

## Alcohol-based Hand Rub Memo

The purpose of this communication is to promote use of alcohol-based hand rubs (ABHR) by addressing misconceptions regarding the safety, use and efficacy of ABHR in long-term care facilities (LTCF). The memo represents a joint effort by the Bureau of Quality Assurance, Division of Nursing Care Facilities and Division of Safety Inspection, and the Bureau of Epidemiology.

### USE AND EFFICACY:

Did you know that health care providers might need to clean their hands as many as 100 times per 12-hour shift? Fewer than half of health care providers properly implement World Health Organization's (WHO) My 5 Moments for Hand Hygiene guidance (<http://www.who.int/infection-prevention/campaigns/clean-hands/5moments/en/>).

Research has shown that ABHR is the most effective method for hand hygiene in health care settings and is also the least drying and least likely to lead to skin breakdown in health care workers. Therefore, ABHR is the preferred method for routine hand hygiene in health care settings, including LTCF.

### AVAILABILITY IN LTCFs:

It is important to ensure that the ABHR dispensers are widely available and easily accessible at the points of care. Make ABHR available to staff where and when they need it!

- Place ABHR dispensers at the entrance to each patient room. Ideally, dispensers should be in a place that is easily accessible to health care workers. In multi-resident rooms, consider placing dispensers in a location that can also be easily accessed when caring for multiple residents, as well as at the entrance to the rooms.
- In secured units, place ABHR dispensers near the nurses' station. Provide individual-sized containers of ABHR for staff to carry in an otherwise empty pocket or clipped onto their person. Using these is a skill; promote a culture of hand hygiene in your locked units. Train staff on how to properly use individual-sized containers and document demonstrated competency.

### SAFETY:

- **Fire hazard:** LTCFs must follow Life Safety Code regarding location and installation of ABHR dispensers (<https://www.federalregister.gov/documents/2016/05/04/2016-10043/medicare-and-medicaid-programs-fire-safety-requirements-for-certain-health-care-facilities>). If you are having difficulty determining where to install ABHR dispensers in your facility per the requirements of the Life Safety Code, you may contact your local Division of Safety Inspection Regional Office (<https://www.health.pa.gov/topics/facilities/safety/Pages/Contact.aspx>).
- **Slip and fall hazard:** ABHR dispensers should have a tray or other mechanism to stop excess product from going on the floor. Dispensers must be kept in good working order. Don't leave ABHR bottles on hand rails.
- **Ingestion hazard:** ABHR dispensers should only dispense the amount of product required for proper use and should not dispense more than once per activation. See "Commonly Asked Questions" for more information.

### POLICY:

Review and update your infection control policies annually and as needed. If the information provided in this memo is not congruent with current practice at your facility, we encourage you to take steps to improve infection control practices by updating policies and providing education to staff.

Perform monthly audits of hand hygiene to monitor compliance and provide feedback to staff.

For questions related to this information, please contact your local Department of Health field office.

## COMMONLY ASKED QUESTIONS ABOUT ABHR:

### Q. Will overuse of ABHRs cause resistance?

A. No. According to the World Health Organization, there is no reported resistance to ABHR in any microorganism. Appropriate use of ABHR can reduce the spread of antibiotic resistant bacteria.

### Q. How many times can staff use ABHRs?

A. There is no limit to the number of times in a row that ABHR can be used. If hands feel sticky or uncomfortable, hand washing may be used intermittently for comfort of the health care worker.

### Q. How do we protect vulnerable residents who might ingest ABHR?

A. Infections are hazardous too! A facility will need to determine which patients are at risk for harm from ABHR; however, keeping ABHR readily accessible to staff is important to prevent the spread of infection. In secured units, one option is for staff to carry small containers of ABHR in their pocket or clipped onto their person.

### Q. How can we assure that staff are using pocket or clip-on individual containers of ABHR properly?

A. ABHR kept in a pocket or clipped onto a health care worker will be contaminated. However, the product inside the container is still effective. Using the proper steps to access these types of ABHR containers is critical.

1. Pull pocket ABHR out of pocket and dispense adequate gel or foam into one hand.
2. Place bottle back in pocket with other hand before performing hand rub.
3. Perform hand rub, thoroughly coating all surfaces of both hands.
4. Go directly to resident without touching anything else – or re-entering hands into pockets.

Staff using these types of ABHR containers should be initially trained and observed doing the procedure to assure competency. Routine observations should occur monthly to assure staff are performing steps properly.

### Q. Are there certain situations in which hand washing should be used instead of ABHR?

A. Yes. Hand washing should be performed in the following situations:

- If hands are visibly soiled;
- Before eating or after using the restroom; and
- During an outbreak of *C. difficile* or norovirus. For residents with *C. difficile*, always wear gloves during care. Learn more about hand hygiene and *C. difficile* by watching and sharing this video with free continuing education available at <https://www.cdc.gov/handhygiene/providers/training/index.html>.

### Q. I have a staff member who reports he/she is allergic to ABHR, what can I do?

A. There are two types of skin reactions associated with hand hygiene: irritant contact dermatitis and allergic contact dermatitis. Allergic contact dermatitis attributable to ABHR is very rare. Health care workers with skin complaints related to ABHR should be referred for evaluation by occupational health or a medical provider.

In winter months, dry skin is common in health care workers and can lead to irritant contact dermatitis irrespective of ABHR use. In fact, ABHRs will result in less drying than hand washing. We suggest making lotion that is compatible with gloves and ABHR available so that staff will be less likely to have skin irritation and be more likely to comply with ABHR use. Staff should not be permitted to use their own lotion in the clinical setting. Other strategies for skin health will also improve winter irritation: using a heavy cream and cotton gloves while sleeping, wearing gloves when outside, and frequent use of lotion during waking hours.

**You can find more information about ABHR in the following resources:**

<https://www.cdc.gov/handhygiene/index.html>; <http://www.who.int/gpsc/5may/tools/9789241597906/en/>.