

Section:	Infection Prevention and Control	
Subject:	Hand Hygiene	
Issue to:	All Safehaven Staff	Pages:1 of 7
Issued by:	Director, Programs and Professional Practice	Reviewed: October 2017 Revised: March 2020

1.0 POLICY

Hand hygiene refers to removing or killing micro-organisms on the hands as well as maintaining good skin integrity. The correct performance of hand hygiene is the responsibility of all staff. The expectation will be that all staff will be in compliance 100% of the time in non-emergency situations. Hand hygiene will reduce and/or prevent healthcare associated infections and protect clients and staff. Hand hygiene is expected to be complete at the following moments but not limited to:

BEFORE

Touching a Client
Touching any object or furniture in the Client's environment
Putting on gloves
Performing any aseptic procedure
Handling medication or food
Being at risk to blood/body fluids exposure
Moving from Room to room
Staff eat

AFTER

Touching a Client
Touching any object or furniture in the Client's environment
Removing gloves
Performing any aseptic procedure
Handling medication or food
Being exposed to blood/body fluids
Leaving a room and enter another room
After they eat, use the toilet, blow nose or cough

2.0 PURPOSE

The purpose of this policy is to protect clients, families, staff, students, visitors and contractors from acquiring and transmitting infections through hand hygiene practices. To ensure all perform hand hygiene before and after touching any client and/or their environment. To promote hand hygiene as a shared responsibility and as a preventative practice.

Encourage a safety culture of open communication in which hand hygiene improvements are addressed in a blame-free, respectful environment.

3.0 SCOPE

This policy applies to all Safehaven clients, employees, volunteers, students, families, visitors and contractors.

4.0 RESPONSIBILITY

Employees are responsible for:

- a) Completing all training and reviews as required;
- b) Understanding their role in the application of this policy;
- c) Notifying their Client Care Coordinator when a concern becomes evident;
- d) Following direction and guidance provided by the Client Care Coordinator and organization;
- e) Annually signing off on the hand hygiene declaration form;
- f) Checking all expiry dates on Alcohol-based rubs;
- g) Using liquid hand soap, not bar soap;
- h) Ensuring supplies of hand hygiene solutions and other materials, such as paper towels, soap dispensers and sanitizers are readily available for all to use, including visitors;
- i) Advising the client's family members of infection prevention and control requirements, such as hand hygiene; and
- j) Delivering education on hand hygiene to all staff, clients, families, visitors and contractors.

Client Care Coordinators (CCC) are responsible for:

- a) Promoting a culture of safety;
- b) Responding in a timely manner to any reported concerns and implement changes as required;
- c) Completing all training and reviews as well as annual hand hygiene declaration forms;
- d) Using liquid hand soap, not bar soap;
- e) Checking all expiry dates on the alcohol-based rub;
- f) Ensuring supplies of hand hygiene solutions and other materials, such as paper towels, soap dispensers and sanitizers are readily available for all to use, including visitors;
- g) Advising the client's family members of infection prevention and control requirements, such as hand hygiene;
- h) Reinforcing the policy's importance and staff's obligation to follow procedures; and
- i) Delivering education on hand hygiene to all staff, clients, families, visitors and contractors.

The Leadership team is responsible for:

- a) Understanding this policy and applying it appropriately;
- b) Teaching, coaching and guiding staff in its application;
- c) Completing all training and reviews as well as annual hand hygiene declaration forms;
- d) Checking all expiry dates on alcohol-based rub, and using liquid soap not bar soaps;

- e) Ensuring supplies of hand hygiene solutions and other materials, such as paper towels, soap dispensers and sanitizers are readily available for all to use, including visitors;
- f) Reinforcing the policy's importance and staff's obligation to follow procedures; and
- g) Delivering education on hand hygiene to all staff, clients, families, visitors and contractors.

The Chief Executive Officer and Director, Programs and Professional Practice are responsible for:

- a) Ensuring processes for managing risk are in place, utilized and regularly evaluated;
- b) Teaching, coaching and mentoring of leadership and front line/ support staff; and
- c) Reinforcing the policy's importance and staff's obligation to follow procedures.

The Board of Directors is responsible for:

- a) Providing oversight of risk is an integral part of good governance;
- b) Ensuring risk to the organization is effectively managed; and
- c) Completing all training and reviews as well as annual hand hygiene declaration forms.

5.0 DEFINITIONS

Alcohol-based hand rub: An alcohol-containing preparation (liquid, gel or foam) designed for application to the hands to inactivate microorganisms and/or temporarily suppress their growth; A minimum of 60% alcohol is required to be effective against germs.

Aseptic- free: From contamination caused by harmful bacteria, viruses, or other microorganisms.

Environment of the Client: *The immediate space around a client that may be touched by the client and may also be touched by the health care provider when providing care.*

Hand hygiene: The act of hand cleaning to remove visible soil and dirt, and to remove or kill microorganisms on the hand. This may be accomplished through washing hands with soap and water, or by using an alcohol-based hand rub.

Health Care Environment: Individuals and items located in an environment of a residential or respite facility that is not included in the immediate environment of the client.

Infectious Agent: A tiny, microorganism that may or may not cause disease. Examples include bacterium, virus, or fungus.

Germs: Also known as pathogens, a type of microbe that can cause disease.

6.0 REFERENCES and RELATED STATEMENTS of POLICY and PROCEDURE

- Ministry of Children and Youth Services. (2011). Child and Youth Residential Services: Licensed residential settings policy requirement 2011-1. *Safe Administration, Storage and Disposal of Medication (2011-1)2*
- In accordance with Accreditation Canada Infection Prevention and Control Standards 8.1, 8.4
- WHO Guidelines on Hand Hygiene in Health Care: First Global Patient Safety Challenge Clean Care Is Safer Care
- Public Health “Best Practices for Hand Hygiene in All Health Care Settings”, pg.13
- Public Health Ontario

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

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

Centers for Disease Control and Prevention

1. Centers for Disease Control and Prevention (CDC). 03.03.2020. Show me the science – when & how to use hand sanitizer in community settings. Retrieved from: <https://www.cdc.gov/handwashing/show-me-the-science-hand-sanitizer.html>
2. Centers for Disease Control and Prevention (CDC). 03.04.2020. Show me the science – how to wash your hands. Retrieved from: <https://www.cdc.gov/handwashing/show-me-the-science-handwashing.html>

7.0 PROCEDURE

There are two effective methods of hand hygiene: hand washing or hand rubbing. Hand washing refers to the use of soap and water to reduce the number of germs and chemicals. Hand rubbing refers to the use of alcohol-based hand rub, without water.

Hand washing is the most effective method of cleaning hands as it is the most effective in reducing the number of microbes and is effective against all types of germs, specifically *Cryptosporidium*, norovirus, and *Clostridium difficile*. Hand washing should also be used when hands are visibly soiled as the mechanical action of the rubbing and rinsing with water more effectively removes dirt and microorganisms.

If soap and water are not available, use an alcohol-based hand sanitizer that contains at least 60% alcohol, however it is recommended to be 70%-90%. Cleaning hands with an alcohol-based hand sanitizer is effective and often more efficient for staff providing care for a number of patients. If staff feel that there is a residue building up on their hands after frequent use of alcohol-based hand rub, it is appropriate to alternate between hand rubbing with an alcohol-based hand rinse and hand washing with soap and water.

At a minimum, hand hygiene must occur during the 4 Moments of Hand Hygiene:

Moment 1: Before initial patient or environment contact

- To protect the client and their environment from harmful germs on your hands.

Moment 2: Before clean/aseptic procedures

- To protect the client from harmful germs entering their body.

Moment 3: After exposure to bodily fluids

- To protect the healthcare worker and healthcare environment from harmful germs and bacteria transferred from the client or the client environment.

Moment 4: After direct patient contact and exiting the patient environment

- To protect the healthcare environment, and healthcare workers from harmful germs and bacteria.

ALCOHOL-BASED HAND HYGIENE PROCEDURE ('HAND RUBBING')

Preferred to be 70-90% alcohol

1. Ensure wrists and forearms are exposed and remove all hand and arm jewellery.
2. Apply 1 or 2 pumps of alcohol-based hand rub onto one palm.
3. Spread the alcohol-based hand rub over all surfaces of the hands.
4. Rub hands together in a manner that will cover all of the surfaces of the hands (palms, back of hands fingertips, wrists, between fingers, base of the thumb).
5. Continue rubbing all areas until the hands are completely dry. If sufficient alcohol-based hand rub was applied, this should take 15-20 seconds. It is important to remember that the action of mechanical rubbing that is essential in killing bacteria.
6. Hands must be fully dry before touching the client or the care environment/equipment for the ABHR to be effective and to eliminate the extremely rare risk of flammability in the presence of an oxygen-enriched environment.

SOAP AND WATER PROCEDURE ('HAND WASHING')

1. Ensure wrists and forearms are exposed and remove all hand and arm jewellery.
2. Adjust running water to a comfortable temperature and wet hands. If water is too hot, it can damage the skin.
3. Apply antimicrobial soap (Bar soap is not appropriate as it can harbor bacteria).
4. Use friction and rub vigorously in a manner that will cover all of the surfaces of the hands (palm, back of hand, fingertips, wrist, between fingers, base of thumb).
5. Continue rubbing all areas for 30 seconds.
6. Rinse thoroughly under running water.
7. Use a paper towel to pat the hands dry.
8. Turn off the tap with a paper towel to avoid recontamination.

It is important to protect the skin on hands from drying and cracking where bacteria may harbor, and to protect broken areas from becoming contaminated (particularly when exposed to blood and body fluids) antibacterial lotion is recommended.

Additional Hand Hygiene Techniques.

- Cover all cuts and abrasions with a waterproof dressing (Band-Aids).
- Antibacterial Hand cream (non-scented) can be applied to care for the skin on hands.
- Hand creams should only be applied to clean hands.
- Creams used should not affect the action of hand cleaning solutions being used or the integrity of gloves.
- Avoid the use of perfumed soaps, or other solutions that might cause skin problems.

Rings and jewellery are difficult to clean. Microorganisms can get trapped under rings and jewellery and will not be removed by hand hygiene. Alcohol-based hand rinse and soap can also get trapped under jewellery and can cause eczema. Rings can puncture gloves. Employees should not wear personal jewellery such as rings, bracelets or watches when providing personal care, as the need to perform hand hygiene is indicated. If jewellery must be worn, it should be limited to a single, smooth wedding band and/or a watch.

Long fingernails are difficult to clean, and can harbour microorganisms, which can be transmitted to those who are, receiving, care, and/or puncture gloves. Artificial nails also harbour microorganisms and are difficult to clean. Nails should be natural, kept short and clean. If nail polish is to be worn it must be chip-free. Artificial fingernails or enhancements should not be worn when providing personal care.

EXCEPTIONS:

Staff may be required to forgo hand hygiene during emergent client situations, e.g. if a client is having a seizure. In emergency situations, employees are encouraged to perform appropriate hand hygiene as soon as possible after the patient has been stabilized.

EDUCATION

All employees, clients, families, students, volunteers, visitors and contractors will be notified of this policy, be given the opportunity to watch a video on the 4 moments of Hand Hygiene, complete and submit a Hand Hygiene Declaration Form to the Client Care Coordinator and understand the expectation for 100% compliance at Safehaven.

During CACTS (Controlled Acts training) all employees participate in “glow bug”/Ultra-violet light hands on demo training.

8.0 ATTACHMENTS

8.1 Hand hygiene video link:

<http://www.publichealthontario.ca/en/BrowseByTopic/InfectiousDiseases/JustCleanYourHands/Pages/JCYH-videos.aspx>

8.2 How to hand rub video link:

https://www.youtube.com/watch?v=sDUJ4CAYhpA&feature=emb_logo

8.3 The Hand Hygiene Declaration Form

JUST CLEAN YOUR HANDS:

The 4 Moments of Hand Hygiene

I, _____ acknowledge that I have viewed and understood

(Print Name)

the online video by Public Health Ontario "**Just Clean Your Hands Introduction and Your 4 Moments of Hand Hygiene.**"

This training video included the following compliance requirements:

- The 4 Moments of Hand Hygiene
- When to use alcohol-based rub vs. soap and water
- How to wash your hands
- Why hand hygiene is so important

I agree to abide by The Safehaven Project for Community Living's Accessibility Standards for Hand Hygiene for Health Professionals, staff members and volunteers as required by the Ministry of Health and Long-Term Care (2008) and Public Health Ontario.

Employee's Signature

Date

Client Care Coordinator's Signature

Date