ONLINE LIBRARY
(www.onekhmer.org/onlinelibrary)

Title: Hand Hygiene

Name of Author	Kan Nika He
Name of University	RMIT University
Country of Study	Australia
Major	Health Science
Degree	Bachelor
Course Title	Introduction to Nursing Study
Type of Document	Assignment
Year	2018

RMIT University

Academic Writing Skills

Hand Hygiene

Kan Nika He

Introduction to Nursing Study

Due 18 May 2018

Word count:

Introduction

Hand hygiene is associated with the nursing professional care at the clinical setting. Hand hygiene including hand washing with soap or non-antimicrobial soap (Korhonen, et al., 2015). In addition, this can be applied on the surface of the hand as an alcohol hand rub with waterless of antimicrobial (Erasmus et al., 2011). The aim for hand hygiene are to reduce the risk of patients' infection and to decrease other contaminated material between the health care nurses and the patient in the hospital environment (White et al., 2015). It is important that the health care professional team need to be restricted with hand hygiene, because poor hand performances practise could potentially increase the growth of bacterial formation and impact on the patient's health by passing on from one to another (Ciofi et al., 2011). The health professional nurse could also educate the patients and the visitors to practise with effective hand hygiene, in order to reduce some of the infection risk (Erasmus et al., 2011).

Critical Hand Hygiene

Generally, hospital is the place that the patient typically unwell and have low immunity which lead them to prone with germs infection in the hospital (Montoya & Mody, 2011). Additionally, there are several of hand hygiene including alcohol based hand rubs and hand washing with water and soup (Janota et al., 2014). The alcohol hand rubs reduce bacteria on the skin with a fast acting and less irritation to the skin. However, it does not work effectively with soil hand (Janota et al., 2014). While hand washing with soap help with the remove of grease and dirt from the hand (Adane et al., 2018).

According to the World Health Organisation (WHO) asserts that the spread of the infection to the patient is generally occur from the health care workers in their environmental care setting. (Park et al., 2014) Moreover, hand hygiene also contributes essentially with the prevention of patients' safety, which associates with the five moments of hand hygiene. (Shobowale, Adegunle & Onyedibe, 2016) The effective of these hygiene includes:

- before the health care staffs touching the patient
- before the health care staffs starting the procedure on the patient
- after the procedure such as exposing to the patient body fluid (example: contact with the patient urinary bottle)
- after touching the patient
- and after the touch of the patient's surrounding such as linen, bed, bedside locker etc.

Despite to the poor hand hygiene of health care professional, it is not only a simple infection, but could also be other dramatically complication to the patient or in some case even lead to fatal (Carter et al., 2017). Therefore, hand hygiene is one of the major component to adherence the best safety practise to the patient in the clinical area (Konichi & Miller, 2016).

Compare and contrast of associating with hand hygiene

In some case, due to the hefty workloads and time consuming at work, health care worker tends to neglect about hand hygiene or unable to follow the proper standard of hand hygiene techniques (Gregory, Chami & Pietsch, 2016). Moreover, due to the frequent of hand washing with soap or antimicrobial soap, leading the health care staffs to have a skin

irritation issues such as dryness, and skin damage, which these are also known as irritant contact dermatitis (William et al., 2011).

In contradictory, there are many different factors associates with care provision that relates to hand hygiene conditions such as political and the constraints systems of the economic, education and societal beliefs (Lee et al., 2014). So, to reduce cross contamination and other aggressive infections, hand hygiene is the most compliance technique for this preventable (Gregory, Chami & Pietsch, 2016). Regarding to the Flu virus example, hand hygiene work effectively in inhibiting of influenza virus transmission from healthcare workers hands to the patient (Denyse et al., 2011).

Nursing preparation knowledge for hand hygiene

Regarding to World Health Organisation has demonstrated the posters on how to do hand washing and alcohol hand rub (Dawson, 2013). This poster will be the basic background of hand hygiene, which make the healthcare to reconsider the cause of infection through the poor practise of their hand hygiene performances (Caris et al., 2018). So, this is significant that all the healthcare members play a prominent role in avoiding the spread of other bacterial infections from one patient to the next patient (Erasmus et al., 2011). Thus, encouraging the professional nurse and other clients to acknowledge about proper hand hygiene, in order to improve long term benefit of sustainability in the health care system (Dawson & Mackrill, 2014).

Conclusion

In conclusion, hand hygiene is one of the main component in preventing cross contamination and infection between the health care workers and the patient. The aim of hand hygiene is to degenerate with the contact of microorganism, which associates with the health professional team and the patient. In addition, there are two essential methods indicates effective hand hygiene, the alcohol hand rub and the hand washing with soup or antimicrobial soap. Nonetheless, hand hygiene could also cause skin irritation over the prolong period of hand rubbing and hand washing. However, the health care professional with adequate hand hygiene will safe the patient's life from other virus infection such as influenza. It is important that the patient and client also cooperate and be part of this hand hygiene process in order to reduce any complication infection to their health. Hence, health care team a lone can only reduce some contamination in the hospital environment, but together with the patient and patients' relative will make the place less prone to infection.

References:

Adane, M. et al. (2018). The Most Important Recommended Times of Hand Washing with Soap and Water in Preventing the Occurrence of Acute Diarrhea Among Children Under Five Years of Age in Slums of Addis Ababa, Ethiopia. *Journal of Community Health, 43*(2), 400-405.doi: 10.1007/s10900-017-0437-1

Caris, M. G. et al. (2018). Nudging to improve hand hygiene. *Journal of Hospital Infection, 98*(4), 352-358. doi: 10.1016/j.jhin.2017.09.023

Carter, E. et al. (2017). Reported hours of infection education received positively associated with student nurses' ability to comply with infection prevention practices: Results from a nationwide survey. *Nurse Education Today, 53*, 19.

Ciofi, D. A. et al. (2011). Healthcare workers' and parents' perceptions of meansures for improving adherence to hand-hygiene. *BMC Public Health, 11*, 466.

Dawson, C. et al. (2013). Technologies to measure hand hygiene: examining the incorporation of the World Health Organisation (WHO) 5 moments. *Antimicrobial Resistance and infection Control, 2*(1), 155. doi: http://dx/doi.org/10.1186/2047-2994-2-S1-P155

Dawson, C. & Mackrill, J. B (2014). Review of technologies available to improve hand hygiene compliance – are they fit for purpose? *Journal of Infection Prevention, 15*(6). 222-228. doi: 10.1177/1757177414548695

Denyse, A. et al. (2011). Hand sanitizer, Respiratory hygiene education did not reduce flu in schools. *Infectious Disease News, 24*(7), 53.

Erasmus, V. et al. (2011). The Accomplish study, a cluster randomised trial on the cost-effectiveness of a multicomponent intervention to improve hand hygiene

compliance and reduce healthcare associated infections. *BMC Public Health, 11*, 721. doi: 10.1186/1471-2458-11-721

Gregory, A. Chami, E. & Pietsch, J. (2016). Emotional Motivators: Using Visual Triggers as an infection Control Intervention to Increase Hand Hygiene Compliance throughout the Hospital. *American Journal of Infection Control, 44*(6), S3.

Janota, J. et al. (2014). A hand hygiene with alcohol hand rub and gloves reduces the incidence of late onset sepsis in preterm neonates. *Acta Paediatrica, 103*(10), 1053-1056. doi: 10.1111/apa.12731

Konichi, T. & Miller, E. (2016). Use of a simulation intervention to examine differences in nursing students' hand hygiene knowledge, beliefs, and behaviours. *Nurse Education Today, 45*, 96-101. doi: 10.1016/j.nedt.2016.06.022

Korhonen, A. et al. (2015). Adherence to hand hygiene guidelines- significance of measuring fidelity. *Journal of Clinical Nursing, 24*(21), 3197-3205. doi: 10.1111/jocn.12969

Lee, S. et al. (2014). Improved Hand Hygiene Compliance is Associated with the Change of Perception toward Hand Hygiene among Medical Personnel. *Infection & Chemotherapy, 46*(3), 165-171. doi: 10.3947/ic.2014.46.3.165

Montoya, A. & Mody, L. (2011). Common infections in nursing homes: a review of current issues and challenges. *Aging Health,7*(6), 889-899. doi: 10.2217/ahe.11.80

Park, H. Y. et al. (2014). Assessment of the appropriateness of hand surgace coverage for health care workers according to World Health Organization hand hygiene guidelines. *American Journal of Infection Control, 42*(5), 559-561. doi: 10.1016/j.ajic.2013.12.014

Shobowale, E., Adegunle, B. & Onyedibe, K. (2016). An assessment of hand hygiene practices of healthcare workers of a semi-urban teaching hospital using the five

movents of hand hygiene. *Nigerian Medical Journal, 57*(3), 150-154. doi: 10.4103/0300-1652.184058

White, K. M. et al. (2015). Understanding the Determinants of Australian Hospital Nurses' Hand Hygiene Decisions Following the Implementation of a National Hand Hygiene Initiative. *Health Education Research, 30*(6), 959-970. doi: 10.1093/her/cyv057

Williams, C. et al. (2011). The use of a measure of acute irritation to predict the outcome of repeated usage of hand soap products. *The British journal of dermatology, 164*(6), 1311-1315.doi: 10.1111/1365-2133.2011.10246.x