Policy Directive: compliance is mandatory
Hand Hygiene Policy Directive

Objective file number: 2013-13414
Policy developed by: Infection Control Service, CDCB, PHCS
Approved at Portfolio Executive on: 18 November 2010
Next review due: 31 May 2020

Summary
The Hand Hygiene Policy Directive establishes a uniform approach to hand hygiene across the public health sector. Hand hygiene is one of the most effective measures to reduce the spread of infection.

The associated Hand Hygiene Clinical Guideline summarises best practice for healthcare workers in the clinical setting.

Keywords
hand hygiene, guideline, handwashing, alcohol-based hand rub, ABHR, decontaminate, patient safety, infection, prevention, healthcare associated, policy directive, Hand Hygiene Policy Directive, Hand Hygiene Clinical Guideline

Policy history
Is this a new policy? N
Does this policy amend or update an existing policy? Y
Does this policy replace an existing policy? Y
If so, which policies?
Hand Hygiene Policy Directive, V2.1

Applies to
All Health Networks
CALHN, SALHN, NALHN, WCHN, CHSALHN, SAAS

Staff impact
Clinical, Medical, Nursing, Allied Health, Emergency, Dental, Mental Health, Pathology
All Health Networks

PDS reference D0210

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Version control and change history

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Hand Hygiene Policy Directive
Document control information

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<tr>
<th>Document owner</th>
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| Contributors   | State Coordinator, Hand Hygiene Program  
|                 | Manager, Infection Control Service, Communicable Disease Control Branch, Public Health and Clinical Systems  
|                 | Infection Control Nurse Advisor, Communicable Disease Control Branch, Public Health and Clinical Systems |
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Document history

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Hand Hygiene Policy Directive

1. Objective

The objectives of this policy directive are to:

- establish a uniform approach to the management of a hand hygiene program across the public health care sector
- increase the awareness of all staff, both clinical and non-clinical, patients and the public of the importance of hand hygiene
- provide governance that clearly outlines the responsibilities of individuals and health services in the management of a hand hygiene program.

This policy directive is to be read/administered in conjunction with the SA Health Hand Hygiene Clinical Guideline, May 2017.

2. Scope

All SA Health employees or persons who provide health services on behalf of SA Health must adhere to this policy.

3. Principles

- SA Health is committed to creating and maintaining a sustainable, high-quality care environment in which all staff, patients and visitors consistently attend to hand hygiene.
- SA Health recognises that improving hand hygiene compliance among healthcare workers is one of the most effective interventions to reduce the spread of infectious organisms.
- SA Health seeks to improve its service by being proactive in managing the spread of infectious organisms by conducting a comprehensive Hand Hygiene Program based on the Hand Hygiene Australia national program.

4. Detail

All organisations and services in SA Health will comply with the SA Health Hand Hygiene Clinical Guideline and ensure that:

- the products used to perform hand hygiene are consistent with the current national hand hygiene initiative and made available as detailed in the Guideline
- all staff receive education and training in hand hygiene
- competency assessment, measurement and feedback of performance (adjusted according to the clinical setting), occurs in relation to hand hygiene procedures
- information on hand hygiene is given to patients and the public.
5. Roles and Responsibilities

5.1 Chief Executive SA Health is responsible for:
• ensuring the management of hand hygiene across SA Health is in accordance with this policy.

5.2 Executive Director Public Health and Clinical Systems through the Director of Communicable Disease Control Branch will:
• establish, maintain and periodically review the effectiveness of the SA Health Hand Hygiene Policy and Clinical Guideline

5.3 Local Health Network (LHN) Chief Executive Officers will:
• ensure that hand hygiene is embedded in practice and in a manner consistent with the hand hygiene guidelines
• ensure that LHNs implement the provision of hand hygiene training as a required component of the orientation process for all new staff, and as part of professional development for all existing staff including volunteers and visiting staff
• ensure the involvement of patients and carers in the hand hygiene program
• ensure sufficient resources are in place to enable effective systems for the management of the hand hygiene program
• ensure the health services within their area of control have systems in place that facilitate effective hand hygiene
• ensure recommendations derived from the hand hygiene audit process are appropriately addressed and their effectiveness evaluated
• ensure the day-to-day responsibility for establishing and monitoring the implementation of this policy is delegated to the relevant senior managers
• ensure that there is a performance development process in place for correcting consistent individual poor hand hygiene compliance.

5.4 Executive Directors, Heads of Service and other Senior Managers will:
• develop, implement and monitor local processes to support employees, and other persons providing health services on behalf of SA Health, to maintain effective hand hygiene
• foster a climate which facilitates a hand hygiene culture change
• facilitate hand hygiene education for all staff and auditor training when required
• ensure hand hygiene is incorporated in all relevant training programs
• ensure that processes are in place to collect and report compliance data according to clinical setting, and provide feedback of compliance rates to clinical staff
• ensure that relevant hand hygiene products are made available to all employees, consumers and visitors, and that alcohol-based hand rub (ABHR) is always available at the point of care.
• monitor the overall level of hand hygiene compliance according to the World Health Organisation (WHO) “5 moments” for hand hygiene.

5.5 All SA Health employees will:
• maintain hand hygiene competency
• take all reasonable steps to ensure that they maintain effective hand hygiene at all times
• adhere to the principles and aims of this policy and ensure they operate in accordance with its associated guidelines and procedures.
6. Reporting

- Standard reporting requirements form part of the health service performance agreement.
- Compliance data are reported to Hand Hygiene Australia (HHA) three times per year for those facilities submitting national data.

7. EPAS

Not applicable

8. Exemption

No exemption allowed for this policy directive

9. National Safety and Quality Health Service Standards

The following National Safety and Quality Health Service Standards (NSQHSS) apply:

Standard 1 – Governance for Safety and Quality in Health Service Organisations
Standard 3.5 – Developing, implementing and auditing a hand hygiene program consistent with the current national hand hygiene initiative

10. Risk Management

All potential risks and hazards associated with performing hand hygiene and the collection of data must be identified, actioned, documented and reported to the Local Health Network’s risk management unit, and the appropriate hazard controls applied. The effectiveness of the risk controls should be regularly assessed.
11. Evaluation

It is important that compliance with all elements of this policy is demonstrated. This will be achieved by ensuring key performance indicator reports on hand hygiene compliance are generated from data that have been collected from metropolitan and country hospitals and are provided to the relevant monitoring authorities in a timely manner.

The SA Safety Learning System can be used to demonstrate improvement in reporting and management of incidents related to breaches in hand hygiene practice.

The effectiveness of this policy will be reviewed in 2020.

12. Definitions

In the context of this document:

alcohol-based hand rub (ABHR) means: an alcohol-containing preparation (liquid, gel or foam) designed for application to the hands in order to reduce the number of viable microorganisms with maximum efficacy and speed.

compliance rate means: the number of correctly performed moments for hand hygiene.

hand hygiene means: a general term referring to the process of hand decontamination which includes hand washing and/or use of waterless disinfection product

Hand Hygiene Australia (HHA) means: the body under the Australian Commission for Safety and Quality in Healthcare that is tasked with ensuring a national approach to hand hygiene.

hand hygiene competency means: the ability to demonstrate the technique required to adequately cover all hand surfaces, dependent upon the type of product used.

moment means: an opportunity to perform hand hygiene where there is a risk of pathogen transmission from one surface to another via the hands.

13. Associated Policy Directives / Policy Guidelines

SA Health Hand Hygiene Clinical Guideline, May 2017

14. References, Resources and Related Documents


  http://www.who.int/gpsc/5may/tools/9789241597906/en/