

TITLE

HAND HYGIENESCOPE

Provincial

APPROVAL AUTHORITY

Clinical Operations Executive Committee

SPONSOR

Infection Prevention and Control

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Not applicable

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NOTE: The first appearance of terms in bold in the body of this document (except titles) are defined terms – please refer to the Definitions section.

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OBJECTIVES

- To establish a standard for **hand hygiene** practice within Alberta Health Services (AHS).
- To support the prevention of the transmission of micro-organisms, to reduce the incidence of infection, and to promote the health and safety of **staff, medical staff, Volunteers, patients,** and visitors in/to AHS.

PRINCIPLES

AHS supports hand hygiene practices that enhance the health and safety of all staff, medical staff, Volunteers, patients receiving care, and visitors. Proper hand hygiene is the single most important practice in reducing the transmission of micro-organisms and the incidence of infection, and promotes the health and safety in health care and community settings.

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.

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 Staff, medical staff, and Volunteers shall perform hand hygiene in accordance with 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 room 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 when hands are visibly soiled, following removal of gloves; 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; and after handling patient care equipment.
- 1.2 Staff, medical staff, Volunteers, patients, and visitors 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.
- a) AHS-contracted service providers shall provide their respective sites the hand hygiene products that meet the current hand hygiene standards (see Non-Alberta Health Services Documents in the Reference section of this document).

3. Hand Hygiene Considerations in Facility Design

- 3.1 Staff, medical staff, and Volunteers 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 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 Wall-mounted ABHR dispensers shall be 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 **hand washing** 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 staff, medical staff, and Volunteers 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) Staff, medical staff, and Volunteers who provide **direct patient care**, or perform other tasks that require hand hygiene shall demonstrate understanding of how to apply the *Hand Hygiene Procedure*.

Note: 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.

- 4.2 **Managers** shall ensure that the procedure for how to use ABHR and perform hand washing with soap and water (as applicable) is available to staff.

5. Barriers to Effective Hand Hygiene

- 5.1 Staff, medical staff, and Volunteers 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 Staff, medical staff, and Volunteers 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 Natural nails shall be clean and short. Artificial nails, nail enhancements, and chipped nail polish shall not be worn by those staff, medical staff, and Volunteers who provide direct patient care or perform other tasks that require hand hygiene.
- 5.4 Hand jewellery other than a simple ring, i.e. plain band, shall not be worn by staff, medical staff, and Volunteers who provide direct patient care or perform other tasks that require hand hygiene.

6. Hand Hygiene Monitoring and Feedback

- 6.1 Managers are responsible to address staff non-compliance with all provisions of this policy.
- 6.2 Ongoing hand hygiene practice reviews, using an Infection Prevention and Control approved practice 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 staff, medical staff, Volunteers, patients and their families.

DEFINITIONS

Alcohol-based hand rub (ABHR) means an AHS-provided liquid, gel or foam formulation containing 60 to 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.

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).

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

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

Medical staff means Physicians, Dentists, Oral and Maxillofacial Surgeons; Podiatrists, or scientist leaders who have an AHS Medical Staff appointment.

Patient means an adult or child who receives or has requested health care or services from AHS and its staff, medical staff, and Volunteers or individuals authorized to act on behalf of AHS. 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.

Staff means all AHS employees, midwifery staff, Students and other persons acting on behalf of or in conjunction with AHS.

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*
 - *Guidelines for Outbreak Prevention, Control and Management in Acute Care and Facility Living Sites*
- 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)

VERSION HISTORY

Date	Action Taken
June 01, 2017	Revised