National Hand Hygiene Initiative – Dental Services

Background:
The Australian Commission on Safety and Quality in Health Care (ACSQHC) instigated the National Hand Hygiene Initiative (NHHI) and assigned its delivery to Hand Hygiene Australia (HHA). The primary aim of the NHHI is to improve Hand Hygiene Compliance (HHC) among Health Care Workers (HCW), and to reduce the rates of healthcare associated infections (HCAIs) in health services throughout Australia. This involves a multi-interventional culture-change program to improve HHC via the increased use of ABHR.

The NHHI aims to improve knowledge about infection control among HCWs, especially regarding the importance of appropriate Hand Hygiene (HH) in reducing the risk of HCAIs. The NHHI is multimodal and includes the use of Alcohol Based Hand Rub (ABHR), monitoring HHC, education regarding HH and ABHR, and measuring infection rates. Whilst the educational message is applicable to all healthcare settings, monitoring compliance and infection rates is not.

Key features of the NHHI include the following:

1. **Use of Alcohol Based Hand Rub (ABHR)**
   ABHR should be placed at point-of-care, on trolleys and in clinical areas. Clear signage regarding appropriate use should be present. Ensuring ABHR is readily available at the point-of-care can reduce many of the potential barriers to good HH. Education should be provided clearly stating the advantages of ABHR – namely that it is more effective against a broad range of organisms than other methods, it takes approximately 15-20 seconds, is less irritating and drying than soap and water, and does not require the use of paper towels.

2. **Auditing Hand Hygiene Compliance**
   HHC auditing is one way to evaluate an organisation HH program. HHC auditing is conducted by auditors trained and validated by the standardised HHA program using the same auditing tools. This allows for data comparison between any Australian healthcare facilities.

3. **Ensuring uniform hand hygiene education**
   To assist with improving HCWs’ general knowledge about HH and infection prevention, HHA offer a range of online learning packages (OLPs) designed for specific healthcare professions: Medical, Surgical, Nursing, Allied Health, Dental/oral Health, Non-clinical, Student Health practitioners and Standard (for all others).

   All OLPs are freely available via the HHA website (http://www.hha.org.au/LearningPackage/olp-home.aspx).
Executive endorsement of the OLP as a compulsory requirement for all staff and students has proven successful in many institutions at improving HHC. The program assists with education even in situations where there are high rates of staff turnover.

Oral Health/Dental Services – Participation in the NHHI
The 5 Moments for Hand Hygiene Program has been designed for ALL healthcare facilities. Product placement, staff education and program promotion are relevant in all healthcare settings including Oral Health/Dental services and hospitals. In contrast, careful consideration should be given to the appropriate approach to auditing in Oral Health/Dental services.

The NSQHS Standards: Standard 3 Safety and Quality Improvement Guide (SQIG) clearly identifies that it may not be appropriate for HHC auditing to be undertaken in some settings and small organisations. HHA recommend the use of other program evaluation tools within these areas. These might include: staff HH knowledge surveys, HH technique audits, product placement/availability audits, and reports of OLP completion by staff. All are available on the HHA website under the heading of Additional Audit Tools www.hha.org.au/ForHealthcareWorkers/auditing.aspx.

All facilities should be aware of their jurisdictional, licensing or parent organisation requirements when planning outcome/process measures of their HH program.

Some dental services may decide – on the basis of an appropriate risk assessment – to undertake hand hygiene auditing by direct observation in addition to (or instead of) using program evaluation tools. Recognising that the auditing methodology developed for acute hospitals may not be applicable to the dental setting, the information below is designed to provide guidance to such services.

Objective:
To provide guidance regarding the collection of representative hand hygiene compliance data by solo, group and hospital based dental services as part of the National Hand Hygiene Initiative.
Dental service description:

<table>
<thead>
<tr>
<th>Peer Group</th>
<th>Definition</th>
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</thead>
<tbody>
<tr>
<td>Solo practice, solo practitioner or very small oral health service</td>
<td>An Oral Health/Dental practice with a single dentist or an oral health service with a single dental chair/surgery</td>
</tr>
<tr>
<td>Small oral health service/dental practice</td>
<td>Oral Health/Dental practice with a total of 2 - 5 dental chairs/surgeries in one or more locations</td>
</tr>
<tr>
<td>Medium sized oral health service/dental practice</td>
<td>Oral health/Dental practice with between 6 and 10 dental chairs/surgeries in one or more locations</td>
</tr>
<tr>
<td>Large oral health service/dental hospital</td>
<td>Any dental oral health services/dental hospitals with more than 10 dental chairs/surgeries in one or more locations</td>
</tr>
</tbody>
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Suggested Target Number of Moments for Oral Health/Dental Services:

<table>
<thead>
<tr>
<th>Peer group</th>
<th>Recommended number of HH audits per year</th>
<th>Recommended number of HH observations per facility per audit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Solo practice</td>
<td>HHC Auditing not appropriate</td>
<td></td>
</tr>
<tr>
<td>Small</td>
<td>3</td>
<td>50</td>
</tr>
<tr>
<td>Medium</td>
<td>3</td>
<td>100</td>
</tr>
<tr>
<td>Large/Dental Hospital</td>
<td>3</td>
<td>200</td>
</tr>
</tbody>
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Recommendations:
Facility Hand Hygiene Project Coordinator to determine facility size, according to peer grouping guidelines above. If a dental service makes the decision to perform hand hygiene compliance auditing by direct observation, the target number of moments to be collected in provided in the table above, dependant on facility size. Collection of target number of moments will be comparable to oral health services of the same peer grouping. Compliance data is to be collected and submitted as per Hand Hygiene Australia website/manual.

Health Care Worker Codes for Oral Health:

Due to the different HCW groups that exist in the oral health setting and the existence of unregistered HCWs, the following HCW codes should be used:
DO – Dentist, Specialist dentists
DT – Dental therapists, dental hygienist, dental prosthodontist and oral health therapists
DA – Dental Assistant/Dental Nurse
DL – Dental Technicians/Laboratory staff (no patient contact)
All other codes remain the same as the National Codes

PC – Personal Care staff

AC – Administrative and clerical staff

0 – Other

N – Nurse

S – Student in front of any code