

Hand Hygiene Procedure

Purpose

- To minimise the risk of cross infection to other clients, staff and client family.
- In any healthcare setting hand hygiene is the single most important activity for preventing the spread of infection.
- Failure to comply with hand hygiene:
 - Is the leading cause of healthcare associated infections
 - Contributes to the spread of multi-resistant organisms.
 - Is a significant contributor to infection outbreaks.

Scope

- a. All staff, contractors or visitors who come into contact either directly with clients or indirectly through equipment or the environment, must know how to perform effective hand hygiene practices according to the 5 Moments for Hand Hygiene principles and apply these to their work area. Work processes and the environment contribute to effective and efficient hand hygiene practices.

Definitions

a. Hand washing

Use either of the following products:

- i. Plain soap which is used routinely to clean soiled hands
- ii. Antimicrobial liquid soap which is used for clinical procedures. It has a residual effect on levels of micro-organisms carried on the skin, providing prolonged antimicrobial action that prevents / inhibits the proliferation or survival of micro-organisms after the application of the product.

b. Alcohol-based hand rub (ABHR)

ABHR decontamination rapidly kills and inhibits the growth of micro-organisms.

ABHR is not suitable when:

- hands are dirty or visibly soiled with blood or body fluids
- after direct contact with clients with Clostridium difficile infection or their environment.
- apply enough ABHR so it covers entire hands including wrists
- continue to rub until hands are dry.

There is no maximum number of times that ABHR can be used before hand washing is required.

Responsibilities

a. Clinical Managers/Clinical Team Leaders:

- i. Oversee all aspects of this policy ensuring ongoing monitoring and assessment of hand hygiene standards.
- ii. Ensure all staff have opportunity to be aware of the policy and the importance of utilising effective hand hygiene to assist with the prevention of infection spread.

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Procedure

a. Handwashing Process

Utilise hand washing when hands are visibly soiled or after direct contact with clients with Clostridium difficile infection or their environment:

- Remove non-standard jewellery
- Wet hands and forearms with warm running water
- Apply soap, lathering hands and forearms with copious suds for at least 20 seconds before rinsing, paying particular attention to palms, between finger and thumbs and backs of hands. Staff must rub their hands vigorously to provide friction. For hand wash prior to aseptic technique procedures (Procedural Hand-Wash) the time is 'increased to 2 minutes, followed by an application of alcohol hand gel.
- Rinse thoroughly from fingertips down to the elbows, holding hands in an upward position. Ensure that all soap residue is removed to decrease irritation and dryness of the skin
- Inspect hands to ensure there is no visible soiling
- Hold hands up and use a disposable or clean dry towel to dry hands and then forearms.

b. Use of Alcohol Based Hand Rub

If hands are not visibly soiled, the use of an alcohol-based hand gel can be used as per the 5 Moments of hand hygiene:

Moment 1 - Before touching a client

Moment 2 - Before a procedure

Moment 3 - After a procedure or body fluid exposure risk

Moment 4 - After touching a client

Moment 5 - After touching client’s surroundings

This includes:

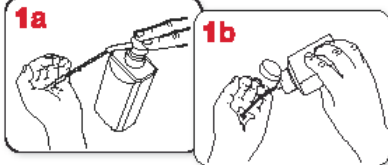
- On arriving at work
- Before and after removing gloves
- after recontamination of the hands After contact with inanimate objects (including medical equipment) in the immediate vicinity of the client
- On completing work, prior to going home.

c. General Points

- It is very important that the hand hygiene product used comes into contact with all surfaces of your hands including wrists.
- Artificial nails and nail extenders are not acceptable in clinical areas.
- Hand washing with soap and water:
 - Water temperature is not a critical factor in hand washing. A comfortable temperature is suggested.
- A hand washing procedure will take on average between 15 and 30 seconds
- If foot or elbow controlled taps are not available use a paper towel to turn off taps to prevent recontamination of the hands
 - Pat dry hands afterwards with disposable paper towels:
- Microbial re-growth occurs on damp hands rapidly
- Inadequate rinsing and drying of hands can increase the risk of skin damage

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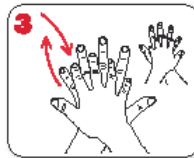
How to handrub? WITH ALCOHOL-BASED FORMULATION



Apply a palmful of the product in a cupped hand and cover all surfaces.



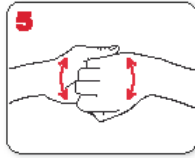
Rub hands palm to palm



right palm over left dorsum with interlaced fingers and vice versa



palm to palm with fingers interlaced



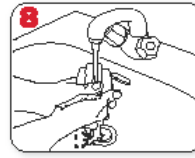
backs of fingers to opposing palms with fingers interlocked



rotational rubbing of left thumb clasped in right palm and vice versa



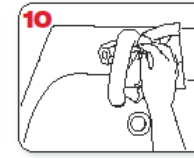
rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa



rinse hands with water



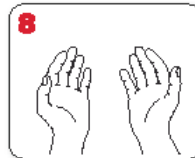
dry thoroughly with a single use towel



use towel to turn off faucet



20-30 sec



...once dry, your hands are safe.



40-60 sec



...and your hands are safe.



WHO acknowledges the Hôpitaux Universitaires de Genève (HUG), in particular the members of the Infection Control Programme, for their active participation in developing this material.



October 2006, version 1.

The 5 Moments for Hand Hygiene

The World Health Organization (WHO) approach being implemented as part of the Hand Hygiene New Zealand programme identifies the following five moments for hand hygiene as critical to the prevention and control of infections.

Moment 1: Before Client Contact

Why: To protect the client against harmful germs carried on your hands.

When:

Touching a client in any way	<ul style="list-style-type: none"> Shaking hands, assisting a client to move, allied health intervention
Any personal care activities	<ul style="list-style-type: none"> Bathing, dressing, brushing hair, putting on personal aids such as glasses
Any non-invasive observations	<ul style="list-style-type: none"> Taking a pulse, blood pressure, oxygen saturation, chest auscultation, abdominal palpation, applying ECG electrodes
Any non-invasive treatment	<ul style="list-style-type: none"> Applying an oxygen mask or nasal cannula, fitting slings/braces, application of incontinence aids (including condom drainage)
Preparation and administration of oral medications	<ul style="list-style-type: none"> Oral medications
Meal prep, feeding and oral care	<ul style="list-style-type: none"> Brushing teeth or dentures Meal preparation, Feeding a client,
Contact with a client's surroundings before, during and after any of the above	<ul style="list-style-type: none"> Bedside table, medical chart

Moment 2: Before A Procedure

Why: To protect the client against harmful germs, including the client's own, from entering his/her body.

When:

Insertion of a needle into a client's skin, or into an invasive medical device	<ul style="list-style-type: none"> Venipuncture, blood glucose level, arterial blood gas, subcutaneous or intramuscular injections, IV flush
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Preparation and administration of any medications given via an invasive medical device	<ul style="list-style-type: none"> • IV medication, NGT feeds, PEG feeds
Administration of medications where there is direct contact with mucous membranes	<ul style="list-style-type: none"> • Eye drop instillation, suppository insertion
Insertion of, or disruption to, the circuit of an invasive medical device	<ul style="list-style-type: none"> • Procedures involving the following: • ETT, tracheostomy, nasopharyngeal airways, suctioning of airways, urinary catheter, colostomy/ileostomy, vascular access systems, invasive monitoring devices, wound drains, PEG tubes, NGT, secretion aspiration
Any assessment, treatment and client care where contact is made with non-intact skin or mucous membranes.	<ul style="list-style-type: none"> • Wound dressings, burns dressings, surgical procedures, digital rectal examination

Moment 3: After a Procedure or Body Fluid Exposure Risk

Why: To protect yourself and the healthcare environment from harmful client germs.

When:

After any Moment 2	<ul style="list-style-type: none"> • See Moment 2
After any potential body fluid exposure	<ul style="list-style-type: none"> • Contact with a used urinary bottle/bedpan, with sputum either directly or indirectly via a cup or tissue, contact with used specimen jars/pathology samples, cleaning dentures, cleaning spills of urine, faeces or vomit from client surroundings

Moment 4: After Client Contact

Why: To protect yourself and the healthcare environment from harmful client germs.

When:

After any Moment 1 except where there has been a potential body fluids exposure	<ul style="list-style-type: none"> • See Moment 1 and 2
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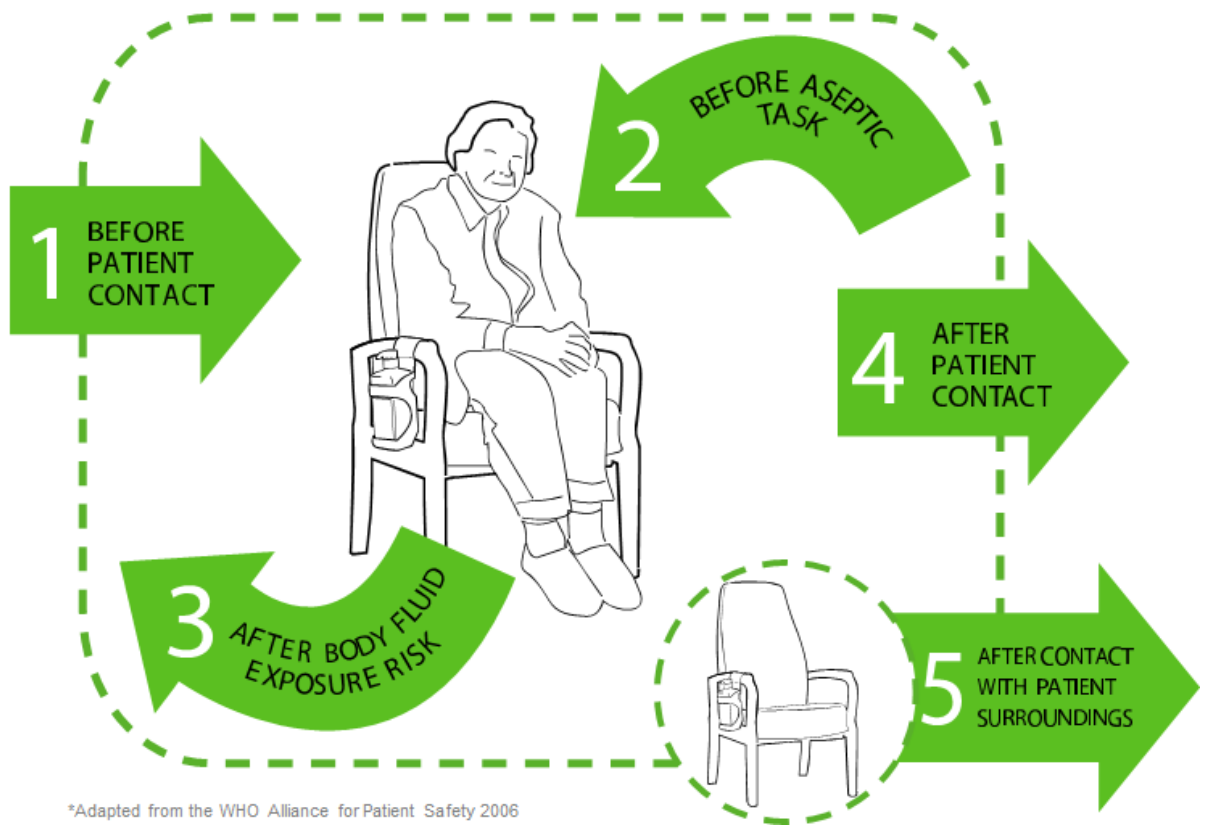
Moment 5: After Contact with Client Surroundings

Why: To protect yourself and the healthcare environment from harmful client germs.

When:

<p>After touching the client’s immediate surroundings when the client has not been touched.</p>	<ul style="list-style-type: none"> Client surroundings include: Bed, bedrails, linen, table, bedside chart, bedside locker, call bell, TV remote control, light switches, personal belongings (including books, mobility aids), chair, foot stool
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*Adapted from the WHO Alliance for Patient Safety 2006

Best Practice points for 5 Moments for Hand Hygiene:

- The use of either soap and water or ABHR is acceptable for effective hand hygiene.
- ABHR must be situated within the client surroundings or zone to comply with 5 Moments for Hand Hygiene.
- All staff must complete the “Hand Hygiene” online learning package via Learn on Line on induction and clinical staff must complete this as an annual competency.
<http://learnonline.health.nz/course/search.php?viewtype=course&category=0&search=hand+hygiene>

Hand Moisturising Lotions

- Use moisturising lotion to maintain healthy hand skin integrity and prevent dryness or irritation is recommended before and after work each day.

Broken Skin Areas

- All broken skin areas (i.e. fresh unhealed cuts, burns or abrasions) must be covered with an adhesive water resistant dressing. If the broken area is on hands, gloves must also be used.

- SW's with exudating lesions or dermatitis should refrain from client care duties until the condition is resolved. A SW with persistent skin irritation of their hands should be referred to their GP for treatment and advice.

Glove use

- Hand hygiene should always be performed before donning and after doffing gloves.
- Gloves must always be removed and discarded to perform hand hygiene in accordance with The 5 Moments for Hand Hygiene.
- Never wash or 'clean' gloves using ABHR.
- Gloves are single-use only.

Hand Hygiene Facilities

- Where necessary to undertake hand washing in a clients home consideration should be given to where this should occur and the availability of suitable soap and hand drying cloths.
- Hand hygiene solution containers (liquid soap, moisturising lotions) and ABHR containers must not be topped up or refilled.
- Disposable paper towels are recommended for drying hands after clinical tasks – roller towels or air dryers are not acceptable.
- A sink used for preparing foods, food dishes, non-food utensils, instruments or discarding body fluids is not to be used for hand washing.

2. Associated Forms

- Hand Hygiene Competency Assessment
- All associated Infection Control documents

3. References

- 'Guidelines on hand hygiene for New Zealand hospitals'* (NQIP-infection prevention and control, December 2009) retrieved from www.handhygiene.org.nz
- "WHO guidelines on hand hygiene in health care"* (World Health Organization, August 2009), retrieved from www.who.int
- Hand hygiene in health care settings'* (centres for communicable diseases control and prevention) retrieved from www.cdc.gov/handhygiene (October, 2010)
- New Zealand Standard – Infection Control (NZS 8142:2008).
- World Health Organization (WHO) – Guidelines on Hand Hygiene in Healthcare (2009).
- Australian Guideline for the Prevention and Control of Infection in Healthcare. Australia Government (2010) pg. 34-43.
- WCDHB Infection Control Manual Hand Hygiene procedure CHC-IC-0014 Version 8 – 2015.

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