Alcohol-Based Hand Rub Safety

Clinically serious adverse events associated with intentional ingestion of alcohol-based-hand rub continue to be a safety risk for some patients at Alberta Health Services. In response, AHS is introducing guidelines for prevention and response to ingestion of alcohol-based hand rub (ABHR) across the organization.

Why do we use ABHR?

- Good hand hygiene practices are essential in preventing health-care acquired infections, and ABHR is an effective and accessible product in reducing infections.

Why is ABHR ingestion a risk?

- Due to its high ethanol content (70-80 per cent) ABHR can pose a risk to some patients (includes clients, residents) and can result in harm, including death, if ingested.
- Understanding the risks associated with ABHR ingestion and how to prevent harm helps us to provide safer care.

What do I do if I suspect someone has ingested ABHR?

- Contact PADIS at 1-800-332-1414 to speak with an information specialist. This service is available 24 hours a day, 7 days a week.

How is AHS addressing the risk of ABHR ingestion?

- AHS supports the elimination of preventable harm from intentional ingestion of ABHR, while supporting established standards for acceptable hand hygiene practice.
- AHS developed quick reference materials containing a Safer Practice Notice that highlights risks associated with ABHR ingestion and directs managers, staff, and physicians to ABHR fact sheets.
- The fact sheets include: ABHR dispenser placement, ABHR ingestion risk assessment, and ABHR ingestion care management.

What are the dispenser placement guidelines based on?

- The placement guidelines meet AHS infection prevention control (IPC) policies and procedures, as well as fire safety requirements.
- Managers can contact their IPC Zone Directors or facility IPC practitioners for ABHR guidelines. Managers can contact their facility Fire Marshal or Protective Services Officer for ABHR fire safety guidelines at their facilities.

Shouldn't the placement guideline be more specific?

- The guidelines provide general information and are intended to give managers flexibility to ensure that ABHR products are accessible for staff while reducing the chance of misuse.
Besides the general considerations for ABHR dispenser placements, programs may need to customize placement or type of dispensers based on their specific needs (e.g. physical layout, workflow, and patient population).

**Will limiting ABHR products decrease hand hygiene compliance?**

- ABHR products support good hand hygiene practices and it is important to ensure accessibility. We also have a responsibility to discourage misuse that could result in patient harm or death from intentional ingestion.
- The guidelines help ensure that staff, physicians, patients, and visitors have access to ABHR products by ensuring that appropriate types of ABHR dispensers are available and appropriately placed.

**Do we need to remove existing ABHR dispensers?**

- ABHR dispensers should be located at hospital entrances, outside elevators, and clinical care areas where monitoring is easy to achieve and opportunities for intentional ingestion, vandalism, and theft are minimal.
- ABHR dispensers that do not meet IPC or fire code standards should be removed.
- ABHR dispensers in or around minimally monitored areas such as parkades, stairwells, and connector hallways should be removed whenever possible to help reduce misuse or theft.
- If a wall-mounted ABHR is required in a high risk area, use a stainless steel dispenser with stainless steel lock (available through CPSM).

**Are all programs expected to screen patients for ABHR ingestion risk?**

- ABHR ingestion risk has been identified across zones and programs at AHS, especially in areas where patients 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 patients assessed at risk to ingest).
- Patient ABHR ingestion risk screening is supported by Accreditation Canada’s requirement to assess the client's physical and psychosocial health and can be used to help develop a safety plan for the patient.

**Isn’t there something added to ABHR to make ABHR unsuitable for consumption?**

- ABHR products usually contain a bittering agent but it is not necessarily a deterrent to ingestion given ABHR contains a high percentage of ethanol.

**Why can ABHR ingestion be more toxic than ingesting other consumable alcohols such as beer, wine or spirits?**

- The concentration of ethanol in ABHR is 70-80%. This is twice the ethanol concentration found in most spirits, five times more than found in wine, and thirteen times more than beer.
- Symptoms for ABHR ingestion may appear more intense than with other drinkable alcohols, given the higher percentage of ethanol in ABHR.
Who was consulted in the development of these guidelines?

- An interprofessional working group (Infection Prevention & Control, Addiction & Mental Health, Emergency Strategic Clinical Network, Health Professions Strategy & Practice, Contracting Procurement & Supply Management, Environmental Services, Protective Services, Clinical Ethics, Poison & Drug Information Service, Human Factors, and Provincial Patient Safety) developed these guidelines to help mitigate the risk of ABHR ingestion.

What are the next steps?

- Managers are asked to share the ABHR Safer Practice Notice and fact sheets with their teams to improve understanding of the risks and benefits of ABHR, and work together to improve ABHR compliance and safety.
- Continue to follow IPC ABHR policies and procedures, including those related to hand hygiene and fire safety (currently under development).
- Continue to report ABHR ingestion related adverse events, close calls, and hazards in RLS.