HAND HYGIENE

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**WARNING:** Always ensure that you are using the most up to date policy or procedure document. If you are unsure, you can check that it is the most up to date version by looking on the Trust Website: www.dbh.nhs.uk under the headings → 'Freedom of Information' → 'Information Classes' → ‘Policies and Procedures'
# HAND HYGIENE

## AMENDMENT FORM

<table>
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<tr>
<th>Version</th>
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<th>Author</th>
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| Version 5 | May 2011   | • Section added on The descriptions of points of care given in relation to the “Your 5 moments for hand hygiene” | B Bacon  
   Lead Nurse  
   Infection Prevention and Control |
| Version 4 | January 2009 | • Implemented NPSA ALERT recommendations.  
   • Amendment form and contents page added.  
   • Paragraphs numbered.  
   • A section has been added on ‘Bare Below the Elbows’ (item 14, page 8)  
   • Updated references | Infection Prevention and Control |
| Version 3 | July 2007   | • 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. | Infection Control Team |
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HAND HYGIENE

1. Introduction

Healthcare Associated Infections (HCAI) cost hospitals £1 billion per year.\(^{(1)}\) Evidence from national studies have shown that 1 in 9 patients become infected following admission into hospital.\(^{(2)}\) Control of HCAI represents a major challenge to hospitals. Hand washing is considered the single most important factor to reduce the risk of Healthcare Associated Infections.\(^{(3,4)}\)

Hands may be contaminated by direct contact with patients, indirectly by handling equipment or through contact with the general environment. 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.

This policy should be read in conjunction with other Trust Infection Control Policies, including Standard Precautions (PAT/IC 19).

2. Aim of Policy

- To outline recommendations concerning hand hygiene practices that must be employed to reduce the risk of infection to patients, staff and visitors.
- To outline the process for ensuring the delivery of effective hand hygiene training for all relevant permanent staff.

3. Duties

Each individual member of staff, volunteer or contracted worker within the Trust is responsible for complying with the standards set out in the Hand Hygiene Policy. They need to be aware of their personal responsibilities in preventing the spread of infection and should also continually assess whether they personally meet the required standards.

It is the responsibility of Clinical Service Unit Directors and Managers to ensure compliance with this standard. A record of hand hygiene education for permanent staff groups must be kept in each ward or department, and maintained by the ward/department manager. It is also the responsibility of the managers to follow up those staff who fail to attend hand hygiene education annually. Infection Prevention and Control must included in individual Annual Professional Development Appraisal.

**Permanent staff groups include:**
- Managers
- Medical Staff
- Nursing Staff
- Hotel and Site Services Staff
- Administration Staff
- Allied Health Professionals
4. Hand Decontamination

Hands are colonised with resident organisms (these do not readily cause infection and are commonly termed normal flora or commensals) or transient organisms (these are transferred with ease to and from hands and may be pathogenic e.g. Meticillin Resistant Staphylococcus aureus (MRSA)). Thorough routine hand washing using liquid soap and water removes approximately 98% of transient micro-organisms from soiled hands.

5. When to perform Hand Hygiene

Hands must be decontaminated between caring for different patients or between different care activities for the same patient\(^4\). It is essential to decontaminate hands before and/or after a range of activities for example.

- Preparing, handling or consuming food and drinks,
- Visiting the toilet,
- Handling contaminated waste,
- Leaving source isolation,
- Commencing and leaving work,
- Removing gloves,
- Whenever hands are visibly soiled.

Hands should be decontaminated at a range of times in order to prevent HCAI. The most important times during care delivery and daily routines when this should occur are described in ‘Your 5 moments for Hand Hygiene’.

It should also be noted that hand hygiene will have to be performed between tasks on the same patient.

The point of care is the crucial moment for hand hygiene. The point of care represents the time and place at which there is the highest likelihood of transmission of microorganisms from the hands of healthcare workers to patients/clients/residents.

The descriptions of points of care given in ‘Your 5 moments for hand hygiene’ can be applied to all care settings and not just acute hospital wards (diagram from the NPSA).
| Before patient contact | When? Clean your hands before touching a patient when approaching him/her  
|                        | Why? To protect the patient against harmful germs carried on your hands |
| Before an clean/aseptic task | When? Clean your hands immediately before any clean/aseptic task  
|                        | Why? To protect the patient against harmful germs, entering his/her body |
| 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 healthcare environment from harmful patient germs |
| After patient contact | When? Clean your hands after touching a patient and his/her immediate surroundings when leaving the patient’s side  
|                        | Why? To protect yourself and the healthcare environment from harmful patient germs |
| After contact with patient surroundings | When? Clean your hands after touching any object or furniture in the patient’s immediate surroundings when leaving- even if the patient has not been touched  
|                        | Why? To protect yourself and the healthcare environment from harmful patient germs |

Patient hand washing should not be forgotten. All patients should be reminded about good hand washing practices and help should be offered if their physical or mental condition makes it difficult for them to wash their hands. Non ambulant patients must be offered means of decontaminating their hands before eating and after using bedpans/commodes\(^5\), for example. Hand cleansing wipes are suitable for this purpose and should be stocked on all wards.

6. Choice of Cleansing Agents

Soap and Water – for most routine daily activities hand washing with plain soap and water is sufficient. In clinical areas liquid soap is used for routine hand washing. The liquid soap dispenser should be wall mounted and maintained regularly.

Alcohol based hand rub – can be used for rapid disinfection of hands which are visibly clean and have not been in contact with organic matter (not dirty).

Antiseptic detergents (Povidone-iodine, chlorehexidine 4% scrub) – used for surgical scrubbing.

7. Types of Hand Decontamination and Procedure

Hand decontamination has a dual role to protect both the patient and the healthcare worker from acquiring micro-organisms that may cause them harm. A good technique covering all surfaces of the hands is essential (see diagram ‘1’).
8. Social

Routine hand washing, using liquid soap and tepid water are adequate for most routine daily activities.

The correct procedure for routine hand washing involves:

1. Wetting the hands under running water.
2. Applying the soap and covering all surfaces of the hands.
4. Rinsing hands under running water to remove residual soap.
5. Thoroughly drying hands on paper towels.

Routine hand decontamination using alcohol based hand rub can be used on physically clean hands. Where hands remain visibly clean alcohol based hand rub can be re-applied to achieve hand decontamination. Hands should be washed with liquid soap and water after several consecutive applications of alcohol based hand rub.

Applying alcohol based rub to clean hands involves:

1. Hands must be visibly clean and dry.
2. Apply alcohol rub to hand.
3. Vigorously rub all surfaces of the hand until hands are dry
4. This procedure should take about 30 seconds.

9. Antiseptic Hand Decontamination

Antiseptic hand decontamination must be performed before any aseptic procedure. It may also be used in certain high-risk areas such as intensive care, special care baby unit and where patients are immunosuppressed or have certain infections e.g. MRSA. The Infection Control Team will give advice.

The correct procedure for antiseptic hand wash involves:

- Hand washing procedure using liquid soap stages 1 to 5.
  Followed by
- Using an application of alcohol based hand rub procedure as stages 1 to 4.

**Please Note:** When caring for a patient who is known to have an infection risk such as Meticillin Resistant *Staphylococcus aureus*, *Clostridium difficile* or diarrhoea and/or vomiting it is imperative that hands are washed using soap and water after every patient contact.

10. 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 chlorexidine 4% scrub should be used. A sterile towel must be used for drying. Please refer to local departmental policy for procedure.
11. Hand Decontamination Technique

Effective hand decontamination involves the following stages:

Diagram 1

**Hand Hygiene Technique**

1. Palm to palm.
2. Right palm over back of left hand and left palm over back of right hand.
3. Palm to palm, with bent and spread out fingers.
4. Outer parts of fingers on the opposite palm, with fingers bent.
5. Circular rubbing of left thumb in closed right hand, and vice versa.
6. Circular rubbing backwards and forwards, with closed right hand fingertips in left palm, and vice versa.
7. Rotate right hand around left wrist. Then change hands and repeat.

12. Hand Drying

Wet surfaces transfer micro-organisms more effectively than dry ones consequently hand drying is just as important and must be done thoroughly using good quality paper hand towels. Paper towels not only dry the skin but also rub away dead skin cells loosely attached to the surface of the hands. Paper towels should be housed in a wall mounted dispenser within easy reach of a sink but beyond splash contamination\(^6\).

Communal linen towels and warm air dryers must not be used in clinical areas.
13. Hand Care

Frequent hand washing especially if hands are not properly dried, can cause damage to skin (7).

Remember - look after your skin.

- Intact skin is the most effective barrier to micro-organisms.
- Aqueous based hand cream should be applied regularly to the hands to protect the skin from the drying effects of regular hand decontamination.
- All cuts and abrasions should be covered with a waterproof dressing.
- Always wash hands with soap and water after removal of gloves.

14. Compliance

Many factors have been identified as contributing to poor adherence to hand decontamination. To improve compliance and encourage staff to decontaminate their hands regularly and appropriately, it is essential that all ward and department managers ensure that adequate facilities are provided. These include:

- Hand wash sinks which are dedicated for that purpose and are accessible. Appropriate hand-washing facilities must be available in all patient care areas. Where beds are provided in single rooms the facilities must be within the bedroom and repeated in the en-suite if provided. In multi-bed bays, hand wash facilities must be easily accessible from all beds, and sufficient in number to avoid queuing (8).
- Elbow operated or automated taps are available at hand wash sinks in clinical areas.
- Liquid soap must be available via a single use cartridge, wall mounted dispenser.
- Soft absorbent disposable paper hand towels are available at all hand washing sinks.
- Hand cream is available for use via wall mounted dispenser.
- Alcohol hand rub is available for use at point of care, for example, at each patient’s bedside, at entrance/exits to wards and on notes trolleys.
- All dispensers should be kept clean and replenished promptly.
- All staff must receive training in hand hygiene annually.
- Posters promoting hand decontamination displayed in areas visible to staff, patients and visitors.

Please note:
Alcohol hand rub must be at the point of care. For example, alcohol hand rub should be placed within arm’s reach at the patient’s bedside so that staff may clean hands between patients. All alcohol hand rub dispensers should be fully operational and adequate supplies readily available. In some areas of work it is advised that staff be issued with their own personal clip-on dispenser containing alcohol hand rub. **These clip-on personal dispensers must not be refilled.**
15. Bare Below the Elbows

All staff entering the clinical area that have responsibility for direct patient contact will adopt the ‘bare below the elbows, dress code. The ‘bare below the elbows’ initiative is part of the government’s Clean Safe Care Strategy which aims to reduce infection risks by improving hand hygiene. This initiative is supported by a poster campaign.

To facilitate effective hand decontamination technique the following must be adhered to in conjunction with 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 – or replaced with a bow tie.
- No wrist watch or jewellery are to be worn whilst providing/undertaking clinical care procedures.
- Fingernails should be kept clean and short.
- Do not wear artificial nails or nail varnish.
- Any staff who wear their own clothes in the clinical area must adhere to the 'bare below the elbows' initiative.
- Coats can either be left in the ward rest room or office.

16. Training

An annual education programme emphasising good hand hygiene practice is essential for all relevant permanent staff groups who have either direct or indirect contact with patients. The Infection Prevention and Control Team facilitate hand hygiene training sessions on mandatory study days arranged by the Clinical Service Units. Training dates, time and venues can be viewed on the Trust intranet; this also includes details on how to book. Ward/Departmental based Infection Prevention and Control Link Practitioners facilitate practical sessions at ward/department level using the ‘glow and tell’ machine. Please refer to the Mandatory and Statutory Training Policy – CORP/EMP 29 for details of the training needs analysis.

Not everyone needs the same training e.g. ‘surgical scrubs’ is a specialist hand disinfection regime mainly confined to the operating theatres. Nonetheless, everyone needs to know the basic of good hand hygiene. A sound knowledge base will give workers within the Trust the confidence to challenge poor practice and to support colleagues in putting it right.

Posters promoting hand hygiene technique should be available and displayed in areas visible to staff, patient and visitors.

17. Audit and Monitoring

Audit and monitoring is an activity that leads to improved standards and may be routine, or prompted by a specific incident or expressed concern.

The need for ongoing infection control hand hygiene audits is an essential component for the control and prevention of hospital acquired infection. The audit tool comprises infection control elements which are measured objectively and based on a nationally agreed set of standards.
The Infection Prevention and Control Team co-ordinate annual Trust wide Hand Hygiene audits. Each ward/department undertakes weekly hand hygiene observation audits of compliance.

18. References


