1. Introduction
   1.1. Hand carriage of microorganisms is a significant route of transmission in the hospital. Hand hygiene is considered the most important and effective infection prevention and control measure to prevent the spread of hospital acquired infections.

2. Policy statement
   2.1. Health care providers are responsible for complying with appropriate hand hygiene practices.

   2.2. The hospital is responsible for monitoring, measuring and reporting health care provider adherence to appropriate hand hygiene practices.

   2.3. Failure to adhere to hand hygiene policies and procedures can result in sanctions to health care providers.

   2.4. Health care providers must use the hospital provided alcohol based hand rub, which must contain an alcohol concentration of at least 70%.

   2.5. Hand Hygiene must be performed with soap and water when hands are visibly soiled.

   2.6. Bar soaps must not be used by health care providers to perform hand hygiene.

   2.7. It is recommended health care providers use the hospital provided hand lotion to help maintain skin integrity. Personal lotions may be used provided they are not shared, adhere to the scent free policy and are compatible with gloves (i.e. not petroleum based). (KGH Administrative Policy # 02-201 Scent Free Environment)

   2.8. Artificial nails (including gel and shellac polishes), nail jewelry, overlays and nail tips are prohibited for all health care providers.

   2.9. Natural nail tips must be kept short, not extending beyond the tips of the fingers.

   2.10. Fingernail polish is not permitted in the Operating Room suite, in the sterile preparation room of the Pharmacy, Central Processing Service or in Neonatal Intensive Care Unit (NICU). Finger nail polish, if worn in other care areas, must be in good condition with no chips, fresh within 3 days

   2.11. It is recommended that rings and bracelets are not worn by those with direct contact with a patient.
3. Definitions

3.1. Aseptic procedures: Procedures performed under carefully controlled conditions with the goal of minimizing contamination by pathogens.

3.2. Health Care-Associated Infection (HAI): A term relating to an infection that is acquired during the delivery of health care (also known as nosocomial infection).

3.3. Hand Hygiene: A general term referring to any action of hand cleaning. This will include a minimum of 15 seconds of hand washing (soap and water based, for the removal of visible soiling and reduction of transient bacteria) or the use of alcohol-based hand rubs (ABHR) on visibly clean hands for the reduction of transient bacteria.

3.4. Health Care Environment: People and items which make up the care environment (e.g. objects, medical equipment, staff, patients) of a hospital, clinic or ambulatory setting, outside the immediate environment of the patient.

3.5. 4 Moments for Hand Hygiene
- Before contact with patient or their environment
- Before performing aseptic procedures
- After body fluid exposure risk
- After contact with patient or their environment

3.6. 5 Moments for Hand Hygiene in the Neonatal Intensive Care Unit (NICU)
- Before contact with the immediate care environment
- Before contact with the neonate or the neonate environment
- Before performing aseptic procedures
- After body fluid exposure risk
- After contact with the immediate care environment

3.7. Health Care Provider: Any person delivering care or a service to patients. This includes, but is not limited to, nurses, physicians, health professionals, housekeeping, dietary, students, and volunteers.

3.8. Immediate Care Environment: The environment immediately outside the isolette which also includes some equipment used in the care of the neonate. The monitor, IV pumps, respiratory supports and chairs.

3.9. Neonate Environment: The environment inside an isolette which includes the neonate.
3.10. **Patient Care Environment:** This is the patient’s care area. In a single room this is everything in the patient’s room. In a multiple room this is everything in the immediate proximity (approximately 2 metre radius) to the patient, including the curtain, wall and window.

4. **Procedure**

4.1. **Staff**

4.1.1. 4 Moments for hand hygiene (excluding when in the NICU)

4.1.2. 5 Moments for hand hygiene in the NICU

4.1.3. Before donning Personal Protective Equipment (PPE)

4.1.4. After removing PPE

4.1.5. Whenever hands are visibly soiled

4.1.6. Before preparing, handling, serving or eating food and before feeding a patient

4.1.7. After personal functions, such as using the toilet or blowing one’s nose

4.2. **Patients**

4.2.1. Must have hand hygiene performed prior to meals, and after toileting activities.

4.2.2. If a patient chooses to use his/her own bar soap, it should be stored on a soap rack to allow it to drain and air dry. Personal bar soaps must not be shared between patients.

4.3. **Auditing**

4.3.1. Conducted on a regular basis.

4.3.2. Results reported back to Infection Prevention & Control Services.

4.3.3. Routinely monitor hand hygiene compliance with the provision of timely feedback by using a reliable, validated observer audit tool and training process.

4.3.4. Monitoring should assess compliance with each of the four moments to direct education and provide reliability.

4.4. **Reporting**

4.4.1. Hand hygiene rates will be submitted on a yearly basis to the Ministry of Health and Long Term Care.

4.4.2. Monthly hand hygiene rates will be presented at the Infection Prevention & Control Committee Meeting and posted at the entrances to KGH.

4.4.3. Unit specific reports will be distributed at regular intervals depending of the frequency of auditing.
5. References

2. Public Health Ontario Just Clean Your Hands Program.

Related Documents
1. Infection Prevention and Control Service Manual - Policy 2-10 Routine Practices
2. Administrative Policy Manual - Policy 02-201 Scent Free Environment

Authorizing Signatures:

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