

		Page 1 of 7
<u>POLICY TITLE</u> HAND HYGIENE		<u>Catalogue Page Number</u> 02-4815
<u>AUTHORIZATION</u> Vice President, Patient Experience	<u>DATE APPROVED</u> April 2018	<u>CURRENT VERSION DATE</u> April 2018

DATE(S) REVISED / REVIEWED SUMMARY

<u>Version</u>	<u>Date</u>	<u>Comments / Changes</u>
1.0	March 2012	Initial Policy Released
2.0	April 2018	<p>Policy revised with the following changes:</p> <ul style="list-style-type: none"> • Length reduced from 6 to 4 pages. Removed the accountability matrix and details regarding hand hygiene auditing; this content will be added to the CPG. • Updated the policy to be consistent with the updated BC MoH <i>Best Practices for Hand Hygiene in All Health Care Settings and Programs (2017)</i> and other reference documents. • Updated the language and accountability for no nail polish, artificial nails and/or extenders. • Changed renewal of hand hygiene education for staff from one year to every two years; this is consistent with physician credentialing. • Added clarity regarding when to use gloves and the necessity to perform hand hygiene before and after glove use.

INTENT / PURPOSE

Hand hygiene is described as the single most important initiative to prevent the transmission of microorganisms to patients; it is the essential foundation of staff and patient safety, and the delivery of quality care.

The purpose of this policy is to protect patients and health care providers by ensuring adherence to hand hygiene best practices. This policy provides all health care providers (including staff, physicians, volunteers, students and contractors) at Fraser Health with clear requirements regarding hand hygiene standards and best practices in an effort to reduce health care-associated infections and ensure patient safety.

POLICY

In keeping with Fraser Health's values of Respect, Caring and Trust, and in alignment with Patient and Family Centred Care, Fraser Health requires all direct health care providers to follow the Hand Hygiene Policy and related sections in the Fraser Health Professional Image Policy.

SCOPE

All health care providers providing direct care or coming in contact with a patient's environment in a clinical setting across all sites and programs within Fraser Health are required to follow correct techniques and procedures for hand hygiene, incorporating hand hygiene best practices into their daily work flow.

Exceptions: Health care providers may be required to forego hand hygiene during emergent patient situations, e.g., a patient collapse. In emergency situations, health care providers and

	Page 2 of 7
<u>POLICY TITLE:</u> HAND HYGIENE	<u>Catalogue Page</u> <u>Number</u> 02-4815

physicians must perform appropriate hand hygiene as soon as possible during the care of the patient, immediately after the event, or if no longer providing care in that emergency situation.

STANDARDS

All direct health care providers are responsible for role-modelling hand hygiene best practices and must perform hand hygiene following the Canadian ‘Your 4 Moments for Hand Hygiene’:

- Before contact with a patient or the patient’s environment
- Before carrying out an invasive or aseptic procedure
- After contact with blood or body fluids
- After contact with a patient or the patient’s environment

The hand hygiene compliance target for Fraser Health is 100% except in emergent situations as described under the section on ‘Scope’.

METHODS FOR HAND HYGIENE

Alcohol-based Hand Rub (ABHR) is the preferred method for performing hand hygiene in the health care setting. **Soap and water** must be used when hands are visibly soiled.

Gloves

The use of gloves does not replace the need for hand hygiene. The wearing of gloves is an integral component of Infection Prevention and Control routine practices; they must be changed between each patient contact or care procedure, and between individual patient environments.

Gloves should only be worn when it is anticipated that contact with blood or body fluids, mucous membranes and/or non-intact skin will occur. Hand hygiene must be performed before putting on and after removing gloves.

Hand Hygiene Sinks

Hand hygiene sinks shall be dedicated to cleaning hands only and are not to be used for any other purpose (including the disposal of patient and nutritional fluids, and bathing).

NAILS, HAND AND WRIST JEWELLERY

Health care providers delivering direct patient care must:

- Keep finger nails clean and short at all times (less than 3 mm)
- Not wear nail polish, artificial nails and/or extenders
- Not wear nail jewellery
- Not wear hand/wrist jewelry, including watches

The following may be worn when providing direct patient care except when restricted by the specific health and safety requirements applicable to a particular unit or patient population. However, if worn, they must be included in hand cleaning practices or they can be removed when cleaning hands and cleaned prior to replacing:

- Religious artefacts of faith, including a plain wedding band
- Medical Alert bracelets

If a staff member works in an area that requires bare below the elbows practice and is unable to comply due to medical or religious beliefs, they must speak to their manager to explore alternatives.

	Page 3 of 7
<u>POLICY TITLE:</u> HAND HYGIENE	<u>Catalogue Page</u> <u>Number</u> 02-4815

SKIN, MEDICAL CONDITIONS, AND SPLINTS

Health care providers who are unable to perform hand hygiene due to injury or skin conditions (e.g., splints, eczema, psoriasis) must report to [Workplace Health](#) via the call-center (1-866-922-9464), and to their manager or Director of Care.

PATIENT, RESIDENT, AND CLIENT HAND HYGIENE

All health care providers will promote, educate and assist patient hand hygiene to help reduce the spread of health care-associated infections. Staff will provide patients with guidance and support to perform hand hygiene before meals, after toileting and before leaving or when entering their room (at a minimum). Patients who are immobile, bed bound, and/or confused may require frequent support from health care providers to assist with hand hygiene using either soap and water or ABHR.

VISITORS (e.g. family members and care givers)

Visitors should also follow the Canadian ‘Your 4 Moments for Hand Hygiene’ (described in the ‘Standards’ section). All health care providers should educate visitors to clean their hands with the products that are available at Fraser Health, orienting them to ABHR dispensers and sink locations.

EDUCATION

All new Fraser Health health care providers will be notified of this policy and are required to complete the online provincial hand hygiene learning module prior to beginning work with Fraser Health, and every two years thereafter.

HAND CARE

Intact skin is the best natural barrier to organisms, chemicals and harsh environmental conditions. In order to promote skin health and to protect the hands from harsh chemicals and drying conditions:

- ABHR is recommended over soap and water as the product is less drying than soap and water due to the emollients in the formulation
- If hands are visibly soiled, use mild, plain soap; antibiotic soap is used only in specific areas (see [Infection Control Hand Hygiene - Clinical Practice Guideline](#) for details)
- Use warm (not hot) water
- Pat your hands dry with the paper towel
- Use a moisturizing lotion after you wash with soap and water

	Page 4 of 7
<u>POLICY TITLE:</u> HAND HYGIENE	<u>Catalogue Page</u> <u>Number</u> 02-4815

RESPONSIBILITIES

All Staff

All health care providers are responsible to ensure they perform the correct hand hygiene technique, are in compliance with this hand hygiene policy and encourage others providing care to do so by:

- Offering instruction, encouragement and reassurance to patients and visitors on precautions being taken, hand hygiene practices and available hand hygiene products
 - Advising patients and visitors of any infection prevention and control requirements such as wearing personal protective equipment or hand hygiene
 - Reporting any deficits in hand hygiene best practices, or incidents that may have resulted in potential transmission of microorganisms to their supervisor
 - Attending any infection prevention and control updates, and supporting improvement huddles or education sessions

Leadership

- Site leadership must ensure adequate hand hygiene resources that meet infection prevention and control best practice guidelines and standards (sinks, paper towels, soap, ABHR, hand lotion and dispensers) are in place for health care providers and patients and visitors so that hand hygiene best practices can be followed. This may require collaboration with Infection Prevention and Control, Maintenance and Plant Services, Environmental Services and logistics staff.
- Managers must ensure fiscal period audits are completed in areas where unit staff perform hand hygiene audits. In addition, managers must ensure improvement actions or interventions are conducted if unit hand hygiene compliance falls below the 100% target and/or an event/incident occurs that may have resulted in transmission of an infection to a patient.
- Managers are accountable for ensuring that health care providers are in compliance with the hand hygiene policy, including the consistent application of not wearing nail polish, artificial nails and/or extenders, and hand/wrist jewellery.

COMPLIANCE

All direct health care providers are expected to be compliant with this policy. Disciplinary action, up to and including termination of employment or loss of privileges, may be taken in cases of non-adherence to this policy. Exceptions to compliance are described under the Section on 'Scope'.

It is the responsibility of the unit manager to ensure compliance with the Fraser Health Hand Hygiene Policy, including the wearing of nail polish, artificial nails and extenders, watches and other hand/wrist jewellery.

DEFINITIONS

Alcohol-Based Hand Rub (ABHR): A liquid, gel or foam formulation of alcohol (e.g., ethanol, isopropanol) which is used to reduce the number of microorganisms on hands in clinical situations when the hands are not visibly soiled. ABHRs contain emollients to reduce skin irritation and are less time-consuming to use than washing with plain soap and water.

Clinical Setting: Any setting where health care is provided, including emergency care, hospitals, complex continuing care, rehabilitation hospitals, long-term care homes, mental health

	Page 5 of 7
<u>POLICY TITLE:</u> HAND HYGIENE	<u>Catalogue Page Number</u> 02-4815

facilities, outpatient clinics, community health centres and clinics, physician offices, offices of health professionals and home healthcare.

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 for patient and family/visitor care may be accomplished using an alcohol-based hand rub or plain soap and running water.

Health Care Provider (HCP): Any person working in the health care system and providing care. This includes, but is not limited to, the following: emergency service workers, physicians, dentists, nurses, respiratory therapists and other health professionals, personal support workers, clinical instructors, students, environmental and food service workers, facility maintenance workers, contracted providers and home health care providers. In some settings, volunteers might provide care and would be included as a health care provider.

Patient: The term ‘patient’ in this document refers to any patient, client or resident receiving care within a health care setting.

Patient Environment: The immediate space around a patient that may be touched by the patient and may also be touched by the health care provider when providing care. For example:

- In a single room, the patient environment is the room including the bathroom
- In a multi-bed room, the patient environment is the area inside the individual’s curtain and including the curtain and any shared bathroom in the multi-bed room
- In an ambulatory setting, the patient environment is the area that may come into contact with the patient within their cubicle
- In a nursery/neonatal setting, the patient environment includes the inside of the bassinette or incubator unit, as well as the equipment outside the bassinette or incubator unit used for that infant (e.g., ventilator, monitor)
- In home health care, the entire home is the patient’s environment

Point-of-Care: The place where three elements occur together: the patient, the health care provider and care or treatment involving patient contact. Point-of-care products should be accessible to the health care provider, within arm’s reach, without the provider leaving the zone of care.

Visibly Soiled Hands: Hands on which dirt or body fluids can be seen with the naked eye.

	Page 6 of 7
<u>POLICY TITLE: HAND HYGIENE</u>	<u>Catalogue Page Number</u> 02-4815

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	Page 7 of 7
<u>POLICY TITLE:</u> HAND HYGIENE	<u>Catalogue Page</u> <u>Number</u> 02-4815

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