



# Hand Hygiene

This procedural document supersedes: Hand Hygiene - PAT/IC 5 v.6



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<b>Written by</b>	Infection Control Team
<b>Date</b>	January 2003
<b>Revised by</b>	Paula Johnson - Infection Prevention and Control Practitioner
<b>Date</b>	15 February 2017
<b>Approved by (Committee/Group)</b>	Infection Prevention and Control Committee
<b>Date of approval</b>	16 February 2017
<b>Date issued</b>	21 February 2017
<b>Next review date</b>	April 2020
<b>Target audience:</b>	Trust-wide

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### Amendment Form

Version	Date Issued	Brief Summary of Changes	Author
Version 7	21 February 2017	<ul style="list-style-type: none"> <li>Section 4 revised. Please read in full, includes sporicidal hand wipes for patients and informing IPC when sinks out of action.</li> </ul>	Paula Johnson Infection Prevention & Control Team
Version 6	25 June 2014	<ul style="list-style-type: none"> <li>APD format now used.</li> <li>Incorporated EPIC 3 (2013), guidelines which encompass the best available evidence on hand hygiene.</li> <li>Amended bare below elbows section to include religious &amp; cultural adornments which may impede effective hand hygiene.</li> <li>Updated references.</li> </ul>	Paula Johnson - Infection Prevention & Control Team
Version 5	May 2011	<ul style="list-style-type: none"> <li>Section added on The descriptions of points of care given in relation to the “Your 5 moments for hand hygiene”</li> </ul>	B Bacon Lead Nurse Infection Prevention and Control
Version 4	January 2009	<ul style="list-style-type: none"> <li>Implemented NPSA ALERT recommendations.</li> <li>Amendment form and contents page added.</li> <li>Paragraphs numbered.</li> <li>A section has been added on ‘Bare Below the Elbows’ (item 14, page 8)</li> <li>Updated references</li> </ul>	Infection Prevention and Control
Version 3	July 2007	<ul style="list-style-type: none"> <li>Additional information included under the heading of Duties/Training/Audit, relating to the mandatory nature of annual hand hygiene training for all relevant permanent staff.</li> </ul>	Infection Control Team

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## 1. INTRODUCTION

Evidence from national studies has shown that 1 in 6 patients become infected following admission into hospital. Control of Healthcare Associated Infections (HCAI) continues to represent a major challenge to hospitals. Patient safety is deservedly a high priority, but as well as the significant morbidity and mortality impacts, HCAI also cost hospitals £1 billion per year, and can negatively impact on public confidence.

### **Hand Hygiene is considered the single most important factor to reduce the risk of Healthcare Associated Infections**

#### **Why is hand decontamination crucial to the prevention of HCAI?**

Hand decontamination can protect both the patient/visitor and the healthcare worker, from acquiring micro-organisms which may cause them harm.

Cross-transmission is the transfer of organisms between humans. It can occur directly via hands, or indirectly via an environmental source, such as a commode or wash-bowl. It precedes cross-infection and epidemiological evidence indicates that hand-mediated cross-transmission is a major contributing factor in the current infection threats to hospital in-patients.

#### **Classification of Hand Flora**

Hands are colonised with two types of micro-organisms:

- **Resident organisms** which lie in the deeper layers of the skin and do not readily cause infection. They are commonly termed normal flora or commensals.
- **Transient organisms** which lie on the top surface of the skin and can be picked up and transferred readily. Hands may be contaminated by direct contact with patients, indirectly by handling equipment or through contact with the general environment. Thorough routine hand washing using liquid/foam soap and water removes approximately 98% of transient micro-organisms. The use of alcohol hand rubs will achieve a similar or better log reduction, when used on clean hands.

## 2. PURPOSE

To outline recommendations based on the best available evidence, concerning hand hygiene, which must be employed to reduce the risk of infection to patients, staff and visitors.

## 3. DUTIES AND RESPONSIBILITIES

**Individual:** Each individual member of staff, volunteer or contracted worker within the Trust has a personal responsibility to comply with the Hand Hygiene Policy and reduce the spread of infection.

**Managers:** It is the responsibility of Care Group managers and senior nurses to ensure compliance with this standard.

**Infection Prevention and Control Team (IPCT):** It is the responsibility of IPCT to review emerging evidence and national guidance, raise awareness and validate local audit on compliance with policy.

## 4. PROCEDURE AND PRODUCT FOR HAND DECONTAMINATION

### Hand decontamination

Hands must be decontaminated immediately before each and every episode of direct patient contact/care and after any activity or contact that potentially results in hands becoming contaminated.

### 4.A When to perform Hand Hygiene

**The point of care is the crucial moment for hand hygiene.** It represents the time and place at which there is the highest likelihood of transmission of micro-organisms from the hands of healthcare workers to patients/clients/residents and vice versa.

The World Health Organisation has defined **the 5 Moments for Hand Hygiene**, as the critical times at which Hand Hygiene should occur. **Hands must be decontaminated between caring for different patients or between different care activities for the same patient.** For example, although Hand Hygiene occurred before patient contact (Moment 1) e.g. touching a patient's hand, it should also be undertaken before undertaking a clean or aseptic procedure (Moment 3) on that same patient.

The 5 Moments can be applied to all care settings. ([see appendix 1](#))



It is also essential to decontaminate hands before and/or after a range of activities e.g.:

- When preparing, handling or consuming food and drinks
- After visiting the toilet
- After handling contaminated waste
- Before entering and leaving isolation rooms
- Before commencing and leaving work
- Before applying and removing Personal Protective Equipment (PPE) such as aprons & gloves
- Whenever hands are visibly soiled.

## 4.B Choice of hand cleansing agents and types of hand decontamination

*This depends on the circumstances and level of decontamination required.*

There are 4 main types of cleansing agent: soap & water, alcohol based hand rub, hand wipes and antiseptic cleansing agents.

There are 3 methods of hand decontamination: social, antiseptic hand decontamination and surgical scrub technique.

## 4.C Social

Most daily activities require social hand decontamination using either soap & water, alcohol-based hand rub or hand wipes. See below for suitability:

## 4.D Soap and Water

- Sufficient for most routine daily activities.
- In clinical areas liquid/foam soap should be used and must be stored in well maintained wall mounted dispensers.
- The quality of water in healthcare settings is monitored by the estates department (e.g. pseudomonas and legionella testing).

The correct procedure for routine hand washing – [see appendix 2](#)

## 4.E Alcohol Hand Rub (AHR)

- Hands must be visibly clean and have not been in contact with organic matter (e.g. urine/faeces).
- Should be rubbed onto all surfaces of the hands (for approximately 30 seconds).
- Not effective with enteric pathogens such as Clostridium Difficile or Noro-virus.
- AHR should be available at the point of care to facilitate hand hygiene.
- Individual toggles of AHR should only be used in areas which have undergone an IPC risk assessment and should not be refilled.
- AHR can be re-applied to achieve further hand decontamination but hands should be washed with soap & water after several consecutive applications.

## 4.F Hand wipes

- Must only be used for patient hand hygiene where self-care is problematic.
- Not to be used by staff to clean their own hands or equipment/ environment.

#### 4.G Antiseptic hand decontamination

- Indicated in certain high-risk areas (e.g. DCC, ITU & NNU) **before** undertaking any invasive procedures (e.g. central line insertion). Please contact IPC if risk assessment required.

#### 4.H Surgical scrub

Surgical hand decontamination (surgical scrub) is necessary when a greater level of hand and forearm disinfection is required e.g. prior to invasive surgery.

Antiseptic liquids such as povidone-iodine or chlorhexidine 4% scrub should be used. A sterile towel must be used for drying. Please refer to local departmental policy for procedure.

#### 4.I Hand drying

- Wet surfaces transfer micro-organisms more effectively than dry ones.
- Paper towels should be used to not only dry the skin but also rub away dead skin cells loosely attached to the surface of the hands.
- Good quality paper towels should be housed in a wall mounted dispenser within easy reach of a sink but beyond splash contamination
- Communal linen towels must **not** be used in clinical areas.
- Hot air dryers should only be used in clinical areas following an IPC risk assessment.

#### 4.2 Hand care

- Intact skin is the most effective barrier to micro-organisms.
- Frequent hand washing especially if hands are not properly dried, can cause damage to skin and provide an environment in which organisms can flourish
- Hands must be rinsed and dried thoroughly when soap & water has been used.
- Soap & water hand-washing should be undertaken when there have been consecutive applications of AHR.
- Always wash hands with soap and water after removal of gloves.
- Trust approved aqueous based hand cream should be applied regularly to protect the skin from the drying effects of regular hand decontamination.
- All cuts and abrasions should be covered with a waterproof dressing.
- Contact the Health & Wellbeing Department if skin irritation occurs despite following the above.

#### 4.3 Bare Below the Elbows (BBE)

The 'bare below the elbows' initiative was introduced as part of the government's Clean Safe Care Strategy to reduce infection risks by improving the ability to clean the hands effectively.

All staff entering the patient zone (see appendix 1, the 5 Moments) in a clinical area must adopt the ‘bare below the elbows’ dress code. Please also see the Policy and Guidance for Standards of Uniform and Dress (CORP/EMP 20).

- Short sleeves (or long sleeves rolled up)
- Ties, if worn, must be tucked into the shirt.
- No wrist watch or jewellery to be worn in the patient zone.
- Only one plain ring can be worn
- Fingernails should be kept clean and short (not visible when viewed with palms facing upwards).
- Do not wear artificial nails or nail varnish.
- Any staff who wear their own clothes in the clinical area, must adhere to BBE.
- Staff who wear adornments for cultural/religious reasons should consider if they can be placed on other areas of the body, rather than the hands or wrists. Discuss with IPC if this is problematic.

#### 4.4 Patient Hand Hygiene

Patients can often feel disempowered when they enter healthcare premises. Results of local audits demonstrate that appropriate patients are not always offered a hand-wipe before meals. They (and their visitors) should be encouraged to discuss hand hygiene with staff. They should also be reminded of their personal responsibility to reduce infection through Hand Hygiene.

Provision of hand hygiene facilities must be tailored to patient need (EPIC 2013). Assistance must be offered if there are barriers to self-care e.g. patients with poor mobility must be offered hand hygiene facilities at the appropriate time e.g. before eating and after using bedpans/commodes. Patient hand-wipes, impregnated with a sporicidal agent, should be used for less-ambulant inpatients.

#### 4.5 Supporting compliance

Many factors contribute to poor compliance with hand hygiene. To improve compliance and encourage staff to decontaminate their hands regularly and appropriately, managers must ensure that adequate facilities are provided.

These include: -

- Dedicated, accessible hand wash sinks with repairs undertaken as a priority. Please inform IPC of any issues with sinks.
- Appropriate hand-washing facilities must be available in all patient care areas.
- In multi-bed bays, hand wash facilities must be easily accessible from all beds, and sufficient in number to avoid queuing.
- In single rooms, hand wash sinks should be in the room and en-suite if provided.
- Liquid/foam soap must be at all sinks.



- Soft absorbent paper hand towels should be available at all hand wash sinks.
- Hand moisturiser should be available via wall mounted dispenser or pump dispenser.
- Alcohol hand rub should be available for use at point of care, e.g. at each bedside.  
Consideration should be given to other areas e.g. entrances & notes trolleys.
- All staff in clinical areas must receive training in hand hygiene annually.
- Posters promoting hand decontamination should be refreshed regularly and displayed prominently.

## 5. TRAINING/SUPPORT

A sound knowledge base will give workers within the Trust the confidence to challenge poor practice and to support colleagues to improve compliance.

Please refer to the Mandatory and Statutory Training Policy (CORP/EMP 29) for details of the training needs analysis, as staff will require different levels of training.

IPC must be included in individual Annual Professional Development Appraisals and managers are responsible for following up staff who fail to attend education.

Annual training is mandatory for all permanent staff who provide direct clinical care and is arranged by Clinical Care Groups. Training records should be populated using OLM to provide evidence of appropriate staff training.

Hand Hygiene competency assessments using the IPC accreditation programme should be undertaken by all clinical ward based staff which fulfils the level one requirements.

IPC & Managers should also provide on the spot training, as appropriate. Ward/Departmental based IPC Link Practitioners should also facilitate practical sessions.

Posters should also be visible to staff, patients and visitors to raise awareness of the importance of hand hygiene, including hand-washing technique next to sinks.

## 6. MONITORING COMPLIANCE WITH THE PROCEDURAL DOCUMENT

The need for on-going infection control hand hygiene audits is an essential component for the control and prevention of HCAI. The audit tool comprises IPC elements which are measured objectively and based on a nationally agreed set of standards (WHO 5 Moments).

Monitoring	Who	Frequency	How Reviewed
Compliance with policy to negate cross-infection.	Matrons are responsible for ensuring implementation within their area of best practice by undertaking regular audits and unannounced ward rounds.	According to risk category for each ward or department.	Any deficits identified will be addressed immediately to facilitate compliance.

	Infection Control Committee (ICC).	Bi-monthly.	Individual ward/department and Care Group compliance will be monitored at the ICC.
Hand Hygiene Competency	Matrons. IPC.	Monthly.	The local record/IPC notice board and dashboard will be monitored as part of the IPC Accreditation process.
	Matrons.	Monthly.	OLM will be monitored to provide assurance that staff are competent.
Hand Hygiene audits.	Matrons. IPC.	Monthly.	Hand Hygiene audits are submitted to the ward/department dashboard, as part of the IPC Accreditation scheme. Evidence will be displayed locally in a prominent position. Compliance levels are then available via the IPC website dashboard dials.

## 7. DEFINITIONS

**Alcohol hand-rub (AHR).** An alcohol-containing preparation (liquid, gel or foam) designed for application to the hands to inactivate microorganisms and/or temporarily suppress their growth. This policy refers to AHRs which are compliant with British standards (BS EN1500); standard for efficacy of hygienic hand-rubs using a reference of 60% isopropyl alcohol.

**Antiseptic agent.** An antimicrobial substance that inactivates micro-organisms or inhibits their growth on living tissues. Examples include alcohols, chlorhexidine gluconate (C.H.G), and triclosan.

**Antiseptic hand decontamination.** Washing hands with soap and water, followed by AHR.

**Aseptic technique** An aseptic technique ensures that only uncontaminated equipment and fluids come into contact with susceptible body sites. It should be used during any clinical procedure that bypasses the body's natural defences. to minimize the spread of organisms.

**Hand care.** Actions to reduce the risk of skin damage or irritation.

**Hand cleansing.** Action of performing hand hygiene for the purpose of physically or mechanically removing dirt, organic material and/or microorganisms.

**Hand decontamination** The use of Alcohol hand-rub or hand-washing to reduce the number of bacteria on the hands. In this policy the term is interchangeable with Hand Hygiene.

**Patient zone/Point of care.** This contains the patient and his/her immediate surroundings. This typically includes the intact skin of the patient and all inanimate surfaces that are touched by or in direct physical contact with the patient such as the bed rails and tables, bed linen and medical equipment. Point-of-care hand hygiene products should be accessible without HCWs having to leave the patient zone E.g. AHR.

**Soap.** Detergents that contain no added antimicrobial agents or may contain these solely as preservatives.

**Surgical Scrub .** Antiseptic hand wash or antiseptic hand rub performed preoperatively by the surgical team to eliminate transient flora and reduce resident skin flora. Such antiseptics often have persistent antimicrobial activity.

## 8. EQUALITY IMPACT ASSESSMENT

An Equality Impact Assessment (EIA) has been conducted on this procedural document in line with the principles of the Equality Analysis Policy (CORP/EMP 27) and the Fair Treatment For All Policy (CORP/EMP 4).

The purpose of the EIA is to minimise and if possible remove any disproportionate impact on employees on the grounds of race, sex, disability, age, sexual orientation or religious belief. No detriment was identified. See Appendix 3.

## 9. ASSOCIATED TRUST PROCEDURAL DOCUMENTS

The policy should be read in conjunction with other Trust Infection Prevention and Control (IPC) Policies (PAT/IC) including;  
 Dress Code and Uniform Policy (CORP/EMP 20).  
 Standard Infection Prevention and Control Precautions Policy (PAT/IC 19).  
 Trust Water Policy (CORP/HSFS 18).

## 10. REFERENCES

Department of Health. *The Health and Social Care Act 2008: code of practice for the NHS on the prevention and control of healthcare associated infections and related guidance*. London: Department of Health; 2009.

Loveday H.P, Wilson J.A, Pratt RJ et al. epic3: National Evidence-Based Guidelines for Preventing Healthcare-Associated Infections in NHS Hospitals in England. *Journal of Hospital Infection*; 2014.

National Audit Office : Reducing Healthcare Associated Infections in Hospitals in England, Report by the Comptroller and Auditor General. 2009.

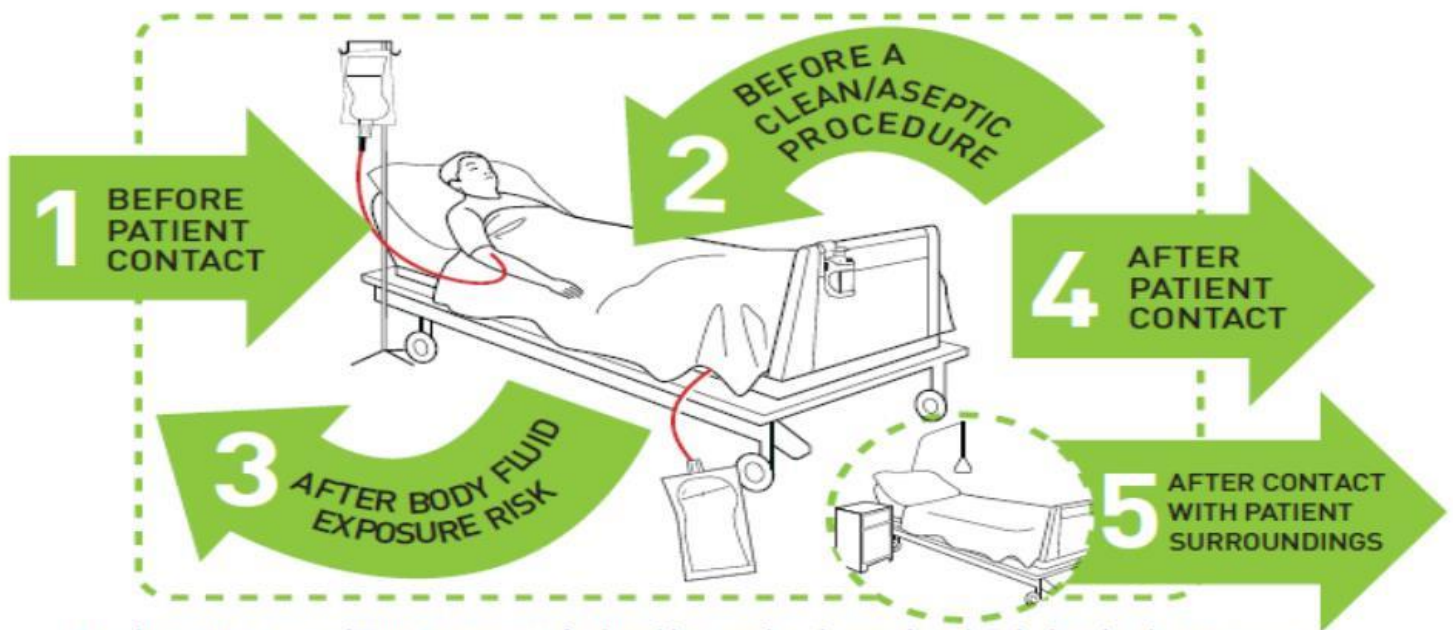
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N.H.S Estates. HBN 00-09. Infection Control in the Built Environment March 2013. London. Department of Health. p47. Available at: <https://www.gov.uk/government/publications/guidance-for-infection-control-in-the-built-environment> (accessed 12/3/14).

World Health Organization: WHO Patient Safety. *WHO guidelines on hand hygiene in health care*. World Health Organization. Geneva; 2009.

APPENDIX 1 – YOUR 5 MOMENTS FOR HAND HYGIENE

# Your 5 moments for hand hygiene



Based on WHO poster 'Your 5 moments for hand hygiene' and reproduced with their kind permission

## APPENDIX 2 – HAND HYGIENE TECHNIQUE

# Hand Hygiene Technique



Palm to palm.



Right palm over back of left hand and left palm over back of right hand.



Palm to palm, with bent and spread out fingers.



Outer parts of fingers on the opposite palm, with fingers bent.



Circular rubbing of left thumb in closed right hand, and vice versa.



Circular rubbing backwards and forwards, with closed right hand fingertips in left palm, and vice versa.



Rotate right hand around left wrist. Then change hands and repeat.

**B | BRAUN**  
SHARING EXPERTISE

### APPENDIX 3 – EQUALITY IMPACT ASSESSMENT - PART 1 INITIAL SCREENING

Service/Function/Policy/Project/ Strategy	Care Group/Executive Directorate and Department	Assessor (s)	New or Existing Service or Policy?	Date of Assessment
Hand Hygiene Policy	Corporate Nursing, IPC	Paula Johnson, IPCP	Existing	15 January 2017
<b>1) Who is responsible for this policy?</b> Name of Care Group/Directorate: Corporate Nursing, IPC				
<b>2) Describe the purpose of the service / function / policy / project/ strategy?</b> Who is it intended to benefit? What are the intended outcomes? This policy has been updated using the latest National guidance EPIC3 guidance for the prevention of Healthcare associated infections in NHS hospitals in England. It demonstrates the Trust has a policy for Hand Hygiene which staff should follow, reducing the risk of healthcare associated infections.				
<b>3) Are there any associated objectives?</b> Legislation, targets national expectation, standards. The Health and social care Act 2008. EPIC3 guidance.				
<b>4) What factors contribute or detract from achieving intended outcomes?</b> Nil.				
<b>5) Does the policy have an impact in terms of age, race, disability, gender, gender reassignment, sexual orientation, marriage/civil partnership, maternity/pregnancy and religion/belief?</b> Nil.				
<ul style="list-style-type: none"> <li>• If yes, please describe current or planned activities to address the impact [e.g. Monitoring, consultation]</li> </ul>				
<b>6) Is there any scope for new measures which would promote equality?</b> [any actions to be taken N/A				
<b>7) Are any of the following groups adversely affected by the policy?</b> M/A				
<b>Protected Characteristics</b>	<b>Affected?</b>	<b>Impact</b>		
a) Age	None	Neutral		
b) Disability	None	Neutral		
c) Gender	None	Neutral		
d) Gender Reassignment	None	Neutral		
e) Marriage/Civil Partnership	None	Neutral		
f) Maternity/Pregnancy	None	Neutral		
g) Race	None	Neutral		
h) Religion/Belief	None	Neutral		
i) Sexual Orientation	None	Neutral		
<b>8) Provide the Equality Rating of the service / function /policy / project / strategy – tick (✓) outcome box</b>				
<b>Outcome 1</b> ✓	<b>Outcome 2</b>	<b>Outcome 3</b>	<b>Outcome 4</b>	
<i>*If you have rated the policy as having an outcome of 2, 3 or 4, it is necessary to carry out a detailed assessment and complete a Detailed Equality Analysis form in Appendix 4</i>				
<b>Date for next review:</b> April 2020				
<b>Checked by:</b> Paula Johnson, IPCP			<b>Date:</b> 15 February 2017	