



Alcohol Based Hand Rub Use in Long-Term Care Facilities

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). This memo represents a joint effort by the Georgia Department of Public Health (DPH); Georgia Department of Community Health, Division of Healthcare Facility Regulation; Alliant Quality; and the Georgia Health Care Association (GHCA).

USE AND EFFICACY

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 the 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 that it 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.

- Ideally, ABHR dispensers should be located at facility entrances, in all common areas, and outside as well as inside of each resident's room. Place dispensers in locations that are easily accessible to health care workers. In multi-resident rooms, consider placing dispensers in a central location of the room that can be easily accessed when caring for multiple residents, as well as at the entrance to the rooms. As discussed in the CMS LTCF Infection Prevention training, Hand Hygiene module, the dispensers should be installed in a manner which minimizes leaks that could contribute to falls. Placement should protect vulnerable populations (e.g., cognitively impaired residents) against inappropriate access. However, placement of dispensers to minimize harm to vulnerable populations should not come at the expense of making ABHR accessible to staff. ABHR placement may vary by facility depending upon the resident population and services provided.¹

¹ Center for Medicare and Medicaid Services (CMS) LTCF IP training available at: https://www.train.org/cdctrain/training_plan/3814

- In secured units, mount hand sanitizing wipes/dispensers on the wall in convenient locations and ABHR at the nurse's station for the staff. As noted in The Society for Healthcare Epidemiology of America (SHEA) *Strategies to Prevent Health-care Associated Infections through Hand Hygiene, 2014*, "Cognitively impaired, behavioral health, or substance abuse patients may be injured by ingestion of ABHR. A point-of-care risk assessment can help guide placement of dispensers or decision to use nontoxic hand hygiene products."²

SAFETY

LTCF must be compliant with local, state, and federal requirements as well as the Americans with Disabilities Act (ADA) and fire and safety codes. The ADA requirements can be accessed at this link: <https://www.tbr.edu/sites/tbr.edu/files/media/2015/04/ADA%20Dispenser%20pamphlet.pdf>.

Fire hazard: LTCFs must follow National Fire Protection Association (NFPA) 101, 2012 Edition of the Life Safety Code[®] regarding location and installation of ABHR dispensers (<https://www.federalregister.gov/d/2016-10043>). Staff should be taught that alcohol-based products are flammable and should be kept away from ignition sources such as flames, electrical outlets, and light switches. If you are having difficulty determining where to install ABHR dispensers in your facility per the requirements of the Life Safety Code[®] you may obtain a copy of the Life Safety Code[®] from the NFPA (www.NFPA.org) or contact the State Fire Marshal's Office, by calling 404-656-2064.

Life Safety Code Sections 18.3.2.6 and 19.3.2.6 - Alcohol Based Hand Rubs (ABHRs)

- This provision explicitly allows aerosol dispensers, in addition to gel hand rub dispensers. The aerosol dispensers are subject to limitations on size, quantity, and location, just as gel dispensers are limited. Automatic dispensers are also now permitted in health care facilities, provided that the following requirements are met: (1) They do not release contents unless they are activated; (2) the activation occurs only when an object is within 4 inches of the sensing device; (3) any object placed in the activation zone and left in place must not cause more than one activation; (4) the dispenser must not dispense more than the amount required for hand hygiene consistent with the label instructions; (5) the dispenser is designed, constructed and operated in a way to minimize accidental or malicious dispensing; and (6) all dispensers are tested in accordance with the manufacturer's care and use instructions each time a new refill is installed. The provision further defines prior language regarding "above or adjacent to an ignition source" as being "within 1 inch" of the ignition source.

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.³

² SHEA Strategies to Prevent Healthcare-Associated Infections through Hand Hygiene - https://www.cambridge.org/core/services/aop-cambridge-core/content/view/955E4AAEB5DDEAC61281B9ECB5D68E4F/S0899823X00193900a.pdf/strategies_to_prevent_healthcareassociated_infections_through_hand_hygiene.pdf

³ An exception would include in situations such as a pandemic

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 “Frequently 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 incorporating recommendations into your procedural guidelines and providing education to staff.

Perform monthly audits of hand hygiene to monitor compliance and provide feedback to staff. Compliance should be audited for both opportunity and technique and include all disciplines (nursing, dietary, environmental services, physicians, rehab, etc.). Set a compliance goal for your facility. Calculate and graph monthly compliance rates to readily detect trends. Share data with all stakeholders on a regular basis and post graphs on a communication board. Auditing frequency can be escalated or de-escalated based upon performance. It is recommended that consideration not be given to de-escalation until the facility’s goal has been achieved and sustained for a minimum of three months after which time the facility can consider de-escalating the frequency of auditing (e.g., quarterly).

Follow manufacturer’s guidelines for use of ABHR product. Responsibility should be assigned to staff for monitoring and replacing hand hygiene products. Empty product containers should be discarded. Do not refill or “top off” existing product containers. Facility policies and procedures should address how and when hand hygiene products are replaced.

For questions related to this information, please contact the DPH Healthcare Associated Infections team by calling (404) 657-2588 or email (hai@dph.ga.gov).