



Ministry of Health  
Brunei Darussalam

# HAND HYGIENE POLICY



# HAND HYGIENE POLICY

<b>DOCUMENT TITLE:</b> MINISTRY OF HEALTH BRUNEI DARUSSALAM HAND HYGIENE POLICY			
<b>DOCUMENT CODE:</b> HHP / MOH-HAP-INF-001 / V01 / 122018	<b>EFFECTIVE DATE:</b> December 2018	<b>REVIEW DATE:</b> December 2023	<b>PAGE NO.:</b> 2/16

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## 1. OBJECTIVES

- 1.1. To provide a guiding policy on Hand Hygiene for all facilities within the Ministry of Health to decrease the risk of transmission of healthcare-associated organisms thus reducing the risk of healthcare-associated infections.

## 2. SCOPE

- 2.1. This policy applies to all facilities within the Ministry of Health, Brunei Darussalam.

## 3. STANDARDS

- 3.1. The policy is in accordance to at least the minimum standard requirement of the Joint Commission International (JCI) as the following:

- 3.1.1. Standard IP5G.5 – The hospital adopts and implements evidence-based hand hygiene guidelines to reduce the risk of health care-associated infections, with the following measurable elements:

3.1.1.1. The hospital has adopted current evidence-based hand hygiene guidelines.

3.1.1.2. The hospital implements a hand hygiene program throughout the hospital.

3.1.1.3. Handwashing and hand-disinfection procedures are used in accordance with hand hygiene guidelines throughout the hospital.

- 3.1.2. Standard PCI.9 – Gloves, masks, eye protection, other protective equipment, soap, and disinfectants are available and used correctly when required, with the following related measurable element:

3.1.2.1. Liquid soap, disinfectants, and towels or other means of drying are located in areas where handwashing and hand-disinfecting procedures are required.

- 3.1.3. Standard PCI.10 – The infection prevention and control process is integrated with the hospital's overall program for quality improvement and patient safety, using measures that are epidemiologically important to the hospital, with the following related measurable elements:

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3.1.3.1. Infection prevention and control activities are integrated into the hospital's quality improvement and patient safety program.

3.1.3.2. Monitoring data are collected and analyzed for the infection prevention and control activities and include epidemiologically important infections.

3.1.3.3. Monitoring data are used to evaluate and support improvements to the infection prevention and control program.

3.1.3.4. Monitoring data are documented and reports of data analysis and recommendations are provided to leadership on a quarterly basis.

3.1.4. The hospital provides education on infection prevention and control practices to staff, physicians, patients, families, and other caregivers when indicated by their involvement in care, with the following related measurable elements:

3.1.4.1. The hospital provides education about infection prevention and control to all staff and other professionals when they begin work in the hospital.

3.1.4.2. All staff receives ongoing education and training related to emerging trends in infection prevention and control.

3.1.4.3. Findings and trends from quality improvement activities are communicated to all staff and included as part of staff education.

#### 4. REFERENCES

4.1. World Health Organization (2009). WHO Guidelines on Hand Hygiene in healthcare. Retrieved from [http://apps.who.int/iris/bitstream/10665/44102/1/9789241597906\\_eng.pdf](http://apps.who.int/iris/bitstream/10665/44102/1/9789241597906_eng.pdf) on 14/3/18.

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- 4.3. Joint Commission International. (2017, July 1). Joint Commission International Accreditation Standards for Hospitals. 6th Edition. Retrieved from [https://www.jointcommissioninternational.org/assets/3/7/JCI\\_Standards\\_Only\\_6th\\_Ed\\_Hospital.pdf](https://www.jointcommissioninternational.org/assets/3/7/JCI_Standards_Only_6th_Ed_Hospital.pdf) on 25/11/2018.
- 4.4. Ontario Agency for Health Protection and Promotion (Public Health Ontario), Provincial Infectious Diseases Advisory Committee. (2014, January). Best Practices for Hand Hygiene in All Health Care Settings. 4th ed. Retrieved from <https://www.publichealthontario.ca/en/eRepository/2010-12%20BP%20Hand%20Hygiene.pdf> on 25/11/2018.
- 4.5. The Joint Commission. Acceptable Practices of Using Alcohol-Based Hand Rub. Retrieved from <https://www.jointcommission.org/assets/1/18/Acceptable%20Practices%20of%20Using%20Alcohol2.PDF> on 14/3/18.

## 5. DEFINITION OF TERMS

### 5.1. Alcohol-based hand rub (ABHR):

Refers to 60% – 90% alcohol-containing preparation (liquid, gel or foam), designed for application to the hands to inactivate microorganisms and/or temporarily suppress their growth.

### 5.2. Antimicrobial soap:

Refers to soap (detergent) containing an antiseptic agent at a concentration sufficient to inactivate microorganisms and/or temporarily suppress their growth.

### 5.3. Body fluids:

Refer to any substance / fluid from the body:

- Blood
- Excreted: urine, stools, vomit, meconium, lochia
- Secreted: saliva, mucous, sperm, milk and colostrum, tears, wax, caseosa (until first bath)

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- Trans-/ex-udate: pleural fluid, cerebrospinal fluid, ascites fluid, synovial fluid, amniotic fluid, pus, with the exception of sweat.
- By extension, any biological samples taken from the body (including tissue sample, placenta, cytological sample, organ, bone marrow)

**5.4. Hand Hygiene:**

A general term referring to any action of hand cleansing either hand rubbing with an alcohol-based hand rub or hand washing with soap and water aimed at reducing or inhibiting the growth of microorganisms on hands.

**5.5. Hand Hygiene Indication:**

An indication is a reason for a hand hygiene action.

**5.6. Hand rubbing:**

Applying an alcohol-based hand rub to reduce or inhibit the growth of microorganisms without the need for an exogenous source of water and requiring no rinsing or drying with towels or other devices.

**5.7. Handwashing stations:**

Sinks used for the purpose of handwashing.

**5.8. Patient:**

This refers to as the patient per se and all the lines and equipment attached to the patient.

**5.9. Patient surroundings:**

This refers to all the patient care equipment, objects, furniture, and the environmental surfaces within the immediate surroundings of the patient that are touched by or in direct physical contact with the patient such as bed rails, bedside table, bed linen, infusion tubing and other medical equipment and surfaces frequently touched by healthcare workers while caring for the patient, such as monitors, knobs and buttons, and other touch surfaces.

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#### 5.10 Patient washroom:

This refers to the room containing a toilet, bath and/or shower and sink for the patient's use.

## 6. POLICY

### 6.1. HAND HYGIENE INDICATIONS

6.1.1. Hand hygiene **MUST** be performed by all staff on these five indications during patient care (WHO's

Your 5 Moments for hand hygiene'- Annex 1)

- Moment 1 - Before touching a patient
- Moment 2 - Before a clean/aseptic procedure
- Moment 3 - After body fluid exposure risk
- Moment 4 - After touching a patient
- Moment 5 - After touching patient surroundings

6.1.2. The 5 Moments for Hand Hygiene are to be applied to any clinical situation, whether caring for patient as inpatient or outpatient.

6.1.3. The 5 Moments for Hand Hygiene correspond to the indications during the care of delivery where there is risk of transmission of microorganisms.

### 6.2. CONDUCT OF HAND HYGIENE

6.2.1. Hand hygiene may be performed either by rubbing the hands using alcohol-based hand rub (ABHR) or by washing hands with soap and water.

#### 6.2.2. Hand Hygiene with Alcohol-Based Hand Rub (ABHR)

6.2.2.1. The use of alcohol-based hand rub (ABHR) is preferable for the routine decontamination of hands in all clinical situations other than those listed under 'Hand Hygiene with Soap and Water' in section 6.2.3 below.



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### 6.2.3. Hand Hygiene with Soap and Water

**6.2.3.1.** Hand hygiene **MUST** be performed by washing the hands with soap and water and not by rubbing hands using alcohol-based hand rub (ABHR) in the following situations:

- When hands are visibly dirty or contaminated with proteinaceous material or other body fluids.
- If exposed to suspected or proven spore-forming bacteria or diarrhoeal illness (e.g. *Clostridium difficile*, *norovirus*).
- After going to the toilet.
- Before touching and/or consuming food.

**6.2.3.2.** For routine hand hygiene, the soap used can be an anti-microbial or non-anti-microbial soap.

**6.2.3.3.** The use of anti-microbial soap such as 4% chlorhexidine-containing soap, may be reserved for antiseptic hand hygiene prior to aseptic or clean procedures or for surgical hand scrub.

### 6.3. HAND HYGIENE TECHNIQUE (Annex 2)

**6.3.1.** Perform hand hygiene either by washing the hands using soap and water or by rubbing the hands with Alcohol-based hand rub (ABHR) following the **6 STEPS OF HAND HYGIENE TECHNIQUE** as described below:

- Step 1: Rub hands palm to palm
- Step 2: Right palm over left dorsum with fingers interlaced and vice versa
- Step 3: Palm to palm with fingers interlaced
- Step 4: Back of fingers to opposing palm with fingers interlocked.
- Step 5: Rotational rubbing of right thumb clasped in left palm and vice versa.
- Step 6: Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa.

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**6.3.2.** The minimum duration for hand rubbing with ABHR is 20 – 30 seconds.

**6.3.3.** The minimum duration for handwashing with soap and water is 40-60 seconds.

#### **6.4. OTHER ASPECTS OF HAND HYGIENE**

**6.4.1.** Nails must be kept clean and short.

**6.4.2.** Do not use nail polish.

**6.4.3.** Do not wear artificial fingernails or extenders.

**6.4.4.** Inspect hands for non-intact skin.

**6.4.4.1.** Staffs with exudative lesions, dermatitis or other wounds, have a higher risk of skin colonization with microorganisms so they should seek medical advice for management of the skin condition.

**6.4.4.2.** Open wounds should be covered with an impermeable dressing while at work.

**6.4.4.3.** For those with non-intact skin, the use of gloves may be used whenever there is direct patient contact.

**6.4.5.** Do not do handwashing and handrubbing with ABHR simultaneously or in sequence.

**6.4.6.** Regularly apply own protective hand cream to prevent drying of the skin.

#### **6.5 THE USE OF GLOVES AND HAND HYGIENE**

**6.5.1** The wearing of gloves **DOES NOT REPLACE** the need to perform hand hygiene as indicated by the 5 Moments for Hand Hygiene described in section 6.1 above.

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- 6.5.2** Gloves may be used as part of Standard Precautions when it is anticipated that the hands will be in contact with mucous membranes, non-intact skin or body fluids and/or as part of Contact Precautions.
- 6.5.3** Perform hand hygiene by carrying out the 6 steps of hand hygiene technique as described in section 6.3, immediately before putting on the gloves.
- 6.5.4** Make sure hands are dry before putting on the gloves.
- 6.5.5** Do not use the same pair of gloves for the care of more than one patient.
- 6.5.6** Change or remove gloves if moving from a contaminated body site to a clean body site within the same patient.
- 6.5.7** Change or remove gloves after touching contaminated environmental surfaces and before touching a patient or clean environmental surface.
- 6.5.8** Remove gloves immediately and discard after the activity for which they were used and then perform the 6 steps of hand hygiene.
- 6.5.9** Do not wash or re-use disposable gloves.

## **6.6 HANDWASHING STATION**

- 6.6.1** Each facility's management shall ensure the items required for the provision of adequate hand hygiene facilities are in continuous supply.
- 6.6.2** Each handwashing stations are to be equipped with the following items:
  - Continuous supply of disposable hand towels with the dispenser.
  - Liquid or foam soap.

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- Laminated 6 steps of Hand Hygiene Technique poster.
- Lidded, foot-operated, lined bins located near the handwashing station that are periodically emptied.

### **6.7 ALCOHOL-BASED HAND RUBS (ABHR)**

- 6.7.1** Alcohol-based hand rub placements are to be targeted at location of point-of-care.
- 6.7.2** However, prior to placement of the ABHR at these point-of-care locations, to reduce the risk of ingestion or misuse or removal by patients and visitors, thorough and careful risk assessment of the appropriateness of placing the ABHR at these locations should be performed.
- 6.7.3** For suggested placement of ABHR in inpatient and outpatient setting refer to Annex 3.
- 6.7.4** The alcohol-based hand rubs should be stored, placed and used in a manner that reduces fire hazard risk (refer Annex 4)

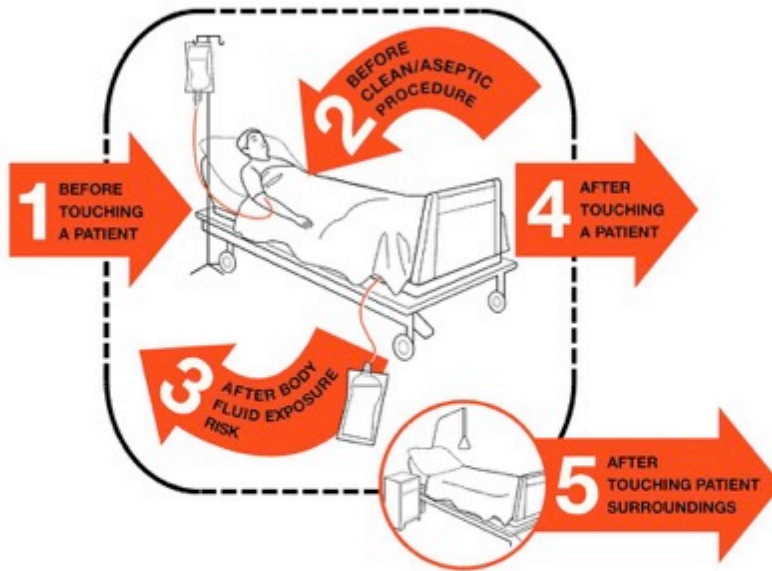
### **6.8 HAND HYGIENE PROGRAM**

- 6.8.1** Each healthcare facility is to develop their own hand hygiene program which should include formal hand hygiene training program for their staffs and hand hygiene-related audits including hand hygiene compliance audit.

## **7.0 Annexes**

- 7.1** Annex 1 – WHO's Your 5 Moments for Hand Hygiene
- 7.2** Annex 2 – 6 Steps of Hand Hygiene
- 7.3** Annex 3 – Suggested Placement for Alcohol-Based Hand Rubs (ABHR)
- 7.4** Annex 4 – Measures to Reduce Fire Hazard Risks Related to the Use of Alcohol-Based Hand Rub

# Your 5 Moments for Hand Hygiene



<b>1</b>	<b>BEFORE TOUCHING A PATIENT</b>	<b>WHEN?</b> Clean your hands before touching a patient when approaching him/her. <b>WHY?</b> To protect the patient against harmful germs carried on your hands.
<b>2</b>	<b>BEFORE CLEAN/ASEPTIC PROCEDURE</b>	<b>WHEN?</b> Clean your hands immediately before performing a clean/aseptic procedure. <b>WHY?</b> To protect the patient against harmful germs, including the patient's own, from entering his/her body.
<b>3</b>	<b>AFTER BODY FLUID EXPOSURE RISK</b>	<b>WHEN?</b> Clean your hands immediately after an exposure risk to body fluids (and after glove removal). <b>WHY?</b> To protect yourself and the health-care environment from harmful patient germs.
<b>4</b>	<b>AFTER TOUCHING A PATIENT</b>	<b>WHEN?</b> Clean your hands after touching a patient and her/his immediate surroundings, when leaving the patient's side. <b>WHY?</b> To protect yourself and the health-care environment from harmful patient germs.
<b>5</b>	<b>AFTER TOUCHING PATIENT SURROUNDINGS</b>	<b>WHEN?</b> Clean your hands after touching any object or furniture in the patient's immediate surroundings, when leaving – even if the patient has not been touched. <b>WHY?</b> To protect yourself and the health-care environment from harmful patient germs.


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 **SAVE LIVES**  
 Clean Your Hands

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KEMENTERIAN KESIHATAN  
MINISTRY OF HEALTH

## 6 steps of hand hygiene

6 langkah pembersihan tangan

- 

Rub hands palm to palm  
Gosok kedua telapak tangan
- 

Right palm over left dorsum with interlaced fingers and vice versa  
Gosok telapak tangan sebelah kanan ke bahagian atas tangan sebelah kiri dengan jari-jemari berselang-seli dan sebaliknya
- 

Palm to palm with fingers interlaced  
Gosok kedua-dua telapak tangan dengan jari-jemari berselang-seli
- 

Backs of fingers to opposing palms with fingers interlocked  
Gosok belakang jari-jemari dengan mencengkam jari-jemari kedua-dua belah secara berentangan
- 

Rotational rubbing of left thumb clasped in right palm and vice versa  
Genggam ibu jari kiri dengan tangan kanan dan gosok secara putaran dan sebaliknya
- 

Rotational rubbing, backwards & forwards with clasped fingers of right hand in left palm & vice versa  
Rapatkan jari-jemari tangan kanan & gosokkan ke telapak tangan sebelah kiri secara putaran, ke belakang & ke depan dan sebaliknya

  
HANDWASH WITH SOAP AND WATER (40-60 seconds)  
CUCI TANGAN DENGAN MENGGUNAKAN AIR DAN SABUN (40-60 saat)

  
ALCOHOL BASED HANDRUB (20-30 seconds)  
PRODUK BERASASKAN ALKOHOL (20-30 saat)

Adapted from / Diadaptasi dari  
 World Health Organization

 123 | [www.moh.gov.bn](http://www.moh.gov.bn)

### Suggested Placement of Alcohol-Based Hand Rub (ABHR)

After thorough and careful risk assessment, alcohol-based hand rubs placements include (but not limited to) at the following locations:

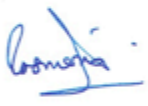








Inpatient Setting	Outpatient Setting
Entrance and/or exit to the ward	Entrance and/or exit to the clinic/unit
At the end of each bed	In each consultation/procedure/treatment room
At the entrance or end of each patient bay	Any other areas where there is potentially patient contact e.g. reception, triage, visual acuity assessment etc
Entrance to each single room	On each trolley for nursing tasks
In treatment/ procedure/ medication rooms	Locations where Personal Protective Equipment (PPE) is donned and removed
On each trolley for nursing tasks, e.g. drug administration trolley, blood glucose monitoring trolley, procedure trolley etc	
Any other areas where there is potentially patient contact	
Locations where Personal Protective Equipment (PPE) is donned and removed	

### Measures to Reduce Fire Hazard Risk Related to the Use of Alcohol-Based Hand Rub (ABHR)

<p><b>Placement</b></p>	<p><b>Do not place ABHR:</b></p> <ul style="list-style-type: none"> <li>▪ <b>above or adjacent (~16cm) to potential sources of ignition</b> (risk of vapours igniting), such as: <ul style="list-style-type: none"> <li>- computers including on COWs (Computer On Wheels)</li> <li>- printers</li> <li>- light switches</li> <li>- electrical outlets</li> <li>- call buttons</li> <li>- monitoring equipment</li> <li>- oxygen or other medical gas outlets</li> </ul> </li> <li>▪ <b>above carpeted areas</b> (unless the area is protected by active sprinklers)</li> <li>▪ <b>in any corridor that forms part of a means of fire escape</b></li> </ul>	
<p><b>Maximum Individual Container Size</b></p>	<p>For Rooms and Corridors:</p>	<p>1 Litre</p>
	<p>For areas designated as suites of rooms:</p>	<p>2 Litres</p>
<p><b>Storage</b></p>	<p>Containers kept closed in cool, well-ventilated place, away from direct sunlight, heat, sparks, open flames and any other sources of ignition</p>	
<p><b>Safety to End-Users</b></p>	<ul style="list-style-type: none"> <li>▪ Do not use excessive amounts</li> <li>▪ Rub hands until the alcohol-based product has completely evaporated</li> <li>▪ Do not touch potential sources of ignition until product has completely evaporated</li> </ul>	



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