



Frequently Asked Questions - Alcohol Based Hand Rub

Q. Why is hand hygiene important in healthcare?

Hand hygiene is the most important procedure to prevent the spread of microorganism between residents and their environment. Residents primarily acquire microorganisms from healthcare workers hands that are contaminated by the environment.

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/>).

Q. Will overuse of alcohol based hand rub (ABHR) cause resistance?

No. According to the World Health Organization (WHO), 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 ABHR?

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

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

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 to mount hand sanitizer wipes/dispensers in convenient locations. A risk assessment can be conducted to guide placement of ABHR dispensers or decision made to utilize nontoxic hand hygiene products.

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

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 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 reentering hands into pockets.

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

Be sure to have plenty of bottles of ABHR in stock. A health care provider might need to clean their hands as many as 100 times per 12-hour shift. As an example, 2.5ml of ABHR per use (always follow manufacturer's recommendations for volume) could easily empty an 8oz. bottle in one shift. Pocket or clip-on ABHR products are not recommended for high acuity patients and facilities where outbreaks or drug-resistant organisms have been identified. In addition, using ABHR wall mounted dispensers are more cost effective than pocket and clip-on bottles.

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

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 courses 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?

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.

Q. Where would it be appropriate to mount ABHR dispensers in the facility?

Placement of ABHR dispensers should support workflow (conveniently located). The dispensers should not be mounted higher than 50 inches (see link to ADA guidelines below). For facilities with low acuity patients and at which outbreaks or drug-resistant pathogens have not occurred, the facility may consider placing dispensers inside the patient room on the wall. All nurses' stations should have dispensers conveniently located to promote use. Ideally, ABHR dispensers should be located at facility entrances, in all common areas, and outside as well as inside of each resident's room. 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

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

Centers for Disease Control and Prevention Hand Hygiene in Healthcare Settings
<https://www.cdc.gov/handhygiene/index.html>

World Health Organization Guidelines for Hand Hygiene in Healthcare
<http://www.who.int/gpsc/5may/tools/9789241597906/en/>

Acceptable Practices of Using Alcohol-Based Hand Rub
https://www.jointcommission.org/assets/1/6/Acceptable_Practices_of_Using_ABHRs.pdf

Compliant ADA Dispenser Heights and Locations
<https://www.tbr.edu/sites/tbr.edu/files/media/2015/04/ADA%20Dispenser%20pamphlet.pdf>

Fire Code Regulations and Alcohol Based Hand Rubs
https://apic.org/Resource_/TinyMceFileManager/Education2015/ABHR_Placement_Regs.pdf

National Fire Protection Association
www.NFPA.org

Frequently Asked Questions about Hand Hygiene for Healthcare Personnel Responding to COVID-2019
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/hand-hygiene-faq.html>

For additional information, contact:
Georgia Department of Public Health
Healthcare Associated Infections Team
(404) 657-2588
hai@dph.ga.gov

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