	TITLE: Hand Hygiene		
Document Type:	Policy	Approved by:	Infection Control Comitee
Department:	Clinical Services	Section:	Continuum of Care
Author/Prepared by:	Infection Control Consultant	Authorised by	Operational Director Performance Improvement

POLICY STATEMENT:

Standard Precautions and the 5 moments of hand hygiene will be implemented at Benalla Health to minimise the risk of transmission of infections between people.

PRINCIPLES:

Effective hand hygiene practices utilising the five moments of hand hygiene is implemented at Benalla Health to minimise the risk of Healthcare Associated Infections (HAI's).

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.

DEFINITIONS:

Hand Hygiene (HH) A general term referring to processes which reduces the microbial contamination on hands. This includes: application of a waterless antimicrobial agent (e.g. alcohol-based hand rub - ABHR) to the surface of the hands; or washing with soap (plain or antimicrobial) and water. Effective HH is the single most important measure in reducing HAI's.

REQUIREMENTS:

Effective hand hygiene requires:

1. No hand or wrist jewellery.

- 1.1. 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.
- 1.2. In clinical areas all hand and wrist jewellery is limited to a single plain band ring (e.g. wedding ring only).
- 1.3. In high-risk settings such as operating suites/rooms, and when performing any aseptic procedures, any hand or wrist jewellery must be removed prior to preparing for the aseptic procedure. Gloves are to be worn for all aseptic procedures.

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

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agents, especially Gram-negative bacilli and yeasts. Studies have also demonstrated that chipped nail polish may facilitate 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.

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.

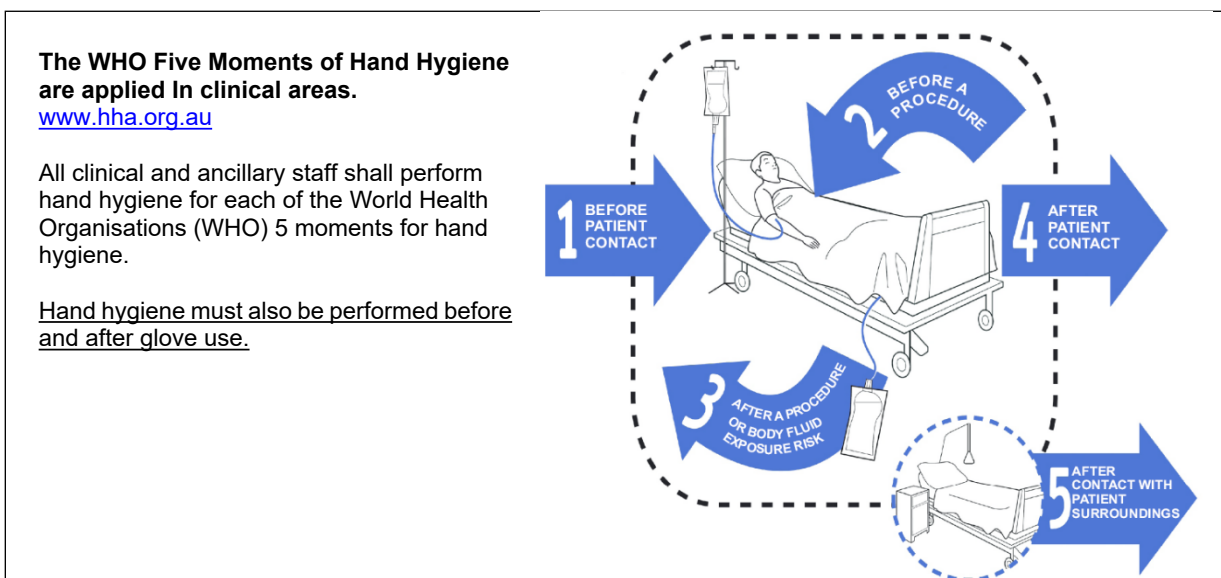
Arms shall be bare below the elbows when undertaking clinical activities. If garments with long sleeves are worn they must be removed or pushed securely above the elbow when undertaking clinical procedures.

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. Any cuts and abrasions on hands and arms will be covered 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 – for which soap and water will be used. All clinical hand basins are equipped with general soap for routine hand washing and antimicrobial soap for use when preparing for aseptic procedures.



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>

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Hand hygiene compliance

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.

Appendix 1: Methods for Hand Hygiene.

Method	Cleansing Agent	Hand hygiene is necessary in a variety of clinical and non clinical situations. (Including; but not limited to these examples).	Duration
<p>Routine Hand Rub Apply product from fingertips to wrists (inclusive)</p>	<p>Alcohol Based Hand Rub (ABHR) e.g. (<i>Avagard</i>)</p>	<p>Clinical examples</p> <ul style="list-style-type: none"> • 5 Moments of Hand Hygiene • After removing PPE. • After touching/ writing on charts kept at entrance to isolation rooms. • Catering services – after collecting each meal tray. <p>Non clinical examples</p> <p>Before</p> <ul style="list-style-type: none"> • Entering or leaving clinical areas. • Eating/ handling food or drinks (whether own or patients). Before smoking. • Using a keyboard in a clinical area. <p>After</p> <ul style="list-style-type: none"> • Eating / handling food or drinks (whether own or patients). After smoking. • Visiting the toilet. • Using a keyboard in a clinical area. • Being in patient care areas during outbreaks. • Handling laundry, equipment or waste. • Touching/wiping mouth or nose. 	<p>15 - 20 seconds. Until hands feel dry.</p>
<p>Routine hand wash</p>	<p>Liquid Soap e.g. Endure 102 non-medicated wash Wash from fingertips to wrists inclusive.</p>	<p>Occasions listed above; and After</p> <ul style="list-style-type: none"> • Hands become visibly soiled. • Blood and body substance contamination. • Visiting the toilet. • If <i>clostridium difficile</i> or non-enveloped viruses such as norovirus is suspected hands must to be washed with soap and water. • Suspected Gastro outbreaks - hands must be washed with soap and water. 	<p>30 - 60 seconds. Hands should be dried thoroughly with paper towel.</p>

<p>Aseptic hand wash</p>	<p>Antiseptic product e.g. (2% chlorhexidine or 1% tricloson) Wash from fingertips to elbows.</p>	<p>Immediately prior to standard aseptic procedures (HH moment 2). Procedures that are characteristically technically simple, short in duration (approximately less than 20 minutes), and involve relatively few and small key sites and key parts. (ABHR products are suitable for this purpose – add detail here if these products are used)</p>	<p>60 seconds. Dry hands with clean paper towels.</p>
<p>Surgical scrub</p>	<p>Antiseptic product. e.g. (Iodine or 4% chlorhexidine) Wash from fingertips to elbows.</p>	<p>Immediately prior to surgical aseptic procedures. Surgical procedures are technically complex, involve extended periods of time, large open key sites or large or numerous key parts. Sterile gloves are required. (Some ABHR products are registered for this purpose – add detail here if these products are used)</p>	<p>5 minutes, 1st scrub for the day and 3 minutes, for subsequent scrubs. Dry with sterile towels.</p>

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 HCW's 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.

2. Moisturising lotions that are compatible with the hand hygiene product range are endorsed for use and provided in clinical areas
3. Other moisturizing products may not be brought into the facility by staff. (Chemical incompatibility can inactivate the anti-microbial properties of the ABHR. Oil-based preparations may cause latex gloves to deteriorate). Any adverse skin conditions should be reported to the Occupational Health & Safety Co-ordinator or Infection Prevention & Control via Riskman

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>
2. Centres for Disease Control (CDC) Guideline for Hand Hygiene in Health-Care Settings- <http://www.cdc.gov/handhygiene/> 2016.
3. Hand Hygiene Australia - <http://www.hha.org.au/>
4. World Health Organisation – Clean care is Safer Care <http://www.who.int/gpsc/en/> 2016.

Acknowledgements

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

ACCREDITATION STANDARDS:

National Safety and Quality Health Service (NSQHS) standards

NSQHS standard 3 – Preventing and controlling healthcare associated infections

Aged Care Standards

Standard 3 – Personal care and clinical care

Related Benalla Health Documents

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

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