

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 handwash 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.

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.

Jewellery:

- Rings - only plain bands can be worn in clinical areas.
- Other hand, wrist or forearm jewellery must not be worn by healthcare professionals providing direct patient care unless required for patient care (e.g. watch) or medically essential (e.g. medical alert bracelet). These must be removable & able to be cleaned.

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
- Ties must be anchored.

Non-Compliance:

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

Approved by:	SCHN Policy, Procedure & Guideline Committee	
Date Effective:	1 st May 2018	Review Period: 3 years
Team Leader:	Clinical Nurse Consultant	Area/Dept: Infection Control - CHW

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- The Ministry of Health Hand Hygiene Policy has been rescinded and replaced with the 2017 Infection Prevention and Control Policy and Infection Prevention and Control Practice Handbook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	3
2	Guideline: The 5 Moments for Hand Hygiene	3
3	Responsibilities	4
3.1	Line Managers.....	4
3.2	Staff	4
	<i>Jewellery, Fingernails and Clothing</i>	4
4	Non-Compliance	4
5	Handwashing Technique	5
6	Handrub Technique	6
7	Drying Hands	7
8	Gloves	7
9	Hand-care	8
10	Parent/Carer Education	8
11	Bibliography	8
	Appendix 1: The Five Moments	10
	Appendix 2: Hand Hygiene Procedure -Appendix 1	11

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 handwash 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 handwash or handrub.

Refer to Section 5 and Section 6 for Handwashing or Handrub 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 handwash.

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.

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 practices. Refer to [Appendix 1](#) and [Appendix 2](#) for when hand hygiene should be practiced.

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 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.
- Other hand, wrist or forearm jewellery must not be worn by healthcare professionals providing direct patient care unless required for patient care (e.g. watch) or medically essential (e.g. medical alert bracelet). These must be removable and able to be cleaned.
- 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
- Ties must be anchored.

3.3 Hand Hygiene Auditors

Those 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. 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:

- Education sessions on request.
- Targeted education in patient care areas.

Education of 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. APRAH).

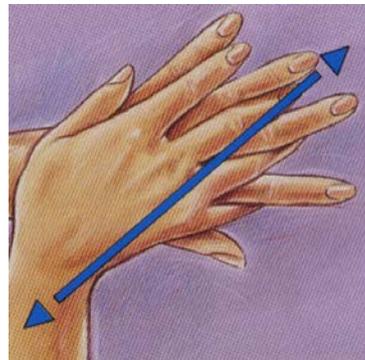
5 Handwashing Technique

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):

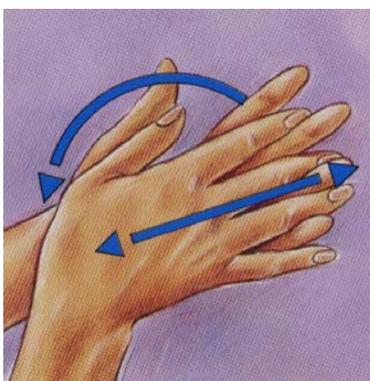
(Diagrams reproduced with permission of ICI Pharmaceuticals)



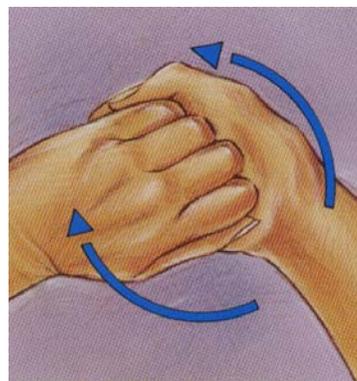
Wet hands and forearms. Wash with 1.5mL of solution using the following steps.



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

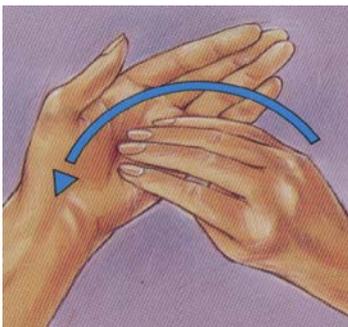
6 Handrub Technique

- The handrub technique is used when using the antiseptic alcohol handrub solution.
- Alcohol handrub requires no water and is used for disinfection of clean hands where handwashing is not practical.
- The handrub 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 Handwash technique above rather than with handrub

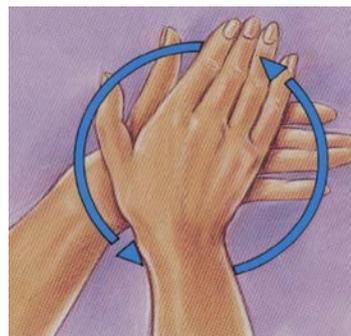
Hand rub procedure

Apply a palmful of the product and cover all surfaces of the hands. Rub hands until hands are dry (paper towel is NOT to be used).

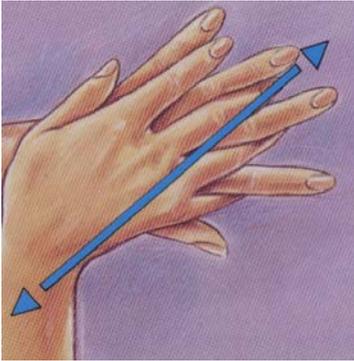
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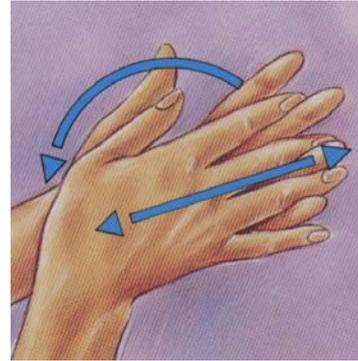
Dispense, soak fingertips and fingernails.



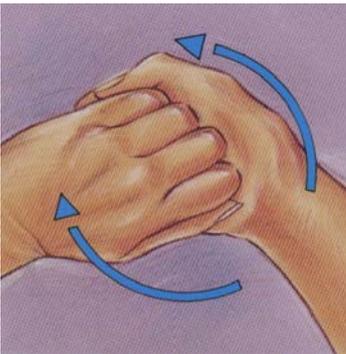
Rotational rubbing of palm to palm.



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) handwash/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 handwashing or hand rub after all glove removal
- Staff who have a latex allergy need to discuss the use of an alternative glove, such as Nitrile gloves with their manager or the NUM of the ward or clinical area.

9 Hand-care

- Hand care problems such as dryness, dermatitis and/or sensitivity should be reported to CNC Infection Control (SCH) Work Health & Safety (CHW).
- Staff who develop dermatitis and/or sensitivity to chlorhexidine solutions must have documentation and recommendations from their dermatologist, and then they need to negotiate the use of an alternate solution with CNC Infection Control (SCH) or Work Health & Safety – Staff Health in consultation with and approval by Infection Prevention and Control (CHW).
- An alternative product must 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 Work Health and Safety – Staff Health on Extension 53555.

At SCH - If your skin is damaged (dry, cracking or eczematous) please report to Infection Prevention and Control on Extension 21876 or page 47140 or Work Health and Safety on Extension 27951.

10 Parent/Carer Education

Refer to:

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

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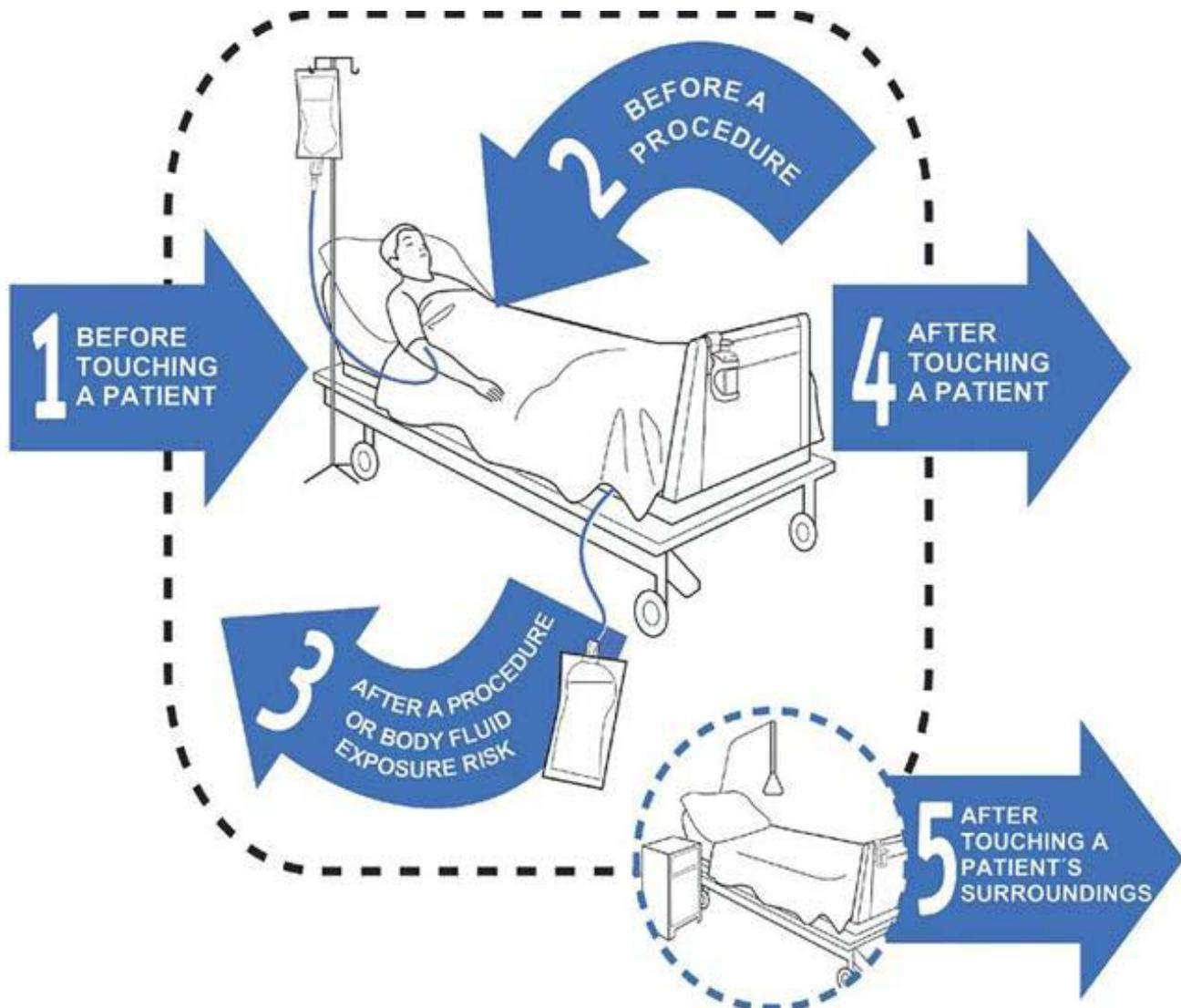
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Appendix 1: The Five Moments



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 -Appendix 1

Activity	Skin cleansing agent**	Action	Duration of handwash/hand-rub**
<u>Routine situations</u> 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
<u>Patient care situations</u> 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 handwash 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 <i>Clostridium difficile</i> 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
<u>Aseptic procedures</u> 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 handwash 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
<u>High risk aseptic procedures</u> For example: - Central venous catheter insertion, lumbar puncture	Antiseptic handwash 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
<u>Surgical procedure</u>	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