Performing Hand Hygiene at the Point of Care

Point of care is where the patient, the healthcare worker and care or treatment involving contact with the patient or his/her surroundings takes place.

During this time of care there are five essential moments when hand hygiene is needed. This concept goes beyond a long list of situations and focuses on opportunities that occur for hand hygiene during the flow of patient care.
When to perform hand hygiene?

The 5 moments for hand hygiene:

1. Before touching a patient
2. Before clean/aseptic procedure
3. After body fluid exposure risk
4. After touching a patient
5. After touching patient surroundings
Upon entering the patient room/space, before touching the patient or the environment

WHY? To protect the patient against colonization and, in some cases, against exogenous infection, by harmful germs carried on your hands.

WHEN? Clean your hands before touching a patient when approaching him/her.

Situation when Moment 1 applies:

• Before shaking hands, before stroking a child’s forehead.

• Before assisting a patient in personal care activities: to move, to take a bath, to eat, to get dressed, etc.

• Before delivering care and other non-invasive treatment: applying oxygen mask, giving message.

• Before performing a physical non-invasive examination: taking pulse, blood pressure, chest auscultation, recording ECG.
Before clean / aseptic procedure

WHY? To protect the patient against infection with harmful germs, including his/her own germs, entering his/her body.

WHEN? Clean your hands immediately before accessing a critical site with infectious risk for the patient (e.g. a mucous membrane, non-intact skin, an invasive medical device).

Situations when Moment 2 applies:

- Before brushing the patient’s teeth, instilling eye drops, performing a digital vaginal or rectal examination, examining mouth, nose, ear with or without an instrument, inserting a suppository, suctioning mucous.

- Before dressing a wound with or without instrument, applying ointment on vesicle, making a percutaneous injection/puncture.

- Before inserting an invasive medical device (nasal cannula, nasogastric tube, endotracheal tube, urinary probe, percutaneous catheter, drainage), disrupting / opening any circuit of an invasive medical device (for food, medication, draining, suctioning, and monitoring purposes).

- d) Before preparing food, medications, pharmaceutical products, sterile material.
After body fluid exposure risk

**WHY?** To protect you from colonization or infection with patient’s harmful germs and to protect the health-care environment from germ spread.

**WHEN?** Clean your hands as soon as the task involving an exposure risk to body fluids has ended (and after glove removal).

**Situations when Moment 3 applies:**

- When the contact with a mucous membrane and with non-intact skin ends.
- After a percutaneous injection or puncture; after inserting an invasive medical device (vascular access, catheter, tube, drain, etc.); after disrupting and opening an invasive circuit.
- After removing an invasive medical device.
- After removing any form of material offering protection (napkin, dressing, gauze, sanitary towel, etc.)
- After handling a sample containing organic matter, after cleaning excreta and any other body fluid, after cleaning and contaminated surface and soiled material (soiled bed linen, dentures, instruments, urinal, bedpan, etc.)
After touching a patient

WHY? To protect you from colonization or infection with patient’s harmful germs and to protect the health-care environment from germ spread.

WHEN? Clean your hands when leaving the patient’s side, after having touched the patient.

Situations when Moments 4 applies, if they correspond to the last contact with the patient before leaving him/her:

- After shaking hands, stroking a child’s forehead.
- After you have assisted the patient in personal care activities: to move, to bath, to eat, to dress etc.
- After delivering care and other non-invasive treatment: changing bed linen as the patient is in, applying oxygen mask, giving a massage.
- After performing a physical non-invasive examination: taking a pulse, blood pressure, chest auscultation, recording an ECG.
After touching patient surroundings

**WHY?** To protect you from colonization with patient germs that may be present on surfaces/objects in patient surroundings and to protect the healthcare environment against germ spread.

**WHEN?** Clean your hands after touching any object or furniture when living the patient surrounds without having touched the patient.

- *Situations when Moments 5 applies, if they correspond to the last contact with the patient surroundings, without having touched the patient.*
- After an activity involving physical contact with the patient's immediate environment: changing bed line with the patient out of the bed, holding a bed rail, clearing a bedside table.
- After a care activity: clearing a monitoring alarm.
- After other contacts with surfaces or inanimate objects.
Use of Gloves

The use of gloves does not replace the need for hand hygiene by either soap and water or an alcohol based handrub.

Wear gloves when it can reasonably anticipated that contact with blood or other potentially infectious material, non-intact skin or mucous membranes may occur.

When wearing gloves, change or remove gloves during patient care if moving from a contaminated body site to either another body site or the environment. Do not wash gloved hands.

Remove gloves after care for a patient. Do not wear the same pair of gloves for more than one patient.
Other Aspects of Hand Hygiene.

• Do not wear artificial fingernails or extenders when having direct contact with patients.
• Keep natural nail short (tips approximately ¼ inch).
• Use only hospital approved hand lotions to ensure compatibility with hand hygiene products and gloves.
• Some departments such as dietary, NICU, procedural areas and the OR, may have additional hand hygiene requirements.
• Refer to your hospital’s Hand Hygiene Policy and Procedure for additional information.
References
