This Operational Directive describes the minimum hand hygiene (HH) improvement strategies and the key components of the National Hand Hygiene Initiative (NHHI) that public and licensed private hospitals funded to provide care for public patients in Western Australia (WA) are required to implement.

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1. PURPOSE

This Operational Directive describes the minimum hand hygiene (HH) improvement strategies and the key components of the National Hand Hygiene Initiative (NHHI) that public and licensed private hospitals funded to provide care for public patients in Western Australia (WA) are required to implement.

2. INTRODUCTION

Infections resulting from the provision of healthcare are one of the most common causes of unintended harm suffered by health consumers and are associated with increased morbidity and mortality. It is increasingly recognised that healthcare associated infections (HAIs) are preventable adverse events rather than an inevitable outcome of medical care 1.

The association between poor HH practices by healthcare workers (HCWs), the transmission of infection and the spread of antibiotic resistant microorganisms is well established. Despite this, it has been consistently demonstrated that compliance by HCWs performing appropriate HH has been sub-optimal 2-6. Recent studies have demonstrated reductions in HAIs following improved HH practices by HCWs 7-8.

In December 2008, following a submission by the Australian Commission on Safety and Quality in Healthcare (ACS&QHC), Australian Health Ministers endorsed a nationally coordinated approach to the monitoring of HH. The ACS&QHC contracted Hand Hygiene Australia (HHA) to develop and implement the NHHI. The initiative was officially launched in WA by the Minister for Health in April 2009.

Participation in the NHHI is mandatory for WA public and private hospitals contracted to provide care for public patients from February 2010. This decision was endorsed by the WA Director General of Health in the Operational Directive OD: 0197/09 Healthcare Associated Infection Surveillance in WA.

3. THE NATIONAL HAND HYGIENE INITIATIVE (NHHI)

The NHHI builds on existing HH education and auditing programs including the Safety and Quality Investment for Reform (SQuIRe) program established in 2006 by the Office of Safety and Quality in Healthcare (OSQH).

The NHHI is based on the World Health Organization’s (WHO) Global Patient Safety Challenge ‘Save Lives: Clean Your Hands’ and adopts the ‘5 Moments for Hand Hygiene’ framework. The five key elements of the program are: System Change; Training and Education; Evaluation and Feedback; Workplace Reminders and Institutional Safety Climate.

The primary aim of the NHHI is to improve HH compliance among HCWs, and to reduce the transmission of infection in hospitals throughout Australia. The outcome measures to be reported nationally for the NHHI are:

- The rate of HCW HH compliance and
- The rate of healthcare associated Staphylococcus aureus bloodstream infection.
4. IMPLEMENTATION

4.1 WA public and licensed private hospitals funded to provide care for public patients are required to align their HH improvement program with the NHHI.

4.2 Each hospital is to ensure the five key elements described in Table 1 (Appendix 1) are incorporated into local policy as minimum requirements.

4.3 Compliance with this Operational Directive is mandatory for all public and licensed private hospitals funded to provide care for public patients from February 2010.

5. RESOURCES

Educational resources and implementation tools to assist hospitals meet the requirements of this Operational Directive are available from the HHA website (http://www.hha.org.au).

6. ACCOUNTABILITY

6.1 Executive Directors of public and licensed private hospitals funded to provide care for public patients are responsible for ensuring implementation and compliance with this Operational Directive.

6.2 Each hospital is to ensure processes are in place to address non-compliance issues for HCWs failing to comply with HH requirements.

6.3 Hospital-wide compliance with this Operational Directive will be assessed as part of the OSQH Patient Safety Visits.

7. REPORTING

7.1 Each hospital is to report HH compliance to internal stakeholders.

7.2 Each hospital is to ensure compliance data for the three audit periods is submitted to the WA HHA Coordinator as per the HHA schedules.

7.3 Data submitted by hospitals will be integrated into the Healthcare Infection Surveillance Western Australia (HISWA) reports and other reports as directed by the Director General of Health WA. Publication of identifiable hospital data will be at the discretion of the Director General, Department of Health WA.

7.4 De-identified hospital data will be submitted to HHA by the WA HHA Coordinator to allow collation of national data.

7.5 De-identified hospital healthcare associated *Staphylococcus aureus* bloodstream infection data will be submitted to HHA by the Healthcare Associated Infection Unit (HCAIU) to allow collation of national data.

7.6 The percentage of employed HCWs who have received HH education is to be reported annually by hospitals to the HCAIU (with audit period three data) to permit comparison with HAI rates.

8. REFERENCES


Table 1: Minimum requirements for hand hygiene (HH) programs

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<th>Key Elements</th>
<th>Components</th>
<th>Minimum Requirements</th>
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| **System Change**  | **Product Selection and Availability**           | • All products utilised for HH, including alcohol based hand rubs (ABHRs), moisturisers and gloves are to be assessed for compatibility;  
• Infection Prevention and Control representatives are to have input into product selection;  
• ABHR shall be readily available at the ‘point of care’, including patient bed areas, preparation and treatment rooms;  
• ABHR at the foot of the patient bed is the preferred option;  
• In the minority of settings where placement of ABHR may constitute a risk (e.g. deliberate ingestion) alternative point of care placement may need to be considered i.e. personal use bottles. |
| **Training and Education** | **Education and Training**                      | • All healthcare workers (HCWs) shall receive HH education on commencement of employment and at regular intervals (e.g. via annual competency / e-learning package) that incorporates:  
  - The WHO 5 Moments framework;  
  - The various methods of HH, in which context they apply, the correct procedure and products to utilise;  
  - Minimising skin irritation through correct product use, product compatibility, and glove and moisturiser usage.  
• Health Care Facilities (HCFs) are to have systems in place to monitor the number of HCWs who have completed education requirements (i.e. % of employed HCWs who completed HH education each year) |
| **Jewellery and Nail Care** | **Training and Education**                      | • HCWs who have clinical contact shall wear minimal hand jewellery (i.e. simple band);  
• The ‘Bare Below the Elbows’ approach shall be adopted by all HCWs, with the wrist kept free of jewellery including bracelets and watches to allow for correct HH technique;  
• Finger nails are to be kept clean and short;  
• Artificial nails/extenders are not to be worn by HCWs who have clinical contact. |
| **Skin Care**      | **Skin Care**                                    | • All HCFs are to have procedures to monitor and manage HCWs who develop skin conditions;  
• Hand moisturisers shall be provided for all HCWs;  
• HCWs must cover any lesion / cut on their hands with an occlusive, waterproof dressing;  
• HCWs who develop skin irritation / dermatitis must contact the HCFs Infection Control Professional (ICP) or Occupational Safety and Health (OSH) Coordinator for advice. |
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| Evaluation and Feedback      | Auditing   | • HH compliance audits are to occur as per the HHA audit schedule (x3 /year);  
• The HHA standardised audit tool shall be utilised;  
• Each HCF shall have an adequate number of HCWs credentialed in accordance with the HHA program to perform HH audits; |
|                              | Compliance | • All HCFs are to perform regular ward / department surveys to ensure compliance with these minimum requirements is occurring within their hospital e.g.:  
  - The availability of ABHR;  
  - Compliance with jewellery and nail requirements. |
|                              | Feedback   | • HCFs are to ensure compliance data is fed back to stakeholders in a timely fashion;  
• HCFs are to ensure their hand hygiene compliance results are integrated into their quality improvement programs. |
| Workplace Reminders          |            | • Workplace reminders are to be visible in all areas of the HCF and shall be updated and refreshed regularly.                                                                                                       |
| Institutional Safety Climate | Patients and Visitors | • All HCFs shall have printed material / signage available for both patients and visitors informing them of the importance of hand hygiene;  
• Access to HH facilities are to be made available for visitors;  
• Visitors are to be instructed to perform hand hygiene before and after visiting a patient;  
• Hospitals need to enable HH for those patients who are unable to access hand washing facilities (e.g. hand wipes / ABHR). |