

Alcohol-based Hand Rub Safety

Frequently Asked Questions

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If you have any questions or comments regarding this information please contact the Infection Prevention & Control Hand Hygiene Program at: hand.hygiene@ahs.ca.

Alcohol-based hand rub safety

Clinically serious adverse events associated with intentional ingestion of alcohol-based-hand rub (ABHR) continue to be a safety risk for some patients at AHS. In response, AHS is introducing guidelines for prevention and response to ingestion of ABHR across the organization.

Why do we use ABHR?

- Good hand hygiene practices are essential in preventing healthcare acquired infections and ABHR is an effective and convenient tool in preventing the spread of microorganisms.

Why is ABHR ingestion a risk?

- Due to its high ethanol content (70-80 per cent), ABHR can pose a risk to some patients/clients/residents and can result in harm, including death, if ingested.
- Understanding the risks associated with ABHR ingestion and how to prevent harm, helps us to provide safer patient care.

What do I do if I suspect someone has ingested ABHR?

- Contact [Poison & Drug Information Service](#) (PADIS) at: **1-800-332-1414** to speak with an information specialist. This service is available 24 hours a day, 7 days a week.

How is AHS addressing the risk of ABHR ingestion?

- AHS supports the elimination of preventable harm from intentional ingestion of ABHR, while supporting established standards for acceptable hand hygiene practice.
- AHS developed quick reference materials containing a [Safer Practice Notice](#) that highlights risks associated with ABHR ingestion and directs managers, staff, and physicians to ABHR fact sheets.
- The ABHR fact sheets include:
 - [Dispenser Placement Algorithm](#);
 - [Dispenser Placement Guidelines](#);
 - [Product Ingestion Risk Screening](#);
 - [Product Ingestion Care Management](#); and
 - [Frequently Asked Questions](#).

What are the dispenser placement guidelines based on?

- The placement guidelines meet AHS infection prevention control (IPC) policies and procedures, as well as fire and life safety requirements.
- Managers can contact their IPC zone directors or facility IPC practitioners for ABHR guidelines.
- Managers can contact their facility Fire Marshal or Protective Services Officer for ABHR fire and life safety guidelines at their facilities.

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Shouldn't the ABHR dispenser placement guideline be more specific?

- The guidelines provide general information and are intended to give managers flexibility to ensure that ABHR products are accessible for staff while reducing the chance of misuse.
- In addition to the general considerations for ABHR dispenser placement, programs may need to customize placement or type of dispensers based on their specific needs (e.g. physical layout, workflow, and patient population).

Will limiting ABHR products decrease hand hygiene compliance?

- ABHR products support good hand hygiene practices and it is important to ensure accessibility. We also have a responsibility to discourage misuse that could result in patient harm or death from intentional ingestion.
- The guidelines help ensure that staff, physicians, patients, and visitors have access to ABHR products by ensuring that appropriate types of ABHR dispensers are available and appropriately placed.

Do we need to remove existing ABHR dispensers?

- ABHR dispensers should be located at hospital entrances, outside elevators, and clinical care areas where monitoring is easy to achieve and opportunities for intentional ingestion, vandalism, and theft are minimal.
- ABHR dispensers that do not meet IPC or fire code standards should be removed.
- ABHR dispensers in or around minimally monitored areas such as parkades, stairwells, and connector hallways should be removed whenever possible to help reduce misuse or theft.
- If a wall-mounted ABHR dispenser is required in a high-risk area, use a stainless steel dispenser with stainless steel lock (available through CPSM).

Are all programs expected to screen patients for ABHR ingestion risk?

- ABHR ingestion risk has been identified across zones and programs at AHS, especially in areas where patients may not have the capacity to understand the negative effects of ingestion or misuse (e.g., pediatrics, units with cognitively impaired individuals, some addiction and mental health units, and care spaces inhabited by patients assessed at risk to ingest).
- Patient ABHR ingestion risk screening is supported by Accreditation Canada's requirement to assess the client's physical and psychosocial health and can be used to help develop a safety plan for the patient.

Isn't there something added to ABHR to make it unsuitable for consumption?

- ABHR products usually contain a bittering agent, but it is not necessarily a deterrent to ingestion given ABHR contains a high percentage of ethanol.

Why can ABHR ingestion be more toxic than ingesting other consumable alcohols such as beer, wine or spirits?

- The concentration of ethanol in ABHR can be between 60-90%. This is twice the ethanol concentration found in most spirits, five times more than found in wine, and 13 times more than beer.
- Symptoms for ABHR ingestion may appear more intense than with other drinkable alcohols, given the higher percentage of ethanol in ABHR.

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Who was consulted in the development of these guidelines?

- An inter-professional working group developed these guidelines to help mitigate the risk of ABHR ingestion. Representation included:
 - Addiction and Mental Health;
 - Clinical Ethics;
 - Contracting Procurement & Supply Management;
 - Emergency Strategic Clinical Network;
 - Health Professions Strategy & Practice;
 - Human Factors;
 - Infection Prevention and Control;
 - Linen & Environmental Services;
 - Poison & Drug Information Service;
 - Protective Services; and
 - Provincial Patient Safety.

What are the next steps?

- Managers are asked to share the ABHR Safer Practice Notice and fact sheets with their teams to improve understanding of the risks and benefits of ABHR, and work together to improve ABHR compliance and safety.
- Continue following ABHR policies and procedures, including those related to hand hygiene and fire and life safety.
- Continue to report ABHR ingestion related adverse events, close calls, and hazards in the AHS Reporting & Learning System for Patient Safety (RLS).

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