

UNIQUE IDENTIFIER NO: C-10-2013

Review Date: September 2023

Review Lead: Lead Infection, Prevention and Control Nurse



Section H - Hand Hygiene Group Policy

Version 8

Important: This document can only be considered valid when viewed on the Trust's Intranet. If this document has been printed or saved to another location, you must check that the version number on your copy matches that of the document online.

UNIQUE IDENTIFIER NO: C-10-2013

Review Date: September 2023

Review Lead: Lead Infection Prevention and Control Nurse

Document Summary Table		
Unique Identifier Number		C-10-2013
Status		Ratified
Version		8
Implementation Date		January 2007
Current/Last Review Dates		October 2007, January 2010, January 2012, May 2013, May 2015, April 2017, September 2020
Next Formal Review		September 2023
Sponsor		Medical Director
Author		Infection Prevention and Control Nurse
Where available		Trust Intranet - Infection Prevention and Control Policies
Target audience		All Staff
Ratifying Committee		
Executive Board		11 February 2021
Consultation Committee		
Committee Name		Committee Chair
Infection Prevention and Control Committee		Consultant Microbiologist / Infection Prevention & Control Doctor
Other Stakeholders Consulted		
Does this document map to other Regulator requirements?		
Regulator details		The Health and Social Care Act 2008: code of practice on the prevention and control of infections and related guidance
NHS Litigation Authority		Standard 2.8
Document Version Control		
<i>Version 8</i>	In light of the Covid-19 pandemic hand hygiene has now included a prompt of washing of exposed forearms	
<i>Version 7.1</i>	Minor amendments following the publication of Standard Infection Control Precautions: National hand hygiene and personal protective equipment policy.	
<i>Version 7</i>	The document has been reviewed and updated and now incorporates the Trusts legal requirement to comply with the Health and Social Care Act (DH 2008). An amendment has been added to section 11.	
<i>Version 6</i>	This document has been reviewed and updated and now incorporates hand care for patients.	
<i>Version 5</i>	This document has been reviewed and updated and mirrors the Trust Uniform Policy. The Trust Equality Statement has been updated.	

UNIQUE IDENTIFIER NO: C-10-2013

Review Date: September 2023

Review Lead: Lead Infection Prevention and Control Nurse

Contents

Section	Page
1. Introduction	4
2. Purpose	4
3. Definitions	4
4. Duties (Roles and Responsibilities)	5
5. The Core Element of Hand Transmission	5
6. When Hands Need Decontaminating (staff)	5
7. Hand Care for Patients	6
8. Hand Washing Technique	6
9. Use of Alcohol Gel	7
10. Hand Care	7
11. Training and Implementation	9
12. Trust Equalities Statements	9
13. Monitoring Compliance with Procedural Document	9
14. References	10

Appendices

1. Hand Washing technique with soap and water	11
2. Alcohol hand gel hand hygiene technique	12
3. Your 5 moments for hand hygiene	13
4. Situations requiring glove use	14

1. Introduction

This policy is intended for use across Calderdale and Huddersfield NHS Foundation Trust (CHFT), which includes Calderdale and Huddersfield Solutions Limited (CHS). Where responsibilities state all staff, managers senior managers and directors, this also includes CHS staff groups.

The spread of infection via hands is a well-established fact. To promote and sustain compliance with the effective practice of hand hygiene, the Trust has a legal requirement to comply with the Health and Social Care Act (2008). This states that all healthcare providers are required to have in place effective systems to reduce healthcare associated infection and demonstrate that infection prevention and control is managed throughout the organisation to minimise the risk to service users, visitors and staff.

1.1 Key Points

- Whichever method is used, hand hygiene is essential to prevent the spread of infection
- All staff must follow the principles of ‘bare below the elbow’ when in hospital or community clinical areas as well as when carrying out clinical procedures or personal cares
- All staff have a role in ensuring their own and others compliance with this policy
- Where the standards within this policy are not followed, the omission and rationale must be documented

2. Purpose

This policy outlines actions to be taken by all staff and service users in relation to hand hygiene in order to help prevent cross infection and reduce the incidence of healthcare associated infections.

3. Definitions

Hand hygiene (washing or disinfecting) is a means of achieving a reduction in, or removal of visible soiling, transient or resident microbes and/or other hazardous or toxic substances.

Transient microbes are micro-organisms that are picked up during daily activities and may be shed on skin scales. They can be effectively removed or substantially reduced to a low level by hand washing or using alcohol hand gel.

Resident microbes are micro-organisms that are permanently resident on the skin and can only be removed for a short time.

4. Duties (Roles and responsibilities)

All staff working on the Trust premises, including Trust employed staff, contractor staff, agency and locum staff and staff working in a community setting must adhere to this policy which can be found on the Trust intranet and internet and as such the NHS document 'Standard infection control precautions: national hand hygiene and personal protective equipment policy'.

The Chief Executive is responsible for ensuring that there are effective infection control arrangements in the Trust.

The Infection Prevention & Control Committee is responsible for ensuring that appropriate policies and procedures are in place to support hand hygiene practice.

5. The Core Element of Hand Transmission

The 'WHO Guidelines' (2009) provide a thorough review of evidence on hand hygiene in healthcare and specific recommendations to improve practices and reduce transmission of pathogenic micro-organisms to patients and Health Care Workers (HCWs). "During daily practice, HCWs' hands typically touch a continuous sequence of surfaces and substances including inanimate objects, patients' intact or non-intact skin, mucous membranes, food, waste, body fluids, and the HCW's own body. With each hand-to-surface exposure, a bi-directional exchange of microorganisms between hands and the touched object occurs and the transient hand-carried flora is thus continually changing. In this manner, microorganisms can spread throughout a healthcare environment and between patients within a few hours".

6. When Hands Need Decontaminating (staff)

Hands must be decontaminated:

- On arrival at and before leaving the workplace
- Immediately before and after each and every episode of direct patient contact / care (includes manual handling / bathing etc)
- After any activity or contact that potentially results in hands becoming contaminated (i.e. contact with body fluids / skin / wounds / dust / linen / waste / coughing or sneezing into hand)
- If wearing an apron rather than a gown (bare below the elbows), and it is known or possible that forearms have been exposed to respiratory secretions (for example cough droplets) or other body fluids, hand washing should be extended to include both forearms. Wash the forearms first and then wash the hands. (NHS/PHE 2020: COVID-19: infection prevention and control guidance)

UNIQUE IDENTIFIER NO: C-10-2013

Review Date: September 2023

Review Lead: Lead Infection Prevention and Control Nurse

- Before and after undertaking clinical procedures, including clean/aseptic tasks
- Before and after manipulating any invasive device
- Before and after handling food
- Before preparing / dispensing medications
- Between each procedure when undertaking several consecutive procedures on one patient (e.g. catheter care and tracheal suction)
- After visiting the toilet or changing nappies
- Before and after smoking
- When hands feel unclean or are visibly dirty, soap and water must be used
- On entering and leaving all clinical areas, including wards
- Following contact with patients surroundings such as furniture in the patient's immediate surroundings, when leaving, even without touching the patient (WHO 2009)

7. Hand Care for Patients

Patients are to be offered the opportunity to clean their hands before meals, after using the toilet, commode or bed pan/urinal and at other times as appropriate. This may include access to a hand wash basin, alcohol hand rub or patient hand wipes.

8. Hand Washing Technique (See Appendix 1)

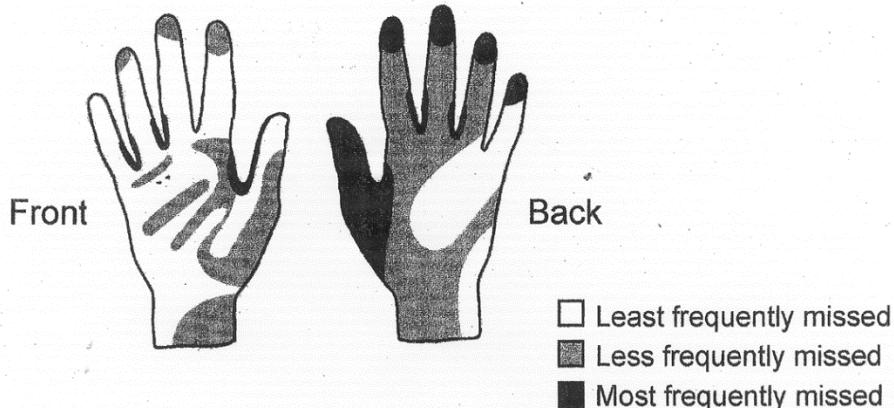
- Wet hands using warm running water
- Apply liquid soap and rub hands together vigorously for a minimum of 10-15 seconds, ensuring contact with all areas of the hands, wrists. Pay particular attention to thumbs, fingertips and between fingers, as these are the area's most commonly missed (see Appendix 1)
- Rinse hands thoroughly under warm running water to remove all the lather
- Use elbow to turn the tap off if elbow-operated, if not elbow operated, use a paper towel to turn off the faucet
- Dry hands, wrists thoroughly with paper towels
- Use foot pedal of waste bin to dispose of paper towels

UNIQUE IDENTIFIER NO: C-10-2013

Review Date: September 2023

Review Lead: Lead Infection Prevention and Control Nurse

Areas Commonly Missed During Hand washing



Taylor, L. 1978

9. Use of Alcohol Gel (see Appendix 2)

Alcohol gel can be used instead of soap and water as long as hands are visibly clean. The gel should be available throughout the Trust at the 'point of care'. Alcohol gel is not effective against bacterial spores e.g. *Clostridium difficile* and is less effective against viral gastro-enteritis therefore it is recommended that soap and water should be used to decontaminate hands in such cases and for any diarrhoeal / vomiting illness.

- Use one application of alcohol gel and rub hands together, ensuring that all areas of the hands are covered, including fingertips
- Allow the alcohol gel to dry

10. Hand Care

Regular hand washing or a poor hand washing technique can result in dry, sore hands. In addition to discomfort, dry, cracked skin is more likely to harbour micro-organisms. To avoid this:

- Always wet hands before applying soap
- Ensure hands are rinsed and dried thoroughly
- Apply an emollient hand cream regularly. Hand cream is available through Pharmacy. There should be a hand medic dispenser on all ward areas
- If a particular soap, antimicrobial hand wash or alcohol product causes skin irritation, seek Occupational Health advice
- Nail brushes must not be used (except for disposable brushes for theatre use) as they can damage the skin, and harbour micro-organisms

UNIQUE IDENTIFIER NO: C-10-2013

Review Date: September 2023

Review Lead: Lead Infection Prevention and Control Nurse

Most microbes on hands come from beneath fingernails (WHO 2009). All staff working in and visiting clinical areas, who provide patient care within Trust premises or the patient's own home who have: direct contact with patients; contact with a patient's immediate environment; contact with any clinical environment e.g. nurses' station or who are handling food, must comply with the Trust's approach to 'Bare below the elbow' i.e.

- Keep nails short, clean and varnish free
- **Not** wear false nails
- **Not** wear wrist jewellery (i.e. watches, bracelets or charity bands)
- **Not** wear rings: the only exception being one plain wedding band
- Cover cuts and abrasions with waterproof dressings
- Wear short sleeves or keep long sleeves rolled up

Rings with stones are not permitted under any circumstances. Wrist wear e.g. watches, charity bands and bracelets must not be worn in clinical areas (please refer to Uniform Policy) (NICE 2012).

Facilities:

- Hand wash basins within a clinical area should be easily accessible (i.e. not blocked by equipment)
- Hand wash basins within a clinical area should be used for hand washing purposes only; disposal of water used for cleansing patients or for any other purposes, should not be disposed of via this route but via facilities available in the sluice in ward areas and departments
- Warm water must be available for hand washing in all clinical areas, by means of mixer taps or temperature-controlled water
- All staff should ensure that hand wash basins are adequately supplied with liquid soap and paper towels
- Bar soap must not be used by staff
- If bar soap is used by patients it should not be left in a pool of water but returned to their own personal toiletry bag
- Communal hand towels must not be used
- Plugs must not be used in clinical hand wash basins

Within a community setting i.e. within a building owned or used by the Trust to deliver services, when visiting a patient within his / her own home or within a Nursing / Residential Care Home, it is the responsibility of all staff to ensure that they have access to hand washing facilities. Where these are not available, staff should ensure that they are adequately prepared to decontaminate their hands.

If hands are visibly soiled and hand washing facilities are unavailable, inadequate or inaccessible, detergent hand wipes may be used followed by drying with a

UNIQUE IDENTIFIER NO: C-10-2013

Review Date: September 2023

Review Lead: Lead Infection Prevention and Control Nurse

paper towel and completed with alcohol hand rub, however, this technique should only be used when no alternative is available.

11. Training and Implementation

Hand hygiene training will be carried out by the Infection Prevention and Control Team through mandatory training. Records of attendance are kept by the training department who will follow up non-attenders.

Other training provided by the Infection Prevention and Control Team, i.e. the annual ‘Hand wash road show’, light box rotation and targeted training in clinical areas will be used to complement the mandatory training. Training records for these events will be kept by the Infection Prevention and Control Department. The infection prevention and control team will lead by example and challenge poor practice.

The duties of staff and the process for checking that all permanent staff groups complete mandatory hand hygiene training and the process for following non-attendance / fail to attend is identified in the Policy for Management of Mandatory Risk Management Training. The process for monitoring compliance is also outlined in the Mandatory Risk Management Training Policy.

12. Trust Equalities Statement

Calderdale and Huddersfield Foundation Trust aims to eliminate discrimination, harassment and victimisation and advance equality of opportunity through fostering good relationships, promoting inclusivity and embedding the “One Culture of Care” approach throughout the organisation. Stakeholder engagement is vital to analyse the equalities impact of this policy and ensure where there are any negative impacts, mitigation has been discussed and acted on.

13. Monitoring Compliance with this Procedural Document

Compliance with this policy within the hospital environment will be monitored through monthly ward / department audits undertaken by healthcare workers from the areas.

Results should be submitted to the Health Informatics Department for collation and analysis; audits are reported to the HCAI Performance Board. It is the responsibility of the Associate Director of Nursing and Matrons to cascade the results to individual wards and departments; Community Managers are responsible for cascading results to staff within their area of responsibility.

UNIQUE IDENTIFIER NO: C-10-2013

Review Date: September 2023

Review Lead: Lead Infection Prevention and Control Nurse

In addition, an annual audit of the policy will be undertaken by the Infection Prevention and Control Team which will be reported to the Infection Prevention Control Committee and subsequently the Board.

If a member of staff is observed to be non-compliant with recommended practice, it is the observer's responsibility to highlight this to the person concerned immediately. If a staff member persists in non-compliance, this should be escalated through the Division via the general manager and clinical director.

It is everyone's responsibility to ensure compliance with Trust policies.

14. References

Department of Health (September 2007). Uniforms and Work Wear: An evidence base for developing local policy.

Department of Health (2015) The Health and Social Care Act (2008): Code of practice on the prevention and control of infections and related guidance.

Epic 3 (2014), National Evidence – Based Guidelines for Preventing Healthcare Associated Infections in NHS Hospitals in England. Journal of Hospital Infections (2014) sup 8651 s1 – s70.

NHS/PHE 2020: COVID-19: infection prevention and control guidance.

NHS/NHSI (2019) Standard infection control precautions: national hand hygiene and personal protective equipment policy.

National Institute for Health and Clinical Excellence (2012). Infection: prevention and control of healthcare-associated Infections in primary and community care. <http://www.nice.org.uk/cg139>

Taylor, L. (1978). An Evaluation of Hand washing Techniques, Nursing Times, Jan 12 1978, P 54-55.

WHO (2009). Guidelines on Hand Hygiene in Health Care, pp 58, 101, 133 & 140.

World Health Organisation (WHO) (2006). Guidelines on Hand Hygiene in Health Care (Advanced Draft). Part of the WHO Consultation on Hand Hygiene in HealthCare Global Patient Safety Challenge, 2005-2006: "Clean Care is Safer Care". W.H.O

APPENDIX 1



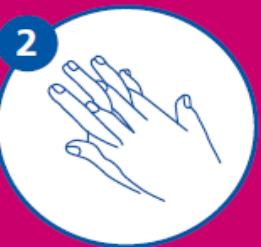
UNIQUE IDENTIFIER NO: C-10-2013

Review Date: September 2023

Review Lead: Lead Infection Prevention and Control Nurse

APPENDIX 2

Purell **7 STEPS**
TO CLEAN HANDS WITH PURELL® HAND RUB

- **1**
Rub palm to palm 5 times
- **2**
Rub right palm over back of left hand as far up as the wrist 5 times, and vice versa
- **3**
Rub hands together, palm against palm, fingers interlaced, 5 times
- **4**
Rub the backs of the fingers, interlocked, to opposite palm 5 times
- **5**
Use the left hand to clasp the right thumb and rub them together 5 times, and vice versa
- **6**
Rub the fingers of the right hand against the left palm 5 times, and vice versa
- **7**
Rub the right wrist with the left palm and vice versa

USE HAND RUB WHEN HANDS ARE NOT VISIBLE SOILED

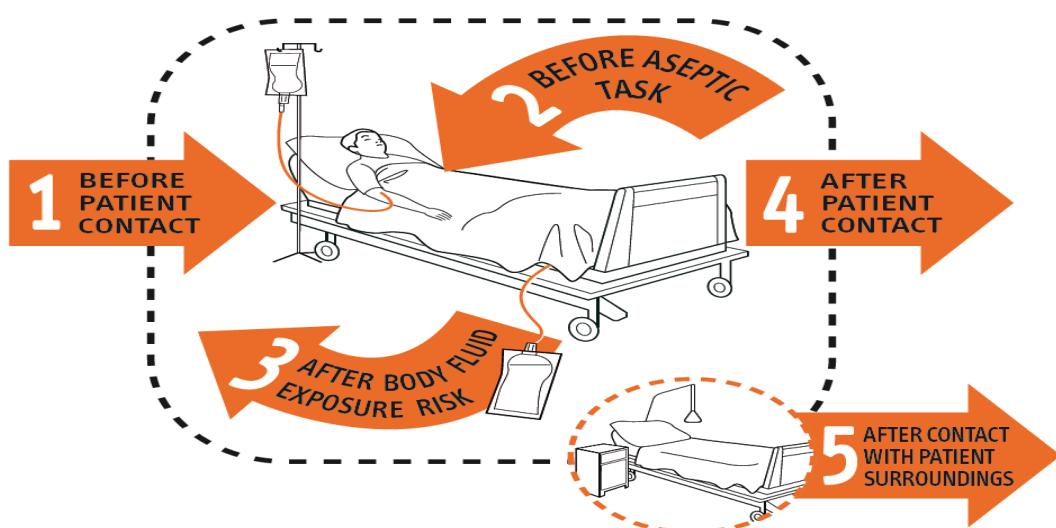


©2013. GOJO Industries – Europe Ltd. All rights reserved.
LIT-PUR-PR1-UK



APPENDIX 3

Your 5 moments for HAND HYGIENE



1 BEFORE PATIENT CONTACT	WHEN? Clean your hands before touching a patient when approaching him or her WHY? To protect the patient against harmful germs carried on your hands
2 BEFORE AN ASEPTIC TASK	WHEN? Clean your hands immediately before any aseptic task WHY? To protect the patient against harmful germs, including the patient's own germs, entering his or her body
3 AFTER BODY FLUID EXPOSURE RISK	WHEN? Clean your hands immediately after an exposure risk to body fluids (and after glove removal) WHY? To protect yourself and the health-care environment from harmful patient germs
4 AFTER PATIENT CONTACT	WHEN? Clean your hands after touching a patient and his or her immediate surroundings when leaving WHY? To protect yourself and the health-care environment from harmful patient germs
5 AFTER CONTACT WITH PATIENT SURROUNDINGS	WHEN? Clean your hands after touching any object or furniture in the patient's immediate surroundings, when leaving - even without touching the patient WHY? To protect yourself and the health-care environment from harmful patient germs

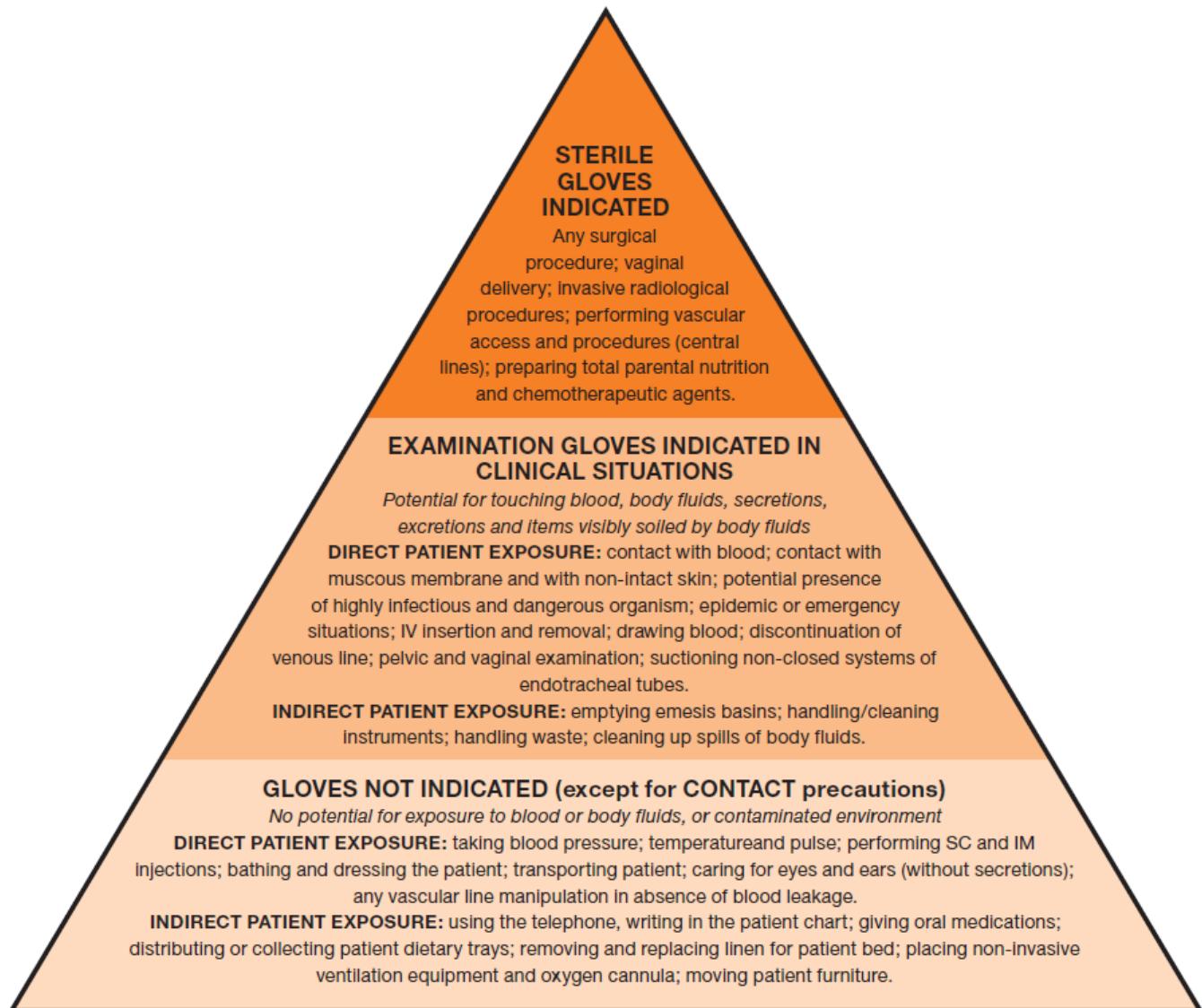
UNIQUE IDENTIFIER NO: C-10-2013

Review Date: September 2023

Review Lead: Lead Infection Prevention and Control Nurse

APPENDIX 4

Situations requiring and not requiring glove use



Gloves must be worn according to STANDARD and CONTACT PRECAUTIONS. The pyramid details some clinical examples in which gloves are not indicated, and others in which examination or sterile gloves are indicated. Hand hygiene should be performed when appropriate regardless indications for glove use.

Reference: WHO (2009) figure 1.23.1 page 140