



## HAND HYGIENE POLICY

### 1. INTRODUCTION

- 1.1 Healthcare associated infection leads to the death of 5,000 patients and costs the NHS £1 billion a year. International studies show that infection rates can be reduced by 10-50% when healthcare staff regularly clean their hands yet staff commonly clean their hands less than half as many times as they should (National Patient Safety Agency. Patient Safety Alert 2004).
- 1.2 The hands of healthcare workers play a major role in the transmission of micro-organisms. Hand hygiene is considered to be the single most important practice in reducing the transmission of infectious agents, including healthcare associated infections (HCAI), transmitted during delivery of care.
- 1.3 Hand hygiene is a serious issue; clean hands can save the lives of those most susceptible to infection and is considered the corner stone of good infection control practice (ICNA 2002).
- 1.4 It is the responsibility of all employees within the organisation to comply with the principles outlined within this policy, and challenge incidences of non-compliance.

### 2. POLICY STATEMENT

- 2.1 The aim of this policy is to:
  - Reduce the risks of infection to patients and staff;
  - Set required standards for hand decontamination in line with good hand hygiene techniques;
  - Ensure that all health care staff both clinical and non-clinical understand the importance of decontaminating their hands before and after every episode of care;
  - Promote compliance;
  - Detail requirements of training in hand hygiene standards.
- 2.2 This policy applies to staff employed by the Trust. Patients, visitors and the general public will be made aware of this policy as required.

### 3. DEFINITIONS

- 3.1 **Hand hygiene**  
Refers to the process for the physical removal of blood, body fluids, dirt and transient micro-organisms from the hands.
- 3.2 **Healthcare associated infection (HCAI)**  
A HCAI, is an infection the patient acquires after admission to hospital that was not developing prior to the admission.

## 4. HAND DECONTAMINATION

### 4.1 World Health Organisation (WHO) Save Lives Clean Hands - 5 moments of hand hygiene campaign

4.1.1 The 5 moments of hand hygiene provides evidence that hand hygiene for staff is essential in the following situations:

- 4.1.2
- BEFORE PATIENT CONTACT
  - BEFORE AN ASEPTIC TASK.
  - AFTER BODY FLUID EXPOSURE RISK.
  - AFTER PATIENT CONTACT.
  - AFTER CONTACT WITH PATIENT SURROUNDINGS.

4.1.3 The trust supports the WHO campaign which aims to improve the hand hygiene of all staff who have contact with patients to stop the spread of infection. The campaign is designed to educate and inform staff about why, when and how to clean hands and to support the Trust to take an organisation wide approach to making improvements in hand hygiene. It also provides information to patients about how they can encourage good hand hygiene by HCW. Your 5 moments for hand hygiene at the point of care is shown in Appendix 1.

## 5. BARE BELOW THE ELBOW

5.1 Bare below the elbow is a standard required of staff to improve standards of hand hygiene; It incorporates common sense precautions that promote the best standards of practice. Any member of staff working in a clinical environment is required to:

- Wear short sleeves or roll long sleeves and secure firmly.
- Remove wrist watches.
- Wear no hand jewellery other than a plain wedding band.
- Keep nails short.
- Wear no nail varnish or false nails.

## 6. HAND CLEANING TECHNIQUES

6.1 This is a process which removes and/or destroys transient micro-organisms from the hands by washing with soap and water or disinfection with an alcohol hand rub.

6.2 All staff must ensure they carry out effective hand cleaning using the correct technique so that all areas of the hands are cleaned using a systematic method (see Appendix 2A & B for a pictorial guide to hand decontamination).

## 7. USE OF ALCOHOL HAND RUBS

7.1 Alcohol hand rubs are effective on hands that are not physically soiled with dirt or organic matter providing they are correctly used. The method of application is the same as for hand washing in that all surfaces of the hand must be cleansed.

Alcohol hand rub is provided in all clinical areas, at hand hygiene stations on entry to wards, outside side rooms and bays and at every patient's bedside. It can be used by HCW, patients and visitors.

The following activities are examples of when an alcohol hand rub **MUST** be used:

- On **entering and leaving all clinical areas.**
- Before and after every patient contact if hand washing is not indicated.
- After touching a patient's direct environment; i.e. curtain, bedside table.

## 8 USE OF SOAP AND WATER

8.1 The following activities are examples of when hands must be washed using soap and water:

- When hands are visibly soiled.
- After removal of disposable examination gloves.
- Following accidental contact with blood or body fluids.
- After any microbial contamination (contact with soiled wound dressing, after wound examination and when performing sputum aspiration).
- Before aseptic technique.
- Before preparing, handling, serving or eating food.
- After handling soiled linen and laundry.

**AFTER DEALING WITH PATIENTS WHO HAVE SYMPTOMS OF DIARRHOEA AND / OR VOMITING E.G. CLOSTRIDIUM DIFFICILE.**

**9 VISITORS**

- 9.1 All visitors to clinical areas must be advised how to help in the prevention of infections by :
- Using the hand gel at the Hygiene stations when entering and leaving any clinical area
  - Washing hands with soap and water when gel is not indicated
  - Being encouraged to challenge staff who are seen to clean their hands

**10 ROLES AND RESPONSIBILITIES**

- 10.1 Everyone has an important part to play in improving patient safety and all Trust employees are expected to be compliant with the hand hygiene policy at all times.

**10.2 Chief Executive**

The Chief Executive is responsible for ensuring that appropriate systems are in place to: -

- Protect patients, staff and others from HCAI's.
- Support good practice in Infection prevention and control.

**10.3 Director of Infection Prevention and Control**

The Director of Infection Prevention and Control (DIPC) is responsible for infection prevention and control within the Trust and must ensure national directives are implemented.

**10.4 Senior Matrons ,Matrons and Ward Sisters**

Senior Matrons, Matrons and ward sisters are responsible for ensuring:

- The hand hygiene policy is adhered to within their area.
- Hand hygiene posters are displayed in prominent areas.
- Participation in hand hygiene surveillance and audit programmes to monitor the level of compliance.
- Mandatory training and infection control training is attended by all their staff.
- Follow-up of staff non-attendance at mandatory training.

**10.5 Consultant medical Staff**

Consultant medical staff are responsible for:

- Ensuring that their clinical teams are aware of and adhere to the Trust policy

## 10.6 Responsibility of all Staff

All Trust employees both clinical and non-clinical have a responsibility to comply with this policy. Healthcare workers (HCW) who have direct contact with patients are most likely to transmit infection if they do not carry out consistent and effective hand hygiene. All staff are expected to abide by the following:

- The Trust BE SEEN TO BE CLEAN Campaign
- 5 key moments at the point of patient care (NPSA 2007).
- A 'Bare Below the Elbow' approach as recommended by the Department of Health (DH).
- Attend annual mandatory training including infection control which includes hand hygiene training.
- Challenge non-compliance to this policy in a polite and professional manner.
- Escalate concerns to senior staff if continued non compliance is observed.

## 11. TRAINING

11.1 The Infection Prevention & Control Team deliver hand hygiene training at corporate induction for clinical and non clinical staff. It is the responsibility of all managers to ensure all staff (clinical and non clinical) receive training in the 5 moments of hand hygiene by attending a rolling programme on an annual basis. The recording of training, follow up of non attendance, actions relating to persistent non attendance and subsequent monitoring of this is detailed in the Risk Management Training Policy and Training Needs Analysis (Organisational Policy 2.24).

## 12. MONITORING

Policy element	Content to be monitored	Monitoring process
1. Hand hygiene training	<p>Completion / attendance reports received by:</p> <ul style="list-style-type: none"> <li>• Directorate clinical governance groups (quarterly)</li> <li>• Hospital Management Committee (senior managers) (quarterly)</li> <li>• Hospital Transfusion Committee (six monthly)</li> </ul> <p>Where there are shortfalls an action plan will be agreed to include any instances of persistent non-attendance</p>	<p>Annual risk management training report produced by Senior Matron Practice Development as detailed in the Risk Management Training Policy Organisation Policy 2.24.</p>
2. Compliance with hand hygiene practice	<p>Hand cleaning techniques used by staff in clinical areas</p>	<p>Monthly audit of 16 observations* by the Infection Prevention and Control Team and local infection control champions</p> <p>The audit results are reported each month to directorate clinical governance groups who will identify action to be taken and monitor until</p>

		complete.  Learning is achieved in the Trust through publication of the results in the quarterly Quality Report
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\* An observation is one episode of hand cleaning.

**13. KEYWORDS**

13.1 5 moments, bare below elbow

**14. REFERENCES**

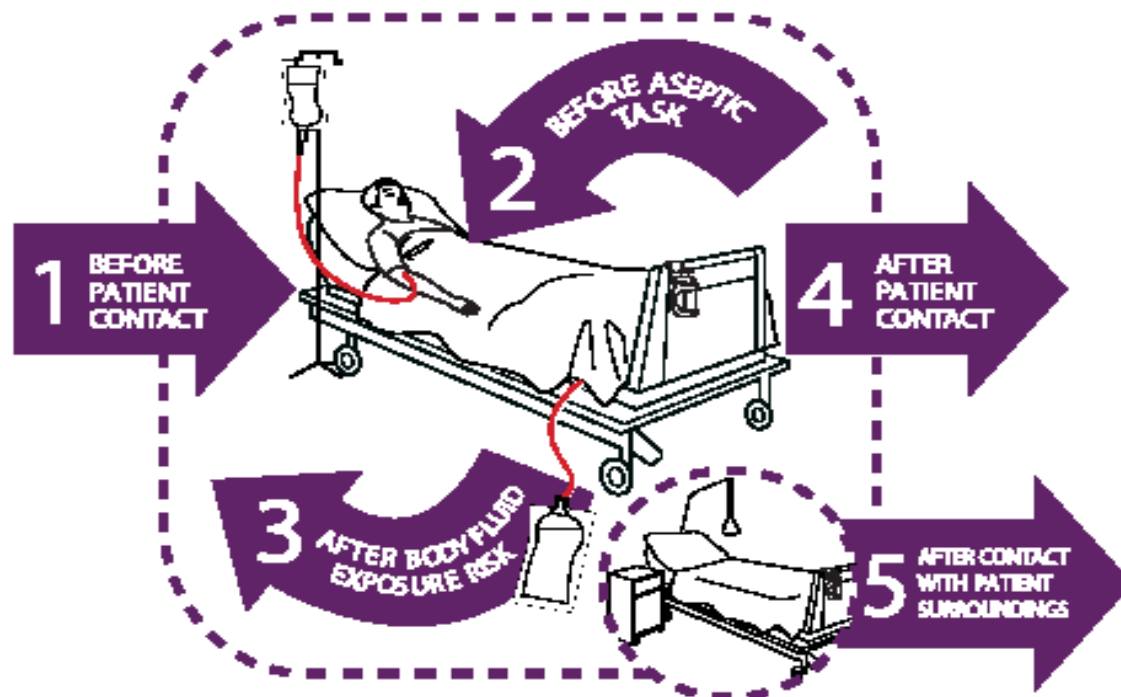
14.1 World Health Organisation Save Lives Clean hands 5 moments of Hand Hygiene  
National Patient Safety Agency (2007)  
G.A.J Ayliffe *et al. J. Clin. Path.* 1978; 31 :923  
ICNA 2002

**15. RELATED POLICIES**

15.1 Risk Management Training Policy Organisation Policy 2.24

Date ratified: QDG – November 2014  
 First issued: May 1998  
 Version no: 1.0  
 Date issued: December 2015 (one year extension)  
 Review date: December 2016  
 For review by: Senior Matron - Infection Prevention & Control Team  
 Director responsible: Director of Nursing and Patient Care /IP&C

# Your 5 moments for hand hygiene at the point of care



<b>1</b>	<b>BEFORE PATIENT CONTACT</b>	<b>WHEN?</b> Clean your hands before touching a patient when approaching him/her <b>WHY?</b> To protect the patient against harmful germs carried on your hands
<b>2</b>	<b>BEFORE AN ASEPTIC TASK</b>	<b>WHEN?</b> Clean your hands immediately before any aseptic task <b>WHY?</b> To protect the patient against harmful germs, including the patient's own, from entering his/her body
<b>3</b>	<b>AFTER BODY FLUID EXPOSURE RISK</b>	<b>WHEN?</b> Clean your hands immediately after an exposure risk to body fluids (and after glove removal) <b>WHY?</b> To protect yourself and the healthcare environment from harmful patient germs
<b>4</b>	<b>AFTER PATIENT CONTACT</b>	<b>WHEN?</b> Clean your hands after touching a patient and her/his immediate surroundings when leaving the patient's side <b>WHY?</b> To protect yourself and the healthcare environment from harmful patient germs
<b>5</b>	<b>AFTER CONTACT WITH PATIENT SURROUNDINGS</b>	<b>WHEN?</b> Clean your hands after touching any object or furniture in the patient's immediate surroundings when leaving - even if the patient has not been touched <b>WHY?</b> To protect yourself and the healthcare environment from harmful patient germs

Adapted from WHO World Alliance for Patient Safety 2006



# HAND CLEANING TECHNIQUES

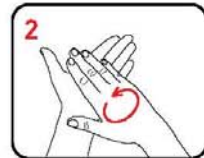
## How to handrub?

WITH ALCOHOL HANDRUB

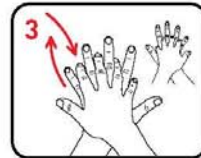


1a 1b

Apply a small amount (about 3ml) of the product in a cupped hand, covering all surfaces



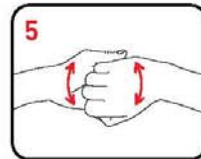
2 Rub hands palm to palm



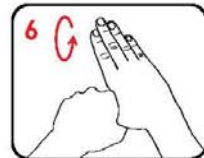
3 Rub back of each hand with the palm of other hand with fingers interlaced



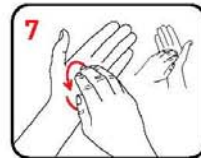
4 Rub palm to palm with fingers interlaced



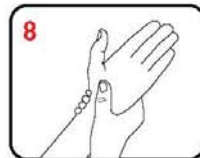
5 Rub with backs of fingers to opposing palms with fingers interlaced



6 Rub each thumb clasped in opposite hand using rotational movement



7 Rub tips of fingers in opposite palm in a circular motion



8 Rub each wrist with opposite hand

9

Once dry, your hands are safe

[www.npsa.nhs.uk/cleanyourhands](http://www.npsa.nhs.uk/cleanyourhands)

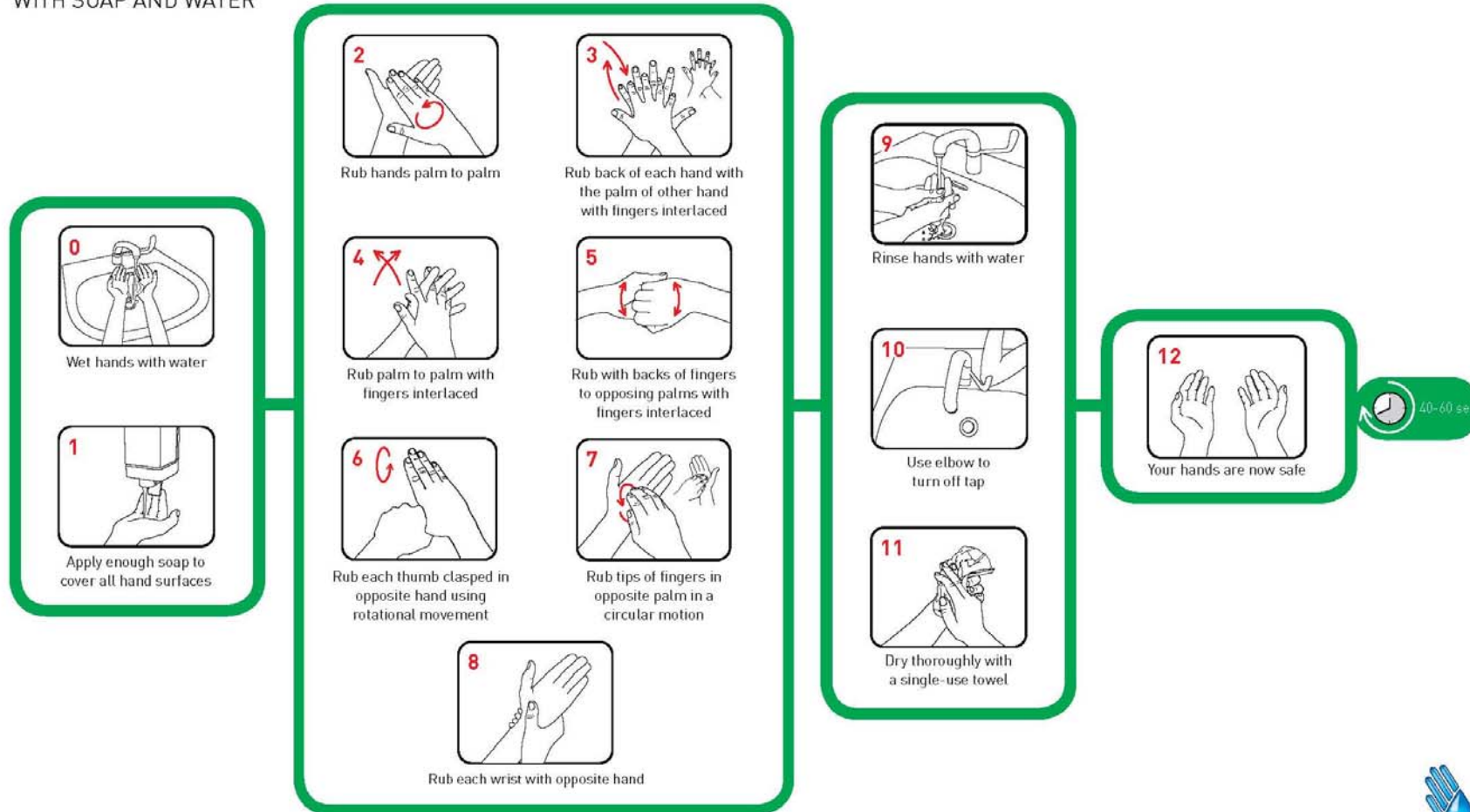
Adapted from World Health Organization *Guidelines on Hand Hygiene in Health Care*



# HAND CLEANING TECHNIQUES

## How to handwash?

WITH SOAP AND WATER



[www.npsa.nhs.uk/cleanyourhands](http://www.npsa.nhs.uk/cleanyourhands)

Adapted from World Health Organization *Guidelines on Hand Hygiene in Health Care* T/09

