

Hand Hygiene

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Introduction

Hand hygiene is a general term referring to any action of hand cleaning. It relates to the removal of visible soil and removal or killing of transient flora from the hands, while maintaining good skin integrity resulting from a hand care program. Many viral and bacterial infections are acquired, carried, and transmitted by hands. When a staff member touches a client, animal or fomite there is a potential for them to contaminate their hands and further transmit these microorganisms to themselves, other staff, clients or other fomites. Effective hand hygiene kills or removes transient flora preventing the spread of infections during service delivery.

Purpose

Employers are required under the *Occupational Health and Safety Act, R.S.O. 1990, c.O.1* to provide information, instruction and supervision to a worker to protect the health and safety of the worker. This means that SMDHU has a duty to prevent infectious disease transmission between staff and/or clients. This policy is to ensure staff members are aware of appropriate techniques and indications for hand hygiene.

The Provincial Infectious Disease Advisory Committee (PIDAC) best practices for hand hygiene must be practiced in all settings where health care is provided, across the continuum of health care that includes public health and public health clinics.

Legislative Authority

Occupational Health and Safety Act, R.S.O. 1990, c.O.1, S. 25-27.

Policy Definitions and Interpretation

Alcohol Based Hand Rub (ABHR): A liquid, gel or foam formulation of alcohol at 62% to 90% and is the preferred method of hand hygiene when hands are not visibly soiled.

Client: Individual, family, community group, agency, business or premise, coalition or community network, professional group, population or any other entity who receive care and/or service by a health unit employee, student or intern.

Contamination: The presence of an infectious agent on the body or on a surface, such as clothing, gowns, gloves, bedding, toys, equipment or other inanimate objects.

Direct Care: Provision of hands-on care (e.g. touching a client while supporting in breast feeding, dressing changes, care of open wounds/lesions, toileting, administering vaccine, collecting blood and body fluid specimens, performing physical examinations, performing dental exams and dental screening).

Direct Contact: The transfer of microorganisms resulting from direct physical contact between an infected or colonized source. Skin to skin contact between two persons.

Fomites: Objects in the inanimate environment that may become contaminated with microorganisms and serve as vehicles of transmission. (e.g. toy, desk, doorknob or clothing)

Hand Care: Actions and products that reduce the risk of skin irritation. Intact skin is the body's first line of defense against bacterial, viral and fungal infections. Keeping hands healthy is an essential part of the hand hygiene program. The presence of dermatitis, cracks, cuts or abrasions can trap bacteria and compromise hand hygiene. Dermatitis also increases shedding of skin squamous and, therefore, shedding of bacteria.

Hand Care Program: A hand care program for staff is a key component of hand hygiene and includes hand care assessment, and staff education. Staff in consultation with Manager/Supervisor will determine the best course of action to prevent and remedy any hand care issues.

Hand Washing: The physical removal of microorganisms from the hands using soap (plain or antimicrobial) and running water.

Indirect Contact: Passive transfer of microorganisms to a staff member via an intermediate object such as contaminated hands that are not cleaned between client care, contaminated equipment (e.g. computers, phones, blood pressure cuffs), or surfaces.

Infection: The entry and multiplication of an infectious agent in the tissues of the host. Symptomatic or clinical infection is one resulting in clinical signs and symptoms (disease). Asymptomatic or sub-clinical infection is an infectious process running a course similar to that of clinical disease but below the threshold of clinical symptoms.

Manager/Supervisor: The person to whom a staff member directly reports. Staff may report to a Supervisor, Manager, Director or Medical Officer of Health.

Personal Protective Equipment (PPE): Clothing or equipment worn by staff for protection against hazards.

Plain Soap: Detergents that do not contain antimicrobial agents or that contain very low concentrations of antimicrobial agents that are present only as preservatives.

Point of Care: The place where the client, the staff and the care, activity or treatment occurs involving contact with the client or their surroundings.

Risk Assessment (RA): Is an activity whereby staff evaluates the likelihood of exposure to an infectious agent (bacteria, virus, parasite) looking at the specific interaction or activity (i.e. education, treatment, vaccination, screening, inspection) with the client and/or the client's environment. (e.g. private home, school, health care facility, SMDHU clinic, restaurant) and under available conditions (e.g. hand washing sinks, ABHR, PPE, sharps containers, plexiglass barrier)

1. Assess the Risk:

- Exposure and/or contamination of one's own clothing or skin from direct contact with a client's or animal's blood, body fluids, secretions, excretions or mucus membranes (mouth, nose, genital area) or indirect contact with a client's body fluids from surfaces or equipment;
- Exposure and/or contamination of one's own mucus membrane (eyes, nose, mouth) from direct contact with a client's blood, body fluids, secretions, excretions, mucus membranes;
- Exposure and/or contamination of one's hands from direct to the clients non-intact skin (breaks in skin) or blood, body fluids, secretions, excretions, mucus membranes;
- Exposure and/or contamination of one's hands from indirect contact to contaminated equipment or surfaces (i.e. blood, vomit, sewage, soil)

2. Choose the appropriate actions:

Hand hygiene and wear Personal Protective Equipment to minimize the risk of exposure/contamination to the staff member and/or the client.

Staff: All individuals employed by or working for the Simcoe Muskoka District Health Unit, including full-time, part time, casual and contracted personnel; volunteers; students and members of the Board of Health.

Transient Flora: Bacteria or viruses that contaminate the upper layers of the skin and are acquired during direct contact with clients, other staff, contaminated equipment or the environment. Transient flora may be removed or killed by hand hygiene agents.

Visibly Soiled Hands: Hands on which dirt, body fluids or any organic substance can be seen.

Policy

SMDHU requires the use of routine practices at all times and that all staff perform a Risk Assessment (RA) to assess the risk of acquiring an infection when providing service delivery. Hand hygiene is a component of routine practices and will be performed by all staff as indicated in the following procedure. This policy applies at all times during routine work and non-routine or emergency situations.

Procedure

1. Staff will perform a [Risk Assessment \(RA\)](#) for the activity in which they are involved, and recognize the Indications for Hand Hygiene.

Indications for Hand Hygiene: Points to the reasons hand hygiene is necessary at a given moment.

- before initial contact with a client or item/device /equipment within the clinic or non-clinic setting, even if the client might not be touched (i.e. home visit, dental screening, restaurant inspection);
- before putting on gloves and after taking off gloves;
- when hands are visibly soiled;
- before and after preparing and handling food or eating and before and after handling medications (e.g. vaccine);
- after personal functions such as using the toilet, coughing or sneezing;
- after care involving contact with blood, body fluids, secretions and excretions of a client;
- after handling any soiled object or material;
- when moving from a contaminated body site to a clean body site during care;

- frequently during communicable disease outbreaks and cold and flu season; especially after touching/handling “high touch ” objects such as door knobs, computer keyboards and phones;
 - after contact with a client or fomite, animal or sample.
2. Staff will select and perform the appropriate method for hand hygiene.
- All staff will use ABHR with at least 70% alcohol for 15 seconds at the point of care and is the preferred method of hand hygiene when hands are not visibly soiled.
 - All staff that provides service or direct care off- site will carry with them a personal sized bottle of ABHR at 70%.
 - Hand washing with soap and running water will be performed for 15 seconds when hands are visibly soiled or when dictated by regulations or standards such as the Ontario Food Premise Regulation 562.
 - If hands are visibly soiled and a hand basin with soap and running water is not available staff can use paper towels or hand cleaning wipes (e.g. Wet Wipes) to remove visible soil and then use ABHR. Disinfectant Wipes should never be used to sanitize hands.
 - Bar soap, non-alcohol hand rub, and strongly scented waterless antiseptic agents should not be used by staff as hand hygiene products.
3. Staff will follow the proper techniques for using ABHR and hand washing with soap and running water.

Technique for Using an ABHR

The following procedure should be used for sanitizing hands with ABHR Appendix A: Techniques for Performing Hand Hygiene

- a. Ensure hands are visibly clean (if soiled, follow technique for hand washing).
- b. Remove hand and arm jewelry; if a watch is worn, it must be removed or worn above the wrist and fit snugly.
- c. Clothing or other items that impede frequent and effective hand hygiene should be removed.
- d. Apply one to two full pumps of product onto one palm; the volume should be such that **15 seconds of rubbing** is required before the product completely dries.
- e. Spread product over all surfaces of hands, concentrating on finger tips, between fingers, back of hands, and base of thumbs.
- f. Continue rubbing hands until product is dry; this will take a minimum of 15 seconds if sufficient product is used.

- g. **Hands must be fully dry** before carrying on any activity for the ABHR to be effective and to eliminate the extremely rare risk of flammability in the presence of an oxygen-enriched environment.
- h. If running water is not immediately available, and hands are visibly soiled moistened towelettes can be used to remove the visible soil, followed by ABHR.

Technique for Hand Washing

The following procedure should be used for hand washing using soap and running water –see Appendix A: Techniques for Performing Hand Hygiene

- a. Remove hand and arm jewelry; if a watch is worn, it must be worn above the wrist and fit snugly; clothing or other items that impede frequent and effective hand hygiene should be removed or pushed back.
- b. Wet hands with warm water, not hot or cold water as it is hard on the hands, and will lead to dryness.
- c. Apply liquid or foam soap.
- d. Vigorously lather all surfaces of hands for a **minimum of 15 seconds**; removal of [transient flora](#) requires a minimum of 15 seconds of mechanical action.
- e. Pay particular attention to finger tips, between fingers, backs of hands and base of the thumbs.
- f. Use a rubbing motion, allowing water to run away from the hands and thoroughly rinse soap from hands; residual soap can lead to dryness and cracking of skin.
- g. Avoid leaning against the sink to prevent clothing contamination.
- h. Dry hands thoroughly by blotting hands gently with a paper towel; rubbing vigorously with paper towels can damage the skin.
- i. Turn off taps with paper towel, to avoid recontamination of the hands.

DO NOT use ABHR immediately after washing hands, as skin irritation will be increased.

- 4. Staff will report to their Manager/Supervisor if skin integrity becomes an issue. Staff in consultation with Manager/Supervisor will determine the best course of action to prevent and remedy any hand care issues.
- 5. Staff may wish to complete the Hand Care Assessment Tool to determine a baseline for hand hygiene practice. Completed forms will be kept by staff as a tool to determine if there has been any change to hand health. Appendix B: Hand Care Assessment Tool
- 6. Staff experiencing issues with dermatitis and skin sensitivities, or wear an upper extremity supportive device (e.g. splint) that will impede hand hygiene will discuss this with their Manager/Supervisor for an acceptable solution.

7. Staff must strive to maintain good skin integrity of the hands to enable effective hand hygiene. Appendix C: Protecting Your Hands Fact Sheet
8. For staff to perform effective hand hygiene:
 - Nails must be kept clean, smooth edged and short. Note: There is an increased risk of glove tears when staff have sharp nail edges;
 - Nail polish, if worn, should be fresh and free of cracks or chips;
 - Artificial nails or nail enhancements must not be worn when providing direct care to clients;
 - It is preferred that rings and watches not be worn when providing direct care to clients;
 - Hand and arm jewelry, including watches, should be removed or pushed up above the wrist before performing hand hygiene.
9. Staff will use the ABHR products provided by the SMDHU. They contain an emollient, which can significantly decrease irritant contact dermatitis when used frequently.
10. It is recommended that staff use moisturizing skin care products. Staff can discuss with a Pharmacist or Dermatologist which product is best for the staff member's skin condition, looking at minimizing the occurrence of irritant contact dermatitis associated with hand hygiene.
11. Soap in dispensers or ABHR dispensers used by staff and clients within entrances and washrooms are the responsibility of Infrastructure/Facilities. A Help Desk Ticket can be made to notify them if these items require refilling or are in need of repair.
12. Staff can request through their Manager/Supervisor or Program Assistant when ABHR is needed and the Manager/Supervisor or Program Assistant will order the Agency approved ABHR through E-Requester.
13. The CD Team Program Assistant is responsible for the inventory of the Emergency Stock of ABHR.
14. ABHR is supplied in single-use containers and must be discarded when empty or when expired. Containers must not be "topped-up" or refilled. Expired product can be placed down the drain and the empty container can be recycled.
15. Wall mounted ABHR dispensers are able to be replaced when emptied. Health and Safety representatives in each health unit office are responsible for checking batteries, product expiry dates and requesting refilling of product when necessary.
16. All clients and/or visitors who come into the SMDHU for services or receive services off site by staff will be asked by staff to conduct hand hygiene.
 - ABHR at 70% must be conveniently located in areas for clients and visitors to use while receiving services at the SMDHU.
 - All staff within the SMDHU will promote hand hygiene at all times when providing services and provide direction to clients and visitors at the point of entrance of all offices to use

ABHR as well as educate clients on hand hygiene when providing services off- site as part of all program procedures.

- Staff providing health promotion services within the community where the public handles SMDHU health promotion equipment, devices, media or tools will provide 70% ABHR for clients to use prior to handling these items to reduce the spread of infections from person to person.
- Health promotion items that are lent out to the community such as equipment, devices or banners will also be provided with 70% ABHR within the health promotion materials as well as education/information to address the need for hand hygiene prior to individuals handling such equipment. Appendix A: Techniques for Performing Hand Hygiene

17. Staff will follow the recommendations on hand hygiene and glove use:

- The use of gloves does not replace the need for hand hygiene.
- Wear gloves when a risk assessment indicates that hands will come in contact with a client or animal's mucous membranes, non-intact skin or blood and body fluids, excretions or secretions.
- Perform hand hygiene prior to putting on gloves and ensure that hands are dry before gloves are put on.
- Gloves are single use disposable and must be removed after each client care before providing care to the next client or activity.
- Remove gloves immediately and discard at [point of care](#).
- Perform hand hygiene after glove removal.
- Change or remove gloves after touching a contaminated environmental surface before touching a client or a clean environmental surface.
- Do not wash or re-use gloves.
- Avoid using petroleum based hand lotions or creams which can affect glove integrity.

18. Hand Hygiene Sinks

- Must be readily available in all clinic settings.
- There must be sufficient sinks to encourage and assist staff to readily conform to hand hygiene procedures.
- Must not be used for both hand washing and other purposes (e.g. cleaning of equipment).
- There should be single-use towels available to turn off faucets and waste containers should be located near the exit door for disposal of paper towels.

- For information regarding sinks and facility design, refer to the Canadian Standards Association's CSA Z8000-11 Canadian Health Care Facilities

Education and Training

- Manager/Supervisor will utilize the [Education Matrix](#) to determine what level of education staff will require concerning Hand Hygiene.
- Unless otherwise indicated in the Education Matrix Manager/Supervisor will ensure all staff are trained on Hand Hygiene utilizing the IPAC Core Competencies Course offered by Public Health Ontario. Infection Prevention and Control (IPAC) core competencies are basic knowledge and skills all health care workers in Ontario need to possess about infection prevention and control, regardless of their role or position, education, experience or culture. On-line learning modules are available on the [Public Health Ontario](#) web site.
- Infection Prevention Control Coordinator (IPCC) will work with Managers/Supervisor to set up a facilitated educational session during scheduled team or program meetings within four months of Routine Practices and Hand Hygiene Policy release.
- The IPCC will ensure the link to the modules are current on the intranet and act as a resource for any questions or concerns on the course materials.
- All staff that work in Clinical Services if otherwise indicated will be required to do the Public Health Ontario IPAC Modules independently. Rational: Staff within these programs provided direct care to clients and/or provides education to others in health care facilities, LTCH, PSS and should be well versed on Hand Hygiene.
- Staff who complete the module independently or in a facilitated session will print off a certificate of completion or be provided with a certificate of completion by the IPCC and staff will provide the certificate to their direct Manager/Supervisor as proof of education and training who will forward it on to Human Resources.
- New staff as per their orientation will schedule time in consultation with their Manager/Supervisor to complete the module independently or facilitated with the IPCC within 90 days of the commencement of their employment.

Education and training will be provided in the following format:

- The IPAC Core Competencies Courses offered by Public Health Ontario will be utilized for staff training in IPAC. Infection Prevention and Control (IPAC) core competencies are basic knowledge and skills all health care workers in Ontario need to possess about infection prevention and control, regardless of their role or position, education, experience or culture. On-line learning modules are available on the [Public Health Ontario](#) web site.

Infection Prevention and Control (IPAC) Core Competencies (PHO)

Module Three: Health Care Provider Controls (45 minutes)

Provides information on Hand Hygiene

Auditing

Auditing of hand hygiene may occur by Manager/Supervisor or by the Infection Prevention and Control Coordinator in the course of conducting Routine Practices and Additional Precaution Audits.

Related Policies

[HS0118 Infection Prevention and Control: Routine Practices and Additional Precautions](#)

D7.518 Clinical Services Oral health Policy and Procedure: Sterilization, Disinfection and Cleaning

[HS0119 Cleaning and Disinfection of Non-Critical Multi-Use Device/Equipment](#)

Reference

1. Public Health Agency of Canada Hand Hygiene Practices in HealthCare Settings. 2012.
2. Provincial Infectious Diseases Advisory Committee Best Practices for Hand Hygiene in All Health Care Settings. April 2014

Final Approval Signature: _____

Review/Revision History:



HAND HYGIENE WITH ALCOHOL-BASED HAND RUB

1
Remove jewelry; apply 1 to 2 pumps of product to palms

2
Rub hands together, palm to palm and then the back of each hand with palm

3
Rub in between and around fingers and rub fingertips, as well as both thumbs

4
Rub until hands are dry (minimum of 15 seconds); paper towels are not needed

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Appendix B: Hand Care Assessment Tool

Hand Care Assessment Tool		
Here are some questions that you can answer to help assess your hand hygiene practices and identifying changes that might become the cause of hand irritation.		
Evaluation of frequency of hand hygiene practices		
Average number of hours worked per week: _____		
Hand cleaner (please indicate all used)		
	Number of times/day	Number of months used
Alcohol-Based Hand Rub 70%	_____	_____
Alcohol-Based Hand Rub 62 %	_____	_____
Water and antimicrobial soap	_____	_____
Water and liquid/foam/gel non-antimicrobial soap	_____	_____
Water only	_____	_____
Brush	_____	_____
Water and bar soap	_____	_____
How many times do you wash/cleanse your hands during a working day?		
<input type="checkbox"/> 0-5 <input type="checkbox"/> 6-10 <input type="checkbox"/> 11-20 <input type="checkbox"/> greater than 20		
Education		
Did you receive workplace training on how to protect and care for your skin? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Exposure assessment (gloves)		
Gloves (<i>indicate which glove types you use</i>):		
<input type="checkbox"/> Latex	<input type="checkbox"/> powdered	<input type="checkbox"/> non-powdered
<input type="checkbox"/> Vinyl	<input type="checkbox"/> powdered	<input type="checkbox"/> non-powdered
<input type="checkbox"/> Nitrile	<input type="checkbox"/> powdered	<input type="checkbox"/> non-powdered
<input type="checkbox"/> Glove liners	<input type="checkbox"/> powdered	<input type="checkbox"/> non-powdered
<input type="checkbox"/> Other, please specify: _____		
How many times during a working day do you put on gloves?		
<input type="checkbox"/> 0-5 <input type="checkbox"/> 6-10 <input type="checkbox"/> 11-20 <input type="checkbox"/> greater than 20		
During a working day, is the total time you wear gloves:		
<input type="checkbox"/> Less than 1 hour? <input type="checkbox"/> Between 1 to 2 hours? <input type="checkbox"/> Greater than 2 hours?		
Are your hands wet when you wear gloves? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Reason: _____		



Protecting Your Hands

This fact sheet can be used to help you assess and identify skin problems on your hands so that you can be proactive in protecting your hands from skin breakdown. It will help you identify what causes irritation to hands so that you can take the necessary actions to keep your hands healthy.

Why is hand care assessment important?

Maintaining the skin integrity of your hands is a safety issue for both you and the client as non-intact skin on hands harbour an increased number of organisms. It is very important to have healthy hands with intact skin that is free of irritation at all times.

Steps to keep your hands healthy

1. Consistently using the correct hand hygiene technique, selecting the right products and protecting your hands is a 24-hour/7-day-a-week commitment.
2. Verify that you clean your hands correctly in order to maintain healthy hands. It is important for you to evaluate whether you are using the correct technique in hand washing to decrease irritation to hands.
3. Know what hand care products to use to avoid skin breakdown and irritation. Note: Alcohol-Based Hand Rub (ABHR) is known to be easier on hands than hand washing with water and soap so the preferred method of cleaning hands when not visibly soiled is to use ABHR.
4. If you have concerns about your hand skin integrity discuss the issue with your supervisor/manager.

Did you know?

Common irritants to skin health (not all inclusive)

- Detergents (soaps)
- Hot water
- Wet work
- Low relative humidity
- Failure to use lotion/cream
- Not drying hands before putting on gloves
- Powdered gloves
- Rubber and latex gloves
- Quality of paper towel technique
- Shear forces associated with wearing or removing gloves

- Use of traditional surgical scrub brushes and surgical scrub times over recommended time
- Nickel sulfate (e.g., found in jewelry)

The skin on hands can be adversely affected by many factors

Some examples to consider are:

- Certain climate conditions, such as dry, humid, cold or hot conditions (e.g., not wearing gloves in the winter can increase hand dryness and irritation)
- Hands frequently in water and detergents
- A history or work involving “wet work” or “wet gloves”
- A chronic or recurrent skin condition, such as eczema, psoriasis or hives
- Some allergies (e.g. fragrances, preservatives)
- Smoking outside in dry, cold conditions
- Gardening
- Mechanics (e.g. where chemicals are used)
- Taking care of small children due to frequent changing of diapers, bathing and cleaning up of children
- Incorrect technique when cleaning hands
- Lack of frequently moisturizing hands

Protecting hands is a 24-hour/7-day-a-week consideration

Protect hands from chemicals and extreme conditions at home and work:

- Avoid chemicals on skin that may cause reactions, such as harsh cleaners and disinfectants, or nickel found in jewelry.
- Take care when doing work at home to use protective gloves when indicated and use moisturizers frequently (e.g., for dishwashing; when going outside in the winter or any time there is low relative humidity).

Over →



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Your Health Connection

Appendix C: Protecting Your Hands Fact Sheet

General Hand Care Instructions

1. At work, use Alcohol-Based Hand Rub (ABHR) for hand hygiene when hands are not visibly soiled. Many studies have shown that ABHR is better tolerated than soap and water.
2. When washing hands use lukewarm water and unscented irritant-free soap or hand cleanser.
3. Remove rings when cleaning hands as cleaning product can be caught under rings, which can cause dermatitis to flare.
4. Rinse hands thoroughly and pat hands dry.
5. Protective gloves should be intact and clean and dry inside. Hands must be clean and dry when putting on gloves
6. Apply fragrance-free, non-irritating moisturizing cream dispensed in a bottle to hands frequently. It is important to use a protective hand lotion/cream frequently during your work and at home to protect your hands from irritation caused by any of the factors listed above. The lotion must be compatible with the gloves, hand rub and hand washing soap used. Products are to be dispensed correctly to prevent contamination.
7. Avoid skin contact with detergents, strong cleaning agents, shampoos, various waxes and polishes, solvents and thinners.
8. Don't apply hair lotion, cream, gels or dyes with bare hands.
9. Continue hand protection for all gardening, cooking, cleaning, bathing and childcare duties.
10. Protect your hands from the dry cold. Wear mitts or gloves at all times when in the cold. Even one minute of unprotected cold exposure may dry out hands. Be sure to wear gloves/mitts when handling a cold steering wheel.
11. Avoid irritants and allergens.

Appendix D: Education Matrix

Service	Hand Hygiene Do you only come in contact with staff and the SMDHU office environment while conducting services for the SMDHU?	Hand Hygiene Do you provide a service that brings you in direct or indirect contact with a client and/or their environment? OR Do you provide education on Hand Hygiene?	Risk Assessment Do you provide a service that brings you in direct or indirect contact with a client and/or their environment? OR Do you provide education on Risk Assessments?	Personal Protective Equipment Do you provide a service that brings you in direct or indirect contact with a client and/or their environment where there is the potential that you will be exposed to a client's blood, bodily fluids, excretions, or secretions? OR Do you provide education on Personal Protective Equipment?
MOH Team CNO Board of Health**	Yes: Read Appendix A: Techniques for Performing Hand Hygiene No: Continue ** Hand hygiene demonstration during orientation	Yes: Independent Public Health Ontario: Health Care Providers Controls - Hand Hygiene Module Three No: NA	Yes: Independent Public Health Ontario: Chain of Transmission and Risk Assessment Module Two No: NA	Yes: Independent Public Health Ontario: Health Care Providers Controls -Personal Protective Equipment (PPE) Module Three No: NA
Contractors Cleaners	Yes: Read Appendix A: Techniques for Performing Hand Hygiene	NA	NA	NA
Clinical	Yes: Read Appendix A: Techniques for Performing Hand Hygiene No: Continue	Yes: Independent Public Health Ontario: Health Care Providers Controls - Hand Hygiene Module Three No: NA	Yes: Independent Public Health Ontario: Chain of Transmission and Risk Assessment Module Two No: NA	Yes: Independent Public Health Ontario: Health Care Providers Controls -Personal Protective Equipment (PPE) Module Three No: NA
Health Protection	Yes: Read Appendix A: Techniques for Performing Hand Hygiene No: Continue	Yes: Independent Public Health Ontario: Health Care Providers Controls- Hand Hygiene Module Three No: NA	Yes: Independent Public Health Ontario: Chain of Transmission and Risk Assessment Module Two No: NA	Yes: Independent Public Health Ontario: Health Care Providers Controls- Personal Protective Equipment (PPE) Module Three No: NA
Healthy Living	Yes: Read Appendix A: Techniques for Performing Hand Hygiene No: Continue	Yes: Facilitated Public Health Ontario: Health Care Providers Controls- Hand Hygiene Module Three No: NA	Yes: Facilitated Public Health Ontario: Chain of Transmission and Risk Assessment Module Two No: NA	Yes: Facilitated Public Health Ontario: Health Care Providers Controls- Personal Protective Equipment (PPE) Module Three No: NA
Human Resources and Infrastructure	Yes: Read Appendix A: Techniques for Performing Hand Hygiene No: Continue	Yes: Facilitated Public Health Ontario: Health Care Providers Controls- Hand Hygiene Module Three No: NA	Yes: Facilitated Public Health Ontario: Chain of Transmission and Risk Assessment Module Two No: NA	Yes: Facilitated Public Health Ontario: Health Care Providers Controls- Personal Protective Equipment (PPE) Module Three No: NA
Program Foundations and Finance	Yes: Read Appendix A: Techniques for Performing Hand Hygiene No: Continue	Yes: Facilitated Public Health Ontario: Health Care Providers Controls- Hand Hygiene Module Three No: NA	Yes: Facilitated Public Health Ontario: Chain of Transmission and Risk Assessment Module Two No: NA	Yes: Facilitated Public Health Ontario: Health Care Providers Controls- Personal Protective Equipment (PPE) Module Three No: NA
Family Health	Yes: Read Appendix A: Techniques for Performing Hand Hygiene No: Continue	Yes: Independent Public Health Ontario Hand Hygiene Module Three No: NA	Yes: Independent Public Health Ontario Chain of Transmission and Risk Assessment Module Two No: NA	Yes: Independent Public Health Ontario Health Care Providers Controls Personal Protective Equipment (PPE) Module Three No: NA