HAND HYGIENE POLICY

Solent NHS Trust policies can only be considered to be valid and up-to-date if viewed on the intranet. Please visit the intranet for the latest version.

Purpose of Agreement	To provide clear guidance for Solent NHS Trust staff on the principles and practice of correct hand hygiene and its importance in the prevention of infection.
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Document Manager (Job Title)	Service Lead, Infection Prevention and Control
Document developed in consultation with	Matrons, Infection Prevention & Control Group, Link Advisors
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Review Log

Include details of when the document was last reviewed:

Version Number	Review Date	Name of reviewer	Ratification Process	Reason for amendments
2		D Wilson		
3	Oct 2015	K Brechany		Biennial Review

Amendments Summary:

Amend No	Issued	Page	Subject	Action Date
1	10.10.15	5	Reflect organisational role changes	Immediate
2	07.03.16	6	Clarification of bare below elbows for community teams	Immediate

Executive Summary

Contaminated hands are closely associated with the transmission of infection. Correct hand hygiene by healthcare providers is considered to be the single most important element of practice in reducing Healthcare Associated infections during delivery of care, whatever the setting.

Solent NHS Trust delivers healthcare in a variety of inpatient and community locations and this policy provides evidence based information for all staff on the strategies they may use to achieve effective hand hygiene whatever the setting.

Contents

1.0 INTRODUCTION

1.1 Contaminated hands are closely associated with the transmission of infection. Correct Hand Hygiene is considered to be the single most important practice in reducing Healthcare Associated Infections (HCAI), during delivery of care, whatever the setting.

1.2 The purpose of this policy is to provide Solent NHS staff with clear guidelines on the actions they must take in order to prevent cross-infection due to contamination of their own hands.

2.0 SCOPE

2.1 This document applies to all directly and indirectly employed staff within Solent NHS Trust and other persons working within the organisation in line with Solent NHS Trust's Equal Opportunities Document. This document is also recommended to Independent Contractors as good practice.

2.2 Solent NHS Trust is committed to the principles of Equality and Diversity and will strive to eliminate unlawful discrimination in all its forms. We will strive towards demonstrating fairness and Equal Opportunities for users of services, carers, the wider community and our staff.

3.0 DEFINITIONS

3.1 **Alcohol-based sanitising (hand) rub:** A sanitising product containing a minimum of 60% Isopropanol alcohol and emollients (in liquid, gel or foam). Designed to inactivate micro-organisms but it does not have any cleaning properties and must not be used on visibly dirty hands.

3.2 **Bare below the elbows:** Nationally accepted practice (DH (March 2010)) Exposure of the forearm is a necessary part of hand and wrist hygiene during direct patient care activity, to reduce to the risk of contamination from soiled uniform cuffs or long sleeves and to facilitate adequate hand hygiene.

3.3 **Decontamination:** Refers to a process for the physical removal of blood, body fluids and the removal or destruction of micro-organisms from the hands.

3.4 **Emollient:** A non-perfumed hand cream/skin softening agent that must be compatible with the soap and gel in use.

3.5 **Hand hygiene:** A general term referring to any action of hand cleansing. Hand rubbing with an alcohol-based handrub or hand washing with soap and water aimed at reducing or inhibiting the growth of micro-organisms on hands.

3.6 **Resident Flora:** Normal flora or 'commensal organisms', forming part of the body's normal defence mechanisms, and protecting the skin from invasion by more harmful micro-organisms. They rarely cause disease and are of minor significance in routine clinical situations. However, during surgery or other invasive procedures, resident flora may enter deep tissues and establish infections. Removal of these organisms is essential in these situations, by undertaking enhanced hand hygiene.

3.7 **Transient Flora:** Those acquired by touch e.g. from the environment, touching patients, laundry, equipment etc. They are located superficially on the skin, readily transmitted to the next thing touched, and are responsible for the majority of healthcare–associated infections. They are easily removed by hand decontamination.

4.0 ROLES AND RESPONSIBILITIES

4.1 **The Chief Executive**

The Chief Executive and Trust Board have a collective responsibility for infection prevention and control within the Trust.

4.2 **Clinical and Operational Directors & Governance Leads**

Clinical and Operational Directors and Clinical Governance Leads have the responsibility for the co-ordination of Health and Safety activities within the service lines and for ensuring that decisions are implemented in accordance with this policy.

4.3 **Infection Prevention and Control Group (IPCG)**

The Infection Control Group has a responsibility to ensure that this Policy complies with advice and guidance from the Department of Health and other bodies.

4.4 **The Infection Prevention Team (IPT)**

Infection Prevention Team work with Learning and Development to offer advice on the Infection Control element of generic on-line training. Bespoke sessions may be undertaken either at the request of a service or if deemed necessary by a member of the Infection Prevention Team. Compliance with this policy will be monitored during audit using the Quality Improvement Tools and the bi-annual Hand Hygiene audits undertaken by Link Advisors or Managers as part of the Infection Control audit programme. Spontaneous hand hygiene audits and unannounced clinical visits undertaken at the discretion of the IPT.

4.5 **Managers**

Managers and supervisors have a responsibility to ensure that staff are aware of and comply with their responsibilities under this Policy and associated guidelines.

4.6 **Employees**

All employees have a responsibility to abide by this Policy. This Policy is enforceable through Health and Safety Legislation and Solent NHS Trust disciplinary procedures. If employees are aware that the Policy or associated guidance is not being complied with they must first take the issue to their line manager and if the problem is not resolved they must inform the Infection Prevention Team.

4.7 **Link Advisors** are healthcare staff selected by their managers to receive additional training in infection prevention and control. The key role of link staff is to develop best practice within their clinical area. The Link advisors are specifically responsible for undertaking the bi-annual hand hygiene audit and the annual hand hygiene competency assessments for all clinical staff.

5.0 HAND HYGIENE PROCESS

5.1 **Bare Below the Elbows**

Effective hand hygiene is the single most effective way of reducing spread of infection and in order to facilitate good hand hygiene staff need to be able to wash or cleanse hands

unencumbered and this can only be achieved when staff adhere to the national bare below the elbows strategy.

All Solent NHS Trust Staff must adhere to 'Bare Below the Elbows' if they either have face to face or direct contact with a patient or a patient's immediate surroundings regardless of whether this is in an inpatient, outpatient setting or within patients own home.

- **Clothing** – Remove or roll up long sleeves to above the elbow before undertaking direct patient care as they are likely to become contaminated.

  Staff unable to comply due to religious reasons must wear single use, disposable sleeves/gauntlets. These must be changed between patients and between dirty and clean procedures on the same patient when undertaking hand hygiene.

  Clinical staff working at night or in situations requiring warmer clothing may wear a jumper/ fleece or cardigan over their uniform however this must be removed when undertaking clinical care. These items are likely to become contaminated particularly at the cuffs yet are unlikely to be washed daily.

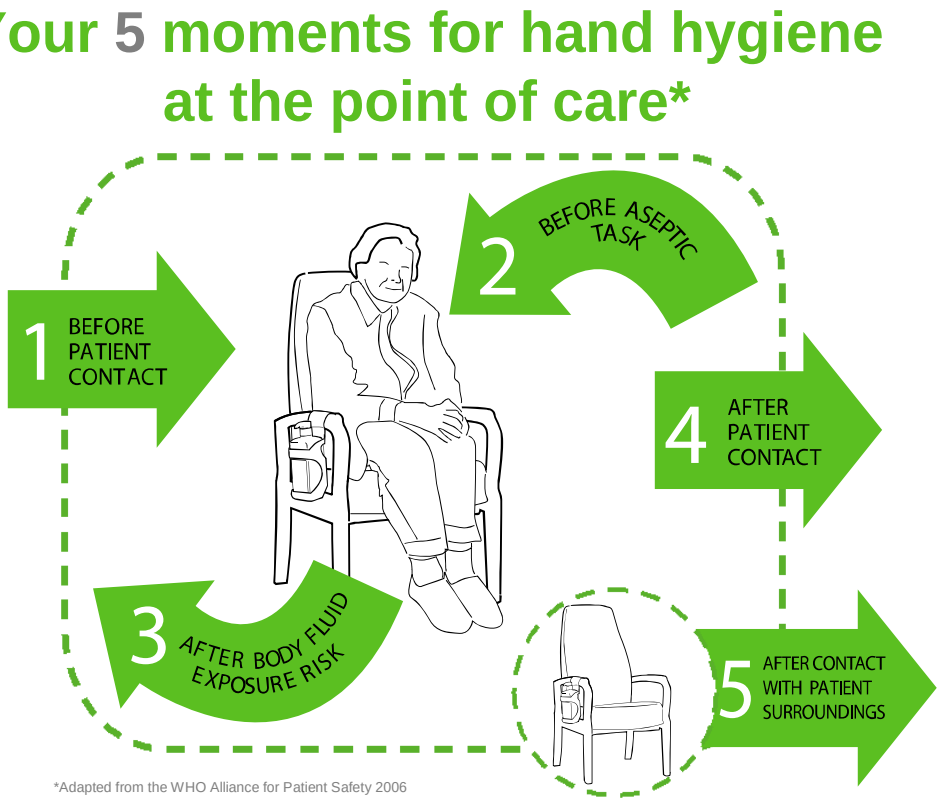
- **Nails** – Must be short and clean. Free from false nails, polish or treatments that leave a visible coating on the nail. These items harbour microorganisms that are not easily removed during hand hygiene; they may also become dislodged during care.

- **Jewellery** –With the exception of one smooth metal wedding ring all other rings, wristwatches and other jewellery must be removed prior to patient care. Jewellery on hands and wrists becomes contaminated with microorganisms that are difficult to remove thus putting clients and staff at risk.

5.2 **When to Perform Hand Hygiene**

Hand hygiene must be performed at key times to protect the client, staff member and colleagues. Primarily these times will be when hands are visibly dirty and at the 5 key moments identified below. (World Health Organisation WHO)

1 Before patient contact.
2 Before aseptic task.
3 After body fluid exposure risk.
4 After patient contact.
5 After contact with patient surrounding.



In addition the following actions should prompt staff to undertake additional hand hygiene

- Before preparing, handling or eating food.
- After visiting the toilet.
- After removing Personal Protective Equipment (PPE), i.e. gloves & aprons.
- On entering and leaving isolation rooms.
- After making patients beds.
- After handling laundry or waste.
- After touching animals in a client's home or inpatient therapy animals.

5.3 Choice of Product

5.3.1 Liquid soap and water

- Soap and water is suitable for hand hygiene in most clinical situations.

- Hand washing with soap, lifts transient microorganisms from the surface of the skin and allows them to be rinsed away.

- Water temperature does not appear to influence microbial removal however water that is too cold may discourage hand washing and water that is too hot has been linked to skin irritation.
- Bars of soap are not suitable due to risk of contamination.

- Soap and water must be used when caring for patients with any diarrhoea, due to the risk of *Clostridium difficile* or *Norovirus*.

- When undertaking aseptic technique initial hand hygiene should whenever available be with soap and water followed by alcohol gel.

5.3.2 **Alcohol based hand rubs**

- Alcohol-based hand rubs when used correctly can remove transient micro-organisms and substantially reduce resident micro-organisms.
- Alcohol based hand rubs 'sanitise' but do not clean or remove organic matter and must therefore only be used on **visibly** clean hands.
- Alcohol gel is **not effective** against *Clostridium difficile* and some viruses i.e. *Norovirus* – in these instances soap and water must be used.

- Hands must be washed with soap & water after approximately 5 consecutive uses of gel (due to an accumulation of the proteins in the product).

- Alcohol gel products used within Solent NHS Trust contain emollients. The product must be fully rubbed in until hands are dry to gain full benefit. Staff are advised that products purchased elsewhere may not be as effective and must not be used for clinical duties.

- Where wall mounted alcohol based hand rub dispensers are not suitable , personal pocket size dispensers are available.

- Caution must be taken in relation to flammability (when left in direct sunlight i.e. car dashboard) and ingestion by service users or people entering Solent NHS Trust premises. Local risk assessments should be undertaken – liaise with Infection Prevention & Control if necessary.

- Caution should be taken to avoid drips or spills of solutions for (e.g. slips or falls) and staining of carpet.

5.3.3 **Individual Hand Wipes**

- Within some care environments i.e. client's homes or locked wards adequate hand washing facilities may not be available or suitable. The practitioner must carry alternative products to address all possible situations.

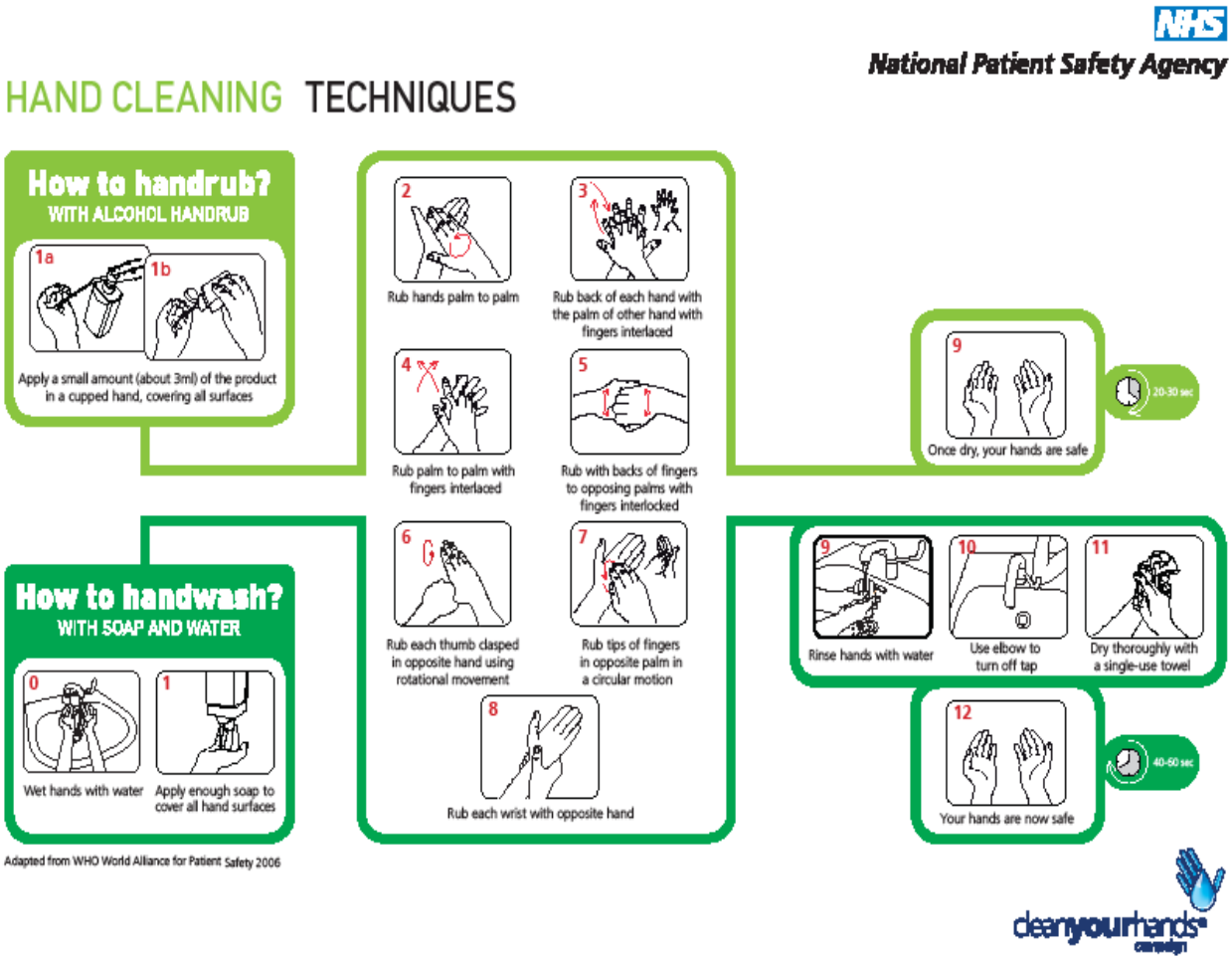
- Community staff should carry individual hand wipes and alcohol gel.

- Staff within inpatient facilities with limited access to clinical hand wash basins may also wish to carry wipes and gel.

- Staff must make an assessment of the best method to undertake hand hygiene.

- Should hands become contaminated with organic matter or visibly dirty a wipe must be used if soap and water are not available.

6.0 HOW TO PERFORM HAND HYGIENE



7.0 THE PROCEDURE FOR PERFORMING HAND WASHING IN CLINICAL AREAS

7.1 **Preparation:**

- Gather all relevant equipment. Ensure all that is needed to perform hand hygiene is available.
- Ensure the sink area is free from extraneous items, e.g. cups, utensils.
- The member of staff is 'Bare below the elbows'.

7.2 **Procedure:**

- The tap should first be turned on and the temperature of the water checked. Water should be warm.
- Both hands should be thoroughly drenched with water.
- Apply soap, one dose from wall mounted dispenser is usually sufficient.
- All areas of the hands should be covered in these steps The complete process should take at least 30 seconds.
- Nailbrushes are not to be used to perform social or antiseptic hand hygiene. Where nailbrushes are used for surgical scrub they must be sterile and single use.
- Hands and wrists should be rinsed well under the running water.
- Hands should be dried thoroughly using a patting/ blotting technique.

- Taps should be turned off using a 'hands-free' technique, e.g. elbows. Where 'hands-free' tap systems are not in place, a clean paper towel can be used .
- Do not touch bin lids with hands.
- Paper towels must be placed immediately into a foot operated domestic waste bin.

7.3 **Hand drying:**

- Hands that are not dried properly can become dry and cracked, leading to an increased risk of harboring microorganisms.
- The use of good quality disposable paper towels is recommended where frequent use is anticipated.
- Disposable paper towels (not air dryers) must always be used in clinical settings.
- Ideally disposable kitchen towel should be provided for community staff, where this is not provided staff may take a supply of disposable paper towels to the premises.
- If cloth hand towels are provided in a client's home they must be for use by the Healthcare staff only.

8.0 NAIL CARE

8.1 It has been shown that nails, including chipped nail polish, can harbour potentially harmful bacteria. Caring for nails helps prevent the harboring of microorganisms, which could then be transmitted to those who are receiving care.

- Nails must be natural, kept short and clean.
- Artificial fingernails/extensions must not be worn when providing clinical care.
- The steps included in the hand hygiene process must be followed in order to ensure nail areas are cleaned properly.

9.0 GENERAL HAND CARE

- It is important to protect the skin on hands from drying and cracking where bacteria, in particular, may harbour, and to protect broken areas from becoming contaminated particularly when exposed to blood and body fluids.
- Staff should be encouraged to use an emollient hand cream regularly to maintain the integrity of the skin.
- Cover all cuts and abrasions with a waterproof dressing.
- Hand creams can be applied to care for the skin on hands, however, only individual tubes of hand cream should be used or hand cream from wall mounted dispensers Communal tubs are not acceptable as these may become contaminated with bacteria over time.
- Creams used should not affect the action of hand cleaning solutions being used or the integrity of gloves.
- Perfumed soaps, or other solutions, might cause skin problems for some if used frequently, therefore, this should be discussed with Occupational Health and Wellbeing services and alternatives sought and made available.
- Report any skin problems to your Manager, Occupational Health or General Practitioner in order that appropriate skin care can be undertaken and the risks of harboring microorganisms while providing care for others can be avoided.

10.0 **FACILITIES REQUIRED TO PERFORM** HAND HYGIENE

Access to appropriate hand hygiene facilities, and associated supplies, is essential to ensure correct hand hygiene can be performed.

10.1 Inpatient Facilities

- Clinical hand wash basins must be dedicated for hand hygiene only i.e. not to be used for washing equipment, cups or emptying fluids post dressings, ear syringing etc.
- Hand wash sinks must be easily accessible.
- Wrist, elbow or foot operated mixer taps or thermostatic mixer valves.
- The taps should not be aligned to run directly into the drain aperture.
- The sink must not have a plug and should not have an overflow.
- Wall mounted liquid soap in a single cartridge dispenser (displaying hand washing technique) and disposable paper towels .
- Foot-operated domestic waste bin.
- In areas yet to be refurbished with turn operated taps a clean paper towel may be used to turn off the tap once hand hygiene is completed to prevent recontamination.
- Poorly maintained hand hygiene facilities, e.g. chipped/cracked enamel or excessive lime scale should be reported / repaired; damaged surfaces may harbour micro-organisms.
- For the purpose of refurbishment or new build projects guidance on suitable hand hygiene facilities can currently be found in the document HBN 00-09 Infection control in the built environment (DOH, 2013).

10.2 **How to manage effective hand hygiene in the community**

When patients /service users require care in their own home they are asked to provide for the staff liquid soap, water and kitchen roll/ paper towels for their use. In situations where resources are not provided or are considered not suitable to the health professional staff may select one of the 3 options below.

1) Carry moist individually packaged single use hand wipes i.e. Clinell
2) Provide soap & paper towels and leave in the clients home for nursing staff use only.
3) Carry soap, paper towels and gel in specific hand hygiene kits i.e. DEB or Purell bags

Reliance on alcohol gel alone as the only method for hand hygiene where hands are likely to be physically contaminated i.e. after undertaking physical care or performing wound dressings is not acceptable.

11.0 **TRAINING**

Hand Hygiene education is an essential element within infection prevention training and will be covered within Trust Induction and included in the on-line infection prevention training.

Clinical staff are expected to complete on line training annually, non-clinical staff three yearly.

The level that you are expected to achieve is dependent upon job role, job title or job specification and is indicated on your learning and development matrix.

All new clinical staff are expected to have a hand hygiene competency assessment completed within their service during their induction period and then on an annual basis.

All records of infection prevention and control training will be recorded centrally on the Oracle Learning Management system. Hand hygiene competencies will be will be entered by Infection Prevention Link Advisors or IPT onto survey monkey link found on the IPT webpage.

Non –compliance with mandatory training will be managed locally. Repeated non-compliance will be escalated to line managers.

Workforce data is collated each quarter and discussed at IPCG.

12.0 MONITORING THE EFFECTIVENESS OF THIS POLICY

The effectiveness of this policy will be monitored through

- The infection prevention and control audit programme.
- The hand hygiene competencies completed annually for all clinical staff.
- The twice yearly hand hygiene observational audit.
- Monitoring incidents reports related to hand decontamination and infection outbreaks.
- Collating data from Solent Workforce Information System (SWIS).

13.0 REVIEW

This document may be reviewed at any time at the request of either at staff side or management, but will automatically be reviewed three years after initial approval and thereafter on a triennial basis unless organisational changes, legislation, guidance or non-compliance prompt an earlier review.

14.0 EQUALITY IMPACT STATEMENT AND MENTAL CAPACITY

This policy aims to improve safety and reduce risk of spread of infections and consequently improve patients/service user's care and outcomes. As part of part of Solent NHS Trust policy an equality impact assessment (Steps 1&2 of cycle) was undertaken (Appendix 3).

The Infection Prevention Team are not aware of any evidence that different groups have different priorities in relation to control, or that any group will be affected disproportionately or any evidence or concern that this Policy may discriminate against a particular population group.

15.0 LINKS TO OTHER POLICIES

- Policy for Infection Prevention and Control Framework for the Trust.
- Standard Precautions Policy.

- Asepsis Policy.

16.0 REFERENCES

Department of Health (2003) *Winning Ways*: Working together to reduce Healthcare Associated Infection in England. Report from the Chief Medical Officer. London. DoH

Department of Health (2013) HBN 00-09 Infection control in the built environment.
Department of Health (2013) HBN 00-10 Part C: sanitary assemblies.

Infection Control Nurses Association (1998) Guidelines for Hand Hygiene. www.icna.co.uk

Loveday HP, Wilson JA, Pratt RJ, Golsorkhi M et al (2014) epic 3:National Evidence-Based Guidelines for Preventing Healthcare-Associated Infections in NHS Hospitals in England. Journal of Hospital Infection 86: S1-S70.

McNeil S, Foster C, Hedderwick S and Kauffman C (2001) Effect of Hand Cleansing with Antimicrobial Soap or Alcohol-Based Gel on Microbial Colonization of Artificial Fingernails Worn by Health Care Workers. Clinical Infectious Diseases 32: 367-72

Nursing and Midwifery Council (2008) Code of professional conduct: Standards for conduct, performance and ethics, London.

Pittet D, Hugonnet S, Harbth S et al (2000) Effectiveness of a hospital-wide programme to improve compliance with hand hygiene. The Lancet 356: 12
Royal College of Nursing (RCN) (2013) Wipe it out one chance to get it right: Guidance on uniforms and work wear.

The Health and Social Care Act (2008) Code of Practice for health and adult social care on the prevention and control of Infections and related guidance

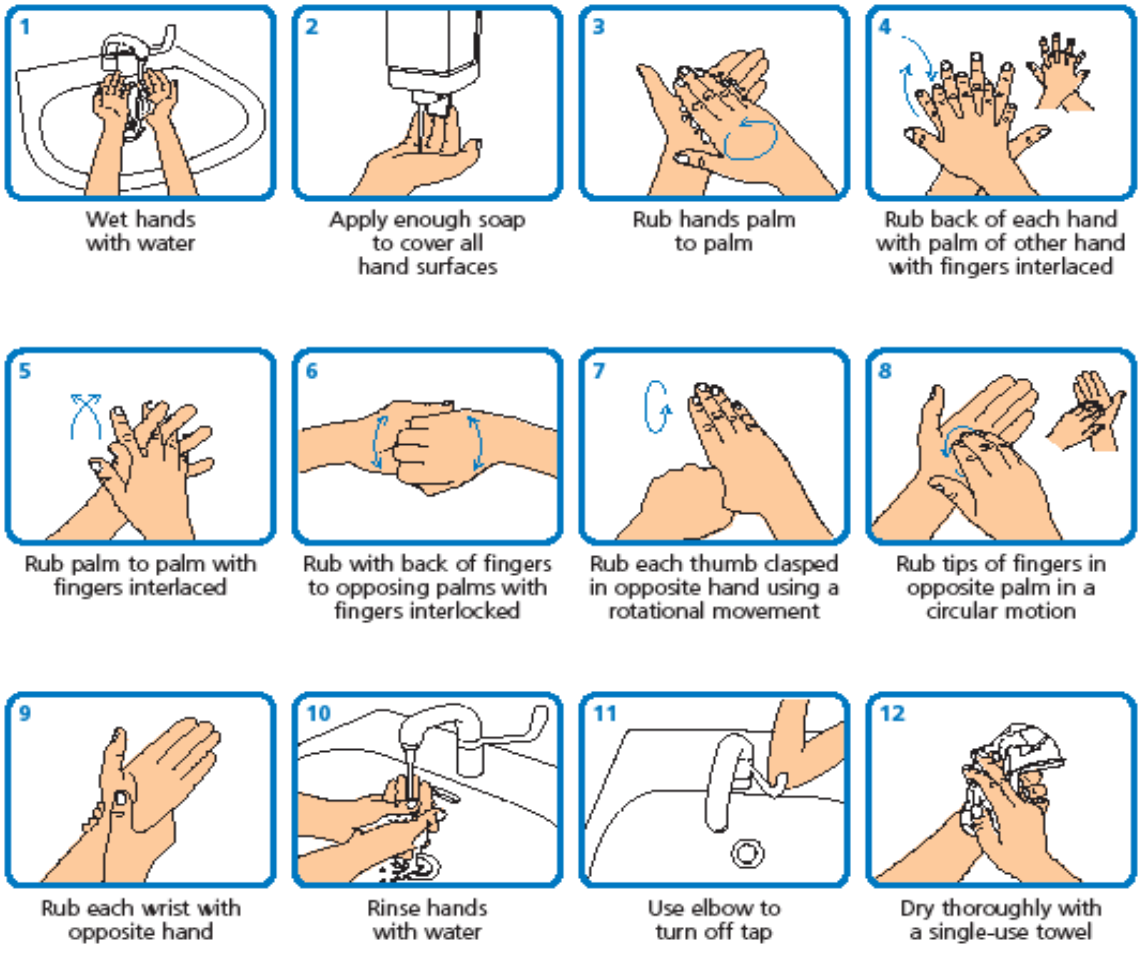
World Health Organisation (2009) Guidelines on Hand Hygiene in Healthcare. First Global Patient Safety challenge clean care is safer care.

World Health Organisation (2009) Save Lives Clean Your hands Hand Hygiene Technical Reference Manual.

17.0 GLOSSARY

HCAI	Healthcare Associated Infection
IPCG	Infection Prevention and Control Group
IPT	Infection Prevention Team
PPE	Personal Protective Clothing
WHO	World Health Organisation
NPSA	National Patient Safety Agency

Hand-washing technique with soap and water

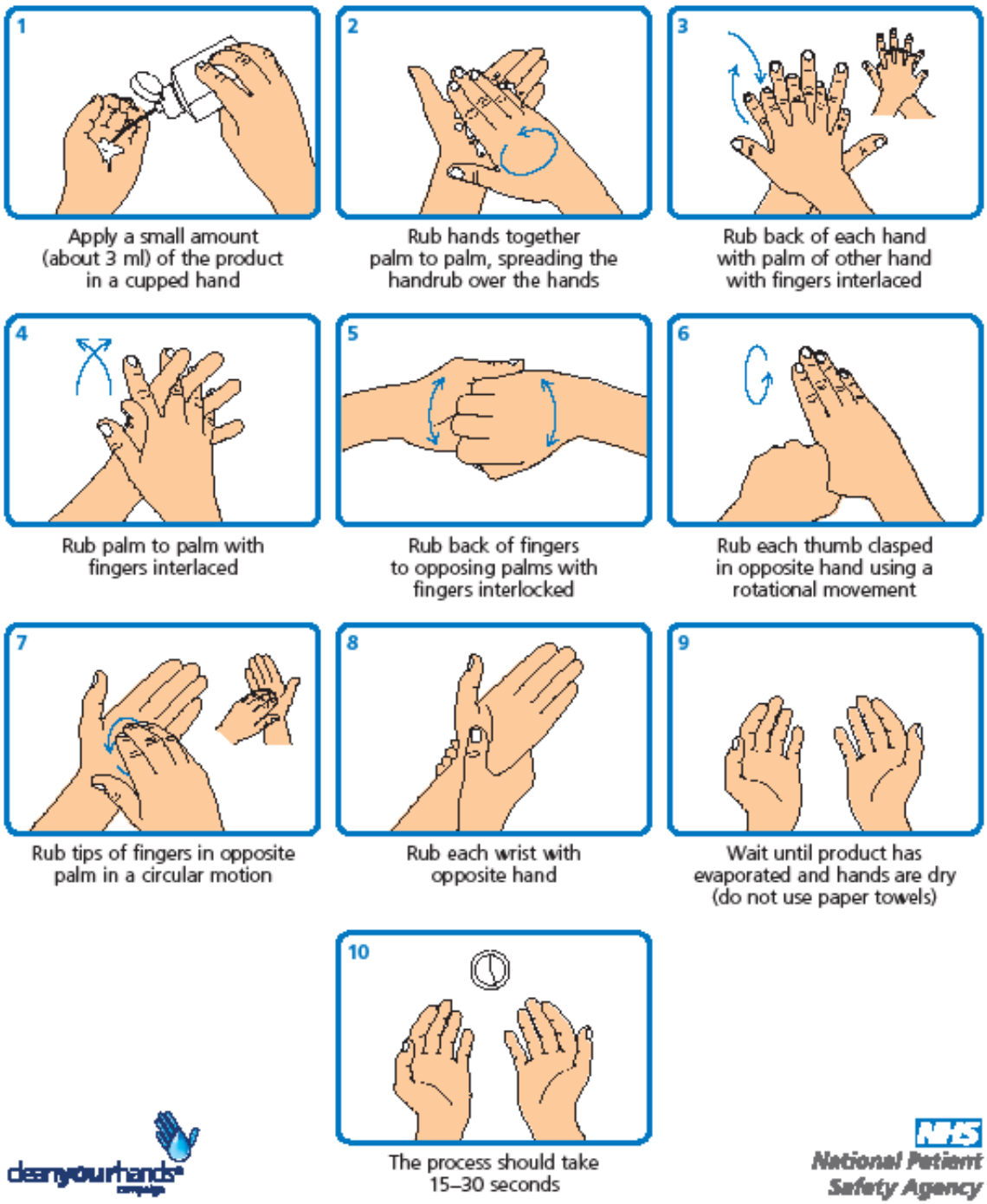


cleanyourhands campaign

National Patient Safety Agency

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

Alcohol handrub hand hygiene technique – for visibly clean hands



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

APPENDIX 3

Equality and Human Rights Impact Assessment

Step 1 – Scoping; identify the policies aims	**Answer**		
1. What are the main aims and objectives of the document?	To provide Solent NHS Trust staff with clear infection prevention and control guidelines on the facilities, equipment and technique required to perform effective hand hygiene.		
2. Who will be affected by it?	All staff and patients/service users of Solent NHS Trust services. The DH document 'Uniforms and Workwear: Guidance on uniform and workwear policies for NHS employers' 2007 addresses the issues of 'bare below the elbows' and the use of alcohol gel within some religious groups and supports the guidance within this policy. Statement: Always just perform hand wash with soap and water if there is any doubt.		
3. What are the existing performance indicators/measures for this? What are the outcomes you want to achieve?	Compliance with: > Health & Social Care Act 2008 > Care Quality Commission Care Standard > NHSLA Standards		
4. What information do you already have on the equality impact of this document?	Assumption that this will potentially impact on a diverse group of clinical and non clinical staff based on the variety of services Solent NHS Trust provides.		
5. Are there demographic changes or trends locally to be considered?	Not aware of any issues which would have affected staff		
6. What other information do you need?	None		
Step 2 - Assessing the Impact; consider the data and research	**Yes**	**No**	**Answer** (Evidence)
1. Could the document unlawfully against any group?		x	
2. Can any group benefit or be excluded?	X		This will be of benefit to all staff and patient/service users.
3. Can any group be denied fair & equal access to or treatment as a result of this document?		X	
4. Can this actively promote good relations with and between different groups?		X	

5. Have you carried out any consultation internally/externally with relevant individual groups?		X	.
6. Have you used a variety of different methods of consultation/involvement		X	
7. Mental Capacity Act implications		X	
8. Will this document require a decision to be made by or about a service user? (Refer to the Mental Capacity Act document for further information)		X	.

If there is no negative impact – end the Impact Assessment here.
20.01.16: At this time no negative impact identified.

Step 3 - Recommendations and Action Plans	**Answer**
1. Is the impact low, medium or high?	
2. What action/modification needs to be taken to minimise or eliminate the negative impact?	
3. Are there likely to be different outcomes with any modifications? Explain these?	
Step 4- Implementation, Monitoring and Review	**Answer**
1. What are the implementation and monitoring arrangements, including timescales?	
2. Who within the Department/Team will be responsible for monitoring and regular review of the document?	
Step 5 - Publishing the Results	**Answer**
How will the results of this assessment be published and where? (It is essential that there is documented evidence of why decisions were made).	