HAND HYGIENE

PRACTICE GUIDELINE©

DOCUMENT SUMMARY/KEY POINTS

Hand hygiene is recognised as the cornerstone of infection prevention. Hand hygiene is the act of cleaning hands with alcohol based hand rub (ABHR) in either liquid, foam or gel form; antiseptic liquid hand wash and running water; or (plain) liquid soap and running water.

This practice guideline is based on the NSW Health Infection Prevention and Control Policy and the Infection Prevention and Control Practice Handbook.
http://www.cec.health.nsw.gov.au/__data/assets/pdf_file/0010/383239/Infection-Prevention-and-Control-Practice-Handbook-V2-Updated-1-Sep-2017.pdf

Hand care:

- An Alcohol-Based Hand-rub (ABHR) should not be used when hands are visibly soiled or contaminated with blood or body fluids – wash with antiseptic soap and water.
- Small cuts should be **covered** with a clear occlusive dressing, so hand hygiene can continue.
- Basic hand care regime should be in place for all healthcare professionals.

Jewellery:

- Rings - only plain bands can be worn in clinical areas.
- Wrists need to be clear of watches, bracelets, bangles, and personal fitness monitors. Medical essential bracelet (e.g. medical alert bracelet) are exempt.

Fingernails:

- Fingernails **need** to be short and clean.
- Nail polish, nail art or artificial nails **must not** be worn by healthcare professionals providing direct patient care.

Clothing:

- Wearing of long sleeved cardigans or jumpers is **not permitted** in patient care areas.
- Long sleeved shirts must be rolled up when providing direct patient care

Neckties and lanyards are not recommended to reduce the risk of healthcare-acquired infections.

Approved by:	SCHN Policy, Procedure & Guideline Committee	
Date Effective:	1st November 2019	**Review Period:** 3 years
Team Leader:	Clinical Nurse Consultant	**Area/Dept:** Infection Control - CHW

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Non-Compliance:

- Initial non-compliance with this guideline will be reported to the staff member's line manager and follow performance management principles.
- Persistent non-compliance will be reported to the Director of Clinical Governance and; appropriate Clinical Program Director. Counselling and education programs may be required and are detailed in this document.

CHANGE SUMMARY

- This document has changed from a policy to a Practice Guideline
- The Ministry of Health Hand Hygiene Policy has been rescinded and replaced with the 2017 Infection Prevention and Control Policy and Infection Prevention and Control Practice Handbook
- Updating content to ensure that it is line with current State and National policies

READ ACKNOWLEDGEMENT

- All staff providing direct patient care are required to read and acknowledge the document.

TABLE OF CONTENTS

1 Introduction

This guideline is in line with *NSW Health Policy Infection Prevention and Control PD2017_013* and the Infection Prevention and Control Practice Handbook.

Hand hygiene is recognised as the cornerstone of infection prevention. Hand hygiene is the act of cleaning hands with alcohol based hand rub (ABHR) in either liquid, foam or gel form; antiseptic liquid hand wash and running water; or (plain) liquid soap and running water.

2 Guideline: The 5 Moments for Hand Hygiene

- All staff must perform the 5 Moments for Hand Hygiene (refer to Appendix 1).
  - **Moment 1** - Before touching the patient or the patient's surroundings (on entering the patient zone)
  - **Moment 2** - Before performing an aseptic procedure
  - **Moment 3** - After a body fluid exposure risk
  - **Moment 4** - After touching the patient (if leaving the patient zone)
  - **Moment 5** - After touching the patient's surroundings (if leaving the patient zone).

- All staff must also perform hand hygiene:
  - Between dirty and clean sites on the same patient
  - Immediately before and after glove use
  - After going to the toilet
  - After sneezing or coughing into hands
  - After handling contaminated material
  - After handling waste
  - Before handling patient food
  - After contact with animals (e.g. companion therapy)

The hand hygiene method used depends on the activity being undertaken.

Appendix 2 outlines the hand hygiene procedures with the skin cleansing agent to be used and duration of hand wash or hand rub.

Refer to Section 5 and Section 6 for Handwashing or Hand rub Techniques.

For most hand hygiene activities, unless hands are visibly soiled, Alcohol Based Hand Rub (ABHR) should be used. ABHRs are more effective, quicker to use, better tolerated by hands, and can be accessed at the point-of-care compared with an antiseptic hand wash.

DO NOT use an alcohol-based hand-rub when hands are visibly soiled or contaminated with blood or body fluids – wash with soap and water.

Remember to moisturise between hand washing frequently including at the beginning and ending of your shift.

3 Responsibilities

3.1 Line Managers

Responsibility for implementation of this guideline is the direct responsibility of appropriate clinical line managers.

3.2 Staff

All staff have a responsibility to maintain good hand hygiene and hand care practices. Refer to Appendix 1 and Appendix 2 that outlines appropriate hand hygiene practice. Appendix 3 refers to hand care recommendations.

Jewellery, Fingernails and Clothing

Staff working in clinical areas with direct patient contact must also adhere to the following:

- Fingernails must to be short and clean.
- Nail polish must not be worn by healthcare professionals providing direct patient care.
- Artificial nails (including shellac, acrylic or gel) must not be worn by healthcare professionals providing direct patient care
- Nail art and technology must not be worn.
- Rings - only plain bands can be worn in clinical areas.
- Wrists need to be clear of watches, bracelets, bangles, and personal fitness monitors. Medical essential bracelet (e.g. medical alert bracelet) are exempt.
- Wearing of long sleeved cardigans or jumpers is not permitted in patient care areas.
- Long sleeved shirts must be rolled up when providing direct patient care
- Neckties are not recommended to reduce the risk of healthcare-acquired infections.

3.3 Hand Hygiene Auditors

Staff trained and accredited in performing Hand Hygiene audits are responsible to conduct Hand Hygiene audits using the *5 Moments for Hand Hygiene Audit Tool.* https://www.hha.org.au/audits/audit-tools/standard-5-moments/send/20-standard-5-moments/28-audit-form-with-hcw-codes.
The results are reported to ward areas, Network Executive and Clinical Directors, the Network Health Care Quality Counsel and all results are held in the National Hand Hygiene Data Base.

Infection Prevention and Control provides hand hygiene education:

- On request.

- Targeted patient care areas.
- Hand Hygiene auditors and ward / department based educators

4 Non-Compliance

Staff who do not comply with the 5 Moments for Hand Hygiene, as outlined in this Guideline, will be managed as outlined below. Persistent non-compliance will be managed in accordance with current NSW Ministry of Health (MoH) policies and guidelines for managing allegations of misconduct (refer to NSW MoH Policy Directive 'Infection Prevention and Control' (PD2017_013).

Non-compliance is viewed seriously, and shall result in the following graduated outcomes:

Step 1

- Counselling for non-compliance which will include one-on-one instruction on appropriate hand hygiene practices.

Step 2

- Further counselling and requirement to undertake a hand hygiene education program for repeated non-compliance.

Step 3

- Participation in an intensive remedial hand hygiene education program for continuing non-compliance and a warning issued that any further non-compliance in hand hygiene will result in disciplinary action and may result in dismissal.

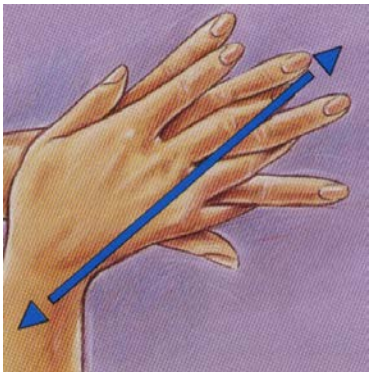
Note: For persistent non-compliance, staff will be referred for disciplinary action (both at the employment level and, where they are a registered healthcare professional, e.g. AHPRA).

5 Handwashing Technique

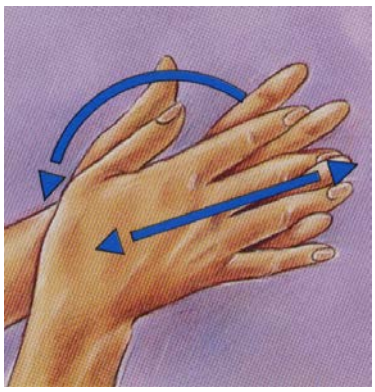
The following is a diagrammatic example of the handwashing routine recommended for use in this Hospital with chlorhexidine solution (refer to Appendix 2 for length of time to complete):

(Diagrams reproduced with permission of ICI Pharmaceuticals)

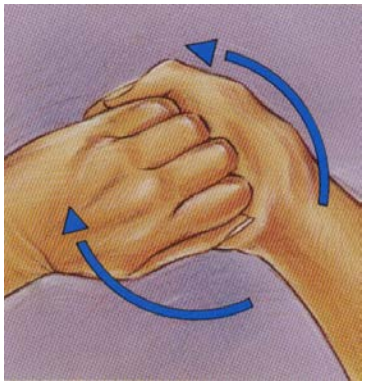
Wet hands and forearms. Wash with 1.5mL of solution using the following steps.



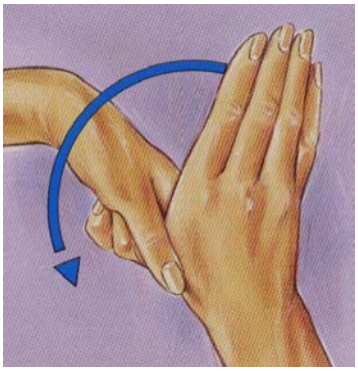
Right palm over left, left over right



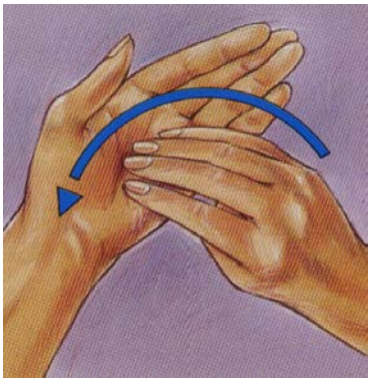
Palm to palm, fingers interlaced



Back of fingers to opposing fingers interlocked



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



Rotational rubbing backwards and forwards with tops of fingers and thumb of right hand in left and vice versa

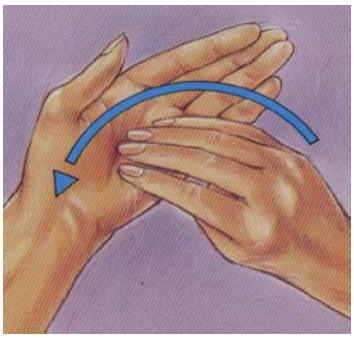
6 Hand rub Technique

- The hand rub technique is used when using the ABHR.
- ABHR requires no water and is used for disinfection of clean hands where handwashing is not practical.
- The hand rub procedure takes approximately 20 seconds and hands must be allowed to dry before attending to a procedure.
- Visibly soiled hands should be cleaned using the Hand wash technique above rather than with hand rub

Hand rub procedure

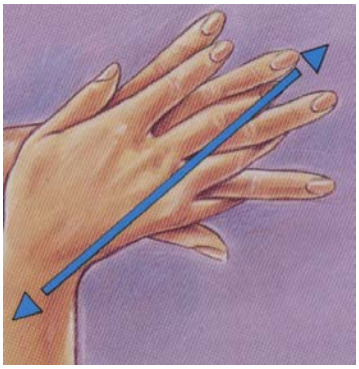
Apply to the palm a measured dose of the product and cover all surfaces of the hands (refer to technique outlined below). Rub hands until hands are dry (paper towel is NOT to be used).

(Diagrams reproduced with permission of ICI pharmaceuticals)

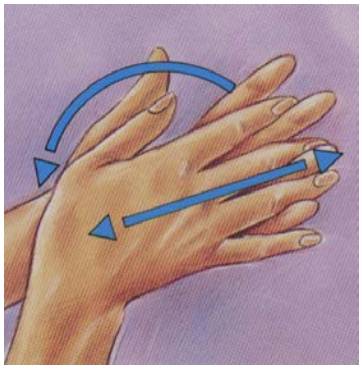


Dispense, soak fingertips and fingernails.

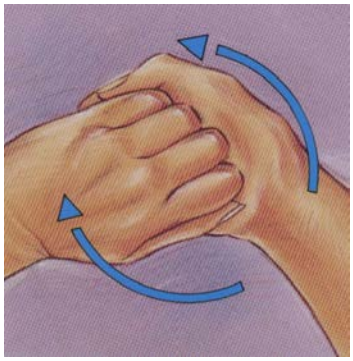
Rotational rubbing of palm to palm.



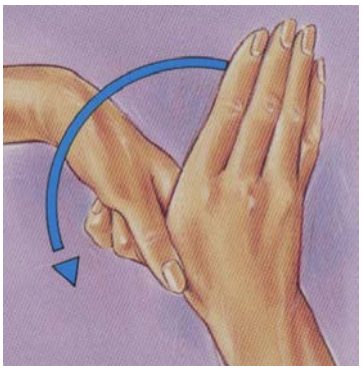
Right palm over left, left over right.



Palm to palm, fingers interlaced



Back of fingers to opposing fingers interlocked.



Rotational rubbing of right thumb clasped in left palm and vice versa, including the wrist.

7 Drying Hands

After cleansing hands, they must be dried before touching a patient or commencing a procedure.

- **ABHR** - continue rubbing hands vigorously until the ABHR has evaporated
- **Antiseptic (chlorhexidine) hand wash/plain liquid soap** – dry using single-use towels
- **Surgical hand scrub** – dry using a sterile towel.

Hot air hand dryers are **not** recommended in patient care areas.

8 Gloves

- Wearing gloves does not eliminate the need for hand hygiene.
- Wear gloves when contact with blood or body fluids is anticipated.
- Change gloves during patient care if moving from a contaminated body site to a clean body site. Perform hand hygiene in between glove changes.
- Perform hand wash or hand rub at the completion of patient cares and glove removal
- Staff who have a latex allergy need to discuss the use of an alternative glove with their manager or the NUM of the ward or clinical area.

9 Hand-care for Staff, Contractors and Volunteers of SCHN

- Hand care problems for staff, contractors and volunteers such as dryness, dermatitis and/or sensitivity should be reported to your manager
- Staff who develop dermatitis and/or sensitivity need to be assessed by the CNC Infection Prevention and Control at SCH or Staff Health (CHW) who will undertake a formal assessment and hand care routine with affected staff. There will be monitoring of hand care and hand hygiene practices and personal moisturiser will be given to staff.
    - A 5 day trial will commence and then dermatitis/sensitivity will then be reviewed. The use of alternative cleansers and moisturisers will be considered in this trial period on an individual basis.
- An alternative product will be made available to staff where they have a documented sensitivity or allergy to products.
- Staff who have cuts and abrasions on exposed skin and are involved in direct patient care/sterilisation services/food services should consult with their manager/supervisor and staff health as temporary redeployment may be necessary.

At CHW - If your skin is damaged (dry, cracking or eczematous) please contact Staff Health on Extension 53555 or pager 6238

At SCH - If your skin is damaged (dry, cracking or eczematous) please report to Infection Prevention and Control on Extension 21876

10 Parent/Carer Education

Refer to:

- **Information for Kids Parents and families stopping the spread of germs –** Network brochure

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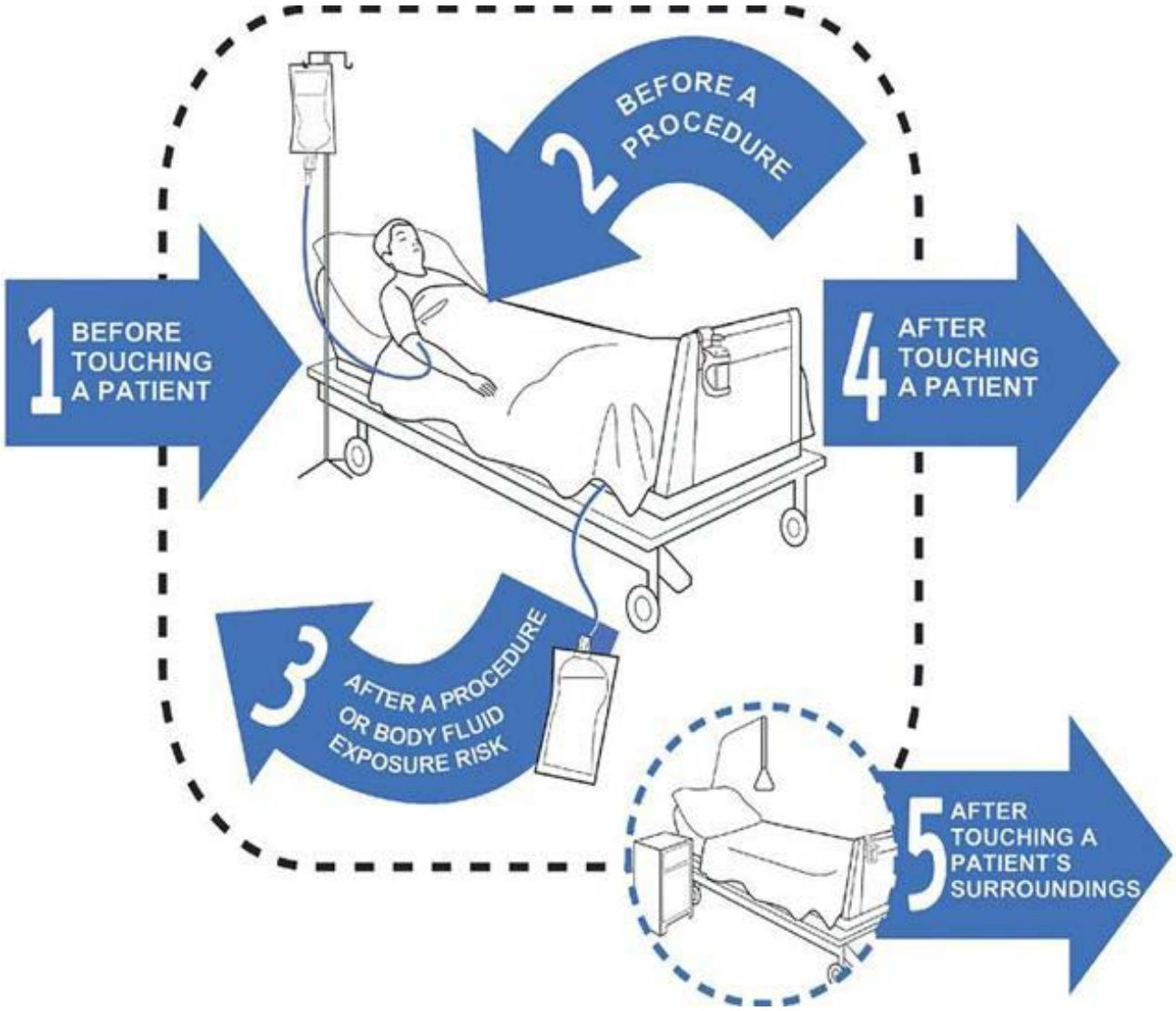
Appendix 1: The Five Moments



Moment 1 - Before touching the patient or the patient's surroundings (on entering the patient zone)

Moment 2 - Before performing an aseptic procedure

Moment 3 - After a body fluid exposure risk

Moment 4 - After touching the patient (if leaving the patient zone)

Moment 5 - After touching the patient's surroundings (if leaving the patient zone)

Appendix 2: Hand Hygiene Procedure

Activity	Skin cleansing agent**	Action	Duration of handwash/hand-rub**
Routine situations *For example:* *- when hands are visibly soiled* *- - before eating or handling food* *- after going to the toilet*	Plain liquid soap and running water	Wet hands using warm water, apply recommended dose of liquid directly onto hands and work up lather on all areas of the fingers, hands and wrists. Rinse and dry hands with single use towel	15 – 20 secs
Patient care situations For example: *- taking pulse/BP, IM injection, touching patient surroundings*	Alcohol-based hand rub (ABHR)	Dispense solution into cupped dry hands. Rub vigorously over all areas of the fingers, hands and wrists until the solution has evaporated and hands are dry.	Until dry (usually 15 – 20 secs)
	Plain liquid soap and running water	Wet hands using warm water, apply recommended dose of liquid directly onto hands and work up lather on all areas of the fingers, hands and wrists. Rinse and dry hands with single use towel	15 – 20 secs
	Antiseptic hand wash and running water	Wet hands using warm water, apply recommended dose of liquid directly onto hands and work up lather on all areas of the fingers, hands and wrists. Rinse and dry hands with single use towel.	15 - 20 secs
Following care of patients (including contact with their surroundings) where Clostridium difficille or non-enveloped viruses are suspected AND gloves were not worn	Plain liquid soap and running water	Wet hands using warm water, apply recommended dose of liquid directly onto hands and work up lather on all areas of the fingers, hands and wrists. Rinse and dry hands with single use towel	15 – 20 secs
Aseptic procedures For example *- Wound dressing, insertion of IDC, post-insertion CVAD management*.	Alcohol-based hand rub (ABHR)	Dispense solution into cupped dry hands. Rub vigorously over all areas of the fingers, hands and wrists until the solution has evaporated and hands are dry.	20 secs
	Antiseptic hand wash and running water	Recommended dose of liquid directly onto hands and work up lather on all areas of the fingers, hands and wrists. Rinse and dry hands with single use towel.	30 secs
High risk aseptic procedures For example: *- Central venous catheter insertion, lumbar puncture*	Antiseptic hand wash and running water	Wet hands using warm water, apply recommended dose of liquid directly onto hands and work up lather on all areas of the fingers, hands and wrists. Rinse and dry hands with sterile towel.	2 minutes
Surgical procedure	Surgical hand scrub and running water.	Wet hands using warm water, apply recommended dose of liquid directly onto hands and work up lather on all areas of the fingers, hands, wrists and forearms. Remove debris from under fingernails. Rinse and dry hands with sterile towel.	5 minutes prior to first operative procedure for the day, then 3 minutes prior to subsequent operative procedures

** Manufacturer's recommendations should be followed for the amount of solution and duration

Appendix 3: Hand Care Information for Healthcare Workers

Sydney Children's Hospitals Network - Hand Care Information for Healthcare Workers

(Adapted from Hand ODREC, Skin & Cancer Foundation Inc. 2014) DRAFT October 2018

SYMPTOMS REQUIRING ACTION - RISK OF SKIN CONDITION TO YOUR HANDS

- Skin on hands become dry, red, itchy, sore or sting following hand hygiene
- Symptoms may progress to include flaky skin, skin tightness, blisters, raised areas, cracked or open areas

REPORTING AND RECORDING SKIN CONDITION TO YOUR HANDS

- Report to your Manager immediately a skin condition on your hands for timely referral to Staff Health for follow up management.
- Record incident on IIMS, to enable investigation, planning, monitoring, trending and feedback at Department Level and Network Level.
- Worker to attend Staff Health for recording of history, hand risk assessment and commencement of initial and follow up management.

Follow a good skin care routine

HAND WASHING

- Wet hands thoroughly with luke warm water.
- Use non – perfumed colour free, hand wash
- Pat hands dry with single use paper towel
- Reduce hand washing possible to commencement of shift, at meal breaks, before handling food, after using the toilet, when hands are visibly soiled, with the build-up of ABHR, at the end of the shift.

ALCOHOL BASED HAND RUB (ABHR)

- Check skin integrity each shift using ABHR
- Use ABHR for 5 moments of hand hygiene, specific to patient care requirements
- Use ABHR where hands are not visibly soiled

MOISTURISE

- Moisturise regularly
- Use moisturiser each morning, at the commencement of shift, at meal breaks, at the completion of the shift and before bed.
- Use non-perfumed, colour free moisturiser.

CONSIDERATIONS AT HOME

- Use where possible non-soap-based products, ABHR, non-perfumed, colour free products
- Use appropriate gloves with wet work or handling of chemicals
- Moisturise regularly

STAFF HEALTH SERVICE - ACTION

- Staff Health record history of workers skin condition on hands including use of products at work and outside of work, complete Hand Care Risk Assessment Questionnaire, Latex Questionnaire. Latex IgE is attended where a score is equal to or greater than 3.
- Worker hand washing and ABHR technique assessed. Staff Health to provide, assistance with education of technique as required.
- Staff Health plan with worker 5 day trial of alternative hand care products, where there is dryness and irritation to workers hands.
- Worker to complete a skin assessment form and return with form to Staff Health at the end of the 5-day trial.
- Staff Health review with worker outcome of 5-day alternate hand care product trial. Staff Health implement renewed hand care plan for worker including hand care products required for continued use. Worker, Manager and GP to receive copy of Hand care Plan.
- *A worker is referred immediately to their GP where a worker's hand condition does not improve with trial of alternative hand care products, OR at time of assessment symptoms include allergy, broken areas or risk or risk of infective process.*

GP REFERAL / DERMATOLOGIST REFERRAL / RETURN TO WORK PLANNING

- Staff Health refer worker with hand condition to their GP, giving handover of, history, current symptoms and management
- Worker's medical assessment is completed by their GP, GP to implement hand care plan, including prescribed hand care products, escalation to topical cortisone ointment or, cream and referral of worker to Dermatology clinic as required
- GP attends referral of worker, to Dermatology outpatient Clinic/Dermatologist for assessment, skin patch testing, identification of allergen and for prescribed hand care plan
- WHS contacted to organise return to work planning of worker in consultation with Worker, Manager, and GP.