



FACT SHEET: ALCOHOL-BASED HAND RUB IN LONG TERM CARE FACILITIES

Massachusetts Department of Public Health

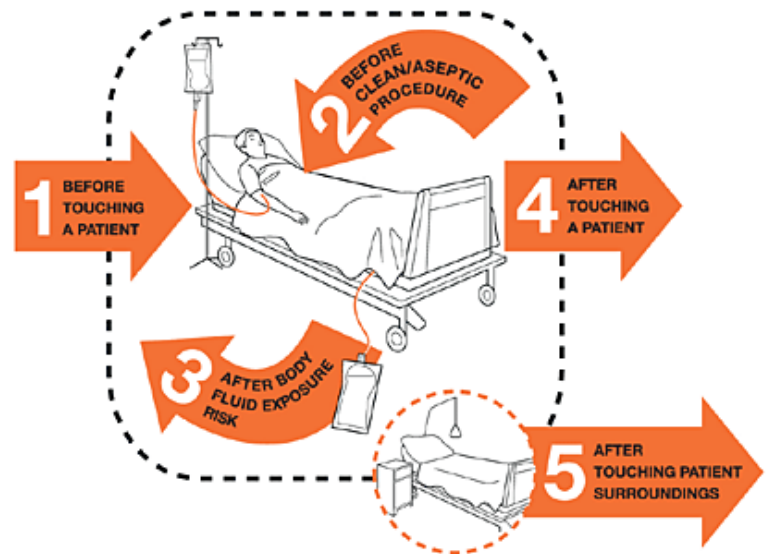
OVERVIEW

The purpose of this communication is to ensure that long-term care facilities preferentially use alcohol-based hand rubs (ABHR) for performing hand hygiene by reviewing best practices and addressing misconceptions regarding the safety, use, and efficacy of ABHR.

USE AND EFFICACY

Hand hygiene is the single most important practice to reduce the transmission of infectious agents in healthcare settings.ⁱ Healthcare personnel should perform hand hygiene following the World Health Organization's "My 5 Moments for Hand Hygiene" guidance (see figure to the right).

Proper use of ABHR **with at least 60% alcohol** is the most effective method for hand hygiene in healthcare settings. It is also the least drying option and least likely to lead to skin breakdown in healthcare personnel. Therefore, ABHR is the preferred method for routine hand hygiene in healthcare settings,ⁱⁱ including long-term care facilities. Soap and water are the preferred method for performing hand hygiene only when hands are visibly soiled or during outbreaks of *C. difficile* or norovirus.



AVAILABILITY IN LONG-TERM CARE FACILITIES

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

- Ensure that all ABHR used in your facility contains at least 60% alcohol and regularly check the product for expiration dates.
- Place ABHR dispensers at the entrance to each resident's room. Ideally, dispensers should be in a place that is easily accessible to healthcare personnel. In multi-resident rooms, consider placing dispensers in a location that can also be easily accessed when caring for multiple residents, in addition to the entrance to each room.
- 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 individual-sized containers is a skill that requires training on proper use; long-term care facilities should have healthcare personnel demonstrate competency and promote a culture of hand hygiene in secured units.

SAFETY

- **Fire hazard:** Long-term care facilities must follow Life Safety Code regarding location and installation of ABHR dispensers: (<https://www.cdc.gov/handhygiene/firesafety/index.html>).
- **Slip and fall hazard:** ABHR dispensers should be installed in a manner that minimizes leaks and spills that could lead to falls.
- Dispensers must be maintained in accordance with dispenser manufacturer guidelines. ⁱⁱⁱ
- Do not 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 written infection control policies and practices annually and as needed:

- Ensure hand hygiene policies promote preferential use of alcohol-based hand rub (ABHR) over soap and water in most clinical situations.
- Ensure hand hygiene competency-based training is provided to all staff upon hire and annually thereafter.
- Perform routine audits of hand hygiene to monitor, document results, and provide feedback to staff regularly.

FREQUENTLY ASKED QUESTIONS

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 that ABHR can be used. If hands feel sticky or uncomfortable, hand washing may be used intermittently for comfort of healthcare personnel.

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

A. A facility will need to determine which residents are at risk for harm from ABHR and weigh mitigation steps against the risk of infections. In secured units, one option is for staff to carry small containers of ABHR in their pocket or clipped onto their person. Keeping ABHR readily accessible to staff is important to prevent the spread of infection.

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 healthcare personnel 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 individual ABHR container out of pocket and dispense adequate gel or foam into one hand.
2. Place container 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-inserting hands into pockets.

Staff using these types of ABHR containers should be initially trained and observed performing hand hygiene to assure competency. Routine observations should occur at least 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. While ABHR are usually the most effective and preferred method for cleaning hands in clinical situations, 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. When caring 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. Healthcare personnel 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 among healthcare personnel and can lead to irritant contact dermatitis regardless of ABHR use. In fact, ABHRs result in less drying than hand washing. Hand hygiene adherence might be improved by providing healthcare personnel with lotions or creams to minimize the occurrence of irritant contact dermatitis.

Consult manufacturer to ensure facility-provided hand lotions or creams are compatible with gloves and ABHR. Staff should not be permitted to use their own lotion in the clinical setting.

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/>.
- <https://www.who.int/infection-prevention/campaigns/clean-hands/5moments/en/>

For questions related to this information, please contact the Massachusetts Department of Public Health, Division of Epidemiology at 617-983-6800 or Bureau of Healthcare Safety and Quality at 617-624-0510.

This fact sheet was adapted from communication developed by the Pennsylvania Department of Health.

ⁱ <https://www.cdc.gov/infectioncontrol/pdf/guidelines/isolation-guidelines-H.pdf>

ⁱⁱ <https://www.cdc.gov/mmwr/PDF/rr/rr5116.pdf>.

ⁱⁱⁱ <https://www.jointcommission.org/-/media/deprecated-unorganized/imported-assets/tjc/system-folders/topics-library/acceptable-practices-of-using-alcohol2pdf.pdf?db=web&hash=AFAD24BDEE0DE20609E0F1B4A4D25D21>