



HOMES AND SENIORS SERVICES

POLICY & PROCEDURE NUMBER: 2.3

DEPARTMENT: *Infection Control*

SUBJECT: *Hand Hygiene*

APPROVAL DATE: April 2004

REVISION DATE: April 2007; March 2016; Dec. 2020 & March 2021, Nov. 2022

REVIEW DATE: March 2017; November 2018; December 2019

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PURPOSE:

To reduce the spread of infections and maintain skin integrity.

Hand hygiene is the single most important control strategy against the spread of infectious disease.

There are 2 methods for performing hand hygiene – hand washing with soap and water; and hand hygiene with alcohol-based hand rub.

GENERAL GUIDELINES:

- **The use of gloves does not replace the need to clean hands**
- Wear gloves only when indicated, otherwise they become a major risk for transmission of organisms
- Keep fingernails short and clean
- A plain ring/band is preferable as diamond or stone settings collect microorganisms and may injure residents
- Do not wear artificial nails
- Nail polish should not be worn – chipped nail polish increases bacteria growth and decreases the ability to visually detect dirt under the nails
- Make sure that sleeves are pushed up and do not get wet
- Clean hands for a minimum of 15 seconds
- Dry hands thoroughly
- Apply lotion to hands frequently to maintain skin integrity
- Residents shall be encouraged to complete hand hygiene; and, may require assistance cleaning their hands before they begin and after ending activities, including but not limited to, programs, meal and snack time, toileting, outings, etc..

When should hand hygiene be performed?

- Before and after work/tasks
- Before and after physical contact with residents, including hallway contact
- Before and after personal body functions (rest room), eating or drinking, using tobacco



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- Before preparing, handling, serving or eating food. After handling soiled kitchen utensils, or equipment. When switching between working with raw food and working with ready to eat food
 - Before moving from a dirty task to a clean task.
 - Before feeding residents
 - Before putting on and after taking off gloves
 - After any potential exposure to blood, body fluids (coughing, sneezing, using a disposable tissue),
 - As outlined in the donning and doffing IC 2.22 Personal Protective Equipment for the Healthcare Provider procedure

Whenever a staff is in doubt about the necessity for doing so

JUST CLEAN YOUR HANDS

The 4 moments of hand hygiene, part of the “Just Clean Your Hands” program focuses on breaking the chain of transmission in relation to contact with the resident and / or resident environment. The 4 Moments of Hand Hygiene include:

1. Before initial resident/resident environment contact. Clean your hands when entering; before touching resident or before touching any object or furniture in the resident’s environment. Some examples may be: shaking hands, stroking an arm, helping a resident to move around/get washing, taking pulse/blood pressure/chest auscultation.
2. Before aseptic procedures. Clean your hands immediately before any aseptic procedure (e.g. oral/dental care, eye drops, catheter insertion and changing a dressing).
3. After body fluid exposure risk. Clean your hands immediately after an exposure risk to body fluids (and after glove removal). Some examples may be: oral/dental care, eye drops, skin/wound care, injection, cleaning up urine/feces/vomit, handling waste (bandages, napkin, incontinence pads), cleaning of contaminated and visibly soiled material or areas (bathroom, medical instruments).
4. After resident/resident environment contact. Clean your hands when leaving after touching resident; or after touching any object or furniture in the resident’s environment. Some examples may be: shaking hands, helping resident move around, changing linen, monitoring alarm, holding a bed rail, clearing the bedside table.



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HANDWASHING PROCEDURE:

1. Handwashing with soap and running water must be done when hands are visibly soiled. If running water is not available, use moistened towelettes to remove the visible soil, followed by alcohol-based hand rub. Handwashing is the preferred method when in contact with items soiled potentially with *Clostridium difficile* (*C. difficile*) as alcohol-based hand sanitizers are not effective against *C. difficile*.
2. Hand hygiene with soap and water, done correctly, removes organisms.
3. Ensure the paper towel can be accessed when you are ready for it.
4. Turn tap on with warm water and thoroughly wet hands.
5. Apply soap from a dispenser. Work up lather with active scrubbing. Scrub the back and front of hands, fingertips (especially under the nails), between the fingers especially the thumb and wrists. A count of 15 seconds should be used as a time factor.
6. Rinse hands thoroughly under warm running water, holding hands down and elbows up.
7. Dry hands well with disposable paper towel, wipe from fingertips to wrist.
8. Turn tap off with paper towel to avoid re-contamination of hands.
9. Discard paper towel in garbage.
10. Use hand lotion frequently to prevent dry, cracked skin.

ALCOHOL-BASED HAND RUB

PROCEDURE:

1. Alcohol-based hand rub is the preferred method for cleaning hands. It is better than washing hands (even with antibacterial soap) when hands are not visibly soiled.
2. ABHR of 70 – 90 % alcohol to be used
3. Hand hygiene with alcohol-based hand rub, correctly applied, kills organisms in seconds.



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4. Alcohol-based hand rub will be available for staff, residents and visitors at points of care. Alcohol-based hand rub products can only be used when there is no visible contamination of hands.
5. Apply product to palm of one hand and rub hands together, covering all surfaces of hands and fingers (backs and fronts of hands, between fingers, thumbs, fingertips, and wrists) for 15 seconds. Note that the amount of product needed to reduce the number of bacteria on the hands varies by product ability to cover all above areas of hands, fingers and wrist for 15 seconds.
6. Rub lightly over hands (approximately 15 seconds) until the product has evaporated and hands are dry. Alcohol is a flammable, and care should be taken to ensure the product is completely evaporated before coming in close contact to flame/spark (i.e. smoking).
7. Do not rinse.

Audits:

Completed by: IPAC Program Manager, Registered Staff, MRC or delegate.

Collected:

During any increase surveillance needed per unit, or department

Monthly

Increased based on increased of symptomatic staff or residents

Increased based on directives or Public Health recommendations

Completed during staff probationary period.

Completed as recommended by IPAC Program Manager.

References: Best Practice for Hand Hygiene in All Health Care Settings, April 2014, Public Health Ontario website – www.oahpp.ca