#### HAND HYGIENE AUDITOR INFORMATION SHEET

In 2005, the WRHA implemented a Hand Hygiene Strategy to educate and reinforce the importance of hand hygiene for healthcare workers as well as patients/residents/clients (P/R/C) and families/visitors in all settings. In 2009, Accreditation Canada implemented hand hygiene monitoring as a requirement within the Infection Prevention and Control Standards. In 2013, the WRHA launched the new 4 Moments of Hand Hygiene program.

To comply with Accreditation Canada's requirement for hand hygiene monitoring, a hand hygiene audit and monitoring process has been developed.

# **Key Rules for Hand Hygiene**

- Hand hygiene must be performed at point of P/R/C care using appropriate techniques and time duration in order to be effective
- There are defined opportunities during care delivery when it's essential hand hygiene is performed
- Alcohol based hand rub is preferable to hand washing. One should wash his/her hands with soap and water only when visibly soiled (or for select organisms such as Clostridium difficile)

## **Indications for Performing Hand Hygiene**

BEFORE	AFTER
<ul> <li>Contact with a P/R/C or their environment</li> <li>Clean or aseptic procedures</li> </ul>	<ul> <li>Contact with a P/R/C or their environment</li> <li>Contact with blood, body fluids, non-intact skin, and/or mucous membranes</li> </ul>
WHY?  • To protect the P/R/C and their environment from germs carried on hands or objects and from germs carried on the P/R/C's own body	<ul> <li>WHY?</li> <li>To protect yourself and the environment from germs carried on hands or objects and from germs within the P/R/C's body</li> </ul>

## **Opportunities to Perform Hand Hygiene**

Some examples include, but are not limited to:

- Inserting a catheter
- Giving a needle
- Suctioning
- Starting an IV
- Turning a P/R/C
- Feeding a P/R/C
- Dressing a P/R/C

- Taking vital signs (e.g., BP, temperature)
- Removing gloves
- Providing care

- Handling soiled incontinence products
- Holding a bed rail
- Handling contaminated equipment

## **Recommendations for Monitoring Hand Hygiene**

 Observer conducts observations openly and in a transparent manner- you can advertise they're going to occur- be clear observation is not about personal performance, but gathering total data



- Auditors must be confidential and sensitive: identity of the HCW and P/R/C is kept confidential (no names are attached to the information)
- Each observation session is ~20 minutes (+/- 10 minutes)
  - Prolong session if you get chance to observe a care sequence to its end
- All healthcare providers working with P/R/C or in the care area may be observed. It is important to consider any concerns HCWs may have with your presence. Be as discreet as possible and don't infringe on the actions of the HCWs
  - If HCW uncomfortable with your presence he/she has the right to ask you to leave – and you must do so if asked
  - May need to move closer depending on activity being performed
- Observer must conduct observations openly without interfering with ongoing work; observers introduce himself/herself to the observed HCW(s) and P/R/C's as appropriate; explain your role at the beginning of the observation period, if possible
- Observers should find a convenient place to observe without disturbing care activities;
   observers can move to follow HCW, but should never interfere with the work
- · Observers ONLY record what they see
- Observers also should recognize when to step out of a situation- if there's a medical emergency or if something is happening of a sensitive or confidential nature, the observer should leave
- Observers may observe up to 3 HCWs at one time provided the observer is experienced and VERY careful not to miss opportunities (e.g., multiple HCWs performing sequential tasks quickly may prohibit accuracy of missed opportunities)
- If observing in one room and not much is happening, go to another
- Compliance should be detected according to opportunities for hand hygiene as recommended