

PPG-00005
Hand Hygiene



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DEFINITIONS

Alcohol-Based Hand Rub (ABHR): A liquid, gel or foam formulation that contains 70-90% alcohol, which is applied to the hands to reduce the number of transient microorganisms. ABHRs contain emollients to reduce skin irritation and are less time-consuming to use than washing with soap and water.

Antimicrobial/Antiseptic Soap: Soap that contains an antimicrobial agent (e.g. chlorhexidine) at a concentration sufficient to inactivate microorganisms and/or temporarily suppress their growth.

Clean/Aseptic Procedures: Tasks involving direct care of a client, which may be invasive in nature providing opportunity for harmful microorganisms to enter the individual’s body. Examples include but are not limited to administering medication via any route, initiating an intravenous site, assessing blood glucose, venipuncture, feeding an individual, preparation of food, gathering linens or supplies from a clean supply cart and wound care procedures.

Client: An individual who accesses and/or receives health care related services from a Prairie Mountain Health (PMH) facility or program. Clients may be patients in an acute care setting, residents in a personal care home or clients in a community program or facility. The terms client, patient and resident may be used interchangeably throughout this policy and associated documents.

External/Healthcare Environment: This is the environment beyond the immediate area surrounding the person receiving care. In a single room, this is outside the room. In a multi-bed room, this is everything outside the bed area of the person receiving care. In community settings (e.g. Home Care, Public Health), this is equipment and transport or storage containers temporarily brought into the home. This is also the people within it; Staff, visitors, volunteers and other persons receiving care are part of the healthcare environment. In the home, this would include other household members.

Direct Care: Physical contact with a client or client's environment (e.g. bathing, turning, etc.).

Food Handling: To supply, sell, offer for sale, process, prepare, package, provide, display, service, dispense, store or transport any food that is intended for public consumption.

Hand Hygiene: A general term referring to any action of hand cleaning. Hand hygiene relates to the removal of visible soil and removal or killing of transient microorganisms from the hands. Hand Hygiene may be accomplished using alcohol-based hand rub or through the use of soap and running water.

Hand Hygiene Indication: Indications for hand hygiene are the reason(s) why hand hygiene is necessary at a given point in time. The 4 moments for hand hygiene are indications. The terms 'indication' and 'moment' are used interchangeably to refer to the 4 moments that hand hygiene must be performed by health care providers (HCPs). Compliance can be measured for each indication.

Hand Hygiene Opportunity: Describes a point in time when hand hygiene needs to be performed. One hand hygiene opportunity can satisfy single or multiple indications for hand hygiene. For example, if the HCP performs hand hygiene after contact with a patient/resident/client, but before touching another patient/resident/client, this opportunity satisfies both moments four and one even though hand hygiene was only completed once.

Hand Washing: The use of running water and soap to physically remove soil and transient microorganisms from the hands by means of mechanical friction.

Hand Wipes: Single-use, disposable towelette that is pre-moistened, usually with a skin antiseptic (e.g. alcohol), that is used to physically remove visible soil from hands in situations where running water is not available.

Health Care Provider (HCP): An employee (including contracted individuals, students, and volunteers) of PMH who provides direct care or indirect, non-contact care as a result of the duties/tasks of their position. HCP spans the continuum of services/care that a client may receive from a PMH facility or program.

Patient Environment: The space that contains the person receiving care, as well as the immediate surroundings and inanimate surfaces in contact with that person. It also contains surfaces frequently touched by staff within the vicinity of the person receiving care.

Personal Protective Equipment (PPE): Clothing or equipment worn by staff for protection to provide a barrier that will prevent potential exposure to infectious microorganisms. PPE can include, but is not limited to gloves, eye protection, masks, and gowns, etc.

Plain Soap: Detergents that do not contain antimicrobial agents or that contain very low concentrations of antimicrobial agents that are present only as preservatives.

Point of Care: Refers to the space where a client receives health care from a HCP or other staff. Point of care incorporates three elements being present at the same time: the client, the HCP and the environment where the interaction occurs that could result in the transmission of an infectious agent.

POLICY STATEMENT

Prairie Mountain Health (PMH) supports, promotes and follows hand hygiene practices that enhance the health and safety of HCP's, clients and visitors within all facilities and programs. PMH further supports that proper hand hygiene is the single most important practice in reducing the transmission of microorganisms, and directly contributes to client safety by preventing infections.

PMH recognizes that hand hygiene is a shared responsibility for HCPs, clients and visitors and empowers all to discuss and promote good hand hygiene practices.

PMH requires all units/facilities/programs to complete regular hand hygiene auditing and supports transparency of hand hygiene compliance rates with HCPs, clients and visitors.

Adherence to this policy is expected of all PMH HCPs.

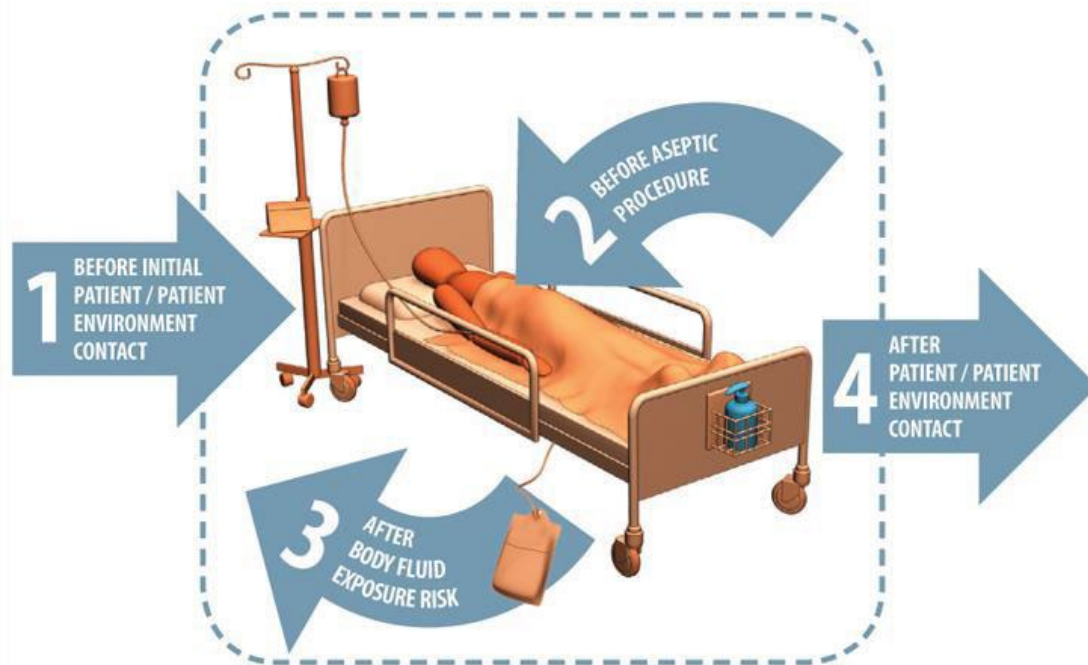
**Hand Hygiene is the single most important practice to prevent infections
in health care settings.**

ELEMENTS

1. Hand Hygiene Indications and Moments

HCPs perform hand hygiene according to the following 4 moments for hand hygiene (refer to 4 Moments for Hand Hygiene Quick Reference Guide - PMH3169) to prevent the transmission of microorganisms and reduce the transmission of healthcare associated infections:

- **Moment One:** Before initial contact with a client or client's environment, including but not limited to entering a client's room and providing client care
- **Moment Two:** Before a clean or aseptic procedure, including but not limited to:
 - ♦ Putting on (donning) personal protective equipment (PPE), including gloves
 - ♦ Wound care
 - ♦ Handling intravenous devices
 - ♦ Insertion of central venous catheters
 - ♦ Food handling
 - ♦ Preparing medications
 - ♦ Gathering linens or supplies from a clean supply cart
- **Moment Three:** After exposure or risk of exposure to blood and/or body fluids, including but not limited to when hands are visibly soiled, following removal of gloves
- **Moment Four:** After contact with a client or client's environment; including but not limited to removing (doffing) PPE, including gloves; leaving a client's environment; and after handling client care equipment



Your 4 Moments for Hand Hygiene: Image source: Just Clean Your Hands - Public Health Ontario.

Other important times to perform hand hygiene include:

- After blowing your nose
- After using the washroom
- Before and after shifts and breaks
- Before and after eating

HCPs encourage and assist client hand hygiene as necessary (e.g. before meals, after using washroom).

HCPs encourage visitors to perform hand hygiene before and after visiting, and during client care (if applicable).

2. Methods for Performing Hand Hygiene

Alcohol-Based Hand Rub (ABHR):

- Reduces health care-associated infection (HAI) rates.
- Preferred method for decontaminating hands. ABHR is faster and more effective than washing hands with soap and water (even with antibacterial soap) when hands are not visibly soiled. Hand hygiene with correctly applied alcohol-based hand rub kills organisms in seconds.
- Provides a rapid kill of most transient microorganisms.
- Contains emollients to reduce hand irritation.

Alcohol-based hand rub is the preferred method to routinely decontaminate hands in clinical situations when hands are not visibly soiled.

- Efficacy of ABHR depends on the consistency of the product (e.g. gel, foam, liquid), the concentration of the product (e.g. percentage of alcohol), the amount of product used, the time spent rubbing, and the hand surface rubbed.
 - ◆ Do not use ABHR with water, as water will dilute the alcohol and reduce its effectiveness.

- ◆ Do not use ABHR immediately after hand washing with soap and water, as it will result in greater irritation to the hands.

Optimal concentrations of ABHRs in health care settings range from 70 to 90% alcohol.

- Concentrations higher than 90% are less effective because proteins are not denatured easily in the absence of water.
- Concentrations below 70% do not inactivate norovirus which is a concern in health care settings.

ABHR is not effective to remove latex proteins that may adhere to skin. Perform hand hygiene with soap and water prior to contact with known or suspected latex allergic clients.

Procedure for the use of Alcohol-Based Hand Rub (ABHR)

- Ensure hands are dry and not visibly soiled.
- Roll up long sleeves and push up any wrist accessories (e.g. watch, medical alert bracelet).
- Apply enough product so that all surfaces of the hands are covered and will remain wet for at least 15 to 20 seconds (e.g. two to three pumps).
- Rub product over all surfaces of the hands and wrists, including: palms, spaces between fingers, back of hands and wrists, fingers, fingertips (including under nails), thumbs and under the ring if one is worn.
- Continue rubbing ABHR until hands are completely dry.
- Periodically apply a PMH-approved hand lotion to assist in maintaining skin integrity.
- Ensure hands are dry before donning gloves.

Hand Washing with Soap and Water

- Required:
 - ◆ for safe food handling
 - ◆ when hands are visibly soiled
 - ◆ when caring for clients during *C. difficile* outbreaks
 - ◆ when caring for clients with known/suspected latex allergy
- Bar soaps are not acceptable in health care settings.
 - ◆ Exception: Personal single client use bar soaps, stored to allow drainage and drying and discarded on client discharge.
- Home health care providers use only liquid soap or ABHR. Bar soap is acceptable for client's personal use.
- Plain soaps act on hands by emulsifying dirt and organic substances (e.g. blood, mucous), which are then flushed away with rinsing. Antimicrobial agents in plain soaps are present only as a preservative.
- Antimicrobial soaps have residual antimicrobial activity and are not affected by the presence of organic material. Disadvantages of antimicrobial soap include:
 - ◆ Antimicrobial soaps are harsher on hands than plain soaps and frequent use may result in skin breakdown.
 - ◆ Frequent use of antimicrobial soap may lead to antimicrobial resistance.

When alcohol-based hand rub is available in the health care facility for hand hygiene, the use of antimicrobial soap is not recommended.

Procedure for the use of Soap and Water

- Roll up long sleeves and push up any wrist accessories (e.g. watch, medical alert bracelet).
- Wet hands with warm water (avoid hot water which can irritate skin).
- Apply enough soap and lather thoroughly so that all surfaces of the hands are covered (e.g. two to three pumps).
- Vigorously rub soap over all surfaces of the hands and wrists, including: palms, spaces between fingers, back of hands and wrists, fingers, fingertips (including under nails), thumbs and under the ring if one is worn for a minimum of 15 seconds.
- Rinse hands thoroughly under warm running water.
- Pat hands dry with disposable paper towels.
- Electric hand dryers should not be used in clinical areas.
- Use paper towels to turn off faucets and to open door.
- Apply PMH-approved hand lotion periodically to assist in maintaining skin integrity.
- Ensure hands are dry before donning gloves.

3. Selection of Hand Hygiene Products

Use only PMH-approved hand hygiene products (e.g. ABHR, soap and hand lotion) for hand hygiene in all PMH facility/program settings. Hand hygiene products not approved by PMH may lead to skin irritation, contamination, and decreased integrity of gloves. Staff are to report skin irritation concerns to their supervisor and consult Occupational Health/designate if skin integrity is an issue.

Currently, there is no evidence for the efficacy of non-alcohol based, waterless antiseptic agents in clinical areas. Non-alcohol based products have a quaternary ammonium compound (QUAT) as the active ingredient, which has been shown to be less effective against most microorganisms compared to ABHR or soap and water.

- QUATs are prone to contamination by Gram-negative organisms.
- QUATs are also associated with an increase in skin irritation.

Non-alcohol based waterless antiseptic agents are not recommended for hand hygiene in clinical areas.

When visible soil is present and running water or satisfactory hand washing sink is not immediately available (e.g. prehospital care/home care), use hand wipes to remove the visible soil, followed by ABHR.

- Hand wipes impregnated with plain soap or alcohol may be used to remove visible soil and/or organic material. They are not used as a substitute for ABHR or hand washing, as they are not as effective at reducing bacterial counts on HCP's hands.

4. Hand Hygiene Product Considerations

- Assess workflow patterns and conduct a risk assessment of the population being served prior to determining appropriate placement of hand hygiene products as applicable.
 - ◆ Determine appropriate placement of ABHR products in areas where clients may not have the capacity to understand the negative effects of ingestion or misuse (e.g. pediatrics, units with cognitively-impaired individuals, some addiction and mental health units, and care spaces inhabited by clients assessed as at risk to ingest). Placement should be assessed by an interdisciplinary team familiar with the facility/program and client population.
- Point of care products should be available at the required moment, without leaving the client care environment. This enables HCPs to follow Your 4 Moments for Hand Hygiene.

- ◆ In some areas, staff may need to carry ABHR for their own use when dispensers are not available (e.g. community settings). Individual-use ABHR should be of sufficient volume to last through a shift (e.g. 50 mL), must be disposable and not be topped-up.

ABHR should be placed adjacent to all points-of-care in all situations, except where the presence would compromise client safety.

- Limit the use of portable ABHR bottle dispensers to monitored staff areas. Bottles should not exceed 400 mL.
- Ensure wall-mounted ABHR dispensers are installed as per the Manitoba Fire Code and in compliance with Workplace Hazardous Materials Information System (WHMIS), away from electrical outlets, switches, and power sources as per Hand Hygiene Product Placement Recommendations (PMH343).
- Post approved hand hygiene signage in public areas of facilities/programs, including near ABHR dispensers and within public washrooms.
- Ensure ABHR products and/or sinks for hand washing are available as close as possible to the point-of-care.
 - ◆ Refer to Hand Hygiene Product & Glove Placement Recommendations (PMH343).
- Alert managers/supervisors when areas for improvement are observed (e.g. placement of ABHR in a particular location).
- Hand hygiene products are clearly labelled, used prior to the expiry date and discarded appropriately by the designated staff.
- Replace hand hygiene products when emptied or expired. Adding to/topping up an existing product is an unacceptable practice.
- Disposal of expired product is as per manufacturer provided information and/or the product's Safety Data Sheet (SDS) information.
- Hand hygiene sinks are used for hand washing only, and not for equipment cleaning, blood, body fluid, waste disposal or food preparation.

5. Barriers to Effective Hand Hygiene

- Condition of the hands can influence the effectiveness of hand hygiene. Intact skin is the body's first line of defense against bacteria. Therefore, careful attention to hand care is an essential part of the hand hygiene program. The presence of dermatitis, cracks, cuts or abrasions can trap bacteria and compromise hand hygiene. Dermatitis also increases shedding of skin cells and, therefore, shedding of bacteria.
- Long nails are difficult to clean, can pierce gloves and harbour more microorganisms than short nails. Keep natural nails clean and short (the nail should not show past the end of the finger).
- Artificial nails, nail enhancements, nail adornments and chipped nail polish are not to be worn by HCPs who provide direct client care.
 - ◆ Artificial Nails or Nail Enhancements, including acrylic nails, harbour more microorganisms and are more difficult to clean than natural nails and have been implicated in the transfer of microorganisms and in outbreaks.
 - ◆ Chipped nail polish or nail polish worn longer than four days can harbour microorganisms that are not removed by hand washing, even with surgical hand scrubs. Nail polish, if worn, must be fresh and in good condition. Gel polish has been shown to damage nails, resulting in nail weakness, brittleness and thinning, putting nails at increased risk for breaking. Nail art (adding decorative paint effects to nails) has been shown to be associated with outbreaks of infection.

- Hand jewelry, other than a plain band, is not to be worn by those who provide direct client care.
 - ◆ Hand and arm jewelry hinder hand hygiene. Rings increase the number of microorganisms present on hands and increase the risk of tears in gloves. Arm jewelry, including watches, should not interfere with or become wet when performing hand hygiene.
- Long sleeves should not interfere with, or become wet when performing hand hygiene.

HCPs wearing casts, dressings, or splints that interfere with proper hand hygiene or have skin conditions that affect skin integrity inform their supervisor and consult Occupational Health/designate to assist in recommendations for proper hand hygiene practices within the clinical setting.

6. Hand Hygiene Education for All Staff

All HCPs complete at a minimum, upon initial orientation and on an annual basis, the PMH hand hygiene education available on S.P.O.T. Learning Management System (LMS).

- Managers/designate:
 - ◆ monitor the completion of the HCP required annual hand hygiene education.
 - ◆ ensure PMH approved procedures for how to use ABHR or perform hand washing with soap and water (as applicable) are posted within their facilities/programs.
- HCPs encourage clients/families/visitors to become part of the hand hygiene improvement strategy by creating awareness through education. Resources available are:
 - ◆ [How to Help Prevent Healthcare-Associated Infections: A Patient and Family Guide](#)
 - ◆ Resident and Family Handbook for Personal Care Home (PMH148)
 - ◆ Patient Safety Handbook Acute Care (PMH1417)
 - ◆ Patient Safety Information (PMH1839)

7. Hand Hygiene Monitoring and Reporting

Hand hygiene monitoring and reporting is completed through empowering all HCPs, clients and visitors to discuss, promote and report hand hygiene practices.

Clients/families and visitors are encouraged to take responsibility for protecting themselves and others by keeping their own hands clean and asking their HCP to do the same. This initiative is supported through placement of educational posters/pamphlets in client care areas and transparent hand hygiene conversation. Refer to resources and posters available on the [Hand Hygiene Shared Page](#).

Audits are completed by appropriately trained hand hygiene auditors according to the Hand Hygiene Auditing Schedule (PMH3170) using:

- For Acute and LTC/TC Facilities - Hand Hygiene audits are conducted at minimum, quarterly using the electronic hand hygiene auditing tool, HandyAudit©.
- For Community Programs, Therapy Services, Lab/Diagnostics - Hand Hygiene audits are conducted at minimum, quarterly using the Hand Hygiene Observation Tool (PMH2275).

Hand hygiene compliance results are shared with staff, clients/families and visitors using:

- HandyAudit© compliance report:
 - for PMH staff in Acute and LTC/TC Facilities
- Hand Hygiene Performance (PMH2945):
 - for public reporting (clients/families/visitors)
 - for Community Programs, Therapy Services, Lab/Diagnostics

Ideally, the observed opportunities are collected regularly throughout the auditing period to add to the reliability and the representativeness of the information. Hand hygiene compliance should be assessed on:

- Multiple HCP categories and
- Multiple HCPs within a category, if possible.

The goal for hand hygiene compliance is 80%, with an overall target of 100% compliance. To assist with compliance, positive improvement is recognized. To be considered a consistent standing rate, a rate of greater than 80% must be reached for at least two consecutive audits.

PMH will work towards achieving and reporting the number of observed opportunities to meet best practice as recommended by Shared Health and Manitoba Health.

- **Managers:**
 - ◆ Designate a minimum of one or more auditors per program/unit/facility to complete hand hygiene audits, ensuring the required number of observed opportunities are completed for each reporting period.
 - ◆ Ensure current auditors participate in the established inter-rater reliability (IRR) testing annually (currently under development) meeting provincial IRR guidelines.
 - ◆ Share hand hygiene audit results with HCPs, clients/families and visitors using the Hand Hygiene Performance (PMH2945) and/or the HandyAudit© compliance report.
 - ◆ Address staff non-compliance with this policy (e.g. inappropriate glove use, missed opportunities to perform hand hygiene).
 - ◆ Discuss hand hygiene audit results at site level meetings to determine an improvement plan (e.g. Operational Leadership Team meeting).
 - If the compliance is less than 80%, develop specific action(s) to improve hand hygiene performance and document on the Hand Hygiene Audit Improvement Plan (PMH3289) following each reporting period. Submit the plan to handhygiene@pmh-mb.ca. Refer to Improving Hand Hygiene Compliance (PMH2897) for strategies to increase hand hygiene engagement, foster a culture of improved compliance, and promote sustainability of the program such as:
 - Environmental/Infrastructure Elements
 - Training and Education
 - Auditing and Feedback
 - Reminders in the Workplace
 - Building a Supportive Culture
- **Regional IPAC/Hand Hygiene Committee:**
 - ◆ Supports and coordinates the hand hygiene program.
 - ◆ Oversees hand hygiene audits within facilities and programs.
 - ◆ Develops/approves and facilitates the implementation of the required hand hygiene education for HCPs.
 - ◆ Develops and provides resources (e.g. toolkits, signage) as necessary to assist facilities/programs to improve hand hygiene compliance.
 - ◆ Reviews audit reports on hand hygiene performance and provides recommendations based on regional audit results and identifies trends to Executive Management Team and Regional Leadership Team.
 - ◆ Collaborates with provincial teams to facilitate provincial hand hygiene compliance.

- **Hand Hygiene Auditor – Community Programs:**
 - ◆ Completes the Hand Hygiene Auditor Education prior to initiating an audit.
 - Auditor education includes review of the Hand Hygiene Auditor Education Training Video and review of the Hand Hygiene Auditor Guide (PMH566).
 - ◆ Performs observational audits of hand hygiene practices using the Hand Hygiene Observation Tool (PMH2275).
 - Refer to 4 Moments for Hand Hygiene - Quick Reference Guide (PMH3169) as required.
 - ◆ Participates in inter-rater reliability testing annually.
 - Compare overall hand hygiene rates (raw percentage) between two observers, recording observed opportunities in the same location and subjects at the same time. If agreement for the overall hand hygiene rate is within 10%, the observers are considered interchangeable (i.e. there is IRR). If the rates are greater than 10% different from each other, the observers will participate in retraining. Retraining consists of reviewing the auditor guide and education.
 - Submit date of IRR completion to handhygiene@pmh-mb.ca.
 - ◆ Provides constructive feedback to HCP on audit results. Real-time (immediate) HCP feedback is highly recommended but not always possible. Alternatives to real-time HCP feedback include sharing your auditing observations with the leader of the area that you are auditing or in a huddle to identify quality improvement opportunities.
- **Hand Hygiene Auditor – Acute and LTC/TC Facility:**
 - ◆ Completes pre-study requirements for the electronic hand hygiene auditing tool, HandyAudit© in the online SharePoint Auditor training portal.
 - Completes the LMS knowledge assessment.
 - ◆ Attends 1:1 training session.
 - ◆ Completes mandatory PMH hand hygiene LMS course.
 - ◆ Performs required number of opportunities using HandyAudit© according to the Hand Hygiene Auditing Schedule (PMH3170).
 - ◆ Participates in IRR testing annually ensuring compliance with provincial IRR guidelines.
 - ◆ Provides constructive feedback to HCP on audit results. Real-time (immediate) HCP feedback is highly recommended but not always possible. Alternatives to real-time HCP feedback include sharing your auditing observations with the leader of the area that you are auditing or in a huddle to identify quality improvement opportunities.
- **HandyAudit© Regional Audit Champion:**
 - ◆ Refer to Regional Audit Champion Roles and Responsibilities PMH3587.
- **HandyAudit© Local Audit Champion:**
 - ◆ Refer to Local Audit Champion Roles and Responsibilities PMH3588.

RELATED MATERIAL

[PMH148, Resident and Family Handbook for Personal Care Home](#)
[PMH217, Protect Our Clients Poster \(Staff Only Areas\)](#)
[PMH218, Visitors – Stop the Spread of Infection \(poster\)](#)
[PMH343, Hand Hygiene Product and Glove Placement Recommendations](#)
[PMH377, This is a Good Idea Poster](#)
[PMH378, What You Can't See Could Kill \(poster\)](#)
[PMH379, Forgetting Something? \(poster\)](#)
[PMH566, Hand Hygiene Auditor Guide](#)
[PMH752, Your 4 Moments for Hand Hygiene \(poster\)](#)
[PMH1417, Patient Safety Handbook - Acute Care](#)
[PMH1839, Patient Safety Information](#)
[PMH2275, Hand Hygiene Observation Tool](#)
[PMH2652, Hand Hygiene Frequently Asked Questions](#)
[PMH2701, Gloves, When Should I Wear Them? \(poster\)](#)
[PMH2897, Improving Hand Hygiene Compliance](#)
[PMH2944, Handwashing Only \(poster\)](#)
[PMH2945, Hand Hygiene Performance \(Audit Report Template\)](#)
[PMH2946, Your 4 Moments for Hand Hygiene \(community poster\)](#)
[PMH2947, It's Ok to Ask \(poster #1\)](#)
[PMH2948, It's Ok to Ask \(poster #2\)](#)
[PMH3169, 4 Moments for Hand Hygiene - Quick Reference Guide](#)
[PMH3170, Hand Hygiene Auditing Schedule](#)
[PMH3289, Hand Hygiene Audit Improvement Plan](#)
[Hand Hygiene Auditor Education, Training Video](#)
[How to Help Prevent Healthcare-Associated Infections: A Patient and Family Guide \(CPSI\)](#)
[Shared Health Clean Hands Saves Lives \(brochure\)](#)
[Shared Health How to Hand Wash \(poster\)](#)
[Shared Health How to Hand Rub \(poster\)](#)

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DOCUMENT HISTORY

| Version | Changes |
|-------------|---|
| 2014-Nov-26 | New, |
| 2020-Dec-23 | Revised. 1. Hand Hygiene Auditing is now required at minimum, semi- annual and the number of observed opportunities have changed. <ul style="list-style-type: none"> • New HH Auditing Schedule (PMH3170) guides each facility/unit/program on what months to complete auditing. • Inter-rater reliability testing of auditors is required annually • Hand hygiene audit results to be shared with HCPs, clients/families and public using Hand Hygiene Audit Report Template (PMH2945) • New Hand Hygiene Audit Improvement Plan (PMH3289) to be completed semi-annually following each reporting period. Programs/sites can refer to the new Improving Hand Hygiene Compliance (PMH2897) to assist with their plans. 2. Hand Hygiene Auditor Guide (PMH566) revised to reflect the modifications of the Hand Hygiene Observation tool (PMH2275). Hand Hygiene Auditor Education presentation changed to reflect the changes to the Observation tool. 3. Hand Hygiene Product & Glove Placement Recommendations (PMH343) revised 4. Numerous new resources available (FAQ document, revised posters, and signage encouraging clients to participate in promoting of staff compliance with Hand Hygiene) |
| 2023-Jun-28 | Revised auditing frequency, included electronic auditing process, revised/added definitions, updated posters. |