

Routine Practices

Frequently Asked Questions – Hand Hygiene and Hand Hygiene Auditing

Please note: use of the term “patient” in this document refers to a patient, resident, or client (P/R/C).

1. Is hand hygiene really that important?

Healthcare associated infections (HAIs) are the fourth leading cause of death in Canada. In 2000, it was identified that 8,000 to 12,000 Canadians¹ die annually from infections acquired while receiving health care. Minimizing the risk of HAIs is dependent on many factors. Hand hygiene is the single most effective way to prevent the spread of organisms in healthcare, which causes HAIs. This is supported by scientific evidence that demonstrates the organisms causing HAIs are most frequently spread from one patient to another patient on the hands of healthcare workers (HCW).

2. How exactly do HCWs play a part in spreading these microorganisms?

Caring for patients can be very ‘hands on’. During an average day, a HCW performs multiple tasks, even during direct patient care. A seemingly simple task such as making someone comfortable in bed can result in thousands of organisms transferred onto, and from, a HCW’s hands. Taking a pulse or blood pressure can result in an equally large transfer of organisms. Performing hand hygiene with an alcohol based hand rub (ABHR) will destroy all organisms in most instances. Not performing hand hygiene after a task would result in the HCW transferring organisms to the next patient or object touched.

Sometimes organisms transfer from the patient onto the HCW’s hands, and subsequently onto equipment and/or the environment. If the equipment or environment is cleaned before use/contact with another patient, transmission is interrupted. However, cleaning equipment and environmental surfaces after each use/contact is not always possible therefore the HCW’s hands become contaminated with organisms that can be spread further if the HCW does not perform hand hygiene before contact with another patient.

3. Why audit healthcare worker hand hygiene practices?

Knowing hand hygiene compliance rates allows us to more accurately understand where areas for improvement lie and where more education is required. It may also highlight where interventions such as placement of dispensers and availability of product are needed.

¹ Zoutman, Dick, MD, FRCPC, B. Douglas Ford, MA, Elizabeth Bryce, MD, Marie Gourdeau, MD, Ginette Hébert, RN, Elizabeth Henderson, PhD, and Shirley Paton, MN, Canadian Hospital Epidemiology Committee, Canadian Nosocomial Infection Surveillance Program and Health Canada « [The state of infection surveillance and control in Canadian acute care hospitals](#) »



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4. Why don't HCWs perform hand hygiene as often as they should?

HCWs provide several reasons for not performing hand hygiene at the correct moments. These include a lack of awareness of the 4 Moments of Hand Hygiene, they are too busy, products are not accessible, irritation of the skin, glove use and that it's not at the top of the mind. Infection Prevention and Control's (IP&C) new education modules and materials are designed to develop awareness and provide solutions.

5. How often do audits take place and why?

Audits are conducted each unit in alternating quarters, with half audited in one quarter and the rest audited the second quarter. This is to provide the unit that has just been audited the opportunity to analyze and respond/educate according to the results.

6. What is the patient environment and what is the healthcare environment?

The patients' environment includes the patient's specific equipment related to his/her specific care. The healthcare environment exists outside of all patient environments (e.g., the area where charting occurs, the Pyxis room, the clean supply room, hall ways and so on).

In a multi – patient room, the specific patient environment consists of the bed-space within that patient's privacy curtains. In this environment, the privacy curtains are not part of the patient environment, rather they are part of the healthcare environment. Thus the inside door knob in a multi-patient room is part of the healthcare environment as this is outside of the patients' privacy curtains. In a single room, if privacy curtains are installed, they are considered part of the patient environment, as is everything within the room, including the inside door knob is part of the patient environment.

7. Why do we have to do hand hygiene so often? The requirements are unrealistic; I'd be spending all shift cleaning my hands!

Hand hygiene is the single most effective way to prevent the spread of organisms.

Healthcare providers move between patients, areas, rooms, and handle equipment and supplies while providing care. This movement provides many chances for germs to be spread by hands. Even patients who are not known to have an infection may be carrying harmful microorganisms which can be transferred to another patient on the hands of the HCW. Appropriate hand hygiene will protect patients and staff by reducing the spread of germs.

The requirements for when to perform hand hygiene are consistent around the world, and have been achieved successfully. It is a possible goal!



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8. Why are 200 observations required for each hand hygiene audit in each area?

In order to ensure the audit results are reliable and statistically significant, 200 opportunities are required (see document “Rationale for 200 Opportunities within WRHA Hospitals” on Infection Prevention and Control’s internal website: <http://www.wrha.mb.ca/extranet/ipc/audit-tools.php>).

9. Are other healthcare facilities/provinces auditing hand hygiene?

Other provinces, as well as other healthcare regions/facilities within Manitoba are actively auditing hand hygiene. This is a required organizational practice (ROP) and ongoing activity required by Accreditation Canada.

10. Why is an observer/auditor used to conduct auditing? Why isn’t an automated/electronic system used?

The published worldwide gold standard² is direct observation for auditing hand hygiene practice. The automated systems only capture specific opportunities, not all opportunities. They can also be very costly. Most Canadian healthcare facilities are using the observation method.

11. I wash my hands frequently when the auditor is observing me, but he/she doesn’t document me as having successfully completed hand hygiene. Why?

Hand hygiene is only documented as being successfully completed if performed when required, according to the WRHA IP&C manual. Cleaning hands when it’s not required will not improve compliance results.

12. Why is the auditor not able to tell me about the level of my compliance?

Without the required number of opportunities, the auditor would only be sharing compliance of specific individuals and dates, not the unit/area overall compliance. Hand hygiene auditing is not meant to be punitive and target specific individuals. Individual compliance is not the goal of this monitoring activity; rather it is the overall compliance of the area and or HCW category.

13. Will the auditor correct missed hand hygiene activities?

The auditor will only correct poor hand hygiene in extreme situations when there is a risk of significant harm. Otherwise, it will be identified as a missed opportunity within the audit tool.

² World Health Organization. WHO guidelines for hand hygiene in health care. Geneva, Switzerland: World Health Organization; 2009.



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14. If I walk into a patient room and then out of the patient room while checking on the patient, yet I do not touch anything and do not clean my hands, how would this be marked?

One needs to clean hands prior to touching the patient environment and again after leaving the patient environment as part of the 4 Moments of Hand Hygiene. If a staff member walks into a patient room and then out of the patient room, if they have not touched anything, they will not be marked for any activity or missed hand hygiene opportunities. When moving from room to room, see question #24.

15. Will the auditor be able to capture those moments behind close doors/curtains?

Yes; the auditor may step into a space to view activities behind closed doors or curtains. If either the patient or staff is uncomfortable, or if privacy is required, the auditor will step out.

16. If I washed my hands inside the room and the auditor didn't see me, am I marked as not performing hand hygiene?

The auditor only marks what is **actually seen** – if the activity related to the care of a patient or hand hygiene is not viewed, it is not marked as achieved or missed; it is not marked at all.

17. Why do I have to clean my hands if I'm wearing gloves? Don't they protect me?

Gloves are not a substitute for hand hygiene, only an additional measure. They do not provide complete protection. Hands can become contaminated from microscopic holes in the gloves and during glove removal. They are worn to prevent gross soiling of hands during routine patient care activities, or as a measure outlined by the Additional Precautions the patient may be placed on. *Hands must be cleaned before applying gloves and after removing them.*

18. Why do I have to perform hand hygiene after charting?

Charts exist within the healthcare environment. Hand hygiene is required on entry, and when leaving the healthcare environment, prior to touching a patient environment.

19. When on rounds, does each staff member have to perform hand hygiene after exiting the patient space?

Everyone touching an individual patient environment or patient must perform hand hygiene on entry, and on exit. Examples of touching the patient environment are touching bedrails, bedding, bedside tables, and door knobs. If a group of rounding staff move from bed space to bed space or room to room, please view question #23 and #24.



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20. What types of care activities result in transmission of patient flora to healthcare workers' hands?

All care activities that involve hands on care and/or contact with equipment and/or the environment can result in transmission of patient flora to the healthcare workers' hands.

21. When do I wash with soap and water, and when do I clean with the alcohol-based hand rub?

Alcohol-based hand rub (ABHR) is the *first* recommended product for hand hygiene at all times EXCEPT when hands are visibly soiled. In this instance, wash hands with soap and water.

22. Do I have to wash my hands after touching a wheelchair/walker?

If the chair is in the healthcare environment (and considered clean) and you remain in the healthcare environment, you do not need to perform hand hygiene after contact. If the patient is in the wheelchair or using the walker, this equipment becomes part of the patient's environment, so you would need to wash your hands after contact.

23. I complete care activities with the patient in bed A, then clean my hands (as an 'after' activity), then move to care for the patient in bed B. Am I required to clean my hands again while going to bed B in the same room (as a 'before' activity)?

No, as long as you haven't touched *anything* in between. If supplies, charts, surfaces, electronic devices or yourself are touched following the hand hygiene after exiting patient A's environment and touching patient B's environment, then hand hygiene needs to be repeated.

24. What if the patients are in different rooms? For instance, on exiting room A, I clean my hands (as an 'after' activity)...would I then have to clean my hands again on entry to room B (as a 'before' activity)?

No, as long as you complete hand hygiene as you leave one room and do not touch *anything* in between rooms. If supplies, charts, surfaces, electronic devices or yourself are touched following the hand hygiene after exiting patient A's environment and before touching patient B's environment, then hand hygiene needs to be repeated. An example of this type of situation would be routine rounds on wards within an acute care facility. Examples of touching the patient environment are touching bedrails, bedding, bedside tables, and door knobs.

25. If I clean my hands outside the patient room, and touch the door knob to enter the room, do I need to clean my hands before touching the patient?

Yes.



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26. Do I need to perform hand hygiene after I touch the privacy curtain?

In a **single room**, privacy curtains are part of the *patients'* environment.

- If hand hygiene was performed prior to entering the room, it does not need to be performed again after touching the privacy curtains, contact with the patient or his/her environment.
- If hand hygiene was performed prior to entering the room and the privacy curtain was then touched, hand hygiene would need to be performed again **prior to any clean or aseptic procedure** (e.g. manipulating an IV insertion site, feeding a patient, changing a dressing, etc.).

In a **multi – patient** room, privacy curtains are part of the *healthcare* environment. For this reason, hand hygiene would need to be performed after touching the privacy curtains, immediately prior to contact with the patient or his/her environment. This could be achieved by dispensing the hand rub into the palm of one hand (on entry to the multi-patient room). The curtains can then be opened with the other hand, just prior to cleaning hands.

27. In a two bed room, is the wall away from the patients' beds considered the patient environment?

No, this area is considered still part of the healthcare environment, as it would be outside of the curtained area. If you step away from the wall and will have contact with the patient or his/her environment, then hand hygiene is required.

28. Is the window sill considered part of the patient environment?

Window sills are considered an extension of the patient space as many times this area is used for personal items or patient specific supplies. Depending on what actions you perform afterwards, you may need to perform hand hygiene again (e.g. clean or aseptic procedure as per Moment 2 or leaving a patient environment as per Moment 4).

29. Is the computer in the room part of the patient environment?

It depends on where the computer is located. If the computer is on the wall opposite the patients' beds and outside of the curtained space, it would not be considered part of the patient environment. If the computer is at the patient bedside and within the curtained space/individual patient room, it would be within the patient environment.

However, if you are concerned that the computer is not clean, as with certain multi-patient equipment, you may perform hand hygiene prior to contact with the patient.

30. I cleaned my hands before going into the medication preparation area and entered the patient information in the Pyxis machine. Do I need to clean my hands before I pull the medications out of the machine?

No, however hand hygiene is required prior to preparation **and** administration of medications.



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31. Are patient specific lockers considered part of the patient environment, even if they may not be within the bed space area of that patient?

Yes, as patient specific lockers contain personal items, they are considered part of the patient environment.

32. Do I have to clean my hands prior to touching the meal carts, linen carts, and meal trays because of the 4 Moments?

While all indications for hand hygiene are important, there are some essential moments in healthcare settings where the risk of transmission is greatest and hand hygiene must be performed; these are the 4 Moments. *This does not mean hand hygiene is not required at other times.* Hand hygiene prior to touching meal carts, linen carts and meal trays is required for sanitary reasons, not because of the 4 Moments of Hand Hygiene. Without cleaning your hands prior to touching these items, you would contaminate them with your flora, at which point they would no longer be considered clean.

33. Do I have to clean my hands before delivering each food tray into individual patient rooms?

Yes; hand hygiene is required prior to touching the patient environment. It is best to time this prior to picking up your first tray. If you do not touch the patient environment while you set the tray down then you can distribute the next tray to the next patient without performing hand hygiene again.

34. When do I do hand hygiene if I am setting up the meal tray for the patient?

If you have performed hand hygiene, entered a patient room and laid down a meal tray without touching the patient or his/her environment, you can move directly into preparing the patient's meal tray.

If you have touched the patient or his/her environment, you need to perform hand hygiene again prior to opening the tray/packaging, and touching things that will go into the patient's mouth.

35. Do I need to clean my hands after each room, when I am picking up trays?

Yes; hand hygiene is required after touching each patient environment.

36. If I am feeding three patients in the Dining Room at the same time, do I have to perform hand hygiene in between handling each spoon/cutlery?

Hand hygiene is required on entry to the Dining area (i.e., healthcare environment). Feeding can occur with multiple patients and contact with their cutlery *unless* mucous membranes are touched. If this occurs, hand hygiene is required. If hands contact respiratory secretions or items contaminated with respiratory secretions (e.g., clothing protectors), then hand hygiene between patients and their individual cutlery is required.



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37. When do I need to perform hand hygiene, if I am handling equipment that is cleaned between each patient (e.g., IV poles, commodes, blood pressure cuffs/machines, etc.)?

Before use, these items are considered clean. Perform hand hygiene prior to touching them. After use, all re-usable/shared equipment should be cleaned and disinfected.

38. Who are the audit results provided to?

The unit/area Manager receives first notification, as well as the Managers/Directors of the other disciplines captured in the specific audit. Additionally, Senior Management and site Executive are provided the audit results.

39. What is supposed to happen as a result of the audit analysis?

The unit/area Manager will determine, in discussion with their staff, where the concerns might lay based on the specific audit. They then will determine a plan for the following quarter which may include education and/or other unit/area-based activities, with the aim of increasing compliance in those specific areas chosen.

40. Can results be provided sooner than every other quarter?

In order to ensure the audit results are reliable and statistically significant, 200 opportunities are required (see document “Rationale for 200 Opportunities within WRHA Hospitals” on Infection Prevention and Control’s external website: www.wrha.mb.ca/ipc).

The frequency of auditing can be increased, as long as the required opportunities are captured, and auditors are available to collect the data.

41. Who is responsible for the practice changes/education following the results?

The practice change and education is the responsibility of the unit/area and its’ Manager. Infection Prevention and Control staff are available as a resource to assist where needed.