

Leamington Mennonite Home  
Long Term Care

**INFECTION CONTROL  
POLICY AND PROCEDURE**

<b>CATEGORY:</b> Precautions	<b>SUBJECT:</b> Hand Hygiene	<b>SECTION:</b> G <b>POLICY:</b> 2
<b>DATE:</b> July 12, 2022	<b>Administrator's Signature:</b> _____ <i>J. M.</i>	
<b>REVISION DATES:</b> March 2024	<b>IPAC Lead's Signature:</b> _____ <i>L. Coppola, RN.</i>	

**HAND HYGIENE**

**POLICY:**

All staff and volunteers will practice hand hygiene to reduce the spread of infection. Education will be provided annually to staff and volunteers.

Hand hygiene consists of either hand washing, the use of alcohol-based hand rub (ABHR), or alcohol-based wipes. Hand Hygiene practices will be audited routinely.

Yearly education on Hand Hygiene will be provided to all staff.

**GUIDELINES:**

Alcohol-based hand rub may be used routinely for hand hygiene unless hands are visibly soiled; then soap and water hand washing is required. Always wash hands with soap and water after blood or body fluid exposure.

***Hand Washing***

Hand washing with soap and running water must be performed when hands are visibly soiled. Antimicrobial soap may be considered for use. Bar soaps are not acceptable in healthcare settings.

- 1) Wet hands with warm water.
- 2) Apply soap.
- 3) Lather soap in hands for 15 seconds following these next steps. Rub hands palm to palm.
- 4) Rub in between and around fingers.
- 5) Rub back of each hand with palm of other hand.
- 6) Rub fingertips of each hand in opposite palm.
- 7) Rub each thumb clasped in opposite hand.
- 8) Rinse thoroughly under running water.
- 9) Pat hands dry with paper towel.
- 10) Turn off water using paper towel.

***Alcohol-based Hand Rub (ABHR)***

Alcohol-based hand rub is the preferred method for decontaminating hands when hands are not visibly soiled.

Alcohol-based hand rubs:

- 1) Apply 1-2 pumps of product to palms of dry hands (1.5 mL), or a drop about the size of a nickel. The volume should be such that 15 seconds of rubbing is required for drying.
- 2) Rub hands together vigorously, palm to palm.
- 3) Rub in between fingers and around fingers.
- 4) Rub back of each hand with palm of other hand.
- 5) Rub fingertips of each hand in opposite palm; rub each thumb clasped in opposite hand.
- 6) Rub hands until product is dry. Do not use paper towels.
- 7) Once dry, your hands are safe.

#### **When to Use Alcohol-Based Hand Rub**

- Only when visible soil is absent
- After contact with a resident's intact skin (i.e., taking a pulse/blood pressure, after lifting)
- After contact with inanimate objects (including medical equipment)
- Before donning gloves
- Before entering a resident's room
- Before exiting a resident's room
- Have residents use prior to entering dining room for eating or group activities
- Residents may use ABHR when visible soil is absent

#### ***When It Is Not Appropriate to Use ABHR and Hands Must Be Washed with Soap and Water***

- When hands are visibly soiled/dirty
- When hands are visibly contaminated with blood or body fluids
- When caring for a resident who has a spore-forming disease (i.e., C. Difficile infection)

#### ***Advantages of ABHR***

- Contain a variety of acceptable alcohols in concentrations from 60-90%; 70-90% is preferred for healthcare settings
- Less time-consuming than washing with soap and water
- Active against all bacteria and most clinically important viruses and fungi
- Rapid kill of most transient microorganisms
- Spreads quickly across the skin
- Evaporates quickly
- Leaves an emollient on hands that prevents drying and cracking
- No sink necessary

#### **PROCEDURE:**

The IPAC Lead/DNPC will:

- 1) Ensure there is a Hand Hygiene Audit Program/Process in place and outcomes are reported at the IPAC meetings each quarter.
- 2) Hand Hygiene audits will involve all departments. If a problem is noted, staff performing the audit will redirect and educate staff being audited. If required, the DNPC/IPAC Lead will redirect and educate staff member involved.

The Nurse will:

- 1) Collaborate with the interprofessional team to develop alternative approaches when residents refuse hand hygiene.

All Staff will:

- 1) Check for adequate paper towels, soap, or ABHR before starting the hand washing procedure.
- 2) Ensure fingernails are kept trimmed and clean. Nail polish is permissible providing it is neat and in good repair.

The PSWs and Activity Helpers will:

- 1) Wash resident's hands before eating, after toileting, when hands are soiled, after touching therapy equipment, and visiting animals.
- 2) Assist residents with hand washing just prior to prayer before each meal is served. Provide residents with a choice of hand washing method.
  - The preferred method if hands are not visibly soiled is with ABHR.
  - If this is not tolerated by the resident due to resident's physical limitations or resident refusal: the resident is offered the opportunity to wash hands with soap and water.
  - If soap and water is refused or not available, offer alcohol-based hand wipes.
- 3) Assist residents with hand hygiene prior to serving snacks. Ensure hand sanitizer and alcohol hand wipes are on snack cart.
- 4) Report to the nurse/IPAC Lead residents who consistently refuse hand hygiene for alternative approaches to support participation.

The Housekeeping staff will:

- 1) Make available paper towels, liquid hand soap, and ABHR.
- 2) Check all ABHR dispenser expiry dates monthly and change the ABHR accordingly.

All Staff/Volunteers/Visitors will practice hand hygiene:

- 1) According to the **four moments** of hand hygiene:
  - a. Before initial resident environment contact
  - b. Before aseptic procedure
  - c. After body fluid exposure risk
  - d. After resident environment contact

Some practices include:

- Before starting/entering work area and before leaving work area
- Before and after performing a procedure or task involving close resident contact
- Before administering a medication by any route
- Before handling/consuming food or drink
- Before and after all breaks and eating and drinking
- Between tasks and procedures on the same resident to prevent cross-contamination of different body sites
- After removing any personal protective equipment
- After contact with body substances or specimens, contaminated or soiled items (laundry, waste, equipment)

- After using the washroom/toilet
- After sneezing, coughing, or blowing nose
- After touching hair, face, etc.
- After smoking cigarettes
- Whenever hands become visibly soiled with dirt, blood, or other organic material