969-5004

Alberta medical clinics are advised to follow the following guidelines for hand hygiene.

1. Hand hygiene is performed in accordance with the 4 Moments of Hand Hygiene:

- a) Before contact with a patient or patient's environment (e.g. donning personal protective equipment (PPE), entering an examination room, providing patient care).
- b) Before a clean or aseptic procedure (e.g. wound care, handling intravenous devices, handling food, preparing medications).
- c) After exposure or risk of exposure to blood and/or body fluids (e.g. hands visibly soiled, after removal of gloves).
- d) After contact with a patient or patient's environment (e.g. doffing PPE, leaving examination room, after handling patient care equipment).

2. Appropriate products are selected and used for hand hygiene:

- a) Alcohol-based hand rubs (ABHRs) containing 60-90% alcohol are used for performing hand hygiene, except in situations described in "b".
- b) Plain soap and water are used
 - a. When hands are visibly soiled with food, dirt, blood, body fluids and/or a buildup of ABHR.
 - b. During food preparation.
 - c. Following glove removal when providing care for patients with diarrhea and/or vomiting.
- c) Antimicrobial (antiseptic) soap is only used in limited circumstances, such as before aseptic procedures, and is not used for routine hand hygiene.
- d) Hand cleaning wipes/towelettes are only used for hand cleaning in exceptional circumstances when sinks and running water are not available; hand hygiene using ABHR must be done following use of hand cleaning wipes/towelettes.
- e) If hand lotions are used, they are compatible with hand hygiene products selected.

3. ABHR is used in accordance with the following procedure:

- a) Hands are not visibly soiled and are dry before use.
- b) Enough ABHR is applied to ensure coverage of all hand surfaces.
- c) Product is vigorously rubbed over all surfaces of the hands and wrists, including: palms, space between fingers, back of hands and wrists, fingers, fingertips and thumbs.
- d) Hands remain wet for a minimum of 15 seconds.
- e) Hands are rubbed until completely dry.

4. Soap and water are used in accordance with the following procedure:

- a) Hands are wet with warm water and enough soap is applied to ensure lathering of all hand surfaces.
- b) Hands are vigorously rubbed over all surfaces of the hands and wrists, including: palms, space between fingers, back of hands and wrists, fingers, fingertips, and thumbs.
- c) Hands are rubbed for a minimum of 15 seconds.
- d) Hands are rinsed under warm, running water.
- e) Hands are dried with disposable paper towels.
- f) Hands are not re-contaminated after washing (i.e. faucet is turned off and doors are opened with paper towel).
- g) Paper towels are discarded in a waste receptacle.

5. Hand hygiene is supported by adequate infrastructure.

- a) Hand hygiene products are as close as possible to the point of care.
- b) Wall-mounted ABHR dispensers are installed in appropriate designated areas away from sinks and in accordance with the Alberta Fire Code. Areas include, but are not limited to:
 - Examination rooms
 - Public areas (e.g. building entrance/exits)
 - Nursing stations
 - Medication carts
 - Staff rooms
 - Computer stations
 - Medical device reprocessing areas
 - Clinical and medication preparation areas without sinks
- c) Hand hygiene products are not used past expiry. Date of expiration is visible on product containers.
- d) Sinks dedicated for hand hygiene are not used for other purposes (e.g. equipment cleaning, waste disposal, food preparation).
- e) Hand hygiene products are available for patients and visitors.

6. Employees that cannot perform adequate hand hygiene do not perform tasks that require hand hygiene.

- a) Employees that cannot perform adequate hand hygiene include, but are not limited to individuals:
 - wearing casts, dressings, and/or splints.
 - wearing artificial nails, nail enhancements, and/or chipped nail polish.

- wearing hand jewelry other than a simple ring (i.e. band).
- experiencing hand sensitivity reactions (e.g. dermatitis).

b) Tasks that require hand hygiene include, but are not limited to:

- providing patient care.
- reprocessing or handling surgical linens and/or medical devices.
- preparing pharmaceuticals or medications.
- handling food.

7. Hand hygiene training and education is provided to new employees during orientation and ongoing thereafter.

References

1. Alberta Health Services Infection Prevention & Control. 2011. Hand Hygiene Policy PS-02. Available at: <http://www.albertahealthservices.ca/info/Page6426.aspx>
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3. Canadian Patient Safety Institute. 2015. Your 4 Moments of Hand Hygiene. Available at: <http://www.patientsafetyinstitute.ca/en/education/Pages/Hand-Hygiene-Education.aspx>
4. Public Health Agency of Canada. 2012. Hand Hygiene Practice in Healthcare Settings. Available at: <http://publications.gc.ca/site/eng/430135/publication.html>