



**HURON PERTH & AREA  
ONTARIO HEALTH TEAM**

**INFECTION PREVENTION AND CONTROL  
POLICY MANUAL**

## **HAND HYGIENE POLICY**

Approved by: HPA OHT IPAC Working Group

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### **Scope:**

The documents in the Huron Perth & Area (HPA OHT) Infection Prevention and Control (IPAC) Policy Manual are intended to be adopted by all HPA OHT member organizations. The policies are designed to create a standard and evidence-based approach to IPAC practice resulting in a consistent healthcare experience while minimizing the risk of healthcare-associated infections. These policies are most effective when used in conjunction with organizational policies that address client/patient/resident, facility, and sector-specific needs.

### **Purpose:**

To prevent the spread of infection within the healthcare facility by supporting and promoting effective hand hygiene practices by all healthcare workers and others in the healthcare environment.

### **Policy:**

Hand hygiene is the single most important way to prevent the spread of infection.

The employer will ensure access to safe and effective hand hygiene products including alcoholbased hand rub (ABHR) at a minimum concentration of 70% alcohol, moisturizer, and - where available - hand washing sinks with soap and water.

Hand hygiene products should be available at the point of care.

Healthcare workers must perform hand hygiene when required. Clients, patients, residents, and others in the facility will be encouraged to perform hand hygiene as required.

### **Hand Hygiene must be performed:**

- According to the 4 Moments of Hand Hygiene
  1. Before contact with the client/patient/ resident or their environment

2. Before any invasive or aseptic procedure
  3. After contact (or possible contact) with body fluids
  4. After contact with the patient/client/resident, their environment, or belongings
- Before eating or drinking
  - Before preparing, handling, or serving food
  - On arrival to or departure from the healthcare facility and/or care area
  - Before putting on and after removing Personal Protective Equipment (PPE)
  - After using the washroom, sneezing, coughing, or blowing one's nose
  - Whenever hands are visibly soiled

**How to Hand Rub (ABHR):**

- Ensure hands are visibly clean (if soiled, follow hand washing steps) and dry.
- Apply one to two full pumps of product onto one palm; the volume should be such that 15 seconds of rubbing is required for drying.
- Spread product over all surfaces of hands, concentrating on finger tips, between fingers, back of hands, and base of thumbs; these are the most commonly missed areas.
- Continue rubbing hands until product is dry. This will take a minimum of 15 seconds if sufficient product is used.

How to clean visibly soiled hands when there is no soap, clean water or clean towels:

- Use moistened towelette (ex. baby wipes) to remove all visible soil.
- Use ABHR and follow How to Hand Rub (above).
- Wash hands with soap and clean water when available.

Considerations for challenging environments (community, private residences, etc.)

- Unless hands are visibly soiled, use your ABHR
- Ask your client/patient to provide a clean towel or paper towels for your use only
- If hand washing may not have been effective due to your environment, use ABHR afterwards. Be careful not to do this routinely as using both methods of hand cleaning each time can cause skin irritation.

**How to Hand Wash (soap and water):**

- Wet hands with warm (not hot or cold) water; hot or cold water is hard on the hands, and will lead to dryness.
- Apply liquid or foam soap – do not use bar soaps.
- Vigorously lather all surfaces of hands for a minimum of 15 seconds. Removal of transient or acquired bacteria requires a minimum of 15 seconds of mechanical action. Pay particular attention to finger tips, between fingers, backs of hands and base of the thumbs; these are the most commonly missed areas.
- Using a rubbing motion, thoroughly rinse soap from hands; residual soap can lead to dryness and cracking of skin.
- Dry hands thoroughly by blotting hands gently with a paper towel; rubbing vigorously with paper towels can damage the skin.
- Turn off taps with paper towel, to avoid recontamination of the hands.

- DO NOT routinely use ABHR immediately after washing hands, as skin irritation will be increased.

When to use ABHR vs Soap and Water

	ABHR	SOAP AND WATER
When to use	Preferred method of hand hygiene when hands are not visibly soiled  Always use ABHR when a soap and water is not available	When hands are visibly soiled  When caring for a person with gastrointestinal illness
Choosing a product	Must be 70-90% alcohol Consider healthcare workers’ preferences around brand, gel vs foam, etc.	Pump soap, not bars Antimicrobial soap is not needed or recommended outside of surgical hand prep
Benefits	Faster, more effective, and less drying than soap and water	More effective for hands that are visibly soiled as ABHR can be inactivate by organic matter.
Note: Do not “top up” soap or ABHR. Replace with a new bottle.		

Nails, Nail Polish, and Jewelry:

To ensure hand hygiene is as effective as possible:

- **Keep nails clean and short** - Long nails can pierce gloves and harbour more bacterial than short nails.
- **Nail polish is not recommended, if worn it must be fresh with no chips or cracks. Artificial nails and nail enhancements must not be worn by healthcare workers who have direct contact with patients/clients/residents** – artificial nails and nail enhancements are associated with poor hand hygiene, can result in tears to gloves, harbor more microorganisms and have been associated with outbreaks in high risk settings.
  - **Rings and bracelets should not be worn by healthcare workers who have direct contact with clients/patients/ residents.** Hand/arm adornments can prevent effective hand hygiene. Jewelry may cause tears in gloves, can increase the amount of microorganisms on hands, and the jewelry itself can be very hard to clean. Ensure wristwatches and long sleeves are pushed up above the wrist prior to hand hygiene.

**Hand Health:**

Cleans hands are healthy hands. Employers will provide healthcare workers with moisturizing skin care products, compatible with ABHR, to reduce the risk of contact dermatitis.

Healthcare workers will keep their hands moisturized and will report any non-intact skin on their hands to their manager as this will prevent effective hand hygiene.

Healthcare workers can help protect their hand health by:

- Washing hands with water that is not too cold, not too hot
- Ensuring hands are completely dry before putting on gloves
- Choosing ABHR over hand washing when appropriate
- Avoiding using ABHR and soap and water at the same time – choose the most appropriate method for the situation.

**Education:**

All healthcare workers and volunteers will complete hand hygiene education on hire and annually. Hand hygiene education will focus on the importance of hand hygiene, techniques, and the four moments for hand hygiene.

**Auditing:**

Hand hygiene compliance will be monitored through direct observation or at least two other methods (ex. Self-audit, product use, client/patient/resident surveys, process audits) and tracked over time. Hand hygiene compliance rates will be shared with team members, facility leadership, and reported to regulatory agencies as required.

**Hand Hygiene Resources:**

POSTER: [How to Hand Wash](#)

POSTER: [How to Hand Rub](#)

AUDIT TOOL: [Hand Hygiene Observation Tool for Long-Term Care Homes](#)

**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 soap and water.

**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 an alcohol-based hand rub or soap and running water. Hand hygiene includes surgical hand antisepsis.

**Healthcare-Associated Infection (HAI):** A term relating to an infection that is acquired during the delivery of health care (also known as nosocomial infection).

**Healthcare Setting:** Any location where health care is provided, including settings where emergency care is provided, hospitals, complex continuing care, rehabilitation hospitals, longterm care homes,

mental health facilities, outpatient clinics, community health centers and clinics, physician offices, dental offices, offices of other health professionals and home health care.

**Healthcare Worker:** Any person delivering care to a client/patient/resident. 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 and home health care workers. In some non-acute settings, volunteers might provide care and would be included as health care providers

**Personal Protective Equipment (PPE):** Any device worn by a worker to protect against hazards. For healthcare workers PPE is most commonly worn to protect against infectious organisms. Examples of PPE include gloves, gowns, masks, face shields or goggles, and respirators.

**Point-of-Care:** The place where three elements occur together: the client/patient/resident, the health care provider and care or treatment involving client/patient/resident contact. The concept is used to locate hand hygiene products which are easily accessible to staff by being as close as possible, i.e., within arm's reach, to where client/patient/resident contact is taking place. Point-of-care products should be accessible to the health care provider without the provider leaving the zone of care, so they can be used at the required moment.

**Routine Practices:** The system of infection prevention and control practices recommended by the Public Health Agency of Canada to be used with all clients/patients/residents during all care to prevent and control transmission of microorganisms in all health care settings.

**Visibly Soiled Hands:** Hands on which dirt or body fluids can be seen.

#### References:

Provincial Infectious Diseases Advisory Committee (PIDAC). Best Practices for Hand Hygiene in All Health Care Settings, 4<sup>th</sup> Ed. (2014).

<https://www.publichealthontario.ca/https://www.publichealthontario.ca/-/media/documents/b/2014/bp-hand-hygiene.pdf?la=en/media/documents/b/2014/bp-hand-hygiene.pdf?la=en>

Accreditation Canada. Infection Prevention and Control Standards, Version 14. March 2021.

Accreditation Canada. Infection Prevention and Control Standards for Community-Based Organizations Version 14. March 2021.

Public Health Ontario. Just Clean Your Hands Program.

<https://www.publichealthontario.ca/en/health-topics/infection-prevention-control/hand-hygiene>