

**Regional Hospitals Infection Prevention & Control  
Effective at Hamilton Health Sciences, St. Joseph's Healthcare Hamilton and Associated  
Health Care Facilities**

**Posting Date:** 2019-05-29

Page: 1 of 7

**Posting History Dates:** 2004-06-28, 2004-11-01, 2006-05-25, 2006-05-25, 2007-05-26, 2008-04-02, 2009-05-08, 2011-08-22, 2012-10, 2013-11-28, 2015-01-23, 2017-06-28, 2018-04-27

**Title: IC - Hand Hygiene Protocol**

**Applies to: All Hamilton Health Sciences, St. Joseph's Healthcare Hamilton and Associated Health Care Facilities staff.**

Section #	Table of Contents
<a href="#">1.0</a>	<b>Purpose</b>
<a href="#">2.0</a>	<b>Policy Statements</b>
<a href="#">3.0</a>	<b>Procedure</b>
<a href="#">3.1</a>	<b>Alcohol Based Hand Rub (ABHR)</b>
<a href="#">3.2</a>	<b>Soap and Water</b>
<a href="#">4.0</a>	<b>Definitions</b>
<a href="#">5.0</a>	<b>External References</b>
<a href="#">6.0</a>	<b>Developed By</b>
<a href="#">7.0</a>	<b>In Consultation With</b>
<a href="#">8.0</a>	<b>Approved By</b>
<a href="#">Appendix A</a>	<b>Hand Hygiene Improvement Plan</b>

**1.0 Purpose**

**1.1** To ensure that all employees, professional staff (i.e., physicians, midwives, dentists), volunteers and learners (hereafter known as healthcare providers or HCP) prevent the spread of infection by reducing microbial contamination on the hands thus rendering them clean.

**1.2** To provide clear guidance to healthcare workers and other staff in relation to expected hand hygiene standards.

**1.3** To promote 100% compliance with hand hygiene.

**1.4** To define the responsibilities and actions required for a high standard of hand hygiene.

**2.0 Policy Statements**

**2.1** Frequent and appropriate **hand hygiene is a critical factor** in preventing the spread of infection.

2.1.1 Hand hygiene with alcohol based hand rub (ABHR) is the preferred method of hand hygiene. When hands are not visibly soiled, ABHR is more effective than washing with an antimicrobial soap and lukewarm water. The routine use of antimicrobial soaps is not necessary. Antimicrobial soap or ABHR with residual activity should be used for surgical procedures (ABHR with residual activity is preferred).

2.1.2 Staff, patient and visitor hand hygiene shall be supported through the strategic location of hand hygiene stations in all public areas such as, facility entrances, waiting rooms, reception areas, high traffic areas, food service areas and outside elevators.

2.1.3 Hand hygiene stations shall be available in convenient locations and at point of patient care in all clinical areas throughout the various facilities.

**Regional Hospitals Infection Prevention & Control**  
**Effective at Hamilton Health Sciences, St. Joseph's Healthcare Hamilton and Associated Health Care Facilities**

**Posting Date:** 2019-05-29

Page: 2 of 7

**Posting History Dates:** 2004-06-28, 2004-11-01, 2006-05-25, 2006-05-25, 2007-05-26, 2008-04-02, 2009-05-08, 2011-08-22, 2012-10, 2013-11-28, 2015-01-23, 2017-06-28, 2018-04-27

**Title: IC - Hand Hygiene Protocol**

- 2.1.4 Dedicated staff hand washing sinks shall be used for hand hygiene when hands are visibly soiled and are not intended to be used for other purposes.
- 2.1.5 Healthcare providers and other staff should not use patient sinks for hand hygiene.
- 2.1.6 Hands shall be cleaned at each of the 4 moments of hand hygiene:
  - 1 BEFORE initial patient and/or patient environmental contact;
  - 2 BEFORE aseptic/clean procedure;
  - 3 AFTER body fluid exposure risk;
  - 4 AFTER patient and/or patient environmental contact;

The 4 moments of hand hygiene represent the highest risk of transmission of microorganisms via the hands.
- 2.1.7 All staff, learners and other healthcare providers are to participate in a standardized hand hygiene education program on hire and attend updates as required.
- 2.1.8 **Compliance:** Attention to preventive measures can significantly reduce transmission of healthcare associated infections. Noncompliance with hand hygiene requirements is unacceptable and all staff are duty bound to comply with hand hygiene policies. The expectation is that healthcare providers and staff will challenge noncompliant hand hygiene practice if they see it. Staff are to expect to be challenged if they undertake noncompliant hand hygiene practice. Care processes should be designed to permit compliance with the 4 moments. This can be done in consultation with Infection Prevention and Control (IPAC).
- 2.1.9 **Auditing:** Hand hygiene compliance shall be audited and feedback shall be provided to all clinical areas on a regular basis. Each organization shall regularly review their hand hygiene compliance rates and set their hand hygiene compliance targets. All clinical areas are expected to achieve or exceed the set hand hygiene compliance targets. A variance (the degree of allowable variance will be set annually) below the target will require Clinical and Medical leaders to develop and implement an improvement plan in collaboration with Infection Prevention and Control. A written improvement plan shall be submitted to the Senior Leadership team for review. See sample for possible report format ([Appendix A](#)).
- 2.1.10 **Incident Reporting:** Any incident whereby failures in hand hygiene compliance have resulted in a health and safety issue or Healthcare Associated Infection (HAI) shall be reported immediately through the safety incident reporting system.
- 2.1.11 **Zero Tolerance:** The relevant Human Resources (HR) policies shall be referenced to manage individuals who, despite support, persistently fail to comply with hand hygiene practices.
- 2.1.12 **Fingernails:** Direct caregivers are to ensure that their nails are short and clean. Artificial nails, nail extensions or enhancements such as gel, nail jewelry, etc. are **prohibited in** patient care areas. These have been associated with hospital outbreaks.
- 2.1.13 **Nail Polish:** All nail polish is **prohibited** in clinical settings

**Regional Hospitals Infection Prevention & Control**  
**Effective at Hamilton Health Sciences, St. Joseph's Healthcare Hamilton and Associated Health Care Facilities**

**Posting Date:** 2019-05-29

Page: 3 of 7

**Posting History Dates:** 2004-06-28, 2004-11-01, 2006-05-25, 2006-05-25, 2007-05-26, 2008-04-02, 2009-05-08, 2011-08-22, 2012-10, 2013-11-28, 2015-01-23, 2017-06-28, 2018-04-27

**Title: IC - Hand Hygiene Protocol**

- 2.1.14 **Jewelry:** One flat ring without projections or mounted stones and a wristwatch are the **only** hand adornments permitted in clinical settings with the exception of the OR Suite where **no jewelry** or other hand adornment is permitted. Rings on the hands may retain dirt and contamination and act as a reservoir for microorganisms. Jewelry may also trap cleanser and moisture acting as a source of irritation. Watches should be removed or placed above the wrist before performing hand hygiene.
- 2.1.15 **Hand Care:** An organization approved hand lotion shall be accessible to staff in clinical areas to prevent dryness. Lotion should be absorbed before putting on gloves or handling sterile materials. Occupational Health & Safety Services shall be consulted for dermatitis or sensitivity to hand hygiene products.
- 2.1.16 **Gloves:** Hands shall be cleaned in accordance with the four moments; use of glove will not replace the requirement of hand hygiene. Gloves must be removed immediately and discarded after the activity for which they were used and before exiting the patient environment, routinely before applying and after removing gloves whether they are visibly dirty or not. Bacteria, viruses and other microorganisms may be transferred from hands to glove boxes to hands.
- 2.1.17 **Long Sleeves:** Long sleeves are discouraged unless they can be easily pushed back and stay back during hand hygiene with the exception of the OR Suite. Clothing shall not interfere with or become wet when performing hand hygiene.
- 2.1.18 **Other Impediments:** Upper extremity support devices such as casts, splints, brace or complex bandages, etc. on hands and forearms of HCW may impede effective hand hygiene and are not to be used during patient care. Staff who work in clinical settings that require hand support devices need to be assessed by Occupational Health and Safety.

### **3.0 Procedure**

#### **3.1 Alcohol Based Hand Rub (ABHR)**

- 3.1.1 Refer to Ministry of Health and Long Term Care (MOHLTC) [Hand Hygiene Techniques Sign](#) or facility hand hygiene sign.
- 3.1.2 If hands are visibly soiled, follow hand washing steps using soap and water (3.2).
- 3.1.3 Wear watch snugly above the wrist and remove clothing or other items that impede frequent and effective hand hygiene. No other items that impede hand hygiene shall be worn.
- 3.1.4 Apply 1 or 2 pumps of product (about the size of a loonie) into hands. If ABHR dries before 15 seconds of rubbing, not enough product was applied.
- 3.1.5 Rub vigorously applying friction covering all skin surfaces paying particular attention to finger tips, webbing between fingers, palms, back of hands, nail beds and each finger.
- 3.1.6 Rub for a minimum of 15 seconds until product is dry before touching the client/patient/resident or the care environment/equipment. This ensures that the ABHR is effective and eliminates the extremely rare risk of flammability in the presence of an oxygen rich environment.

**Note:** When visible soil is present and running water is not available, use ABHR and then go to a hand washing sink as soon as possible.

**Regional Hospitals Infection Prevention & Control**  
**Effective at Hamilton Health Sciences, St. Joseph's Healthcare Hamilton and Associated Health Care Facilities**

**Posting Date:** 2019-05-29

Page: 4 of 7

**Posting History Dates:** 2004-06-28, 2004-11-01, 2006-05-25, 2006-05-25, 2007-05-26, 2008-04-02, 2009-05-08, 2011-08-22, 2012-10, 2013-11-28, 2015-01-23, 2017-06-28, 2018-04-27

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### **3.2 Soap and Water**

- 3.2.1 Refer to [MOHLTC Hand Hygiene Techniques Sign](#) or facility hand hygiene sign.
- 3.2.2 Wear watch snugly above the wrist and remove clothing or other items that impede frequent and effective hand hygiene.
- 3.2.3 Select lukewarm water temperature.
- 3.2.4 Wet hands and wrists.
- 3.2.5 Apply approved liquid or foam soap.
- 3.2.6 Vigorously lather all surfaces of the hands for a minimum of 15 seconds to remove transient or acquired bacteria, paying particular attention to finger tips, webbing between fingers, palms, back of hands, nail beds and each finger and base of thumbs. (Optimum hand washing times vary according to the circumstances for which the procedure is done.)
- 3.2.7 Use a rubbing motion under running lukewarm water to thoroughly rinse soap from hands.
- 3.2.8 Dry hands thoroughly by blotting gently with paper towel.
- 3.2.9 Turn taps off with paper towel to avoid recontamination of hands.

### **4.0 Definitions**

**Alcohol Based Hand Rub (ABHR):** Waterless hand hygiene product that is available as a rinse, gel or foam and consists of a minimum of 70% alcohol. ABHR is the preferred method for sanitizing hands when hands are not visibly soiled. The effectiveness of alcohol is inhibited by the presence of organic matter. These products are more effective and less time consuming to use than washing with soap and water for non-soiled hands.

**Aseptic/Clean Procedure:** Method used during client/patient/resident care to prevent microbial contamination. Procedure may be clean (medical asepsis) or sterile (surgical asepsis). Examples of aseptic/clean procedures are venipuncture, oral care, wound care, preparing medication, insertion or disconnecting Invasive devices, giving medication such as eye drops or injections.

**Body Fluid Exposure Risk:** Exposure to any body fluid, including blood, secretions, excretions, and urine.

**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 alcohol based hand rub or soap and running water.

**Hand Hygiene Moment:** Points in a patient care activity during which hand hygiene is essential because the risk of transmission is greatest.

**Hand Washing Station:** An area that provides a sink with hot and cold water supply and a faucet that facilitates easy/on/off/mixing capabilities. The station also provides cleansing agents and means for drying hands.

**Regional Hospitals Infection Prevention & Control**  
**Effective at Hamilton Health Sciences, St. Joseph's Healthcare Hamilton and Associated Health Care Facilities**

**Posting Date:** 2019-05-29

Page: 5 of 7

**Posting History Dates:** 2004-06-28, 2004-11-01, 2006-05-25, 2006-05-25, 2007-05-26, 2008-04-02, 2009-05-08, 2011-08-22, 2012-10, 2013-11-28, 2015-01-23, 2017-06-28, 2018-04-27

**Title: IC - Hand Hygiene Protocol**

**Hand Hygiene Station:** A dispensing location for waterless, alcohol based hand rub (ABHR) product that is applied to reduce the number of microorganisms present on the hands.

**Healthcare Provider (HCP):** Any person delivering care to a client/patient/resident. This includes but is not limited to the following: emergency service workers, physicians, nurses, respiratory therapists and other health professionals, personal support workers, volunteers, clinical instructors and students, environmental services, porters, etc.

**Patient Environment:** The immediate space around a client/patient/resident that may be touched by the client/patient/resident and may also be touched by the healthcare provider when providing care. The patient environment includes dedicated equipment, medical devices, furniture, telephone, curtains and personal belongings (e.g. clothes, books, etc.). In a multi-bed room, the patient environment is the area inside the individual's curtain. In an ambulatory setting, the environment is the area that may come into contact with the client/patient/resident.

**Point of Care:** The place where 3 elements occur together: the client/patient/resident, the healthcare provider and the 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 the client/patient/resident contact is taking place. Point of care products shall be accessible to the healthcare provider without the provider having to leave the client/patient/resident environment, so they can be used at the required moment.

**Staff:** Anyone conducting activities in settings where healthcare is provided, including healthcare providers.

## 5.0 External References

Canadian Standards Association. Z8000-11 Canadian Healthcare Facilities. Sept. 2011

Ontario. Provincial Infectious Diseases Advisory Committee. Best Practices for Hand Hygiene in All Health Care Settings. April 2014. Available at:

<http://www.publichealthontario.ca/en/eRepository/2010-12%20BP%20Hand%20Hygiene.pdf>

Public Health Agency of Canada. Hand Hygiene Practices in Healthcare Settings. 2012 Available at: <http://www.phac-aspc.gc.ca>

The American Institute of Architects. (2010) Guidelines for Design and Construction of Health Care Facilities.

## 6.0 Developed By

Infection Prevention and Control-HHS,SJHH

**Regional Hospitals Infection Prevention & Control**  
**Effective at Hamilton Health Sciences, St. Joseph's Healthcare Hamilton and Associated Health Care Facilities**

**Posting Date:** 2019-05-29

Page: 6 of 7

**Posting History Dates:** 2004-06-28, 2004-11-01, 2006-05-25, 2006-05-25, 2007-05-26, 2008-04-02, 2009-05-08, 2011-08-22, 2012-10, 2013-11-28, 2015-01-23, 2017-06-28, 2018-04-27

**Title: IC - Hand Hygiene Protocol**

**7.0 In Consultation With**

Joint Health and Safety Committees-HHS,SJHH  
Occupational Health and Safety Services- SJHH,HHS  
Medical Advisory Committee (MAC)- HHS,SJHH  
Professional Advisory Committee (PAC)- HHS,SJHH

**8.0 Approved By**

Hamilton Infection Prevention and Control Committee  
Medical Advisory Committee (MAC) – HHS,SJHH

**Keyword  
Assignment**

Hand Hygiene; Hand Rub; Hand Washing

**Appendix A**



**Sample Hand Hygiene Improvement Plan**

Document Title: <b>Hand Hygiene Improvement Plan</b>	Tracking Number:
Name of Submitting Department/Unit:	
Department/Unit Manager:	Phone:
Physician Lead:	Date:
Proposed Change/Improvement Plan Description:	
<p><b>Note:</b> <i>Hand Hygiene Improvement Plans are required when individual department/unit reports reflect a reduction in hand hygiene compliance by greater than 10%. The Manager, Medical Lead and Infection Prevention and Control (IPAC) Practitioner will work with the team to develop the formal improvement plan.</i></p> <p>Send to: VP Clinical</p> <p>VP Medical Affairs</p>	