



Policy & Procedure

Policy Title:	Hand Hygiene	
Applies To:	All Nova Scotia Health Team Members	
Approved:	Effective:	Next Review:
Oct. 18, 2021	Oct. 19, 2021	Oct. 18, 2025
Sponsor:	Senior Director, Quality Improvement and Safety	
Approval Authority:	VP, Quality and System Performance	
Number: IPC-RP-020	Manual:	Infection Prevention and Control

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PURPOSE

This policy exists to promote the importance of Hand Hygiene (HH) to effectively interrupt microbial transmission and reduce the occurrence of health care associated infections. This policy does not address Surgical Hand Asepsis.

An effective Hand Hygiene program is based on using the right product, in the right place, at the right time by all Team Members, patients, and visitors who have received education in appropriate Hand Hygiene indications and techniques, combined with a good hand care program.

POLICY STATEMENTS

Team Members

1. Healthcare Excellence Canada's (previously known as the Canadian Patient Safety Institute (CPSI)) "Your 4 Moments of Hand Hygiene" is the standard of practice for Hand Hygiene (HH) in all services by all Team Members, patients, and visitors (see [Appendix B](#)) except where more stringent procedures are required related to Surgical Hand Antisepsis and scrub techniques.
2. Team Members at all levels of the organization are responsible and accountable for effective HH.
3. Team Members must complete HH education annually.
 - 3.1. New Team Members must complete the education within a month of orientation, as appropriate.
4. Program managers/supervisors must ensure the Team Members they are responsible for have completed their education annually.
5. HH products must be available at the point of care.
 - 5.1. HH products are also available in diagnostic, treatment, and direct patient care areas for use by Team Members, service providers, visitors, volunteers, and patients as appropriate.
6. Alcohol Based Hand Rub (ABHR) is the preferred method to decontaminate hands in health care environments when they are not visibly soiled.
7. 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 *Clostridioides difficile*.
8. Bar soaps must not be used for Hand Hygiene in health care.
9. Liquid soap or ABHR containers must not be topped up.
10. Choice of product and placement involves a multidisciplinary team including Team Members, patients, and families.

11. Nail Enhancements (e.g., Artificial Fingernails, nail jewellery, and/or nail art) must not be worn by Team Members who have direct or indirect contact with a patient and/or their supplies in a health care setting.
12. Natural fingernails must be kept clean and trimmed to less than ¼ inch in length as per recommendation from the Centers for Disease Prevention and Control [CDC].
13. Use of gel polish must be avoided.
 - 13.1. Nail polish, if worn, is to be freshly applied and free of chips, cracks, and peeling.
 - 13.2. Specific departments may have additional restrictions regarding the use of nail polish (e.g. medical device reprocessing, kitchens, perioperative areas, and pharmacies preparing sterile medications).
14. Team Members who have direct or indirect contact with a patient are prohibited from wearing rings with stones or gems. Smooth plain bands are acceptable.
15. Wrist jewelry must not be used by Team Members providing direct patient care. Plain metal medical identity bracelets may be suitable.
16. **Gloves** are not a substitute for HH. Hand Hygiene must be performed before donning gloves and immediately after gloves are removed.
17. Gloves are worn as per [Routine Practices and Additional Precautions policies](#).
18. Nova Scotia Health measures compliance with 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.
19. Nova Scotia Health complies with the roles and responsibilities outlined under the [Health Authorities Act](#) and the [Patient Safety Act](#).
20. Team Members encourage and assist patients to perform Hand Hygiene at critical points such as before eating, after toileting, before leaving, and upon returning to their room. This can be accomplished with either soap and water or ABHR, if appropriate.
21. Designated Health Care 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 Nova Scotia Health Occupational Health, Safety, and Wellness (OHSW) for direction and guidance.
22. Designated Health Care Providers document any patient education or teaching pamphlets provided regarding Hand Hygiene in the health care record.
23. Essential Care Partners are encouraged to clean hands using signage and other visual reminders.
 - 23.1. Team Members should encourage HH wherever possible.
 - 23.2. If providing direct care, Essential Care Partners should follow [the 4 Moments](#).

PRINCIPLES AND VALUES

- **People Centred Care:** “As a foundation of Nova Scotia Health, we are working to place the dignity and respect of patients, families, and communities at the heart of every decision. We seek to build trust-based relationships to achieve more genuine partnerships with those we serve.”
- Through practicing effective Hand Hygiene, Nova Scotia Health Team Members are committing to safe, quality care that is respectful to the client, their family, and community.
- Hand Hygiene is the single most effective way to prevent the spread of microorganisms (germs) that cause communicable diseases and health care-associated infections.
- A critical component of patient safety is to ensure that ongoing education is offered to Team Members, patients, and visitors 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 their 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 their immediate surroundings.

Hand Hygiene using Alcohol Based Hand Rub (ABHR)

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, see [Cleaning Your Hands](#)).

Hand Hygiene using Soap and Water

1. Turn on taps. Wet hands with warm running water. Avoid extremely hot or cold 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 fingertips, 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. Rubbing rather than patting and not drying hands completely are two of the main sources of hand irritation.
5. Turn off tap using paper towel to avoid contamination of hands.

Duration of the entire procedure: 40-60 seconds (see [Cleaning Your Hands](#)).

Other Aspects of Hand Hygiene

1. Jewellery makes it difficult to perform Hand Hygiene. It is preferred that rings and bracelets not be worn because they can harbour microorganisms and tear gloves.
2. Rings with stones or gems are prohibited for this reason. Smooth wedding bands are acceptable.
3. Watches should not be touched or manipulated during care. Watches and Medical Alert bracelets should be pushed up or removed during Hand Hygiene.
4. If long sleeves are worn, they should be pushed back before performing Hand Hygiene.
5. 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.

REFERENCES

Legislative Acts/References

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

[Health Authorities Act.](#)

Other

Accreditation Canada. (2019). Infection Prevention and Control Standards, ver. 14. Gloucester, ON: Accreditation Canada.

Accreditation Canada. (2020). Required Organizational Practices: Handbook 2020. Gloucester, ON: Accreditation Canada.

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Healthcare Excellence Canada. (2021). Proper Hand Hygiene Technique in Healthcare. Retrieved from <https://www.healthcareexcellence.ca/en/what-we-do/what-we-do-together/hand-hygiene-fact-sheets/proper-hand-hygiene-technique-in-healthcare/>

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Nova Scotia Department of Health and Wellness (DHW). (2014). Protocol for Hand Hygiene Adherence Monitoring for Acute Care Hospitals in Nova Scotia. Retrieved from [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)

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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. Retrieved from <https://www.who.int/publications/i/item/9789241597906>

RELATED DOCUMENTS

Policies

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

[Routine Practices - Policy - NSHA IPC-RP-005](#)

[Contact Precautions - Policy - NSHA IPC-RP-010](#)

[Droplet Precautions - Policy - NSHA IPC-RP-015](#)

[Airborne Precautions - Policy - NSHA IPC-RP-025](#)

e-Learning

[Course Nurs-HH-2010-v1: Hand Hygiene](#)

Other

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

Patient and Family Stories

[Nova Scotia Health Patient & Family Stories \(#31\): Excellent care from a team](#)

Appendices

[Appendix A: Definitions](#)

[Appendix B: The 4 Moments for Hand Hygiene](#)

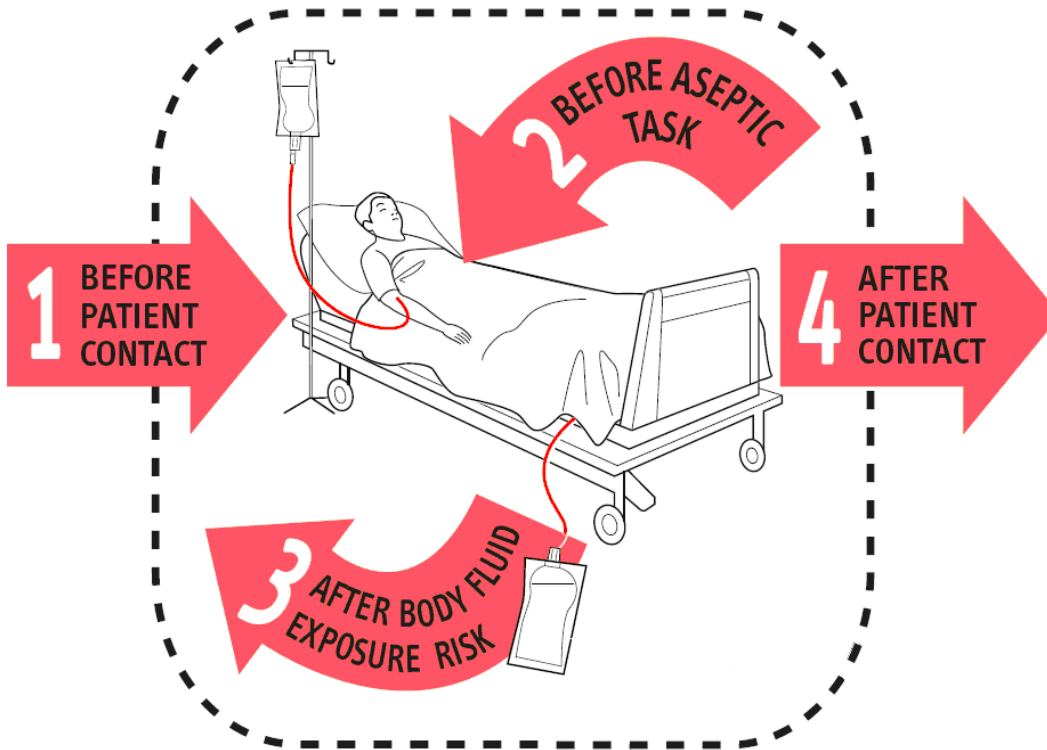
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Appendix A: Definitions

Alcohol-Based Hand Rubs (ABHR)	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.
Artificial Fingernails	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).
Aseptic Task	Procedures designed to render and maintain objects and areas maximally free from microbes (germs) and refers to clean or sterile technique.
Designated Health Care Provider	Refers to both Regulated Health Care Professionals and Approved Non-regulated Health Care Professionals. <ul style="list-style-type: none"> ● Regulated Health Care Professionals: Professionals (including students) governed by regulatory colleges e.g. Physicians, Midwives, Pharmacists, Nurses, and Dietitians. ● Unregulated Health Care Professionals: Additional non-regulated professionals (including students) (e.g. Medical Imaging Technologists, Cardiology Technologists, Care Aides). ● Learners in Designated Health Care Professions. ● Volunteers in direct patient care roles.
Essential Care Partners	A person who provides physical, psychological, and emotional support, as deemed important by the patient or resident. This care can include support in decision making, care coordination, and continuity of care. Essential Care Partners can include family members, close friends, or other caregivers and are identified by the patient or resident or delegate/substitute decision maker.
Hand Hygiene (HH)	A general term referring to any action of hand cleaning. Includes: handwashing or hand antisepsis using soap and water, or the use of Alcohol Based Hand Rub, and the actions taken to maintain healthy hands and fingernails.
Nail Enhancements	Items, including artificial nails, nail jewellery and nail art, applied to the nail as decoration. Nail art has been shown to be associated with outbreaks of infection.
Patient Environment	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.
Team Member	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.
Surgical Hand Antisepsis	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



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

[Hand Hygiene - Ministry Programs - Health Care Professionals - MOHLTC \(gov.on.ca\)](http://www.ontario.ca/handhygiene)

VERSION HISTORY

Version:	Effective:	Approved by:	What's changed:
Original	2016	VP, Quality and System Performance	N/A
Revision	2021-10-18	VP, Quality and System Performance	Editorial revision only