

National Hand Hygiene Initiative Implementation Guide

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Contents

About this guide	4
The National Hand Hygiene Initiative	5
Why is hand hygiene important?	5
Overview of the National Hand Hygiene Initiative	5
National Safety and Quality Health Service Standards	6
National Primary and Community Care Standards	7
1. Promoting the use of alcohol-based hand rub at the point of care	8
When to use alcohol-based hand rub	8
When to use soap and water	8
Product selection and placement	9
2. Ensuring standardised hand hygiene and infection prevention and control education.....	11
Hand hygiene eLearning modules for healthcare workers	11
Hand Hygiene Auditor training	12
Hand Hygiene Auditor Educator training	13
3. Monitoring hand hygiene compliance and providing feedback as part of a quality improvement approach	17
Direct observational auditing of hand hygiene compliance	17
National audits	18
Reporting national data	20
Other strategies for monitoring hand hygiene compliance	21
4. Identifying targeted opportunities for improving hand hygiene compliance	23
Providing feedback to key stakeholders	23
Using hand hygiene compliance data to deliver targeted education	24
Staff ownership	24
Promotion of hand hygiene	25
Measuring improvement	26
Glossary	27
More information and contacts	29

Tables

Table 1. The 5 Moments for Hand Hygiene	6
Table 2. Relevant actions under the Preventing and Controlling Infections Standard.	6

About this guide

Welcome to the National Hand Hygiene Initiative Implementation Guide.

This implementation guide is designed to help health service facilities implement and manage their hand hygiene program, and to meet the requirements of relevant national standards.

Effective hand hygiene is the most important strategy in preventing healthcare-associated infections. It is a critical part of standard precautions in preventing and controlling infection in healthcare settings and reducing the risk of transmitting infection between patients and healthcare workers.

The National Hand Hygiene Initiative is coordinated by the Australian Commission on Safety and Quality in Health Care. It is one of several initiatives to prevent and control infections in health care and assist organisations meet the following standards:

- **National Safety and Quality Health Service Standards** which require health service organisations to have processes in place to meet Action 3.05 Surveillance and Action 3.10 Hand Hygiene of the Preventing and Controlling Infections Standard.
- **National Safety and Quality Primary and Community Healthcare Standards** which require healthcare services to have processes in place to meet Action 3.05 Hand hygiene of its Clinical Safety Standard.

This guide outlines the major components of the National Hand Hygiene Initiative and how to implement an appropriate hand hygiene program.

Version control

Version	Publication date	Comments
1.1	21 August 2024	Page 21: Additional text, specifying that direct observational auditing is not appropriate in in solo practice and very small day procedure services (e.g. solo practitioner endoscopy clinics, cosmetic surgeries and dental practices).

The National Hand Hygiene Initiative

Why is hand hygiene important?

Hand hygiene is one element of standard precautions, which are the primary strategy for minimising the transmission of healthcare-associated infections (HAIs). Standard precautions must be used when providing care to all patients, regardless of whether they are known or suspected to have an infection.

Hand hygiene is critical for patient and healthcare worker safety because it reduces the risk of transmitting infection. There is a connection between hand hygiene compliance rates and the incidence of HAIs.

Systematic appropriate hygiene practice is associated with:

- sustained decrease in the incidence of infections caused by methicillin-resistant *Staphylococcus aureus* (MRSA) and vancomycin-resistant *enterococci*
- reductions in HAIs of up to 45% in a range of settings
- a reduction of more than 50% in the rates of nosocomial disease associated with MRSA and other multidrug-resistant organisms after 1 to 2 years.

Overview of the National Hand Hygiene Initiative

The Australian Commission on Safety and Quality in Health Care (the Commission) coordinates the [National Hand Hygiene Initiative \(NHHI\)](#)¹ as part of a suite of initiatives to prevent and control infections in healthcare.

The NHHI is a multimodal approach to improving hand hygiene. It consists of the following four components, each of which will be described in detail further in this guide:

- 1. Promoting the use of alcohol-based hand rub at the point of care**
- 2. Ensuring standardised hand hygiene and infection prevention and control education**
- 3. Monitoring hand hygiene compliance and providing feedback as part of a quality improvement approach**
- 4. Identifying targeted opportunities for improving hand hygiene compliance**

Implementation of the NHHI is led by states, territories, and health service organisations (public and private).

¹ <https://www.safetyandquality.gov.au/our-work/infection-prevention-and-control/national-hand-hygiene-initiative>

The 5 Moments for Hand Hygiene

The [5 Moments for Hand Hygiene](#)² is a theoretical model based on the World Health Organization's (WHO) [WHO Guidelines on Hand Hygiene in Health Care](#)³ and [Your 5 Moments for Hand Hygiene](#)⁴ approach for preventing the transmission of microorganisms. This model is fundamental to the NHHI.

The 5 Moments for Hand Hygiene are the five critical moments that occur during the provision of clinical care where there is an elevated risk of transmitting microorganisms between a healthcare worker, a patient, and the environment. Table 1 describes each of the five moments.

Table 1. The 5 Moments for Hand Hygiene

Moment #	Description
Moment 1	Before touching a patient
Moment 2	Before a procedure
Moment 3	After a procedure or body fluid exposure risk
Moment 4:	After touching a patient
Moment 5:	After touching a patient's surroundings

The 5 Moments are the focus of direct observational auditing of hand hygiene compliance in acute health service facilities. Data from auditing is used to report hand hygiene compliance in public and private acute health service facilities. It is compared to a national benchmark set by the former Australian Health Ministers' Advisory Council. The current national benchmark is 80%.

National Safety and Quality Health Service Standards

The [National Safety and Quality Health Service \(NSQHS\) Standards](#)⁵ require health service organisations to have processes in place to meet [Action 3.05 Surveillance](#)⁶ and [Action 3.10 Hand Hygiene](#)⁷ of the [Preventing and Controlling Infections Standard](#).⁸

Table 2 describes the requirements of each Action.

Table 2. Relevant actions under the Preventing and Controlling Infections Standard.

Action	Description
Action 3.05 Surveillance	Requires health service organisations to have a surveillance strategy for infections, infection risk, and antimicrobial use and prescribing. The surveillance strategy should include consideration of hand hygiene audit data.

² <https://www.safetyandquality.gov.au/5-moments-hand-hygiene>

³ <https://www.who.int/publications/i/item/9789241597906>

⁴ <https://www.who.int/multi-media/details/your-5-moments-for-hand-hygiene-poster>

⁵ <https://www.safetyandquality.gov.au/standards/nsqhs-standards>

⁶ <https://www.safetyandquality.gov.au/standards/nsqhs-standards/preventing-and-controlling-infections-standard/clinical-governance-and-quality-improvement-systems-are-in-place-to-prevent-and-control-infections-and-support-antimicrobial-stewardship-and-sustainable-use/action-305>

⁷ <https://www.safetyandquality.gov.au/standards/nsqhs-standards/preventing-and-controlling-infections-standard/infection-prevention-and-control-systems/action-310>

⁸ <https://www.safetyandquality.gov.au/standards/nsqhs-standards/preventing-and-controlling-infections-standard>

Action	Description
Action 3.10 Hand Hygiene	<p>Requires health service organisations to have a hand hygiene program incorporated within its overarching infection prevention and control program as part of standard precautions, that:</p> <ul style="list-style-type: none"> • is consistent with the current national hand hygiene initiative and jurisdictional requirements • addresses noncompliance or inconsistency with benchmarks and the current national hand hygiene initiative • provides timely reports on the results of hand hygiene compliance audits, and action in response to audits, to the workforce, the governing body, consumers, and other relevant groups • uses the results of audits to improve hand hygiene compliance.

Health services accredited to the NSQHS Standards are required to collect hand hygiene compliance data for national audits, unless the collection of that data is not recommended for the particular setting (see [National Hand Hygiene – Audit Requirements](#)⁹) or the service is exempted by the state and territory health regulator.

The Commission provides guidance and direction on the interpretation and assessment of the NSQHS Standards to accrediting agencies and health service organisations via advisories on its website at [Resources for the NSQHS Standards](#).¹⁰

A practical guidance document [Support for the implementation of the Preventing and Controlling Infections Standards](#)¹¹ is available on the Commission’s website.

National Primary and Community Care Standards

The [National Safety and Quality Primary and Community Healthcare Standards](#)¹² require healthcare services to have processes in place to meet Action 3.05 Hand Hygiene of the [Clinical Safety Standard](#).¹³

Action 3.05 requires healthcare services to have hand hygiene processes that are incorporated into their overarching infection prevention and control program as part of standard precautions. The processes should:

- be consistent with the appropriate elements of the National Hand Hygiene Initiative and jurisdictional requirements
- support the workforce and consumers to practise hand hygiene.

A practical guidance document [National Safety and Quality Primary and Community Healthcare Standards Guide for healthcare services](#)¹⁴ is available on the Commission’s website.

⁹ <https://www.safetyandquality.gov.au/our-work/infection-prevention-and-control/national-hand-hygiene-initiative/national-audits-and-hhcapp/national-hand-hygiene-audit-requirements>

¹⁰ <https://www.safetyandquality.gov.au/standards/nsqhs-standards/resources-nsqhs-standards>

¹¹ <https://www.safetyandquality.gov.au/publications-and-resources/resource-library/support-implementation-preventing-and-controlling-infections-standards>

¹² <https://www.safetyandquality.gov.au/publications-and-resources/resource-library/national-safety-and-quality-primary-and-community-healthcare-standards>

¹³ <https://www.safetyandquality.gov.au/standards/primary-and-community-healthcare/clinical-safety-standard>

¹⁴ <https://www.safetyandquality.gov.au/publications-and-resources/resource-library/nsqpch-standards-guide-healthcare-services>

1. Promoting the use of alcohol-based hand rub at the point of care

The NHHI promotes the use of alcohol-based hand rub (sometimes known as alcohol-based hand sanitiser) at the point of care. Hand hygiene compliance cannot be achieved without available products for healthcare workers to use. Having alcohol-based hand rub at the point of care improves hand hygiene compliance.

Alcohol-based hand rub is an alcohol-containing preparation (liquid, gel, or foam) designed to reduce the bacterial counts on hands without the need for running water. It is the recommended product for hand hygiene practice in healthcare settings when hands are not visibly soiled.

Education should be provided to all healthcare workers about when to use alcohol-based hand rub and when to wash hands with soap and water.

When to use alcohol-based hand rub

Alcohol-based hand rub is appropriate for all situations where hands are not visibly dirty or contaminated and has the following advantages:

- it takes only 15 to 20 seconds to decontaminate hands
- it is less irritating and drying for skin than soap and water
- it does not require running water or paper towels to dry hands, which reduces waste and helps achieve sustainability objectives.

Alcohol-based hand rub has excellent antimicrobial activity against gram-positive and gram-negative vegetative bacteria, and good antimicrobial activity against enveloped viruses. Alcohol solutions containing 60% to 80% alcohol are the most effective. It has been well established that alcohols effectively reduce bacterial counts on hands better than soap and water.

Alcohol-based hand rub is more effective against most bacteria and many viruses than either medicated or non-medicated soaps. It is the preferred product for all standard aseptic procedures. Surgical scrub is required for surgical procedures.

For definitions of standard versus surgical aseptic technique, refer to the [Australian Guidelines for the Prevention and Control of Infections in Healthcare](#) (section 3.1.6 Aseptic technique).¹⁵

Alcohol-based hand rub is also the recommended product for preventing intravascular catheter-related infections.

When to use soap and water

Washing hands with soap and water is preferable to the use of alcohol-based hand rub for these organisms:

- bacterial spores
- non-enveloped viruses
- other specific organisms.

¹⁵ <https://www.safetyandquality.gov.au/our-work/infection-prevention-and-control/australian-guidelines-prevention-and-control-infection-healthcare>

Bacterial spores

Alcohol has virtually no activity against bacterial spores. Washing hands with soap and water is preferred when bacterial spores may be present because it is the best method of physically removing spores from the hands.

However, the vegetative form of *Clostridioides difficile* (*C. difficile*) is highly sensitive to alcohol-based hand rub. The [November 2018 ASID/AICA position statement](#)¹⁶ on infection control for patients with *C. difficile* infection recommends the primary use of alcohol-based hand rub in accordance with the WHO [Your 5 Moments for Hand Hygiene](#). Gloves should be used during the care of patients with *C. difficile* infection to minimise spore contamination.

If hands become soiled or gloves have not been used, hands must be washed with soap and water.

Non-enveloped viruses

Alcohol has poor activity against some non-enveloped (non-lipophilic) viruses, for example, rotavirus, norovirus, polio, and hepatitis A.

However, there is conflicting evidence suggesting that alcohol-based hand rub is more effective than soaps in reducing virus numbers on finger pads. In norovirus outbreaks, it is best to reinforce the use of alcohol-based hand rub unless hands are visibly soiled, in which case handwashing with soap and water is preferred.

Other organisms

Alcohol has poor activity against tropical parasites and protozoan oocysts. Hand washing with soap and water is preferred.

Product selection and placement

Product selection

Choosing alcohol-based hand rub products is the responsibility of individual health service facilities. It is recommended that alcohol-based hand rub products:

- meet the EN1500 testing standard for the bactericidal effect
- have Therapeutic Goods Administration (TGA) approval as a hand hygiene product for a healthcare setting.

Other factors to consider are:

- dermal tolerance
- aesthetic preferences such as fragrance, colour, texture, and ease of use
- practical considerations such as availability, convenience and functioning of dispensers, and ability to prevent contamination
- cost.

¹⁶ [https://www.idhjournl.com.au/article/S2468-0451\(18\)30143-3/fulltext#sec1.7](https://www.idhjournl.com.au/article/S2468-0451(18)30143-3/fulltext#sec1.7)

Product placement

Having alcohol-based hand rub available at the point of care improves hand hygiene compliance. Alcohol-based hand rub should be easily accessible – generally within arm's reach of where patient care or treatment is taking place – and be placed in consistent locations throughout a health service facility.

Alcohol-based hand rub dispensers act as a visual cue for hand hygiene practice. Healthcare workers generally best understand the workflow in their area and should assist with decisions about the placement of alcohol-based hand rub.

Where possible, alcohol-based hand rub should be placed at the foot of every bed or within each patient cubicle. When designing new healthcare facilities, consideration should be given to the appropriate placement of alcohol-based hand rubs so that healthcare workers can easily see and reach them.

Alcohol-based hand rub dispensers should not be placed next to sinks, as this can cause confusion for healthcare workers about which hand hygiene technique to use.

The following locations are suggested for the placement of alcohol-based hand rub:

- on the end of every patient bed using either a fixed or removable bracket
- attached to mobile work trolleys; for example, intravenous, drug and dressing trolleys, especially in emergency department and recovery areas
- high staff traffic areas such as a nurses' station, pan room, medication room and patient room entrance
- all other clinical and patient care areas, such as examination rooms and outpatient consultation rooms
- entrances to each ward, outpatient clinic or department
- public areas such as waiting rooms, reception areas, hospital foyers, near elevator doors in high-traffic areas.

Signage about the appropriate use of alcohol-based hand rubs should be prominently displayed in all clinical areas in all health service facilities.

More information on alcohol-based hand rub placement is available on the Commission's website at [Alcohol-based hand rubs](#).¹⁷

¹⁷ <https://www.safetyandquality.gov.au/our-work/infection-prevention-and-control/national-hand-hygiene-initiative/what-hand-hygiene/alcohol-based-hand-rubs>

2. Ensuring standardised hand hygiene and infection prevention and control education

Standardised education means that healthcare workers in different organisations have access to the same training about hand hygiene and infection prevention and control. This provides the knowledge and transferable skills they need to perform their role consistently and effectively. Standardised education also ensures that healthcare workers' skills are consistent with the requirements of the [NSQHS Standards](#) and the [Australian Guidelines for the Prevention and Control of Infections in Healthcare](#).

Standardised hand hygiene auditor training ensures auditors have the skills to reliably audit healthcare worker hand hygiene performance, and that auditor educators have the knowledge and skills to train new Hand Hygiene Auditors and Hand Hygiene Auditor Educators.

The Commission has developed a suite of eLearning modules on hand hygiene practice, hand hygiene compliance auditing and other aspects of infection prevention and control. These modules provide information about hand hygiene practice, a consistent approach to hand hygiene compliance auditing, and other aspects of infection prevention and control.

These modules are freely available on the [NHHI Learning Management System](#)¹⁸ (LMS) and are consistent with the NSQHS Standards and the Australian Guidelines for the Prevention and Control of Infection in Healthcare.

Hand hygiene eLearning modules for healthcare workers

The NHHI LMS includes four modules on hand hygiene education and training for the following groups of healthcare workers:

1. Clinical healthcare workers, including doctors, nurses, midwives, allied health professionals, paramedics, student health practitioners, and those who provide physical care to patients and residents such as personal care attendants
2. Non-clinical healthcare workers, including clerical and administration, housekeeping, catering, engineering, sterilisation services, patient transport/ward orderly services, social and spiritual support, Aboriginal and Torres Strait Islander liaison officers, volunteers, and laboratory staff
3. Oral health practitioners, including dentists, dental assistants, oral hygienists, and oral health students
4. Candidates for a position in a surgical training program provided by the Royal Australasian College of Surgeons.

Health service facilities can require healthcare workers to complete hand hygiene learning modules when they start working and at regular intervals throughout their employment. This is one way to ensure that healthcare workers understand the importance of hand hygiene and how to practice it correctly.

¹⁸ <https://nhhi.southrock.com/>

Other opportunities for education and training

Examples of other strategies to implement an ongoing hand hygiene education program include:

- introductory sessions as part of an orientation program
- in-service lectures or special workshops
- supporting collaboration between hand hygiene coordinators and education departments to identify the most appropriate methods for the health service facilities and its workforce.

Many opportunities arise for informal hand hygiene education on a day-to-day basis, including:

- medical and nursing rounds
- nurse unit manager/clinical unit meetings
- ward 'walkabouts'
- program staff acting as a resource for all staff
- working one-on-one with staff to improve hand hygiene practices
- prompt feedback on hand hygiene compliance results, including rewards/incentives for good results.

Hand hygiene coordinators and infection prevention and control staff can support hand hygiene practice through their presence in clinical areas where opportunities arise for one-on-one interactions and informal opportunities to promote good practice.

High-profile promotional activities are recommended to raise awareness of hand hygiene. These can be planned to coincide with annual events such as:

- [World Hand Hygiene Day](#)¹⁹ – 5 May
- [International Infection Prevention and Control Week](#)²⁰ – third week of October.

Delivering infection prevention and control education within a health service facility is an opportunity to reinforce the importance of hand hygiene as part of standard precautions.

Hand Hygiene Auditor training

Hand Hygiene Auditors (HAs) conduct direct observational audits of healthcare worker hand hygiene practices. They provide feedback as part of a quality improvement approach to hand hygiene education.

Health service facilities rely on qualified and skilled auditors to audit and collect valid and reliable hand hygiene data. Auditor training ensures that auditors have consistent and current knowledge of hand hygiene audit practices.

Points to consider when selecting HAs include:

- capacity to complete the NHHI auditor training and conduct audits
- understanding and acknowledgement of the safety and privacy concerns of patients and healthcare workers
- ability to provide immediate feedback to healthcare workers for good hand hygiene practices and educate them on correct hand hygiene practices
- selecting from a range of health professions and clinical areas to promote widespread acceptance, ownership, and participation in activities to improve hand hygiene.

¹⁹ <https://www.safetyandquality.gov.au/our-work/infection-prevention-and-control/national-hand-hygiene-initiative/world-hand-hygiene-day>

²⁰ <https://www.safetyandquality.gov.au/our-work/infection-prevention-and-control/infection-prevention-and-control-week>

Role and responsibilities of Hand Hygiene Auditors

The role of HAs is to:

- conduct direct observational audits on healthcare workers' hand hygiene practices effectively and accurately
- provide feedback to healthcare workers as part of a quality improvement approach
- identify opportunities for hand hygiene education.

Hand Hygiene Auditor training pathway

The training pathway for healthcare workers who wish to become a HA comprises several steps designed to equip learners with the skills to audit hand hygiene practices reliably and accurately.

For more information on HA training, please visit [Hand Hygiene Auditor Training](#)²¹ and the [Hand Hygiene Auditor Training User Guide](#).²²

Annual revalidation requirements

All auditors must revalidate their credentials annually to retain their validated status as HAs. Information about how to do this and to revalidate if their status has lapsed, can be found at [Revalidation requirements for Hand Hygiene Auditors and Hand Hygiene Auditor Educators](#).²³

Hand Hygiene Auditor Educator training

Hand Hygiene Auditor Educators (HAEs) are peer educators responsible for practical skills training sessions for HAs. Health service facilities need qualified and skilled HAEs for this purpose.

HAE training ensures that educators have consistent knowledge of how to train others to become HAs and HAEs. There should be at least one HAE in each healthcare organisation.

Points to consider when selecting HAEs include:

- a background as a clinical health professional
- availability to provide auditor training
- understanding of auditing, feedback and education processes
- understanding and acknowledgement of the safety and privacy concerns of patients and healthcare workers.

Role and responsibilities

In addition to the role and responsibilities of a HA, HAEs are also required to:

- provide HA and HAE training
- provide support to local HAs and HAEs
- assist their organisation to contribute and validate audit data before submission of audit data
- support the implementation of the local hand hygiene program.

²¹ <https://www.safetyandquality.gov.au/our-work/infection-prevention-and-control/national-hand-hygiene-initiative/auditor-training-and-validation-nhhi/hand-hygiene-auditor-training-nhhi>

²² <https://www.safetyandquality.gov.au/publications-and-resources/resource-library/hand-hygiene-auditor-training-pathway-user-guide>

²³ <https://www.safetyandquality.gov.au/our-work/infection-prevention-and-control/national-hand-hygiene-initiative/auditor-training-and-validation-nhhi/revalidation-requirements-hand-hygiene-auditors-and-hand-hygiene-auditor-educators-nhhi>

Facilitating Hand Hygiene Auditor training

HAEs are responsible for organising and running practical skills training sessions for HAs.

These sessions involve a review of the '5 Moments for Hand Hygiene' and auditing rules, followed by a practical skills session where the HAE:

- demonstrates how to audit using the HHCApp
- leads group and individual activities to practise auditing, either in a real clinical environment or using clinical video scenarios available in the NHHI LMS.

Resources to support Hand Hygiene Auditor training sessions

Resources to support HA training sessions are only available for HAEs in their HAE domain files within the NHHI LMS. These resources include:

- *A NHHI LMS Hand Hygiene Auditor Educator (HAE) – How to guide* that provides step-by-step instructions on how to use the training scheduling functions in the NHHI LMS
- *A NHHI Hand Hygiene Auditor practical skills training session presentation* to support facilitation of these training sessions. The presentation covers the following:
 - the 5 Moments for Hand Hygiene
 - auditing rules
 - how to audit using the HHCApp
 - the practicalities of auditing in a clinical area
 - how to provide feedback when auditing
 - what to do if an auditor observes unsafe practices when auditing hand hygiene
- *A Hand Hygiene Auditor practical skills training session facilitation handbook* to support Hand Hygiene Auditor Educators in delivering the presentation. The handbook, which is available in the NHHI LMS includes:
 - information on how hand hygiene auditing relates to the [NSQHS Standards](#)
 - auditor training and revalidation requirements
 - how to administer HA training sessions in the NHHI LMS
 - how to prepare for the training session
 - additional information, such as discussion points and workshop ideas, to support HAEs to deliver the content of each slide in the presentation.

Facilitating Hand Hygiene Auditor Educator training

HAEs are also responsible for organising and running training sessions for new and lapsed HAEs. In these sessions, HAEs:

- highlight different adult learning styles that may be encountered during auditor training
- review different facilitation strategies that can be used in auditor training
- explain the role of the HAE
- explain how to maintain valid HAE status
- demonstrate how to organise training sessions in the NHHI LMS and how to access Commission resources to support training sessions.

After each training session, HAEs are required to mark their learners' scenario-based assessments in the NHHI LMS.

Resources to support Hand Hygiene Auditor Educator training sessions

Resources to support HAE training sessions are only available for HAEs in their HAE domain files within the NHHI LMS. These resources include:

- A *NHHI LMS Hand Hygiene Auditor Educator (HAE) – How to guide* that provides step-by-step instructions on how to use the training scheduling functions in the NHHI LMS
- A *NHHI Hand Hygiene Auditor Educator facilitated training session presentation* to support Hand Hygiene Auditor Educators in facilitating these sessions. This presentation includes:
 - the characteristics of adult learning
 - the strategies to use when running auditor training sessions
 - how to provide feedback to learners during training
 - group discussion activities
- A *Hand Hygiene Auditor Educator Facilitated Training Session facilitation handbook* has been developed to support HAEs to deliver the presentation. The handbook includes:
 - information on how hand hygiene auditing relates to [NSQHS Standards](#)
 - HAE training and revalidation requirements
 - how to administer HAE training sessions in the NHHI LMS
 - how to prepare for training sessions
 - resources to support training sessions
 - additional information such as discussion points and workshop ideas to support HAEs to deliver the content of each slide in the presentation
 - information on how to mark scenario-based assessments in the NHHI LMS.

Hand Hygiene Auditor Educator training pathway

The new Hand Hygiene Auditor Educator training pathway is for HAs who wish to become HAEs. The training pathway consists of several steps designed to equip them with the necessary skills to train others to audit or to become HAEs.

For more information on the Hand Hygiene Auditor Educator Training, please visit [Hand Hygiene Auditor Educator Training](#)²⁴ and [Hand Hygiene Auditor Educator Training User Guide](#).²⁵

Revalidation requirements

All Hand Hygiene Auditor Educators must revalidate their credentials annually to retain their validated status as both Hand Hygiene Auditors and Auditor Educators. Information about this process can be found at [Revalidation requirements for Hand Hygiene Auditors and Hand Hygiene Auditor Educators](#).

It also provides information on the training pathway where validation has lapsed, and the validation requirements for existing Gold Standard Auditors.

National training roster of Hand Hygiene Auditor Educators

The national training roster of Hand Hygiene Auditor Educators was established in the NHHI LMS in June 2023.

²⁴ <https://www.safetyandquality.gov.au/our-work/infection-prevention-and-control/national-hand-hygiene-initiative/auditor-training-and-validation-nhhi/hand-hygiene-auditor-educator-training>

²⁵ <https://www.safetyandquality.gov.au/publications-and-resources/resource-library/hand-hygiene-auditor-educator-training-pathway-user-guide>

HAEs who join the roster can enter information about training sessions they plan to deliver in the NHHI LMS training calendar. Learners can book these training sessions via the NHHI LMS, regardless of their location or the organisation that employs them.

This supports greater access to auditor training, encourages networking between organisations and supports HAEs from small facilities and organisations to meet their revalidation requirements and maintain their educator status.

Participation in the national roster is strongly recommended. Region and organisation administrators and HAEs can elect to join the national training roster through the NHHI LMS. They can update their availability status at any time.

Health networks, corporate groups and individual organisations/facilities that do not participate in the national roster will need to provide in-house auditor training using the NHHI LMS hand hygiene auditor training resources. Learners from these groups can only enrol in local training sessions via the NHHI LMS.

For more information on how to update preference for participating in the national training roster, please visit [National Hand Hygiene Auditor Training – FAQs](#)²⁶ webpage.

²⁶ <https://www.safetyandquality.gov.au/our-work/infection-prevention-and-control/national-hand-hygiene-initiative/auditor-training-and-validation-nhhi/national-hand-hygiene-auditor-training-faqs-nhhi>

3. Monitoring hand hygiene compliance and providing feedback as part of a quality improvement approach

Hand hygiene compliance is a robust indicator of the effectiveness of the infection prevention and control strategies of a health service organisation.

Monitoring and reporting hand hygiene practices can:

- identify targeted opportunities for improving hand hygiene compliance
- assist with measurement of the effects of compliance on infection outcomes, such as *S. aureus* bloodstream infection (SABSI) rates
- provide healthcare workers with positive reinforcement and recognition when effective hand hygiene is observed
- inform and reassure consumers of an organisation's safety culture.

Hand hygiene programs should have a range of processes to monitor and report healthcare workers' hand hygiene practices, including:

- direct observational auditing of hand hygiene practices
- auditing of hand hygiene product availability
- conducting staff surveys on their knowledge of hand hygiene practices
- conducting patient/client survey on staff hand hygiene practices
- monitoring staff hand hygiene education uptake.

Direct observational auditing of hand hygiene compliance

Direct observational auditing of hand hygiene compliance practices is a major component of monitoring and reporting healthcare workers' hand hygiene practice. It involves trained hand hygiene auditors (HAs and HAEs) observing how and when healthcare workers clean their hands during clinical care using the [5 Moments for Hand Hygiene](#) methodology and recording these observations.

See the [NHHI direct observational auditing of hand hygiene compliance user guide](#)²⁷ for more information on the auditing process.

Entering data using the Hand Hygiene Compliance Application (HHCApp)

There are three main methods for entering hand hygiene data from direct observational auditing. These are:

- entering the hand hygiene data directly using the [HHCApp mobile site](#)²⁸
- entering the hand hygiene data directly using the [HHCApp desktop site](#)²⁹
- recording audit observations using a hand hygiene [audit data collection form](#)³⁰ and then entering the hand hygiene data into the HHCApp later using the HHCApp desktop site.

²⁷ <https://www.safetyandquality.gov.au/publications-and-resources/resource-library/nhhi-direct-observational-auditing-hand-hygiene-compliance-user-guide>

²⁸ <https://nhhi.safetyandquality.gov.au/mobile/>

²⁹ <https://nhhi.safetyandquality.gov.au/>

³⁰ <https://www.safetyandquality.gov.au/publications-and-resources/resource-library/audit-data-collection-form>

Only trained and validated hand hygiene auditors are authorised to collect and enter data using the HHCApp.

See [NHHI hand Hygiene Compliance Application \(HHCApp\) user guide](#)³¹ for information on how to use the HHCApp.

National audits

National audit data on hand hygiene compliance is collected by states and territories for all public health organisations, and many private health organisations. The audit data is reported nationally three times per year for the NHHI.

Audit periods

National Audit Periods

There are three national audit periods:

- Audit period 1: 1 November to 31 March
- Audit period 2: 1 April to 30 June (voluntary)
- Audit period 3: 1 July to 31 October

Health service organisations should use the results of audits to inform quality improvement interventions to improve hand hygiene compliance, in accordance with **Action 3.10d** of the [NSQHS Standards](#).

National Audit period 2 became voluntary from 1 April 2023 to provide health service organisations with additional time for quality improvement activities. Organisations should refer to their jurisdictional requirements at [Advisory AS23/01: Advice on national hand hygiene audit period 2](#)³² (for example, performance or service level agreements) when deciding whether to participate in Audit period 2.

The hand hygiene audit data must be submitted to the HHCApp by the last day of each audit period.

The process to submit data to the national audit is a two-step process:

- national audit data validation
- national audit data submission.

National audit data validation

Before submitting data to the national data set, the hand hygiene lead (HHCApp Administrator) for each organisation must validate the audit data against the validation rules in the HHCApp. The validation rules enable administrators to check if the organisation's data is accurate. The automated HHCApp data validation functionality is only available for data that is being submitted to the national audit and is not available for local audits.

Each organisation needs to validate their hand hygiene compliance data to ensure it is valid and correct. If data is not validated, it cannot be accepted into the NHHI data set.

³¹ <https://www.safetyandquality.gov.au/publications-and-resources/resource-library/nhhi-hand-hygiene-compliance-application-hhcapp-user-guide>

³² <https://www.safetyandquality.gov.au/publications-and-resources/resource-library/advisory-as2301-advice-national-hand-hygiene-audit-period-2>

National audit data submission

Once validation is complete, hand hygiene leads can submit their data to the national data set. Data can be submitted any time before the final day of the audit period but must be completed by the final day.

Once submitted, no further moments or session data can be added for that period.

See [How to validate and submit a completed audit](#)³³ for further information and instructions.

Local Audit Periods

In addition to national audits, organisations can also create and submit separate local audit periods in the HHCApp to monitor hand hygiene compliance in specific settings or for a time period. This function helps measure the effectiveness of targeted interventions to improve hand hygiene or for organisations not required to submit national audit data. See [How to add an audit – National and local](#)³⁴ for more information on creating a local audit period.

Data submission requirements

Each type of healthcare setting has specific requirements on the quantity of hand hygiene observations moments to be submitted.

The specific healthcare settings are:

- acute hospitals
- day hospitals
- standalone/satellite dialysis/oncology centres
- dental facilities.

The hand hygiene data collection guidelines for each healthcare setting can be found at [National Hand Hygiene Initiative – Audit Requirements](#)³⁵ under [Guidelines for submission of data for specific settings](#).³⁶

Acute hospitals

Acute hospital hand hygiene programs in both public and private acute hospitals are required to perform and submit a specific number of observations. The data must be submitted to the NHHI for national audit periods 1 and 3 and, if applicable, for period 2. The number of acute inpatient beds at each facility will determine the number of observations to be undertaken.

Hospitals are required to follow the department selection process outlined in the document available at [Guidelines for NHHI Data Submission](#).³⁷ Hospitals should conduct an initial pilot period first. Information about how to conduct a pilot is outlined in those guidelines.

³³ <https://www.safetyandquality.gov.au/publications-and-resources/resource-library/how-validate-and-submit-completed-audit>

³⁴ <https://www.safetyandquality.gov.au/publications-and-resources/resource-library/how-add-audit-national-and-local>

³⁵ <https://www.safetyandquality.gov.au/our-work/infection-prevention-and-control/national-hand-hygiene-initiative-nhhi/national-audits-and-hhcapp-nhhi/national-hand-hygiene-initiative-audit-requirements-nhhi>

³⁶ <https://www.safetyandquality.gov.au/our-work/infection-prevention-and-control/national-hand-hygiene-initiative-nhhi/national-audits-and-hhcapp-nhhi/national-hand-hygiene-initiative-audit-requirements-nhhi#guidelines-for-submission-of-data-for-specific-settings>

³⁷ <https://www.safetyandquality.gov.au/publications-and-resources/resource-library/guidelines-data-submission>

In some states, hospitals with fewer than 25 beds are not required to conduct audits. Please refer to the [Guidelines for NHHI Data Submission](#) for current information.

Day hospitals

It is recommended that day hospitals perform hand hygiene programs and submit a specific number of observations, based on the size of their facility.

Day hospitals should consider collecting the required number of moments when practical and submitting their data to the NHHI for national audit periods 1 and 3 and, if applicable, for period 2.

See the recommendations for data collection in day hospitals at [National Hand Hygiene Initiative – Audit Requirements](#) under [Guidelines for submission of data for specific settings](#).

Standalone/satellite dialysis/oncology centres

Standalone/satellite dialysis/oncology centres are required to perform and submit a specific number of observations and submit their data to the NHHI for national audit periods 1 and 3 and, if applicable, for period 2.

See the recommendations for data collection in dialysis/oncology centres in [National Hand Hygiene Initiative – Audit Requirements](#) under [Guidelines for submission of data for specific settings](#).

Dental facilities

The hand hygiene coordinator should consider the size of the practice and decide if direct observation of hand hygiene practices is appropriate. The recommended number of observations is determined by practice size and peer group.

See the recommendations for data collection in dental facilities in [National Hand Hygiene Initiative – Audit Requirements](#) under [Guidelines for submission of data for specific settings](#).

Reporting national data

National reporting requirements

Hand hygiene compliance data is required to be submitted to the NHHI for assessment against the national benchmark, currently set at 80%. This benchmark is set by the Health Chief Executives Forum (formerly Australian Health Ministers' Advisory Council).

Health service organisations accredited to the NSQHS Standards are required to collect hand hygiene compliance data for national hand hygiene audits, unless exempted by their state or territory health regulator. The health service organisation must also demonstrate that it uses the results of audits to improve hand hygiene compliance.

See [National Hand Hygiene Initiative – Audit Requirements](#) for more information on national audit requirements.

Commission reporting

The Commission collates and analyses data submitted to the NHHI each audit period and then provides reports to each state and territory. It publishes summary national data at [National hand hygiene audit data - latest data now available](#).³⁸

For each audit period, the Commission submits hospital-level data to the Australian Institute of Health and Welfare (AIHW) for publication on the [MyHospitals](#)³⁹ website. Data are submitted for all public hospitals and for private hospitals that have consented to publication of their data.

Local reporting

Feedback is fundamental to the process for every quality cycle because improved audit results assist in maintaining local support for and commitment to hand hygiene.

Importantly, feedback on poor compliance rates informs quality improvement initiatives.

See [NHHI Hand Hygiene Compliance Application \(HHCApp\) user guide](#) for information on how to use the HHCApp to generate reports.

Other strategies for monitoring hand hygiene compliance

A range of assessment tools is available at [Audit tools](#)⁴⁰ to assist healthcare organisations in monitoring hand hygiene performance. They are:

- product availability audit tool
- product availability staff feedback survey
- practical hand hygiene competency audit tool
- client patient feedback survey.

The assessment tools can be used or modified for local use to complement direct observational auditing, or for healthcare settings where direct observational auditing data is not recommended as an outcome measure, such as non-acute, primary care, theatre, mental health settings, or in solo practice and very small day procedure services (e.g. solo practitioner endoscopy clinics, cosmetic surgeries and dental practices).

In addition, it is recommended that organisations maintain accurate records on education and training that staff undertake during their employment.

Product availability audit tool

The hand hygiene [Product Availability Audit](#)⁴¹ tool helps assess availability of hand hygiene products. Hand hygiene compliance is not possible if appropriate products are not readily available for healthcare workers to use. It is recommended that this audit be conducted regularly (for example, monthly). Areas of concern identified in the audit should be addressed immediately.

There are two kinds of audit in this tool:

- the bed-based, alcohol-based hand rub audit, which helps assess availability of hand hygiene products in healthcare settings where patients are treated in multiple bays/beds.

³⁸ <https://www.safetyandquality.gov.au/publications-and-resources/resource-library/product-availability-audit>

³⁹ <https://www.aihw.gov.au/reports-data/myhospitals>

⁴⁰ <https://www.safetyandquality.gov.au/our-work/infection-prevention-and-control/national-hand-hygiene-initiative-nhhi/national-audits-and-hhcapp-nhhi/audit-tools-nhhi>

⁴¹ <https://www.safetyandquality.gov.au/publications-and-resources/resource-library/product-availability-audit>

- the department audit, which helps assess availability of hand hygiene products in healthcare settings outside a treatment or patient care area.

It may be appropriate for healthcare facilities to conduct both the above audits.

Product availability staff feedback survey

The [Product Availability Staff Feedback](#)⁴² survey has been designed to seek feedback from healthcare workers about availability of hand hygiene products in their work area.

It is recommended that this survey be conducted regularly (at least annually). It is important to address the areas of concern raised by healthcare workers.

Patient/client hand hygiene feedback survey

The [Client Patient Feedback Survey](#)⁴³ has been designed for clients/patients to provide feedback on their experiences regarding hand hygiene at a healthcare facility.

Health care is enhanced through understanding health outcomes from a patient's perspective. Insights into patient experiences can complement information from clinical measures. Using patient-reported outcome measures provides a structured way of helping patients report information about health outcomes.

Practical hand hygiene competency audit tool

The [Practical Hand Hygiene Competency Audit Tool](#)⁴⁴ has been developed to assess healthcare worker competency in performing hand hygiene, according to the WHO recommendations for using alcohol-based hand rub and washing with soap or water.

Healthcare workers must be assessed as meeting all performance criteria listed in the tool, to be deemed competent. If a healthcare worker is assessed as not having met any of the performance criteria, comments should be recorded and followed up with the healthcare worker to ensure they understand where changes to practice are required to achieve competency.

Providing feedback as part of a quality improvement approach is covered in [Section 4. Providing feedback to key stakeholders](#).

Staff hand hygiene education and training records

Hand hygiene education and training are vital in sustaining good hand hygiene practices. Health service facilities should monitor staff hand hygiene education and training uptake by keeping training documents (for example, syllabus, attendance records or competency assessments).

⁴² <https://www.safetyandquality.gov.au/publications-and-resources/resource-library/product-availability-staff-feedback>

⁴³ <https://www.safetyandquality.gov.au/publications-and-resources/resource-library/client-patient-feedback-survey>

⁴⁴ <https://www.safetyandquality.gov.au/publications-and-resources/resource-library/practical-hand-hygiene-competency-audit-tool>

4. Identifying targeted opportunities for improving hand hygiene compliance

An important function of hand hygiene programs is to use hand hygiene audit data to identify targeted opportunities for improving hand hygiene compliance and the safety of care provided to patients.

Providing feedback to key stakeholders

Providing feedback to healthcare workers

Hand hygiene compliance rates are both a useful outcome measure for the hand hygiene program and a valuable educational tool for healthcare workers. Reporting local hand hygiene audit results to healthcare workers is an essential element of a multi-modal strategy. Timely feedback and discussion assist in engaging healthcare workers in effective cultural change and in developing locally relevant improvement initiatives.

Providing timely and relevant feedback to healthcare workers on their hand hygiene practice has a positive effect on their performance and:

- raises awareness of hand hygiene and other infection prevention and control strategies
- increases capacity to recognise infection risks
- increases understanding of the relationship between hand hygiene and patient safety outcomes and healthcare workers own health and safety.

Feedback to healthcare workers can be provided when good hand hygiene practice is observed or an area for improvement is identified during a hand hygiene compliance audit. Prompt feedback of hand hygiene compliance and other hand hygiene program audit results can be provided during regular medical and nursing rounds, or ward/department/service and facility meetings.

Hand hygiene program and audit results can be displayed on a quality board and in staff tearooms. Healthcare workers should be involved in developing strategies and plans in improving hand hygiene practice.

Feedback and reporting of hand hygiene compliance data also informs the design of quality improvement initiatives.

Providing feedback to consumers

Consumers provide important information on how care is delivered and what aspects of care they most value.

Health service facilities should ensure that hand hygiene compliance data is routinely reported to consumers, so they are aware of the importance of this data as an indicator of the safety and quality of care provided. Feedback to consumers on hand hygiene compliance data can also inform the design of quality improvement initiatives.

One example is to promote the hand hygiene program and relevant audit results on a quality board in a waiting room or at the entry of a ward/department/service and facility.

Providing feedback to the organisation

Reporting hand hygiene data to governance committees is important to:

- support clinical governance and quality improvement systems that prevent and control infections
- promote local ownership of hand hygiene performance
- obtain support for development of local quality improvement programs to address specific issues
- foster continuous improvement of the safety and quality of health services.

The facility reports should be presented to the health service facility management at regular intervals and should become a standard agenda item for facility executive and quality and safety meetings.

Using hand hygiene compliance data to deliver targeted education

Hand hygiene compliance data should be used as an educational tool for all healthcare workers. Compliance reports give individual facilities the ability to develop targeted education aimed at specific healthcare worker groups or departments. These reports include data on the hand hygiene performance of several healthcare worker groups and will assist with identifying priority areas for education.

The ward/department/service reports should be given to the managers of the wards/department/service, with subsequent reporting to all staff followed by further education as indicated from the audits.

See [Section 2. Ensuring standardised hand hygiene and infection prevention and control education](#) for more information on hand hygiene education.

Staff ownership

Promoting staff ownership can improve hand hygiene awareness and compliance. Staff ownership of the program should be encouraged and supported through:

- regular and timely feedback to staff on hand hygiene compliance rates
- recognition of each ward/department/service's achievements
- enthusiastic ward/department/service staff appointed as hand hygiene 'liaison officers' or 'ward champions' to take responsibility for hand hygiene promotion in the ward/department/service
- ensuring each ward/department/service nominates a staff member to be accountable for the hand hygiene portfolio
- the use of [education tools and displays](#)
- provision of audit tools to staff to assess product availability
- staff completion of the [NHHI online learning modules](#)
- ward-based promotional activities.

It is recommended that all staff complete the appropriate eLearning module when beginning employment and then annually.

Promotion of hand hygiene

Promotion of hand hygiene in each facility can be undertaken in many ways. Below are a few suggestions to promote positive hand hygiene in organisations.

‘Talking Walls’ campaign

A popular method to assist with staff ownership is the Geneva Talking Walls Model. It uses art and humour to reinforce the principles of infection control and prevention through improved hand hygiene among staff. Staff from each ward/department/service can be invited to help design a poster featuring their own hand hygiene message. The resulting posters can then be placed throughout the facility acknowledging the ward/department/service’s creativity. This promotes program ownership and reinforces the NHHI by directly involving local healthcare workers.

Awards for the best performing ward/department/service or healthcare worker category

Measure and graph hand hygiene compliance for each ward/department/service or healthcare worker category around the facility and award prizes for the best performance, or most improved.

If your facility has a network of facilities the award could be made at a facility level.

Program awareness activities

Activities to raise awareness about hand hygiene include:

- articles in internal magazines/newsletters
- notices in payslips
- hand hygiene screen savers
- promotion of [World Hand Hygiene Day](#) (5 May)
- promotion of [Infection Prevention and Control week](#) (third week of October).

Individual hand hygiene compliance rewards

Facilities could provide rewards during hand hygiene observation sessions to staff observed to be highly compliant, such as praise, stickers, or chocolates.

Competitions

Ideas for facility- or ward/department/service-wide competitions include:

- quizzes
- crosswords
- word search
- slogan competitions.

Local community involvement

Foster awareness and involvement in hand hygiene practices at a community level by encouraging:

- schools/kindergartens to promote hand hygiene
- patient involvement in the hand hygiene program.

Measuring improvement

Hand hygiene audit and other hand hygiene program compliance data collected during the implementation of a hand hygiene quality improvement program can be used to evaluate its effectiveness.

Measuring the effect of a quality improvement intervention is an ongoing process. Hand hygiene audit and other hand hygiene program compliance data should be collected before introducing any intervention to identify if the existence and magnitude of a problem. The data collected before and after any quality improvement intervention should be compared to evaluate the effectiveness of the intervention.

The *Basics of Surveillance and Quality Improvement* online module in the [NHHI LMS](#) provides information on the:

- role of surveillance in infection prevention and control
- essential components of an infection surveillance program
- importance of data quality in infection surveillance
- purpose of quality improvement
- elements of successful quality improvement systems
- main components of a quality improvement system for infection prevention and control.

The concepts presented in this module can be applied to hand hygiene quality improvement initiatives.

Glossary

The following terms are used in this guide.

Terms	Explanation
Alcohol-based hand rub (sometimes referred to Alcohol-based hand sanitiser)	<p>An alcohol-containing preparation (liquid, gel, or foam) is designed to reduce the number of viable microorganisms on the hands without the use or aid of running water.</p> <p>It is recommended that alcohol-based hand rub products:</p> <ul style="list-style-type: none"> • meet the EN1500 testing standard for the bactericidal effect • have Therapeutic Goods Administration (TGA) approval as a hand hygiene product for a healthcare setting.
Aseptic technique	<p>An approach that aims to prevent microorganisms on hands, surfaces, and equipment from being introduced to susceptible sites. Unlike sterile techniques, aseptic techniques can be achieved in typical ward and home settings.</p>
Body fluid exposure risk	<p>Any situation where contact with body fluids may occur and may pose a contamination risk to either healthcare workers or the environment.</p>
Curtains	<p>Patient bed curtains are outside the patient zone and are frequently contaminated with microorganisms foreign to the patient.</p> <p>Touching the curtains after caring for a patient is considered to be equivalent to leaving the patient zone.</p> <p>Hand hygiene should be performed between touching the curtains and touching the patient and vice versa.</p>
Hand hygiene	<p>A general term applying to processes aiming to reduce the number of microorganisms on hands. This includes applying alcohol-based hand rub to hands; and using soap/solution (plain or antimicrobial) and water.</p>
Hand hygiene action	<p>Applying an alcohol-based hand rub or washing hands with soap and water.</p>
Hand hygiene compliance	<p>A measurement of appropriate hand hygiene. It is defined as when hand hygiene is considered necessary and is performed.</p> <p>It is classified according to one of the 5 Moments.</p> <p>If the action is performed when there is no indication, and it has no impact on preventing microbial transmission, then it is not considered a hand hygiene compliance action.</p>
Hand hygiene non-compliance	<p>An occasion when there is an indication for hand hygiene, and no hand hygiene action was undertaken.</p>
Hand hygiene product	<p>Any product used for the purpose of cleaning hands, including soap and water.</p>
Healthcare-associated infections (HAIs)	<p>Infections acquired in healthcare facilities (also referred to as nosocomial infections) and infections that occur as a result of healthcare interventions (also referred to as iatrogenic infections); HAIs may manifest after people leave the healthcare facility.</p>
Healthcare workers/staff	<p>All people delivering healthcare services, including students and trainees, who have contact with patients or with body substances.</p>
Methicillin-resistant <i>Staphylococcus aureus</i>	<p>A bacterium that lives on the skin or in the nose. In most cases the bacteria do not cause any harm, however MRSA can occasionally cause serious health problems if it infects certain parts of the body.</p>
Outcome measure	<p>A feature used to describe the effects of care on the health status of patients and populations (for example, infection rate).</p>
Patient/client	<p>A person/client who is receiving care in a health service organisation.</p>

Terms	Explanation
Patient zone	Refers to the patient and the patient's immediate surroundings. It is a space dedicated to an individual patient for that patient's stay or appointment. The patient zone is cleaned between each patient to minimise the risk of transmission of microorganisms between patients.
Point of care	The place where three elements come together: the patient, the healthcare worker, and the care or treatment involving contact with the patient or his/her surroundings. Point-of-care products should be accessible without having to leave the patient zone.
Procedure	Any invasive observation, treatment, or intervention where there is the potential for microorganisms to enter the patient's body through broken skin, wound sites, blood, or mucous membranes. Examples of procedures include wound dressings, surgical operations, injections, administering eye drops or taking a patient's blood.
<i>Staphylococcus aureus</i> bloodstream infection (SABSI) or <i>Staphylococcus aureus</i> bacteraemia	<i>Staphylococcus aureus</i> bloodstream infection or bacteraemia is commonly associated with significant morbidity and mortality. Most healthcare-associated <i>S. aureus</i> bloodstream infections (HA-SABSI) are related to poor hand hygiene practices, the presence of indwelling devices and other healthcare-associated procedures.
Vancomycin-resistant enterococci (VRE)	Gram-positive bacteria that are naturally present in the intestinal tract of all people. Vancomycin is an antibiotic to which some strains of <i>enterococci</i> have become resistant. These resistant strains are referred to as VRE and are frequently resistant to other antibiotics generally used to treat enterococcal infections.
WHO	World Health Organization

More information and contacts

For more information on the NHHI, visit the [National Hand Hygiene Initiative](#) web page.

For information on state and territory NHHI contacts and the NHHI Help Desk, visit the [National Hand Hygiene Initiative Help Desk – contact details](#)⁴⁵ web page.

⁴⁵ <https://www.safetyandquality.gov.au/our-work/infection-prevention-and-control/national-hand-hygiene-initiative/national-hand-hygiene-initiative-contact-details>

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