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**FUNCTION: Clinical – Infection Control**

**TITLE: Hand Hygiene Policy**

**VERSION DATE: February 2014**

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**POLICY STATEMENT:**

Effective hand hygiene practices will be used to minimise the risk of Hospital Acquired Infections (HAI's).

**PRINCIPLES:**

Effective Hand Hygiene is the single most important measure in reducing Hospital Acquired Infections.

**OBJECTIVES:**

All staff will apply effective hand hygiene practices and complete the hand hygiene learning package annually with the aim of minimising the risk of transmission of infections between people within the operations of Benalla Health.

**REQUIREMENTS:**

**Effective hand hygiene requires:**

**1. No hand or wrist jewellery.**

Hand contamination with infectious agents is increased when wearing hand or wrist jewellery. Rings, bracelets, bangles and wrist watches should not be worn because they can hinder effective hand hygiene practices.

- 1.1. In clinical areas all hand and wrist jewellery is limited to a single plain banded ring (e.g. wedding ring only).
- 1.2. In high-risk settings such as operating suites/rooms, and when performing aseptic procedures, any jewellery, even a plain band, shall not be worn.

**2. Nail care.**

The type and length of fingernails can have an impact on the effectiveness of hand hygiene. Artificial or false nails have been associated with higher levels of infectious agents, especially Gram-negative bacilli and yeasts, than natural nails. Studies have also demonstrated that chipped nail polish may support the growth of organisms.

- 2.1. Fingernails should be kept short (less than 3mm) and clean.
- 2.2. Artificial fingernails or nail polish with raised items (eg. stones or decals) shall not be worn.

It is good practice to not wear nail polish, but if worn, it must not be chipped and must be removed every 4 days.

- 2.3. All nail polish that is chipped or older than 4 days should be removed prior to presenting for work.

### 3. Arms are bare below the elbows.

3.1. Arms shall be bare below the elbows when undertaking clinical activities. If garments with long sleeves are worn they must be removed or pushed securely above the elbow when undertaking clinical procedures.

### 4. Intact skin (cover all cuts and abrasions)

Breaks in the skin are possible points of entry for infectious agents to the individual and may also be a source of infectious agents to others.

4.1. Cover all cuts and abrasions on hands and arms with a waterproof dressing.

### Hand hygiene is necessary in a variety of clinical and non clinical situations

Benalla Health endorses the use of alcohol based hand rubs (ABHR) for all HCW's when performing routine hand hygiene, unless hands are visibly soiled, contaminated, or otherwise directed by the infection control team.

Effective hand hygiene requires the soap/disinfectant product to have contact with all skin surfaces on hands and wrists regardless of the method used.

#### Examples of when Hand Hygiene should be performed:

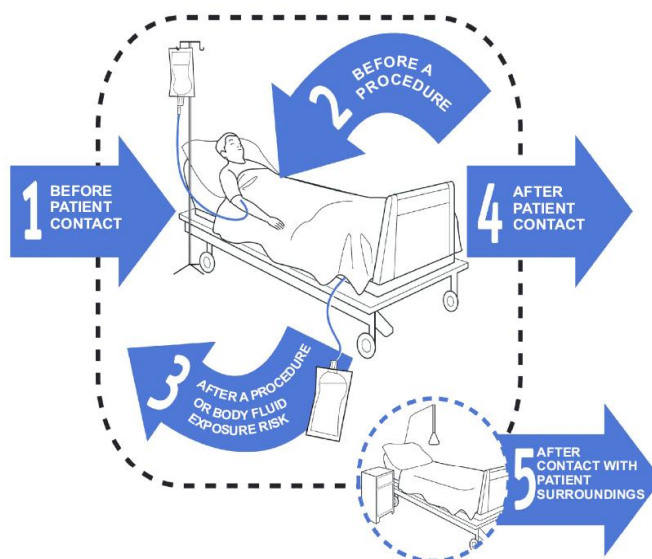
<b>Before</b>	<ul style="list-style-type: none"> <li>Starting/leaving work.</li> <li>Eating/handling food and drinks (whether own or patient's).</li> <li>Using computer keyboard in a clinical area.</li> </ul>
<b>After</b>	<ul style="list-style-type: none"> <li>Hands become visibly soiled.</li> <li>Eating/ handling of food/drinks (whether own or patient's).</li> <li>Visiting the toilet.</li> <li>Using a computer keyboard or telephone in a clinical area.</li> <li>Being in patient-care areas during outbreaks of infection.</li> <li>Removing gloves.</li> <li>Handling laundry/equipment/waste.</li> <li>Blowing/wiping/touching nose and mouth.</li> </ul>

#### The WHO Five Moments of Hand Hygiene are applied in clinical areas.

[www.hha.org.au](http://www.hha.org.au)

All clinical and ancillary staff shall perform hand hygiene for each of the World Health Organisations (WHO) 5 moments for hand hygiene.

Hand hygiene must also be performed before and after glove use.



**Hand Hygiene Online Competency:** <http://rehsen.e3learning.com.au/>

To be completed annually by all Benalla Health Staff

**Consumer resources/hand hygiene brochures:**

<http://hha.org.au/ForConsumers.aspx>

Benalla Health conducts regular hand hygiene audits on the hand hygiene practices of health care workers as per the WHO five moments of hand hygiene across all clinical and residential care areas. Compliance rates are reported 3 times per year to VICNISS and Hand Hygiene Australia as part of the ongoing Infection Prevention and Control surveillance programs.

Hand Hygiene type	Cleansing Agent	When to use	Duration
<b>Routine hand hygiene</b>	Alcohol Based Hand Rub (ABHR) eg. Avagard	<ul style="list-style-type: none"> <li>• Before and after every patient contact. (If hands are not visibly soiled).</li> <li>• Before and after glove use.</li> <li>• Between touching contaminated and clean body sites.</li> <li>• Before and after handling equipment or linen.</li> <li>• After leaving patients rooms.</li> <li>• Prior to dispensing medications.</li> </ul>	15-20 seconds, until hands feel dry - to remove transient organisms.
<b>Social hand wash</b>	Liquid Soap eg. Endure 102 non medicated wash	<ul style="list-style-type: none"> <li>• All of the above if ABHR is not used</li> <li>• After using toilet.</li> <li>• When hands are visibly soiled.</li> <li>• Before and after meal breaks, including smoking.</li> <li>• To remove build-up of ABHR on hands.</li> <li>• If clostridium difficile or non-enveloped viruses such as norovirus is suspected hand must to be washed with soap and water.</li> </ul>	30 - 60 seconds, to remove transient organisms. Hands should be dried thoroughly with paper towel.
<b>Aseptic hand wash</b>	Antiseptic Cleansing Agent eg. 2% Chlorhexidine or 1% triclosan	<ul style="list-style-type: none"> <li>• Prior to any aseptic procedure.</li> <li>• Following contact with blood, body fluids, secretions and excretions.</li> <li>• After handling any contaminated equipment.</li> </ul>	60 seconds, prior to invasive and aseptic procedures. Hands should be dried thoroughly with paper towel.
<b>Surgical scrub</b>	Antiseptic Cleansing Agent & Sterile Towels eg. Iodine or 4% Chlorhexidine	<ul style="list-style-type: none"> <li>• Prior to all sterile procedures.</li> <li>• Prior to all surgical procedures.</li> <li>• Prior to any sterile procedure performed in ward/unit areas e.g. insertion of central lines, lumbar punctures.</li> </ul>	5 minutes, 1st operative procedure for the day. 3 minutes, for subsequent operative procedures.

## **Gloves**

Gloves can protect both patients and healthcare workers from exposure to infectious agents that may be carried on hands. Benalla Health provides non sterile (including nitrile - non latex) gloves for all staff. Gloves **must not** be worn when answering telephones, using computer keyboards, opening doors, writing patient notes or taking linen off the clean linen trolley.

*Gloves must be used for all aseptic procedures.*

*Hand hygiene should be performed before putting on gloves and after removal of gloves.*

*When gloves are worn in combination with other PPE, they are put on last.*

Gloves are used to prevent contamination of healthcare workers' hands when:

1. Anticipating direct contact with blood or body substances, mucous membranes, non-intact skin and other potentially infectious material.
2. Handling or touching visibly or potentially contaminated patient-care equipment and environmental surfaces.
3. Any activity has been assessed as carrying a risk of exposure to blood, body substances, secretions and excretions.

Gloves are single use items – (i.e. worn once and discarded):

1. They **must not** be washed or cleaned with hand washing agents or ABHR;
2. They must be changed between patients and;
3. They **must** be changed between conducting clean and dirty procedures, even when performed on the same patient.

## **Hand Care**

1. All staff are encouraged to maintain good skin integrity with regular use (at least three times per shift) of moisturising lotions. Aqueous-based hand creams can be used to avoid chapped hands. Oil-based preparations should be avoided as they may cause latex gloves to deteriorate.
2. Moisturising lotions that are compatible with the hand hygiene product range are endorsed for use and provided in clinical areas. Other products can inactivate the anti-microbial properties of the antiseptic cleaning agents and should not be used.
3. Any adverse skin conditions should be reported to the Occupational Health & Safety Co-ordinator or Infection Prevention & Control.

**REFERENCES:**

1. Australian Government National Health and Medical Research Council (NHMRC) and Australian Commission on Safety and Quality in Health Care (2010) *Australian Guidelines for the Prevention and Control of Infection in Healthcare* <http://www.nhmrc.gov.au/node/30290> (accessed 26/11/2013).
2. Centres for Disease Control (CDC) Guideline for Hand Hygiene in Health-Care Settings- <http://www.cdc.gov/handhygiene/> 2011. (accessed 26/11/2013)
3. Hand Hygiene Australia - <http://www.hha.org.au/>
4. Sax, H et al. My 5 moments for hand hygiene: a user centre's design and approach to understand , train and report hand hygiene. *Journal of Hospital Infection*. 2007; 67:9-21.
5. World Health Organisation – Clean care is Safer Care <http://www.who.int/gpsc/en/> 2013. (accessed 26/11/2013)

**Acknowledgements**

1. Hume Region Infection Control Resource and Consulting Service – Infection Prevention and Control Manual 2012.

**NSQHS Standard 3 – Preventing and Controlling Healthcare Associated Infections**

- 3.1.1: A risk management approach is taken when implementing policies, procedures and protocols
- 3.5: Developing, implementing and auditing a hand hygiene program consistent with the current national hand hygiene initiative

**Related Benalla Health Documents**

1. Standard Precautions Policy
2. Transmission Based Precautions Policy
3. ANTT Policy
4. Mandatory Training Policy

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