

**Purpose:**

- To establish a standard for hand hygiene practice within Island Health.
- To strive for excellence in the health and safety of patients, health care providers and visitors within Island Health.
- To support staff in reducing of health-care associated infections through meticulous hand hygiene.

**Context:**

Island Health offers programs and services on the unceded and traditional territories of the Coast Salish, Nuuchah-nulth, and Kwakwaka'wakw Peoples.

As a signatory to the 2015 Declaration of Commitment to Cultural Safety and Cultural Humility, Island Health is committed to addressing the ongoing impacts of colonialism and Indigenous-specific racism in order to provide a culturally safe, inclusive, healthy and respectful environment.

The organization is committed to strengthening diversity, equity and inclusion to enable excellence in health and care for everyone, everywhere, every time. Through these commitments, Island Health strives to deliver the highest possible standard of care and to promote safe workplaces.

**Scope:**

- **Audience:**
  - Staff and medical staff of Island Health and its subsidiaries;
  - Contractors;
  - Physicians, dentists, mid-wives and other allied health professionals with an Island Health appointment and privileges or who contract with Island Health who provide care or services on behalf of Island Health;
  - Medical residents;
  - Students, trainees and educators; and
  - Volunteers.
- **Environment:**
  - Island Health-wide.
  - All care settings across the continuum of care.
- **Exceptions:**
  - Health care providers may be required to forego hand hygiene during emergent patient situations (e.g., a patient collapse). In emergency situations, health care providers and physicians must perform appropriate hand hygiene as soon as possible during the care of the patient, immediately after the event, or if no longer providing care in that emergency situation.

**1.0 Policy****1.1 General**

- Island Health supports hand hygiene practices that enhance the health and safety of all staff, patients and visitors.
- All within the scope of this policy are expected to practice proper hand hygiene to prevent healthcare associated infections.
- Island Health's Vision and Values align with the Healthcare Excellence Canada's "4 moments for hand hygiene".

Maintained by:	Infection Prevention and Control					
Issuing Authority:	Infection Prevention and Control					
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# Hand Hygiene Policy

## 15.1P

Policies direct required organizational practice/behaviour



### 1.2 Hand Hygiene Indications and Moments

- Frequent hand hygiene is one of the most important factors to reduce the incidence of infections and an important component of patient safety.
- Hand hygiene will be performed at the closest point of care to the patient to minimize the risk of contamination of the hands prior to providing care or interacting with the patient or their environment.
- Hand hygiene shall be performed in accordance with the “4 moments for hand hygiene”:
  - **Moment One:** Before contact with a patient or patient’s environment, including but not limited to:
    - Entering a patient’s environment and/or providing patient care.
  - **Moment Two:** Before a clean or aseptic procedure, including but not limited to:
    - Wound care.
    - Handling intravenous devices.
    - Insertion of central venous catheters.
    - Preparing medications.
  - **Moment Three:** After exposure or risk of exposure to blood and/or body fluids, including but not limited to:
    - The removal of gloves used when in contact with body fluids.
  - **Moment Four:** After contact with a patient or a patient’s environment, including but not limited to:
    - Removing personal protective equipment (PPE), including gloves.
    - Leaving a patient’s environment before making direct physical contact with the healthcare environment of another patient or another patient’s environment.
    - After handling patient care equipment (e.g. computers, monitors and IV pumps).

### 1.3 Selection of Hand Hygiene Products

- Only Island Health approved products (soaps, alcohol-based hand rub [ABHR]) and lotions shall be used for hand hygiene.

### 1.4 Hand Hygiene Education and Training

- All individuals covered by this policy will be notified of this policy at the time of hiring or contracting.
- All individuals covered by this policy are required to complete the online provincial hand hygiene learning module.
- The requirements to complete hand hygiene education are as follows:
  - All staff and medical staff: On hire (orientation).
  - Physicians: At time of credentialing, each reappointment, and every 3 years thereafter.
  - Volunteers: On hire (orientation).
  - Employed Student Nurses: On hire (orientation).
  - All Student Programs: Yearly.

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- All direct patient care staff working on units with compliance less than 59% over a one year period shall be required to successfully complete the [provincial hand hygiene education module](#).

### 1.5 Barriers to Effective Hand Hygiene

- Health care providers that are unable to perform hand hygiene due to:
  - An injury which requires a hand splint, cast, dressing, or bandage etc.
  - A skin condition (e.g. extensive cracks and bleeding from eczema, psoriasis, etc.).

Shall not perform direct patient care and must immediately report these to their department manager and Health, Wellness & Safety for consultation. If a healthcare provider is unable to perform effective hand hygiene, alternate, non-patient care work arrangements must be considered.

- Artificial/gel nails and/or nail enhancements, shall not be worn by individuals that provide direct patient care or perform other related tasks that require hand hygiene.
  - Natural nails shall be clean and short.
  - It is strongly recommended that nail polish is not worn.
    - If worn, nail polish shall be freshly applied and not chipped.
- Hand jewelry other than a simple ring (i.e. plain non-stoned band) shall not be worn by individuals who provide direct patient care or perform other related tasks that require hand hygiene.
- It is strongly recommended that individuals who provide direct patient care or perform other related tasks that require hand hygiene practice bare arms below the elbows.
  - Long sleeves shall be pulled up in order to complete proper hand hygiene.
  - Floppy sleeves may be contaminated and shall not be worn.
  - Wrist accessories (e.g. watches, bracelets, and/or wrist bands), if worn, shall be easily pushed up from the wrist to properly perform hand hygiene.

### 1.6 Hand Hygiene Considerations in Facility Design

- Wall-mounted ABHR shall be placed and labelled according to the applicable CSA Standards.
- ABHR dispensers shall be clearly labelled and installed as close as possible to the point of care.
- Hand hygiene sinks shall be used for handwashing only and should not be used for equipment cleaning, blood, body fluid, waste disposal, or food preparation.

### 1.7 Patient hand hygiene

- All healthcare providers are encouraged to promote patient hand hygiene to assist in reducing the spread of infection.
- Health care providers should provide patients with educational guidance and support to perform hand hygiene. Patients who are immobile, bed bound and/or confused may require frequent support from staff to assist with hand hygiene either with soap and water or ABHR.
- Hand hygiene should be offered to all patients before mealtime and after using the toilet or toileting.

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### 2.0 Monitoring and Evaluation

- Managers are responsible for all aspects of this policy, including addressing staff non-compliance.
- For Island Health acute care facilities and Island Health owned and operated long term care facilities, ongoing hand hygiene practice reviews using direct observation shall be conducted by the appropriately trained individuals in accordance with Accreditation Canada Required Organizational Practices (ROPs) and the Ministry of Health.
- For all other Island Health settings (e.g. Primary care) hand hygiene compliance shall be measured using either direct or indirect methods as appropriate to the setting in accordance with Accreditation Canada ROPs.
- Hand Hygiene compliance results shall be shared with each facility and/or unit/department, to inform staff, patients and their families in accordance with Accreditation Canada ROPs
- Hand Hygiene compliance results shall be used to inform practice improvements as necessary.

### 3.0 Definitions

- Accreditation Canada Required Organization Practices (ROPs):** Key standards and criterion from Accreditation Canada that ensure best practice for patient safety.
- Alcohol Based Hand Rub (ABHR):** A liquid, gel or foam formulation of alcohol (e.g., ethanol, isopropanol) which is used to reduce the number of microorganisms on hands in clinical situations when the hands are not visibly soiled. ABHRs contain emollients to reduce skin irritation and are less time-consuming to use than washing with soap and water.
- Hand Hygiene:** A general term referring to any hand cleaning practices which remove micro-organisms from the hands (which may or may not be visibly soiled).
- Health Care Providers:** Include all staff and medical staff, clinicians, physicians, medical students, nurses, student nurses, volunteers, housekeeping staff, porters, lab and x-ray personnel, therapists, and all other individuals having direct contact with patients/clients/residents or their immediate environment.
- Patient:** An individual receiving care within an Island Health facility regardless of acuity, or receiving home health care services from any Island Health employee. For the purpose of this policy this term includes residents and clients.
- Patient Zone:** The area surrounding a patient. The concept is related to the “geographical” visualization of the four key moments for hand hygiene. The zone contains the patient and his/her immediate surroundings. This typically includes the intact skin of the patient and all inanimate surfaces that are touched by or in direct physical contact with the patients such as the bed rails, bedside table, bed linen, infusion tubing and other medical equipment. It further contains surfaces frequently touched by health care providers while caring for the patient such as monitors, knobs and buttons, and other “higher frequency” touch surfaces.
- Personal Protective Equipment (PPE):** Any specialized clothing or safety items (i.e. masks, gloves, gowns) worn by individuals prior to contact with potential or identified hazards, such as from direct exposure to blood and/or body fluids or pathogens.
- Point of Care:** The place where three elements occur together: the patient, the healthcare provider and care or treatment involving patient contact.

### 4.0 Related Island Health Policy Documents

- [Hand Hygiene Procedure](#)

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- [Hand Hygiene Review Guideline](#)

### 5.0 References

- British Columbia Ministry of Health. Best Practices for Hand Hygiene in all Healthcare Settings and Programs. July 2012. Available at: <http://www.health.gov.bc.ca/library/publications/year/2012/best-practicehandhygiene.pdf>
- British Columbia Ministry of Health. Hand Hygiene Policy Communiqué (2012-04). July 2012.
- British Columbia Ministry of Health. British Columbia Clostridium difficile Infection (CDI) Toolkit and Clinical Management Algorithm February 2013
- Health Excellence Canada. Hand Hygiene Fact Sheets. Available at: <https://www.healthcareexcellence.ca/en/resources/hand-hygiene-fact-sheets/>
- LaMont, JT. Clostridium difficile in Adults: Epidemiology, Microbiology, and Pathology. Up-to-date: March 2014.
- Longtin, Yves et al. Hand Hygiene. N Engl J Med: 2011; 364:e24.
- Longtin, Yves (April 15th, 2013). CPSI. Available at: <http://www.handhygiene.ca/English/Events/StopCleanYourHandsDay/WebinarSeries/Pages/Ten-barriers-tohand-hygiene.aspx>
- Pittet D et al. Effectiveness of a Hospital-Wide Programme to Improve Compliance with Hand Hygiene Infection Control Programme. Lancet: 2000 Oct 14; 356(9238):1307-12.
- World Health Organization (WHO) World Alliance for Patient Safety. 2009. WHO Guidelines on Hand Hygiene in Health Care [http://whqlibdoc.who.int/publications/2009/9789241597906\\_eng.pdf](http://whqlibdoc.who.int/publications/2009/9789241597906_eng.pdf)

### 6.0 Resources

- [Provincial Hand Hygiene Basics – PICNet \(online\)](#)
- [Infection Control and Hand Hygiene for Island Health \(online\)](#)
- [Hand Hygiene for Health Care Providers](#)
- [Hand Hygiene for Leaders](#)
- [IPAC Accreditation Resources](#)

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