SCOPE
Organizational ☒  Departmental ☐

TITLE
Hand Hygiene

PURPOSE
To provide a clear mandate for hand hygiene practices expected of Sidra staff to reduce the risk transmission of micro-organisms between patients, Staff and visitors.

APPLICABLE TO
All Staff.

DEFINITIONS

EXPECTED OUTCOME
Increased hand hygiene compliance.
Reduction in healthcare associated infections.

POLICY STATEMENT

1. Staff are required perform hand hygiene when providing patient care using the ‘World Health Organization Five Moments for Hand Hygiene’ framework.

2. Sidra will provide employees with hand hygiene products, facilities and the opportunities necessary to create a culture of safety and hand hygiene compliance for clinical and non-clinical staff in all locations of the facility.

3. Staff are expected to be ‘Bare Below the Elbow’ during direct patient care activities in critical care and high risk areas (i.e. areas where immunosuppressed patients) are being cared for:

   3.1. Neonatal Intensive Care Unit
   3.2. Pediatric Intensive Care Unit
   3.3. Women’s Special Care Unit
   3.4. Emergency Room Resuscitation
   3.5. Operating Rooms
   3.6. Rooms where procedures are carried out (for example, but not limited to; Cardiac Catheter Lab, Interventional Radiology)
   3.7. Bone Marrow Transplant Unit
   3.8. Oncology Unit
   3.9. Hematology – Oncology Outpatient Center (HOOC)
   3.10. Outpatient Infusion Center (OPIC)

4. Staff who cannot bare their forearms must wear a long sleeved isolation gown or single use disposable sleeves to cover their clothing during direct patient care activities.

5. Staff must ensure their wrists and hands are free from extraneous items (i.e. rings, wrist watches, wristbands and bracelets). A single plain and smooth wedding band may be worn but should not interfere with effective hand
6. Families visiting patients, particularly those in high risk areas such as the Neonatal Intensive Care Unit will be expected to perform hand hygiene before touching patients. Staff are responsible for providing education to patients and their families and visitors.

7. Hand hygiene practices will be audited and feedback provided to all Staff every month.

8. Failure to comply with the Sidra Hand Hygiene policy and procedure will be investigated.

9. Clinical teams are responsible for developing and implementing action plans to improve hand hygiene compliance in their units/ departments.

10. Non-compliance with hand hygiene policy can result in mandatory re-training and/or disciplinary procedures.

| COMPLIANCE REFERENCES | Joint Commission International Accreditation Standards for Hospitals and Academic Medical Centers 6th Edition (2017) IPSG.5 ME 1, 2 and 3, PCI.6, PCI.9, SQE.7, GLD.9, PCI.5
| | ACC 6.1 ACC 6.2 ACC 6.3 ACC 6.4 ACC 7.1 ACC 7.2 ACC 7.3 ACC 7.4 ACC 7.5
| | Qatar National Healthcare Facilities MoPH IPI.1
| | Qatar National Healthcare Facilities MoPH IPFH.1 (F)/ IPFH.1/ IPI.1
| | Qatar National Healthcare Facilities MoPH IPFH.4/ IPI.5


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<table>
<thead>
<tr>
<th>NAME OF AUTHOR</th>
<th>Ogra Marufu, Manager - Infection Prevention and Control</th>
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</thead>
<tbody>
<tr>
<td>POLICY OWNER/ DEPARTMENT</td>
<td>Chief Medical Officer / Infection Prevention and Control</td>
</tr>
<tr>
<td>APPROVAL BODY</td>
<td>As per POL - O - Tables of Decision Authorities (ToDA) and Financial Authorities (ToFA)</td>
</tr>
<tr>
<td>MEASUREMENT OF COMPLIANCE</td>
<td>Compliance with Hand Hygiene will be monitored and reported to the Infection Control Committee and Staff every month.</td>
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| KEYWORD SELECTION | Keyword 1 : Hand Hygiene  
Keyword 2 : Hand Rub  
Keyword 3 : Hand Gel  
Keyword 4 : Hand Washing |
<table>
<thead>
<tr>
<th>Version Number</th>
<th>Issue Date</th>
<th>Summary of amendments</th>
<th>Key Changes</th>
<th>Communication Message</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>01/12/2015</td>
<td>New Policy</td>
<td></td>
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<tr>
<td>2</td>
<td>18/02/2018</td>
<td>Amended Policy</td>
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<tr>
<td>3</td>
<td>22/01/2019</td>
<td>Added statements:</td>
<td>1. Staff are expected to be ‘Bare Below the Elbow’ during direct patient care activities in critical care and high risk areas (i.e. areas where immunosuppressed patients are being cared for: Neonatal Intensive Care Unit, Pediatric Intensive Care Unit, Women’s Special Care Unit, ER Resuscitation, Procedure Rooms (Cardiac Catheter Lab, Interventional Radiology), Bone Marrow Transplant Unit, Oncology Unit, Hematology – Oncology Outpatient Center (HOOC) and Outpatient Infusion Center (OPIC)) 2. Staff who cannot bare their forearms must wear a long sleeved isolation gown or single use disposable sleeves. 3. Staff must ensure their wrists and hands are free from extraneous items (i.e. rings, wrist watches, wristbands and bracelets). A single plain wedding band may be worn but should not interfere with effective hand hygiene practice.</td>
<td>This policy provides the all staff clarity on the Sidra’s expectations on staff hand hygiene practices. Sidra adopted the WHO 5 moments for hand hygiene framework and staff are expected to adhere to this when caring for patients to ensure infection transmission is interrupted during patient care. The policy also provides staff with clear guidance on when they are expected to be bare below the elbow during patient care activities.</td>
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<tr>
<td>4</td>
<td>03/06/2020</td>
<td>1. Updated the policy purpose. 2. Clarified the requirement for staff who cannot bare their forearms to cover their clothes/ uniform with a gown or disposable sleeves when carrying out direct care activities. 3. Specified Operating Rooms as a high risk location - separated it from Procedure Rooms and added ‘Special’ to Procedures to align with the Sidra naming convention.</td>
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