



DR. PABLO O. TORRE
MEMORIAL HOSPITAL

B.S. Aquino Drive,
Bacolod City,
Negros Occidental,
6100


Document Code:	DPOTMH-HW-P12
Effective Date:	06-15-2022
Document Type:	Policy
Page Number:	1 of 6
Department/Section:	Infection Prevention and Control Unit
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 in 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 only, 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 DPOTMH, MRBCC, Una Konsulta 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 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 hospital workers (Medical, Ancillary, Clerical staff) Physicians, Residents, PGI, JI, Nursing Service Division, Ancillary Division, Infection Prevention and Control Unit, House Keeping Personnel

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DEFINITION OF TERMS:

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 antiseptis.

Hand cleansing- action of performing hand hygiene for the purpose of physically or mechanically removing dirt, organic material or microorganisms.

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.

Hand antiseptis- reducing or inhibiting the growth of microorganisms by the application of an antiseptic hand rub or by performing an antiseptic handwash.

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.

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.

POLICY:

1. All of the steps detailed in this policy shall aid the process of ensuring hands are free from contamination and are therefore not a factor in causing infection. 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



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random basis through security camera monitoring or actual observation. All healthcare workers shall perform hand hygiene 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, observing 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 or wiping of the nose and or the mouth.
- 1.9 On leaving 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.

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. Absence in any of the component of the hand washing facility during the random audit will result to a missed opportunity.

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3.1 Hand Washing Facility must have the following:


- 3.1.1 Clean and cluttered free Sink
- 3.1.2 Water and Liquid Soap Availability
- 3.1.3 Hand Tissue Towel/ Disposable Paper Towel
- 3.1.4 Proper placement of Hand Hygiene Signage

3.2 Alcohol Dispensers – must be filled at all times

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 will warrant an incident report. Healthcare workers who has 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 supervisor.

5. **Adherence to the Policy and Associated Sanctions:**

- 5.1 If a staff 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.
 - 5.1.2 An individual or group of individuals repeatedly infringe the policy.
 - 5.1.3 The incident form will 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.
 - 5.1.4 Proper investigation and consideration of appropriate disciplinary actions shall be done by the Human Resource Division.

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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 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:

Policies and Procedures Manual

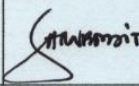

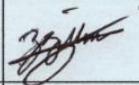
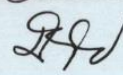

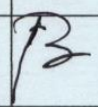
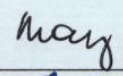
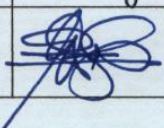
Hospital Communicator


REFERENCE:

1. CDC. Guideline for hand hygiene in health care settings: Recommendations of the Health Care Infection Control Practices Advisory Committee and the HICPAC/SHEA/APIC/IDSA Hand Hygiene Task Force. MMWR 2002;51 (No. RR-16). Retrieve from <https://www.cdc.gov/handhygiene/index.html>
2. How to Hand Wash, How to Hand Rub & Your 5 Moments for Hand Hygiene - step by step images Adapted from the World Health Organization.
3. Surveillance Prevention and Control of Infection, Medical Consultants Network, Inc. Copyright 1996.
4. WHO Guidelines on Hand Hygiene in Health Care.
5. Show Me the Science | Hand Hygiene | CDC. (n.d.). CDC. Retrieved November 15, 2021, Retrieve from <https://www.cdc.gov/handhygiene/science/index.html>
6. Hand Hygiene: Why, How & When? (2009, September). WHO. Retrieved November 8, 2021, Retrieved from, https://www.who.int/gpsc/5may/Hand_Hygiene_Why_How_and_When_Brochure.pdf

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APPROVAL:

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 <p>DR. PABLO O. TORRE MEMORIAL HOSPITAL</p>	Document Code:	DPOTMH-HW-P12-S01
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PURPOSE:

To guide employees on when to perform hand hygiene, by doing handwashing or hand rubbing.

SCOPE:


Applies to all employees of Dr. Pablo O. Torre Memorial Hospital

PERSON RESPONSIBLE:

Managers, Supervisors, Department/ Section Head, Infection Prevention and Control Unit, all employees

PROCEDURE:


1. Infection Prevention and Control Unit Staff will go to the department/ unit assigned by the immediate supervisor for the Monthly Hand Hygiene Audit and will observe one (1) healthcare worker at a time for thorough assessment of the Hand hygiene Compliance.
 - 1.1. The completeness of the hand washing facility (*refer to Hand Hygiene Policy statement 3.1*) will be observed during the random monthly audit and the 5 moments of hand hygiene:
 - a) before touching a patient
 - b) before clean/aseptic procedures
 - c) after body fluid exposure/risk
 - d) after touching a patient, and
 - e) after touching the patient surroundings
2. The IPCU Staff will utilize the Hand Hygiene Mobile Application Tool to encode the unit, healthcare worker name, and the moment that he/she performed or missed.

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3. IPCU Staff will classify on the mobile application tool the utilized hand hygiene observing the World Health Organization guide for Hand Rubbing that is between 20 – 30 seconds and Hand Washing is between 40 – 60 seconds, or missed.
4. The Infection Prevention and Control Unit Staff can observe the same person during the duration of the audit.
5. After the audit, the IPCU Staff will introduce herself/himself to the audited staff of the assigned unit to feedback the outcome of the monitoring. If the audited staff is occupied of her tasks, the feedback will be relayed to the immediate supervisor.
6. The IPCU Staff will complete the Hand Hygiene mobile application tool and the data will automatically be sent to IPCU's official email address.
7. The IPCU Supervisor will check and send a copy of the report to the audited unit and collate the report for monthly reporting to the Management Committee. The unit can be audited twice if deemed necessary.

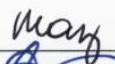
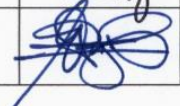
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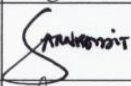

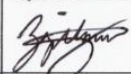
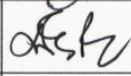
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KEY TASKS	PERSON RESPONSIBLE
1. Goes to the department/ unit assigned by the immediate supervisor for the Monthly Hand Hygiene Audit and observes one (1) healthcare worker at a time for thorough assessment of the Hand hygiene Compliance	Infection Prevention and Control Unit Staff
2. Utilizes the Hand Hygiene Mobile Application Tool to encode the unit, healthcare worker name, and the moment that he/she performed or missed	Infection Prevention and Control Unit Staff
3. Classifies on the mobile application tool the utilized hand hygiene observing the World Health Organization guide for Hand Rubbing that is between 20-30 seconds and Hand Washing is between 40-60 seconds, or missed	Infection Prevention and Control Unit Staff
4. Introduces self to the audited staff of the assigned unit to feedback the outcome of the monitoring	Infection Prevention and Control Unit Staff
5. Receives the feedback for the outcome of the monitoring if the audited staff is occupied of his/her tasks	Managers, Supervisors, Department/ Section Head
6. Completes the Hand Hygiene mobile application tool; the data will automatically be sent to IPCU's official email address	Infection Prevention and Control Unit Staff
7. Checks and sends a copy of the report to the audited unit and collates the report for monthly reporting to the Management Committee	Infection Prevention and Control Unit Supervisor

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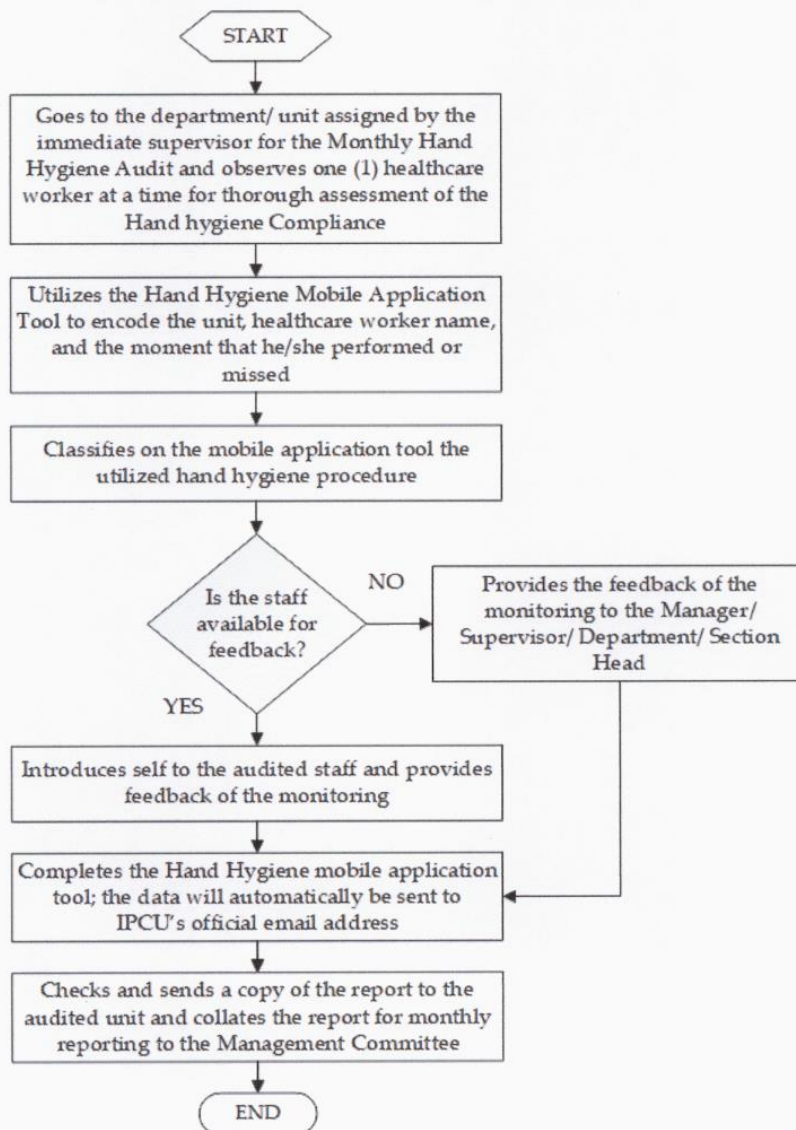


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FLOWCHART





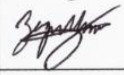


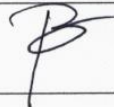

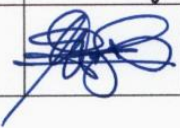


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