


HAND HYGIENE LETS GET PRACTICAL

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THE FIRST STEPS... 2002

- To develop a system to provide a sustainable **handwashing** education programme for staff in Cork & Kerry
 - Community Hospitals
 - Community Nursing Services
 - Disabilities Agencies
 - HSE Funded Nursing Homes

– “What are ye talking about..... I always wash my hands”

WHY?

- To highlight the importance of hand hygiene in preventing the transmission of infection (2002).
- To promote the successful implementation of hand hygiene practices by all healthcare workers (2002).
- To create a culture where service users, their relatives, carers and visitors are informed of the importance of practising hand hygiene (2010).

IN THE BEGINNING...

'Early days - relying on Semmelweis, Ayliffe and Taylor'

○ 2002/2003 -Handwashing Education Programme

- Handwashing education & assessments
- Handwashing assessors

'The Mary Harney Era'

○ 2006 "From Handwashing to Hand Hygiene"

- 2002/2003 Handwashing programme evaluated
- SARI 2005 Guidelines for Hand Hygiene
- Alcohol Handrub promoted
- Introduced template to develop a local protocol

2007 -
Community
Nursing,
Home
Helps
Services

HAND HYGIENE IN THE RIGHT WAY AND AT THE RIGHT TIME 2010

- 2010 Review
 - measure its implementation and assess continuation
 - Knowledge Assessment & Competency increased from 38% in 2006 to 78% 2010
- New Drivers – HIQA Standards (2009) and WHO (2009)
 - Review local protocol – HIQA Standards
 - List breeches in protocol
 - IPCN to facilitate adaptation of protocol with managers and assessors
 - Review "Knowledge & competency" –
 - WHO Moments for Hand Hygiene
 - Adapted to include more questions on glove usage
- Introduce audit
 - Staff hand hygiene facilities
 - Alcohol Handrub
- Reassess the hand hygiene assessors competence using Glo-Germ

2010 St Finbarrs
Campus including
Dental & Mental
Health

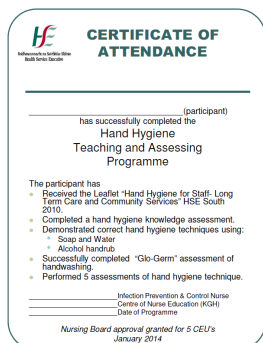


2014-Programme content review....again!

- WHO (2012) Guidelines for Out Patient and Home Based Care and Long Term Care Facilities
- Using ideas from the experts!
 - Thanks to Julie Storr & Claire Kilpatrick
- Workshops for My Moments for Hand Hygiene
 - Hand hygiene...let's get practical
 - Scenarios & role play

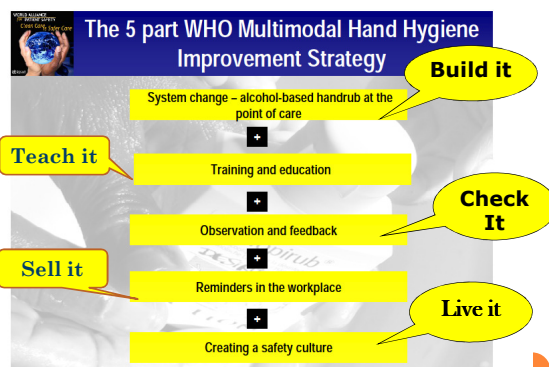
“TEACHING AND ASSESSING HAND HYGIENE”

- 6 hour programme with NMBI CPD credits
- Run in conjunction with the Centres of Nurse Education
- Participants volunteer /Or are nominated
- Pre requisite HseLand E-learning
 - Hand hygiene module
 - Breaking the Chain
- Return to work place to teach & assess Hand Hygiene
- Follow up support by IPCN



PROGRAMME CONTENT

- Why do we need a programme for hand hygiene?
 - WHO, SARI and HIQA
- How Hand Hygiene is carried out?
 - Preparation, products, facilities,
 - Skin care & technique
- Why and when of hand hygiene
 - Microbiology & indications for hand hygiene
 - Introducing The WHO Moments for Hand Hygiene
- Factors that influence Teaching and Principles of Assessment
- What additional factors influence compliance with hand hygiene?
 - Glove usage
 - Motivation, role model, institutional priority, patient participation and audit
- Hand Hygiene skills workshop
 - Assess hand hygiene technique using Glo-Germ
- Workshop on how the programme will run locally

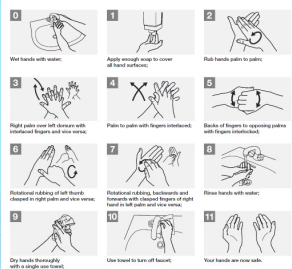


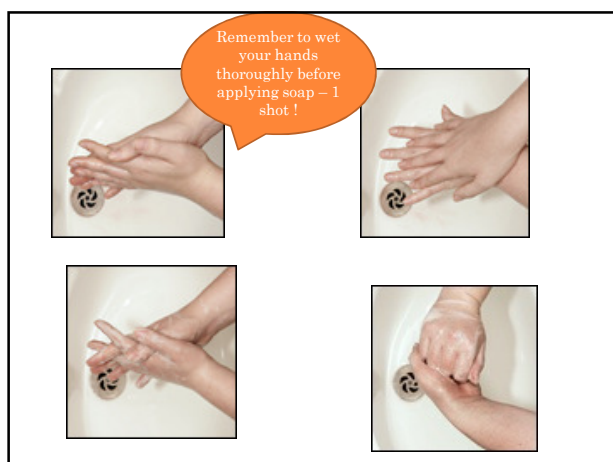


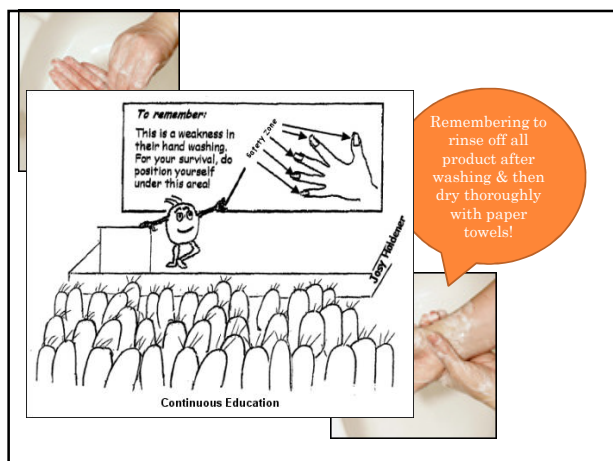
How to Handwash?

WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB

 Duration of the entire procedure: 40-60 seconds









WHAT PRODUCTS SHOULD WE USE FOR HAND HYGIENE ?

- Soap and running water must be used for hand washing when
 - hands are **visibly soiled**
 - caring for persons with **diarrhoeal** illness or where there is potential for spread of microorganisms which are resistant to AHR e.g. C.difficile.
- Where healthcare is delivered alcohol-based hand rub(AHR) is the preferred method for hand hygiene when hands are **not visibly soiled**.



Hand Hygiene using an Alcohol Hand Rub

When using AHR – Remember

- ✓Cover all surfaces once using the 6 step technique
- ✓Continue rubbing until hands are completely dry
- ✓Duration 20-30 secs
- ✓Once dry hands are safe

How to Handrub?

RUB HANDS FOR HAND HYGIENE! WASH HANDS WHEN VISIBLY SOILED

Duration of the entire procedure: 20-30 seconds

3.3 Hand hygiene technique positions
There is some variation in published hand hygiene techniques; the key element is that all surfaces of the hands and wrists are covered with hand hygiene product (alcohol hand rub or soap). The WHO hand hygiene technique is given below.

3.3.1 WHO how to handrub

HAND HYGIENE LET'S GET PRACTICAL

At the right time
and
In the right way



WHO - MY 5 MOMENTS APPROACH

An approach for Hand Hygiene

- focusing on the critical times for hand hygiene when there is a direct risk for Health care associated infection
- applicable to all areas where healthcare is delivered including primary care, LTCF and home based care.



5 MOMENTS FOR HAND HYGIENE

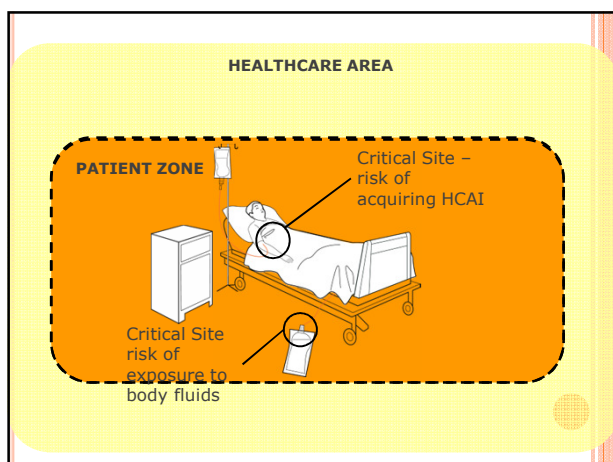
- A Moment is
when there is a perceived or actual risk of a micro-organism transmission from one surface to another on the hands

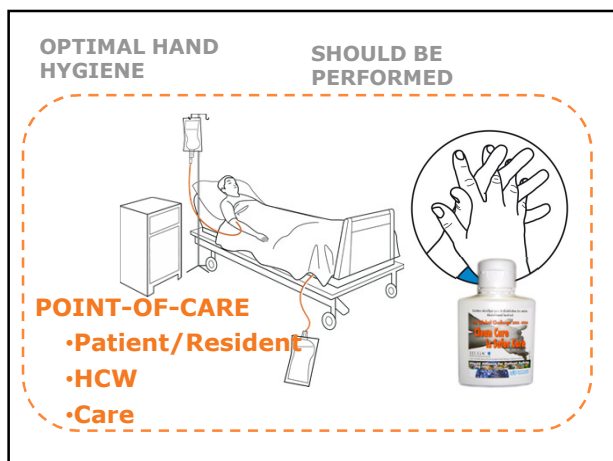


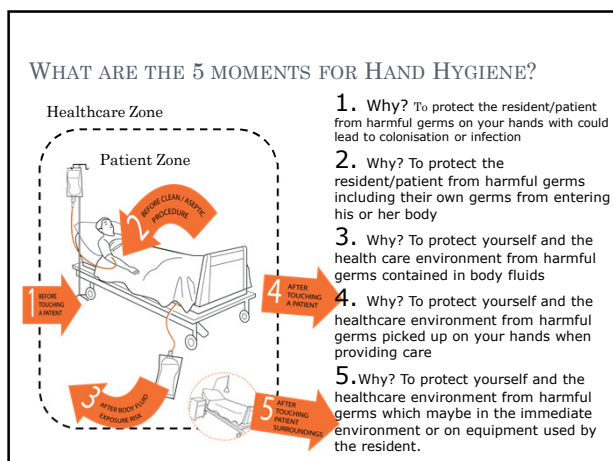
5 STAGES OF HAND TRANSMISSION

1. Organisms present on residents/clients skin and immediate environment surfaces
2. Organisms transfer onto health-care worker's hands
3. Organisms survive on hands for several minutes
4. If hand hygiene isn't carried out or not done correctly this results in hands remaining contaminated
5. Contaminated hands then transmit germs via direct contact with residents or resident's immediate environment









MAKING THIS WORK IN RESIDENTIAL CARE FACILITIES

- ✓ Where residents are cared for in a dedicated space with dedicated equipment
 - ✓ 5 moments apply
- ✓ Where residents are semi- autonomous they have their own room or shared room but they also move within the facility-
 - ✓ 4 moments apply

Remember 4 and 5 moments do not cover any social contacts with or among LTCF residents unrelated to healthcare

MAKING THIS WORK IN RESIDENTIAL CARE FACILITIES

Shared areas –dining room, day room etc:

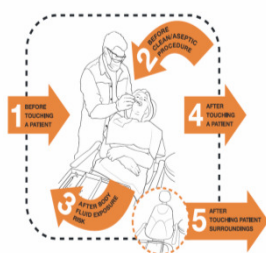
- In common areas where residents/clients gather, the environment is shared by many people.
- To reduce spread of harmful microorganisms, staff and resident should clean hands before and after activities.
- Some residents may need help cleaning their hands before they begin and after they end an activity.

If staff provide any “HEALTHCARE” where shared activities occur, the 4 moments for Hand Hygiene apply.

OUTPATIENTS SETTING 1

- In outpatient settings **moment 5 after touching the patient's surroundings** only applies where the patient is placed **in a dedicated space for a certain amount of time (~>20mins) with dedicated equipment**
- In this case it can be anticipated that the environment will become contaminated with patients own microorganisms, e.g. dental treatment area, shedding in a wound care clinic

Your 5 Moments for Hand Hygiene Dental Care



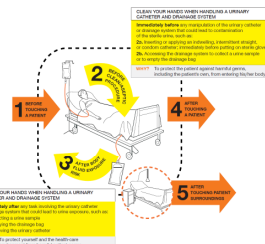
OUTPATIENT SETTINGS 2

- In the outpatient setting the patient is considered the patient zone as the space and equipment is **not exclusively dedicated** to the patient for any prolonged time e.g. vaccination clinic

Your Moments for Hand Hygiene Paediatric Consultation



My 5 Moments for Hand Hygiene Focus on caring for a patient with a Urinary Catheter



5 KEY ADDITIONAL CONSIDERATIONS FOR A PATIENT WITH A URINARY CATHETER

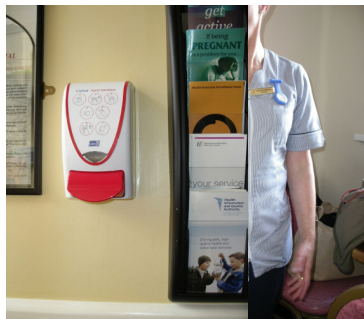
- Make sure that there is an appropriate indication for the indwelling urinary catheter.
- Use a closed urinary drainage system, and keep it closed.
- Insert the catheter aseptically using sterile gloves.
- Assess the patient at least daily to determine whether the catheter is still necessary.
- Patients with indwelling urinary catheters do not need antibiotics (including for asymptomatic bacteriuria), unless they have a documented infection.

World Health Organization SAVE LIVES Clean Your Hands No Action Today No Cure Tomorrow

The 5 part WHO Multimodal Hand Hygiene Improvement Strategy



1. BUILD IT – AHR AT THE POINT OF CARE



1. Build it – Institutional Priority

Hand Hygiene Programme *INSERT LOCATION*

The hand hygiene programme is facilitated by the HSE South Infection Prevention and Control Nurses (Community and Disability Services) and the Centres of Nurses Education (Cork and Kerry). The Programme is evidence based and aims to comply with national and international hand hygiene guidelines (SARL, 2005; WHO, 2009 and 2012) and standards (HDA, 2009). The following hand hygiene programme has been adapted locally by the *Hand Hygiene Committee* following staff members

- *Coordinator*
- *Deputy Coordinator*

Text in red /italics to be agreed locally

This hand hygiene protocol has been approved by *Matron/Director of Service, Community Hospital Service.*

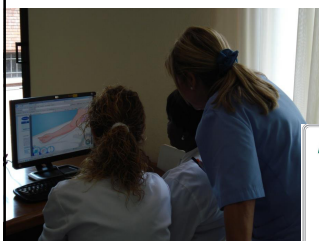
(*Matron/Director*)

Date : _____

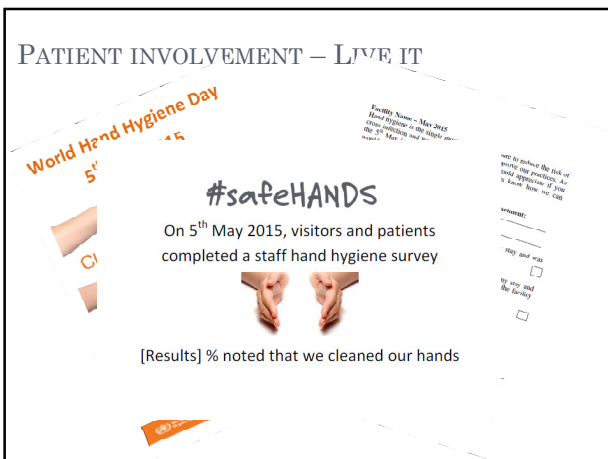
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2. TEACH IT – E-LEARNING PROGRAMME









FIVE KEY POINTS FOR HAND HYGIENE

1

• Hand hygiene must be performed exactly where **you** are **delivering health care** - at the point-of-care.

2

• During **health care delivery**, there are 5 moments when it is essential that **you** perform hand hygiene. Remember 4 moments in non-hospital settings.

3

• Use an **alcohol hand rub**, as it makes hand hygiene possible right at the point-of-care, it is faster, more effective, and better tolerated.

4

• **Wash your hands with soap and water** when **visibly soiled**, caring for patients/residents known or suspected to have *C.difficile* associated **diarrhoea**

5

• Perform hand hygiene using the **appropriate technique**, 6 steps for the correct duration.



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