

## Hand Hygiene

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### Purpose

To minimise the risk of cross infection to other patients, staff and visitors.  
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 out-breaks.

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## Policy

All health care workers (HCW's), who come into contact either directly with patients or indirectly through equipment or the environment, 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 are designed for effective and efficient hand hygiene practices.

## Scope

### All staff please note:

This policy does not include surgical hand antisepsis/scrub. Refer operating theatre procedures.

## Associated Documents

- CDHB & HHNZ Hand Hygiene posters (multiple)
- CDHB Alcohol-Based Hand Rub (ABHR) Standard Operating Procedures (SOP)
- CDHB Wide Dress Code Policy, Nursing/Midwifery, November 2015 Ref: 233205
- Dress Code Policy, Neonatal Services (Ref: PPN25 (23954))
- Operating Theatre Procedure Dress Code

## Procedures

- Hand hygiene is achieved by either washing with soap and water or using a waterless antimicrobial agent such as an alcohol-based hand rub (ABHR) :

### Hand washing

1. plain liquid soap which is used routinely to clean soiled hands
2. antimicrobial liquid soap to be used for clinical procedures for patients with multidrug resistant organisms only.
3. It is very important that the hand hygiene product used comes into contact with all surfaces of your hands including wrists

### Method:

Hand washing with liquid 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

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- 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

### **Alcohol-based hand rub application (ABHR)**

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

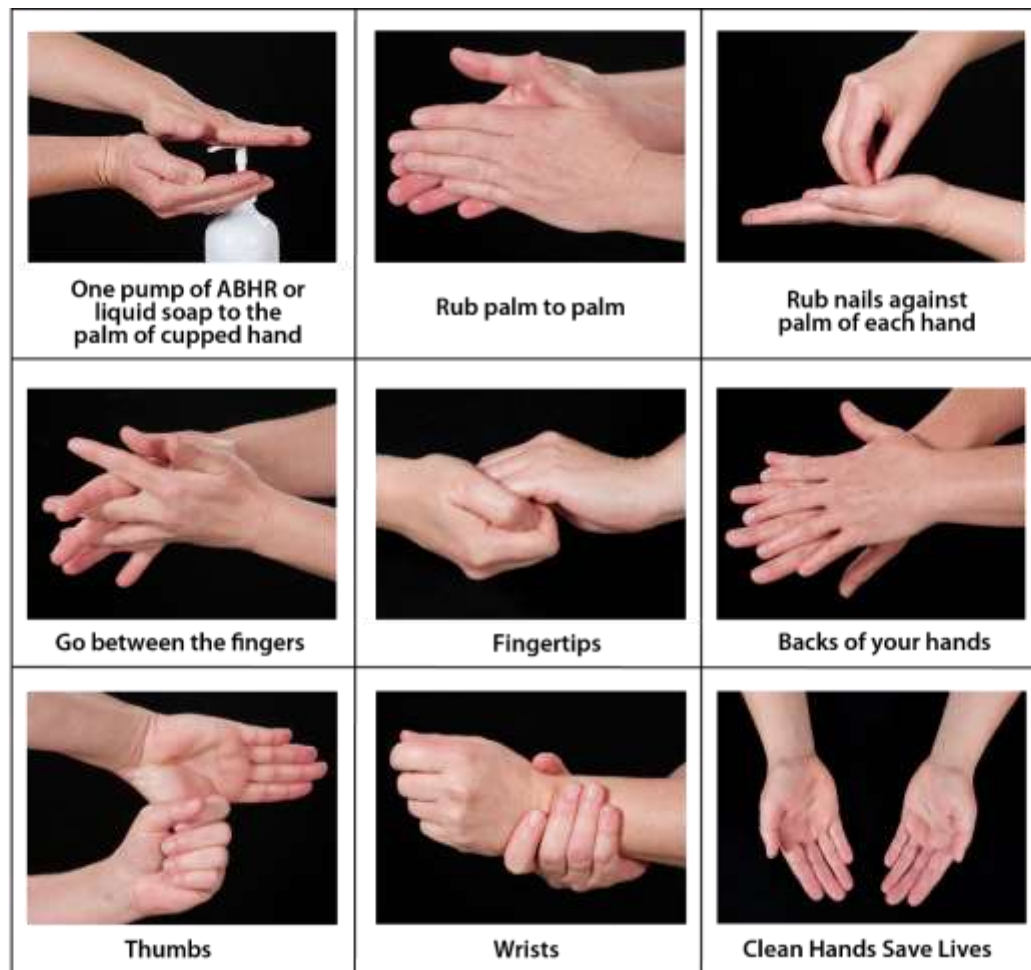
- apply enough ABHR so it covers entire hands including wrists
- Continue to rub until hands are dry.
- ABHR is not suitable when:
  - hands are dirty or visibly soiled with blood or body fluids
  - after direct contact with patients with *Clostridium difficile* infection or their environment.

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

## **Hand Hygiene Method**

The following method ensures complete coverage of the hands and wrists and is recommended for both liquid soap and ABHR:

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## The 5 Moments for Hand Hygiene

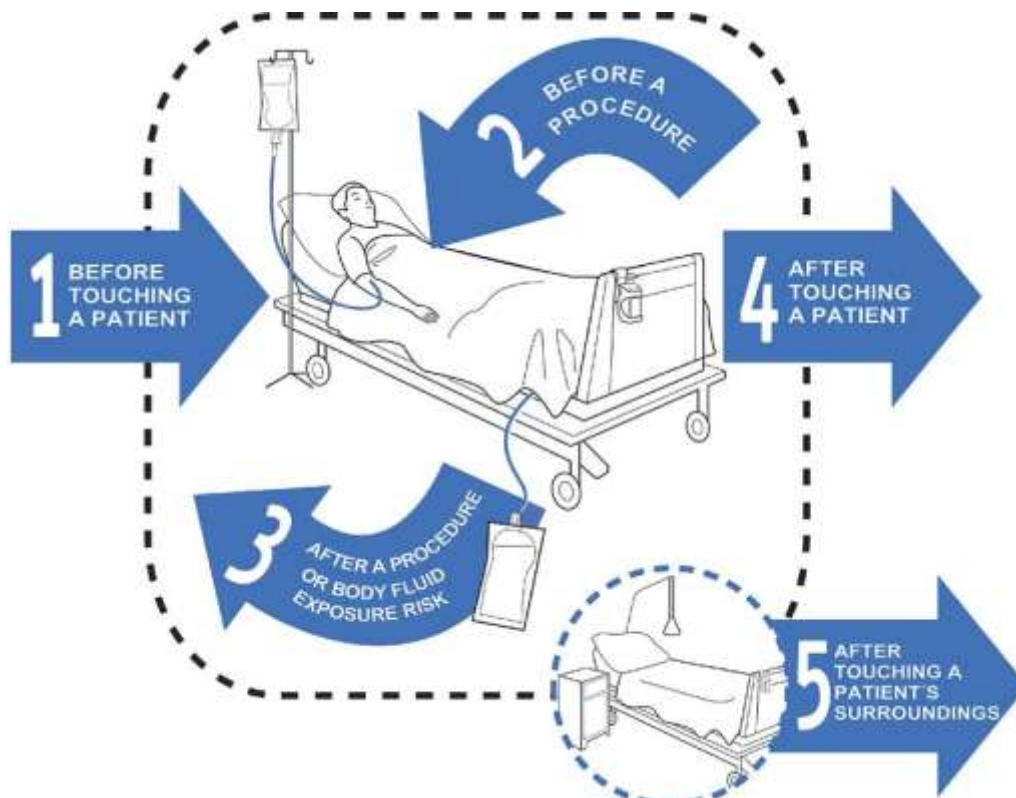
- The **5 Moments for Hand Hygiene** has been developed by the World Health Organisation (WHO) as part of a global campaign to improve hand hygiene practices and reduce transmission of pathogenic microorganisms to patients and HCWs. The Hand Hygiene New Zealand (HHNZ) project was set up by the Ministry of Health and **5 Moments for Hand Hygiene** has been rolled out in all DHB hospitals.

It has been identified that hand hygiene is required for the following 5 Moments:

- **Moment 1:** Before patient contact
- **Moment 2:** Before a procedure

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- **Moment 3:** After procedure or contact with body fluid exposure risk
- **Moment 4:** After patient contact
- **Moment 5:** After contact with patient's surroundings



**Definitions relating to 5 Moments for Hand Hygiene:**

**National Hand Hygiene Programme.**

Annually there are 3 national audit periods, in each period a minimum of 2450 Moments are collected over mandatory high risk wards and non-mandatory areas.

All audits, frontline or national, are conducted by trained and nationally validated auditors referred to as 'Gold Auditors'.

The national compliance target for the 5 Moments of Hand Hygiene is currently 80%.

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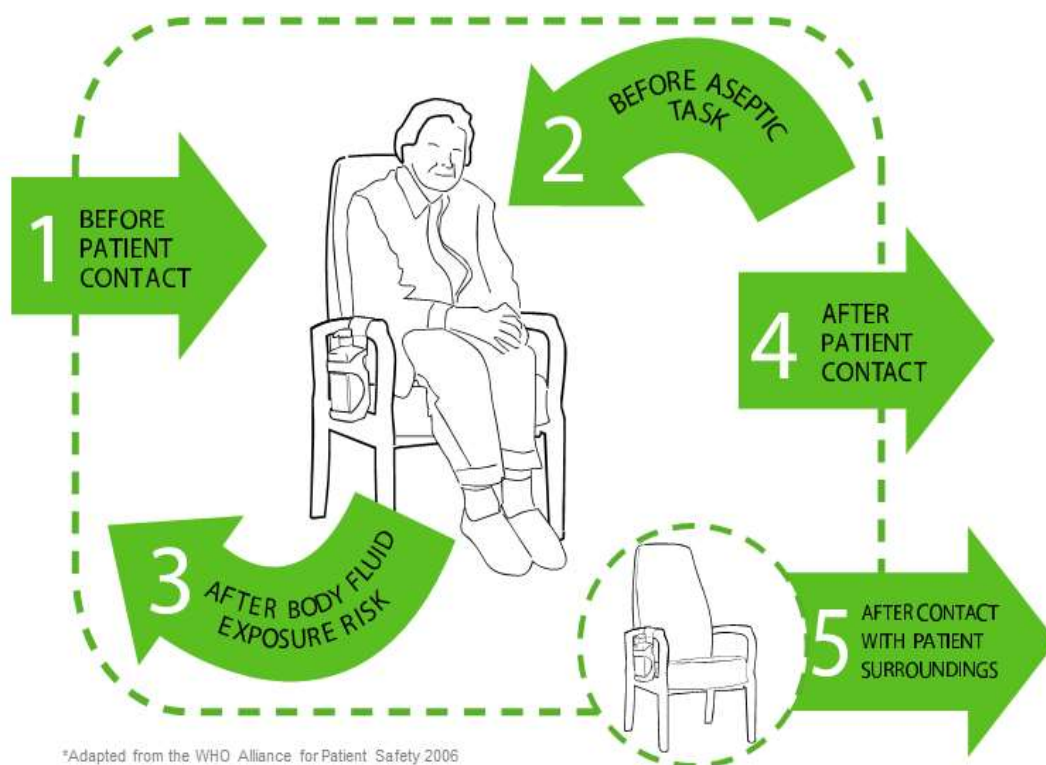
### The Patient

Includes any part of the patient, their clothes, or any medical device that is connected to or moves with the patient.

### The Patient Surroundings or Patient Zone

This is the space that is temporarily dedicated to an individual patient for that patient's stay. This includes:

- Patient furniture and personal belongings
- Medical equipment – BP machine, monitors
- Medical chart if stored within the patient zone
- Anything touched by Health Care Workers (HCW) while caring for that patient.
- The curtain is considered to be **OUTSIDE** the patient zone therefore hand hygiene must be performed after touching the curtain and before touching the patient.



### Best Practice points for 5 Moments for Hand Hygiene:

- The use of either liquid soap and water or ABHR is acceptable for effective hand hygiene

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- ABHR must be situated within the patient surroundings or zone to comply with 5 Moments for Hand Hygiene
- Placing ABHR at the end of each inpatient bed is recommended. However in some areas this may not be practicable or safe and alternatives should be discussed with the IP&C service.
- On orientation all staff must complete the “5 Moments for Hand Hygiene” online learning package via HealthLearn : <https://www.healthlearn.ac.nz/> . All staff must complete this package as an annual competency.

## General Points

### Jewellery

All jewellery should be kept to a minimum and not impact on patient safety.

- Rings - wedding/commitment band only. The wearing of rings is associated with increased bacteria on the hands and can affect the effectiveness of hand hygiene techniques (during hand washing manipulate rings to ensure skin under the rings is cleaned).
- Wristwatches - should not be worn during direct patient care

### Nails

- Artificial nails, nail polish, nail extenders and/or enhancements are not acceptable in clinical areas
- Nails are to be clean and short

### Clothing

- Before performing hand hygiene ensure your arms are bare below the elbow

### Hand Moisturising Lotions

- Use moisturising lotion to maintain healthy hand skin integrity and prevent dryness or irritation
- Moisturising lotion must be the CDHB approved hand lotion to avoid risk of incompatibility and/or inactivation of the active ingredients in hand hygiene products and gloves.

### 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 appropriately

### Exclusion from direct patient care duties

- Any staff member who is unable to comply with this policy due to
  1. The wearing of splint/cast or other supportive devices which cannot be removed for direct patient care

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**OR**

2. Exudating skin lesions or dermatitis

If unable to fully comply with the '5 Moments of Hand Hygiene', staff are to be excluded from direct patient care until the condition is resolved. The staff members line manager will discuss options available. This could include consulting with their healthcare provider and/or consider referring the staff member to Occupational Health, Wellness Health & Safety Team for support.

- All efforts to re-distribute staff members to non-clinical work should be made if appropriate

**Product**

- All liquid soap and ABHR products must be approved by the Infection Prevention and Control (IP&C) Service

**Glove use**

- Hand hygiene should always be performed before putting gloves on and after taking gloves off, they are never able to be considered a substitute for cleaning hands
- Gloves must always be removed and discarded to perform hand hygiene in accordance with The 5 Moments for Hand Hygiene
- Gloves are single-use only
- Never wash or 'clean' gloves

**Hand Hygiene Facilities**

- Installation and maintenance of hand hygiene facilities is part of basic health care provision. Minimum compliance with Australasian Healthcare Facility guidelines must be observed
- Hand hygiene solution containers (liquid soap, moisturising lotions) and ABHR containers must not be topped up or refilled
- Staff in clinical areas are responsible for ensuring that ABHR is always available (Refer to SOP)
- ABHR bed-end brackets are available from the Infection Prevention & Control Service
- Disposable paper towels are recommended for drying hands in clinical areas – 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.

**Measurement/Evaluation**

- Frontline audits are conducted in all patient areas and clinics with invasive procedures at least every national audit period. When >80% is achieved, national audit period monitoring is a minimum.

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- Results are reported back in a timely manner to frontline areas, to determine what and how to improve, tailoring performance improvement efforts to maintain >80%.
- The Hand Hygiene safety cross to be used in areas to display results. This is available on the Hand Hygiene Intranet site
- In addition, the CDHB participates in the National Hand Hygiene Programme.
- All audits, frontline or national, are conducted by trained and nationally validated auditors referred to as ‘Gold Auditors’.

## References

- Boyce J and Pittet D (2002). Guideline for Hand Hygiene in Healthcare settings: recommendations of the healthcare Infection Prevention and Control Practices Advisory Committee and the HICPAC/SHEA/APIC/IDSA hand hygiene task force. Infection Control and Epidemiology, 23,12, S3-S40
- Guidelines on Hand Hygiene for New Zealand Hospitals Dec 2009
- WHO Guidelines on Hand Hygiene in Health Care – First Global Patient Safety Challenge - Clean Care is Safer Care, 2009.
- Australasian Health Facility Guidelines, Part D Infection Prevention & Control, 2007.
- Occupational Health Guidelines – see Intranet
- NZNO Meca: See Clauses 14.4,14.1.1,14.4.2.  
[NZNO MECA 2015-2017.pdf](#)
- Medical:  
[ASMS MECA.pdf](#)
- Allied Health: See Clauses 9.5,9.5.1,9.5.2  
[Allied Health IEA Sept 2015.pdf](#)
- All Agreements:  
[Employment Agreements.aspx](#)

<b>Policy Owner</b>	CDHB IPC Committee
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