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## HAND HYGIENE POLICY

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<b>Purpose of Agreement</b>	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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## Amendments Summary:

Please fill the table below:

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
3	06.05.16		Highlight risk when using gel near oxygen	Immediate
4	05.03.19	3	Summary of Policy	Immediate
5	05.03.19	18	Bare Below the Elbow Guidance	Immediate
6	02.05.19	10	Guidance on inpatient hand hygiene	Immediate
7	10.05.19	13	4.5 Clarity in office working	Immediate
8	05.02.2021	6	Addition 2.7 added to Definitions	Immediate
9	05.02.21	7	Bare Below Elbows & Covid19 – additional wording added to paragraph due to risk of infection	Immediate
10	05.02.21	13	Bare Below Elbows & PHE Guidance – paragraph added to 4.4 Employees Guidance	Immediate
11	05.02.21	14	Competency Frequency during Pandemic – made to reflect changes to audit practices	Immediate
12	05.02.21	15	Reference added from Public Health England (2021) Covid 19	Immediate

## 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
4	May 2016	D Larkins	IPCG	Fire safety risk
5	May 2019	B Carter	IPCG	Biennial Review
6	Feb 2021	D Larkins	Chair's action to approve amends	Amends detailed above
7	May 2022	L Harradine	Policy Steering Group, Clinical Executive Group	Triennial review <ul style="list-style-type: none"> <li>• Summary of Policy updated</li> <li>• 2. Scope and Definitions updated</li> <li>• 3. Process/ Requirements – small changes made throughout to help with clarification</li> </ul>

				<ul style="list-style-type: none"> <li>• 3.3 This section has been removed from the policy as it is visually detailed within the Appendices</li> <li>• 4. Roles and Responsibilities small updates</li> <li>• 5. Training- Learning Management System has replaced Electronic Staff record. New requirements for clinical and non-clinical hand hygiene Including competencies updated</li> <li>• 7. Success Criteria/ Monitoring the Effectiveness – small updates</li> <li>• 9 References – Policy titles updated</li> <li>• 10. Glossary – small updates</li> <li>• Appendix A – small updates – Bare Below Elbow flowchart removed and updated</li> <li>• Appendix B – Removed and updated with new ‘How to Handwash’</li> <li>• Appendix C – Removed and updated with ‘How to Hand rub’</li> <li>• Appendix D – Equality Analysis and Equality Impact Assessment updated</li> </ul>
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## SUMMARY OF POLICY

Hand hygiene, when performed consistently and diligently is considered the single most effective measure to reduce the onward transmission of potentially pathogenic organisms, and thereby reduce the prevalence of Healthcare Associated Infections (HAIs). This will ultimately, protect patients, service users, visitors, and staff.

This policy is designed to equip Solent staff with the tools and knowledge required to perform appropriate hand hygiene, at the right time, with the right product, and applied using the right technique.

All staff will need to ensure that they are compliant with the policy and remain up to date with 6 monthly hand hygiene competencies.

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## HAND HYGIENE POLICY

### 1. INTRODUCTION & PURPOSE

- 1.1 Contaminated hands are closely associated with the transmission of infection. The decontamination of hands is considered the single most important practice shown to significantly reduce the carriage of potential pathogens and decrease the risk and occurrence of 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. SCOPE & DEFINITIONS

- 2.1 This policy applies to locum, permanent, and fixed term contract employees (including apprentices) who hold a contract of employment or engagement with the Trust, and secondees (including students), volunteers (including Associate Hospital Managers and Patient Safety Partners), bank staff, Non-Executive Directors and those undertaking research working within Solent NHS Trust, in line with Solent NHS Trust's Equality, Diversity and Human Rights Policy. It also applies to external contractors, agency workers, and other workers who are assigned to Solent NHS

#### DEFINITIONS

- 2.2 **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.
- 2.3 **Bare below the elbows:** Nationally accepted practice (DH 2010; NHS England and NHS Improvements 2020) Exposure of the forearm is a necessary part of hand and wrist hygiene during direct patient care activity, to reduce the risk of contamination from soiled uniform cuffs or long sleeves and to facilitate adequate hand hygiene.
- 2.4 **Decontamination:** Refers to a process for the physical removal of blood, body fluids and the removal or destruction of micro-organisms from the hands.
- 2.5 **Emollient:** A non-perfumed hand cream/skin softening agent that must be compatible with the soap and gel in use.
- 2.6 **Hand hygiene:** A general term referring to any action of hand cleansing. Hand rubbing with an alcohol-based hand gel / rub or hand washing with soap and water aimed at reducing or inhibiting the growth of micro-organisms on hands.
- 2.7 **Patient (other terms might be used) /Clinical Care:** A term referring to interaction with the patient or patient's immediate surroundings.
- 2.8 **Resident Flora:** Micro-organisms 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.
- 2.9 **Transient Flora:** Micro-organisms 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 (HCAIs). They are easily removed by hand decontamination.

### 3. PROCESS / REQUIREMENTS

#### 3.1 HAND HYGIENE PROCESS

##### **Bare Below the Elbows (Please refer to Appendix A)**

Effective hand hygiene is the single most effective way of reducing transmission of infection in order to facilitate good hand hygiene, staff need to be able to wash or cleanse hands unencumbered. This can only be achieved when staff adhere to the National Bare Below the Elbows strategy. Hands and wrists need to be fully exposed, free from long sleeved clothing and jewellery

All Solent NHS Trust Staff must adhere to 'Bare Below the Elbows' (BBE) 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** – Ideally staff who need to adhere to Bare Below the Elbows will wear short sleeves either as part of a uniform or appropriate dress to perform clinical duties. Secondary cardigans, jumpers and jackets including fleeces must be removed to achieve BBE.

If a long-sleeved garment cannot be removed the sleeves must be rolled up to above the elbow before undertaking direct patient care, having face to face contact or contact with the patient's immediate surroundings as they are likely to become contaminated. See Appendix A.

Staff unable to comply due to religious reasons must liaise with the Infection Prevention Team (IPT) in the first instance. They may be advised to wear single use, disposable sleeves/gauntlets. These must be changed between patients and between dirty and clean procedures on the same patient and undertake the appropriate 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, having face to face contact or contact with the patient's immediate surroundings. These items are likely to become contaminated particularly at the cuffs yet are unlikely to be washed daily and is a clear transmission risk.

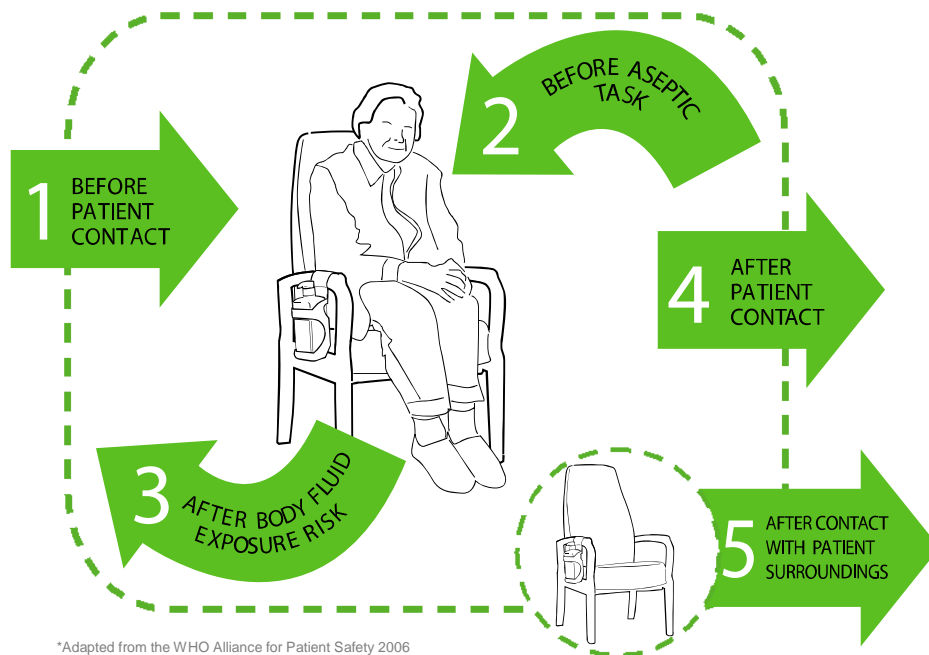
- **Nails** – Must be short and clean. Free from false nails, polish or treatments that leave a visible coating on the nail. These items harbour micro-organisms that are not easily removed during hand hygiene; they may also become dislodged during care.
- **Jewellery** – Prevents effective hand hygiene. With the exception of a Kara bangle, which can be pushed up the arm, and one smooth metal ring, all other rings, wristwatches, fitness trackers, and other jewellery must be removed prior to patient care. No stoned rings can be worn. Jewellery on hands and wrists becomes contaminated with micro-organisms that are difficult to remove thus putting patients, clients, and staff at risk.
- Clinical staff requiring wrist or hand splints that compromise bare below the elbow cannot work clinically until risk assessed by IPT

##### 3.1.1 When to Perform Hand Hygiene

Hand hygiene must be performed at key times to protect patients, clients, staff members and visitors. Primarily these times will be when hands are visibly dirty and at the 5 key moments identified below. (World Health Organisation WHO, 2009)

1. Immediately before direct patient contact.
2. Before clean / aseptic procedure.
3. After exposure to body fluids, mucous membranes, and non-intact skin.
4. After patient contact.
5. After contact with patient surroundings, objects, and equipment in the immediate patient environment.

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



\*Adapted from the WHO Alliance for Patient Safety 2006

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

- Before entering and after leaving all clinical areas.
- Before and after preparing, handling, or eating food.
- After visiting the toilet.
- During and after removing Personal Protective Equipment (PPE)
- After removal of gloves
- On entering and leaving isolation rooms / isolation bays.
- After making patients beds.
- After handling laundry or waste.
- After touching animals in a client's home or generally, any therapy animals in an inpatient or community setting.

### 3.2 Choice of Product

### 3.2.1 Liquid soap and water (Please refer to Appendix B)

- Soap and water is suitable for hand hygiene in most clinical situations.
- Hand washing with soap and water lifts transient micro-organisms 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.
- For wall mounted liquid soap expiry dates should be checked when a cartridge of soap is placed in the dispenser and the date of opening written on to ensure it is used within 12 months.
- Bars of soap are not suitable for clinical staff due to risk of contamination.
- Soap and water must be used when caring for patients with any diarrhoeal and or vomiting illness.
- When undertaking any invasive procedure requiring aseptic technique, hand hygiene should be carried out using soap and water followed by application of a hand sanitizer.

### 3.2.2 Alcohol based hand rubs (Please refer to Appendix C)

- Alcohol-based hand rubs when used correctly can remove transient micro-organisms and substantially reduce resident micro-organisms.
- Alcohol based hand rubs 'sanitize' but do not clean or remove organic matter and must therefore only be used on visibly clean hands.
- Alcohol gel is not effective against *Clostridioides difficile* spores 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), or sooner if hands feel 'sticky'.
- Ensure the gel has been rubbed in fully to allow all alcohol to completely evaporate before handling compressed medical oxygen cylinders or equipment.
- 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.
- For wall mounted alcohol hand rubs expiry dates should be checked when a cartridge of the hand rub is placed in the dispenser and the date of opening written on to ensure it is used within 12 months.
- Caution must be taken in relation to the flammability of alcohol hand rubs (when left in direct sunlight i.e., car dashboard), and the risk of 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, e.g., slips or falls, and staining of materials.



### 3.2.3 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.

### 3.2.4 Hand Hygiene for Inpatients

**National guidelines suggest that it is important to educate patients and carers about the importance of hand hygiene**

- Patients **MUST** be encouraged to wash their hands at the appropriate times:
  - Before entering and after leaving all clinical areas
  - Before and after preparing, handling, or eating food
  - After visiting the toilet
  - After handling own laundry
  - Before and after using a bed pan or urinal
- In some inpatient areas bars of soap may be used for patient hand hygiene following consultation with the IPT. Please note the bar of soap is for one patient only and will need to be disposed of when the patient is discharged.
- If soap and water is not available, or not practical, patients should be offered an individual hand wipe to decontaminate their hands.

## 3.3 THE PROCEDURE FOR PERFORMING HAND WASHING IN CLINICAL AREAS

### 3.3.1 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 elbows'.

### 3.3.2 Procedure:

- The tap should first be turned on and the temperature of the water checked. Water should be warm, however, water temperature does not appear to influence microbial removal, it merely assists with comfort.
- 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 the above steps. The complete process should take no less than 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 with paper towels, 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.

### 3.3.3 Hand drying:

- Hands that are not dried properly can become dry and cracked, leading to an increased risk of harboring micro-organisms.
- 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.

### 3.3.4 Nail Care

It has been shown that nails, including chipped nail polish, can harbor potentially harmful bacteria. Caring for nails helps prevent the harboring of micro-organisms, 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 any form of healthcare or having face to face contact with a patient. This includes non-clinical staff who have face to face interaction.
- The steps included in the hand hygiene process must be followed to ensure nail areas are cleaned properly.



### 3.4 General hand care

- It is important to protect the skin on hands from drying and cracking where bacteria, may harbor, 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
- 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 become contaminated with bacteria over time.
- Cover all cuts and abrasions with a waterproof dressing.
- Report any skin problems to your manager, who should make a referral to Occupational Health. It is also advisable to discuss any skin concern with your General Practitioner in order that appropriate skin care can be undertaken, and the risks of harboring micro-organisms while providing care for others, can be avoided.
- Staff advised to use alternative soap products during clinical care must inform their Line Manager, Occupational Health and IPT.
- Staff with skin lesions that cannot be covered must not work clinically until they have received advice from Occupational Health / IPT

### 3.5 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.

### 3.6 Inpatient facilities

- In areas yet to be refurbished with turn operated taps a clean paper towel may be used to turn off taps.
- 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 or body washing water etc.
- Hand wash sinks must be easily accessible and kept free of unnecessary items.
- Wrist, elbow, or foot operated mixer taps or thermostatic mixer valves.
- The taps should not be aligned to run directly into the drain aperture.
- Clinical handwash basins must not have a plug or overflow Wall mounted liquid soap in a single cartridge dispenser and disposable paper towels.
- Domestic waste bins must be foot operated, in good condition, with working foot pedal.
- Turn off the tap using wrist or paper towel 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 and compromise water safety.
- 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 (DH, 2013).

### 3.7 How to manage 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 Hand Wipes
- 2) Provide soap & paper towels and leave in the client's home for nursing staff use only.
- 3) Carry soap, paper towels and alcohol hand rub in specific hand hygiene kits i.e. DEB or Purell bags

Reliance on alcohol hand rub 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.

## 4. ROLES AND RESPONSIBILITIES

### 4.1 The Chief Executive and Trust Board

Have a collective responsibility for infection prevention and control within the Trust.

### 4.2 The Director of Infection Prevention and Control (DIPC)

Is responsible for ensuring that this policy is implemented and adhered to across the organisation. In Solent NHS Trust this role is held by the Chief Nurse.

### 4.3 The Infection Prevention Team (IPT)

Are responsible for developing and updating the policy to ensure it complies with all relevant National Legislation and Guidance. The IPT will support the provision of training and education both mandatory and bespoke.

#### **4.4 Employees**

All staff working in Solent NHS Trust involved with patient services in either the healthcare setting or patients/service users own homes, have a responsibility to comply with this policy, be competent to undertake the procedure and report any incidents/risks that occur.

All staff working within offices that do not have patient equipment, face to face patient contact or any clinical work does not have to adhere to BBE in this instance. All staff working in an office location that has patient equipment returned to it or have face to face patient contact or any clinical work should adhere to BBE and hand hygiene policy.

Standalone Infection Prevention Guidance issued from the UK Health and Security Agency (UKHSA) during a pandemic must be followed alongside this policy. Contact IPT if clarification is required.

#### **4.5 Service Line Managers and Matrons**

Are responsible for ensuring that staff are aware of their responsibilities under this Policy. They are also responsible for ensuring that staff have the appropriate resources available for use and education and clinical skills to comply with the policy.

#### **4.6 Infection Prevention Link Advisors (IPLA)**

IPLA's are healthcare staff selected by their managers to receive additional training in infection prevention. The key role of link staff is to develop best practice within their clinical area. The additional training for the IPLA role is provided by the IPT in the form of a two-day course.

#### **4.7 All Staff**

All staff have individual responsibility to comply with standard precautions of infection prevention and control as applicable to their everyday practice.

#### **4.8 The Infection Prevention and Control Group (IPCG)**

Have the responsibility to ensure that this policy complies with advice and guidance from the NHS England / Improvement, UKHSA and other governing bodies.

### **5. TRAINING**

5.1 Hand Hygiene education is an essential element within infection prevention training and must be covered within Local Induction and the on-line infection prevention training.

5.2 All mandatory training undertaken must be recorded on the Learning management System (LMS). Monitoring of compliance will be carried out by the Learning and Development Department and Solent Workforce information System (SWIS).

5.3 All new clinical and non-clinical staff are required to complete their hand hygiene competency in their area, within two weeks of their start date

5.4 The level that staff are expected to achieve is dependent upon job role, job title or job specification and is indicated on their LMS.

5.5 All staff, clinical and non-clinical must complete their hand hygiene competencies 6 monthly, this assessment will be carried out by a trained infection prevention link advisor, trained hand hygiene champion or member of the IPT.

- 5.6 Staff members will record their hand hygiene competencies on LMS once assessed as competent. The relevant person carrying out the assessment will keep a nominal register of all those that have been assessed. Staff unable to record this electronically must retain proof of assessment for their line manager.
- 5.7 All staff are required to achieve 100% compliance with Hand Hygiene Competency. Noncompliance with mandatory training will be managed locally. Repeated non-compliance will be escalated to line managers and IPCG and competencies may be revoked, if deemed appropriate, after discussion with the IPT.

## **6. EQUALITY IMPACT ASSESSMENT AND MENTAL CAPACITY**

- 6.1 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 Trust policy an equality impact assessment (EIA) was undertaken, and no negative impact was identified. A copy of the EIA is attached as Appendix D.

## **7. SUCCESS CRITERIA / MONITORING THE EFFECTIVENESS**

- 7.1 Service managers will ensure the policy has been implemented within their areas. The Service will monitor effective practice through the High Impact Interventions (DH 2010.) with support from the Infection Prevention Team. High Impact Intervention tools are in the process of becoming embedded into practice and will be requested by the Infection Prevention Team as hand hygiene audits.
- 7.2 Service managers will be responsible for ensuring that any serious untoward incidents relating to hand hygiene are investigated and appropriate actions fed back to the author of this policy.
- 7.3 The effectiveness of this policy will also be monitored through IPCG specifically looking at:
- The infection prevention and control audit programme.
  - The hand hygiene competencies completed 6 monthly for all clinical and non-clinical staff.
  - The Link Advisor hand hygiene observational audits as per audit schedules
  - Monitoring incident reports related to hand decontamination and infection outbreaks via Ulysses.
  - Collating data from the LMS

## **8. REVIEW**

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

## **9. REFERENCES AND LINKS TO OTHER POLICIES**

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

## 9.1 REFERENCES

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

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

## 10. GLOSSARY

BBE	Bare Below the Elbows
LMS	Learning Management System
HCAI	Healthcare Associated Infection
IPCG	Infection Prevention and Control Group
IPT	Infection Prevention Team
PPE	Personal Protective Equipment
SWIS	Solent Workforce Information System
WHO	World Health Organisation
DIPC	Director of Infection Prevention & Control
UKHSA	UK Health Security Agency
IPLA	Infection Prevention Link Advisors

## **Appendix A**



### **Solent NHS Trust 'Bare Below the Elbow' (BBE) guidance for staff working within mental health and learning disabilities settings.**

#### **Background**

Solent NHS Trust staff provides care to patients in a wide variety of settings, this can present confusion in relation to when Bare below the Elbows is required. The following guidance is taken from work by the Infection Prevention Society and follows the basic premise of protecting staff and clients from acquisition of Healthcare Associated Infections.

The Infection Prevention Society (IPS) was asked by National Health Service Improvement (NHSI) to produce guidance on BBE in Mental Health and Learning Disabilities healthcare settings for the Care Quality Commission (CQC, England) following CQC inspections.

In 2007, the Department of Health published guidance regarding uniforms and work wear for Health Care Workers. Although the phrase never actually appeared in the text, it became widely known as the '**Bare Below the Elbows**' guidance. This has also been updated in 2020 by NHS England and NHS Improvements in: Uniforms and workwear: guidance for NHS employers.

So, what does '**Bare Below the Elbows**' actually mean, and how does it affect our ability to provide clean, safe care to our service users?

Effective hand hygiene remains the single most effective means of preventing the transmission of healthcare associated infections. Any practice or item of clothing which compromises the ability to perform hand hygiene to an acceptable standard puts service users at risk.

#### **Definitions:**

##### **Bare Below the Elbows**

Hands and arms up to the elbows/mid forearm are free from clothing and jewellery (bracelets and stoned rings), wrist jewellery, nail varnish, and acrylic nails.

Not wearing false nails or nail polish, not wearing a wristwatch, fitness watch or stoned rings

Wearing short sleeved garments or being able to roll or push up sleeves (NICE Clinical Guidelines CG 139 2012)

Hands can only be decontaminated effectively by ensuring the correct technique is used. In order to do this hands and wrists need to be fully exposed and should be free of long-sleeved clothing and jewellery. (Dancer 2009) (Ward 2007) (White 2013) (Henderwick et al 2000).

##### **Direct (Clinical) Contact**

Direct contact with a client/patient/service user, includes face to face consultation, hands on, or face-to-face contact with clients/patients/service users. Any physical aspect of the healthcare of a client/patient/service user, including treatments, self-care, and administration of medication (NICE Clinical Guidelines CG 139 2012).

Examples include

- Examining patients including performing physiological examinations
- Observations, providing personal care such as washing, bathing, dressing, and undressing, toileting and feeding
- Issuing medication



- Wound care
- Direct contact with invasive devices such as catheters and urine collection bags attached to them
- Collecting samples for testing
- Cleaning of body fluid spillages
- Performing searches
- Restraining clients

Whilst not considered direct patient care, other activities where effective hand hygiene is crucial would include

- Preparing and serving food. Any staff who handle food in any capacity
- Handling clinical and non-clinical waste

#### Healthcare Environments include

- Mental Health inpatient and community settings
- Supported living
- Learning Disability inpatient and community settings
- Prisons
- Forensic settings
- Care homes
- Patient's living space / home

**Hand hygiene** is a generic term that covers the process of removing or destroying loosely attached 'transient' micro-organisms from the surface of the hands.

The World Health (WHO) guidelines on Hand Hygiene in healthcare have been developed with the ultimate objective of changing behaviour of individual healthcare workers to optimise compliance with hand hygiene at the recommended moments to improve patient safety.

The key concept with 'my five moments' is that it encourages the healthcare worker to clean their hands before identified high risk activities for example (1) before touching a patient, (2) before clean/aseptic procedures, (3) after bodily fluid exposure/risk, (4) after touching a patient and (5) after touching patient surroundings. This approach aims for simplicity and easy integration into the natural workflow whilst maintaining evidence-based practice.



### **Why is it so important?**

**Cuffs** at the wrist become heavily contaminated and are likely to come into contact with patients or patient areas. Cuffs which are unable to be rolled up will impede the practice of effective hand hygiene.

**Wrist watches** can become heavily contaminated. Have a look under the catch of your wristwatch and you'll see a build-up of dirt which mostly consists of discarded skin cells and oils from your skin. This is an ideal breeding ground for certain microorganisms which you can pass on to your patients. Wrist watches, if not removed, also impede the practice of effective hand hygiene.



This is an agar plate showing bacterial growth from a wristwatch strap.

**Jewelled rings** also collect dirt and grime where bacteria happily breed (see below) They can also pose a risk of damage to the skin of patients if worn while providing personal care, particularly if the skin is fragile as in older adults. Jewellery must be kept to a minimum; jewelled rings or rings with stones should not be worn, a plain metal band is permitted



**False nails** encourage the growth of bacteria and fungi around the nail bed, mainly because they severely limit the effectiveness of hand washing, but also because the nail bed is abraded to facilitate attachment of the false nail, and the fixative can sometimes give rise to nail bed damage. Fluid from hand hygiene can collect between the false nail and the nail bed which provides an ideal environment for microorganisms to thrive. These issues may result in infection, particularly fungal infection, for the wearer and will certainly present a risk of cross infection for the patient. Staff with direct patient contact must not wear false nails at any time.



**Long nails** are also easily contaminated and hard to clean effectively; nail varnish hides where nails are dirty underneath and when it becomes chipped, provides a surface where microorganisms can thrive. Nails must be short, clean, and unvarnished.



**Ties** are rarely laundered but worn daily. They perform no beneficial function in patient care and have been shown to be colonised by pathogens. Ties must be removed or secured.

**Hair** patients generally prefer to be treated by clinical staff with neat and tidy hair. Hair which is tied back off the collar is less likely to shed skin cells onto the patient/environment/wounds/medical devices, thus reducing the risk of cross contamination. Long hair should be tied back and off the collar.

**Guidance**

The guidance below is a minimum standard for Mental Health and Learning Disabilities settings and local policy is to be followed at all times.

Any staff who do not work in a clinical environment but may need to enter the patient environment as part of their role (i.e. reception/ administration / managerial staff), will need to have the ability to be Bare Below the Elbow and comply on these occasions.

<b>Bare Below the Elbow Standards &amp; Rationale</b>	
<b>Standard</b>	<b>Rationale</b>
Keep fingernails short and clean	Microbes can thrive beneath fingernails
Do not wear false nails or nail polish	False nails and nail polish discourage thorough hand washing Micro-organisms thrive in nail glue and in cracked nail polish
Do not wear bracelets. Do not wear rings with stones and ridges. One plain band is permitted.	High numbers of bacteria can be found on skin under rings and bracelets. Wearing these discourages effective hand washing.
Sleeves must be short or rolled up to facilitate effective hand decontamination.	Hand decontamination cannot effectively take place, putting patients at risk
Any breached skin - cuts, dermatitis, or abrasions - must be covered with a waterproof dressing.	To reduce the risk of cross contamination
Wrist watches MUST be removed prior to procedures requiring hand hygiene	High numbers of bacteria can be found under wrist watches and straps

<b>Permissible Jewellery</b>	<b>Unacceptable Jewellery</b>
One Plain band It is the employee's responsibility to ensure that all other rings are removed prior to commencing their shift or direct patient care.	Rings other than a single plain band ▸ Engagement rings ▸ Eternity rings Ridges, stones, or grooves harbour higher levels of micro-organisms & could potentially damage the integrity of a patient's skin
Kara bangles, Medic-Alert Bracelets- May be worn after consultation with Occupational Health. These must be non-fabric.	Fitness Trackers Dermal piercings of the hands and arms Bracelets <ul style="list-style-type: none"> <li>• Charity bracelets</li> <li>• Friendship bands</li> <li>• Festival Bands</li> <li>• Silks loosely tied around the wrists by Hindus are not acceptable and must be removed.</li> <li>• Woven silk or cotton bracelets such as the Rakhi's worn by Hindus and Jains for the festival of Raksha Bandhan will need to be removed for compliance with this policy.</li> </ul>

Compliance with this document will be monitored through Infection Prevention and Control service audits. Regular training sessions are facilitated by the IPC Team when requested by Local Services.

### **Acknowledgements**

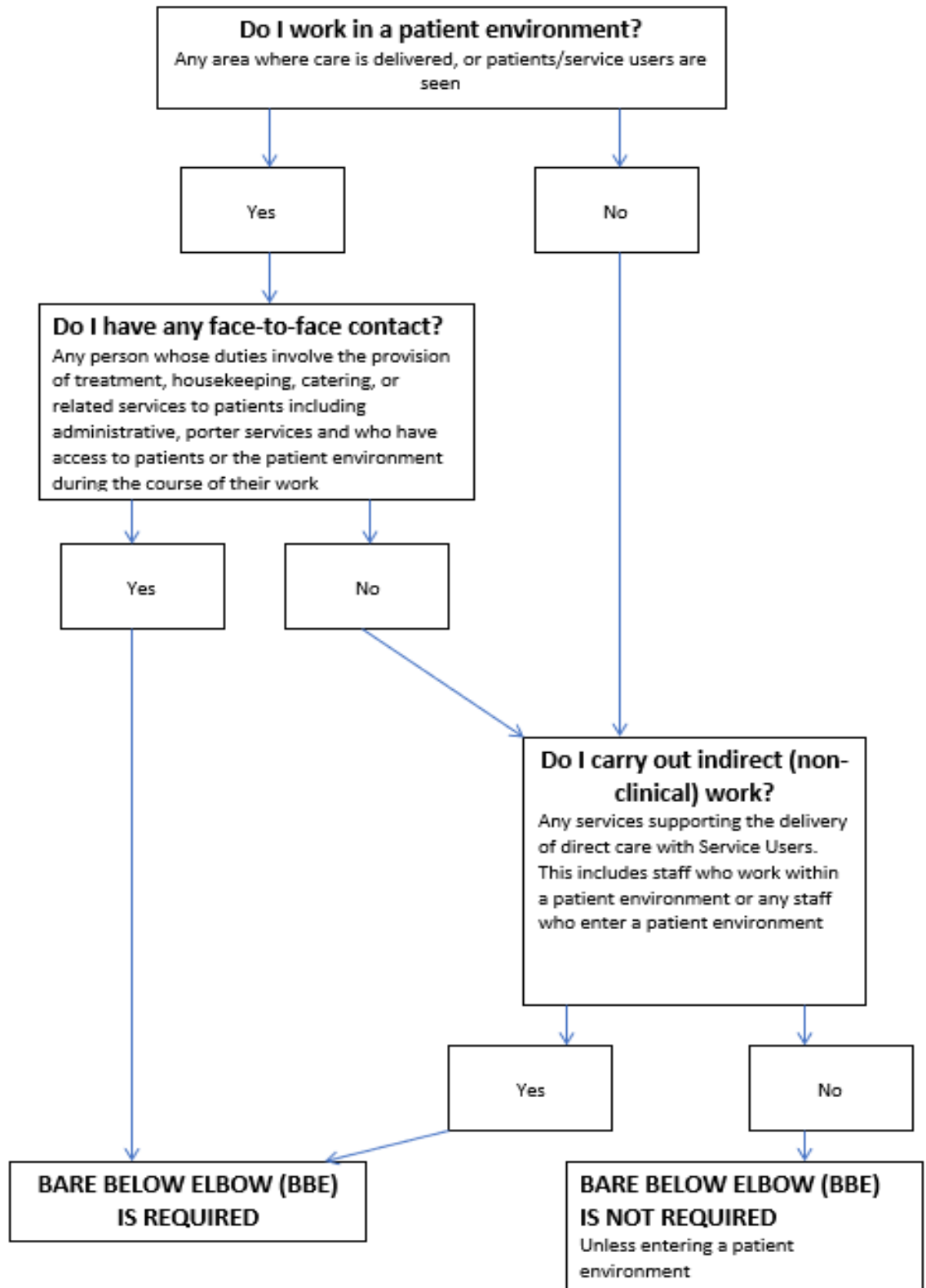
Central and Northwest London NHS Foundation Trust  
Derbyshire Healthcare NHS Foundation Trust  
NHS Grampian  
Kneesworth House Hospital  
North Staffordshire Combined Healthcare NHS Trust  
Lincolnshire Partnerships NHS Foundation Trust  
Mersey Care NHS Foundation Trust  
Nottinghamshire Healthcare NHS Foundation Trust

Oxford Health NHS Foundation Trust  
Rotherham and South Humber NHS Foundation Trust  
Sheffield Health and Social Care NHS Foundation Trust  
South and West Yorkshire NHS Trust  
South Staffordshire and Shropshire healthcare NHS Foundation Trust  
St Andrews Healthcare  
All participating members of IPS MH SIG

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### BARE BELOW ELBOW FLOWCHART

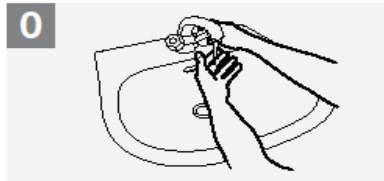


## Appendix B

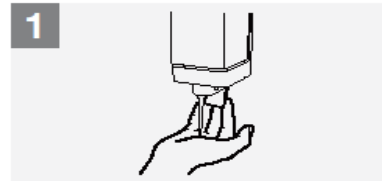
# How to Handwash?

WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB

 Duration of the entire procedure: 40-60 seconds



0 Wet hands with water;



1 Apply enough soap to cover all hand surfaces;



2 Rub hands palm to palm;



3 Right palm over left dorsum with interlaced fingers and vice versa;



4 Palm to palm with fingers interlaced;



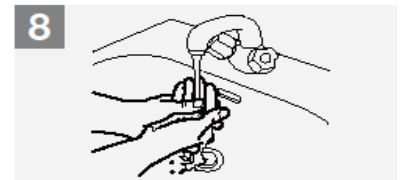
5 Backs of fingers to opposing palms with fingers interlocked;



6 Rotational rubbing of left thumb clasped in right palm and vice versa;



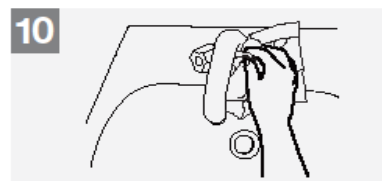
7 Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;



8 Rinse hands with water;



9 Dry hands thoroughly with a single use towel;



10 Use towel to turn off faucet;



11 Your hands are now safe.



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May 2009

## Appendix C

# How to Handrub?

**RUB HANDS FOR HAND HYGIENE! WASH HANDS WHEN VISIBLY SOILED**

 **Duration of the entire procedure: 20-30 seconds**



**1a** Apply a palmful of the product in a cupped hand, covering all surfaces;

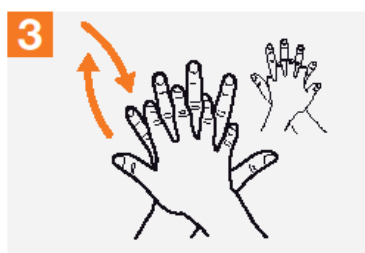


**1b**



**2**

**2** Rub hands palm to palm;



**3** Right palm over left dorsum with interlaced fingers and vice versa;



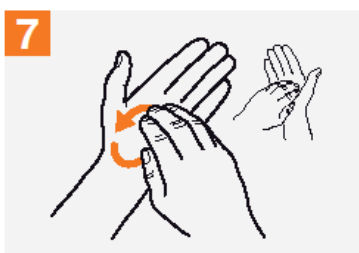
**4** Palm to palm with fingers interlaced;



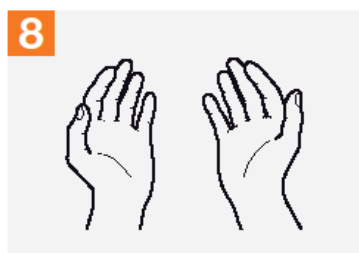
**5** Backs of fingers to opposing palms with fingers interlocked;



**6** Rotational rubbing of left thumb clasped in right palm and vice versa;



**7** Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;



**8** Once dry, your hands are safe.



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## Appendix D

### Equality Analysis and Equality Impact Assessment

**Equality Analysis** is a way of considering the potential impact on different groups protected from discrimination by the Equality Act 2010. It is a legal requirement that places a duty on public sector organisations (The Public Sector Equality Duty) to integrate consideration of Equality, Diversity, and Inclusion into their day-to-day business. The Equality Duty has 3 aims, it requires public bodies to have due regard to the need to:

- **eliminate unlawful discrimination**, harassment, victimisation, and other conduct prohibited by the Equality Act of 2010.
- **advance equality of opportunity** between people who share a protected characteristic and people who do not.
- **foster good relations** between people who share a protected characteristic and people who do not.

**Equality Impact Assessment (EIA)** is a tool for examining the main functions and policies of an organisation to see whether they have the potential to affect people differently. Their purpose is to identify and address existing or potential inequalities, resulting from policy and practice development. Ideally, EIAs should cover all the strands of diversity and Inclusion. It will help us better understand its functions and the way decisions are made by:

- **considering the current situation**
- **deciding the aims and intended outcomes of a function or policy**
- **considering what evidence there is to support the decision and identifying any gaps**
- **ensuring it is an informed decision**

You can find further information via the e-learning module [here](#)

### Equality Impact Assessment (EIA)

#### Step 1: Scoping and Identifying the Aims

Service Line / Department	Infection Prevention	
Title of Change:	Policy Review	
What are you completing this EIA for? (Please select):	Policy	<i>(If other please specify here)</i>
What are the main aims / objectives of the changes		

#### Step 2: Assessing the Impact

Please use the drop-down feature to detail any positive or negative impacts of this document /policy on patients in the drop-down box below. If there is no impact, please select "not applicable":

Protected Characteristic	Positive Impact(s)	Negative Impact(s)	Not applicable	Action to address negative impact: <i>(e.g. adjustment to the policy)</i>
Sex			X	
Gender reassignment			X	
Disability			X	
Age			X	
Sexual Orientation			X	
Pregnancy and maternity			X	
Marriage and civil partnership			X	
Religion or belief			X	
Race			X	

*If you answer yes to any of the following, you MUST complete the evidence column explaining what information you have considered which has led you to reach this decision.*

Assessment Questions	Yes / No	Please document evidence / any mitigations
In consideration of your document development, did you consult with others, for example, external organisations, service users, carers, or other voluntary sector groups?)	Yes	
Have you taken into consideration any regulations, professional standards?	Yes	

#### Step 3: Review, Risk and Action Plans

How would you rate the overall level of impact / risk to the organisation if no action taken?	Low	Medium	High
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What action needs to be taken to reduce or eliminate the negative impact?	N/A		
Who will be responsible for monitoring and regular review of the document / policy?	N/A		

#### Step 4: Authorisation and sign off

*I am satisfied that all available evidence has been accurately assessed for any potential impact on patients and groups with protected characteristics in the scope of this project / change / policy / procedure / practice / activity. Mitigation, where appropriate has been identified and dealt with accordingly.*

**Equality Assessor:** L Harradine

**Date:** 05/05/2022