



Infection Prevention and Control

Hand Hygiene Observational Tool

For healthcare organisations or providers
that do not contribute to the
National Hand Hygiene Initiative

Version 3.6 (Jun 2020)



Government
of South Australia

SA Health

Table of content

Background	3
Suitable settings for use	3
Hand Hygiene Opportunities and Recording.....	3
Calculating Hand Hygiene Compliance Rates (Actions/Opportunities)	3
Instructions	4
Appendices	4
References	4

Acknowledgements:

Non acute Infection Control Special Interest Group (NICSIG), 2018

Ms R Russell, Client Safety & Quality Consultant, Helping Hand Aged Care. www.helpinghand.org.au

Version control

Version	Effective from	Effective to	Change summary
V3.6	20/03/2020	Current	Minor correction
V 3.5	2/01/2020	20/03/2020	Updated – references to Hand Hygiene Australia replaced
V 3.4	18/12/2018	2/01/2020	Update the observation tool and SA Health web address
V 3.3	11/4/2017	18/12/2018	Update contact details
V 3.2	7/4/2014	11/4/2017	Reviewed, no change
V 3.1	25/02/14	7/4/2014	Reformatting
V 3.0	July 2013	25/02/14	Update SA Health web address
V 2.0	March 2011	July 2013	Reviewed & reformatted
V 1.0	October 2010	March 2011	Original version

Background

The SA Health Hand Hygiene Observation Tool is designed to assist auditors to observe and record staff hand hygiene in healthcare organisations or providers that do not submit data to the National Hand Hygiene Initiative (NHHI).

The use of the tool enables auditors to provide feedback to staff regarding their hand hygiene practices e.g. whether healthcare workers (HCW) who touch patients have decontaminated their hands in accordance with hand hygiene best practice guidelines.

The tool provides similar information to the NHHI “5 Moments for Hand Hygiene” program, however facilitates the auditing of HH within organisations that are not already auditing as per the NHHI Audit Program.

Suitable settings for use

The observation tool has been designed to facilitate recording of hand hygiene compliance for:

- > non-acute settings i.e. aged care, community, mental health
- > health care settings with small numbers of acute beds i.e. <25 acute beds who are not contributing to the National Hand Hygiene Initiative Audit Program.

Hand Hygiene Opportunities and Recording

The term “opportunity” used in this tool is equivalent to the Hand Hygiene Initiative term “moment”.

The following are the opportunities for performing hand hygiene:

- > Before touching a patient/client’s skin, surroundings indwelling device in a non-invasive way.
- > Before performing a procedure (hand hygiene to be performed immediately prior)
 - o a procedure is classified as an act of care for a patient/client where there is a risk of direct introduction of microorganisms into the patient/client e.g. emptying or changing an indwelling urinary catheter or drainage bag.
 - o the term “Immediately” – once hand hygiene has been performed, nothing else in the patients room should be touched prior to the procedure starting.
- > After handling body substances and following a procedure (hand hygiene to be performed immediately after the procedure has finished, including removal of equipment, disposal of waste and / or sharps etc.).
- > After touching a patient/clients skin or indwelling device in a non-invasive way.
 - o After touching a patient/client’s environment, i.e. immediate surroundings (over bed table, linen, dirty crockery). (Note: the HCW can touch the patients skin and the environment but only one opportunity need be recorded)

Calculating Hand Hygiene Compliance Rates (Actions/Opportunities)

The observation tool compares hand hygiene opportunities (O) against hand hygiene actions, with the compliance expressed as a percentage.

Hand hygiene actions can either be:

- Washing hands with soap and water = (W)
- Rubbing with an alcohol-based hand rub = (R)

To calculate the hand hygiene compliance rates as a percentage:

$$\frac{\text{Observed hand hygiene actions (R + W)}}{\text{Hand hygiene opportunities(O)}} \times 100 = \text{compliance rate \%}$$

Refer to Appendix 1: **Error! Reference source not found.**

Instructions

Managers should identify staff who will undertake hand hygiene audits in accordance with the organisations audit schedule.

Auditors should be trained in use of the audit tool – including undertaking a number of “practice sessions” to become familiar and proficient in use of the tool.

Ideally a computer based database with the capability to produce automated, printable compliance graphs should be available for the auditor. A database template is available from the Infection Control Service if required and can be requested via emailing HealthICS@sa.gov.au.

1. Observations can be undertaken by a single auditor or with a partner.
2. Auditors should position themselves in an area where they can discreetly observe staff without causing an obstruction.
3. Audits should occur for 10 to 20 minutes in each area.
4. Using the Hand Hygiene Observational Audit Tool, auditors should record the following:
 - **O** for each hand hygiene opportunity identified
AND
 - **R** (rub) OR **W** (wash)

Note: If the staff member does not undertake hand hygiene, only the O is recorded.

Auditors should not record any rub or wash they did not see. See example below.

Nurse			Care Worker			Hotel Services			Student			Other		
Opp	Rub	Wash	Opp	Rub	Wash	Opp	Rub	Wash	Opp	Rub	Wash	Opp	Rub	Wash
O	R		O		W	O	R		O			O	R	
O									O		W			

5. When the observational audit is completed, feedback should be provided to staff – this can be verbal or via the Hand Hygiene Observational Audit Tool Feedback form (Appendix 2). Feedback should include positive findings, opportunities for improvement and any identified barriers to hand hygiene e.g. absence of soap, obstructed sinks, no alcohol-based hand rub.
6. Completed Hand Hygiene Observational Audits and Feedback Forms should be reported within the organisation as per local policies and procedures.

Appendices

1. Appendix 1: Hand Hygiene Observational Audit Tool (Example)
2. Appendix 2: Hand Hygiene Observational Audit Tool – Feedback Form

References

1. Australian Commission on Safety and Quality in Health Care (ACSQHC) National Hand Hygiene Initiative (NHHI), <https://www.safetyandquality.gov.au/our-work/infection-prevention-and-control/national-hand-hygiene-initiative>
2. WHO, 2012. Hand hygiene in outpatient and home-based care and long-term care facilities: a guide to the application of the WHO multimodal hand hygiene improvement strategy and the “My Five Moments For Hand Hygiene” approach. http://www.who.int/gpsc/5may/hh_guide.pdf
3. NHS Wales University Health Board Hand Hygiene Observation Audit Tool (Based on the Lewisham Observational Tool) <http://www.wales.nhs.uk/sitesplus/documents/861/Microsoft%20Word%20-%20BCUHB%20Revised%20Hand%20Hygiene%20Observational%20Audit%20Tool%20May%202011.pdf>

Appendix 1: Hand Hygiene Observational Audit Tool (Example)

This is a template that can be used to record your hand hygiene observations. This can be customised according to your workforce composition.

Hand Hygiene Observational Audit Tool

Insert organisation stamp or logo here

Date:			Time:			Site								
Area:						Auditor:								
<i>Opp = hand hygiene opportunity Rub = Hand rub ABHR Wash = hand wash</i>														
Nurse			Care Worker			Hotel Services			Student			Other (eg doctor)		
Opp	Rub	Wash	Opp	Rub	Wash	Opp	Rub	Wash	Opp	Rub	Wash	Opp	Rub	Wash
TOTALS (of each column)														
Nurse			Care Worker			Hotel Services			Student			Other (eg doctor)		
Opp	Rub	Wash	Opp	Rub	Wash	Opp	Rub	Wash	Opp	Rub	Wash	Opp	Rub	Wash

Note - Other column can be used to audit Medical, Allied other staff/volunteers etc.

Appendix 2: Hand Hygiene Observational Audit – Feedback Form (Example)

This template can be used by the auditor to provide Hand Hygiene (HH) feedback within the organisation.

HAND HYGIENE OBSERVATION AUDIT FEEDBACK

Insert organisation stamp or logo here

Date:	
Time:	
Site:	
Auditor/s:	
Name/s	
Titles:	
Area/s audited:	
Hand hygiene compliance rate: $\frac{\text{Observed hand hygiene actions (R + W)}}{\text{Hand hygiene opportunities(O)}} \times 100 = \text{compliance rate \%}$	
Hand hygiene compliance rate by healthcare worker group: (if requested)	
Hand hygiene compliance rate compared to last observation:	
Hand hygiene compliance rate compared to divisional / unit / directorate average:	
Specific feedback: Include: positive findings, barriers, opportunities for improvement.	
Feedback provided to:	
Further action required:	

For more information

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