
 RIVERSIDE BACOLOD CANCER CARE CENTER	Document Code:	DPOTMH-MW-P08
	Effective Date:	09-30-2022
	Document Type:	Policy
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	Department/Section:	Metro RMCI Cancer Care Center
	Document Title:	HAND HYGIENE

PURPOSE:

- 1 To consider hand washing as the single most important practice in reducing the transmission of infectious agents, including Healthcare Associated Infections (HAI) during the delivery of care.
- 2 To emphasize the important role of hospital workers in improving patient/client/visitor safety by preventing and reducing the risk of transmitting infection among patients and healthcare workers through hand hygiene.
- 3 To eradicate the pathogens that cannot be killed through hand rubbing alone, including those that are resistant to antibiotics and are becoming difficult, if not impossible, to treat (e.g. Clostridium difficile).
- 4 To perform the correct steps of Hand Hygiene either Handwashing or Hand Rubbing and to utilize the hand hygiene mobile application during the monthly random audit at the MRCCC Health Care Workers.
- 5 To undertake hand hygiene as one of the nine elements of Standard Infection Control Precautions to ensure everyone's safety in a healthcare facility.
 - 5.1 Perform hand hygiene
 - 5.2 Use Personal Protective Equipment
 - 5.3 Prevent Occupational Exposure to Infection
 - 5.4 Manage blood and body fluid spillages
 - 5.5 Manage Care Equipment
 - 5.6 Control of the Environment
 - 5.7 Safely dispose of waste, including sharps
 - 5.8 Safely Manage Linen
 - 5.9 Provide Care in the Most Appropriate Place


LEVEL:

All Employees of Metro RMCI Cancer Center (MRCCC)

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DEFINITION OF TERMS:

1. **Hand hygiene-** cleaning your hands by using either handwashing (washing hands with soap and water), antiseptic hand wash, antiseptic hand rub (i.e. alcohol-based hand sanitizer including foam or gel), or surgical hand antisepsis.
2. **Hand cleansing-** action of performing hand hygiene for the purpose of physically or mechanically removing dirt, organic material or microorganisms.
3. **Hand washing-** is the act of cleaning one's hands with soap and water to remove viruses/ bacteria/ microorganisms, dirt, grease, or other harmful and unwanted substances stuck to the hands. Using plain or antimicrobial soap and water.
4. **Hand antisepsis-** reducing or inhibiting the growth of microorganisms by the application of an antiseptic hand rub or by performing an antiseptic handwash.
5. **Hand rubbing-** action of applying an alcohol-based (waterless) hand hygiene product; Applying an antiseptic handrub to reduce or inhibit the growth of microorganisms without the need for an exogenous source of water and requiring no rinsing or drying with towels or other devices.
6. **Antimicrobial soap-** soap (detergent) containing an antiseptic agent at a concentration sufficient to inactivate microorganisms and/or temporarily suppress their growth. The detergent activity of such soaps may also dislodge transient microorganisms or other contaminants from the skin to facilitate their subsequent removal by water.

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POLICY:

- 1 All of the steps outlined in this policy shall aid in the process of ensuring that hands are free of contamination and thus do not play a role in infection transmission. All hospital personnel (medical, ancillary, and clerical staff) shall wash their hands to prevent the spread of infections. The unit will be audited once a month on a random basis through security camera monitoring or actual observation. Hand hygiene is required of all healthcare workers to prevent the spread of infections during, but not limited to:
 - 1.1 When coming on duty
 - 1.2 Before entering the employees' entrance (all healthcare workers must sanitize their hands with alcohol-based hand rub before and after using the biometrics)
 - 1.3 At the point of care, observe the 5 Moments of Hand Hygiene:
 - 1.3.1 before touching a patient,
 - 1.3.2 before clean/aseptic procedures,
 - 1.3.3 after body fluid exposure/risk,
 - 1.3.4 after touching a patient, and
 - 1.3.5 after touching the patient surroundings
 - 1.4 Before donning and doffing of personal protective equipment (e.g gloves, gown, face mask). Glove use does not replace the need for hand hygiene.
 - 1.5 When the hands are visibly soiled. Wash with soap and water.
 - 1.6 Clean hands before handling medication, parenteral feeding or preparing food.
 - 1.7 Before and after personal use of the toilet.
 - 1.8 After sneezing, coughing, blowing your nose, or wiping your mouth.
 - 1.9 On leaving an isolation area or after handling articles from an isolation area.
 - 1.10 Before eating.
 - 1.11 On completion of duty, at the end of the shift, or before leaving the unit or the department.


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- 2 **Hand Hygiene Training:** The spread of infection via hands is a well-established fact. This policy highlights the importance of attending hand hygiene training in the reduction of hospital-acquired infections.

- 3 The completeness of the hand hygiene facility must be observed at all times. A missed opportunity in any of the components of the hand washing facility during the random audit will result to a missed opportunity.
 - 3.1 The Hand Washing Facility must have the following:
 - 3.1.1 Free and uncluttered sink
 - 3.1.2 Water and liquid soap are readily available.
 - 3.1.3 Hand Tissue Towel/ Disposable Paper Towel
 - 3.1.4 Proper placement of Hand Hygiene Signage
 - 3.2 Alcohol dispensers must always be refilled.

- 4 **Incident Reporting:** Any incident where failure in hand hygiene has occurred or incomplete hand hygiene facilities were noted, leading to poor hand hygiene compliance, shall warrant an incident report. Healthcare workers who have been audited as non – compliant during the Hand Hygiene Surveillance and found non-compliant in two (2) or more incidents shall be reported to their immediate supervisor. They shall also make an Incident Report to be submitted to the Infection Prevention and Control Unit (IPCU) and their immediate respective supervisors.

- 5 **Adherence to the Policy and Associated Sanctions:**
 - 5.1 If a staff member is found non-compliant, they shall be reminded of the policy and IPCU staff shall reorient the healthcare worker (s) to the hand hygiene policy and counseling shall be done. An incident report shall be warranted if:
 - 5.1.1 The staff, after having been asked to decontaminate their hands, deliberately refused to do so.

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5.1.2 An individual or group of individuals repeatedly infringes upon the policy.

5.1.3 The incident form shall be sent to the appropriate manager for investigation and consideration of appropriate disciplinary procedures. In circumstances where the member of staff does not wish to directly raise the issue with the individual concerned, they should refer it to the IPCU Nurse for explanation.

5.2 The proper investigation and consideration of appropriate disciplinary actions shall be done by the Human Resource Division.


6 **Monitoring:** All healthcare workers with patient contact shall have annual training in hand hygiene as part of their mandatory training program. The Nursing Service Division shall keep records of attendance for the mandatory training and shall follow up with the non-attendees. Other attendance records on hand hygiene training will be kept by the IPCU. Compliance with this requirement shall be monitored on a monthly basis of the Quality Assurance and Infection Prevention and Control Unit.

DOCUMENTATION:

Revised Policy


DISSEMINATION:

1. Policies and Procedure Manual
2. General Orientation
3. Hospital Communicator (E-library)

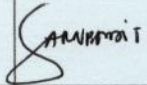

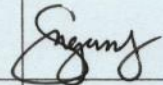
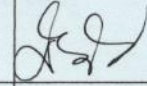

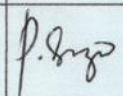
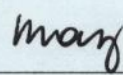
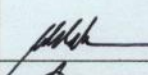
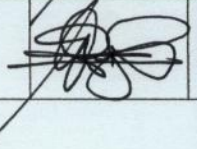
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