



INFECTION PREVENTION & CONTROL CHLORHEXIDINE GLUCONATE CONCENTRATION FOR HAND HYGIENE COMMUNICATION FORM

PART 1: ISSUE & RECOMMENDATIONS
<p>Issue:</p> <p>The WRHA Infection Prevention and Control program (IP&C) was requested to research and recommend acceptable concentrations of chlorhexidine gluconate (CHG) (2% versus 4%) for hand hygiene in all programs within WRHA sites, to ensure appropriate products are being used, and facilitate standardization.</p>
<p>Recommendations:</p> <p>Use 2% CHG hand cleansers for hand hygiene when <i>antimicrobial</i> hand soap is indicated. Do NOT use 4% CHG for hand hygiene as the minimal improvement in efficacy (from 2%), does not warrant the increased frequency of skin irritation and breakdown, which ultimately impedes effective hand hygiene practices.</p>
PART 2: BACKGROUND: DISCUSSION OF ISSUE, OPTIONS AND ANALYSIS & REFERENCES
<p>Discussion of Issue:</p> <p>There are several different hand hygiene products used within and between WRHA sites. All areas should adhere to recommended hand hygiene products, as determined by available evidence.</p> <p>There are differences in when specific hand hygiene products are indicated.</p> <p>It is important to identify the <i>appropriate product to use</i> for the <i>appropriate reason</i>, as supported by evidence.</p>
<p>Options and Analysis:</p> <ol style="list-style-type: none">1. CHG has a cumulative effect when applied to the skin. In hand hygiene, this effect remains and is sustained, especially when hand hygiene is repeated. 2% CHG is appropriate for hand antisepsis because of the cumulative effect.¹2. Literature regarding differences between 2% and 4% CHG identifies there is minimal difference in efficacy between 2% and 4% CHG for hand antisepsis and cleansing.²3. The frequency of skin irritation is concentration dependent, with products containing 4% most likely to cause dermatitis when used frequently for hand antisepsis.²4. The minimal improvement in efficacy of the 4% solution does not warrant the increased frequency of skin irritation and breakdown.
<p>References:</p> <ol style="list-style-type: none">1. Best Practices for Hand Hygiene In all Health Care Settings, 4th Edition. Provincial Infectious Diseases Advisory Committee (PIDAC). (2014 April). Available at: http://www.publichealthontario.ca/en/eRepository/2010-12%20BP%20Hand%20Hygiene.pdf2. WHO Guidelines on Hand Hygiene in Health Care. World Health Organization. (2009) Available at: http://whqlibdoc.who.int/publications/2009/9789241597906_eng.pdf.

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