OBJECTIVES

- To establish a standard for hand hygiene practice within Alberta Health Services (AHS).

- To support the prevention of the transmission of microorganisms, to reduce the incidence of infections, and to promote the health and safety of AHS representatives, patients, and visitors in an AHS setting.

PRINCIPLES

AHS supports hand hygiene practices that enhance the health and safety of all AHS representatives, patients, and visitors. Proper hand hygiene is the single most important practice in reducing the transmission of microorganisms and the incidence of infection, and promotes health and safety in an AHS setting.

Hand hygiene is a shared responsibility: staff, medical staff, Volunteers, patients, and visitors to AHS shall be supported to encourage one another to perform hand hygiene in accordance with this policy.

Hand hygiene aligns with AHS core values, and foundational strategies.

APPLICABILITY

Compliance with this document is required by all Alberta Health Services employees, members of the medical and midwifery staffs, students, volunteers, and other persons acting on behalf of Alberta Health Services (including contracted service providers as necessary).
ELEMENTS

1. Hand Hygiene Indications and Moments

1.1 Frequent hand hygiene is required to reduce the incidence of infections and is an important component of patient safety.

1.2 AHS representatives shall perform hand hygiene in accordance with the four moments for hand hygiene:

a) Moment One: before contact with a patient or patient's environment, including but not limited to entering a patient's environment and providing patient care;

b) Moment Two: before a clean or aseptic procedure, including but not limited to:
   i) putting on (donning) personal protective equipment (PPE), including gloves;
   ii) wound care;
   iii) handling intravenous devices;
   iv) insertion of central venous catheters;
   v) food handling; and/or
   vi) preparing medications.

c) Moment Three: after exposure or risk of exposure to blood and/or body fluids, including but not limited to the removal of gloves (doffing) used to contact body fluids; and

d) Moment Four: after contact with a patient or patient's environment; including but not limited to removing (doffing) PPE, including gloves; leaving a patient's environment before making direct physical contact with health care environment or another patient or patient environment; and after handling patient care equipment (e.g., mobile/fixed computers, monitors, and IV pumps).

1.3 AHS representatives should be actively encouraged to remind one another to perform hand hygiene in the applicable circumstances as outlined above.

2. Selection of Hand Hygiene Products

2.1 Only AHS-provided hand hygiene products (soaps, alcohol-based hand rub [ABHR]) and lotions shall be used for hand hygiene.
3. **Hand Hygiene Considerations in Facility Design**

3.1 AHS representatives shall assess risk and take appropriate corrective action where the placement or access to ABHR constitutes a patient and/or visitor safety risk.

3.2 Wall-mounted ABHR dispensers shall be installed and clearly labelled as per the AHS ABHR Dispenser Placement Algorithm and away from electrical outlets, switches, and power sources. Stock ABHR shall be stored as per the AHS ABHR Dispenser Placement Algorithm.

3.3 ABHR dispensers shall be clearly labelled and installed away from sinks to avoid confusion of products and as close as possible to the point of care.

3.4 Hand hygiene products shall be clearly labelled, used prior to the expiry date and discarded appropriately by the designated staff.

3.5 Disposal of expired ABHR or any unused portion of ABHR shall be as per manufacturer provided information and/or the product's Safety Data Sheet (SDS) information.

3.6 Hand hygiene sinks should be used for handwashing only and should not be used for equipment cleaning, blood, body fluid, waste disposal, or food preparation.

4. **Hand Hygiene Education and Training**

4.1 All AHS representatives should, at a minimum, upon initial orientation and on an annual basis, receive standardized AHS education and training on hand hygiene and the Hand Hygiene Policy and Procedure.

a) AHS representatives who provide direct patient care, or perform other tasks that require hand hygiene shall demonstrate understanding as per the AHS Hand Hygiene Procedure.

   (i) Other tasks that require hand hygiene include but are not limited to reprocessing/handling of surgical linens and/or medical devices, preparing pharmaceutical medications, and food handling. This may also include, but not limited to, accessing clean supplies, entering AHS facility, etc.

4.2 Managers shall ensure that any resources for how to use ABHR and perform hand washing with soap and water (as applicable) are available to staff. Refer to Hand Health - Frequently Asked Questions for more information.
5. Barriers to Effective Hand Hygiene

5.1 AHS representatives wearing casts, dressings, or splints that interfere with proper hand hygiene shall not perform direct patient care or perform other tasks that require hand hygiene and shall inform their supervisor and contact their Workplace Health and Safety representative.

5.2 AHS representatives providing direct patient care or performing other tasks that require hand hygiene who have conditions that affect skin integrity shall inform their supervisor and contact their Workplace Health and Safety representative for guidance.

5.3 Artificial nails and/or nail enhancements, shall not be worn by AHS representatives that provide direct patient care or perform other related tasks that require hand hygiene.

a) Natural nails shall be clean and short; nail polish, if worn, shall be freshly applied and not be chipped.

5.4 Hand jewelry other than a simple ring, (e.g., plain band) shall not be worn by AHS representatives who provide direct patient care or perform other related tasks that require hand hygiene.

5.5 Wrist accessories, (e.g., watches and bracelets) if worn, shall be easily pushed up from the wrist to properly perform hand hygiene.

6. Hand Hygiene Monitoring and Feedback

6.1 Managers are responsible for all aspects of this policy, including addressing staff non-compliance.

6.2 Ongoing hand hygiene practice reviews, using an Infection Prevention and Control approved validated review tool, shall be conducted by appropriately trained individuals.

6.3 Hand hygiene compliance results shall be collected as per established organizational surveillance data reporting structures.

6.4 Hand hygiene compliance results shall be shared to inform AHS representatives, patients and their families.

DEFINITIONS

Alcohol-based hand rub (ABHR) means an AHS-provided liquid, gel or foam formulation containing 60-90% alcohol which is applied to the hands to reduce the number of transient micro-organisms.

Aseptic procedure means, for purpose of this document, the purposeful prevention of transfer of micro-organisms from the patient’s body surface to a normally sterile body site. Such practices are used when performing procedures that expose the patient’s normally sterile sites.
(e.g., intravascular system, spinal canal, subdural space, urinary tract) in such a manner as to keep them free from micro-organisms.

**AHS representative** means Alberta Health Services employees, members of the medical and midwifery staffs, students, volunteers, and other persons acting on behalf of Alberta Health Services (including contracted service providers as necessary).

**Direct patient care** means, for the purpose of this document, physical contact with a patient or patient’s environment.

**Food handling** means to supply, sell, offer for sale, process, prepare, package, provide, display, service, dispense, store or transport any food that is intended for public consumption.

**Hand hygiene** means proper practices which remove micro-organisms with or without soil from the hands (refers to the application of alcohol-based hand rub or the use of plain/antimicrobial soap and water hand washing).

**Handwashing** means the use of running water and plain/antimicrobial soap to physically remove soil and transient micro-organisms from the hands with mechanical friction.

**Health care environment** means, for the purposes of this policy, the health care environment refers to anywhere the patient may be expected to interact with the environment or receive health care and services, including but not limited to foyer areas, dining areas, tub/shower rooms, patient rooms, examination/treatment rooms, and recreation or common areas.

**Manager** means the individual(s) who has the delegated human resources authority for directly planning, monitoring and supervising direct (employee) reports.

**Patient** means an adult or child who receives or has requested health care or services from Alberta Health Services and its health care providers or individuals authorized to act on behalf of Alberta Health Services. This term is inclusive of residents, clients and outpatients.

**Patient’s environment** means, for the purpose of this document, areas immediately surrounding the patient.

**Personal protective equipment (PPE)** means any specialized clothing or safety items worn by individuals prior to contact with potential or identified hazards, such as from a direct exposure to blood, tissue, and/or body fluids.

**Point of care** means, for the purposes of this document, the area or space where patient care is being provided by the staff or medical staff member.

**REFERENCES**

- Alberta Health Services Governance Documents:
  - *Hand Hygiene Procedure*
  - *Medical Staff Rules*
- Alberta Health Services Resources:
  - *Alcohol Based Hand Rub Dispenser Placement Algorithm*
  - *Alcohol Based Hand Rub Safety Safer Practice Notice*
• Environmental Odours and Scents Guideline
• Guidelines for Outbreak Prevention, Control and Management in Acute Care and Facility Living Sites
• Hand Health - Frequently Asked Questions
• Hand Hygiene and Connect Care Devices Information Sheet (2019)
• Hand Hygiene Policy and Procedure – Frequently Asked Questions (2020)

• Non-Alberta Health Services Documents:
  • Guidelines for Hand Hygiene in Healthcare Facilities (Centers for Disease Control and Prevention, 2002)
  • Guidelines on Hand Hygiene in Healthcare (World Health Organization, 2009)
  • Hand Hygiene Position Statement (Community and Hospital Infection Control Association Canada, 2008)
  • Hand Hygiene Practices in Healthcare Settings (Public Health Agency of Canada, 2012)
  • Required Organizational Practices - Hand Hygiene (Accreditation Canada)