



TITLE

HAND HYGIENE

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NOTE: The first appearance of terms in bold in the body of this document (except titles) are defined terms – please refer to the Definitions section.

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OBJECTIVES

- To establish a standard for **hand hygiene** practice within Alberta Health Services (AHS).
- To prevent the transmission of microorganisms and reduce the incidence of infections in an **AHS setting**.
- To promote the health and safety of **patients, designated family/support persons, visitors, and AHS people** in an AHS Setting.
- To provide direction regarding hand hygiene considerations in facilities (e.g. product placement, designated hand hygiene sink usage).

PRINCIPLES

AHS supports hand hygiene practices that enhance the health and safety of all patients, designated family/support persons, visitors, and AHS people. Proper hand hygiene is the single most important practice in reducing the transmission of microorganisms and the incidence of infection, and promotes health and safety in an AHS setting.

Hand hygiene is a shared responsibility: AHS people, patients, designated family/support persons, and visitors shall be supported to encourage one another to perform hand hygiene in accordance with this policy.

Hand hygiene aligns with AHS core values, and foundational strategies.

APPLICABILITY

Compliance with this document is required by all Alberta Health Services employees, members of the medical and midwifery staffs, students, volunteers, and other persons acting on behalf of Alberta Health Services (including contracted service providers as necessary).

ELEMENTS

1. Hand Hygiene Indications and Moments

- 1.1 Frequent hand hygiene, as outlined in Section 1.2 of this document, is required to reduce the incidence of infections and is an important component of patient safety.
- 1.2 AHS people shall perform hand hygiene in accordance with the four moments for hand hygiene:
 - a) Moment One: before contact with a patient or **patient's environment**, including but not limited to entering a patient's environment and providing patient care;
 - b) Moment Two: before a clean or **aseptic procedure**, including but not limited to:
 - (i) before accessing and putting on (donning) **personal protective equipment (PPE)**, including gloves;
 - (ii) wound care;
 - (iii) handling intravenous devices;
 - (iv) insertion of central venous catheters;
 - (v) **food handling**; and/or
 - (vi) preparing medications.
 - c) Moment Three: after exposure or risk of exposure to blood and/or body fluids, including but not limited to the removal of gloves (doffing) used to contact body fluids; and
 - d) Moment Four: after contact with a patient or patient's environment, including but not limited to:
 - (i) removing (doffing) PPE, including gloves;
 - (ii) leaving a patient's environment; and
 - (iii) after handling patient care equipment (e.g., mobile/fixed computers, monitors, and IV pumps).

- 1.3 AHS people should be actively encouraged to remind one another to perform hand hygiene in the applicable circumstances as outlined above.

2. Selection of Hand Hygiene Products

- 2.1 Only AHS-provided hand hygiene products (soaps, **alcohol-based hand rub [ABHR]**) and lotions shall be used for hand hygiene. Refer to Section 2 and Appendix A: Appropriate Product Selection for Hand Hygiene in the AHS *Hand Hygiene Procedure*.
- a) AHS-contracted service providers shall provide their respective sites the hand hygiene products that meet the current hand hygiene standards (refer to Non-Alberta Health Services Documents in the Reference section of this document).

3. Hand Hygiene Considerations in Facilities

- 3.1 Hand hygiene products shall be placed as close as possible to the **point of care**.
- a) AHS people shall assess risk and take appropriate corrective action where the placement or access to ABHR constitutes a patient and/or visitor safety risk.
- b) Refer to the *AHS Alcohol Based Hand Rub Dispenser Placement Algorithm* and the *Hand Hygiene Procedure* for more information about hand hygiene product placement.
- 3.2 Designated hand hygiene sinks, where available, should be clearly identified (e.g. signage/poster) and shall be used for **handwashing** only.
- a) Designated hand hygiene sinks shall not be used for equipment cleaning, food preparation and/or disposal of blood, body fluid and/or waste.

4. Hand Hygiene Education and Training

- 4.1 All AHS people should, at a minimum, upon initial orientation and as directed by AHS Required Organizational Learning, receive standardized AHS education and training on hand hygiene and the AHS *Hand Hygiene Policy and Procedure*.
- a) Managers / Supervisors of AHS people who provide **direct patient care**, or perform other tasks that require hand hygiene, shall ensure completion of the requirements in section 4.1 of this policy and additional program specific hand hygiene education / training, as applicable.
- (i) Other tasks that require hand hygiene include but are not limited to reprocessing/handling of surgical linens and/or medical devices, preparing pharmaceutical medications, and food handling. This may also include, but is not limited to, accessing clean supplies, and/or entering an AHS facility.

- 4.2 **Managers** shall ensure that any resources for how to use ABHR and perform hand washing with soap and water (as applicable) are available to staff. Refer to *Hand Health - Frequently Asked Questions* for more information.

5. Ability to Perform Hand Hygiene

- 5.1 When AHS people are unable to perform hand hygiene or require assistance with alternate product selection to maintain hand health, they shall inform their **Manager / Supervisor** and contact Workplace Health and Safety for guidance as soon as reasonably practical.
- 5.2 Circumstances that may affect the ability to effectively perform hand hygiene may include, but is not limited to, wearing of casts, dressings, splints and/or hand sensitivity reactions (e.g., dermatitis).
- a) Refer to the *Hand Hygiene Procedure* for information about addressing barriers to hand hygiene practices (e.g. artificial nails, wrist accessories etc.).
- 5.3 The use of gloves shall not be a substitute for performing hand hygiene, refer to the *Hand Hygiene Procedure* for more information.

6. Hand Hygiene Management, Monitoring and Reporting

- 6.1 Managers / supervisors are responsible for all aspects of this policy, including addressing non-compliance from AHS people.
- 6.2 Ongoing hand hygiene practice reviews shall be conducted using the **direct observation methodology**, an Infection Prevention and Control approved validated review tool, and shall be conducted by appropriately trained AHS people.
- a) Areas that are not able to use the direct observation methodology may work with the Infection Prevention and Control program to identify other opportunities for hand hygiene practice reviews.
- 6.3 Hand hygiene compliance results shall be shared (e.g. quality board, team meetings, AHS external website) to inform patients, designated family / support persons, visitors and AHS people, as per organizational requirements.
- 6.4 Hand hygiene compliance results should be used to guide ongoing hand hygiene compliance improvement.

DEFINITIONS

AHS people means Alberta Health Services employees, members of the medical and midwifery staffs, students, volunteers, and other persons acting on behalf of Alberta Health Services (including contracted service providers as necessary).

AHS setting means any environment where treatment/procedures and other health services are delivered by, on behalf of or in conjunction with, Alberta Health Services.

Alcohol-based hand rub (ABHR) means an AHS-provided liquid, gel or foam formulation containing 60-90% alcohol which is applied to the hands to reduce the number of transient micro-organisms.

Aseptic procedure means, for purpose of this document, the prevention of transfer of micro-organisms from the patient's body surface to a normally sterile body site. Such practices are used when performing procedures that expose the patient's normally sterile sites (e.g., intravascular system, spinal canal, subdural space, urinary tract) in such a manner as to keep them free from micro-organisms.

Designated family/support person(s) means one or more individuals identified by the patient as an essential support, and who the patient wishes to be included in any encounters with the health care system, including, but not limited to, family, relatives, friends, and informal or hired caregivers.

Direct patient care means, for the purpose of this document, physical contact with a patient or interacting with the patient's environment (e.g. bathroom) or their belongings.

Direct observation methodology means watching and recording the hand hygiene behaviors of team members and observing the work environment.

Food handling means to supply, sell, offer for sale, process, prepare, package, provide, display, service, dispense, store or transport any food that is intended for public consumption (e.g. patients, retail food services customers).

Hand hygiene means proper practices which remove micro-organisms with or without soil from the hands (refers to the application of alcohol-based hand rub or the use of plain/antimicrobial soap and water hand washing).

Handwashing means the use of running water and plain/antimicrobial soap to physically remove soil and transient micro-organisms from the hands with mechanical friction.

Health care environment means, for the purposes of this policy, anywhere the patient may be expected to interact with the environment or receive health care and services, including but not limited to fabric room dividers or curtains, foyer areas, dining areas, tub/shower rooms, patient rooms, examination/treatment rooms, and recreation or common areas.

Manager means the individual(s) who has the delegated human resources authority for directly planning, monitoring and supervising direct (employee) reports.

Patient means an individual, inclusive of residents and clients, who receives or has requested health care or services from Alberta Health Services and those authorized to act on behalf of Alberta Health Services. In the context of informed consent or other decision-making, patient also means any alternate decision-maker or co-decision maker for the individual, when applicable.

Patient's environment means, for the purpose of this document, the area surrounding the patient where direct patient care occurs.

Personal protective equipment (PPE) means any specialized clothing or safety items worn by individuals prior to contact with potential or identified hazards, such as from a direct exposure to blood, tissue, and/or body fluids.

Point of care means, for the purposes of this document, the area or space where patient care is being provided by AHS people.

Supervisor means a person, whether unionized or non-unionized, who has charge of a work site or authority over an AHS representative.

REFERENCES

- Alberta Health Services Governance Documents:
 - *Hand Hygiene Procedure (PS-02-01)*
 - *Hazardous Chemical Waste Procedure (ESM-01-02)*
 - *Medical Staff Rules*
- Alberta Health Services Resources:
 - *Alcohol Based Hand Rub Dispenser Placement Algorithm*
 - *Environmental Odours and Scents Guideline*
 - *Guidelines for Outbreak Prevention, Control and Management in Acute Care and Facility Living Sites*
 - *Hand Health - Frequently Asked Questions*
 - *Hand Hygiene and Connect Care Devices Information Sheet (2019)*
 - *Hand Hygiene Policy and Procedure – Frequently Asked Questions (2020)*
- Non-Alberta Health Services Documents:
 - *Guidelines for Hand Hygiene in Healthcare Facilities (Centers for Disease Control and Prevention, 2002)*
 - *Guidelines on Hand Hygiene in Healthcare (World Health Organization, 2009)*
 - *Hand Hygiene Position Statement (Community and Hospital Infection Control Association Canada, 2008)*
 - *Hand Hygiene Practices in Healthcare Settings (Public Health Agency of Canada, 2012)*
 - *National Fire Code – 2023 Alberta Edition (Canadian Commission on Building and Fire Codes, National Research Council of Canada)*
 - *Required Organizational Practices - Hand Hygiene (Accreditation Canada)*

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