

Hand Hygiene Policy and Procedures

Frequently asked Questions

AHS has revised the Hand Hygiene Policy and Procedure in 2024 as part of the regularly scheduled policy revision process. Should you have any additional questions regarding the information in the Hand Hygiene Policy and Procedure please contact the Policy and Forms Department at policy@ahs.ca. The clinical policy website is the official source of current approved clinical policies and procedures can be found here: <https://www.albertahealthservices.ca/info/Page14956.aspx>.

General policy and procedures questions

Questions	Responses
1. What are the key changes to the new hand hygiene policy and procedure compared to the old one?	The policy and procedure were updated to align with current AHS definitions; AHS People (formally AHS representatives) and reorganization of content within and between the policy and procedure to improve the flow of the documents. The update also ensures proper technical language is used throughout (e.g., donning, doffing). Please see Key Changes Document for a detailed list of changes.
2. What is proper Hand Hygiene?	Hand hygiene means proper practices which remove microorganisms with or without soil from the hands. Proper hand hygiene requires that all surfaces of the hands (including wrist surfaces, palms, areas between fingers, back and sides of hands, fingers, fingertips, thumbs, nails, and under the ring, if one is worn), be cleaned and decontaminated using either an alcohol-based hand rub (ABHR) or soap and water. Refer to the specific steps in the Hand Hygiene Procedure .
3. I wear gloves when providing patient care, do I need to perform hand hygiene?	The use of gloves shall not be a substitute for performing hand hygiene. AHS people shall: <ul style="list-style-type: none"> perform hand hygiene before putting on (donning) and after removing (doffing) gloves; change gloves between performing contaminated and clean care procedures on the same patient (e.g., urinary catheter to an intravenous line); and change gloves between each patient.
4. What is a hand hygiene moment?	Transmission of microorganisms from one surface to another, from one patient to another, or from one body site to another by the hands of healthcare providers is a real risk. AHS Hand

Hand Hygiene Policy and Procedure FAQs | 2

	Hygiene Policy outlines 4 Moments for Hand Hygiene which are based on the risk of microorganism transmission when AHS people interact with patients and/or their environments.
5. Should I remind my co-workers to perform hand hygiene?	AHS People should be actively encouraged to remind one another to perform hand hygiene in the applicable circumstances, as outlined above.
6. I work in an AHS community setting. How does the policy & procedure relate to my work setting?	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. These can include EMS, Public Health, Home Care and/or Recovery Alberta.
7. What resources and reference do you use when deciding content for the Hand Hygiene Policy and Procedure?	The hand hygiene policy and procedure revision uses the most current versions of Alberta Health Services AHS resource documents, and non-AHS services documents including the Public Health Agency of Canada (PHAC) and the World Health Organization (WHO). Please refer to reference section of the hand hygiene policy and procedure for a complete list of references.
8. When should I use soap and water instead of ABHR?	<p>Plain soap and water are recommended:</p> <ul style="list-style-type: none"> when hands are visibly soiled with food, dirt or blood and body fluids, following glove removal when caring for patients with diarrhea and/or vomiting, prior to and during food handling, and immediately after using toilet facilities. <p>See Appendix A in the Hand Hygiene Policy.</p>
9. Where can I find information about hand hygiene sinks?	<p>You can find information on hand hygiene sinks: Recommendations for Hand Hygiene Sink Requirements.</p> <p>Dedicated Hand Hygiene sinks, if available, shall be clearly labeled.</p>
10. When should I use antimicrobial soap?	The routine use of antimicrobial soaps for hand hygiene is not necessary and may result in resistance. Antimicrobial soap and water shall be used only in procedures to prevent the transfer of micro-organisms from the patient's body surface to a normally sterile body site. Examples of such practices are (e.g., intravascular system, spinal canal, subdural space, urinary tract) in such a manner as to keep them free from micro-

	organisms. Antimicrobial soap dispenser locations will be determined by AHS People based on clinical need.
11. How should I dry my hands after I wash with soap and water?	Pat hands dry with a disposable paper towel from a closed paper towel dispenser; don't rub. For healthcare settings, closed paper towel dispensers are preferred over a roll or stack of paper towels sitting beside the sink because of the risk of re-contamination through splashes. Periodically apply AHS-provided hand lotion to assist in maintaining skin integrity.
12. Should air dryers be used in clinical areas?	As per IPC best practice recommendations for hand hygiene sink requirements, hot air dryers shall not be used in clinical areas as warm air currents dry hands slowly and can be used by only one individual at a time. In non-clinical areas, paper towel dispensers will continue to be needed until such time as all sinks are equipped with automatic faucets, and all bathrooms are a walk in style (no door).
Barriers to effective hand hygiene	
13. Can I wear gloves as a substitute for hand hygiene?	Gloves provide an extra barrier when in contact with blood and body fluids; however, we know that 5% of gloves can have micro-tears and that these micro-tears can increase the longer gloves are worn which allow microorganisms to contact the skin. Also, when gloves are removed the hands can become contaminated by the gloves as they are pulled off; therefore, hands are considered contaminated even when gloves have been used and hand hygiene is required after gloves have been removed.
14. I am wearing a cast/splint or dressing. Can I wear gloves on my hands and continue to work?	According to AHS Hand Hygiene Policy and Procedure, you must be able to perform proper hand hygiene when providing direct or indirect patient care. Wearing gloves over a splint, cast or dressing is not a substitute for hand hygiene. You must be able to perform proper hand hygiene covering all areas of your hands and wrists. If the cast/splint or dressing prevents you from performing proper hand hygiene, consult AHS Workplace Health and Safety for further direction.
15. I have a bandage on a small cut can I continue to work?	Cuts or abrasions that can be easily covered with a non-permeable dressing (e.g., Band-Aid®) do not interfere with hand hygiene. For more direction please consult with your supervisor and workplace health and safety.

<p>16. What do I do when there is no running water or clean water available?</p>	<p>Running water should always be available in your work setting; however, if for some reason running water is not available, hand cleaning wipes/towelettes can be used for removing visible soil from hands. ABHR shall be used following the use of hand cleaning wipes/towelettes. Hands shall be washed once running water is available. During a boil water advisory, tap water can be used for removing visible soil from hands and hand hygiene using ABHR shall be completed following the use of tap water.</p>
<p>17. In my daily work environment, I do not always have access to wall mounted ABHR or soap dispensers to perform hand hygiene. What can I do?</p>	<p>Small portable, pocket size bottles of ABHR are available for healthcare workers who work in areas where access to ABHR may be limited (e.g., mental health or community settings.) Small bottles of soap are also available for staff members (e.g., Home Care) who work in the community. Contact your supervisor or manager to obtain portable ABHR bottles.</p>
<p>18. Can I wear artificial nails/and or nail enhancements? Examples would include but not limited to fiberglass or silk wraps, decals, rhinestones, gel nail polish, acrylic or shellac.</p>	<p>Natural nails shall be clean and short, nail polish if worn shall be freshly applied and not chipped. Artificial nails and/or nail enhancements shall not be worn by AHS People that provide direct patient care or perform other related tasks that require hand hygiene.</p> <p>See Artificial Nails in the Healthcare Environment - Why We Care!</p>
<p>19. Am I allowed to wear rings and or watches, wrist jewelry?</p>	<p>It is recommended that you do not wear wrist jewelry; however, if you do, wrist accessories should be pushed up before performing hand hygiene. Please refer to the Hand Hygiene Procedure for how to perform hand hygiene.</p> <ul style="list-style-type: none"> • Hand jewelry other than a simple ring, (e.g., plain band) shall not be worn by AHS People who provide direct patient care or perform other related tasks that require hand hygiene. • Wrist accessories, (e.g., watches and bracelets) if worn, shall be easily pushed up from the wrist to properly perform hand hygiene.

20. Am I allowed to wear a sweater or long sleeves shirt when providing direct patient care?	Bare below the elbows is preferred. Please refer to the Hand Hygiene Procedure for use of ABHR and/or soap and water. As applicable, push up sleeves prior to performing hand hygiene.
ABHR and safety	
21. What resources are available to address risks associated with ABHR ingestion?	ABHR can pose a risk to our patients and result in harm, including death, if ingested. Clinically serious adverse events associated with ingestion of ABHR continue to be a safety risk for some patients at AHS. In response, recommendations for prevention and response to ingestion of ABHR have been introduced to mitigate this risk. These recommendations include: <ul style="list-style-type: none"> a. ABHR Dispenser Placement Guidelines b. Product Ingestion Risk Screening c. Product Ingestion Care Management Guidelines d. Frequently Asked Questions
22. Is a large amount of stored ABHR a fire hazard?	There are potential fire and occupational safety hazards associated with the storage and use of products 60% or greater alcohol concentration. Studies have shown that if certain conditions are met, the fire hazard created by these products is greatly reduced while there can be a significant benefit in reducing acquired infections. The National Fire Code regulates the storage and handling of flammable liquids and combustible liquids in care facilities to mitigate fire hazard risks; therefore, ABHR wall-mounted dispensers shall be installed according to the National Fire Code. This document is referenced in the hand hygiene policy and procedure.
23. Can ABHR be absorbed through my skin and affect my blood alcohol level?	The potential for systemic diffusion of alcohol or its metabolites through skin absorption or airborne inhalation related to the use of ABHR has been investigated (Kramer et al.). It was found that ethanol absorption is negligible.
24. Is ABHR cancerous?	ABHR is safe to use and there is no evidence to suggest that the use of ABHR causes cancer.
Hand Hygiene Monitoring and Reporting	
25. Why is AHS reviewing and reporting on my hand hygiene compliance?	The collection of and reporting on of hand hygiene data is a Required Organizational Practice set out by Accreditation Canada. Alberta Health Services includes hand hygiene as a Monitoring Measure reported to Albertans; furthermore, hand hygiene information is used to: <ul style="list-style-type: none"> • Increase awareness of the impact and importance of

	<p>proper hand hygiene in the prevention and control of healthcare-acquired infections,</p> <ul style="list-style-type: none"> • Reinforce Alberta Health Services commitment to and expectations of hand hygiene practices in the provision of healthcare services, • Gauge the implementation and effectiveness of hand hygiene improvement efforts across the province, and • Identify barriers to hand hygiene.
26. Do I have to be observed by IPC and/or Site-Based Hand Hygiene Reviewers?	<p>Monitoring hand hygiene compliance according to the 4 Moments for hand hygiene and offering healthcare providers feedback regarding compliance are considered essential elements of hand hygiene improvement initiatives. Conducting hand hygiene reviews is an open and transparent process.</p> <p>Reviewers are members of the healthcare team and have signed AHS confidentiality agreements. If a patient gives permission, reviewers may enter treatment spaces to observe procedures as long as they do not interfere with workflow.</p>
27. I do not touch anything in the patient or the healthcare environment, will I be recorded as non-compliant for hand hygiene?	<p>The healthcare provider must perform hand hygiene before and after making direct physical contact with the patient, patient's environment and/or healthcare environment, therefore, the healthcare provider must make contact with the patient and/or the patient's healthcare environment to record a moment (i.e., no contact = no moment).</p> <p>Hand hygiene reviewers will not record a missed or compliant moment if no contact occurred; however, it is best practice to get into the habit of performing hand hygiene on the way in and out of the patient's room/environment in anticipation that contact that may occur and to demonstrate our commitment to clean hands to our patients. Studies have shown that healthcare providers frequently contact something in the patient's environment, often unknowingly.</p>
28. If I work in a community setting, how do I know what a patient's or healthcare environment is?	<p>Patient's environment means the area surrounding the patient where direct patient care occurs.</p> <p>Direct patient care means physical contact with a patient or interacting with the patient's environment (e.g., bathroom) or their belongings, e.g., a patient's personal residence.</p> <p>Healthcare environment means anywhere the patient may be expected to interact with the environment or receive healthcare and services, e.g., a patient's personal residence, a school or</p>

	community centre, public health office, homecare treatment room or counselling therapy setting.
29. Where can I find my area's hand hygiene compliance?	Your area's hand hygiene compliance should be posted or readily available in a location accessible to staff, patients, families and visitors. If you can't find your hand hygiene compliance contact your supervisor/manager.
30. I want to become a hand hygiene reviewer. Who should I contact about this?	The IPC Hand Hygiene Program is always happy to welcome new (site-based) hand hygiene reviewers. Please talk to your supervisor/manager and then contact hand.hygiene@ahs.ca .
31. I have more questions about hand hygiene. Who should I contact?	The IPC Hand Hygiene Program is happy to answer any questions you may have around hand hygiene or hand hygiene compliance. Please contact hand.hygiene@ahs.ca
32. Who should I contact regarding non-compliance with the hand hygiene policy & procedure?	Contact your supervisor/manager and/or the Human Resources Contact Centre to discuss the specific situation.



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