



## Hand Hygiene Policy

<b>Effective Date:</b>	1 April 2010
<b>Review Date:</b>	1 April 2013
<b>Replaces:</b>	n/a
<b>Custodian</b>	Safety & Quality, Care Reform

### Introduction

The Department of Health and Human Services (DHHS) is committed to assuring the health and safety of patients in health care settings and to providing a safe and healthy working environment for our staff. Health care associated infections are a major and growing issue in the quality and safety of health care, in both the hospital and community settings. Improved healthcare worker hand hygiene is the highest priority area to reduce the risk of healthcare-associated infections. Reliable indicators of hand hygiene compliance are essential, and mechanisms for the wider implementation and monitoring are required.

### Policy Statement

It is the policy of the Department of Health and Human Services that:

- All Care Staff/Healthcare Workers in all Area Health Service hospitals\* are required to perform effective hand hygiene in accordance with Hand Hygiene Australia's **5 moments for Hand Hygiene** unless hand hygiene is secondary to patient safety. Therefore all Care Staff/Healthcare Workers in Area Health Service hospitals must perform hand hygiene:
  1. Before touching a patient/client
  2. Before a procedure
  3. After a procedure or body fluid exposure
  4. After touching a patient/client
  5. After touching a patient's/client's surrounding environment
- All Care Staff/Healthcare Workers are to be 'bare below the elbows' when providing clinical care/performing hand hygiene to meet their infection control and hand hygiene obligations. This means:
  - Bracelets, wrist watches and rings with stones or ridges must not be worn when providing clinical care. A single flat ring/band may be worn but must not interfere with effective hand hygiene practice.

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\* For the purposes of this policy, this includes residential aged care facilities.

- Long ties, lanyards and long sleeved shirts must not interfere with effective hand hygiene practice. Retractable (or similar) ID card holders are recommended in place of lanyards and should be cleaned regularly.
- Nails should be kept short and clean and nail polish should not be worn. Artificial nails (gel or acrylic) must not be worn by any Care Staff/Health Care Workers with direct patient contact.
- Any breached skin (cuts, dermatitis or abrasion) must be covered with a waterproof film dressing. Staff with dermatitis should report for evaluation as per local protocols.
- All Area Health Service hospitals are required to undertake internal audits of hand hygiene compliance as stipulated by the Tasmanian Infection Prevention & Control Unit, using the Hand Hygiene Australia audit tool and submit data to the Department three times per year as directed.
- All Area Health Service hospitals are required to have in place appropriate equipment, protocols, policies and education to support their Care Staff/Healthcare Workers in meeting their hand hygiene obligations.

## Scope

This policy applies to all DHHS Area Health Service hospitals, and their Care Staff/Healthcare Workers. This includes employees, officers, volunteers, locums (including agency nurses), students and contractors.

## Objective

The objective of this policy is to improve hand hygiene practice among Care Staff/Health Care Workers and to mandate DHHS' participation in the national hand hygiene initiative.

## Expected outcomes

- Reduction in health care associated infections.
- Increased hand hygiene compliance.
- Maintenance of optimal care for all patients.
- Successful completion of hand hygiene online learning package for all Area Health Service Care Staff/Healthcare Workers.
- Hand hygiene compliance audits completed and submitted to the Department within specified timelines.

## Policy Implementation

All Area Health Service hospitals must ensure that local systems and processes are in place to support the effective implementation of this policy and ensure that:

- Adequate supplies of alcohol-based hand rub (ABHR) are available at point of care and that responsibility for maintaining appropriate levels of supply of ABHR is delegated at the appropriate level in the hospital;
- Auditing of ABHR availability across the hospital is conducted;
- Appropriate educational materials for patients and their carers/visitors are accessible to assist in raising awareness of good hand hygiene practice;
- Appropriate resources are deployed to meet hand hygiene obligations;

- Hand hygiene compliance data is submitted in a timely and accurate manner as required by the Tasmanian Infection Prevention & Control Unit.
- Appropriate systems are in place to address any hand/skin irritations relating to hand hygiene compliance; and
- Appropriate remedial action is taken, including further education, training and performance management for staff who do not perform effective hand hygiene in accordance with this policy.

All Area Health Service hospitals are required to establish and maintain an effective hand hygiene education program to support the effective implementation of this policy:

- At induction/orientation, all Care Staff/Healthcare Workers will be provided with infection control education, including the **5 moments for Hand Hygiene** program. This will include information about local policies and protocols that will assist them in meeting their hand hygiene obligations.
- All Care Staff/Health Care Workers **must** be credentialled in hand hygiene by completing the Hand Hygiene Australia online learning package (or equivalent) at commencement of employment and annually thereafter.\* All other Area Health Service staff are encouraged to be credentialled on commencement of employment and annually thereafter. Each Area Health Service hospital is responsible for maintaining records of credentialling.
- All Care Staff/Health Care Workers should be familiar with type and location of hand hygiene products available in their work area. Minimum education for all Care Staff/Health Care Workers should include knowledge of the 5 Moments.

## Rationale/Evidence Base

The hands of health care workers are the most common way that bacteria causing infections are spread between patients in hospitals.<sup>1</sup> Poor hand hygiene practice among healthcare workers is strongly associated with Healthcare Associated Infections and is a major factor in the spread of antibiotic-resistant pathogens within hospitals. DHHS has made a commitment to implement the Australian Commission on Safety and Quality in Health Care (ACSQHC) HCAI strategies, including the national hand hygiene initiative and the national surveillance and reporting of health care associated infections.

## Responsibilities/Delegations

**The Deputy Secretary Care Reform, Chief Nurse and Chief Health Officer** have lead responsibility for setting the DHHS strategic framework for the reduction of health care associated infections in DHHS. Through TIPCU and the Safety & Quality Unit, this includes:

- Coordinating, submitting and publishing hospital hand hygiene compliance data as outlined in relevant TIPCU protocols or as directed by the Secretary or Minister for Health;
- Reporting to the Minister for Health on DHHS' progress against the ACSQHC health care

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\* All existing staff will have six months from the date of commencement of this policy to become credentialled in hand hygiene.

<sup>1</sup> Centres for Disease Control and Prevention. "Guidelines for Hand Hygiene in health-care settings: Recommendations of the Healthcare Infection Control Practices Advisory Committee and the HICPAC/SHEA/APIC/IDSA Hand Hygiene Task Force", Morbidity and Mortality Weekly Report, 2002; 51 (No. RR-16).

associated infections program of work;

- Monitoring the effectiveness of hand hygiene programs in Area Health Service hospitals; and
- Monitoring compliance with this policy.

**Chief Executives of Area Health Services** have lead responsibility for establishing appropriate governance arrangements which ensure that:

- All staff are aware of, and abide by, this policy;
- A hand hygiene program is established and maintained within all Area Health Service hospitals, including an ongoing hand hygiene education and credentialling program in accordance with this policy and hygiene compliance data is submitted in a timely and accurate manner as required by the Tasmanian Infection Prevention & Control Unit;
- Adequate supplies of alcohol-based hand rub (ABHR) are available at point of care and that responsibility for maintaining appropriate levels of supply of ABHR is delegated at the appropriate level in the hospital;
- Appropriate educational materials for patients and their carers/visitors are accessible to assist in raising awareness of good hand hygiene practice;
- Appropriate resources are deployed to meet hand hygiene obligations; and
- Appropriate systems are in place to address any hand/skin irritations relating to hand hygiene compliance.

**DHHS Managers** have operational responsibility to ensure that their staff meet their hand hygiene obligations. All managers must promote a workplace culture that seeks to improve hand hygiene compliance by:

- Actively participating in the hand hygiene program and ensuring their staff undertake the required training and education;
- Ensuring hand hygiene auditing requirements are met; and
- Implementing local improvement plans for hand hygiene compliance.

**All Care Staff/Health Care Workers** have individual responsibility for taking personal ownership for their own safety and that of others. This includes the safe provision of services to patients and clients. This means that all staff must:

- Participate in hand hygiene education and training, including annual credentialling in hand hygiene;
- Comply with the “bare below the elbows” dress code as stipulated in this policy; and
- Alert their supervisor/manager of any issues/incidents that impede their ability to meet hand hygiene obligations using the DHHS Electronic Incident Monitoring System where appropriate, including ABHR availability, faulty equipment and hand/skin irritation.

## **Audit and Compliance**

- Compliance with this policy assists DHHS in meeting its obligations under the Australian Commission on Safety and Quality in Healthcare’s ‘Healthcare Associated Infection’ Priority Program and the World Health Organisation’s **Save Lives: Clean Your Hands** ‘Clean Care is Safer Care’ initiative

- The effectiveness of this policy will be monitored via the Resources and Performance Agreements. The following will be included in the Vital Signs for Area Health Services:
  - Hand Hygiene Compliance Rates (extracted from agreed national hand hygiene compliance auditing)
  - *Staphylococcus aureus* (including MRSA) blood stream infections and *Clostridium difficile* infections in accordance with agreed national reporting and definitions.
- Any failure to comply with this policy may lead to disciplinary action.
- The Safety and Quality Unit, Care Reform, is responsible for undertaking regular audits to ensure this policy is being complied with.

## Related Documents/Resources

- Safety and Quality Framework *Keeping Our Services Safe* (under development)
- Australian Commission on Safety and Quality in Health Care
- Hand Hygiene Australia
- World Health Organisation

## Definitions

<b>Care Staff/Health Care Worker</b>	Any staff providing direct care and or services to patients, including but not limited to: <ul style="list-style-type: none"> <li>• Nursing Staff</li> <li>• Medical Staff</li> <li>• Pastoral Care</li> <li>• Hospital Aides</li> <li>• Volunteers</li> <li>• Allied Health Professionals</li> <li>• Students</li> <li>• Phlebotomists</li> <li>• Cleaners</li> <li>• Food Services Staff</li> <li>• Medical Orderlies</li> </ul>
<b>Staff</b>	Includes officers, volunteers, locums (including agency nurses), students and contractors
All other definitions are in accordance with Hand Hygiene Australia's <b>5 moments for Hand Hygiene</b> manual	