

Provincial Infectious Diseases Advisory Committee

HAND HYGIENE (HH)

Fact Sheet for Health Care Settings

This fact sheet provides basic information only. It must not take the place of medical advice, diagnosis or treatment. Always talk to a health care professional about any health concerns you have, and before you make any changes to your diet, lifestyle or treatment.

Hand hygiene is the responsibility of the organization and all individuals involved in health care. Hand hygiene is a core element of client/patient/resident safety for the prevention of health care-associated infections and the spread of antimicrobial resistance. There are two methods of performing hand hygiene:

1. ALCOHOL-BASED HAND RUB (ABHR)

Alcohol-based hand rub is the preferred method for decontaminating hands. Using ABHR is better than washing hands (even with an antibacterial soap) when hands are not visibly soiled:

- ABHRs provide for a rapid kill of most transient microorganisms
- ABHRs contain a variety of acceptable alcohols in concentrations from 60 to 90%; 70 to 90% is preferred for health care settings
- ABHRs are not to be used with water
- ABHRs contain emollients to reduce hand irritation
- ABHRs are less time-consuming than washing with soap and water
- If running water is not available, use moistened towelettes to remove the visible soil, followed by ABHR

2. HAND WASHING

Hand washing with soap and running water must be performed when hands are visibly soiled. Antimicrobial soap may be considered for use in critical care areas but is not required and not recommended in other care areas. Bar soaps are not acceptable in health care settings except for individual client/patient/resident personal use.

YOUR 4 MOMENTS FOR HAND HYGIENE

1. Before initial client/patient/resident or environment contact

When?

Clean your hands when entering:

- before touching client/patient/resident or
- before touching any object or furniture in the client/patient/resident's environment.

Why?

To protect the client/patient/resident and their environment from harmful germs carried on your hands.

2. Before aseptic procedure

When?

Clean your hands immediately before any aseptic procedure.

Why?

To protect the client/patient/resident from harmful germs, including his/her own germs, entering his or her body.

3. After body fluid exposure risk

When?

Clean your hands immediately after an exposure risk to body fluids (and after glove removal).

Why?

To protect yourself and the health care environment from harmful client/patient/resident germs.

4. After client/patient/resident or environment contact

When?

Clean your hands when leaving:

- after touching client/patient/resident or
- after touching any object or furniture in the client/patient/resident's environment.

Why?

To protect yourself and the health care environment from harmful client/patient/resident germs.

FACTORS THAT REDUCE THE EFFECTIVENESS OF HAND HYGIENE

The following factors reduce the effectiveness of hand hygiene:

- **Condition of the skin:** See Section 4, "Hand Care", of the Best Practices for Hand Hygiene in All Health Settings document for information about maintaining skin integrity.
- **Nails:** Long nails are difficult to clean, can pierce gloves and harbour more microorganisms than short nails. Nails must be kept clean and short.
- **Nail polish:** Only nail polish that is fresh and free of cracks or chips is acceptable.
- **Artificial nails or nail enhancements** are not to be worn by those giving care.
- **Jewellery:** Hand and arm jewellery hinder hand hygiene. Rings increase the number of microorganisms present on hands and increase the risk of tears in gloves. Arm jewellery, including watches, should be removed or pushed up above the wrist before performing hand hygiene.
- Products must be dispensed in a disposable pump container that is not topped-up, to prevent contamination.