

# University Health Network Policy & Procedure Manual Infection Prevention & Control: Hand Hygiene

## Policy

[Hand hygiene](#) is the responsibility of all individuals involved in healthcare.

Alcohol-based hand rub (ABHR) is the preferred method for decontaminating hands and is recommended for use when hands are not visibly soiled.

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

Hand washing should be performed at a dedicated hand hygiene sink, and **not** be carried out at a patient sink in order to avoid re-contamination.

**Hand hygiene must be performed** in the following circumstances:

- before contact with the patient or patient’s environment
- after contact with the patient or patient’s environment
- after blood/body fluid exposure risk
- before an aseptic procedure
- if hands are visibly soiled
- before donning gloves
- before preparing, handling, serving or eating food
- after delivery or collection of a meal tray
  - Note:** Except when Nutrition Services are delivering meal trays with heat proof gloves to non-isolation rooms.
- before feeding a patient
- after removing gloves
- after touching environmental surfaces or objects (e.g. after touching reusable patient equipment, surfaces in patient rooms, door handles, etc.)
  - Note:** Except when Environmental Services are collecting the garbage moving from room to room for non-isolated patients.
- after using the toilet
- any other circumstances where deemed appropriate

This material has been prepared solely for use at University Health Network (UHN). UHN accepts no responsibility for use of this material by any person or organization not associated with UHN. No part of this document may be reproduced in any form for publication without permission of UHN. A printed copy of this document may not reflect the current, electronic version on the UHN Intranet.

|               |  |                |  |
|---------------|--|----------------|--|
| Policy Number | <b>4.20.002</b>  | Original Date  | <b>09/90</b>   |
| Section       | <b>Routine Practices</b>   | Revision Dates | <b>07/97; 06/99; 02/03; 12/06; 04/08; 05/09; 10/10; 12/12; 08/19</b> |
| Issued By     | <b>Infection Prevention &amp; Control Unit</b>   | Review Dates   | <b>11/13; 06/15; 08/16; 11/21</b>                                    |
| Approved By   | <b>Vice-president, Patient Experience &amp; Chief Health Professions; Director, Infection Prevention &amp; Control</b> | Page           | <b>1 of 3</b>  |

## Definition

**Hand hygiene:** Refers to removing or killing microorganisms on the hands as well as maintaining good skin integrity. Frequent and appropriate hand hygiene is the most important way of preventing the spread of hospital-acquired infections.

## Procedures

### Using Waterless (Alcohol-based) Gel or Foam

**Note:** Alcohol-based gel or foam is the preferred method for decontaminating hands. Wash hands with soap and water if hands are visibly soiled.

1. Dispense a small amount of sanitizer into the palm of a dry hand.
2. Rub hands together until dry, ensuring coverage between fingers, around and under nails, on palms, back of hands, and wrists (minimum of 15 seconds).

### Using Soap and Warm Water

1. Remove all jewelry.
2. Turn on the tap and rinse hands under warm running water.
3. Apply soap, and lather.
4. Use friction between fingers, on palms/wrists/back of hands and around nails (minimum of 15 seconds).
5. Rinse hands under warm running water.
6. Pat hands dry with paper towels.
7. Turn off faucet using paper towel (if not electronic or foot/elbow operated).

### Moisturize Skin

1. Use the provided moisturizer as needed in order to protect the integrity of the skin.
2. If there is a break down in skin integrity, go to Health Services for an assessment.

This material has been prepared solely for use at University Health Network (UHN). UHN accepts no responsibility for use of this material by any person or organization not associated with UHN. No part of this document may be reproduced in any form for publication without permission of UHN. A printed copy of this document may not reflect the current, electronic version on the UHN Intranet.

|               |  |                |  |
|---------------|--|----------------|--|
| Policy Number | <b>4.20.002</b>  | Original Date  | <b>09/90</b>   |
| Section       | <b>Routine Practices</b>   | Revision Dates | <b>07/97; 06/99; 02/03; 12/06; 04/08; 05/09; 10/10; 12/12; 08/19</b> |
| Issued By     | <b>Infection Prevention &amp; Control Unit</b>   | Review Dates   | <b>11/13; 06/15; 08/16; 11/21</b>                                    |
| Approved By   | <b>Vice-president, Patient Experience &amp; Chief Health Professions; Director, Infection Prevention &amp; Control</b> | Page           | <b>2 of 3</b>  |

## References

1. Provincial Infectious Diseases Advisory Committee (PIDAC). (2014). *Best Practices for Hand Hygiene in All Health Care Settings, 4th edition*. Retrieved from: <https://www.publichealthontario.ca/-/media/documents/bp-hand-hygiene.pdf>

This material has been prepared solely for use at University Health Network (UHN). UHN accepts no responsibility for use of this material by any person or organization not associated with UHN. No part of this document may be reproduced in any form for publication without permission of UHN. A printed copy of this document may not reflect the current, electronic version on the UHN Intranet.

|               |  |                |  |
|---------------|--|----------------|--|
| Policy Number | <b>4.20.002</b>  | Original Date  | <b>09/90</b>   |
| Section       | <b>Routine Practices</b>   | Revision Dates | <b>07/97; 06/99; 02/03; 12/06; 04/08; 05/09; 10/10; 12/12; 08/19</b> |
| Issued By     | <b>Infection Prevention &amp; Control Unit</b>   | Review Dates   | <b>11/13; 06/15; 08/16; 11/21</b>                                    |
| Approved By   | <b>Vice-president, Patient Experience &amp; Chief Health Professions; Director, Infection Prevention &amp; Control</b> | Page           | <b>3 of 3</b>  |