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 (SARI, 2005; WHO, 2009 and 2012) and standards (HIQA, 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 : _________________

Date for review:______________
Table of Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>2</td>
</tr>
<tr>
<td>Hand Hygiene Programme - Aim</td>
<td>2</td>
</tr>
<tr>
<td>The Hand Hygiene Programme Objectives</td>
<td>2</td>
</tr>
<tr>
<td>Responsibilities</td>
<td></td>
</tr>
<tr>
<td>1. Healthcare Worker</td>
<td>3</td>
</tr>
<tr>
<td>2. Matron/Director</td>
<td>3</td>
</tr>
<tr>
<td>3. Hand Hygiene Programme Coordinator/Clinical Nurse Manager</td>
<td>4</td>
</tr>
<tr>
<td>3. Clerical Support</td>
<td>4</td>
</tr>
<tr>
<td>4. Hand Hygiene Assessor</td>
<td>4</td>
</tr>
<tr>
<td>5. Infection Prevention and Control Nurse</td>
<td>5</td>
</tr>
<tr>
<td>Promotion of Hand Hygiene practices</td>
<td>5</td>
</tr>
<tr>
<td>Breaches in Hand Hygiene Procedures</td>
<td>5</td>
</tr>
<tr>
<td>Evaluation and Review</td>
<td>6</td>
</tr>
<tr>
<td>References</td>
<td>7</td>
</tr>
<tr>
<td>Appendix 1-“Hand Hygiene for Staff– Long Term Care and Community Services” HSE South (Cork and Kerry, 2014)</td>
<td>9</td>
</tr>
<tr>
<td>Appendix 2- “Hand hygiene knowledge assessment and competency”, 2014</td>
<td></td>
</tr>
<tr>
<td>Appendix 3- “Hand Hygiene for Residents and Visitors – Long Term Care and Community Services” HSE South (Cork and Kerry, 2014)</td>
<td></td>
</tr>
<tr>
<td>Appendix 4 – Glove Usage Pyramid (2013)</td>
<td></td>
</tr>
<tr>
<td>Appendix 5 - Sample Hand Hygiene Coordinators Memo</td>
<td>12</td>
</tr>
<tr>
<td>Appendix 6 -List of Hand Hygiene resources for Hand Hygiene Assessors</td>
<td>13</td>
</tr>
<tr>
<td>Appendix 7 – Hand Hygiene Assessors Signature Declaration of Understanding</td>
<td>14</td>
</tr>
</tbody>
</table>
Introduction
Hand Hygiene is recognised as the single most important measure in preventing the transmission of Healthcare Associated Infections (HCAI), particularly in health and social services. It is essential that a culture of hand hygiene is embedded at all levels and should be a quality standard in all health and social care services (Health Information and Quality Authority, 2009; Strategy for Antimicrobial Resistance, 2005). In 2013, the HSE issued a memo that all healthcare staff should receive mandatory hand hygiene training on induction and at least every two years.

Each and every healthcare worker has a responsibility to prevent the transmission of infection.

The Hand Hygiene Programme aims to
- Highlight the importance of hand hygiene in preventing the transmission of infection.
- Promote the successful implementation of hand hygiene practices by all healthcare workers, at the right time and in the right way (SARI, 2005; WHO, 2009 and 2012).
- Create a culture where service users, their relatives, carers and visitors are informed of the importance of practising hand hygiene (HIQA, 2009).

The Hand Hygiene Programme Objectives are that:
- All staff receive hand hygiene education using the leaflet “Hand Hygiene for Staff– Long Term Care and Community Services” HSE South (Cork and Kerry, 2014), (appendix 1) and Glove Usage Pyramid (2013) –Appendix 4.
- Hand Hygiene education is to include
  - handwashing –preparation, products, indications, glove use and technique,
  - use of alcohol hand gel – preparation, product, indications and technique.
  - Hand care
  - “Your 5 moments for Hand Hygiene” (WHO, 2009 and 2012)
- The HSELand e-learning hand hygiene module will be introduced for staff to complete prior to hand hygiene competency assessment.
- All staff are to be assessed in their knowledge and technique using the “Hand hygiene knowledge assessment and competency”, 2014, (appendix 2).
- Education and assessment to be carried out for each new member of staff.
- Education and assessment to be carried out every two years for all staff.
- Partnerships with staff, residents and visitors on hand hygiene are promoted to create a hand hygiene culture throughout the facility:
- Examples to achieve this are:
  - A copy of the “Hand Hygiene for Residents and Visitors – Long Term Care and Community Services” HSE South (Cork and Kerry, 2014) appendix 3 should be available for residents and their families.
  - Residents are offered the opportunity to carry out hand hygiene following visiting the bathroom and before eating.
  - Residents or their carers/visitors are empowered to ask healthcare workers if they have carried out hand hygiene before providing the residents care.
The hand hygiene programme is available to:
all employed/attending community Hospital/centre.

Hand Hygiene education and assessment will be carried out for
- Healthcare Assistants/Attendants,
- Medical,
- Nursing,
- Housekeeping,
- Social Care Workers,
- Students – Nursing, transition year and social care,
- Aromatherapist, Hairdresser,
- Allied Health Professionals- Physiotherapist, Occupational Therapist, Chiropody, Speech and Language.
- Agency Staff

Hand Hygiene education will be provided for
- Volunteers

Administrative support is required and maybe undertaken by either the Matron/Director, Hand Hygiene Coordinator/Clinical Nurse Manager or Clerical Officer. These tasks may be shared but should be designated under the responsibilities below. Administrative aspects include:
- Maintaining a record of those who have received hand hygiene education.
- Maintaining a record of those who have successfully completed the “Hand Hygiene Knowledge Assessment and Competency” 2014.
- Issue reminders to the hand hygiene assessors when a staff member’s hand hygiene education and reassessment is due to be carried out.
- Issue the “Hand hygiene knowledge assessment and competency” 2014 form to the healthcare worker when their 2 yearly education and assessment is due.

Responsibilities
1. Healthcare Workers
All Healthcare Workers are responsible to:
- Comply with and promote hand hygiene best practice.
- Attend hand hygiene education when provided.
- Be assessed in their hand hygiene knowledge and practice every two years.
- Maintain their completed “Hand Hygiene Knowledge assessment and Competency” as part of their training records/portfolio (if in use).

2. Matron/Director
The responsibility for implementation of the Hand Hygiene Programme lies with the Matron/Director in conjunction with the Hand Hygiene Coordinator/Assessors.
The Matron/Director will support the hand hygiene assessors by:
- Notifying all staff of the Hand Hygiene Assessors and their role in assessing all staff in hand hygiene – appendix 4.
• **Ensuring that each new member of staff receives hand hygiene education and assessment** by informing the Hand Hygiene Coordinator/Assessors when new employees/volunteers/students are to commence duty.

• **Ensuring that all staff receive hand hygiene education and are reassessed every 2 years** by informing the hand hygiene assessors when a staff member’s education and reassessment is due to be carried out.

• Facilitating time for the assessors to carry out education and assessments.

• Facilitating the hand hygiene assessors to attend relevant education provided by the Infection Prevention and Control Nurses/Centres for Nurse Education.

• Facilitating administration of the Hand Hygiene Programme with regard to record keeping for those who have been assessed, issuing two yearly reminders etc.

• Formally addressing breaches in adherence to hand hygiene procedures.

3. **Hand Hygiene Programme Coordinator /Clinical Nurse Manager/Manager (Optional)**

The Hand Hygiene Programme Coordinator is a trained assessor and is the person designated by the Matron/Director to coordinate the implementation of the hand hygiene programme. The coordinator is responsible for:

• Administration of the programme.

• Formally addressing breaches in adherence to hand hygiene procedures

3. **Clerical Officer (if applicable)**

4. **The Hand Hygiene Assessor**

The hand Hygiene assessor is the person identified by the Matron/Director to educate and assess staff hand hygiene knowledge and technique. The Hand hygiene assessors in …………………are

•

•

All Hand Hygiene Assessors have attended the five hour programme “Teaching and Assessing Hand Hygiene” since 2011. Thereafter all hand hygiene assessors must attend an update every 4 years. Both programmes are provided by the Infection Prevention and Control Nurse

Hand hygiene assessors are role models to improve hand hygiene practice and are responsible for:

• Educating each member of staff /volunteer as above in Hand Hygiene using the leaflet “Hand Hygiene for Staff– Long Term Care and Community Services” HSE South (Cork and Kerry, 2014).
  
  • Education will be carried out within 1 week of the start date of employment and minimum every 2 years thereafter.

• Assessing each member of staff /volunteer in Hand Hygiene using The “Hand Hygiene Knowledge Assessment and Competency” 2014
Assessment will be carried out within a **2 to 4 weeks** of the start date of employment and as a **minimum every 2 years thereafter**.

- Reassessment **within 1 week** if someone does not succeed in their first assessment,
- Completing the “Hand Hygiene Knowledge Assessment and Competency” 2014 record.
  - **Records will be kept by…**
  - **Reminders of 2 yearly education and reassessments will be issued by…**
- **Ensuring that all staff receive hand hygiene education and are reassessed in knowledge and competency every 2 years in conjunction with Matron/Coordinator.**

As part of the assessment process, if either skin rashes or dermatitis on hands are noticed, the following should be carried out:

- Inform either the **Clinical Nurse Manager/Manager or Matron/Director**, the healthcare worker who has either a skin rash or dermatitis.
- **Clinical Nurse Manager/Manager or Matron/Director** to speak to the **Occupational Health Nurse/Doctor** for immediate advice and to make an appointment for follow up.

### 5. Infection Prevention and Control Nurse

The responsibility of the IPCN is:

- To provide the “Teaching and Assessing Hand Hygiene” education in conjunction with the Centres of Nurse Education.
- To provide hand hygiene education locally on request.
- To support the Hand Hygiene Assessors by:
  - Providing up-to-date information on hand hygiene, products, facilities etc.
  - Providing the use of the hand hygiene inspection cabinet on request.
- To update the hand hygiene programme in conjunction with the Hand Hygiene Assessors.
- To carry out hand hygiene facilities audits.
- To carry out Observational Audits on hand hygiene practices as per national guidance and to feedback results to staff.

**Promotion of Hand Hygiene**

**Suggestions:**

- **Encourage residents to take a more active role and**
  - include Hand Hygiene in “Resident Satisfaction Surveys” and/or
  - as an agenda item at a Residents Forum meeting.
- **Provide a hand hygiene promotion day for residents, visitors and staff.**
- **Include Hand Hygiene as an agenda item for staff meetings**
- **Circulate recently published hand hygiene evidence, upcoming training, new posters, leaflets and the Community Infection Control Newsletter “The Washinghand Post”.**
Breaches in adherence to hand hygiene procedures
All staff have a responsibility to promote and role model hand hygiene best practice as they have been educated and assessed as part of this programme.

Breaches in hand hygiene procedures include the following but are not limited to:
- Wearing hand or wrist jewellery
- Long nails, wearing nail varnish or artificial or gel nails
- Wearing long sleeves when carrying out hand hygiene
- Not carrying out hand hygiene at the right time or in the right way as outlined during education and as assessed using the “Knowledge Assessment and Competency” 2011.
- Not adhering to hand hygiene best practice, examples include:
  - Inappropriate or incorrect use of alcohol handrubs.
  - Inappropriate glove usage.

Breaches in hand hygiene procedures will be addressed:
Local arrangements should be included here and the following are as a guide:
- Highlight the breech when seen and requesting the HCW to take remedial action immediately.
- Initial response at local level i.e. ward/unit level
- Arrange for education and re-assessment to be carried out again.
- Further action required e.g. report through line management

Evaluation and Review

The Evaluation and Review of this programme is necessary to ensure its success and that it is meeting its intended objectives and is current with best practice.

The Infection Prevention and Control Nurses will evaluate, review and update the structure and content of this programme in conjunction with the Hand Hygiene Assessors and the Centre of Nurse Education.

The review will be carried out every three years or on publication of new evidence whichever comes sooner.
References:

Health Information and Quality Authority (2009) *National Standards for the Prevention and Control of Healthcare Associated Infections*


HSE Quality and Patient Safety (1\textsuperscript{st} May 2013) *Mandatory Hand Hygiene for all healthcare staff on induction and at least every two years* Ms. Laverne McGuinness, Deputy Director General Designate & Dr. Philip Crowley National Director Quality and Patient Safety

S.I. No. 367 of 2013 –Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013


World Health Organisation (2012) *Hand Hygiene in Out Patient and Home-Based Care and Long Term Care Facilities*
Appendices

Appendix 1- “Hand Hygiene for Staff– Long Term Care and Community Services” HSE South (Cork and Kerry, 2014)

Appendix 2- “Hand hygiene knowledge assessment and competency” May 2014

Appendix 3 - “Hand Hygiene for Residents and Visitors – Long Term Care and Community Services” HSE South (Cork and Kerry, 2014)

Appendix 4 – Glove Usage Pyramid (2013)

Appendix 5 - Sample Hand Hygiene Coordinators Memo

Appendix 6 -List of Hand Hygiene resources for Hand Hygiene Assessors

Appendix 7 – Hand Hygiene Assessors Signature Declaration of Understanding
Appendix 1—“Hand Hygiene for Staff– Long Term Care and Community Services” HSE South (Cork and Kerry, 2014)

Six Step Technique

1. Rub palms together
2. Rub backs of both hands
3. Rub palms together with fingers interlaced
4. Rub backs of fingers (interlaced)
5. Rub both thumbs
6. Rub both palms with fingers and rub both wrists

Hand Hygiene

Hand hygiene is the simplest and most effective method of helping to prevent the spread of healthcare associated infections, wound associated infections, and medication errors by ensuring the cleaner hands of healthcare workers will not transfer infections to their patients.

Do you know?

Many instances of patient to patient transmission can have an unrecognised source of contamination. Don’t rely on your memory. Remember the infection rates can be as high as 25% for healthcare workers in the simple manual method of correcting infections.

Who needs to carry out hand hygiene?

Nurses, doctors, and healthcare workers are the most likely to come into contact with blood, body fluids or mucous membranes. This places them at increased risk of acquiring healthcare associated infections. Don’t allow the quick fixes of using paper towels or napkins to replace hand washing.

Why?

Hand hygiene reduces a minimum of preventable nosocomial infections.

1. They are cleaned after every contact with blood, body fluids or mucous membranes.
2. Hand washing may reduce the risk of transmission of infections.
3. Standard precautions such as gloves and gowns and coveralls will not solve the problem if appropriate hand washing has not been done.

WHO—World Health Organization

5 Moments for Hand Hygiene

1. Before patient contact
2. Before aseptic procedure
3. After body fluid exposure risk
4. After patient contact
5. After touching patient’s surroundings

What to use for hand hygiene?

Good hand hygiene must be effective in all situations. The product used in the hands of healthcare workers must be effective in the control of Healthcare Acquired Infections. If the product used is not, hand hygiene will not be effective. The product used must remain effective and not change.

Alcohol Hand Rubs

Alcohol hand rubs are recommended and can be effective in the healthcare setting to control nosocomial infections when used appropriately. They are highly effective against many forms of bacteria, viruses, fungi, and some protozoa. They are not effective against Pseudomonas aeruginosa and are not effective against all strains of Bacillus subtilis. Non-alcohol based hand sanitizers are also effective.

Exceptions to using Alcohol Hand Rubs

Alcohol based hand rubs should not be used if visibly soiled hands, alcohol based hand rubs should not be used after carrying out contact with the electrical fittings of electrically operated devices.

When to carry out hand hygiene?

Hand hygiene is required any time for hand hygiene is required. This includes contact with the patient or the patient’s environment, including contact with blood, body fluids or mucous membranes. It is important to carry out hand hygiene before and after patient contact.

Good Practice when carrying out hand hygiene

1. Rub hands briskly, dry and out smoothly
2. Do not re-use the same cloth
3. Avoid all food, drink or tobacco
4. Avoid contact with nose, mouth or eyes
5. Avoid patient’s tears or saliva
6. Avoid touching other patient or the environment
7. Avoid touching other patient or the environment

Caring for your hands

1. Keep hands clean by washing frequently
2. Use a suitable hand disinfectant
3. Avoid contact with patients

Think……

What have you just done?

What can you do to improve the hand hygiene of others?

What type of hand hygiene procedure is needed?

Hand Hygiene Programme

HSE Infection Control (Community and Disability Services)

Centres of Nurse Education (Cork and Kerry)

June 2014
Appendix 2- “Hand hygiene knowledge assessment and competency” May 2014

Name_________________________________________________________Job Title______________________________
Location____________________________________________________Date______________________________

Hand Hygiene Knowledge Assessment

Part 1 To be completed by staff prior to assessment of hand hygiene technique

All questions may not be applicable to all staff and therefore can be marked as not applicable.

Please tick TRUE/FALSE for each statement

1. Artificial nails, nail polish or long nails can be worn at work................................................................. T/F
2. When carrying out hand hygiene it is acceptable to wear one flat ring............................................................ T/F
3. Rings with stones and long sleeved tops can be worn when providing care......................................................N/A T/F
4. Any cut or graze on your hands should be covered with a waterproof dressing.................................................. T/F
5. Nailbrushes should be routinely used for hand washing.................................................................................... T/F
6. Alcohol hand rub should only be used on visibly clean hands...................................................................... T/F
7. After using an alcohol hand rub hands must be allowed to dry completely....................................................... T/F
8. Alcohol hand rub alone is sufficient to clean your hands after caring for a client who has diarrhea....................N/A T/F
9. Gloves should be worn for all care activities....................................................................................................... N/A T/F
10. Gloves must always be worn when in contact with body fluids (e.g. urine)............................................................ T/F
11. Gloves should be worn when handling used bed linen (which is not soiled)....................................................... T/F
12. Hand hygiene must always be carried out after removing disposable gloves.................................................... T/F

List five indications for hand hygiene (Healthcare staff should list the five moments for hand hygiene)

1. ____________________________________________________________
2. ____________________________________________________________
3. ____________________________________________________________
4. ____________________________________________________________
5. ____________________________________________________________

The following question should be completed by healthcare staff who carry out invasive procedures.

Antiseptic hand hygiene is achieved using an alcohol hand rub on visibly clean hands for duration of 30secs........ T/F
Antiseptic hand hygiene is required before invasive procedures or aseptic technique .............................................. T/F

All answers are contained in the leaflet Hand Hygiene for Staff Long Term Care and Community Services, HSE South (Cork & Kerry) 2014 and Glove Pyramid

Hand Hygiene Programme
HSE Infection Control (Community and Disability Services)
Centres of Nurse Education (Cork and Kerry)
June 2014
## HAND HYGIENE TECHNIQUE COMPETENCY

### Part 2 - To be used by assessor when observing hand hygiene technique

<table>
<thead>
<tr>
<th>Prior to Hand Hygiene check</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nails short, no nail polish, no artificial/gel nails</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skin intact — any cuts/graes covered with waterproof dressing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wedding/flat ring only</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Short sleeves or turned up sleeves</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rashes/dermatitis are not present (Any rashes, dermatitis or glove usage problems should be referred to the Occupational Health Department for advice and follow up).</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Handwashing Technique (using soap & water)

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Turn on taps &amp; regulate water</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wet hands thoroughly under running water</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dispense one application of liquid soap into cupped hand</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thoroughly lather all hand surfaces using the six step technique. Refer to poster/leaflet for technique</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rinse hands thoroughly under running water, including under ring</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pat hands dry with paper towels (including under ring)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Turn off taps (use elbow for taps or use paper towels for twist taps)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dispose of paper towels using pedal bin, avoiding contaminating the hands</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Alcohol Hand rub Technique

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hands are physically clean</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dispense product into cupped hands</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cover all surfaces of the hands ONCE using the six step technique. Refer to poster/leaflet for technique</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Continue to rub hands until they are completely dry (minimum of 20 seconds)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Hand Hygiene Knowledge Assessment & Competency Record

- received the leaflet ‘Hand Hygiene for Staff’ Long Term Care and Community Services, HSE South (Cork & Kerry) 2014
- been educated using the leaflet and Glove pyramid by the hand hygiene assessor
- successfully completed the hand hygiene knowledge assessment
- demonstrated correct hand hygiene techniques using
  - soap and water
  - alcohol hand rubs (delete if not applicable)

It is the responsibility of each staff member to adhere to the hand hygiene best practice as outlined in the leaflet ‘Hand Hygiene for Staff’ Long Term Care and Community Services, HSE South (Cork & Kerry) 2014.

Signature of Staff Member: ____________________________ Date ____________

Signature of Assessor: ____________________________ Date ____________

Date for next assessment: ____________________________

Community / Disability Infection Prevention and Control

Hand Hygiene Programme

May 2014

Hand Hygiene Programme

HSE Infection Control (Community and Disability Services)

Centres of Nurse Education (Cork and Kerry)

June 2014
Appendix 3 “Hand Hygiene for Residents and Visitors – Long Term Care and Community Services” HSE South (Cork and Kerry, 2014)

When to clean your hands

Please clean your hands when you enter into the healthcare setting or before you visit a resident.
Always clean your hands with soap and water after visiting the toilet.
Always clean your hands before caring or handling food.
Please clean your hands after visiting a resident or when leaving a healthcare setting.

If you are resident in a healthcare setting:
You should be offered the opportunity to clean your hands after using the toilet or before meals or drinks.

If you are caring for a baby:
Always wash your hands after changing the baby’s nappy.
Make sure to wash your hands before feeding the baby.

Be nice to your hands
It is important that you care for your hands:
Always carry any cuts with a waterproof plaster.
When you are, apply hand cream as this prevents your hands and helps prevent dryness and chapping of hands.

Hand Hygiene so important?

Hand hygiene is one of the simplest and most effective ways to control the spread of infections in hospitals and healthcare settings. However, handwashing is often neglected or carried out poorly. Every person visiting or resident in healthcare settings can help to stop the spread of infections such as antibiotic-resistant (MRSA) or flu.

Hands will pick up germs (bacteria and viruses), and even though they may appear to be clean, the germs will be there. Unfortunately, we cannot see germs with the naked eye. These germs can be transferred from hand to hand, sometimes to a healthcare setting can bring infections into the healthcare setting without being aware of it.

Remember Clean Hands Save Lives.
Whether you are a resident or visitor, follow these tips and you will help in control infection in all healthcare settings.

Top tips for cleaning your hands:
- Wash hands: wash hands thoroughly under running water with soap, covering all areas of the hands, working up a lather.

Technique:
When washing your hands:
Wet hands thoroughly under running water.
Wash hands with soap, covering all areas of the hands, working up a lather.

1. Rub palm to palm
2. Rub back of hands
3. Rub palm to palm with fingers interlocked
4. Rub back of fingers
5. Rub both thumbs
6. Rub both palms with fingers and rub each wrist

Since hands under running water and dry thoroughly.

Hand Hygiene Programme
HSE Infection Control (Community and Disability Services)
Centres of Nurse Education (Cork and Kerry)

June 2014
Appendix 4 – Glove Usage Pyramid

GLOVE USAGE PYRAMID
To aid decision making on when to wear gloves and when not to wear gloves
Hand hygiene must be performed when appropriate regardless of these indication for glove use

STERILE GLOVES
Indicated for aseptic procedures, including urinary catheterisation

CLEAN EXAMINATION GLOVES
INDICATED IN CLINICAL SITUATIONS
Where there is potential for touching blood, body fluids, secretions, excretions and items visibly soiled by body fluids

DIRECT RESIDENT EXPOSURE: contact with blood; mucus membranes and/or with non-intact skin; including taking blood; disconnection of intravenous line; glucometer usage; changing/emptying urinary catheter bags, stoma drainage bag; suctioning.

INDIRECT RESIDENT EXPOSURE: including emptying emesis basins; handling waste; handling soiled equipment; handling soiled linen; cleaning up spills of body fluids.

GLOVES NOT INDICATED (except for CONTACT precautions)
Where there is no potential for exposure to blood or body fluids, or contaminated environment

DIRECT RESIDENT EXPOSURE: including monitoring blood pressure, temperature and pulse; performing SC or IM injections (following risk assessment); bathing and dressing residents; transporting resident; caring for eyes and ears (without secretions)...

INDIRECT RESIDENT EXPOSURE: using the telephone; writing on the residents chart; giving oral medication; distributing or collecting residents meal trays; removing and replacing linen on residents bed; placing non-invasive ventilation equipment and oxygen cannula; moving residents furniture.

Adapted from WHO 2009 WHO Guidelines on Hand Hygiene in Healthcare. First Global Patient Safety Challenge Clean Care is Safer Care; Switzerland 140-143 For, Infection Prevention and Control, HSE South Cork & Kerry

Hand Hygiene Programme
HSE Infection Control (Community and Disability Services)
Centres of Nurse Education (Cork and Kerry)
Glove usage and Glove Pyramid for Hand Hygiene Assessors

Key messages for glove use:

A. Gloves are effective in preventing contamination of hands and helping reduce transmission of harmful micro-organisms.

B. However, gloves do not provide complete protection against hands becoming contaminated and if gloves are not removed immediately after a care episode in which they were indicated, may contribute to the transmission of micro-organisms.

C. The unnecessary use of gloves in situations where their use is not appropriate should be avoided.

Recommendations on glove use:

A. In no way does wearing gloves replace the need for hand hygiene either by handwashing or using an alcohol hand rub.

B. Wear gloves when it can be reasonably anticipated that contact with blood or other body fluids, mucous membranes, non-intact skin or potentially infectious material will occur (see Glove Pyramid)

C. Remove gloves after caring for a resident and clean your hand immediately

D. When wearing gloves change or remove gloves in the following situations
   - during care of a resident if moving from a contaminated body site to clean body site with the same resident (including contact with mucous membrane, non-intact skin or a medical device)
   - after touching a resident (having completed the episode of care)
   - after touching a contaminated site and
   - before touching a clean site for the same resident or the environment.

Adapted from WHO 2009 WHO Guidelines on Hand Hygiene in Healthcare. First Global Patient Safety Challenge Clean Care is Safer Care; Switzerland 140-143 For, Infection Prevention and Control, HSE South Cork & Kerry February 2013
Appendix 5 – Sample Hand Hygiene Coordinator’s memo

```
XXXXX COMMUNITY HOSPITAL/Service,
XXXXXXXXXXX,

MEMO

TO: All Staff
FROM: Hand Hygiene Coordinator
DATE: 
SUBJECT: Hand Hygiene Programme

Each Staff member must be competent in hand hygiene using soap and water and in the use of alcohol gel / foam. Please find attached:

- “Hand Hygiene for Staff– Long Term Care and Community Services” HSE South (Cork and Kerry, 2014).
- The “Hand Hygiene Knowledge assessment and Competency” HSE South (Cork and Kerry, 2014).
- “Hand Hygiene for Residents and Visitors – Long Term Care and Community Services” HSE South (Cork and Kerry, 2014)

Please come to any one of the Staff Members listed below in order to receive education followed by knowledge and competency assessment. This training is mandatory and it is the responsibility of each staff member to ensure that they have been assessed. Re-assessment will be carried out every 2 years.

Thank You

___________________________
Signed:
Matron/Director or Hand Hygiene Coordinator
```

<table>
<thead>
<tr>
<th>TO</th>
<th>All Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>FROM:</td>
<td>Hand Hygiene Coordinator</td>
</tr>
<tr>
<td>DATE:</td>
<td></td>
</tr>
<tr>
<td>SUBJECT:</td>
<td>Hand Hygiene Programme</td>
</tr>
</tbody>
</table>
Appendix 6: List of Hand Hygiene resources for Hand Hygiene Assessors

**Leaflets**
HSE South Cork and Kerry (2014) “Hand Hygiene for Staff-Long Term Care and Community Services” 2014


Hand Hygiene Knowledge Assessment and Competency” 2014

World Health Organization (2009) Glove use information leaflet
[http://www.who.int/gpsc/5may/Glove_Use_Information_Leaflet.pdf](http://www.who.int/gpsc/5may/Glove_Use_Information_Leaflet.pdf)

**Posters**
“Hand Hygiene for Healthcare Workers” HSE South (Cork and Kerry) - Handwashing technique poster for staff clinical handwashing sinks

“Your five moment for Hand Hygiene” World Health Organization 2009
[http://www.who.int/gpsc/5may/Your_5_Moments_For_Hand_Hygiene_Poster.pdf](http://www.who.int/gpsc/5may/Your_5_Moments_For_Hand_Hygiene_Poster.pdf)

“Alcohol Handrub Technique” Health Protection Surveillance Centre
### Hand Hygiene Assessors Signature Declaration of Understanding

**Declaration:** I have read and understand the contents of the xxx Community Hospital/Service Hand Hygiene Programme.

<table>
<thead>
<tr>
<th>DATE</th>
<th>NAME (Print)</th>
<th>SIGNATURE</th>
<th>DISCIPLINE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>