



Non-hospital Medical and Surgical  
Facilities Accreditation Program

**ACCREDITATION STANDARDS**

Hand Hygiene

Copyright © 2026 by the Non-hospital Medical and Surgical Facilities Accreditation Program and the College of Physicians and Surgeons of British Columbia.

All rights reserved. No part of this publication may be used, reproduced or transmitted, in any form or by any means electronic, mechanical, photocopying, recording or otherwise, or stored in any retrieval system or any nature, without the prior written permission of the copyright holder, application for which shall be made to:

Non-hospital Medical and Surgical Facilities Accreditation Program  
College of Physicians and Surgeons of British Columbia  
300-669 Howe Street  
Vancouver BC V6C 0B4

The Non-hospital Medical and Surgical Facilities Accreditation Program and the College of Physicians and Surgeons of BC has used their best efforts in preparing this publication. As websites are constantly changing, some of the website addresses in this publication may have moved or no longer exist.

## Introduction

In 2012, the BC Ministry of Health issued a communique to ensure high-quality hand hygiene is practised. Their policy requires all health authorities to implement current standards for hand hygiene practice as outlined in the Best Practice for Hand Hygiene in All Healthcare Settings and Programs. They further stated that the policy also applies to private or non-profit facilities and/or providers that are supplying public health- care services under contract to health authorities. In April 2015, the NHMSFAP Committee adopted the Best Practices for Hand Hygiene in All Healthcare Settings and Programs as the standard for all nonhospital facilities.

## Hand hygiene

No.	Description	Reference	Risk	Change	Asmt.
<b>HH1.0</b>	<b>HAND HYGIENE</b>				
<b>HH1.1</b>	<p><b>A multidisciplinary, multifaceted hand hygiene program has been implemented.</b></p> <p>Guidance: The hand hygiene program includes written policy and procedures for hand hygiene, easy access to hand hygiene products at point of care, sinks dedicated to hand hygiene and used for no other purpose, hand hygiene education, and a program to monitor hand hygiene compliance. The hand hygiene program should include senior and middle management support and commitment to make hand hygiene an organizational priority.</p>				
HH1.1.1	<p><b>M</b> All personnel complete hand hygiene training at time of orientation and every three years thereafter.</p> <p>Guidance: Staff complete education on the indications for hand hygiene, factors that influence hand hygiene, hand hygiene agents, hand hygiene techniques, and hand care to promote skin integrity. There are records of hand hygiene training on file for each staff member (for staff that also work in the health authority, having copies/evidence of their health authority hand hygiene training on file at the non-hospital facility would satisfy this requirement). Facility policy specifies the frequency of periodic training which may be no longer than every three years. Records of hand hygiene periodic (refresher) training is on file. If the hand hygiene compliance audit results are less than 80%, all personnel are required to repeat the provincial hand hygiene education module (i.e. PICNet Hand Hygiene online education module) before the next hand hygiene compliance audit.</p>		L		P, F

No.	Description	Reference	Risk	Change	Asmt.
HH1.1.2	<p><b>M</b> Medical staff complete hand hygiene training at time of initial credentialing and every three years thereafter.</p> <p>Guidance: Medical staff complete education on the indications for hand hygiene, factors that influence hand hygiene, hand hygiene agents, hand hygiene techniques, and hand care to promote skin integrity. Medical staff includes physicians, dentists, oral maxillofacial surgeons, and podiatric surgeons. If the hand hygiene compliance audit results are less than 80%, all personnel are required to repeat the provincial hand hygiene education module (i.e PICNet Hand Hygiene online education module) before the next hand hygiene compliance audit.</p>		L		P, F
HH1.1.3	<p><b>M</b> Hand hygiene compliance assessments are completed twice a year.</p> <p>Guidance: Observational hand hygiene audits are completed twice a year (every six months if possible) and the results reviewed. A standardized audit tool with clear instructions should be used (i.e. the NHMSFAP Hand Hygiene standard).</p>		L		F
<b>HH1.2</b>	<b>Hand hygiene is performed at essential moments.</b>				
HH1.2.1	<p><b>M</b> Hand hygiene is performed before initial contact with each patient or items in their environment.</p> <p>Guidance: In the non-hospital setting, the patient environment is the area that may come into contact with the patient within their cubicle/bay/room. Hand hygiene is performed either on entry or immediately prior to entry to the patient's cubicle/bay/room even if the patient has not been touched. Hand hygiene is performed before preparing, handling or serving food or medications to the patient.</p>		M		F
HH1.2.2	<p><b>M</b> Hand hygiene is performed before performing an invasive/aseptic procedure.</p>		M		F

No.	Description	Reference	Risk	Change	Asmt.
HH1.2.3	<p><b>M</b> Hand hygiene is performed after care involving risk of exposure to, or contact with, body fluids.</p> <p>Guidance: Hand hygiene is performed after care involving contact with blood, body fluids, secretions and excretions of a patient, even if gloves are worn.</p>		M		F
HH1.2.4	<p><b>M</b> Hand hygiene is performed after contact with a patient or their environment.</p> <p>Guidance: In the non-hospital setting, the patient environment is the area that may come into contact with the patient within their cubicle/bay/room. Hand hygiene is performed after contact with the patient or items in their immediate surroundings when leaving, even if the patient has not been touched.</p>		M		F
HH1.2.5	<p><b>M</b> Hand hygiene is performed before donning gloves.</p> <p>Guidance: Gloves are not to be used in place of proper hand hygiene.</p>		M		F
HH1.2.6	<p><b>M</b> Hand hygiene is performed after glove removal.</p>		M		F
<b>HH1.3</b>	<p><b>Appropriate hand hygiene practices are demonstrated.</b></p> <p>Guidance: For effective hand hygiene, nails should be kept clean and short, artificial nails or nail enhancements should not be worn, nail polish should not be worn, and rings and wrist jewelry including watches should not be worn when performing hand hygiene. For surgical scrub hand hygiene practice requirements, refer to the NHMSFAP Intraoperative Care standard.</p>				

No.	Description	Reference	Risk	Change	Asmt.
HH1.3.1	<p><b>M</b> Hand hygiene and hand-care products are dispensed from a dispenser that delivers an appropriate volume of the product.</p> <p>Guidance: Liquid products are used and are dispensed from a disposable pump/cartridge that is discarded when empty. When using an alcohol-based hand rub, a sufficient amount of product is applied such that it will remain in contact with the hands for a minimum of 15 seconds before the product becomes dry (usually one to two pumps).</p>		L		P, F
HH1.3.2	<p><b>M</b> Hands are washed with soap and water if there is visible soiling with dirt, blood, blood fluids, or other body substances.</p> <p>Guidance: Liquid products are used and are dispensed from a disposable pump/cartridge that is discarded when empty. Bar soap for hand hygiene is not acceptable.</p>		M		F
HH1.3.3	<p><b>M</b> When using soap and water, there is at minimum 15 seconds of lathering before rinsing.</p> <p>Guidance: To clean hands properly, rub all parts of the hands and wrists with soap and water. Wet hands, apply soap, lather for at minimum 15 seconds, rinse hands, dry hands using paper towel that is dispensed singly, and turn off water taps using paper towel.</p>		L		F
HH1.3.4	<p><b>M</b> Following washing with soap and water, hands are dried using a method that does not re-contaminate the hands.</p>		M		F
HH1.3.5	<p><b>M</b> Alcohol-based hand rub is not used immediately after washing hands with soap and water.</p>		L		F

No.	Description	Reference	Risk	Change	Asmt.
HH1.3.6	<p><b>M</b> When using an alcohol-based hand rub, a sufficient amount of product is applied (usually one to two pumps).</p> <p>Guidance: To clean hands properly, rub all parts of the hands and wrists with an alcohol-based hand rub (ABHR). A sufficient amount of ABHR is applied to dry hands such that it will remain in contact with the hands for a minimum of 15 seconds before the product becomes dry (usually one to two pumps). Rub hands together palm to palm, then between and around fingers and wrists, rub fingertips of each hand in opposite palm, rub nail beds of each hand in opposite palm, and rub each thumb clasped in opposite hand. Do not use paper towel. Once dry, the hands are clean.</p>		M		F
HH1.3.7	<p><b>M</b> When using alcohol-based hand rub, paper towel is not used to dry hands.</p> <p>Guidance: Hands and fingers are rubbed together until the alcohol-based hand rub becomes dry. Once dry, the hands are clean.</p>		M		F
HH1.3.8	<p><b>M</b> Hands are completely dry before donning gloves.</p>		M		F
HH1.3.9	<p><b>M</b> The same pair of gloves are not used for the care of more than one patient.</p>		M		F
HH1.3.10	<p><b>M</b> Gloves are removed immediately and discarded after the activity for which they were used.</p> <p>Guidance: Gloves are not washed with soap and water or alcohol-based hand rub between activities or patients.</p>		M		F
HH1.3.11	<p><b>M</b> Gloves are changed or removed when moving from a contaminated body site to a clean body site within the same patient.</p>		M		F
HH1.3.12	<p><b>M</b> Gloves are changed or removed after touching a contaminated environmental surface.</p> <p>Guidance: Gloves are not washed with soap and water or alcohol-based hand rub between activities or patients.</p>		M		F

No.	Description	Reference	Risk	Change	Asmt.
<b>HH1.4</b>	<p><b>Hand hygiene products and physical infrastructure are provided at point of care throughout the facility for use by staff and patients.</b></p> <p>Guidance: The hand-care program should include staff input into product selection. Hand hygiene and hand-care products with low irritant potential should be chosen, and hand hygiene products should not interfere with glove integrity or with the action of other hand hygiene or hand-care products. Staff that experience skin integrity issues should be referred to an appropriate health-care provider for recommendations to address their occupational health and safety.</p>				
HH1.4.1	<p><b>M</b> 70 to 90% alcohol-based hand rub is used throughout the facility.</p> <p>Guidance: While alcohol-based hand rub available for health-care settings range in concentration from 60 to 90% alcohol, a minimum concentration of 70% is required.</p>		M		P, F
HH1.4.2	<p><b>M</b> The alcohol-based hand rub has a drug identification number (DIN) from Health Canada.</p> <p>Guidance: Non-alcoholic, waterless antiseptic agents are not acceptable.</p>		M		P, F
HH1.4.3	<p><b>M</b> Alcohol-based hand rub dispensers are located at all entrances to and exits from the facility.</p>		L		P, F
HH1.4.4	<p><b>M</b> Alcohol-based hand rub dispensers are located at point-of-care areas throughout the facility.</p>		M		P, F
HH1.4.5	<p><b>M</b> Alcohol-based hand rub dispensers are located in any location where personal protective equipment (PPE) is donned or removed.</p>		M		P, F

No.	Description	Reference	Risk	Change	Asmt.
HH1.4.6	<p><b>M</b> Alcohol-based hand rub dispensers are located at all entrances to dirty and clean service rooms.</p> <p>Guidance: Dirty and clean service rooms include but are not limited to medical device reprocessing areas, clean supply areas, sterile supply areas, and waste and linen storage areas.</p>		M		P, F
HH1.4.7	<p><b>M</b> Alcohol-based hand rub dispensers are located on the external wall immediately adjacent to the entrance to every overnight stay room, as appropriate.</p> <p>Guidance: Only general anesthesia facilities accredited as an overnight stay facility may provide overnight stay services.</p>		M		P, F
HH1.4.8	<p><b>M</b> A sink with warm running water dedicated to hand hygiene is available in each clinical area.</p> <p>Guidance: Non-hospital facilities built in 2011 onwards are required to meet CSA Z8000 Canadian Health Care Facilities –Planning, Design and Construction for hand hygiene facilities. Hand hygiene sinks are to be wall-mounted and separated by a splash barrier from any fixed work surface which exists within one meter of the sink. Nearby surfaces should be non-porous and protected from splashes with impermeable back/side splashguards. Non-hospital facilities built prior to 2011 shall complete an infrastructure audit every two years to identify specific physical spaces that are in non-compliance with CSA Z8000. The infrastructure audit shall identify the specific requirement, the reason for non-compliance, and a corrective action plan.</p>		M		P, F
HH1.4.9	<p><b>M</b> A scrub sink is located in close proximity to the operating/procedure room.</p> <p>Guidance: This sink is dedicated to surgical scrub hand hygiene. For surgical scrub hand hygiene practice requirements, refer to the NHMSFAP Intraoperative Care standard.</p>		M		P, F

No.	Description	Reference	Risk	Change	Asmt.
HH1.4.10	<b>M</b> The scrub sink has hands-free taps.		L		P, F
HH1.4.11	<b>M</b> Liquid soap, paper towels and a waste bin are provided at each hand washing sink.  Guidance: The paper towel dispenser should be mounted such that access to the dispenser is unobstructed and splashing or dripping onto adjacent wall and floor surfaces is minimized. The waste bin should be a wide-mouth design, lidded, lined with a waste bag, and foot-pedal operated.		M		P, F
HH1.4.12	<b>M</b> Single-use product dispensers are used and are discarded when empty or expired.  Guidance: Liquid products are used and are dispensed from a disposable pump/cartridge that is discarded when empty. Hand hygiene and hand-care product dispensers are never "topped-up." Alcohol-based hand rub is within its labeled expiry date.		L		P, F
HH1.4.13	<b>M</b> Single-use paper towels are provided.  Guidance: Cloth drying towels are not used.		M		P, F
HH1.4.14	<b>M</b> Paper towels are dispensed singly.  Guidance: The paper towel dispenser design is either hands-free or such that only the towel is touched during removal of the towel for use. Paper towel rolls are not appropriate.		L		P, F
HH1.4.15	<b>M</b> Hand moisturizing skin care products are provided to staff.  Guidance: Frequent use of hand moisturizing skin care products is encouraged to minimize the occurrence of irritant contact dermatitis associated with hand hygiene.		L		P, F

No.	Description	Reference	Risk	Change	Asmt.
HH1.4.16	<p><b>M</b> Hand hygiene facilities are provided for patients and visitors.</p> <p>Guidance: Patients are encouraged and assisted to perform hand hygiene upon arrival, before eating and before leaving their care area and the facility.</p>		M		P, F
HH1.4.17	<p><b>M</b> A current hand washing guide is posted at each hand washing sink.</p> <p>Guidance: A laminated copy of a current hand washing guide is posted at each hand washing sink.</p>		L		P, F
HH1.4.18	<p><b>M</b> There is nothing stored underneath hand hygiene sinks.</p>		L		P, F
<b>HH1.5</b>	<b>Alcohol-based hand rub is placed and stored safely.</b>				
HH1.5.1	<p><b>M</b> Placement of alcohol-based hand rub (ABHR) dispensers is compliant with provincial and municipal regulations.</p> <p>Guidance: Dispensers shall not be installed over or within 150 mm of an ignition source such as an electrical outlet or switch, or over carpeted areas. For ignition sources such as electrical outlets and light switches, the measurements are taken from the side edges of the ignition source cover plate. An ABHR storage room is required if the facility is storing a quantity of five or more liters of ABHR. The ABHR storage facility shall not have a heat source present including battery stations, and a fire extinguisher should be located inside or immediately adjacent to the ABHR storage room. Provincial and municipal regulations include but are not limited to the BC Building Code, the BC Fire Code, and the NFPA 10 Life Safety Code. Where the optimal placement of an ABHR dispenser appears to conflict with applicable fire safety requirements, the municipal fire marshal shall be consulted to resolve the issue.</p>		M		P, F

No.	Description	Reference	Risk	Change	Asmt.
HH1.5.2	<p><b>M</b> Storage of alcohol-based hand rub is compliant with provincial and municipal regulations.</p> <p>Guidance: Alcohol-based hand rub (ABHR) is not stored near any source of ignition, strong oxidizers or inorganic acids. The storage of product not for immediate use should be located in an acceptable storage room or cabinet. An ABHR storage room is required if the facility is storing a quantity of five or more liters of ABHR. The ABHR storage facility shall not have a heat source present including battery stations, and a fire extinguisher should be located inside or immediately adjacent to the ABHR storage room. Provincial and municipal regulations include but are not limited to the BC Building Code, the BC Fire Code, and the NFPA 10 Life Safety Code.</p>		M		P, F
HH1.6	<p><b>Policies and procedures contain all the information necessary for the safety of patients, staff and visitors.</b></p> <p>Guidance: Policies and procedures ensure that activities/procedures are performed consistently and accurately by all personnel within the non-hospital facility.</p>				
HH1.6.1	<p><b>M</b> There is policy and procedures for the hand hygiene program.</p> <p>Guidance: The facility’s policy and procedures must clearly support the BC Ministry of Health’s Best Practices in Hand Hygiene in All Healthcare Settings and Programs, and the medical director’s commitment to a minimum of 80% hand hygiene compliance and a long-term goal for 100% compliance. In addition, the policy and procedures includes indications for hand hygiene, how to perform hand hygiene, the selection of products used for hand hygiene, the appropriate placement of hand hygiene products, the management of product dispensing containers, the hand-care program, use of alcohol-based hand rub as the preferred method of hand hygiene, and hand hygiene compliance monitoring and reporting.</p>		H		P, F

## References

1. Association of periOperative Registered Nurses (AORN). Guidelines for perioperative practice 2018 edition. Denver. Co: AORN; 2018. Guideline for hand hygiene; p. 29-50.
2. College of Physicians and Surgeons of Alberta. Non-hospital surgical facility: standards & guidelines – March 2016, v23 [Internet]. Edmonton, AB: College of Physicians and Surgeons of Alberta; 2016 [cited 2018 Dec 14]. 62 p.
3. College of Physicians and Surgeons of Ontario. Out-of-hospital premises inspection program (OHPIP) - program standards [Internet]. Toronto: College of Physicians and Surgeons of Ontario; 2013 [revised 2017 Oct; cited 2018 Dec 14]. 44 p.
4. Government of British Columbia, Ministry of Health. Best practices for hand hygiene in all healthcare settings and programs [Internet]. Victoria: Ministry of Health; 2012 [cited 2018 Dec 14]. 71 p.
5. Government of British Columbia, Ministry of Health. Policy communique: hand hygiene [Internet]. Victoria: Ministry of Health; 2012 [cited 2018 Dec 14]. 4 p.
6. Operating Room Nurses Association of Canada (ORNAC). The ORNAC standards, guidelines, and position statements for perioperative registered nurses. 13th ed. Toronto: CSA Group; 2017. 469 p.
7. Provincial Health Services Authority, British Columbia. PHSA hand hygiene policy [Internet]. Vancouver: Provincial Health Services Authority; 2012 [cited 2018 Dec 14]. 5 p.
8. Provincial Infection Control Network of British Columbia (PICNet). Guidelines & toolkits: hand hygiene / hand washing [Internet]. Vancouver: Provincial Health Services Authority; 2019 [cited 2018 Dec 14]. 1 screen.

## Revision history

Date	Revisions
April 1, 2026	Transcribed to new template (no content changes) (version 1.4)