 Department of Health Government of Nunavut		<b>NURSING POLICY, PROCEDURE AND PROTOCOLS</b>	
		<b>Community Health Nursing</b>	
<b>TITLE:</b>		<b>SECTION:</b>	<b>POLICY NUMBER:</b>
Hand Hygiene		Infection Control	10-004-00
<b>EFFECTIVE DATE:</b>	<b>REVIEW DUE:</b>	<b>REPLACES NUMBER:</b>	<b>NUMBER OF PAGES:</b>
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<b>APPLIES TO:</b>			
Community Health Nurses			

**POLICY:**

**All health centre staff are expected to perform hand hygiene:**

- Before and immediately after client contact and/or client environment contact (feeding, bathing, invasive procedures etc.)**
- After body fluid exposure risk or after touching contaminated objects and surfaces.**
- Before aseptic procedures.**
- After using washroom facilities, blowing one's nose, touching one's face, hair, etc.**

**DEFINITIONS:**

**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 microorganism from the hands. Hand hygiene may be accomplished using soap and running water or an alcohol-based hand rub.

**Client environment:** The immediate space around a client that may be touched by a client and may also be touched by the Healthcare Provider when providing care. The client environment includes equipment, medical devices, furniture, curtains and personal belongings

**PRINCIPLES:**

**Hand washing is the single most important procedure for preventing the transmission of pathogens** from one person to another, or from one site to another in the same client. It is a simple procedure that protects clients, Healthcare workers and the environment.

The use of gloves does not replace the need for hand hygiene.

**RELATED POLICIES, GUIDELINES AND LEGISLATION:**

Policy 10-001-00	Routine Practices
Policy 10-003-00	Infection Control
Guideline 10-004-01	Hand Hygiene Guidelines



## REFERENCES:

Ontario Ministry of Health and Long-Term Care. *Just Clean Your Hands Program*.

Provincial Infectious Diseases Advisory Committee (2008). *Best Practices for Hand Hygiene in all Health Care Setting*.

Qikiqtani General Hospital Infection Control Policy "Hand Hygiene"



**Hand washing products are to be used as follows:**

a) *Regular liquid soap:*

- Regular liquid soap, (together with warm water and friction for 40-60 seconds), is considered sufficient to remove transient microorganisms, which may colonize the hands after simple contacts with clients' and/ or the environment.
- Used for all general hand washing.
- Available in wall dispensers adjacent to sinks.
- Disposable containers are preferred for liquid products. Reusable containers should be thoroughly washed and dried before refilling, and routine maintenance schedules should be followed and documented. Liquid products should be stored in closed containers and should not be topped-up.

b) *Antiseptic soap:*

- Its primary action includes mechanical removal as well as killing or inhibition of both transient and resident microorganisms.
- It is to be used:
  - After contact with clients who are infected or colonized with infectious diseases and/ or multidrug-resistant microorganisms.
  - Prior to carrying out invasive procedures such as placement of intravascular catheters or other invasive devices.
- Special Consideration: Antiseptic agents may be chosen if it is felt important to reduce the number of resident flora or when the level of microbial contamination is high. Antiseptic agents should be chosen when persistent antimicrobial activity on the hands is desired.
- Routine use of hexachlorophene is not recommended because of neurotoxic effects and potential absorption through the skin.
- Alcohol containers should be stored in areas approved for flammables.

c) *Waterless hand wash:*

- An approved alternative to conventional agents where hand washing facilities are inadequate or inaccessible (e.g. ambulances, home care, mass immunization, on the land). Situations where water supply interrupted (e.g. planned disruptions, natural disasters).
- Recent studies have shown that alcoholbased hand sanitizers are effective as long as hands are not visibly dirty.
- Special Consideration: Not effective if hands are soiled with dirt or heavily contaminated with blood or other organic material. Follow manufacturer's recommendations for use. Efficacy affected by concentration of alcohol in product.
- Hand creams should be readily available to protect skin integrity. Healthy intact skin is a barrier to infection.

**Examples of when hands are to be cleaned:**

1. Before initial contact with a client or items in their environment. This should be done on entry to the room, even if the client will not be touched;
2. Before putting on gloves;
3. Before preparing, handling or serving food or medications to a client;



4. After care involving contact with the body fluids of a client, even if gloves are worn (e.g. assisting with blowing nose, toileting, doing wound care, contact with secretions, excretions, blood, urine), after removing gloves and before moving to another activity;
5. After contact with a client or items in their immediate surrounding when leaving, even if the client has not been touched;
6. When moving from a contaminated body site to a cleaner body site during health care; and
7. Whenever a healthcare provider is in doubt about the necessity for doing so.

#### **How to Perform Hand Hygiene with Alcohol-Based Hand Rub:**

The use of Alcohol-based hand rub is the preferred method for hand hygiene if hands are not visibly soiled. Alcohol based hand rub should be available at each point of care.

1. Ensure hands are visibly clean (if soiled, follow hand washing steps).
2. Remove hand and arm jewellery. If a watch is worn, it must be worn above the wrist and fit snugly. Clothing or other items that impede frequent and effective hand hygiene should be removed. Rings and bracelets should not be worn.
3. Apply one to two full pumps of product, or squirt a 35 mm-sized amount (about the size of a loonie) onto one palm.
4. Spread product over all surfaces of hands, concentration on fingertips, between fingers, back of hands, and base of thumbs. These are the most commonly missed areas.
5. Rub hands until product is dry. This will take a minimum of 15 seconds if sufficient product is used.

Hands must be fully dry before touching the client or the care environment/equipment for the hand rub to be effective and to eliminate the extremely rare risk of flammability.



### **How to Perform Hand Washing:**

1. Remove hand and arm jewellery. If a watch is worn, it must be worn above the wrist and fit snugly. Clothing or other items that impede frequent and effective hand hygiene must be removed or pushed back. Rings and bracelets should not be worn.
2. Wet hands with warm (not hot) running water.
3. Apply liquid or foam soap. Do not use bar soap in the healthcare setting as it may harbor bacteria that can then be spread to others.
4. Vigorously lather all surfaces of hands for a minimum of 15 seconds to create friction and remove transient or acquired bacteria. Pay particular attention to finger tips, between fingers, backs of hands and base of the thumbs. These areas are the most commonly missed areas.
5. Rinse hands using a rubbing motion under a stream of running water until all soap is gone.
6. Pat hands dry with paper toweling, starting from fingertips to wrists. Do not use shared linen towels to dry your hands, use disposable paper towels.
7. Turn tap(s) off with paper towel to prevent recontamination of the hands.
8. Discard used paper toweling in the appropriate receptacle.
9. Keep your hands in good shape by preventing dryness and chapping with hand-lotion, and keep your nails trim and short. Do not use alcohol-based hand rub immediately after washing hands, as skin irritation will be increased.

If running water is not immediately available, use moistened towelettes to remove visible soil, followed by alcohol-based hand rub.

### **Factors that Affect the Effectiveness of Hand Hygiene:**

The following factors can increase the number of micro organisms and compromise hand hygiene:

- dermatitis, cracks, cuts or abrasion
- long nails
- chipped nail polish
- artificial nails or nail enhancements
- rings, hand jewellery and bracelets

Healthcare providers are encouraged to frequently use appropriate hand moisturizing skin care products.

- Multi use dispensers that can be cleaned and that are designed in such ways that contamination of the spout cannot occur are acceptable.
- Small, pocket-sized containers of lotion are acceptable for individual use. Due to the risk of contamination, these containers should not be refilled.
- Large, multi-use hand lotion bottles are easily contaminated and should not be used.

Nails must be kept clean and short. Nail polish, if used, must be fresh and free of cracks or chips. Artificial nails or nail enhancements are not permitted.

Hand jewellery must be limited to a smooth wedding band without projections or mounted stones and/or a watch. These should be removed before performing hand hygiene.

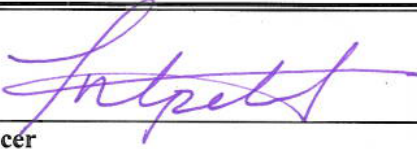



**References:**

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Approved by:		11 FEB 2011	Effective Date:  April 1, 2011
Chief Nursing Officer		Date	
	February 11, 2011	Date	
Deputy Minister of Health and Social Services			

