

Interim Alcohol-based Hand Rub (ABHR) Substitutions and Addressing Supply Challenges

Note: This information sheet, developed by the Disinfectant and ABHR Working Group, updates the *Interim Alcohol-based Hand Rub (ABHR) Preservation and Prioritization Measures* and provides recommendations for substitutions and ongoing supply chain issues related to ABHR.

If you have any questions or comments regarding this Information Sheet contact Infection Prevention & Control (IPC) at ipcstvdadmin@ahs.ca.

Hand hygiene is an essential element in limiting the spread of infection among our patients and staff, along with other measures such as staying home when sick, masking and maintaining physical separation of 2 metres (6 feet) from others. There are a [variety](#) of alcohol-based hand rub (ABHR) products currently available for use. It is important to [properly](#) perform hand hygiene by using either [ABHR](#) or [handwashing](#) with soap and water. For ongoing updates, including information related to ABHR during the COVID-19 pandemic, visit: ahs.ca/handsanitizer.

Best practice recommendations

1.0 Roles and responsibilities

- 1.1 Develop department or unit specific protocols that define roles and responsibilities for managing the supply of ABHR including ordering/re-ordering, storage, placement, and replenishment. Refer to [Appendix A](#) for more details.
- 1.2 Replenishing 1L Microsan® Optidose™ cartridges used in the wall-mounted ABHR dispensers is typically managed by Linen & Environmental Services (LES), but is site-dependent. Due to supply disruptions, AHS is using a [phased approach](#) for distributing the 1L Optidose™ cartridges used in the wall-mounted ABHR dispensers. The initial phase includes emergency departments, urgent care centres, and pediatric sites and units. Deployment will be expanded when AHS is confident a reliable and consistent supply of product can be maintained. ABHR substitutions of portable (e.g., 50 ml or 500 ml) ABHR dispensers are available. Departments or units should decide on placement of the [ABHR substitutions](#) according to their processes and patient needs.
- 1.3 If a dispenser is temporarily unavailable, information should be provided indicating the location of the nearest ABHR dispenser and/or handwashing sink. A [poster](#) and [dispenser labels](#) are available. Accreditation Canada requires staff, physicians, volunteers, patients, families, and visitors have access to hand hygiene products, specifically ABHR, at the point of care. The MyHealth.Alberta [A Guide to Clean Hands in Healthcare Facilities](#) patient care handout provides information that may be useful.
 - 1.3.1 Each department or unit will have to determine the process for non-staff to access ABHR and/or [hand hygiene sinks](#) when wall-mounted ABHR dispensers are unavailable.
 - 1.3.1.1 Consider location of preferred hand hygiene sink in terms of access to non-staff, additional supplies (e.g., hand soap and single-use paper towels) and additional uses of that space.
 - 1.3.1.2 The closest sink to the unavailable ABHR dispenser may not be the preferred sink for performing hand hygiene.

2.0 Product substitutions

- 2.1 Product substitutions are communicated by Contracting, Procurement and Supply Management (CPSM) via a Product Substitution Notice (PSN). An email is sent to a distribution list approved at the manager level (e.g. managers, supply coordinators, ordering clerks, etc.). CPSM site supervisors also receive these notices and have current information on back ordered items.
- 2.2 Managers should designate unit staff to print the PSN, laminate it or put it into a plastic sleeve, and post it on the supply carts to notify staff of the substitute product and the original item it

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replaces. The PSN includes key messages that include rationale for why the standard product is on back order and details appropriate usage of the substitute.

- 2.3 Confirm the product is being used for its intended purpose and review the product Safety Data Sheet (SDS) prior to use. Keep the SDS in an accessible location (e.g. post where product is prepared or easily accessible by a trained staff member). Consult with Workplace Health and Safety (WHS) for more information.

3.0 ABHR substitutions during supply disruptions

- 3.1 ABHR substitutions are in place. If you are unsure about whether or not your area is using ABHR containing [technical-grade ethanol](#), contact your designated CPSM site supervisor for further recommendations.

- 3.1.1 ABHR dispensers containing technical-grade ethanol can be returned to CPSM. Contact your designated CPSM site supervisor for more information.

- 3.2 Pharmaceutical-grade ethanol and/or isopropanol are the typical active ingredients used in AHS-provided ABHR.

- 3.2.1 1L Optidose™ cartridges used in the wall-mounted ABHR dispensers are available in limited quantities. Distribution is occurring in a [phased approach](#) with the initial phase including emergency departments, urgent care centres, and pediatric sites and units. Deployment will be expanded when AHS is confident a reliable and consistent supply of product can be maintained.

- 3.2.2 If an ABHR dispenser is labelled or a warning [poster](#) is located at or nearby an ABHR dispenser containing technical-grade ethanol, the label and poster can be removed when the product is replaced with ABHR containing pharmaceutical-grade ethanol and/or isopropanol. Sites should determine who is responsible for removing these.

- 3.2.3 Portable ABHR dispensers (e.g. 50 ml or 500 ml) are also available.

- 3.2.4 Plan [placement](#) of portable ABHR [dispensers](#) to accommodate locations as close as possible to point of care. This may require placement on shelves or additional holders. Placement must consider potential for product [ingestion](#) (e.g. using locking or securing mechanisms).

- 3.2.5 Pumps for the [400 ml Microsan Encore™](#) and [1L Manorapid](#) ABHR dispensers are to be saved for reuse. Pumps should remain on the empty dispenser and stored in a dedicated, clean area, until required to be used for a replacement dispenser. Refer to the [Microsan Encore™ Information Sheet](#) and *Appendix A* for details. When saving empty ABHR dispensers, consider:

- 3.2.5.1 Expected ABHR usage;

- 3.2.5.2 Handling to avoid cross contamination;

- 3.2.5.3 Availability of ABHR substitutes and storage area;

- 3.2.5.4 If sufficient supply of portable ABHR dispensers is unavailable, contact your designated CPSM site supervisor.

4.0 Ordering ABHR

- 4.1 Confirm all ordering/re-ordering is completed directly through CPSM. Direct purchase orders will be cancelled during the COVID-19 pandemic and will not be filled.
- 4.2 ABHR for use in AHS must be ordered through CPSM.
- 4.3 Contact your designated CPSM site supervisor regarding supply shortages and ordering information. Ask site manager for contact information.
- 4.4 Email your Zone Emergency Operations Centre (ZEOC) if you have questions about hand hygiene products, including ABHR.

Maintaining healthy hands

Clean hands are healthy hands! Maintaining healthy skin is important to prevent skin breakdown. Some of the substitute products do not have emollients in them like the products staff are familiar with. It is important that only AHS-provided hand hygiene products (ABHR, soaps and lotions) are used during your shift. Remember to routinely use hand lotion during your shift and while at home.

Additional steps to protect your hands include:

- Drink lots of water, because dry weather dries out the natural moisture in skin.
- Wear gloves or mitts to protect hands from cold air.
- Use rubber gloves to protect hands from further irritation from chemicals at home (e.g., when doing dishes, gardening, etc.).

The AHS [Hand Health FAQ](#) has more information, including answers to commonly asked questions. Contact your immediate supervisor if you are unsure whether a product is approved for use in your area. Report all workplace incidents involving ABHR to WHS via MySafetyNet.

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Appendix A: Shortage of Microsan®

Microsan® is currently on back order. AHS is receiving limited quantities of one-litre (1L) Microsan® Optidose™ cartridges (Fig. 1) used in wall-mounted ABHR dispensers (Fig. 2). Temporary preservation and prioritization measures may require sites to relocate existing 1L Optidose™ cartridges to areas deemed high priority, leaving others temporarily empty (Fig. 3). This shortage will require an increased use of portable dispensers in order to maintain access to ABHR. AHS recognizes there are associated increased safety and monitoring requirements with this temporary solution. Report concerns about specific ABHR dispensers via the online [Medical Device Incident or Problem form](#) (AHS login required) and dispose of product as per site processes.



Fig 1. Optidose™ Cartridge



Fig 2. Wall-mounted Optidose™ Dispenser



Fig 3. Dispenser Label

Site management should determine a site-wide process to maintain and prioritize access to ABHR

CPSM is allocating 1L Optidose™ cartridges to priority locations (Fig. 1). Identify locations where wall-mounted Optidose™ dispensers can be prioritized. This may require a multi-disciplinary team that includes, but is not limited to:

- Linen & Environmental Services;
- Department or unit representation; and
- Infection Prevention and Control.

Consider areas where the wall-mounted Optidose™ dispensers can be temporarily replaced with a portable ABHR dispenser and the product can be monitored (e.g., screening stations, medication carts, computers on wheels, nursing stations, etc.) It is recommended that sites indicate to users that a dispenser (Fig. 2) is out of order. A [poster](#) and [dispenser labels](#) are available. Consult with Facilities Maintenance and Engineering about removing temporary, additional ABHR dispensers installed in response to the COVID-19 pandemic.

Do **not** attempt to refill 1L Optidose™ cartridges by compromising the integrity of the cartridge.

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Safe placement of portable ABHR dispensers during a shortage of 1L Optidose™ cartridges

A temporary increase in the use of portable ABHR dispensers during a shortage of 1L Optidose™ cartridges will increase the risk of harm due to ingestion – intentional and unintentional. **Sites must ensure portable ABHR dispensers are monitored** and opportunities for theft and ingestion are minimized.

Examples of areas that have reduced or limited patient or public movement include:

- critical care areas;
- medication rooms;
- operating rooms;
- back-of-house; and
- locations where staff are continuously present (e.g. screening stations).

All portable ABHR dispensers must be under continuous AHS monitoring. More information on ABHR guidelines are available [online](#).

Where applicable and appropriate, personal size (50 ml) ABHR dispensers are available and can be ordered by contacting CPSM.

Hand hygiene resources

[AHS COVID-19 Hand Sanitizer Information](#)

[AHS IPC Hand Hygiene Program](#)

AHS Hand Hygiene [Policy](#) and [Procedure](#)

[Alcohol-based Hand Rub Recommendations](#)

[A Guide to Clean Hands in Healthcare Facilities](#) – MyHealth.Alberta Patient Care Handout

Hand Hygiene [Education](#) and [Posters](#)

Hand Hygiene Dispenser Out of Order – [poster](#)

Hand Hygiene Dispenser Out of Order – [dispenser labels](#) (2 per page)

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