

## **Common failures in Hand Hygiene**

Five Moments – Hand hygiene has been shown to occur less frequently at opportunities with less perceived risk to the Health Care Worker (HCW). For example, **1 Before patient contact** typically has lower compliance than **4 After patient contact**. However, both of these opportunities have lower compliance than **3 After body fluid exposure risk**. Anecdotal discussions with HCWs appear to show that on those occasions where HCWs feel more at risk, they are more likely to carry out hand hygiene.

Technique – During hand hygiene, the technique used should be the same, whether utilising soap and water wash or Alcohol Based Hand Rub (ABHR). This technique should incorporate all areas of both hands for a minimum time. When using ABHR staff appear more likely to reduce the contact time and anecdotal responses from HCWs indicate that they feel this will still be effective. HCWs are more likely to miss areas such as thumbs and between fingers than other areas.

Bare below the elbows – Audits from the period 2019 till present show an increasing trend of HCWs wearing wristwatches or equivalent wearable technology e.g. Apple watch, Fitbit, Garmin, etc. During episodes of hand hygiene these are classed as failures, despite HCW efforts to clean hands and their explanations that waterproof devices can be cleaned.

Soap and water wash – Some HCWs do not wet their hands first before applying liquid or foaming soap. This has been shown to increase the risk of contact dermatitis and decrease the efficacy of soap in hand hygiene. HCWs who do this frequently report that they were unaware of doing so, as it appears this practice has become habitual due to muscle memory.

Recontamination – Previously, HCWs were observed in audits to carry out hand hygiene then recontaminate their hands by touching taps/controls with their hands, instead of utilising elbows. Since 2020, this practice is less observed and anecdotal responses from staff appear to show greater awareness of residual contamination of these sites.

Use of PPE – On occasions where PPE is utilised but no exposure to body fluids occurs, HCWs are more likely to neglect hand hygiene, e.g. when changing bed linen or assisting mobility. On occasions where exposure to body fluids occurs, some HCWs will not utilise appropriate PPE, e.g. utilising one glove only for venepuncture, however hand hygiene is more likely to occur.