

Hand hygiene policy

When hand hygiene must be performed by SCH employees and medical practitioners, products and techniques to use, and how we monitor compliance at our facilities.

Who is this policy for?

All employees and medical practitioners working in Southern Cross Healthcare (SCH).

Why is this important?

Hand hygiene is the single most important and effective way to prevent the spread of infection. Compliance with hand hygiene in the healthcare sector is an essential component of both patient and worker safety.

Contents

- [What is hand hygiene?](#)
- [Healthcare zone - all workers](#)
- [Patient zone - clinical workers](#)
- [Type, indication and products for hand hygiene](#)
- [Bare below the elbow](#)
- [Compliance monitoring of hand hygiene practices](#)
 - [Hand hygiene audit process](#)
- [Hand hygiene products and equipment](#)
- [Hand hygiene techniques](#)
- [General care of hands and nails](#)

What is hand hygiene?

Hand hygiene is a generic term that covers the process of removing or destroying loosely attached 'transient' microorganisms from the surface of the hands.

It may be effectively performed using either soap and running water followed by drying **or** use of an alcohol-based hand rub.

Every worker and contractor who enters our hospital must carry out hand hygiene *even if not in direct contact with patients*.

Healthcare zone - all workers

This is any area **outside** the patient zone.

Examples of when hand hygiene must be performed in this zone are outlined below:

Before Moments:	After Moments:
<ul style="list-style-type: none"> • On entering the hospital/beginning of the shift • Eating and drinking • Opening clean packaging or sterile items 	<ul style="list-style-type: none"> • When hands are visibly soiled for any reason • End of shift • Personal hygiene activities (bathroom use, blowing nose) • Removal of gloves or other PPE • Handling linen, waste or other contaminated items of equipment (<i>even if gloves are worn</i>)

Patient zone - clinical workers

This includes the patient, their space, surrounding furniture such as the bed, locker, medical equipment and personal belongings that may be touched by the patient or workers.

The boundary is the door (or curtain by door or between beds in a multi-bedded room).

In this zone, the **Moments** when to clean your hands are outlined in the table below:

Before Moments:	Examples	After Moments:	Examples
1. Touching the patient	<ul style="list-style-type: none"> • Personal care activities, eg assisting with shower, dressing • Non-invasive observations (eg taking pulse, blood pressure) • Non-invasive treatment (eg applying an oxygen mask) 	3. Procedure and/or body fluid exposure	<ul style="list-style-type: none"> • After any Moment 2 procedure. • Contact with any body fluid (eg handling a bedpan or urine bottle, contact with blood or urine samples)
2. A procedure	<ul style="list-style-type: none"> • Insertion of a needle into the skin or into a medical device (eg venepuncture) • Preparation and administration of 	4. Touching the patient	<ul style="list-style-type: none"> • After any Moment 1 (except where there has been body fluid exposure when it is Moment 3)

Before Moments:	Examples	After Moments:	Examples
	medication via an invasive medical device (eg IV medication, nasogastric feeds)		<ul style="list-style-type: none"> For examples: see Moment 1
		5. Touching the patient (zone) surroundings	<ul style="list-style-type: none"> Moving items in the patient's surroundings (eg bed, bedrails, linen, table)

Type, indication and products for hand hygiene

Note: Gloves **do not** replace the need to clean your hands.

Type	Indication	Cleaning agent	Purpose
Routine hand Hygiene	All hospital areas (<i>excluding surgical hand antisepsis</i>)	Non medicated or liquid soap and water	Removal of soil and transient microorganisms
Alcohol-based hand rub (ABHR)	<p>Only on visibly clean hands as an alternative to standard hand wash.</p> <p>Can also be used prior to aseptic technique.</p>	Hand rub containing 70% alcohol v/v	Remove and destroy transient microorganisms and reduce resident flora
Surgical hand antisepsis	<p>Pre operatively prior to donning sterile gloves.</p> <p>Refer to: Surgical hand antisepsis / scrub procedure</p> <p>Note: Wash hands using plain soap on</p>	<p>Antiseptic wash: Chlorhexidine gluconate 4% or Betadine 7.5% surgical scrub</p> <p>or</p> <p>Waterless scrub: Chlorhexidine</p>	Remove and destroy transient microorganisms and reduce resident flora. Has a residual effect on skin.

Type	Indication	Cleaning agent	Purpose
	glove removal.	Gluconate 1% and Ethyl alcohol 61% w/w N.B. Must be an approved surgical hand scrub	

Bare below the elbow

For those in clinical roles that involve contact with patients, risk can be reduced as follows:

- Workers should not have any items below the elbow. For example:
 - Long-sleeved clothing must be removed during clinical care.
 - Jewellery on hands and wrists (including watches) is not to be worn. Rings without stones (eg commitment or wedding bands) are permitted **except** in the case of those who are required to do surgical hand hygiene.

In addition, these staff should:

- Have short, smooth and clean fingernails
- Not wear artificial or nail extensions
- Not wear any fingernail polish

For more details, refer to [Dress policy and standards in the workplace](#)

Compliance monitoring of hand hygiene practices

As a patient safety measure, hand hygiene will be monitored and compliance reported on a 4-monthly basis (to align with the HQSC).

The results of compliance audits will be publicly available on our external website. As an organisation, our minimum acceptable compliance rate is 80%.

Hand hygiene audit process

Hand hygiene observational audits are carried out in each hospital using the electronic Hand Hygiene New Zealand application.

Data is produced locally and reported to SQRM (Safety Quality and Risk) and HCGC (Hospital Clinical Governance Committee) and nationally to NIPCC (National Infection Prevention and Control Committee).

During the audit process, results are reported promptly to the area being audited so that improvements can be immediately initiated. **Areas may be audited more frequently if required.**

If you notice someone has not undertaken hand hygiene when it was required **'speak up'** at the time. If the person still fails to perform hand hygiene escalate the issue to your manager or the general manager who is then responsible for taking action.

Hand hygiene products and equipment

Products/equipment	Policy
New hand hygiene products	<ul style="list-style-type: none"> • Always consult with your infection control nurse (ICN) before introducing new hand hygiene products. • Check manufacturers recommendations for use and compatibility with other products (eg gloves).
Liquid soap	<ul style="list-style-type: none"> • Only use closed, single-use liquid soap measuring dispensers (bar soap must not be used).
Hand basins	<ul style="list-style-type: none"> • Dedicated hand basin for hand washing, water should be delivered via a mixer or sensor, and plugs should not be used. • Wall-mounted paper towel dispensers and 'hands-free' rubbish receptacles should be beside basin.
Alcohol-based hand rub dispensers	<ul style="list-style-type: none"> • These should be consistently positioned throughout the facility close to the point of care (at end of bed) and away from electrical sockets and oxygen sources.

Hand hygiene techniques

International evidence is clear that improved hand hygiene practices help reduce healthcare associated infections, including antibiotic-resistant infections within hospitals.

How to hand wash [HQSC poster]	How to hand rub [HQSC poster]
<p>HOW TO HAND WASH</p> <p>Wash hands when visibly soiled, after contact with patients who have diarrhoea or vomiting, or when advised to do so. Alcohol-based hand rub can be used at all other times.</p> <p>IMPORTANT TIPS:</p> <ul style="list-style-type: none"> Remove all wrist and hand jewellery other than a wedding band Use hand lotion regularly to prevent dry, cracked hands, in before and after work and before breaks Cover minor cuts and abrasions on hands and arms with a waterproof dressing before starting work Contact occupational health and safety if you have any dermatitis, skin allergies or infected lesions on your arms or hands. <p>Procedure lasts 40-60 SECONDS</p> <p>New Zealand Government Southern Cross Healthcare www.handhygiene.org.nz</p>	<p>HOW TO HAND RUB</p> <p>Use hand rub to clean hands. Wash hands only when visibly soiled.</p> <p>IMPORTANT TIPS:</p> <ul style="list-style-type: none"> Remove all wrist and hand jewellery other than a wedding band Use hand lotion regularly to prevent dry, cracked hands, in before and after work and before breaks Cover minor cuts and abrasions on hands and arms with a waterproof dressing before starting work Contact occupational health and safety if you have any dermatitis, skin allergies or infected lesions on your arms or hands. <p>Procedure lasts 20-30 SECONDS</p> <p>New Zealand Government Southern Cross Healthcare www.handhygiene.org.nz</p>
<p>Click to expand</p>	<p>Click to expand</p>

For printable PDFs of these posters, please see:

How to hand wash [HQSC poster]

Poster showing the correct steps to take when using soap to clean your hands.

How to hand rub [HQSC poster]

Poster showing the correct steps to take when using alcohol-based hand rub to clean your hands.

Note: These posters are available from the HQSC website in several languages including Te reo Māori:



Poster: How to hand wash [HQSC]



Poster: How to hand rub [HQSC]

General care of hands and nails

- Assess hands and forearms at the beginning of work for broken skin areas or skin inflammation.
 - Cover any broken skin with an occlusive dressing.
 - Apply emollient hand cream lotion before breaks and after work to protect hands.
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References

- [Center for Disease Control and Prevention – Guideline for Hand Hygiene in Healthcare Settings](#)
 - [Health Quality Safety Commission 'Frontline ownership' workshop with Dr Michael Gardam, September 2016](#)
 - [Guideline for hand hygiene AORN 2019](#)
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