



PHYSICIAN PRACTICE ENHANCEMENT PROGRAM

Assessment Standards

Infection Prevention and Control:
Hand Hygiene

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Assessment Standards Infection Prevention and Control

HAND HYGIENE

Hand hygiene is considered the most important and effective infection prevention and control measure to prevent the spread of health care-associated infections. Hand hygiene applies to staff and patients in the clinical office.

This standard describes the fundamental requirements and recommendations for hand hygiene for a community-based clinical office.

Hand hygiene is defined as the removal of visible soil by removal or killing of transient microorganisms from the hands while maintaining good skin integrity.

Hand hygiene is a fundamental component of infection prevention and control (IPC) in the clinical office.

The following topics are part of infection prevention and control in a clinical office:

1. Hand hygiene
2. Personal protective equipment
3. Environmental cleaning
4. Sharps safety
5. Waste management
6. Soiled laundry
7. Exposure control plan for infectious diseases

Each topic listed is addressed in its own respective assessment standard.

The medical director maintains oversight of and responsibility for all operational and administrative components. In a clinical office, where the care of patients is shared by a number of physicians (i.e. walk-in clinic, urgent care or multi-physician clinic), a single physician must be designated as the medical director. In a solo physician clinic, the physician is the medical director.

For detailed information on the roles and responsibilities of the medical director, refer to the College standard [Primary Care Provision in Walk-in, Urgent Care, and Multi-physician Clinics](#).

UNDERSTANDING THE ASSESSMENT STANDARD

An assessment standard consists of three components:

1. **Standard** – a goal statement of achievable levels of performance. An assessment standard is identified by a first level whole number ending in “.0” such as 1.0, 2.0, 3.0 etc.
2. **Criterion** – activities or components of the standards that once implemented lead to the overall attainment of the standard. A criterion is identified by the first level number indicating the standard to which it is associated, and a second level number such as X.1, X.2, X.3, etc.
3. **Criterion Descriptors** – specific actions for each criterion. Criterion descriptors are identified by the first level standards number, the second level criterion number and a third level criterion number such as X.Y.1, X.Y.2, etc.

A criterion marked by an **M** indicates that the criterion is mandatory and must be met. If the registrant is assessed by PPEP, the expectation is that the registrant has met this criterion.

Criterion that is not marked by an M is based on best practices using current provincial, national and international standards and guidelines. A non-M criterion should be met, but is not required. A registrant should use their best judgement to determine whether or not the unique circumstances of their practice necessitate meeting each non-M criteria.

No.	Standard Criterion	Reference
HH 1.0	HAND HYGIENE	
HH 1.1	The clinical office has a hand hygiene program that facilitates staff hand hygiene.	
HH 1.1.1	M Education is provided to staff about when and how to clean their hands. (See additional resources for link to online provincial hand hygiene module.)	1,3
HH 1.1.2	M To make it possible for staff to clean their hands at the right time, alcohol-based hand rub or a handwashing sink with soap and water must be available at point-of-care.* *Point of care: The place where three elements occur together: the patient; the health-care provider; and care or treatment involving patient contact. Point-of-care products should be accessible to the health-care provider, within arm's reach, without the provider leaving the zone of care.	1,3
HH 1.2	The selection and use of hand hygiene products (such as alcohol-based hand rub, hand soap, hand lotions or creams) are effective and appropriate for the clinical office.	
HH 1.2.1	Liquid hand hygiene products should be dispensed in disposable pumps/cartridges that are discarded when empty. Dispenser should never be "topped-up" or refilled.	3
HH 1.2.2	M Hand hygiene products should not interfere with glove integrity or with the action of other hand hygiene products or hand care products.	3
HH 1.2.3	All hand hygiene and hand care products should be dispensed in a dispenser that delivers an appropriate volume of the product.	3
HH 1.3	Hand hygiene using alcohol-based hand rub (ABHR) product is available in the clinical office.	
HH 1.3.1	M ABHR has a drug identification number (DIN) from Health Canada.	3
HH 1.3.2	M ABHR contains 70-90% alcohol.	3
HH 1.3.3	M Non-alcoholic, waterless antiseptic agents should not be used as hand hygiene agents in the clinical office.	3
HH 1.4	Hand hygiene using a sink with liquid soap and warm running water is available in the clinical office.	
HH 1.4.1	M A sink with warm running water must be available for handwashing in the clinical area.	
HH 1.4.2	M Bar soap for hand hygiene is not acceptable in the clinical office.	
HH 1.4.3	M Disposable paper hand towels are used.	
HH 1.5	The clinical office supports and promotes staff to perform hand hygiene.	

No.	Standard Criterion	Reference
HH 1.5.1	<p>M Hand hygiene is performed before touching a patient or patient’s environment (even if task involves gloves being worn).</p> <p>Examples:</p> <ul style="list-style-type: none"> • shaking hands, stroking arm • before helping a patient to move around • before performing a physical assessment of the patient (taking a pulse, blood pressure, chest auscultation, abdominal palpation) • before contact with patient’s environment (e.g. bed rail, exam table) 	3
HH 1.5.2	<p>M Hand hygiene is performed before an aseptic procedure:</p> <p>Examples:</p> <ul style="list-style-type: none"> • before preparing an injection/medication • before oral/dental care • before giving eye drops, before skin lesion care/excision • before applying a wound dressing • before inserting a urine catheter • insertion of a central line • removal of cysts, moles 	3
HH 1.5.3	<p>M Hand hygiene is performed after contact with body fluids or contaminated objects/surfaces (after removal of gloves or any other personal protective equipment if applied).</p> <p>Examples:</p> <ul style="list-style-type: none"> • after oral/dental care • after skin lesion care, wound dressing, subcutaneous injection • after cleaning urine, feces, vomit, handling waste (bandages, incontinence pads, cleaning of contaminated or visibly soiled material or areas (bathroom, used medical instruments) 	3
HH 1.5.4	<p>M Hand hygiene is performed after contact with the patient or objects in the immediate vicinity of the patient.</p> <p>Examples:</p> <ul style="list-style-type: none"> • after shaking hands, stroking arm • after helping a patient move around • after performing a physical assessment of the patient (taking a pulse, blood pressure, chest auscultation, abdominal palpation) • after exam room turnover (changing exam table cover/paper, wipe down of shared patient equipment used on a patient) 	3

No.	Standard Criterion	Reference
HH 1.5.5	M Hand hygiene is performed after removal of personal protective equipment (PPE), such as gloves, gown or facial protection.	3
HH 1.6	The clinical office supports and promotes patients to perform hand hygiene.	
HH 1.6.1	ABHR is available in visible locations in waiting area/reception/entrance.	1,3
HH 1.6.2	There is visible signage promoting hand hygiene and respiratory etiquette posted in areas such as entrance/waiting/reception area and washrooms directing patients to perform hand hygiene.	3

REFERENCES

1. Ontario Agency for Health Protection and Promotion (Public Health Ontario), Provincial Infectious Diseases Advisory Committee. Infection control for clinical office practice [Internet]. Toronto: Queen's Printer for Ontario; 2013 [revision 2015 Apr; cited 2016 Nov 16]. 116 p. Available from: http://www.publichealthontario.ca/en/eRepository/IPAC_Clinical_Office_Practice_2013.pdf
2. Center for Disease Control and Prevention, National Center for Emerging and Zoonotic Infectious Diseases, Division of Healthcare Quality Promotion. Guide to infection prevention for outpatient settings: minimum expectations for safe care – version 2.2 [Internet]. Atlanta: Center for Disease Control and Prevention; 2015 [cited 2016 Nov 16]. 42 p. Available from: https://www.cdc.gov/hai/pdfs/guidelines/Ambulatory-Care+Checklist_508_11_2015.pdf
3. British Columbia Ministry of Health. Best practices for hand hygiene in all healthcare settings and programs [Internet]. Victoria: Ministry of Health; 2012 [cited 2016 Nov 16]. 71 p. Available from: <http://www.health.gov.bc.ca/library/publications/year/2012/best-practice-guidelines-handhygiene.pdf>
4. Ontario Agency for Health Protection and Promotion (Public Health Ontario), Provincial Infectious Diseases Advisory Committee. Routine practices and additional precautions in all healthcare settings [Internet] 3rd ed. Toronto: Queen's Printer for Ontario; 2009. [3rd revision 2012 Nov; cited 2016 Nov 16]. 113 p. Available from: http://www.publichealthontario.ca/en/eRepository/RPAP_All_HealthCare_Settings_Eng2012.pdf
5. Alameda County Public Health Department [Internet]. Oakland, CA: Alameda County Public Health Department; 2013. Communicable Disease; [modified 2013; cited 2016 Nov 16]; 1 screen. Available from: <http://www.acphd.org/communicable-disease.aspx>

RESOURCES

1. PICNet – Provincial Infection Control Network of British Columbia [Internet]. Victoria: Provincial Health Services Authority; 2016. Hand hygiene module; 2016. [cited 2016 Nov 16]; [1 screen] Available from: <https://www.picnet.ca/education/education-modules/hand-hygiene-module/>

APPENDIX A

Glossary of terms

alcohol-based hand rub (ABHR)	A liquid, gel or foam formulation of alcohol (e.g. ethanol, isopropanol) which is used to reduce the number of microorganisms on hands in clinical situations when the hands are not visibly soiled. ABHRs contain emollients to reduce skin irritation and are less time-consuming to use than washing with soap and water.
acute respiratory infection (ARI)	Any new onset acute respiratory infection that could potentially be spread by the droplet route (either upper or lower respiratory tract), which presents with symptoms of a fever greater than 38°C and a new or worsening cough or shortness of breath (previously known as febrile respiratory illness, or FRI). It should be noted that elderly people and people who are immunocompromised may not have a febrile response to a respiratory infection.
cleaning	The physical removal of foreign material (e.g. dust and soil) and organic material (e.g. blood, secretions, excretions, microorganisms). Cleaning physically removes rather than kills microorganisms. It is accomplished with water, detergents and mechanical action.
communicable disease	A disease that is spread from one person to another through a variety of ways that include: contact with blood and bodily fluids; breathing in an airborne virus; or being bitten by an insect. Some examples of the reportable communicable diseases include hepatitis A, B and C, influenza, measles, and salmonella and other food-borne illnesses.
disinfectant	A product that is used on surfaces or medical equipment/devices which results in disinfection of the surface or equipment/device. Disinfectants are applied only to inanimate objects. Some products combine a cleaner with a disinfectant.
disinfection	The inactivation of disease-producing microorganisms. Disinfection does not destroy bacterial spores. Medical equipment/devices must be cleaned thoroughly before effective disinfection can take place. See also <i>disinfectant</i> .
eye protection	A device that covers the eyes and is used by health-care providers to protect the eyes when it is anticipated that a procedure or care activity is likely to generate splashes or sprays of blood, body fluids, secretions or excretions, or when health-care provider is within two metres of a coughing patient. Eye protection includes safety glasses, safety goggles, face shields and visors.

facial protection	Personal protective equipment that protects the mucous membranes of the eyes, nose and mouth from splashes or sprays of blood, body fluids, secretions or excretions. Facial protection may include a mask or respirator in conjunction with eye protection, or a face shield that covers eyes, nose and mouth.
health-care provider	Any person delivering care to a client/patient/resident. This includes, but is not limited to, the following: emergency service workers; physicians; dentists; nurses; respiratory therapists and other health professionals; personal support workers; clinical instructors; students; and home health-care workers. In some non-acute settings, volunteers might provide care and would be included as health-care providers. See also <i>staff</i> .
hand care program	A hand care program for staff is a key component of hand hygiene and includes hand care assessment, staff education and an occupational health assessment. If skin integrity is an issue, hand moisturizing products and alcohol-based hand rub containing an emollient should be provided.
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 for patient care may be accomplished using an alcohol-based hand rub or soap and running water. Hand hygiene includes surgical hand preparation.
handwashing	The physical removal of microorganisms from the hands using soap (plain or antimicrobial) and running water.
health-care associated infections (HAIs)	A term relating to an infection that is acquired during the delivery of health care that was not present or incubating at the time of admission. Includes infections acquired in a hospital but appearing after discharge. It also includes such infections among staff. (Also known as <i>nosocomial infection</i>).
hospital-grade disinfectant	A low-level disinfectant that has a drug identification number (DIN) from Health Canada, indicating its approval for use in Canadian hospitals.
infection	The entry and multiplication of an infectious agent in the tissues of the host. Asymptomatic or sub-clinical infection is an infectious process running a course similar to that of clinical disease but below the threshold of clinical symptoms. Symptomatic or clinical infection is one resulting in clinical signs and symptoms (disease).
infection prevention and control	Evidence-based practices and procedures that, when applied consistently in health-care settings, can prevent or reduce the risk of transmission of microorganisms to health-care providers, other patients and visitors.

mask	A device that covers the nose and mouth, is secured in the back and is used by health-care providers to protect the mucous membranes of the nose and mouth.
personal protective equipment (PPE)	Clothing or equipment worn for protection against hazards (e.g. gloves, masks, protective eyewear, gowns). General work clothes (e.g. uniforms, pants, shirts or blouses) are not intended to function as protection against a hazard and not considered to be personal protective equipment.
point-of-care	The place where three elements occur together: <ul style="list-style-type: none">• the patient• the health-care provider• the care or treatment involving the patient
respiratory etiquette	Personal practices that help prevent the spread of bacteria and viruses that cause acute respiratory infections (e.g. covering the mouth when coughing, care when disposing of tissues).
staff	Anyone conducting activities in settings where health care is provided, including but not limited to, health-care providers. See also <i>health-care providers</i> .