

Hand Hygiene Policy

Document Number PD2010_058

Publication date 13-Sep-2010

Functional Sub group Clinical/ Patient Services - Medical Treatment
Clinical/ Patient Services - Nursing and Midwifery
Population Health - Infection Control
Personnel/Workforce - Industrial and Employee Relations

Summary The Hand Hygiene Policy outlines the specific hand hygiene practices required to minimise the risk of patients, visitors and staff acquiring a healthcare associated infection. The policy sets out when staff must perform hand hygiene and requires the use of alcohol based hand rubs for most instances of hand hygiene performed during patient care. Please also refer to IB2010_049.

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Applies to Area Health Services/Chief Executive Governed Statutory Health Corporation, Board Governed Statutory Health Corporations, Affiliated Health Organisations, Affiliated Health Organisations - Declared, Public Health System Support Division, Community Health Centres, Dental Schools and Clinics, Government Medical Officers, NSW Ambulance Service, Public Health Units, Public Hospitals

Audience Administration, all staff

Distributed to Public Health System, Divisions of General Practice, Government Medical Officers, Health Associations Unions, NSW Ambulance Service, Ministry of Health, Tertiary Education Institutes

Review date 13-Sep-2015

Policy Manual Patient Matters

File No. H10/62330-5

Status Active

Director-General

This Policy Directive may be varied, withdrawn or replaced at any time. Compliance with this directive is **mandatory** for NSW Health and is a condition of subsidy for public health organisations.

HAND HYGIENE POLICY

This Policy supersedes the Hand Hygiene section of PD2007_036 Infection Control Policy.

PURPOSE

To ensure all staff perform hand hygiene as outlined in the Policy, including at the 5 Moments for Hand Hygiene.

For the purpose of this Policy **staff** refers to any person working in any capacity within NSW Health, including contractors, students and volunteers.

MANDATORY REQUIREMENTS

- All staff in public health organisations must perform hand hygiene as set out in this Policy
- [Alcohol-based hand rubs \(ABHR\)](#) and hand washing facilities will be made available to all staff, patients and visitors.
- Health Services will ensure a hand hygiene awareness program is established for all staff. This program will be maintained and reviewed.
- Health Services will monitor hand hygiene audits and act on the results. Where hand hygiene audits have not been conducted the ward/unit/service is to review audit results from other wards/units/services for any lessons applicable to them.

IMPLEMENTATION

NSW Department of Health

- provides the mandatory requirements, standards and tools to support evaluation of the implementation of this Policy.

Clinical Excellence Commission

- co-ordinates implementation of the national hand hygiene program on behalf of the NSW Department of Health.

Chief Executives, Health Service Executives, Managers

- set the example for hand hygiene practices according to the 5 Moments for Hand Hygiene when they are with [patients](#)
- assign responsibility and personnel to implement this Policy
- provide line managers with support to mandate hand hygiene in their areas

Directors of Clinical Governance

- promote hand hygiene across their Health Service
- ensure successful implementation of this Policy within their Health Service
- ensure that regular [hand hygiene audits](#) are conducted.

Directors of Clinical Operations

- supports the Director of Clinical Governance in the successful implementation of this Policy within their Health Service.

Hospital, facility, clinical stream, non clinical and unit managers, Heads of Departments, Nursing /Midwifery Unit Manager

- set the example for hand hygiene practices according to the 5 Moments for Hand Hygiene when they are with [patients](#)
- ensure systems and practices prescribed in this Policy are implemented and sustained
- ensure that ABHR is accessible at the [point-of-care](#)
- ensure patients and visitors have access to the means to perform hand hygiene, with education on the correct technique provided as appropriate
- monitor compliance and practices described in this Policy
- facilitate and ensure compliance of staff with hand hygiene for every patient contact
- ensure that individual staff are advised at the time of any non-compliance
- manage staff who repeatedly do not comply with the 5 Moments for Hand Hygiene, as outlined in this Policy, in accordance with current NSW Health policies for managing allegations of misconduct^{2,3,4,5}
- ensure that [hand hygiene audits](#) are undertaken and reported on in the ward/unit/service
- ensure that hand hygiene audit results are acted on in the ward/unit/service.

Infection Control Professionals

- provide active support to all staff with regard to hand hygiene practices and compliance
- promote awareness to staff on hand hygiene practices.

All staff

- must comply with this Policy
- should undertake training related to the performance of hand hygiene
- who are medical practitioners, nurses, midwives, pharmacists, physiotherapists, and podiatrists are to comply with the infection control standards under the Health Practitioner Regulation (New South Wales) Regulation 2010⁶
- must comply with the 5 Moments for Hand Hygiene as outlined in this Policy. Mandatory actions for managing non-compliance with the 5 Moments for Hand Hygiene are outlined in [Appendix 3: Managing non-compliance](#). Failure to comply will be viewed seriously and will be managed in accordance with current NSW Health policies and guidelines for managing allegations of misconduct.^{2,3,4,5}

REVISION HISTORY

Version	Approved by	Amendment notes
September 2010 (PD2010_058)	Director-General	This Policy supersedes Section 2.1.1 - Hand Hygiene of NSW Health <i>Infection Control Policy</i> PD2007_036.

ATTACHMENT

1. Hand Hygiene Policy Standard

Hand Hygiene Policy



Issue date: September 2010

PD2010_058

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HAND HYGIENE POLICY

1 BACKGROUND

1.1 About this document

NSW Health is committed to ensuring the health and safety of all patients and visitors in its healthcare settings and providing a safe and healthy working environment for all staff.

Hand hygiene is one of the most important measures in reducing the transmission of infectious agents in healthcare settings.⁷ This Policy outlines the specific hand hygiene practices required to minimise the risk of patients, visitors and staff acquiring a healthcare associated infection.

This Policy sets out the minimum requirements for hand hygiene.

1.2 Legislative requirements

The Health Practitioner Regulation (New South Wales) Regulation 2010 provides infection control standards for medical practitioners, nurses, midwives, pharmacists, physiotherapists, and podiatrists.⁶ These standards include hand and skin cleaning requirements. Under the Regulation a healthcare professional must not, without “reasonable excuse”, fail to comply with the infection control standards.

All public health organisations and their staff have a common law duty of care to take all reasonable steps to safeguard patients, staff and the general public from infection. The *Occupational Health and Safety (OH&S) Act 2000* prescribes the employer’s duty of care to provide a safe and healthy working environment for all employees and other persons on their premises.⁸ The OH&S Act also prescribes responsibilities for managers (who manage OH&S within the areas that they control and influence) and employees (who must cooperate with the employer and not put anyone at risk by their acts or omissions). There is also a requirement for employers to provide the information, instruction, training and supervision necessary to ensure the health and safety of employees at work.

1.3 Associated documents

NSW Health *Infection Control Policy* PD2007_036

www.health.nsw.gov.au/policies/pd/2007/PD2007_036.html

1.4 Key definitions

The following terms are used in this document

Alcohol-based hand rub (ABHR)	An alcohol-containing preparation designed for application to the hands in order to reduce the number of viable micro-organisms with maximum efficacy and speed. ¹
Antiseptic handwash	Antiseptic containing preparation designed for frequent use. It reduces the number of micro-organisms on intact skin to an initial baseline level after adequate washing, rinsing and drying. It is broad spectrum, fast acting and, if possible, persistent. ⁷
Aseptic procedure	Procedure to prevent infectious agents from entering the patient’s bloodstream or sterile body cavity eg. venepuncture, insertion of chest drain, lumbar puncture, wound care.

Continuum of patient care	<p>A continuous period of patient care within the patient zone.</p> <p>Hand hygiene must be performed at the start of the continuum of care on entering the patient zone (Moment 1).</p> <p>During the continuum of care there is no requirement to perform hand hygiene, consistent with the 5 Moments of Hand Hygiene, unless an aseptic procedure is performed; there is body fluid exposure risk; or care moves from a contaminated body site to a clean body site.</p> <p>Hand hygiene must be performed at the end of the continuum of care (Moment 4/Moment 5).</p>
Emergency care	<p>For the purpose of this Policy emergency care is care that requires expediency and may preclude performance of hand hygiene (at one of the 5 Moments for Hand Hygiene) in order to avoid risk to the safety of a patient. For example, if a patient is about to fall, during a cardiac arrest, during care of a multi-trauma patient in the emergency department.</p>
Hand hygiene	<p>The process of hand cleansing with:</p> <ul style="list-style-type: none"> • ABHR including waterless alcohol-based hand solution, gel or foam, • Antiseptic handwash and running water, • Surgical hand scrub and running water, or • Plain liquid soap and running water. <p>Refer to 1.5 Hand Hygiene Principles</p>
Must	Indicates a mandatory action
Non-compliance	Failure to perform hand hygiene in accordance with the 5 Moments for Hand Hygiene outlined in this Policy.
Patient	<p>For the purpose of this Policy a patient is defined as a person who receives health care by a public health organisation. This care may be provided in a range of settings including:</p> <ul style="list-style-type: none"> • Hospital emergency department • Hospital inpatient setting • Hospital outpatient setting • Professional suite/office setting • Community health facility • Patient's home (including residential facilities) • Community eg. care provided by a Paramedic
Patient surroundings	<p>The space temporarily occupied by an individual patient and the items within it. This will vary between settings and will contain:</p> <ol style="list-style-type: none"> 1. Surfaces <u>frequently</u> touched by the patient occupying that space (eg. bed, bedside table, chair, personal belongings); and 2. Surfaces <u>frequently</u> touched by the staff member providing patient care (eg. monitors, knobs).

	<p>Refer to 2.1 Implementing the 5 Moments for Hand Hygiene</p> <p>Patient surroundings will vary with the patient setting. For example:</p> <p><u>Hospital Inpatient Setting</u></p> <p>The patient surroundings will include items such as the patient's bed, bedside table, bed linen, monitors, other medical equipment and personal belongings kept at the patient's bedside.</p> <p>The patient observation charts (and health care record) are:</p> <ul style="list-style-type: none"> • part of the patient surroundings if, for example, they are on the end of the patient's bed • not part of the patient surroundings if, for example, they are kept outside the door to the patient's room. <p>Patient surroundings do not include curtains, partitions and doors between separate patient areas.¹</p> <p><u>Operating Theatre</u></p> <p>The patient surroundings will include, for example, the top of the operating table, arm board, and anaesthetic machine and trolleys.</p> <p><u>Office Based Care eg. clinics or hospital outpatient setting</u></p> <p>The patient surroundings will usually include any procedural trolleys used and the examination table if the patient sits/lies on it.</p> <p><u>Patient's Home</u></p> <p>The patient surroundings may include all items in the patient's home including medical equipment.</p>
Patient zone	The patient and the patient surroundings. ¹
Plain liquid soap	Detergents that do not contain antimicrobial agents or contain low concentrations of antimicrobial agents that are effective solely as preservatives. ⁷ Plain liquid soaps should be pH neutral (pH 5.5 to 7).
Point-of-care	<p>The place where</p> <ul style="list-style-type: none"> • the patient • the staff member • care or treatment involving touching the patient and/or his/her surroundings <p>come together.¹</p> <p>An ABHR must be easily accessible and as close as possible – preferably within arms-reach of where patient care or treatment is taking place. In the hospital environment it will be in places including attached to the patient's bed, but in other contexts it could be in a treatment room, cot, chair, ambulance, carried on the staff or in a patient's home.⁹ (Refer to 8.2 Placing of alcohol-based hand rubs)</p>

Public health organisation	For the purpose of this Policy a public health organisation is: <ul style="list-style-type: none"> • An area health service, • A statutory health corporation that provides inpatient services, or • An affiliated health organisation in respect of its recognised establishments that provide inpatient services.
Should	Indicates an action that ought to be followed unless there are justifiable reasons for taking a different course of action.
Surgical hand scrub	An antiseptic containing preparation that substantially reduces the number of microorganisms on intact skin by eliminating transient and reducing resident flora. It is broad spectrum, fast acting and persistent. ⁷

1.5 Hand hygiene principles

For most hand hygiene activities ABHR should be used (refer to [Appendix 1: Hand hygiene procedure](#)).⁷ 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.¹⁰

5.5.1 Exceptions

Exceptions to the use of ABHR are set out in [Appendix 1: Hand hygiene procedure](#).

2 WHEN TO PERFORM HAND HYGIENE

All staff must perform the 5 Moments for Hand Hygiene (refer to [Appendix 2](#)).

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).

Note that, as outlined in this Policy, Moments 4 and Moments 5 coincide. This means that only one hand hygiene is required after touching the patient and/or after touching the patient's surroundings.

All staff must also perform hand hygiene:

- After going to the toilet
- After sneezing or coughing into hands
- After handling contaminated material
- After handling waste
- Before handling patient food.¹¹

The hand hygiene method used depends on activity being undertaken. [Appendix 1](#) outlines the hand hygiene techniques.

2.1 Implementing the 5 Moments for Hand Hygiene

The following sets out some examples of when to perform hand hygiene during the 5 Moments for Hand Hygiene and explanatory notes to assist in implementing the 5 Moments.

Explanatory Notes

1. **Plan order of tasks:** When providing a continuum of patient care move from clean to contaminated, if possible.

For example, order tasks when caring for the same patient as follows:

- Administration of O₂
- Care of IV line
- Care of wound (if clean wound)
- Care of nasogastric tube
- Care of IDC
- Care of wound (if dirty wound)

2. Hand hygiene must be performed if moving from a contaminated body site to a clean body site.
3. If two or more hand hygiene Moments coincide, only one hand hygiene is required. For example, a clinician enters a 2-bedded room to take the blood pressure of Patient A and then Patient B. In this situation a single hand hygiene covers the two hand hygiene moments between Patient A and Patient B, that is after taking the blood pressure of Patient A (Moment 4/5) and before taking the blood pressure of Patient B (Moment 1).¹

Moment 1 - Before touching the patient (includes touching the patient's surroundings)

For example, repositioning a patient in bed, bathing the patient, taking a pulse, administering oral medications, applying an oxygen mask.

Example 1 – Routine care of a patient in a ward

A nurse enters a patient's single room and then the patient's zone. After entering the patient zone s/he performs hand hygiene before touching the patient or their surroundings (**Moment 1**), then provides the patient with an extra blanket. S/he then repositions the patient and moves the IDC to the other side of the bed, touching the IDC bag in the process. As the IDC bag may be contaminated with body fluids the nurse is required to perform hand hygiene after touching the IDC bag (**Moment 3**). If s/he immediately leaves the patient zone then this hand hygiene coincides with hand hygiene after touching the patient (**Moment 4**) and after touching the patient's surroundings (**Moment 5**).

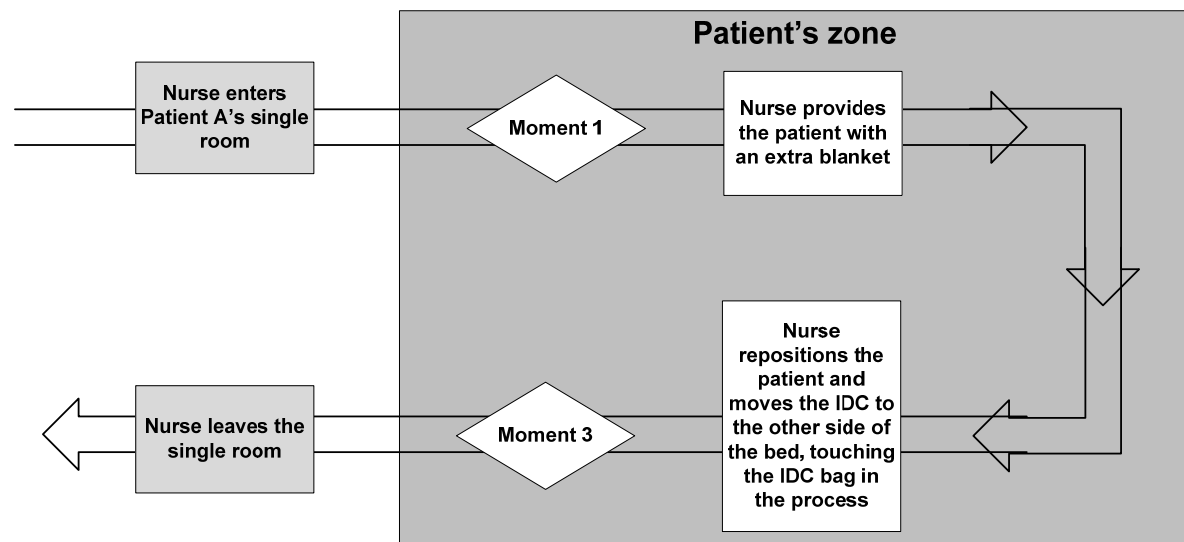
Moment 1 – hand hygiene performed

Moment 2 – does not apply as no aseptic procedure performed

Moment 3 – performs hand hygiene

Moment 4 – coincides with Moment 3

Moment 5 – coincides with Moment 3



Example 2 – Routine care of a patient in an office setting eg. clinic, outpatients

In this example, the patient zone is the patient, plus the procedural trolley if used and the examination table if the patient sits/lies on it.

A patient enters the clinic/outpatients, the clerical staff member takes the patient's details. The patient then moves to an office for assessment by a doctor. The doctor introduces him/herself and familiarises themselves with the patient's health care record and then takes a history from the patient.

Note:

If the patient shakes hands with the doctor in an office setting at introduction, the doctor should consider performing hand hygiene after this.

Before physical examination of the patient, the doctor performs hand hygiene (**Moment 1**) and then examines the patient. After examination the doctor performs hand hygiene (**Moment 4**) and then documents the findings of the examination. If blood needs to be collected then hand hygiene is performed immediately before (**Moment 2**) and after collection (**Moment 3**).

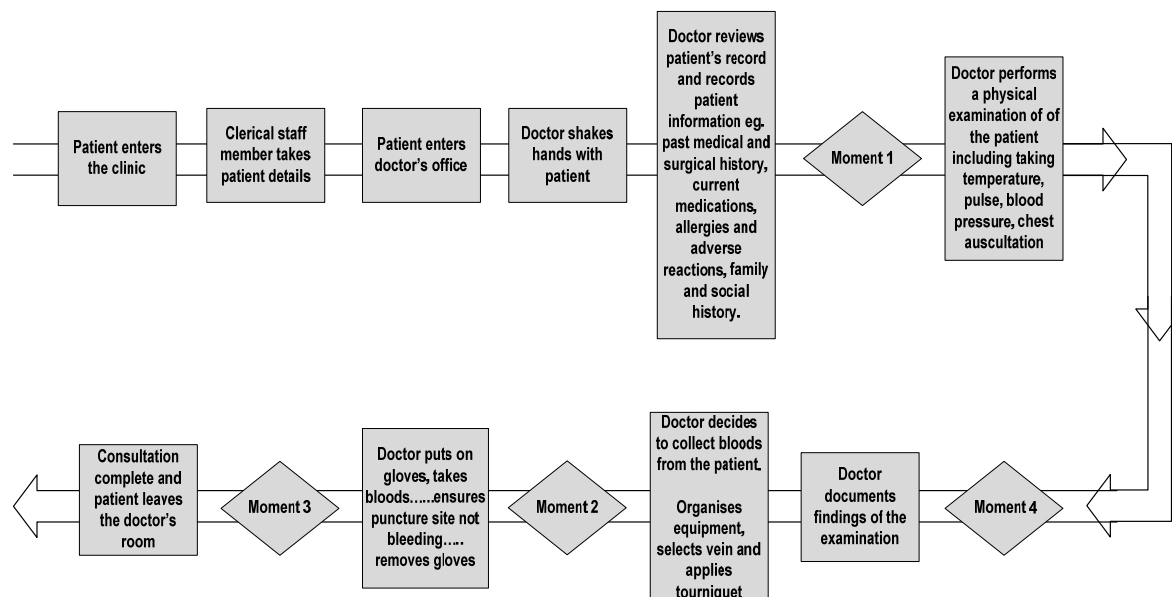
Moment 1 – hand hygiene performed

Moment 2 – hand hygiene performed (if blood is collected)

Moment 3 – hand hygiene performed (following collection of blood, if blood collected)

Moment 4 – coincides with **Moment 3** (unless further patient contact occurs)

Moment 5 – coincides with **Moment 3** (unless further patient contact occurs)



Moment 2 - Before performing an aseptic procedure

For example, venepuncture, insertion of a urinary catheter, wound care.

Example 3 – Anaesthetising a patient who is undergoing a surgical procedure

An anaesthetist performs hand hygiene before inserting IV lines (**Moment 2**) and after the procedure (**Moment 3**). This hand hygiene coincides with the hand hygiene required before intubating the patient (**Moment 2**). S/he then performs a series of tasks that require touching the patient during the surgical procedure. Hand hygiene is performed after delivering the patient to recovery (**Moment 4**).

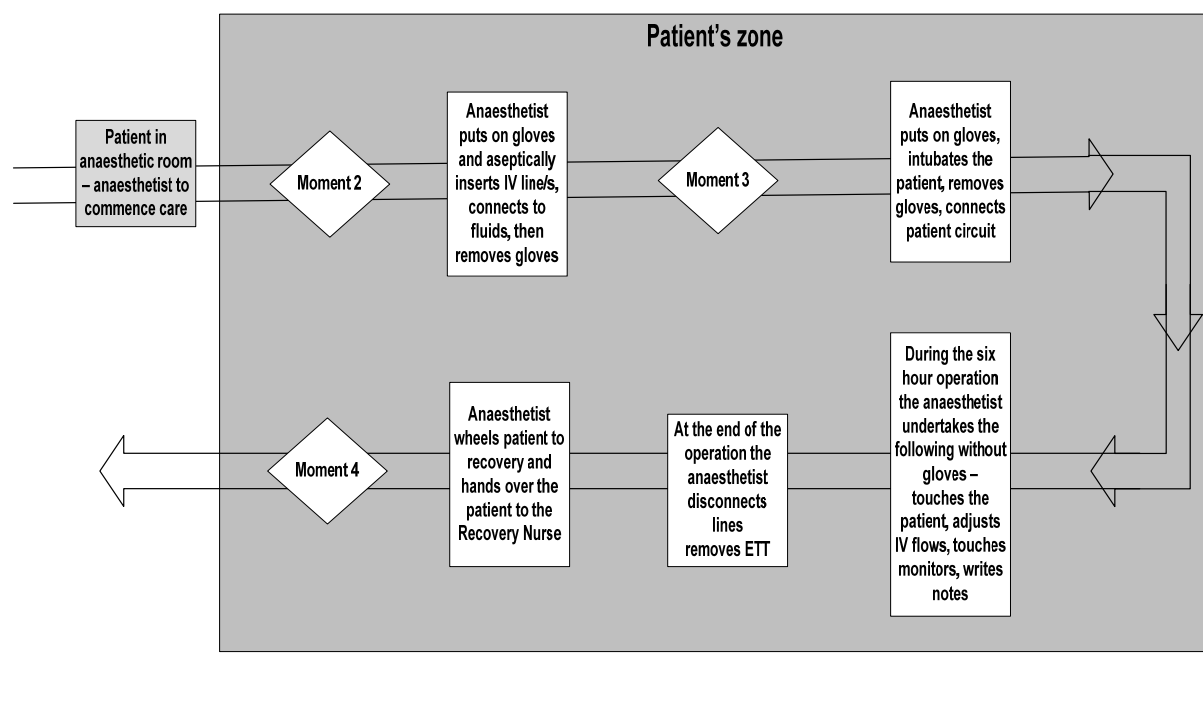
Moment 1 – coincides with Moment 2

Moment 2 – hand hygiene performed (second Moment 2 coincides with Moment 3)

Moment 3 – hand hygiene performed

Moment 4 – hand hygiene performed

Moment 5 – coincides with Moment 4



Example 4 – Patient receiving wound care in their home

A nurse visits a patient in their home to perform wound care. The nurse enters the patient's home and greets the patient. The nurse reads the patient's home care record. Prior to positioning the patient for wound care the nurse performs hand hygiene (**Moment 1**). The nurse sets up the sterile field with dressing requirements and performs hand hygiene before undertaking the dressing (**Moment 2**). Hand hygiene is performed after the wound dressing (**Moment 4**). The nurse documents her/his care in the patient's home care record and leaves the patient's home.

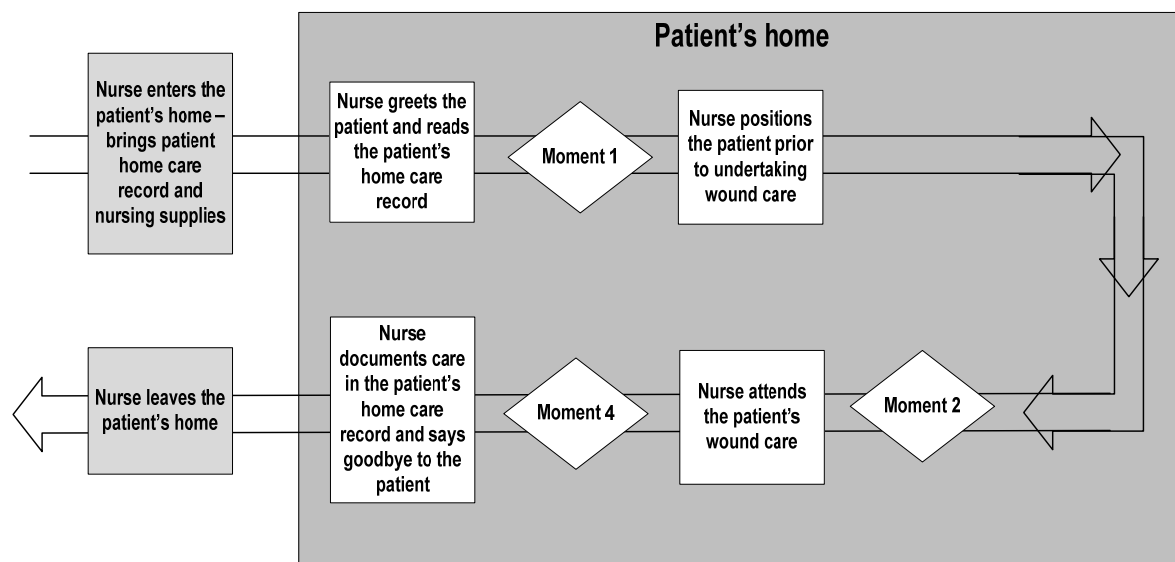
Moment 1 – hand hygiene performed

Moment 2 – hand hygiene performed

Moment 3 – does not apply

Moment 4 – hand hygiene performed

Moment 5 – coincides with Moment 4



Moment 3 - After a body fluid exposure risk

For example, after contact with pathology specimens, after emptying a used bedpan

Example 5 – Nurse reviewing a patient with one or more drains

Nurse enters a four bedded room. Prior to entering the patient's zone to review the patient's drains the nurse plans the order of tasks. S/he performs hand hygiene on entering the patient zone (**Moment 1**). Then s/he adjusts the patient's O₂ flow rate, then reviews the NGT, the wound drain and finally the IDC (**Moment 3 required if the outside of the drains have been touched as there is a body fluid exposure risk**) and records the findings on the patient's bed side chart. S/he performs hand hygiene (**Moment 4**) on leaving the patient's zone. This coincides with hand hygiene after contact with patient surroundings (**Moment 5**).

In this example, if the nurse anticipates touching the drains then gloves should be put on after adjusting the O₂ flow rate as the outside of the drains may be contaminated with body fluids.

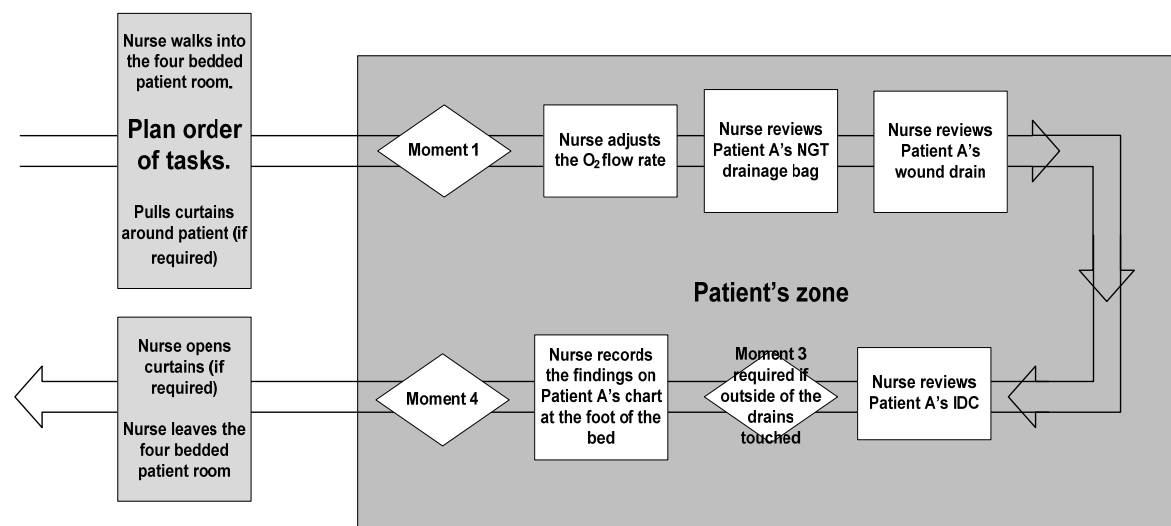
Moment 1 – hand hygiene performed

Moment 2 – does not apply as no aseptic procedure performed

Moment 3 – hand hygiene may be required if the outside of the drains have been touched

Moment 4 – hand hygiene performed

Moment 5 – coincides with Moment 4



Moment 4 - After touching a patient (coincides with Moment 5)

For example, providing counselling, after feeding a patient

Example 6 – Chaplain providing pastoral care to a patient

The chaplain enters a four bedded room. On entering the patient's zone the chaplain performs hand hygiene (**Moment 1**) then sits with patient holding their hand. The chaplain performs hand hygiene after touching the patient and before leaving the patient zone (**Moment 4**).

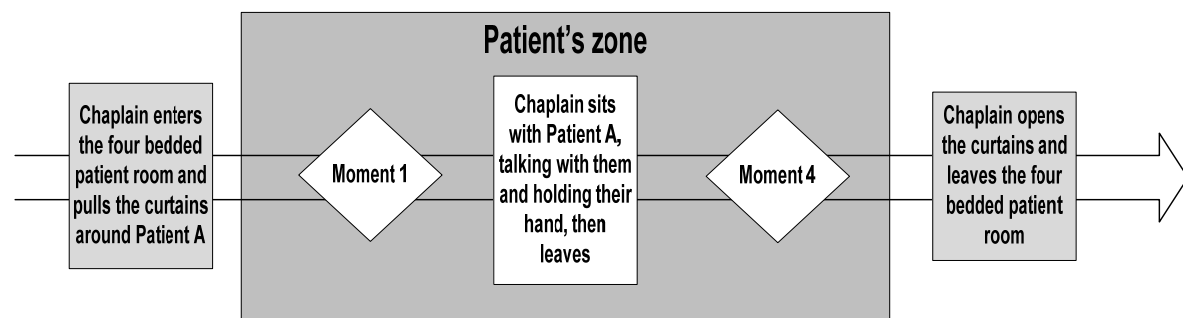
Moment 1 – hand hygiene performed

Moment 2 – does not apply as no aseptic procedure performed

Moment 3 – does not apply as no body fluid exposure risk

Moment 4 – hand hygiene performed

Moment 5 – coincides with Moment 4



Moment 5 - After touching a patient's surroundings (coincides with Moment 4)

For example, after moving a patient's table to enable them to eat breakfast.

Example 7 – Food Service staff delivering patient meals

Food Service staff are not required to perform hand hygiene when delivering patient meals if the only action is placing the meal tray on the patient's table and touching/opening items on the meal tray.

Gloves are not routinely required to be worn by Food Service staff. If gloves are worn by Food Service staff who move the patient's table or personal belongings they must remove their gloves after touching these items, perform hand hygiene before leaving the patient's zone and put on new gloves (**Moment 5**).

If gloves are not worn by Food Service staff who move the patient's table or personal belongings they must perform hand hygiene after touching these items before leaving the patient's zone (**Moment 5**).

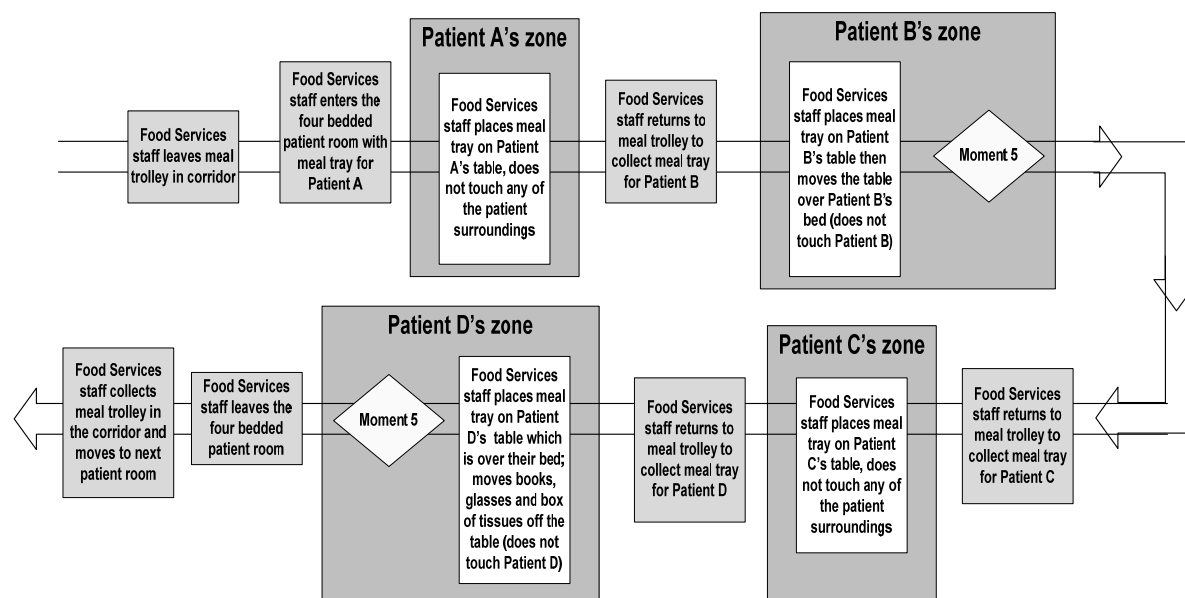
Moment 1 – does not apply

Moment 2 – does not apply as no aseptic procedure performed

Moment 3 – does not apply

Moment 4 – coincides with Moment 5

Moment 5 – hand hygiene must be performed if the patient surroundings have been touched



2.2 Exemptions to the 5 Moments for Hand Hygiene

- a. If a patient requires emergency care it is recognised that it may not be possible to comply with all the requirements for hand hygiene. Every effort should be made to comply as fully as practical with hand hygiene requirements.
- b. Two or more patients may be in such close contact that they occupy the same physical space and touch each other frequently. For example, a mother and her newborn child, or twins occupying the same cot. The two close patients may be viewed as occupying a single patient zone.¹
- c. In some instances it may be impractical to perform hand hygiene before and after each aseptic procedure such as when like procedures are performed on the same patient, at the same time and without interruption, eg. an anaesthetist inserts multiple IV lines into the same patient prior to surgery. In this example asepsis must be maintained between each insertion of an IV line. If asepsis is not maintained hand hygiene is required before the next IV line is inserted.

3 REQUIREMENTS FOR CLINICAL GLOVE USE

- a. Wearing gloves does not eliminate the need for hand hygiene.
- b. Wear gloves when contact with body fluids is anticipated.
- c. Change gloves during patient care if moving from a contaminated body site to a clean body site.
- d. Remove gloves after caring for a patient. Do not wear the same pair of gloves for the care of more than one patient.
- e. Change and discard gloves if they become torn, punctured or compromised in any way.
- f. Gloves must not be sanitized, washed or reused.
- g. Refer to the current infection control policy on personal protective equipment for further information about glove use.^{1,7}

4 HAND CARE

It is important to ensure that the selected ABHRs, antiseptic handwashes, surgical hand scrubs and moisturising lotions are chemically compatible and pH neutral (5.5 to 7), to minimise skin reactions and to ensure that the decontaminating properties of the hand hygiene product are not deactivated.¹²

Hand care problems such as dryness, dermatitis and/or sensitivity should be reported to the manager/supervisor for action or referral to address hand care problems.

An alternative product must be made available to staff where sensitivity or allergy to these products is proven.

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.

5 JEWELLERY AND FINGERNAILS

5.1 Jewellery

Several studies have shown that skin underneath rings is more heavily colonised than comparable areas of skin on fingers without rings. Wearing of rings in clinical areas must be limited to a plain band on the finger and this should be moved about on the finger during hand hygiene.^{1,13}

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

To allow for adequate antiseptic scrubbing of hands and forearms prior to a high risk aseptic or surgical procedure all hand, wrist and forearm jewellery must be removed.¹⁴

5.2 Fingernails

- a. Nail polish must not be worn by healthcare professionals providing direct patient care. Chipped nail polish supports the growth of larger numbers of organisms on the fingernails.^{7,14,15}
- b. Artificial nails must not be worn by healthcare professionals providing direct patient care. A growing body of evidence suggests that wearing artificial nails may contribute to the transmission of certain healthcare associated microorganisms.¹⁶
- c. Natural nail tips must be less than 0.6 centimetres (1/4 inch) long.⁷ Whether the length of the nail is a substantial risk is unknown however, long sharp fingernails can puncture gloves.
- d. Nail art and technology must not be worn. There is limited information about nail art and technology but they may be a potential reservoir of microorganisms.¹⁷

6 DRYING HANDS AFTER HAND HYGIENE

Residual moisture left on the hands may harbour bacteria.¹⁸

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

- a. ABHR - continue rubbing hands vigorously until the ABHR has evaporated
- b. Antiseptic handwash/plain liquid soap – dry using single-use towels
- c. Plain liquid soap – dry using single-use towels
- d. Surgical hand scrub – dry using a sterile towel.

Hot air hand dryers are **not** recommended and where already installed should be replaced with alternative options, such as single use towels, once inoperative in clinical areas, food services, and staff or visitor toilet areas.¹⁹

7 PROMOTING PATIENT, VISITOR AND VOLUNTEER HAND HYGIENE

Staff should encourage patients to perform hand hygiene and provide education on the correct hand hygiene technique. Patients must be provided with the means to perform hand hygiene after going to the toilet or using a bedpan or urinal. Patients should be provided with the means

to perform hand hygiene before eating, after sneezing or coughing into hands, and after touching/handling animals.

Visitors and volunteers must be provided with the means to perform hand hygiene at the point-of-care and where visitors are likely to have physical contact with more than one patient, then they must be encouraged to perform hand hygiene between patients.

Volunteers providing direct patient care/services, such as a massage, must comply with [Section 5 Jewellery and Fingernails](#).

8 HAND HYGIENE EQUIPMENT

8.1 Alcohol-based hand rubs

Only ABHR products available on NSW Health contract/s must be used.

8.2 Placing alcohol-based hand rubs

Healthcare facilities must ensure that ABHRs dispensers are accessible in the [patient zone](#). This can be in places including attached to the patient's bed, treatment room, at the patient's home, attached to the internal wall of an ambulance, attached to a patient's chair or carried by staff eg. paramedics.⁹

Use of ABHR personal dispensers should be considered when caring for children, mental health patients or other patients/clients for whom permanently-sited dispensers may pose an increased risk.⁹

Placement of ABHR dispensers at other sites is at the discretion of healthcare facilities and should be based on consideration of risk associated with access by children, cross infection, unintended use, ingestion and fire.⁹

ABHR dispensers should be placed to minimise the risk of splashes to the face, especially eyes and ears.

ABHR dispensers should not be placed above or close to potential sources of ignition, such as light switches and electrical outlets, or next to oxygen or other medical gas outlets, due to the increased risk of vapours igniting.

The control of fire risks requires a co-ordinated approach by fire officers, fire safety advisors, risk managers, occupational health and safety, and infection control professionals; and involves the risk assessment of points of use and storage, as well as general safety requirements.

The risk of fire must be considered when locating ABHR dispensers, ABHR containers/packs, storing stock and disposing of used containers/packs and expired stock.²⁰ Ensure a material safety data sheet (MSDS) for ABHR is available in areas where ABHR is stored (check with local Occupational Health & Safety regulations).

8.3 Antiseptic handwash

Only antiseptic handwash products available on NSW Health contract/s must be used.

8.4 Surgical hand scrub

Only surgical hand scrub products available on NSW Health contract/s must be used.

8.5 Hand hygiene product containers/packs/cartridges

ABHR, antiseptic handwash, surgical hand scrub and plain liquid soap containers/packs/cartridges (as opposed to product dispensers) are single use and must not be topped up or refilled.^{21,22}

8.6 Hand washing basins

Hand washing basins should comply with the Australasian Health Facilities Guidelines.¹⁹

8.7 Hand moisturising lotions

Only hand moisturising lotions available on NSW Health contract/s must be used. These must be accessible to staff for example, moisturising lotions should be located near handwashing sinks, carried in Ambulance vehicles.

9 HAND HYGIENE AWARENESS PROGRAM

A hand hygiene awareness program should be provided to staff and include:

- a. Hand Hygiene Policy including the requirement for compliance with the 5 Moments for Hand Hygiene
- b. Knowledge of the 5 Moments for Hand Hygiene and case studies
- c. Type and location of hand hygiene products.

10 HAND HYGIENE COMPLIANCE

Hospital, facility, clinical stream, non clinical and unit managers, Heads of Department, Nursing/Midwifery Unit Manager must monitor hand hygiene practices and identify compliance with the 5 Moments for Hand Hygiene as outlined in this Policy by a number of mechanisms including:

- a. General staff observation
- b. Complaints received from patients, their family member or another member of staff
- c. During routine peer reviews.

Hand hygiene audits are **not** a mechanism for identifying non-compliance by individual staff members.

10.1 Managing non-compliance

Mandatory actions for managing non-compliance are provided at [Appendix 3: Managing non-compliance](#).

10.2 Reminders

All staff have a responsibility to remind staff members of the need to perform hand hygiene if they observe a member of staff who fails, or is about to fail, to perform hand hygiene in line with this Policy. Such reminders must be delivered in a courteous and supportive manner to support all staff to achieve a high standard of patient care.

Staff also have a responsibility to inform managers, of relevant areas, when hand hygiene products are not immediately accessible or when they run out, or are about to run out, and need restocking.

11 HAND HYGIENE AUDIT

All Health Services must undertake hand hygiene audits as required by the Department of Health. The hand hygiene audit will measure when hand hygiene is performed according to the 5 Moments for Hand Hygiene, as outlined in this Policy.

Hand hygiene audits:

- a. Are measured with the number of inpatient beds at each facility dictating the number of observations to be undertaken.
- b. Should reflect a cross section of the hospital's staff and shifts, and not just repeated or prolonged observations on a small number of staff.
- c. Should reflect a cross section of patient care episodes in a range of settings and not prolonged observation of single episodes of patient care.

Regular audits and feedback of hand hygiene audits to staff and managers has been shown to be effective in improving hand hygiene.^{23,24,25} Hand hygiene audit information must be available to healthcare professionals on their ward/unit/service. This information must not identify individual healthcare professionals.

1 APPENDICES

Appendix 1: Hand hygiene procedure

Activity	Skin cleansing agent**	Action	Duration of handwash/handrub**
Routine situations eg - 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 – eg. taking pulse/BP, IM injection, touching patient surroundings	Alcohol-based hand rub	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
- eg. 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
Aseptic procedures eg. wound dressing, insertion of IDC, insertion of a PIVC	Alcohol-based hand rub	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.	30 – 60 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.	30 – 60 secs

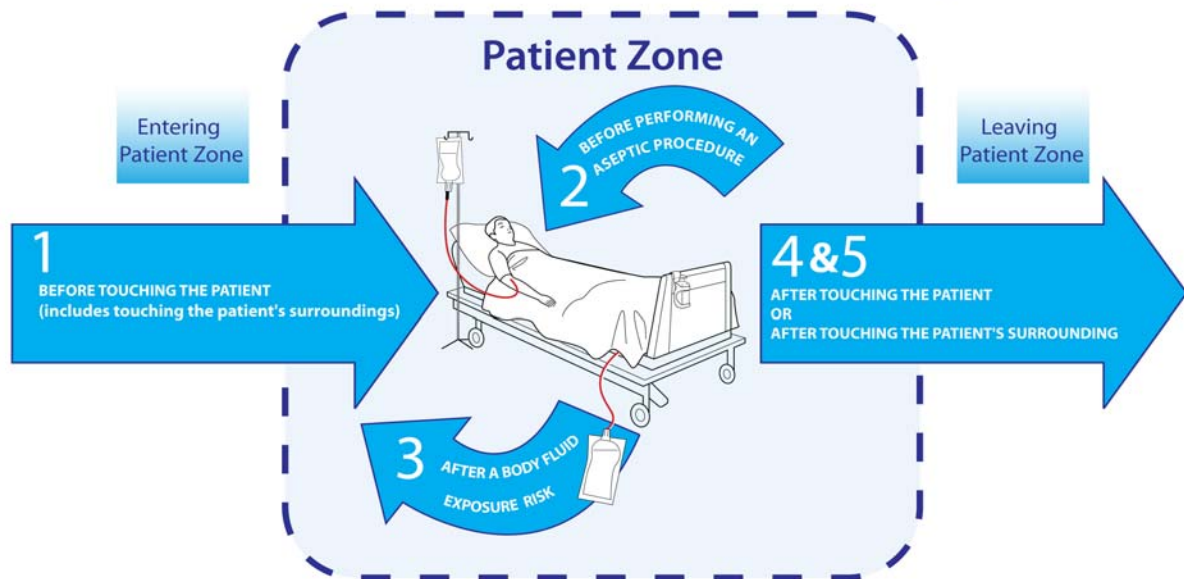
Activity	Skin cleansing agent**	Action	Duration of handwash/handrub**
Surgical procedures Pre wash - is conducted before either a surgical hand scrub or surgical alcohol based rub. This is to ensure the hands are free of soil and debris and that the fingernails are clean	Plain liquid soap and running 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, paying attention to finger nails. Rinse and dry hands with single use towel	1 minute
Surgical hand scrub	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, wrists and forearms for 2 minutes then rinse and repeat for a further 2 minutes. Rinse then dry hands with a sterile towel	4 minutes for first operative procedure for the day. 3 minutes for subsequent operative procedures.
Surgical hand rub	Alcohol-based hand rub	Dispense two pumps of solution into cupped palm of one hand then rub over the opposite forearm from the wrist to the elbow for 1 minute. Repeat step for other forearm for 1 minute. Then dispense two pumps solution into cupped hand and rub over all sides of both hands and fingers for 1 minute until hands are dry.	3 minutes

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

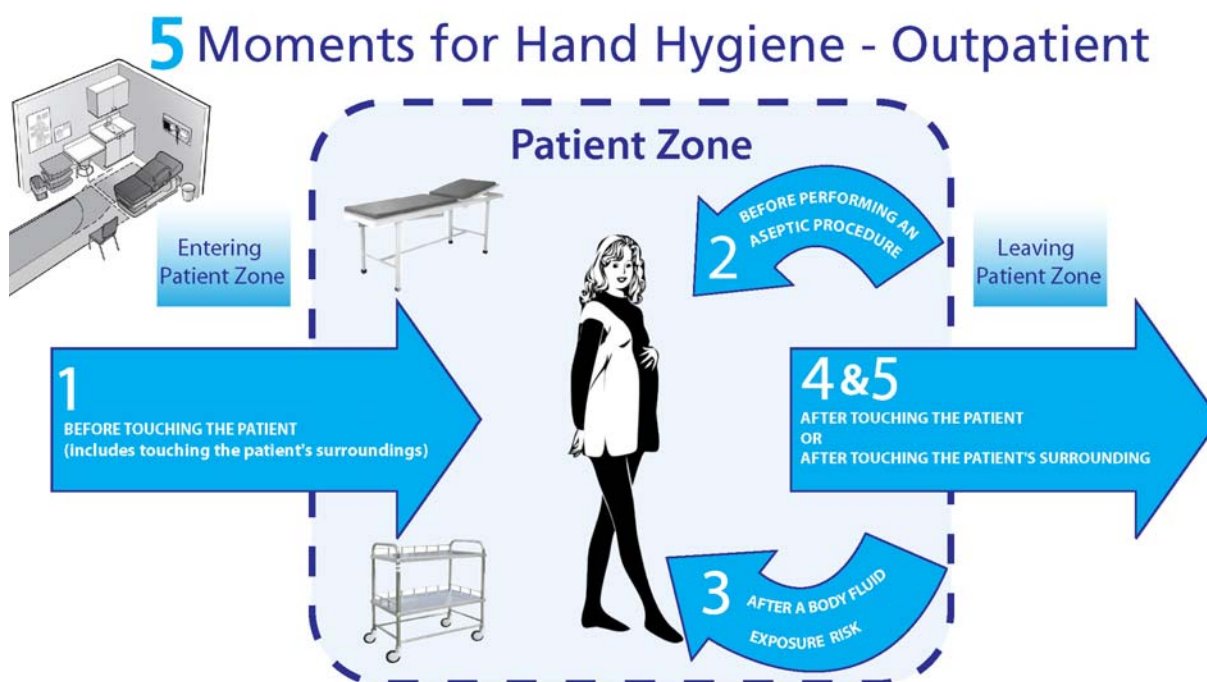
Appendix 2: 5 Moments for Hand Hygiene

The following two diagrams set out the 5 Moments for Hand Hygiene in inpatient and outpatient settings.

5 Moments for Hand Hygiene - Inpatient



Reference : Sax H, Allegranzi B, Uckay L, Larson E, Boyce J, Pittet D. 'My five moments for hand hygiene': a user-centred design approach to understand, train, monitor and report hand hygiene. J Hosp Infect. 2007;67:9-21.



Reference : Sax H, Allegranzi B, Uckay I, Larson E, Boyce J, Pittet D. 'My five moments for hand hygiene': a user-centred design approach to understand, train, monitor and report hand hygiene. J Hosp Infect. 2007;67:9-21.

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In this example in an outpatient setting, the patient's surroundings include the examination table (if the patient sits/lies on it) and the procedural trolley if used.

Appendix 3: Managing non-compliance

Appendix 3 comes into effect three months from the publication date of this Policy

Staff who do not comply with the 5 Moments for Hand Hygiene, as outlined in this Policy, will be managed as outlined below. Failure to comply will be viewed seriously and will be managed in accordance with current NSW Health policies and guidelines for managing allegations of misconduct (refer to Implementation in the Policy Statement)^{2,3,4,5}

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 further non-compliance and warning that any further non-compliance in hand hygiene will result in disciplinary action and may result in dismissal.

If there is any further non-compliance staff will be referred for disciplinary action (both at the employment level and, where they are a registered healthcare professional, to the relevant registration board).

Appendix 4: Implementation Checklist – Hand Hygiene Policy

Note: This implementation checklist is NOT mandatory – it is a tool Health Services may wish to use to monitor implementation of this Policy

IMPLEMENTATION CHECKLIST FOR: Chief Executives, Health Service Executives, Managers, Directors of Clinical Governance				DATE:		
Responsibility and personnel to implement hand hygiene practices not assigned				Comments/Actions:		
Support to line managers to mandate hand hygiene policy statement and standard in their areas not provided				Comments/Actions:		
Hand hygiene compliance not reported to NSW Department of Health				Comments/Actions:		
Chief Executives, Health Service Executives, Managers, Directors of Clinical Governance have not set an example by performing hand hygiene in patient areas in the last month				Comments/Actions:		
IMPLEMENTATION STANDARD						
	Current compliance status (✓)			Actions Required	Assigned to	Target Completion Date
	Not Started	Partially Completed	Completed			
Assign responsibility and personnel to implement hand hygiene practices						
Managers and department heads provides clinicians, patients and visitors with the means to perform hand hygiene						
Support provided to line managers to mandate hand hygiene policy statement and standard in their areas						
Managers and department heads to take appropriate action including performance review when necessary						
COMPLIANCE STANDARD						
Hand hygiene promoted across the Health Service						
Hand Hygiene Policy is successfully implemented within organisations						
Health Service auditing of staff hand hygiene practices						
Hand hygiene audit results are reported						
Staff not complying with the Hand Hygiene Policy are managed in accordance with NSW Health policies for staff disciplinary management						
Chief Executives, Health Service Executives, Managers, Directors of Clinical Governance set the example by performing hand hygiene according to the 5 Moments for Hand Hygiene when they are with patients						
LEADERSHIP STANDARD						
Facilities <ul style="list-style-type: none"> Sets hand hygiene as an institutional priority Regularly promote hand hygiene practices to staff, patients and visitors Provides routine feedback to staff on hand hygiene audit results 						

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http://www.health.nsw.gov.au/policies/pd/2006/PD2006_007.html
- ³ NSW Health Complaint or Concern about a Clinician - Management Guidelines GL2006_002.
http://www.health.nsw.gov.au/policies/gl/2006/GL2006_002.html
- ⁴ NSW Health Code of Conduct PD2005_626.
http://www.health.nsw.gov.au/policies/pd/2005/PD2005_626.html
- ⁵ NSW Health Disciplinary Process in NSW Health - A Framework for Managing PD2005_225.
http://www.health.nsw.gov.au/policies/PD/2005/PD2005_225.html
- ⁶ Health Practitioner Regulation (New South Wales) Regulation 2010
<http://www.legislation.nsw.gov.au/maintop/view/inforce/subordleg+333+2010+cd+0+N>

Note that the Dental Board of Australia has released *Guidelines on infection control* for dentists, dental prosthetists, dental hygienists, dental therapists, dental specialists and oral health therapists. These *Guidelines* can be found at <http://www.dentalboard.gov.au/Codes-and-Guidelines.aspx>
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