

## Description

The single most important measure in reducing the risk of cross-infection is effective hand hygiene. This procedure aims to ensure that hand hygiene is performed effectively and appropriately by all health care workers (HCWs) and ancillary staff.

## Procedure Applies To

All staff and volunteers at UMHCS

## Purpose and Scope

Correct hand hygiene will reduce the risk of Hospital Acquired Infections

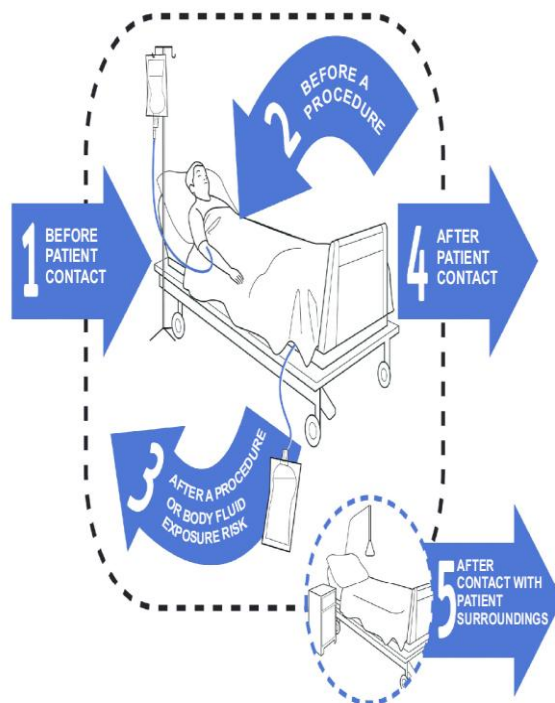
## Procedure Standards

For hand hygiene to be effective, HCW's in clinical areas must:

- Not wear cardigans or jackets when attending to patients. Uniform sleeves and under garments (spencers) also must not extend below the elbow,
- Keep Jewellery to a minimum- single plain banded rings e.g. wedding ring only. Wristwatches, bracelets and bangles are also not to be worn,
- Keep fingernails short and clean. Artificial nails and nail extensions must not be worn.
- Cover cuts and abrasions on the hand with a waterproof dressing.
- Non clinical hand basins are NOT to be used for hand washing by staff for Infection Control purposes

The World Health Organisation endorses the use of alcohol based handrubs for all HCW's when performing hand hygiene, unless:

- Hands are visibly soiled or the HCW's hands may have been contaminated with bacterial spores
- Scrubbing for any invasive surgical procedure including central line insertion, etc.





The following table highlights the recommended hand hygiene cleansing agents and their usage.

Cleansing Agent	<u>Alcohol Based Hand Rub</u>	Liquid Soap (Social Hand Wash)	Antiseptic Cleansing Agent	Antiseptic Cleansing Agent & Sterile Towels
	As effective as the social handwash if used on hands, which <b>are not</b> physically soiled			Performed prior to all sterile procedures
<b>When to use:</b>	<ul style="list-style-type: none"> <li>• Before and after every patient contact</li> <li>• Before and after glove use</li> <li>• Between a contaminated to a clean body site</li> <li>• Before and after handling equipment in the patient area.</li> <li>• After leaving an isolation room</li> <li>• After handling equipment or linen</li> <li>• Prior to dispensing patient medications</li> </ul>	<ul style="list-style-type: none"> <li>• After using toilet</li> <li>• If hands are visibly soiled</li> <li>• Before and after meal breaks, including smoking</li> <li>• To remove build-up of alcohol hand rub on hands</li> </ul>	<ul style="list-style-type: none"> <li>• Prior to any aseptic procedure</li> <li>• Following contact with blood, body fluids, secretions and excretions.</li> <li>• After handling any contaminated equipment</li> </ul>	<ul style="list-style-type: none"> <li>• Prior to all surgical procedures performed in operating rooms</li> <li>• Prior to any sterile procedure performed in ward/unit areas e.g. insertion of central lines, lumbar punctures.</li> </ul>
<b>REGARDLESS OF THE HAND HYGIENE METHOD USED, ALL SKIN SURFACES ON HANDS AND WRISTS NEED TO COME INTO CONTACT WITH THE HAND HYGIENE PRODUCT</b>				

Duration

- 15 seconds to remove transient organisms
- 60 seconds prior to invasive and aseptic procedures
- 5 minutes prior to first operative procedure for day (surgical handwash)
- 3 minutes prior to subsequent operative procedures.



### Glove use

- Gloves are intended for single use only.
- Gloves are to be worn as a standard precaution for staff safety when handling blood or other body fluids
- Routine use of gloves is not recommended when caring for 'contact precaution' patients, unless as previously noted, when handling blood or body fluids. Good hand hygiene provides better protection.
- Gloves must be changed between conducting clean and dirty procedures, even if performed on the same patient,
- Gloves must not be washed or cleaned with hand washing agents or alcohol based hand rubs,
- Gloves must not be worn when answering telephones, using computer keyboards, opening doors or writing patient notes.
- Gloves must not be worn when taking linen off the linen trolley.

Note that: gloves do not always provide a completely impermeable barrier to the user, therefore it is important that hand hygiene is performed before and after glove usage.

### Non intact skin

Non intact skin eg. cuts, abrasions, or dermatitis, constitute a breach in the skin's protective barrier and should be covered with protective waterproof dressing (eg. 'Opsite', 'Tegaderm') or gloves.

Aqueous-based hand creams can be used to avoid chapped hands. Oil-based preparations should be avoided as they may cause latex gloves to deteriorate.

### Hand Care

All staff are encouraged to maintain good skin integrity. Regular use of moisturising lotions is encouraged. In clinical areas only moisturising lotions endorsed and provided by facility be used, as these are compatible with the hand hygiene products currently in use.

Any adverse skin conditions should be reported to the Occupational Health & Safety Department.

## **Key Aligned Documents**

## **Key Legislation, Acts & Standards**

## **References**

- Australian Government Department of Health and Aging, Infection Control Guidelines- January 2004.
- Centres for Disease Control (CDC)- Guideline for Hand Hygiene in Health-Care Settings- October 2002.
- World Health Organisation – Clean care is Safer Care <http://www.who.int/gpsc/en/>
- Rural Infection Control Practice Group, RICPRAC,(Vic). Infection Prevention and Control Manual September 2008 3<sup>rd</sup> edition .

## **Author / Contributors**

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**Keywords**

Nil