

RVH	POLICY & PROCEDURE		POLICY NO: IPAC 3.2
SUBJECT Hand Hygiene Program	SUPERCEDES August 2007, July 2008	PAGES 1 of 5	
APPROVAL: <u> Infection Prevention & Control Committee </u> <u> Professional Advisory Committee </u> <u> Medical Advisory Committee </u>		DATE: <u> September, 2010 </u> DATE: <u> January 2011 </u> DATE: <u> October 2011 </u>	
AMMENDED: <u> Infection Prevention & Control </u>		DATE: <u> June 2010 </u>	

SCOPE:

This policy applies to **all** individuals involved in health care.

POLICY STATEMENT:

This policy describes the process that is being completed to help the hospital staff overcome the barriers to proper hand hygiene and improve compliance with hand hygiene best practices.

Adherence to hand hygiene recommendations has been cited as the single most important practice for preventing the transmission of pathogens and the spread of health care-associated infections and directly contributes to patient safety. (PIDAC, 2009.) In Canada, it has been estimated that 220,000 incidents of Hospital Acquired Infections (HAI) occur each year, resulting in more than 8,000 deaths (Zoutman 2003).

PURPOSE:

The policy contains information related to hand hygiene. Hand hygiene is a core element of patient safety for the prevention of health care-associated infections. An effective comprehensive hand hygiene program is based on using the right product in the right place at the right time by health care providers who have received education in appropriate hand hygiene indications and techniques, combined with a good hand care program.

It is expected that the staff will adhere to the principles outlined in this policy.

DEFINITIONS:

Alcohol-based Hand Rub (ABHR): A liquid, gel or foam formulation of alcohol (e.g. ethanol, isopropanol) used to decrease the number of microorganisms on hands in clinical situations when the hands are not visibly soiled.

Champions: Health care providers who publicly share their commitment to improving hand hygiene practice in the health care setting.

Environment of the Patient: 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. The environment includes: equipment, medical devices, furniture, telephone, curtains and personal belongings. In a multi-bed room, the patient environment is the area inside the individual's curtain. In an ambulatory setting, the patient environment is the area that may come into contact with the patient within their cubicle. In neonatal settings, the patient environment is the isolette inside.

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Hand Hygiene: Refers to any action of hand cleaning and relates to the removal or killing of transient microorganisms and removal of visible soil from the hands. Hand hygiene includes the use of soap and running water or an alcohol-based hand rub. Hand hygiene includes surgical hand antisepsis.

Plain Soap: Detergents that contain very low or no concentrations of antimicrobial agents.

Point-of-Care: A concept that refers to a hand hygiene product which is easily accessible to staff, as close as possible to where patient contact is taking place. Three elements occur together: the patient, the health care provider and care or treatment involving patient contact. The products should be accessible without the provider leaving the patient environment.

Provincial Infectious Diseases Advisory Committee (PIDAC): A multidisciplinary advisory body that provides the Chief Medical Officer of Health evidence-based advice regarding aspects of infectious disease identification, prevention and control.

Public Health Agency of Canada (PHAC): A national agency which promotes improvement in the health status of Canadians through public health action and the development of national guidelines.

Reservoir: Any person, animal, substance or environmental surface in which an infectious agent survives or multiplies, posing a risk for infection.

Surgical Hand Antisepsis: The preparation of hands for surgery, using both antimicrobial soap and water or an alcohol-based hand rubs, preferably one with residual activity.

Surgical Hand Scrub: Surgical hand preparation with antimicrobial soap that has sustained activity and water.

Transient Bacteria: Bacteria found on the upper layers of the skin that may be removed or killed by hand hygiene agents. The bacteria are acquired during direct contact with patients, health care providers, contaminated equipment or the environment.

Visibly Soiled Hands: Hands with visible dirt or body fluids.

LEGISLATION/REGULATION:

Occupational Health and Safety Act (OHSA) O. Reg.67/93.28

POLICY:

Proper hand hygiene will protect patients and providers, reduce the spread of infections and the costs associated with treating infections, reduce hospital lengths of stay and readmissions, reduce wait times, and prevent deaths.

The *Just Clean Your Hands* program was developed by the Ministry of Health and Long term care to help hospitals overcome the barriers to proper hand hygiene and improve compliance with hand hygiene best practices.

The program has identified 'Your 4 Moments for Hand hygiene' that are points in patient care activity during which hand hygiene is essential. This makes it easier to understand the moments where the risk of transmission of microorganisms by way of the hands is highest, to memorize them, and to incorporate them into the health care activities.

The following are the 4 Moments:

1. Before initial patient/patient environment contact
2. Before aseptic procedure
3. After body fluid exposure risk
4. After patient/patient environment contact

It is the policy of the Royal Victoria Hospital to:

1. Provide an effective multidisciplinary Hand Hygiene program with ongoing initiatives, surveillance and public reporting of hand hygiene compliance rates.
2. Provide education and visual reminders regarding indications for hand hygiene and proper hand hygiene techniques to all staff, volunteers, patients and visitors through use of written and visual information and/or educational sessions.
3. Provide adequate supplies for all staff, volunteers, patients, and visitors to perform proper hand hygiene that includes the placement of alcohol-based hand rubs, sinks, and appropriate supplies.

PROCEDURE:

1. Hand Hygiene program:
 - a. The multifaceted, multidisciplinary Hand Hygiene Committee will meet quarterly to discuss strategies and review initiatives.
 - b. Routine surveillance related to hand hygiene compliance will occur using a reliable, validated observer audit tool. On the spot feedback and monthly reports will be provided to the managers/staff related to the surveillance data.
 - c. Compliance rates related to 'Your 4 moments for hand hygiene' will help identify educational needs.
 - d. Review results of hand hygiene compliance as part of the ongoing safety agenda of facility committees, such as Joint Health and Safety, Infection Prevention and Control, Medical Advisory Committee and Senior Leadership Team.
 - e. Provide quarterly surveillance data for submission to Ministry of Health and Long Term Care for Public Reporting of hand hygiene compliance rates pre and post patient contact.
2. Education and visual reminders regarding indications for hand hygiene and proper hand hygiene techniques to all staff, volunteers, patients and visitors through use of written and visual information and/or educational sessions.
 - a. Orientation for all new staff and volunteers will include hand hygiene education – Your 4 Moments for Hand Hygiene.
 - b. Ongoing in-services, education, training and annual certification related to hand hygiene will occur.
 - c. Visual workplace reminders will be in place in the form of posters and prompts.
 - d. Hand hygiene pamphlets and other resources will be provided for patients and families for information purposes.

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3. Provide adequate, appropriate resources for staff, volunteers, patients, and visitors to perform proper hand hygiene that includes the placement of alcohol-based hand rubs, sinks, and appropriate supplies.
 - a. Hand washing sinks in the facility will be hands-free, free-standing and designated for hand washing.
 - b. Electric eye-triggered devices have a contingency plan in place to deal with power failure (e.g. tie in to emergency power system).
 - c. Hand soap must be dispensed from disposable single use containers only.
 - d. Hand washing for routine care may be done with plain soap and water.
 - e. Alcohol hand-rub will be accessible at all entrances to the facility (public and staff).
 - f. Alcohol-based hand rub dispensers will be at point-of-care and at the entrance to each patient room, unless contraindicated by the risk assessment.
 - g. Hospital supplied hand lotion will be available to maintain skin integrity. The lotion should not interfere with glove integrity.
 - h. Occupational health will maintain a hand care program for the staff.
 - i. Prior to changing any hand hygiene product, review and trial of the product must include a representative from Infection Prevention & Control and proceed through the Product Analysis Committee.

CROSS REFERENCES:

Royal Victoria Hospital (2010). Policy and Procedure: Dress Code – Direct Patient Care

Infection Prevention and Control Manual Additional Tools:

- 3.2.1 Your 4 Moments for Hand Hygiene
- 3.2.2 When and How to Perform Hand Hygiene
- 3.2.3 Factors that Reduce Effectiveness of Hand Hygiene and Hand Care

REFERENCES:

Centers for Disease Control (2002), *Guideline for Hand Hygiene in Health-Care Settings*, Retrieved November 20, 2009 from <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5116a1.htm>

CSA Standards Z314.8-08 (March 2008), *Decontamination of reusable medical devices*

Ministry of Health and Long term Care (2007). *Just clean your hands campaign*. Retrieved November 20, 2009 from <http://www.justcleanyourhands.ca>

Occupational Health and Safety Act (OHS) Retrieved November 20, 2009 from: http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_90o01_e.htm

Provincial Infectious Diseases Advisory Committee (PIDAC), *Best Practices For Hand Hygiene In All Health Care Settings* Revised – January 2009 Retrieved November 19, 2009 from: http://www.health.gov.on.ca/english/providers/program/infectious/diseases/ic_hh.html

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World Alliance for Patient Safety. *WHO Guidelines on Hand Hygiene in Health Care (Advanced Draft)*. 2006 Available from:
http://www.who.int/patientsafety/informationcentre/Last_AprilversionHH_Guidelines%5b3%5d.pdf

Zoutman DE, Ford BD, Bryce E, Gourdeau M, Hebert G, Henderson E, et al. The state of infection surveillance and control in Canadian acute care hospitals. *Am J Infect Control* 2003;31(5):266-72; discussion 72-3.