

Hand Hygiene

Purpose

This policy outlines the Hand Hygiene best practice principles and expectations to minimise the risk of cross infection between patients, staff and visitors. Hand Hygiene is a key patient safety intervention to reduce health care associated infections.

Applicability

Applies to all staff, inclusive of honorary or unpaid employees, temporary employees, students, volunteers, contractors and any other persons working for, or providing services.

Exclusion

This policy does not include surgical hand antisepsis/scrub, refer to operating theatre procedures.

Policy

Waitaha Canterbury and Te Tai o Poutini West Coast has a commitment to ensuring that no patient will experience avoidable harm as a part of the care they receive. In any healthcare setting hand hygiene is the **single most important** activity for preventing the spread of infection. Failure in hand hygiene is a leading cause of healthcare associated infections, contributes to the spread of multi-resistant organisms, and is a significant contributor to infection out-breaks.

All staff are to use effective hand hygiene practices and support others to do so. Regardless of service setting, staff design work processes and the environment to support effective and efficient hand hygiene practices for both themselves, people accessing their services, and patients and whānau. Resources are developed so that staff know which moment of hand hygiene to apply in the workflow.

In addition, all health care workers (HCW) who come into contact either directly with patients or indirectly through equipment or the environment, know how to perform effective hand hygiene practices, applying the correct moment from the 5 Moments for Hand Hygiene at the correct time.

Hand hygiene is a professional practice requirement and staff have access to information about hand hygiene performance from the Gold Auditing Programme in their practice environment via the Business Intelligence Data Analytics Hand Hygiene Dashboard.

Health Quality & Safety Commission (HQSC) National Hand Hygiene Programme

Waitaha Canterbury and Te Tai o Poutini West Coast participates in the HQSC National Hand Hygiene Programme and routinely monitors staff hand hygiene practice using the Hand Hygiene Programme and by asking patients about their experience.

Annually there are three (3) national audit periods, in each period a minimum of 100 moments per ward/area are collected over mandatory high-risk wards and non-mandatory areas/wards

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

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 product containers (liquid soap, moisturising lotions and ABHR) must not be topped up or refilled (no de-canting of containers)

- Staff in clinical areas are responsible for ensuring that ABHR is always available
- Disposable paper towels are recommended for drying hands in clinical areas – roller towels or air dryers are not acceptable

Note - A sink used for preparing foods, food dishes, non-food utensils, instruments or discarding body fluids is never to be used for hand washing

General Principles

General practices to support effective hand hygiene and care:

Jewellery is kept to a minimum.

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

Nails

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

Clothing

- Arms are bare below the elbow before performing hand hygiene

Product

- All alcohol-based hand rub (ABHR) and liquid soap products in use (including compatible moisturising lotion) must be approved by the Infection Prevention and Control Service

Hand Moisturising Lotions

- Use moisturising lotion
- Moisturising lotions assist in promoting hand skin health and integrity by reducing, dryness and irritation.
- Products must be the approved organisation product to avoid risk of incompatibility and/or inactivation of the active ingredients in the approved hand hygiene products

Broken Skin Areas

- In clinical areas where staff have direct patient contact, all broken skin areas (i.e. fresh unhealed cuts, burns or abrasions) must be covered with an adhesive water-resistant dressing.
- If the broken skin area is on hands, gloves must also be used appropriately for direct patient care, along with good hand hygiene technique, before donning and doffing gloves
 - If gloves become moist during patient cares, dressing on broken skin area may become damp and will need to be replaced

Glove use

- Hand hygiene should always be performed before putting gloves on and after taking gloves off.
- Gloves are never to be considered a substitute for cleaning hands
- Gloves are single-use only. Do not wash or clean gloves between patient cares or tasks
- Do not use ABHR on gloves as the product can damage the integrity of the glove material through creation of microscopic holes
- Gloves must always be removed and discarded to perform hand hygiene in accordance with 'The 5 moments for Hand hygiene'

Staff with Hand Health issues

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 for hand health assessment and further guidance.

Exclusion from direct patient care include, but are not limited to the following:

- The wearing of splint/cast or other supportive devices which cannot be removed for direct patient care
- Exudating skin lesions or dermatitis affecting the forearms and hands
- Skin infections that cannot be covered by a dressing affecting the forearms and hands e.g. *Staphylococcus aureus*

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

Education & Training

All staff must complete hand hygiene training packages (relevant to their role) when joining the organisation as well as annually:

- "5 Moments for Hand Hygiene" (RGIC001) online learning package
- "Hand hygiene for Support Staff" (RGNR001) on line learning package for Wellfood, Environmental Cleaning & Orderlies

Roles and Responsibilities

Our Workforce

- Know how to perform effective hand hygiene
- Enable patients to practice hand hygiene
- Enable immobile patients to have access to hand hygiene i.e. table top holders and bottles of ABHR readily available
- Support effective hand hygiene and speak up when necessary
- Complete annual hand hygiene packages
- Review local hand hygiene performance in team meetings/ clinical governance

Clinical Leaders/Managers

- Promote effective hand hygiene and make it everyone's business
- Ensure information and knowledge is easily accessible for patients and staff
- Provide local leadership remove barriers, monitor results and improvement actions as required
- Have a local process in place for monitoring and replenishing stocks of product and equipment
- Monitor hand hygiene staff results, patient feedback and work with staff to identify improvement actions

Gold Auditors

- Have a clinical background and represent a variety of health professionals
- Are staff trained to collect and record observational data of the 5 moments of hand hygiene
- Are staff who can be released to routinely audit
- Are required to audit across different areas/wards to ensure validation and reliability of the data (HHNZ)

Infection Prevention Control Teams

- Partner with Hand Hygiene Steering Group, procurement and supply leads to evaluate and select hand hygiene products
- Advice on how the moments of Hand Hygiene fit with practice tailored to the different local environments
- Undertake the Gold Auditor training workshops

Quality and Patient Safety Managers and Teams

- Monitor staff adherence to Hand Hygiene and action patient feedback
- Actively promote and support Hand Hygiene improvement initiatives
- Designated Hand Hygiene co-ordinator facilitates the Hand Hygiene Improvement Programme

Divisional Clinical Governance Committees

- Ensure that Hand Hygiene results are continuously monitored and support continuous improvement initiatives
- Support the work of the Hand Hygiene Steering Group by:
 - providing regular input to the improvement programme
 - develop local action plans for improvement as indicated by results
 - monitoring completion of hand hygiene activities in their work programme
 - monitoring areas and supporting teams to achieve required results

Hand Hygiene Steering Group

- Provides direction for the improvement programme and advice on all issues pertaining to the implementation of the local HQSC Hand Hygiene Programme

Waitaha Canterbury Clinical Governance Committee

Provides oversight and support to the Hand Hygiene Steering Group, ensuring programme effectiveness

Key Performance Indicators

- Gold Auditor moment observations are conducted in all (100%) inpatient areas and clinics with invasive procedures
- The threshold is greater than (>) 90%, with a practice aim of correct hand hygiene 100% of the time
- Action plans are developed by areas/wards achieving <90% overall results for continuous improvements
- Annual competency is monitored. Threshold at 90%
- Gold auditor annual validations are monitored as per HQSC/HNZ requirements

Definitions

National Hand Hygiene Programme:	Annually there are 3 national audit periods, in each period a minimum of 100 Moments per ward/area are collected over mandatory high-risk wards and non-mandatory areas.
Patient:	Includes any part of the patient, their clothes, or any medical device that is connected to or moves with the patient.

Supporting material

Associated documents

- Canterbury Hand Hygiene Programme Ref: 2408093
- Hand Hygiene 5 Moments Ref: 2401089
- Hand Hygiene Culture- Giving Bugs a Hand Ref: 2402333
- Hand Hygiene Moments Maternity Ref: 2405685
- Hand Hygiene Products for Transmission Based Isolation Precautions Ref: 2403252
- Hand Hygiene Results Safety Cross Ref: 2402920
- Hand Hygiene Technique Portrait Ref: 2401157 & Landscape Ref: 2403265
- Canterbury Wide Dress Code Policy, Nursing/Midwifery Ref: 2401943
- Dress Code Policy, Neonatal Services Ref: 2400252

Other Supporting documents

- Theatre Attire - Operating Theatre Manual
- NZNO MECA: See Clauses 14.4,14.5,14.5.2.
- [NZNO MECA 2020-2022](#)
- Medical: [ASMS MECA April 2020 - March 2021](#)
- [Allied Health IEA October 2020](#)
- All Agreements: [Employment Agreements –](#)
- [The HHNZ/HQSC Auditing Programme November 2019](#)

References

1. Boyce, J.M., & Pittet, D. (2015). Guideline for Hand Hygiene in Health-care Settings: Recommendations of the *Healthcare Infection Prevention and Control Practices Advisory Committee and the HICPAC/SHEA/APIC/IDSA hand hygiene task force*. Published online by Cambridge University Press: 2 January 2015. <https://www.cambridge.org/core/journals/infection-control-and-hospital-epidemiology/article/abs/guideline-for-hand-hygiene-in-healthcare-settings-recommendations-of-the-healthcare-infection-control-practices-advisory-committee-and-the-hicpacsheaapicidsa-hand-hygiene-task-force/0DAA90BD3AF597180AFD4B78175D9AF3>
2. Hand Hygiene New Zealand (Dec 2009)– Ringa Horoia Aoteroa, Guidelines on Hand Hygiene for New Zealand Hospitals. <https://www.dcnz.org.nz/assets/Uploads/Consultations/2015/Infection-prevention-control-submissions/Att-2-CDHB.pdf>, HQIP.
3. WHO Guidelines on Hand Hygiene in Health Care (2009)– First Global Patient Safety Challenge - Clean Care is Safer Care, World Health Organisation.
4. Australasian Health Facility Guidelines (2016), Part D Infection Prevention & Control, published 2016, Revision: 7.0 updated November 2020. <https://healthfacilityguidelines.com.au/part/part-d-infection-prevention-and-control-0>
5. Health Quality & Safety Commission (2016). From knowledge to action: A framework for building quality and safety in the New Zealand health system. Wellington: Health Quality & Safety Commission. URL: www.hqsc.govt.nz/publications-and-resources/publication/2669/.
6. Ministry of Health (2017). Improving Together. URL: <http://improvementmethodology.govt.nz>.