 <p>DR. PABLO O. TORRE MEMORIAL HOSPITAL</p> <p>B.S. Aquino Drive Bacolod City 6100</p>	DCN: HW – QP – 08
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## PURPOSE


1. To consider handwashing 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 undertake hand hygiene as one of the nine elements of Standard Infection Control Precautions to ensure everyone's safety in healthcare facility.
  - 2.1 *Perform Hand Hygiene*
  - 2.2 *Use Personal Protective Equipment*
  - 2.3 *Prevent Occupational Exposure to Infection*
  - 2.4 *Manage blood and body fluid spillages*
  - 2.5 *Manage Care Equipment*
  - 2.6 *Control of the Environment*
  - 2.7 *Safely dispose of waste, including sharps*
  - 2.8 *Safely Manage Linen*
  - 2.9 *Provide Care in the Most Appropriate Place*
3. To emphasize the important role of hospital workers in improving patient/client/visitor safety.

## LEVEL

All hospital workers (medical, ancillary and clerical staff)

## POLICY

1. All of the steps detailed in this policy aid the process of ensuring hands are free from contamination and are therefore not a factor in causing infection.
  - 1.1 Hospital personnel (medical, ancillary and clerical staff) should wash their hands to prevent the spread of infections:
    - 1.1.1 When coming on duty.
    - 1.1.2 Before applying and after removing gloves.
    - 1.1.3 When the hands are obviously soiled.
    - 1.1.4 Between handling of individual patients.
    - 1.1.5 Before contact about the face and mouth of patients.
    - 1.1.6 Before and after personal use of the toilet.
    - 1.1.7 After sneezing, coughing, blowing or wiping the nose or mouth.
    - 1.1.8 On leaving isolation area or after handling articles from an isolation area.

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1.1.9 After handling used sputum containers, soiled  
urinals, catheters and bedpans.

1.1.10 Before eating.

1.1.11 On completion of duty.

## 2. Incident Reporting.

Any incidents where failures in hand hygiene have occurred or where there are product/facilities issues that affect adequate hand hygiene and in turn health and safety should be reported as per hospital incident reporting procedures.

## 3. 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.


## 4. Adherence to the Policy and Associated Sanctions.

If you see a staff not conforming to this Policy you should remind the concerned of the Policy. An incident form should be completed if:

- 4.1 Having been asked to decontaminate their hands they refuse to do so.
- 4.2 An individual or group of individuals repeatedly infringe this Policy.
- 4.3 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 Infection Control Nurse for explanation.

## 5. Monitoring

- 5.1 All healthcare workers with patient contact must have annual training in hand hygiene as part of mandatory training program. The Nursing Service Department will keep records of attendance for Mandatory Training and will follow up non-attendees. Other attendance records on hand hygiene training will be kept by the Infection Control Team. Compliance with this requirement will be monitored on a six-monthly basis by the Infection Control Team and Quality Assurance.

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- 5.2 Compliance with the policy will be monitored through monthly ward/department audits. These will be undertaken by Infection Control Team and Quality Assurance by way of ensuring individuals are identified and trained to undertake the audit on a monthly basis for collation and analysis. Identifying learning and achieving improvement as appropriate. (Refer to Appendix D-Hand Hygiene Assessment Checklist).

### EQUIPMENT/SUPPLIES

1. Sink
2. Faucet w/ sufficient running water
3. Hand hygiene solutions (soap, antiseptic hand wash solution and alcohol based hand rub, 70% Isopropyl Alcohol)
4. Alcohol Holder on ward beds and private rooms
5. Disposable Paper Towel
6. “Hands free” tap System (wrist, elbow & foot tap)

### DEFINITIONS

1. Hand hygiene  
A general term referring to any action of hand cleansing (handwashing, antiseptic handwash, antiseptic hand rub, 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. Handwashing  
Washing hands with 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.

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6. *Inherent* hand hygiene practice

Instinctive need to remove dirt from the skin when hands are visibly soiled, sticky or gritty. Likely to be established in the first ten years of life and to drive the majority of community and HCW hand hygiene behavior throughout life. For example, among nurses, it occurs after touching an 'emotionally dirty' area (e.g. axilla, groin or genitals).

7. *Elective* hand hygiene practice

Attitude to hand cleansing in more specific opportunities not encompassed in the inherent category and more frequently corresponding to some of the indications for hand hygiene during healthcare delivery. For example, among HCW's, it includes touching a patient such as taking a pulse or blood pressure, or having contact with an inanimate object in the patient environment.

8. Hand drying

Hand drying is an essential step in hand cleansing and should be done in such a way that hand recontamination does not occur. Common hand drying methods include paper towels, cloth towels and hot-air dryers. Warm air drying is not as effective at removing bacteria from washed hands as paper towels; they are also less practical because of longer time needed to achieve dry hands. Paper and cloth towels should be single use.

9. Alcohol-based hand rub


An alcohol-containing preparation (lotion/rinse, gel or foam) designed for application to the hands to reduce the growth of microorganisms. Such preparations may contain one or more types of alcohol with excipients (inactive substance used as a carrier for the active ingredients of a medication), other active ingredients, and humectants (emollients/moisturisers e.g. Propylene Glycol).

10. Antimicrobial soap

Soap (detergent) containing an antiseptic agent at a concentration which is sufficient to reduce or inhibit the growth of microorganisms.

11. Antiseptic agent

An antimicrobial substance which reduces or inhibits the growth of microorganisms on living tissues. Examples include alcohols, chlorhexidine gluconate, chlorine derivatives, iodine, and triclosan.

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#### 12. Detergent (surfactant)


Compounds that possess a cleaning action. They are composed of a hydrophilic and a lipophilic part and can be divided into four groups: anionic, cationic, amphoteric, and non-ionic. Although products used for handwashing or antiseptic handwash in health care represent various types of detergents, the term “soap” will be used to refer to such detergents in this document.

#### 13. Plain soap

Detergents that do not contain antimicrobial agents, or that contain very low concentrations of antimicrobial agents effective solely as preservatives.

#### 14. Waterless antiseptic agent

An antiseptic agent that does not require the use of exogenous water. After application, the individual rubs the hands together until the agent has dried. The term includes different types of hand rubs (liquid formulations, gels, foams, leaflets/towelets).

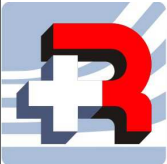
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## PROCEDURE

Refer to: APPENDIX A - Your 5 moments for hand hygiene  
APPENDIX B - How to handwash?  
APPENDIX C - How to handrub?

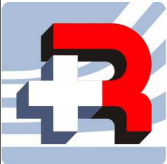
Cleaning hands is important at many times, including on entering and leaving any care environment (e.g. ward or department) and as described below:

	<b>LEVEL 1</b> <b>Social Hand Hygiene</b>	<b>LEVEL 2</b> <b>Hygienic Hand Hygiene</b>	<b>LEVEL 3</b> <b>Surgical scrub</b>
When to perform hand hygiene?	<b>BEFORE</b> 1. commencing/leaving work 2. using computer keyboard (in a clinical area) 3. eating/handling of food/drinks (whether own or patient/clients) 4. preparing/giving medications 5. patient/client contact 6. entering/leaving clinical areas <b>AFTER</b> 1. patient/client contact 2. becoming visibly soiled 3. visiting the toilet 4. using computer keyboard (in a clinical area) 5. handling laundry/equipment/ waste 6. blowing/wiping/ touching nose 7. any contact with inanimate objects (e.g. equipment, items around the patient/client) and the patient/client environment 8. removing gloves	<b>BEFORE/BETWEEN</b> 1. aseptic procedures 2. contact with immunocompromised patients/clients <b>AFTER</b> 1. contact with patients/clients being cared for in isolation or having additional (Transmission Based) precautions applied due to the potential for spread of infection to others 2. being in wards/ departments/ units during outbreaks of infection 3. surgical/invasive procedures	<b>BEFORE</b> 1.surgical/ invasive procedures  NB Specific policies and procedures on surgical preparation should be available at local level

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## RESPONSIBILITIES

1. All staff (providing direct or indirect care to patients/clients) must:
  - 1.1 Apply the principles of SICPs. All staff have a responsibility to ensure that they undertake adequate hand hygiene and encourage others delivering care to do so.
    - 1.1.1 Ensure all other staff/agencies apply the principles of SICPs.
    - 1.1.2 Offer reassurance to patients/clients and visitors /carers on precautions being taken.
    - 1.1.3 Advise the patients/clients, carers or visitors of any infection control requirements such as hand hygiene.
    - 1.1.4 Ensure supplies of hand hygiene solutions and other materials, such as 70% Isopropyl Alcohols are readily available for all to use, including for visitors.
    - 1.1.5 Ensure posters featuring when to perform hand hygiene and the steps included in the hand hygiene process etc. are displayed in relevant, prominent areas to support infection control. Support for this can be sought through infection control team.
    - 1.1.6 Report to Infection Control Team any deficits in knowledge or other factors in relation to SICPs and hand hygiene in particular including facilities/equipment or incidents that may have resulted in cross contamination
    - 1.1.7 Attend any mandatory or update infection control education sessions
    - 1.1.8 Report any illness which may be as a result of occupational exposure to the Infection Control Team and Personnel Department.
    - 1.1.9 Not provide direct patient/client care while infectious as this could cause harm to the patient/client/others. If in any doubt consult with your Infection Control Team and Section Heads.
    - 1.1.10 Consider the elements of SICPs such as hand hygiene as an objective within the Infection Control Program of the corporation.
2. Department Heads/Section Heads/Top Management must:
  - 2.1 Ensure that all staff have had instruction/education on the principles of hand hygiene and SICPs(Standard Infection Control Precautions).

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- 2.2 Ensure that adequate resources are in place to allow for the recommended infection control measures such as hand hygiene to be implemented. This includes maintenance staff in relation to hand hygiene facilities such as sinks.
  - 2.3 Ensure areas participate in surveillance and audit programs at a national or local level including auditing as part of the facility Hand Hygiene Campaign and active support for presentation and improvement of hand hygiene compliance results.
  - 2.4 Undertake a risk assessment to optimize patient/client and staff safety, consulting expert infection control guidance if/as required.
  - 2.5 Support staff in any corrective action or interventions if an incident occurs that may have resulted in cross transmission.
  - 2.6 Ensure any staff with health concerns, including any skin irritation related to occupational hand hygiene, or those who have become ill due to occupational exposure are referred to the relevant person e.g., Company Physician and/or Infection Control Officer.
  - 2.7 Ensure that hand hygiene posters are displayed in relevant prominent areas.
  - 2.8 Ensure that all staff are aware of hand hygiene campaigns - Handwashing Poster and Slogan Contest, Brochure/leaflets, video clips.
3. Infection Control Committee responsibilities must:
    - 3.1 Provide education for staff and management on this policy.
    - 3.2 Act as a resource for guidance and support when advice on hand hygiene is required.
    - 3.3 Provide advice on individual risk assessments for performing hand hygiene.
    - 3.4 Support the monitoring of compliance and present compliance results, including for the Facility Hand Hygiene Campaign, both at local and national level.
  4. Visitors should be advised:
    - 4.1 Of appropriate hand hygiene to be carried out, at least before and after visiting.



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## DOCUMENTATION

Incident Report

Monthly Audit Report

## REFERENCES

1. How to Hand Wash, How to Hand Rub & Your 5 Moments for Hand Hygiene - step by step images Adapted from the World Health Organization.
2. Surveillance Prevention and Control of Infection, Medical Consultants Network, Inc. Copyright 1996.
3. WHO Guidelines on Hand Hygiene in Health Care.

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