

# INFECTION PREVENTION AND CONTROL MANUAL

## Policy and Procedure

<b>TITLE:</b>	<b>Hand Hygiene</b>	<b>NUMBER:</b>	IPC-RP-020
Sponsor:	Senior Director, Quality Improvement, Safety & Patient Relations	Page:	1 of 11
Approved by:	VP, Quality and System Performance	Approval Date:	March 23, 2016
		Effective Date:	April 18, 2016
Applies To:	NSHA Staff, including physicians, learners, volunteers		

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### PREAMBLE

This policy exists to promote the importance of Hand Hygiene (HH) in order to effectively interrupt microbial transmission and reduce the occurrence of healthcare associated infections. This policy does not address surgical hand asepsis.

## POLICY STATEMENTS

1. The Canadian Patient Safety Institute (CPSI) “Your 4 Moments of Hand Hygiene” is the standard of practice for HH in all services by all staff and physicians except where more stringent procedures are required related to surgical hand antisepsis and scrub techniques. [See Appendix B.](#)
2. Staff at all levels of the organization are responsible and accountable for effective HH.
3. Staff shall complete education annually. New employees complete the education within a month of orientation.
4. HH products must be available at the point of care. They are also available in diagnostic, treatment and direct patient care areas for use by staff, service providers, visitors, volunteers and patients as appropriate.
5. Alcohol based hand rub (ABHR) is the preferred method to decontaminate hands in healthcare environments when they are not visibly soiled.
6. Soap and water must be used if hands are visibly soiled and when dealing with actual or suspected diarrheal infections such as Norovirus and spore forming organisms such as *Clostridium difficile*.
7. Bar soaps are not acceptable for hand hygiene in healthcare.
8. Liquid soap or ABHR containers must not be topped up.
9. Choice of product and placement involves a multidisciplinary team including end users.
10. Artificial nails and nail enhancements are not to be worn by staff who have direct or indirect contact with a patient and/or their supplies in a healthcare setting, as they have been associated with increased transfer of microorganisms (germs) and glove tears.
11. Natural Fingernails are to be kept clean and trimmed to less than ¼ inch in length (Recommendation from the Centers for Disease Prevention and Control [CDC]).
12. Nail Polish, if worn, is to be freshly applied and free of chips, cracks and peeling. Specific departments may have additional restrictions regarding the use of nail polish.
13. Rings with stones or gems are prohibited by staff providing care. Smooth wedding bands are acceptable.
14. **Gloves** are not a substitute for HH. Hand hygiene must be performed before donning gloves and immediately after gloves are removed. Gloves are worn as per Routine Practices and Additional Precautions Policies.

15. Organizations measure compliance of HH practices through direct observation (audits) as per the Department of Health and Wellness (DHW) [Protocol for Hand Hygiene Adherence Monitoring for Acute Care Hospitals in Nova Scotia](#) and Accreditation Canada Infection Prevention and Control standards. The Health Zones shall assist the DHW in its capacity to comply with its roles and responsibilities as outlined under the **Health Authorities Act** and the **Patient Safety Act**.
16. Healthcare providers encourage and assist patients to perform hand hygiene at critical points such as before eating, after toileting and before leaving their room. Document in the health care record any patient education or teaching pamphlets provided with regard to hand hygiene.
17. Healthcare providers who have medical conditions which impact either skin integrity (e.g. eczema, psoriasis, dermatitis, allergies), or the ability to perform effective hand hygiene (e.g. casts, splints to hands) must notify their department manager and contact employee health for direction and guidance.

## GUIDING PRINCIPLES AND VALUES

Hand Hygiene is the single most effective way to prevent the spread of microorganisms (germs) that cause communicable diseases and hospital-acquired infections.

A critical component of patient safety is to ensure that ongoing education is offered to staff/clients regarding when HH is necessary i.e. before eating, after using the washroom, after coughing or sneezing, after touching things many other people have touched, etc.

## PROCEDURE

### 4 Moments of Hand Hygiene ([See Appendix B](#))

1. **Before Patient Contact:** As you approach, clean your hands before touching the patient or his/her immediate surroundings.
2. **Before an Aseptic Task:** Clean your hands immediately before any aseptic task.
3. **After Body Fluid Exposure Risk:** Clean your hands immediately after an exposure risk to body fluids.
4. **After Patient Contact:** Clean your hands after touching a patient or his/her immediate surroundings.

### Hand Hygiene using ABHR

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1. Ensure hands are visibly clean and dry (if soiled, use soap and water).
2. Apply ABHR (in the amount recommended by the manufacturer) onto hands, rub hands together to cover all areas. Pay particular attention to commonly missed areas such as finger tips, between fingers, backs of hands, wrists, and the base of the thumbs.
3. Rub until hands feel dry (15-30 sec).  
[http://www.who.int/gpsc/5may/How\\_To\\_HandRub\\_Poster.pdf](http://www.who.int/gpsc/5may/How_To_HandRub_Poster.pdf)

### Hand Hygiene using Soap and Water

1. Turn on taps. Wet hands with warm running water.
2. Add liquid soap and rub hands together, vigorously lather all surfaces of hands for at least 15 seconds. Pay particular attention to commonly missed areas such as finger tips, between fingers, backs of hands wrists, and the base of the thumbs.
3. Rinse hands well under warm running water.
4. Pat hands dry with paper towel.
5. Turn off tap using paper towel to avoid contamination of hands.

*Duration of the entire procedure: 40-60 seconds.*

[http://www.who.int/gpsc/5may/How\\_To\\_HandWash\\_Poster.pdf](http://www.who.int/gpsc/5may/How_To_HandWash_Poster.pdf)

### Other Aspects of Hand Hygiene

1. Jewellery makes it difficult to perform hand hygiene. It is preferred that rings and bracelets not be worn- they can harbor microorganisms and tear gloves. Rings with stones or gems are prohibited for this reason. Smooth wedding bands are acceptable.
2. Watches and Medical Alert bracelets should be pushed up or removed during hand hygiene.
3. If long sleeves are worn, they should be pushed back before performing hand hygiene.
4. Moisturize hands with the approved/supplied hand lotions of the facility. These have been deemed to be compatible with the gloves and hand hygiene products provided.

## LEGISLATIVE ACTS

[Patient Safety Act, S.N.S. 2012, c. 13](#)

## REFERENCES

Accreditation Canada. (2016). Infection Prevention and Control Standards, ver. 11. Gloucester, ON: Accreditation Canada.

Accreditation Canada. (2016). Required Organizational Practices: Handbook 17. Available at: <https://accreditation.ca/sites/default/files/rop-handbook-2017.pdf>

Association for Professionals in Infection Control and Epidemiology. (2014). APIC Text of Infection Control and Epidemiology. Online Edition.

Centers for Disease Control. (2002). Guideline for Hand Hygiene in Healthcare Settings: Recommendations of the Healthcare Infection Control Practices Advisory Committee and the HICPAC/SHEA/APIC/IDSA Hand Hygiene Task Force. *MMWR Recomm Rep.* 2002 Oct 25;51(RR-16):1-45. Available at: <http://www.cdc.gov/mmwr/PDF/rr/rr5116.pdf>

Canadian Patient Safety Institute. (2016). Canada's Hand Hygiene Challenge. Available at: [www.handhygiene.ca](http://www.handhygiene.ca)

Infection Prevention and Control Canada. (2016) Information about Hand Hygiene. Available at: [http://www.ipac-canada.org/links\\_handhygiene.php](http://www.ipac-canada.org/links_handhygiene.php)

Nova Scotia Department of Health and Wellness (DHW). (2014). Protocol for Hand Hygiene Adherence Monitoring for Acute Care Hospitals in Nova Scotia. Available at: [https://ipc.gov.ns.ca/sites/default/files/Patient%20Safety%20Act%20Hand%20Hygiene%20Protocol%20Revised%202014\(1\).pdf](https://ipc.gov.ns.ca/sites/default/files/Patient%20Safety%20Act%20Hand%20Hygiene%20Protocol%20Revised%202014(1).pdf)

Provincial Infectious Disease Advisory Committee (PIDAC). (2014). Best Practices for Hand Hygiene in All Health Care Settings, 4th edition. Ontario Public Health: Queen's Printer for Ontario. Available at: <http://www.publichealthontario.ca/en/eRepository/2010-12%20BP%20Hand%20Hygiene.pdf>

World Health Organization. (2009). WHO Guidelines on Hand Hygiene in Health Care: First Global Patient Safety Challenge Clean Care Is Safer Care. Geneva: World Health Organization. Available at: [http://www.who.int/gpsc/5may/tools/who\\_guidelines-handhygiene\\_summary.pdf](http://www.who.int/gpsc/5may/tools/who_guidelines-handhygiene_summary.pdf)

RELATED DOCUMENTS

**Policies**

[NSHA IPC-RP-001 Routine Practices and Additional Precautions](#)

**e-Learning**

[NSHA Provincial e-Learning](#)

**Other**

[Protocol for Hand Hygiene Adherence Monitoring for Acute Care Hospitals in Nova](#)

[Scotia Appendices](#)

Appendix A – Definitions

Appendix B - The 4 Moments for Hand Hygiene

**DHA Versions Being Replaces/Version History**

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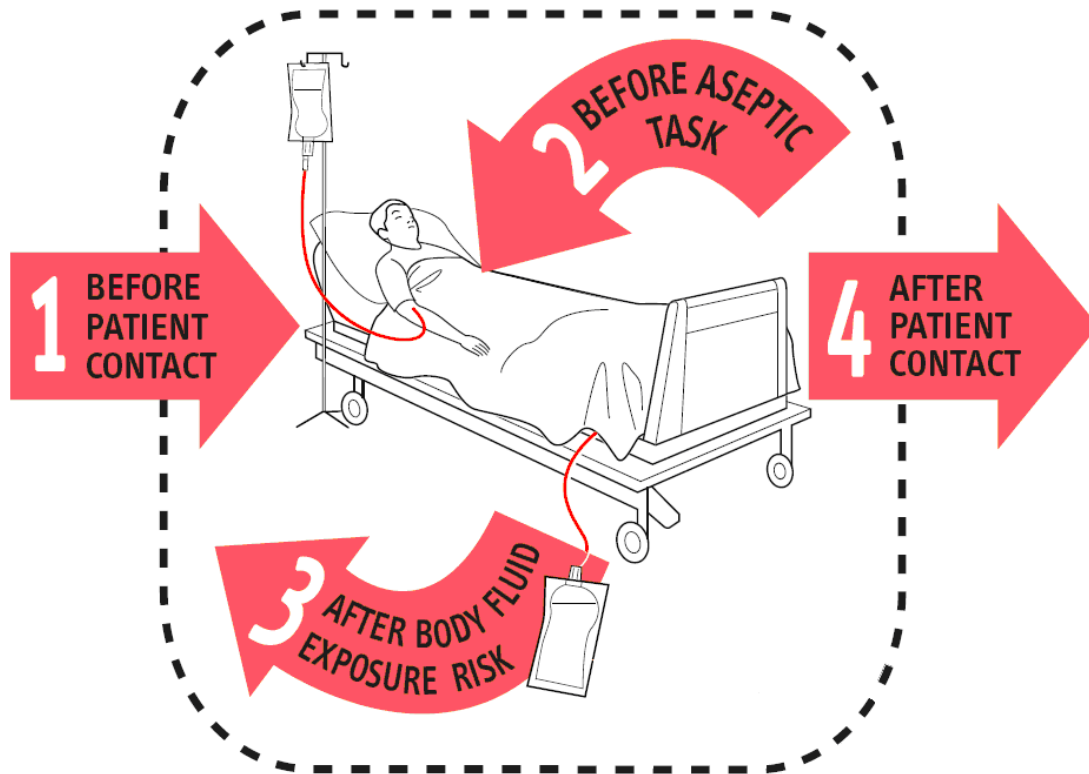
## Appendix A

### Definitions

<b>Alcohol-Based Hand Rubs (ABHR)</b>	A liquid, gel or foam formulation containing 70-90% alcohol which is used to reduce the number of organisms on hands in clinical situations when the hands are not visibly soiled.
<b>Artificial fingernails</b>	Application of artificial material to the nail including, but not limited to gels, acrylics, overlays, extenders, tips or silk wraps, shellac and bonding material (excludes nail polish).
<b>Aseptic Procedure</b>	Procedures designed to render and maintain objects and areas maximally free from microbes (germs) and refers to clean or sterile technique.
<b>Client</b>	Any person receiving care within a healthcare setting including patients/clients/residents.
<b>Hand hygiene (HH)</b>	Refers to Handwashing or hand antisepsis using soap and water or alcohol based hand rub and the actions taken to maintain healthy hands and fingernails.
<b>Nail jewelry</b>	Items applies to the nail as decoration
<b>Patient environment</b>	The immediate space around a patient that may be touched by a patient and may also be touched by the health care provider when providing care.
<b>Staff</b>	Any employee, physician, volunteer, learner, board member, contractor, contract worker, franchise employee, foundation employee and any other individual performing work activities within the Nova Scotia Health Authority.
<b>Surgical hand antisepsis</b>	The preparation of hands for surgery, using either antimicrobial soap and water or an alcohol-based hand rub, preferably with sustained antimicrobial activity.

## APPENDIX B

### The 4 Moments for Hand Hygiene





<p><b>1</b></p> <p><b>BEFORE PATIENT CONTACT</b></p>	<p><b>When?</b> - When approaching - clean your hands before touching a patient and/or any equipment, furniture or surface in their bed space.</p> <p><b>Why?</b> - To protect the patient against harmful germs carried on your hands.</p>
<p><b>2</b></p> <p><b>BEFORE AN ASEPTIC TASK</b></p>	<p><b>When?</b> - Clean your hands immediately before any aseptic task (and before donning gloves ).</p> <p><b>Why?</b> - To protect the patient against harmful germs, including the patient's own germs, entering his or her body.</p>
<p><b>3</b></p> <p><b>AFTER BODY FLUID EXPOSURE RISK</b></p>	<p><b>When?</b> - Clean your hands immediately after an exposure risk to body fluids (and after glove removal).</p> <p><b>Why?</b> - To protect yourself and the health-care environment from harmful patient germs.</p>
<p><b>4</b></p> <p><b>AFTER PATIENT CONTACT</b></p>	<p><b>When?</b> - When leaving - clean your hands after touching a patient and/or any equipment, furniture or surface in their bed space.</p> <p><b>Why?</b> - To protect yourself and the health-care environment from harmful patient germs.</p>

[www.ontario.ca/handhygiene](http://www.ontario.ca/handhygiene)

## District Health Authority Policies Being Replaced

### *Western*

DHA #1: Hand Hygiene Policy IC-210-002

DHA #2: Hand Hygiene Policy 1205.0

DHA #3: Hand Hygiene Policy 282.003

### *Northern*

DHA #4: Hand Hygiene Policy 115-001

DHA #5: Hand Hygiene Policy 110-009

Fingernails Policy 110-014

DHA #6: Hand Hygiene Policy 9-h-20

Fingernails Policy 9-f-10

### *Eastern*

DHA #7: Hand Hygiene Policy 3-20

Fingernails Policy 3-21

DHA #8: Hand Hygiene Policy IC-II-10

### *Central*

DHA #9: Hand Hygiene Policy IC 06-016

Alcohol-Based Hand Rub Policy IC 08-090

Fingernails Policy IC 06-015

## Version History

(To Be Completed by the Policy Office)

<b>Major Revisions (e.g. Standard 4 year review)</b>	<b>Minor Revisions (e.g. spelling correction, wording changes, etc.)</b>
New policy 2016	