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# Hand Hygiene Policy

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## 1. Purpose

The purpose of this policy is to outline the requirements that all healthcare workers (HCWs) in WA Country Health Service (WACHS) facilities and related services need to adhere to, in relation to the expected standards for hand hygiene (HH).

## 2. Policy

The [National Hand Hygiene Initiative](#) (NHHI) provides a multimodal approach to improving HH and consists of four components:

- promoting the use of alcohol-based hand rub (ABHR) at point of care
- ensuring standardised HH and infection prevention and control (IPC) education
- monitoring HH compliance and providing feedback as a quality improvement approach
- identifying targeted opportunities for improving HH compliance.

The NHHI is coordinated by the Australian Commission on Safety and Quality in Health Care (ACSQHC). It is one of several initiatives to prevent and control infections in health care and assist organisations to 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.

### 2.1 Hand Hygiene

Effective HH is the most important strategy in preventing healthcare-associated infections (HAIs) and is one element of standard precautions, which are the primary strategy for minimising transmission of HAIs.

Standard precautions must be used when providing care to all patients regardless of whether they are known or suspected to have an infection and appropriate HH is crucial in reducing the risk of transmitting infection (NB: for the purposes of this policy the term patient refers to patients/residents/clients and consumers).

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

These 5 moments are identified as the critical times when HH should be performed during provision of clinical care, where there is an elevated risk of transmitting microorganisms between a HCW, a patient and the environment. A moment is where there is a perceived or actual risk of organism transmission from one surface to another via the hands of HCWs in patient or healthcare zones or spaces.

The 5 moments of HH include:

- 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.

Other opportunities for HH include but are not limited to:

- before and after removing personal protective equipment (PPE), e.g. gloves, masks
- before eating and handling food/drinks
- after blowing a nose or coughing/sneezing into a tissue
- after using a computer keyboard in patient care settings
- after handling soiled linen and waste
- when performing maintenance duties in the facility.

Effective HH relies on appropriate technique as much as on selection of the correct product. Key factors in effective HH techniques and maintaining skin integrity include:

- the duration of HH measures
- the exposure of all surfaces of hands, wrists and lower arm to the product used
- the use of rubbing to create friction
- ensuring hands are completely dry.

## 2.2 Types of HH practices

There are three types of HH practices as outlined below and education should be provided to all HCWs about when to use ABHR and when to wash hands with soap and water.

### Use of alcohol-based hand rub

The NHHI promotes the use of ABHR (sometimes known as alcohol-based hand sanitiser) at the point of care. HH compliance cannot be achieved without available products for HCWs to use and having ABHR at the point of care improves HH compliance. ABHR 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 HH practice in healthcare settings when hands are not visibly soiled.

ABHR 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.

It is also the recommended product for preventing intravascular catheter-related infections.

### Routine/social hand washing with soap and water

Routine hand washing with soap and water allows for the removal of transient micro-organisms through the mechanical action of rubbing hands together. HH should be practised with soap and water when the hands are visibly soiled or potentially contaminated with dirt/organic material.

Hand washing requires the following steps:

- wet hands thoroughly and using pH neutral liquid soap, lather vigorously for 30 seconds
- rub hands palm to palm
- right palm over left dorsum with interlaced fingers and vice versa
- palm to palm with fingers interlaced
- backs of fingers to opposing palms with fingers interlocked
- rotational rubbing of left thumb clasped in right palm and vice versa.

## HH and *C. difficile* and viruses such as Norovirus

It is recommended that HH is performed in the presence of known or suspected *Clostridioides difficile* and gastroenteritis viruses such as Norovirus as follows:

- If gloves have not been worn, have been breached or if there is visible contamination of the hands despite glove use, use soap and water to facilitate the mechanical removal of spores. After washing, hands should be dried thoroughly with a single-use towel.
- If gloves have been worn, a lower density of contamination of the hands would be expected and ABHR remains the agent of choice for HH.

Refer to [materials to support improved hand hygiene in Australia](#) for HH resources that include posters, fact sheets, presentations, videos and the WHO posters - [How to Hand Wash](#) and the [How to Handrub](#).

## Surgical Hand antisepsis

Surgical hand antisepsis is performed to substantially reduce the number of resident and transient micro-organisms on the hands before performing an aseptic or surgical procedure. Use of either an antimicrobial soap or an alcohol/chlorhexidine-based hand rub with persistent antimicrobial activity is recommended before donning sterile gloves.

There are two accepted methods of performing Surgical Hand antisepsis:

### Surgical hand scrub procedure:

- At the beginning of the list, perioperative personnel conduct a five-minute surgical hand scrub using an antimicrobial solution.
- Debris is to be removed from under the fingernails during the initial scrub using a nail pick under running water. Water temperature shall be kept between 21.1°C and 26.7°C.
- Subsequent hand scrubs of three minutes duration shall be conducted between each case using the same antimicrobial solution.
- Perioperative personnel shall not change to a surgical hand rub process after commencing the list with a surgical hand scrub.
- Manufacturer's instructions shall be followed for the amount of antiseptic solution used and the application time.
- When performing the surgical hand scrub:
  - hands are to be kept higher than the elbow to allow water to run in one direction only from clean to dirty
  - wash arms using a circular motion starting at the hands and moving to above the elbow
  - refrain from returning to washing the hands once the elbows have been reached.

- Perioperative personnel shall not use scrub brushes when conducting initial and subsequent surgical hand scrubs.
- Hands are then dried with a sterile towel prior to donning sterile gloves.

**Alcohol-based surgical hand rub procedure:**

- Perioperative personnel shall only wash their hands with a non-antimicrobial solution before using alcohol-based surgical hand rub if their hands are visibly soiled and should ensure hands are completely dry before applying the alcohol-based surgical hand rub solution.
- Follow the manufacturer's instructions regarding recommended application times and volume of the product to be used.
- Use enough alcohol-based solution to ensure fingers, hands, wrist and forearms remain covered with the product for sufficient contact time as per manufacturer's instructions.
- Keep hands above the level of the elbows until the alcohol-based solution has completely dried before donning sterile gloves.

Refer to the WHO [Surgical Handrubbing Technique](#) poster and [ACORN standards](#).

## 2.3 Glove Use

Wearing gloves does not replace the need for HH as gloves do not provide complete protection against hand contamination. Pathogens can contaminate HCWs' hands via small defects in gloves, or by contamination of the hands during glove removal. Inappropriate glove use undermines the importance of HH, increases the risk of organism transmission, is a wasted resource and generates large volumes of unnecessary waste. Additionally, prolonged, and indiscriminate use of gloves will increase the risk of adverse reactions and skin sensitivity.

It is important to note that gloves are only required generally for:

- contact with blood or body fluids mucous membranes or non-intact skin
- as indicated for transmission-based precautions
- surgical aseptic technique procedures and contact with sterile sites
- handling chemicals.

When gloves are required to be worn, HH must be performed prior to donning and immediately following removal of gloves. Gloves are always single use and HH, including the use of ABHR must not be undertaken while wearing gloves.

## 2.4 Product selection

ABHR products should:

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

Other considerations include:

- demonstrated dermal tolerance and aesthetic preferences such as fragrance, colour, texture, and ease of use
- practical considerations such as availability, convenience and dispenser function, and the ability to prevent contamination during use

- ensuring their compatibility with other products in use including moisturisers
- cost.

## 2.5 Product placement

ABHR should be easily accessible at point of care and placed in consistent locations throughout a health service facility. ABHR dispensers act as a visual cue for HH practice and HCWs should be included in decision making processes regarding placement of dispensers in their work area, noting that dispensers should not be placed next to sinks, as this can cause confusion about which HH product/technique to use.

The following locations are suggested for the placement of ABHR:

- on the end of every bed using either a fixed or removable bracket
- attached to mobile work trolleys – e.g., intravenous, drug and dressing trolleys, especially in emergency department and recovery areas
- high staff traffic areas such as a nurses' station, medication room, patient room entrance, dirty utility
- 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 and near elevator doors in high-traffic areas.

When considering product placement, a generic [ABHR risk assessment](#) can be undertaken and a management plan put in place where relevant. This particularly applies to settings managing patients with alcohol use disorder and those at risk of deliberate self-harm. Small personal bottles that HCWs carry with them may be more appropriate in certain areas, including home care settings.

ABHR should not be decanted from one bottle into another as this may lead to contamination of the bottle and its contents. Allocation of staff primarily responsible of replacement of empty ABHR bottles/dispensers can assist in avoiding lack of product availability. Signage about the appropriate use of ABHR should be prominently displayed in all clinical areas in all health service facilities. More information on ABHR placement is available on the ACSQHC's website - [Alcohol-based hand rubs](#).

## 2.6 Handwash stations

All clinical and procedural handwash basins must:

- be kept in a clean state and cleaned as per the facility / area's cleaning schedule
- be kept free from patient care equipment, toiletries, flowers and other items within the splash zone i.e., within one metre of the clinical handwash basin
- have HH product brackets and dispensers that are maintained in good working order and free from damage, to allow thorough regular cleaning
- be used for hand washing only
- not be used to discard antibiotics, intravenous fluids, body fluids, milk products or water from wash bowls, or to wash dishes or equipment

The [Australasian Health Facility Guidelines Part D – Infection Prevention and Control](#) and [AS1071:2015 Placement and presentation of HH materials in relation to the basin in healthcare settings](#) note the following:

- single use cloth or paper towels will be provided at all hand basins
- towel dispensers should be located adjacent to the splashback to prevent splash contamination
- handwash dispensers should be smooth-surfaced and easy to clean to prevent dust or soil contamination
- a general waste bin for used paper towels must be provided at each hand wash basin
- moisturisers are not required at every basin but are to be strategically located through the unit
- hot air hand dryers are not recommended for installation in clinical areas of healthcare facilities.

## 2.7 Bare below the elbow's principles

The presence of jewellery and clothing on the hands and forearms of HCWs impacts upon the ability to perform HH correctly. All staff who have direct contact with patients, patient's belongings, patient care equipment, the patient zone and/or frequently used communal items in clinical, primary care and community care settings (including all mental health care settings) should comply with the following:

- bracelets, health monitoring devices, wrist watches and rings with stones or ridges are not to be worn on hands or lower forearm areas. A single flat ring/band may be worn but should not interfere with effective HH practices i.e., should be moved about of the finger during HH practices.
- where long sleeved clothing is to be worn for cultural reasons, HCWs are to ensure the sleeves are loose enough to roll and secure above the elbow when engaged in direct patient care activities to ensure HH can be performed effectively
- fingernails should be kept short, clean and free of nail polish. Artificial nails are not to be worn in the clinical, primary care and community settings where direct patient care is performed e.g., performing aseptic technique procedures. Artificial nails refer to all signature nail systems, wraps and acrylic nails
- in high-risk settings such as operating suites, any jewellery, even a plain band, should not be worn.

For further resources and services to support the education of healthcare workers in the importance of HH refer to the hygiene, see the [NHHI Implementation Guide](#).

## 2.8 HH practices in Primary and Community and Mental Healthcare settings

As outlined in the [National Safety and Quality Primary and Community Healthcare Standards Guide for Healthcare Services](#), Action 3.05 requires a HH process that:

- is incorporated in its overarching IPC program as part of standard precautions:
- is consistent with appropriate elements of the NHHI and jurisdictional requirements
- supports the workforce and consumers to practise appropriate HH.

The patient **zone** in this setting may correspond to the home environment and the patient's intact skin and clothes which is contaminated mainly by the patient's own flora. Any transportation containers and care items brought by the HCWs represent the health-care area.

The **point of care** is where the procedure takes place. To help focus on HH when critically needed, the HCW should identify the point of care within the patient/resident/client zone as the focus for HH.



Although the NHHI does not recommend direct observational auditing of HH compliance in the non-acute, primary care and community care settings, the multimodal approaches to improving HH outlined in this policy, still apply in these settings.

Strategies in primary and community settings to support appropriate HH include:

- promoting the use of ABHR
- ensuring handwashing/HH facilities are readily available
- education of HCWs
- monitoring and review of HH compliance with local strategies outlined in the [WA Hand Hygiene Program](#)
- and addressing non-compliance with HH practices.

Refer to [materials to support improved hand hygiene in Australia – NHHI](#).

## 2.9 Hand Hygiene in sterilisation departments

Section 5.6.12 of AS 5369:2023 Reprocessing of reusable medical devices and other devices in health and non-health related facilities notes that:

- there shall be sufficient HH facilities available and accessible in all work areas
- the HH products for use can be either ABHR or liquid soaps
- hand creams shall not be used when performing reprocessing activities
- residue from HH products shall not be transferred to reusable medical devices/other devices or packaging
- HH basins should not be located in clean work areas as they can be a source of contamination. They should be located in an anteroom or corridor accessible from the clean work areas and used prior to entry and/or if hands become visibly soiled.

Refer to the [Australasian Health Facility Guidelines - Sterilizing Services and Endoscope Reprocessing Unit B.0190](#).

## 2.10 Education for HCWs

Standardised education supports HCWs with contemporary training about HH and IPC, and the knowledge and transferable skills they need to perform their role consistently and effectively. Education programs should meet the requirements of the NSQHS Standards and the [Australian Guidelines for the Prevention and Control of Infection in Healthcare](#).

WACHS HH education is available via the [MyLearning](#): Hand Hygiene Declaration (CICHH EL2) 2025. It is recommended that all staff complete the appropriate eLearning module when beginning employment and then annually.

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

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

High-profile promotional activities are recommended to raise awareness of HH, and these can be planned to coincide with annual events such as:

- World Hand Hygiene Day in May
- International Infection Prevention and Control Week – third week of October.

## 2.11 Auditing and Auditor training

Health services accredited to the [National Safety and Quality Health Service Standards](#) are required to collect HH compliance data for national HH audits, unless exempted by the relevant state and territory regulator. Health service organisations should refer to [current NSQHS Advisories](#) regarding any changes to this requirement.

The mandatory annual audit periods for the NHHI are:

- audit period one from 1<sup>st</sup> November to 31<sup>st</sup> March
- audit period three from 1<sup>st</sup> July to the 31<sup>st</sup> October.

National Audit period 2 became voluntary from 1 April 2023 to provide health service organisations with additional time for quality improvement activities. Refer to [Advisory AS23/01: Advice on national hand hygiene audit period 2](#) and the [NHHI Implementation Guide](#) for further information. The [NHHI Learning Management System](#) provides a consistent approach to HH compliance auditing and other aspects of IPC.

Data from auditing is compared to a national benchmark set by the former Australian Health Ministers' Advisory Council. The current national benchmark is 80%. Standardised HH auditor training ensures auditors have the skills to reliably audit HCW HH performance, and that auditor educators have the knowledge and skills to train new HH auditors and HH auditor educators. HH compliance audits should only be undertaken by trained and validated HH Auditors or HH Auditor Educators.

### Exemptions for compliance auditing in WA

The [WA HH Program auditing requirements](#) note that small hospitals (less than 25 acute beds), mental health services and ambulatory care settings are exempt from the routine compliance auditing component of the NHHI, as meaningful data is unlikely to be obtained. However, the remaining key elements of the program are required to be implemented. The [National Hand Hygiene Initiative Implementation Guide](#) details other strategies for monitoring hand hygiene compliance. Refer to [Audit tools – NHHI](#).

## 2.12 Hand Care issues

Intact skin provides a natural defence against infection. Damaged skin can not only lead to infection in the host but can also harbour higher numbers of microorganisms than intact skin and increase the risk of transmission of these microorganisms to others.

Refer to [WACHS hand care issues guidance](#).

## 2.13 Patient and Visitor HH practices

Patients and visitors should be educated about the importance of HH to assist in minimising cross transmission of infection, which may include the use of instructional posters. HH facilities should be readily available and accessible for all patients and visitors with consideration for patients with disabilities or cognitive impairment. Provision of bedside access to ABHR, moist towelettes or soap/water and a drying towel must be facilitated when hand basins are not accessible by the patient, with encouragement given to performing HH prior to eating and after using the toilet or bedpan.

Visitors should be encouraged to perform HH on entry and upon leaving the patient's room. Patients and visitors should be encouraged to escalate concerns regarding access



to HH facilities or observed HCW lack of compliance with appropriate HH practices, to their care provider.

### 3. Roles and Responsibilities

**WACHS Executive and Regional Executive teams** are responsible for ensuring the processes outlined in the relevant National Safety and Quality Health Service Standards are in place.

**WACHS Managers and Supervisors** are responsible to lead by example and monitor compliance of relevant staff to this procedure including:

- monitoring and supporting HCWs to complete the relevant HH [Learning Framework](#) requirements for WACHS
- implementing the NHHI program as relevant to their size and acuity and to support HH auditors, where relevant, to maintain their validation training requirements
- disseminating results of audits and other quality improvement activities relevant key stakeholders to assist in facilitating improved HH compliance.

**Regional Infection Prevention and Control (IPC) team members** are responsible:

- for developing a regional HH program incorporating all key stakeholders
- for supporting and advising relevant Health Services through their HH program
- for contributing to the formal evaluation of proposed changes to HH products via a product evaluation committee.

**All Health Services** should actively involve patients in their own care by providing relevant information and encouraging shared decision making.

**All staff** are required to comply with the directions in WACHS policies and procedures as per their roles and responsibilities. Guidelines are the recommended course of action for WACHS and staff are expected to use this information to guide practice. If staff are unsure which policies procedures and guidelines apply to their role or scope of practice, and/or are unsure of the application of directions they should consult their manager in the first instance.

### 4. Monitoring and Evaluation

Monitoring and evaluation of IPC systems and risk management strategies includes:

- auditing to monitor adherence to standard precaution practices such as hand hygiene practices, hand hygiene product placement, bare below the elbow practices, waste management processes and cleaning practices, PPE practices and transmission-based precautions
- outcome measures related to transmission of infectious diseases such as:
  - decreased infection transmission rates
  - decreased number of outbreaks
  - decreased hospitalisation rates
  - decreased morbidity and mortality rates.

Outcomes should be escalated as applicable, with actions implemented, documented and monitored via the regional IPC Committees and other relevant committees.

The WACHS Infection Control Advisory Forum (ICAF) is to review this policy every five years, or earlier if required.

## 5. References

Australian Commission on Safety and Quality in Health Care. National Hand Hygiene Initiative (NHHI). <https://www.safetyandquality.gov.au/our-work/infection-prevention-and-control/national-hand-hygiene-initiative> [Accessed: 6 June 2025]

Australian Commission on Safety and Quality in Health Care. National Hand Hygiene Initiative (NHHI) Implementation Guide. <https://www.safetyandquality.gov.au/our-work/infection-prevention-and-control/national-hand-hygiene-initiative/national-hand-hygiene-initiative-manual> [Accessed: 6 June 2025]

WA Hand Hygiene Requirements, 2024. <https://www.health.wa.gov.au/~media/Files/Corporate/general-documents/hand-hygiene/PDF/Hand-Hygiene-requirements.pdf> [Accessed: 6 June 2025]

Australian Commission on Safety and Quality in Health Care. National Safety and Quality Primary and Community Healthcare Standards Guide for Healthcare Services. <https://www.safetyandquality.gov.au/publications-and-resources/resource-library/nsqpch-standards-guide-healthcare-services> [Accessed: 6 June 2025]

Australian Commission on Safety and Quality in Health Care. Joint Statement Council of Presidents of Medical Colleges (CPMC) and the ACSQHC - Hand Hygiene Compliance and Medical Practitioners. <https://www.safetyandquality.gov.au/publications-and-resources/resource-library/joint-statement-council-presidents-medical-colleges-cpmc-and-acsqhc-hand-hygiene-compliance-and-medical-practitioners> [Accessed: 6 June 2025]

National Health and Medical Research Council. Australian Guidelines for the Prevention and Control of Infection in Healthcare (2019) <https://www.nhmrc.gov.au/about-us/publications/australian-guidelines-prevention-and-control-infection-healthcare-2019> [Accessed: 6 June 2025]

The New ACORN Standards, 2023. Standards for Safe and Quality Care in the Perioperative Environment (SSQCPE) for Organisation. <https://wachslibrary.health.wa.gov.au/home> [Accessed: 6 June 2025]

Royal Australian College of General Practitioners (RACGP) Infection Prevention and Control Guidelines - Surgical aseptic technique. <https://www.racgp.org.au/getattachment/c7d768ef-5db8-496b-9834-050a78b9251b/Infection-prevention-and-control-guidelines.aspx> [Accessed: 6 June 2025]

Occupational Dermatology Research and Education Centre Victoria. <https://www.occderm.asn.au/health-professionals/what-to-do-if-a-healthcare-worker-has-dermatitis/> [Accessed: 6 June 2025]

AS 5369:2023. Reprocessing of reusable medical devices and other devices in health and non-health related facilities. [Available from WACHS Library](#). [Accessed: 6 June 2025]  
Australasian Health Facility Guidelines, Part D Infection Prevention and Control. <https://www.healthfacilityguidelines.com.au/part/part-d-infection-prevention-and-control-2> [Accessed: 6 June 2025]

[AS1071:2015 Placement and presentation of HH materials in relation to the basin in healthcare settings](#). [Accessed: 6 June 2025]

## 6. Definitions

Term	Definition
<b>Alcohol-based hand rub</b>	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. It is recommended that alcohol-based hand rub products meet the EN1500 testing standard for the bactericidal effect have Therapeutic Goods Administration approval as a hand hygiene product for a healthcare setting.
<b>Aseptic technique</b>	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.
<b>Clinical Area</b>	An area in which examination, investigations, intervention, care, management and/or treatment of a patient is undertaken in a WACHS Health Service.
<b>Healthcare Associated Infection</b>	Infections acquired in healthcare facilities and infections that occur as a result of healthcare interventions and may manifest after people leave the healthcare facility.
<b>Healthcare Worker</b>	Any person employed or contracted by WACHS, either on a permanent, temporary, casual, volunteer or agency basis to deliver or support healthcare services.
<b>Healthcare Zone</b>	The healthcare zone refers to all areas outside the patient zone and includes curtains, partitions and doors between separate patient zones. It is shared by HCWs, visitors and patients and may become contaminated by infectious agents from these individuals.
<b>Irritant Contact Dermatitis</b>	Irritant Contact Dermatitis is the most common form of dermatitis experienced by HCWs resulting from exposure to a number of irritants. <a href="#">WACHS hand care issues guidance</a> .
<b>Patient zone</b>	The patient zone is a space dedicated to an individual patient for the duration of the stay. The patient zone includes the patient, any equipment attached to the patient and the patient's immediate surroundings.

## 7. Document Summary

<b>Coverage</b>	WACHS-wide
<b>Audience</b>	All Staff
<b>Records Management</b>	<ul style="list-style-type: none"> <li>Non-Clinical: <a href="#">Corporate Recordkeeping Compliance Policy</a></li> <li>Clinical: <a href="#">Health Record Management Policy</a></li> </ul>
<b>Related Legislation</b>	<ul style="list-style-type: none"> <li><a href="#">Therapeutic Goods Act 1989</a> (Cwlth)</li> <li><a href="#">Health Services Act 2016</a> (WA)</li> <li><a href="#">Work Health and Safety Act 2020</a> (WA)</li> </ul>

	<ul style="list-style-type: none"> <li>• <a href="#">Work Health and Safety Regulations 2022</a> (WA)</li> <li>• <a href="#">Public Health Act 2016</a> (WA)</li> </ul>
<b>Related Mandatory Policies / Frameworks</b>	<ul style="list-style-type: none"> <li>• MP 0172/22 <a href="#">Identification and Use of Personal Protective Equipment in the Clinical Setting Policy</a></li> <li>• MP 0134/20 <a href="#">National Safety and Quality Health Service Standards Accreditation Policy</a></li> <li>• MP 0122/19 <a href="#">Clinical Incident Management Policy</a></li> <li>• <a href="#">Clinical Governance, Safety and Quality Policy Framework</a></li> <li>• <a href="#">Public Health Policy Framework</a></li> </ul>
<b>Related WACHS Policy Documents</b>	<ul style="list-style-type: none"> <li>• <a href="#">Hand Hygiene Policy</a></li> <li>• <a href="#">Health Record Management Policy</a></li> <li>• <a href="#">Environmental Cleaning Policy</a></li> <li>• <a href="#">Infection Prevention and Control Policy</a></li> <li>• <a href="#">Engaging Consumer and Carer Representatives Policy</a></li> <li>• <a href="#">Work Health and Safety Policy</a></li> <li>• <a href="#">Waste Management Policy</a></li> </ul>
<b>Other Related Documents</b>	<a href="#">Infection Prevention and Control Policies, Procedures and Resources List</a>
<b>Related Forms</b>	<a href="#">Nil</a>
<b>Related Training</b>	<p>Available from <a href="#">MyLearning</a>:</p> <ul style="list-style-type: none"> <li>• Hand Hygiene Declaration (CICHH EL2)</li> <li>• Basics of Infection Prevention and Control Orientation Module (CICB EL2)</li> <li>• Correct Use of Personal Protective Equipment (PPE EL1)</li> <li>• Person Centred Care (PCC EL1)</li> </ul>
<b>Aboriginal Health Impact Statement Declaration (ISD)</b>	ISD Record ID: 4269
<b><a href="#">National Safety and Quality Health Service (NSQHS) Standards</a></b>	1.09, 1.10, 1.15, 3.01, 3.02, 3.04, 3.05, 3.06, 3.07, 3.08, 3.09, 3.10, 3.11, 3.12, 3.14, 3.14, 3.16, 3.17, 5.07
<b><a href="#">Aged Care Quality Standards</a></b>	1(1); (2a)(2b)(2c); 3(1)(2); 4(1)(2); 5(1)(2); 7(1)(2); 8(1)(2).
<b><a href="#">Chief Psychiatrist's Standards for Clinical Care</a></b>	Nil
<b>Other Standards</b>	<ul style="list-style-type: none"> <li>• <a href="#">ACORN standards</a></li> <li>• <a href="#">National Safety and Quality Primary and Community Healthcare Standards</a> <ul style="list-style-type: none"> <li>○ Action 3.05</li> </ul> </li> </ul>

## 8. Document Control

Version	Published date	Current from	Summary of changes
2.00	12 June 2025	12 June 2025	Updated guidance in relation to hand hygiene in alignment to the most recent guidance from the National Hand Hygiene Initiative and the <a href="#">Australian Guidelines for the Prevention and Control of Infection in Healthcare (2019)</a>

## 9. Approval

<b>Policy Owner</b>	Executive Director Nursing and Midwifery
<b>Co-approver</b>	Executive Director Clinical Excellence
<b>Contact</b>	Clinical Nurse Consultant Infection Prevention and Control
<b>Business Unit</b>	WACHS Nursing and Midwifery
<b>EDRMS #</b>	ED-CO-19-40531
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