

Level	Manual	Section	Originating Date	Revised	Reviewed
Regional	PMH Regional Policy and Procedure Manual	Administration	2014-Nov-26	N/A	N/A
<b>Scope</b>	Applies to all health care providers within Prairie Mountain Health (PMH)				

**Approved by:** Penny Gilson, CEO

## DEFINITIONS

**Alcohol-Based Hand Rub (ABHR):** An approved Prairie Mountain Health (PMH) liquid, gel or foam formulation that contains alcohol which is applied to the hands to reduce the number of transient microorganisms. ABHRs contain emollients to reduce skin irritation and are less time-consuming to use than washing with soap and water.

**Antimicrobial (also called antiseptic) Soap:** An approved PMH detergent product containing an antimicrobial/antiseptic agent (e.g., chlorhexidine) at a concentration sufficient to inactivate microorganisms and/or temporarily suppress their growth.

**Approved Hand Hygiene Products:** Products provided by PMH for performing hand hygiene including: alcohol-based hand rub (ABHR), soaps, lotions and hand hygiene accessories (e.g. dispensers) that meet Infection Prevention & Control (IPC) and Occupational Health specifications.

**Clean/Aseptic Procedures:** Tasks involving direct care of a client, which may be invasive in nature providing opportunity for harmful microorganisms to enter the individual's body. Examples include but are not limited to administering medication via any route, initiating an intravenous site, assessing blood glucose, venipuncture, feeding an individual, and wound care procedures.

**Client:** Refers to an individual and/or their family/care provider who accesses and/or receives health care related services from a Prairie Mountain Health facility or program. Clients may be patients in an acute care setting, residents in a personal care home, or clients in a community program or facility.

**Direct Care:** Provision of hands-on care (e.g., bathing, washing, turning a client, changing clothes, continence care, dressing changes, care of open wounds/lesions, toileting).

**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 alcohol-based hand rub or the use of soap and running water.

**Hand Hygiene Moment:** The point(s) in an activity at which hand hygiene is performed. There may be several hand hygiene moments in a single care sequence or activity.

**Hand Washing:** The use of running water and soap (plain or antimicrobial) to physically remove soil and transient microorganisms from the hands with mechanical friction.

**Handling Food:** To supply, sell, offer for sale, process, prepare, package, provide, display, service, dispense, store or transport any food that is intended for public consumption.

**Hand Wipes:** Single-use, disposable towelette that is pre-moistened, usually with a skin antiseptic (e.g. alcohol), that is used to physically remove visible soil from hands in situations where running water is not available.

**Health Care Provider:** Refers to all employees (including contracted individuals, students, and volunteers) of Prairie Mountain Health who provide direct care or indirect non-contact care as a result of their duties/tasks of their position. A health care provider spans the continuum of services/care that a client may receive from a Prairie Mountain Health facility or program.

**Health Care Setting:** Any location where health care services are provided, including emergency care, pre-hospital care, hospitals/acute care facilities, transitional care facilities, long-term care facilities, mental health facilities, within the client's home environment, ambulatory care, and offices of health care providers.

**Medical Staff:** is comprised of all physicians, dentists, psychologists, midwives, physician assistants, clinical assistants, trainees, lab scientists, locum tenens, and nurse practitioners who are appointed pursuant to the medical staff by-law.

**Personal Protective Equipment (PPE):** Clothing or equipment worn by staff for protection against hazards. PPE can include, but is not limited to: gloves, eye protection, masks, and protective gowns, etc.

**Plain Soap:** Detergent-based products whose cleansing activity can be attributed to their detergent properties which remove organic substances from hands; these products have minimal, if any, antimicrobial activity.

**Point-of-Care:** The place where three elements occur together: the client, the health care provider and care or treatment involving client contact.

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

## **POLICY**

Prairie Mountain Health (PMH) supports, promotes and follows Hand Hygiene practices that enhance the health and safety of all clients receiving health care-related services within all facilities and programs. PMH further supports that adherence to Hand Hygiene recommendations is the single most important practice for preventing the transmission of micro-organisms in health care settings and directly contributes to client safety by preventing infections, as recognized by the Public Health Agency of Canada and Accreditation Canada.

All PMH employees, members of the medical staff, students, volunteers, and other persons acting on behalf of or in conjunction with PMH are required to follow hand hygiene procedures within PMH to prevent the transmission of microorganisms, reduce the incidence of infection, and to promote the health and safety of all clients, health care providers and visitors to PMH facilities/programs. Clients and visitors to PMH will be actively encouraged to perform hand hygiene while they are in any facility, department or building of PMH.

## RESPONSIBILITIES

### Health Care Providers & Medical Staff

- Complete at a minimum, upon initial orientation and on an annual basis the standardized PMH education and training on hand hygiene, the Hand Hygiene Policy and applicable processes in compliance with the Hand Hygiene Program.
- Perform hand hygiene according to the following 4 Moments of Hand Hygiene:
  1. **Before initial contact with a client or the client's environment**, including but not limited to: shaking hands, helping a client move around or get washed, taking a client's pulse/blood pressure, before touching any objects or furniture within the client's environment (e.g., personal belongings; bedside table, adjusting an intravenous rate).
  2. **Before a clean or aseptic procedure** (and before putting on gloves, if worn), including but not limited to: giving injections, providing oral/dental care, handling dressings or touching open wounds, inserting catheters, opening a vascular access or drainage system, feeding a client, handling food, assessing blood glucose, giving eye drops, preparing medications.
  3. **After body fluid exposure risk** (and after removing gloves, if worn), including but not limited to: contact with/cleaning up blood and body fluids, opening a vascular access or drainage system, oral care and wound care procedures, client toileting, personal use of toilet or wiping nose/face, contact with contaminated or visibly soiled items/areas (e.g., equipment, linen, bathroom).
  4. **After contact with a client or the client's environment**, including but not limited to: helping a client move around or get washed, assessing pulse/blood pressure, after touching any object or furniture in the client's environment (e.g. bed rail, clearing a bedside table, changing bed linen, touching monitors, adjusting an intravenous rate, etc.).
- Use only PMH-approved hand hygiene products (e.g. ABHR, soap and hand lotion) for hand hygiene in all PMH facility/program settings. Non PMH-approved hand hygiene products may lead to skin irritation, contamination, and decreased integrity of gloves.
- Review individual requirements to wear assistive/supportive devices (e.g. slings/splints), if applicable, with the Manager/Department Head in consultation with Occupational Health/designate to ensure that hand hygiene standards are properly performed in the clinical setting.
- The following staff will not wear artificial nails, nail enhancements (including gel and acrylic nails), gaps or chipping between cuticle and nail covering from polish or shellac or nail adornments and will have natural nails that are kept clean, healthy and with nails tips not exceeding 6 mm or 0.25 inches:
  - ♦ direct care providers;
  - ♦ staff who are in contact with the client's environment, belongings or items which may be in direct contact with the client or their environment;
  - ♦ first line Managers who may be utilized in emergency situations to provide or assist in providing direct client care;
  - ♦ hand jewelry should not be worn however if worn should be limited to simple ring bands.
- Report concerns about skin irritation to their supervisor with consultation to Occupational Health/designate if skin integrity is an issue.
- Ensure hand hygiene products are replaced (not topped up) as required (e.g. empty or expired product).
- Alert managers/supervisors when areas for improvement are observed (e.g. placement of ABHR in a particular location).
- Encourage client hand hygiene and assists with as necessary (e.g. before meals, after using washroom).
- Encourage visitors to perform hand hygiene before and after visit, and during client care if applicable.

## Managers/Supervisors

- Ensure ABHR products and/or sinks for hand washing are available as close as possible to the point-of-care. See section 4: Availability of Hand Hygiene Products.
- In consultation with health care providers, assess workflow patterns and conduct a risk assessment of the population being served prior to determining appropriate placement of hand hygiene products as applicable.
- Ensure sinks are readily available strictly for hand washing and are not used for equipment cleaning; blood, body fluid, waste disposal; and/or, food preparation.
- Designate auditors, as required, to assist with regular program hand hygiene audits.
- Follow up with received audit results including reviewing the results with health care providers and developing and documenting specific action(s) to improve hand hygiene performance within the program.
- Ensure procedures for how to use ABHR or perform hand washing with soap and water (as applicable) are posted within their PMH departments/units/facilities and programs ensuring only PMH approved signage is used.
- Actively encourage health care providers to perform hand hygiene in accordance with this policy.
- Ensure health care providers complete the required annual hand hygiene education and provide report of overall program completion to Prairie Mountain Health Hand Hygiene Committee annually.
- Follow up through performance management with those staff who do not comply with the specified hand hygiene practices as specified in this policy including all relevant sections related to nail care.

## Maintenance

Ensures, in collaboration with the Manager and where reasonably possible, wall-mounted ABHR dispensers are installed as per the Manitoba Fire Code and in compliance with Workplace Hazardous Materials Information System (WHMIS), away from electrical outlets, switches, and power sources as per Hand Hygiene Product Placement Recommendations for Healthcare Settings, R.ADM.G.305a.

## Environmental Services

- Provides appropriate management of hand hygiene products, including ensuring they are clearly labeled with product type and expiry date.
- Replaces and discards expired product as per approved waste handling procedures.
- Maintains the approved hand hygiene signage in public areas of facilities/departments/programs including near ABHR dispensers and within public washrooms.

## Material Management

- In partnership with applicable site departments, ensures stock ABHR is available and stored as per the Manitoba Fire Code and in compliance with WHMIS.

## PMH Hand Hygiene Committee

- Supports and Coordinates PMH Hand Hygiene Program.
- Conducts activities as outlined within the PMH Hand Hygiene Committee Terms of Reference.
- Oversees semi-annual hand hygiene practice reviews (observational audits) of hand hygiene practices of health care providers within PMH programs.
- Develops/approves and facilitates the implementation of the required hand hygiene education for health care providers in collaboration with PMH Regional Leadership Team.

- Develops and provides resources (e.g. toolkits, signage) as necessary to assist programs in improving hand hygiene compliance.
- Reviews audit reports on hand hygiene performance, and provides recommendations based on regional audits results and identified trends to PMH Executive Management Team and Regional Leadership Team.

### Hand Hygiene Auditors

- Receive the necessary training prior to initiating an audit.
- Perform observational audits of hand hygiene practices within PMH programs using a Hand Hygiene Committee-approved practice review tool.
- In conjunction with manager determine the timeframe of program audit.

### Volunteers

- At a minimum upon initial orientation and on an annual basis complete the approved volunteer education and training on hand hygiene and review the hand hygiene policy.
- Perform at least the minimum hand hygiene standards while participating within PMH programs.

### Students

- Comply with all applicable hand hygiene practices while practicing within any PMH program including: proper hand hygiene at each of the above-described “4 Moments for Hand Hygiene”; use of appropriate hand hygiene products; and following correct procedures, as described below.

## PROCEDURE

1. Procedure for the use of Alcohol-Based Hand Rub (ABHR) (recommended hand hygiene practice):
  - 1.1. Ensure hands are not visibly soiled and are dry before use.
  - 1.2. Apply enough ABHR product to the palm of one hand to cover all hand surfaces (e.g., two to three pumps).
  - 1.3. Rub product over all the surfaces of the hands and wrists, including: palms, spaces between fingers, back of hands and wrists, fingers, fingertips (including under nails) and thumbs.
  - 1.4. Continue rubbing ABHR product over hands (hands must remain wet with the product) until hands are completely dry (this will take at least 15-20 seconds if sufficient product is used).
  - 1.5. Periodically apply an approved PMH hand lotion to assist in maintaining skin integrity.
  - 1.6. Ensure hands are dry before donning gloves (if worn).
2. Procedure for the use of plain/antimicrobial soap and water (soap and water hand hygiene is to be followed when hands are visibly soiled or during care of the client with *Clostridium difficile*):
  - 2.1. Wet hands with warm water (avoid hot water which can irritate skin).
  - 2.2. Apply enough soap to ensure all hand surfaces are lathered thoroughly (e.g. two to three pumps).
  - 2.3. Vigorously rub soap product over all the surfaces of the hands and wrists, including: palms, spaces between fingers, back of hands and wrists, fingers, fingertips (including under nails) and thumbs for a minimum of 15 seconds.
  - 2.4. Rinse hands thoroughly under warm running water.
  - 2.5. Pat hands dry with disposable paper towels.
  - 2.6. Use paper towels to turn off faucets and to open door.
  - 2.7. Frequently apply an approved PMH hand lotion to assist in maintaining skin integrity.

2.8. If performing hand washing, do not follow by alcohol. This may lead to dermatitis.

2.9. Ensure hands are dry before donning gloves (if worn).

**Note:** In the absence of a designated hand washing sink or when hand washing sinks are unsuitable (e.g. contaminated sinks, no running water, no soap), if hands are visibly soiled, hand wipes may be used to remove visible soil followed by the use of ABHR. Hands are to be washed once a suitable sink is available.

### 3. Glove Use

3.1. Gloves are considered personal protective equipment (PPE).

3.2. Hand Hygiene (as outlined above in #1 and #2) must be performed before (donning) and after (doffing) gloves.

3.3. Gloves are used for a single client; staff are not to wear the same pair of gloves when moving between multiple clients even if the task is the same.

3.4. Gloves are used for a single task; new gloves are to be worn when moving from a contaminated body site to another body site (including mucous membranes, non-intact skin or a medical device within the same client or the environment. Hand Hygiene must be performed prior to and after each glove change.

3.5. Nitrile Gloves are required when there is or it is anticipated:

- Contact with bloody fluids (e.g. Intravenous (IV) insertion, handling blood specimens, etc.)
- Contact with bodily fluids (e.g. Soiled linen, emptying urine bags/colostomy, etc.)
- Contact with a client on Contact Precautions
- Handling chemicals or cleaning supplies with chemicals
- Handling chemotherapy or biohazardous drugs
- Contact with a client's rash or non-intact skin area
- If health care providers have a rash or non-intact skin on their hands.

3.6. Gloves are not required when:

- Examining or turning a client
- Changing non-soiled linen
- Transporting a client (if not indicated as per Contact Precautions)
- Dry tasks (administering oral medications, excluding biohazardous medications)
- Transporting a food tray.

### 4. Availability of Hand Hygiene Products

4.1. Health care providers assess the risk and take appropriate corrective action where the placement of or access to ABHR constitutes a potential safety risk.

4.2. ABHR dispensers are installed/available in designated areas of programs (as physically and reasonably possible) including but not limited to:

- Client room entrances
- Client bedside (where deemed safe/appropriate)
- Public areas (e.g., building entrances, exits where deemed safe/appropriate)
- Office areas where food is consumed
- Portable medication carts or nutritional carts
- Nursing stations
- Cafeteria entrances
- Multi-use computer stations
- Any existing clinical areas without sinks (excluding soiled utility rooms)

4.3. Wall-mounted ABHR dispensers wherever possible are installed away from sinks/electrical outlets.

## ASSOCIATED DOCUMENTS and POLICIES

[R.ADM.G.305a, Hand Hygiene Product Placement Recommendations for Healthcare Settings \(PMH343\)](#)

## REFERENCES

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