



ACIPC and ASID Recommend:

1. That healthcare worker curriculae should include the essential elements for effective hand hygiene, which include:
 - The World Health Organization (WHO) 5 Moments for Hand Hygiene
 - How to perform hand hygiene
 - Safety issues relating to hand hygiene products
 - Care of the hands
2. That facility executives and managers mandate that all healthcare workers complete either a national hand hygiene eLearning program (available from Hand Hygiene Australia at <http://www.hha.org.au>) or a suitable equivalent that complies with World Health Organization recommendations, upon employment at any healthcare facility and regularly thereafter.

PS ID	Category	Responsible Body	Review Due	Effective Date
P1	Policy	Policy Committee		

1. Introduction

Healthcare-associated infections (HAIs) impact on the safety and quality of healthcare in all settings.¹ Due to the lack of a comprehensive national HAI surveillance system, there are no recent or exact figures on HAIs in Australia, however older estimates range from 175,000-200,000 events annually.^{2,3} Increased hand hygiene compliance has been demonstrated to reduce HAI-related morbidity and mortality.⁴⁻⁷ Consequently, the Australian Commission on Safety and Quality in Healthcare⁸ nominated HAI as a national priority area for action, and the implementation of effective, evidence-based hand hygiene practices as one of the strategies to achieve a reduction in HAIs.

2. Definitions

Healthcare-associated infection (HAI): Infections acquired in healthcare facilities and infections that occur as a result of healthcare interventions.⁹

Hand Hygiene: A process that reduces the number of micro-organisms on hands. Hand hygiene is a general term applying to the use of soap/solution (non-antimicrobial or antimicrobial) and water, or a waterless antimicrobial agent to the surface of the hands (e.g. alcohol-based hand rub).

Healthcare Worker: Any person who has patient care responsibilities and/or contact with a patient. For the purposes of this position statement, healthcare worker includes:

1. All those requiring national registration under the Australian Health Practitioner Regulation Agency (AHPRA) or equivalent, such as:
 - Chinese Medicine practitioners
 - Chiropractors
 - Dentists
 - Dieticians
 - Medical practitioners
 - Medical Radiation Practitioners
 - Nurses and Midwives
 - Occupational therapists
 - Optometrists
 - Osteopaths
 - Paramedics
 - Pharmacists
 - Physiotherapists
 - Podiatrists
 - Psychologists
2. Healthcare workers who are not currently registered by AHPRA including speech therapists, radiology personnel, and nursing, medical and allied health students who provide clinical care within any healthcare setting.

Five Moments for Hand Hygiene

Hand hygiene should be performed:

1. Before touching a patient
2. Before a procedure
3. After a procedure or body fluid exposure risk
4. After touching a patient
5. After touching a patient's surroundings^{6,10}

3. Literature Review

Hand hygiene is a fundamental element of safe healthcare practice.⁹ Every patient expects their healthcare worker to perform hand hygiene appropriately and no patient should be put at risk due to poor hand hygiene compliance. Reported rates of hand hygiene compliance by most healthcare worker cadres repeatedly fall short of requirements for optimal patient safety. For example, a systematic review of 96 studies of hand hygiene compliance found a median compliance of 40%,¹¹ although in Australia, during **overt** hand hygiene audits the rates range from 72.6% for medical doctors to 87.3% for nurses and midwives (mean 84.2% across all health professions).¹² Having said this overt observation can artificially inflate hand hygiene rates through the Hawthorne effect.

There are data to suggest that **mandatory hand hygiene training can improve HAI rates**. For example, Borg et al.¹³ used logistic regression to examine the relationships between Methicillin-resistant *Staphylococcus aureus* (MRSA) bacteraemia and infection control practices at 269 European hospitals in 29 countries. A lower prevalence of MRSA bacteraemia was associated with mandatory training requirements for hand hygiene. Another study by Eveillard et al.¹⁴ that used a before and after intervention study to examine the influence of hand hygiene training found that hand hygiene compliance and the quality of hand rubbing both improved significantly after the study.

Various studies have demonstrated that student health care workers (ie. nursing and/or medical students) have substantial knowledge gaps in relation to hand hygiene practice,^{15,16} indicating that ensuring healthcare worker curriculae cover hand hygiene training adequately may help to address compliance deficits.

National standard online eLearning hand hygiene training and assessment programs specific to various health care professions are made available by Hand Hygiene Australia (<http://www.hha.org.au/LearningPackage/olp-home.aspx>). Regular universal healthcare worker training in hand hygiene will strongly support national, jurisdictional and local efforts to change healthcare culture towards a patient safety oriented focus.

4. ACIPC recommends:

Published literature demonstrates that health care worker compliance with hand hygiene guidelines can be improved by mandatory hand hygiene education and training. All healthcare workers must be aware of correct hand hygiene

practice requirements prior to commencement of employment and should undergo annual hand hygiene education to reduce the risk to patients and ensure continuing safe practice.

Healthcare worker curriculae should include regular education and training on correct hand hygiene practice.

4.0 References

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Endorsed ASID	Endorsed ASA
	
Date: 2013	

Version	Date	Role	Position
1.0			Chair Policy Committee
Authorized By: Executive Council			Meeting Date: Sept, 2013

Revision history

Version	Date	Additions/Amendments	Author	Review By
2.0	22/6/17	Literature review updated Placed on new template	Thea van de Mortel	ACIPC Board of Directors