

Hand Hygiene

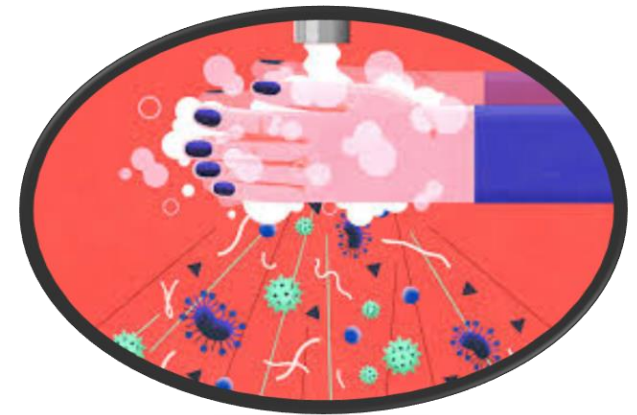


GDIPC



Hand Hygiene:

Hand hygiene is a critical component of patient & staff safety. Effective patient safety and infection prevention & control programs require that healthcare personnel must be familiar with hand hygiene recommendations and consistently adhere to them.



Hand Hygiene:

Element : B-1

- **Sub- Element (8)**
- **Activities for auditing:**
 - ✓ **(D)** documentation
 - ✓ **(SI)** staff interview
 - ✓ **(O)** observation
- **Score (0-1-2)**



Sub- Element (B-1.1)

There are written infection prevention policies and procedures for hand hygiene, including types, indications, supplies, techniques, and monitoring. (D)



Review:

- ❑ Policies & Procedures for Hand Hygiene which should be comprehensive incorporating all aspects of hand hygiene program as follows:

1) Types of hand hygiene:

- ✓ **Hand hygiene** is a general term referring to hand washing, antiseptic hand rub, or surgical hand antisepsis



Review:

- Hand washing
- Hand rubbing
- Surgical hand antisepsis



2) Indications:

Five moments of hand hygiene:

- ✓ before touching a patient,
- ✓ before clean/aseptic procedures,
- ✓ after body fluid exposure risk,
- ✓ after touching a patient, after touching patient's surroundings.



2) Indications:

Hand wash with water and soap:

- ✓ When hands are visibly soiled
- ✓ potential exposure to spore forming organism (Clostridium difficile, Bacillus anthracis)
- ✓ before eating and after using a restroom etc.





Review:

3) Supplies:

- Plain (non-antimicrobial) soap
- Antimicrobial soap
- Alcohol-based hand rub (60% to 95%)



Review:

4) Techniques:

(Technique should be well described in the policy apart from visual illustrations)

- ✓ Hand washing with soap and water
- ✓ Hand rubbing with alcohol
- ✓ Surgical Hand Antisepsis



Review:

5) Monitoring for adherence:

- Hospitals should incorporate details of Hand hygiene monitoring protocols in the policy:
- ✓ Direct observation of sample of hand hygiene opportunities and calculate the **rate of adherence** (Number of hand hygiene episodes performed / Number of hand hygiene opportunities) by ward or service.



Review:

5) Monitoring for adherence:

- ✓ Assess the **quality of hand hygiene adherence**
- ✓ Monitor the volume of specific hand hygiene products.
- ✓ Could be automated systems that have potential to monitor all patient care episodes & provide “just in time” reminders to staff who has forgotten to perform hand hygiene.



P/P for Hand Hygiene should be:

- 6) **Fully applicable:** all elements of the policy can be applied and comply with the hospital's scope of services
- 7) **Based on** scientific references approved by MOH (GCC, CDC, WHO & APIC)
- 8) **Signed from** authorized personnel (i.e., owner of the policy / hospital director or Medical director / concerned department)
- 9) **Approved by** IC committee
- 10) **Valid** (updated within 2 - 3 years and when indicated).



Sub- Element (B-1.2)

Hand washing facilities and supplies (sinks with hot and cold water, plain and antimicrobial soap, and towels) are available and easily accessible (at least one sink for every 2-4 beds in the critical care areas and at least one sink per patient's room). (O)



Observe the following:

- Check the availability of hand washing facilities in patients' rooms.
- Check the availability of hand washing facilities inside critical care units. (ICU, CCU, NICU, PICU, ER, HDU etc.)



Observe the following:

- Observe the number of hand washing sinks if meeting the requirement as mentioned in the sub-element (1 per every 2 - 4 beds)
- Observe availability of water supply (hot and cold) for hand washing (Place hands under the water tap if hands free operation or open the tap to check for hot & cold water supply)



Observe the following::

- Observe whether hand washing facilities are conveniently placed and their ease of accessibility to staff.
- Observe the availability of following supplies:
 1. Plain (non-antimicrobial) soap
 2. Antimicrobial soap
 3. Paper Towels for drying



Sub- Element (B-1.3)

Alcohol - based hand rub dispensers are available in adequate numbers (one dispenser per patient's bed, one at every nursing station and at any service area). (0)



Observe :

- Hospital wide hand rub dispensers as per requirements mentioned in the sub-element above.
(One dispenser per patient's bed, one at every nursing station and at any service areas)
- Dispensers are conveniently mounted and accessible at the point of care:
 1. At the entrance to each patient room.
 2. Examination room
 3. Treatment rooms, and similar areas etc.



Observe :

- - A. The dispensers should not be installed over or directly adjacent to electrical outlets and switches.**
 - B. Randomly open any dispenser to check if hand sanitizer is available & not expired.**



Sub- Element (B-1.4)

Hand hygiene compliance rates are regularly monitored and results are discussed in IC committee meetings for corrective actions. (D)



Review the following documents:

1) Hand Hygiene Compliance reports:

- Review trended data overtime that compares the hand hygiene compliance rate over the months and compare different staff categories & units.



Review the following documents:

2) Infection Control Committee Meeting Minutes:

- Review the last 3 committee meeting minutes & verify if hand hygiene trends are presented & discussed.
- Check for suggestive correction actions if hand hygiene compliance is low.



Review the following documents:

Corrective Actions would include:

- a) Continuous education & training of HCWs
- b) Continuous monitoring & observation
- c) Performance feedback on compliance
- d) Ensuring availability of supplies for hand hygiene in adequate amount and appropriate places.



Review the following documents:

Corrective Actions would include:

- e. Disciplinary action for any breach in practices
- f. Administrative support
- g. Performance Improvement Project for hand hygiene
- h. Motivational & incentive programs etc.



Sub- Element (B-1.5)

Visual alerts for hand hygiene are available (WHO 5 moments - how to hand wash - how to hand rub) and HCWs are knowledgeable about it. (O, SI)



Observe:

- ✓ Visual education tools / Visual alerts for staff reminders at workplaces are posted at appropriate places.
- ✓ WHO 5 moments for hand hygiene at (nursing stations, procedure rooms, OPD clinics etc.
- ✓ How to hand wash and How to hand rub posters at each hand washing sink.



Interview:

- ✓ Randomly choose and ask the staff belonging to different categories (Doctors, nurses, technicians, respiratory therapists etc.) if they are aware and have good knowledge about 5' moments and steps of hand hygiene.
- ✓ Ask to enumerate steps for hand washing and hand rubbing.
- ✓ Ask about the WHO five moments of hand hygiene



Interview:

- 1) Example of Opportunities of hand hygiene in the dialysis unit. (5 Moments):**
 1. Before touching a patient
 2. Before aseptic procedures
 3. Following body fluid exposure risk
 4. After touching a patient
 5. After touching patient surroundings



How to Handwash?

WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB



0 Duration of the handwash (steps 2-7): 15-20 seconds

1 Duration of the entire procedure: 40-60 seconds



Wet hands with water;



Apply enough soap to cover all hand surfaces;



Rub hands palm to palm;



Right palm over left dorsum with interlaced fingers and vice versa;



Palm to palm with fingers interlaced;



Backs of fingers to opposing palms with fingers interlocked;



Rotational rubbing of left thumb clasped in right palm and vice versa;



Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;



Rinse hands with water;



Dry hands thoroughly with a single use towel;



Use towel to turn off faucet;



Your hands are now safe.



How to Handrub?



RUB HANDS FOR HAND HYGIENE! WASH HANDS WHEN VISIBLY SOILED

C Duration of the entire procedure: 20-30 seconds



1a Apply a palmful of the product in a cupped hand, covering all surfaces;



2 Rub hands palm to palm;



3 Right palm over left dorsum with interlaced fingers and vice versa;



4 Palm to palm with fingers interlaced;



5 Backs of fingers to opposing palms with fingers interlocked;



6 Rotational rubbing of left thumb clasped in right palm and vice versa;



7 Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;



8 Once dry, your hands are safe.



Sub- Element (B-1.6)

**HCWs (8 -10) are performing hand hygiene properly (appropriate technique and recommended duration).
(O, SI)**



Observe:

- observe the staff practices whether they are compliant with hand hygiene practices or not.
- Observe staff if they are following the recommended duration, steps, and technique of hand rubbing & hand washing.



Interview:

- ☐ randomly select different categories of healthcare workers (HCWs) and ask them to simulate hand hygiene.



Interview:

- Interview at least 8 - 10 different categories to get an average about their performance.
- ✓ Doctors
- ✓ Nurses
- ✓ Lab technicians
- ✓ Respiratory therapists
- ✓ Housekeeping / Waste collection Staff
- ✓ Cover these categories in all units. (ER, ICU, OR, HDU, Endoscopy, Pharmacy, laboratory, Dental, kitchen. Laundry, Mortuary etc.



Sub- Element (B-1.7)

WHO Hand Hygiene Improvement Strategy tools are applied to improve the quality of hand hygiene.

(D, O, SI)



The key components of the “WHO” Multimodal Hand Hygiene Improvement strategy are

- 1) System change
- 2) Training / Education
- 3) Evaluation and feedback



The key components of the “WHO” Multimodal Hand Hygiene Improvement strategy are

- 4) Reminders in the workplace
- 5) Institutional safety climate



SAVE LIVES

Clean **Your** Hands

Guide to Implementation

A Guide to the Implementation of the WHO
Multimodal Hand Hygiene Improvement Strategy

<https://www.who.int/publications/i/item/a-guide-to-the-implementation-of-the-who-multimodal-hand-hygiene-improvement-strategy>



Review:

- Various Hand hygiene improvement strategy tools in the infection control department:
- ✓ **Tools for System Change**
- ✓ **Tools for Training / Education**



Review:

- Various Hand hygiene improvement strategy tools in the infection control department:
- ✓ **Tools for Evaluation and Feedback**
- ✓ **Tools for Reminders in the Workplace**
- ✓ **Tools for Institutional Safety Climate**



Observe:

- In different patient care areas:
- “WHO” Education tools for reminders at workplace:
 - ✓ 5 Moments for Hand Hygiene Poster
 - ✓ SAVE LIVES: Clean Your Hands Screensaver
 - ✓ How to Hand rub Poster
 - ✓ How to Hand wash Poster



Interview:

- ❑ Infection Prevention & control team member about the “WHO” multimodal hand hygiene improvement strategy tools.
- ❑ Ask how they are using and implementing the various tools used for improving hand hygiene.
- ❑ Randomly ask how they are implementing WHO tools for hand hygiene observations. (ER, HDU, Wards, ICU, NICU etc.) Using “WHO” observation forms.



Sub- Element (B-1.8)

Reporting of hand hygiene self-assessment is active and ongoing (WHO HHSA Framework - Action plan to improve the quality of hand hygiene). (D,SI)



Review the following documents:

- ✓ last hand hygiene self-assessment report submitted to “GDIPC”.
- ✓ Check for completeness of self-assessment document incorporating all five components.
- ✓ action plan formulated based on the HHSA result which is aiming to improve the program in the hospital.
- ✓ HHSA results in the past 3 years to check the prognoses of the program, and whether there is improvement or not.



Review the following documents:

- ✓ Any documents related to improvement projects based on the results.
- ✓ "if the hospital score **ADVANCED** they should provide the document listed in the HHSA to prove it"



Interview:

- ✓ IC team members how frequently they are submitting Hand Hygiene Self-Assessment Framework to GDIPC & “WHO”
- ✓ Ask about components and major indicators of each component.
- ✓ Ask how the tool works and how is the interpretation done.

