Livewell Southwest

Hand Hygiene Policy and Procedure

Version No.2.1

Review: September 2018

Notice to staff using a paper copy of this guidance

The policies and procedures page of Intranet holds the most recent version of this guidance. Staff must ensure they are using the most recent guidance.

Author: **Infection Prevention and Control Team**

Asset Number: **229**

Reader Information

Title	Hand Hygiene Policy and Procedure. V2.1
Asset number	229
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Type of paper	Policy
Category	Clinical
Document purpose/summary	The purpose of the hand hygiene policy is so all LSW Care workers are aware of the correct hand hygiene measures they need to undertake to reduce the risk of transmission of microrganisms and thus provide safe clean care. This reduces the risk of cross infection to clients, staff and visitors.
Author	Infection Prevention & Control Team
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	Royal College of Nursing (RCN) (2005a): Essential Practice in Infection Prevention & Control. Royal College of Nursing, London, UK January 2012 Wilcox, A (2005): Preventing healthcare-associated infections in primary care. Primary Health Care, volume 15 (8), pg 43-49. Wilson, J (1995) Infection Control in Clinical Practice. Bailliere Tindall, London, UK. Wilson, J (2001) Infection Control in Clinical Practice. Bailliere Tindall, London, UK. World Health \organisation (2006) WHO Guidelines on Hand Hygiene in Health Care (Advance Draft) NICE Guidelines 139 (2012) Infection Prevention and Control of healthcare-associated infections in primary and Community care
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Document review history

Version no.	Type of change	Date	Originator of change	Description of change
0.1	New document	June 2010	Infection Prevention and Control Nurse Consultant	New document
1	Minor amends	Ratified July 2010 Policy Ratification Group.	Infection Prevention and Control Nurse Consultant	
1:1	Reviewed	June 2012	PRG	Review date extended, no other changes made.
1:2	Reviewed	December 2012	Director of Infection Prevention & Control.	Review date extended, no other changes made.
1:3	Reviewed	June 2013	PRG	Review date extended, no other changed made.
1:4	Extended	May 2014	PRG	Review date extended, no other changed made.
1:5	Reviewed	May 2014	Acting Manager Infection Prevention & Control Team	Logo and organizational details
1:6	Reviewed	August 2015	Infection Prevention and Control Manager	We have taken some sections out of the Torbay policy and added them to this policy.
2	Ratified	September 2015	Policy Ratification group	Ratified.
2:1	Amended	January 2017	Infection Prevention and Control Manager	Added HH for theatres staff

Hand Hygiene Policy and Procedure

1. Introduction

1.1 Hand washing is widely acknowledged to be the single most effective activity in reducing the spread of infection. Hands must be washed immediately before and after each episode of direct patient contact/care and other activities that potentially result in the hands becoming contaminated. The point of care is the crucial moment for hand hygiene (WHO 2006). In a health care setting and community, i.e. patient's own home, the importance of hand hygiene should be stressed to all levels of staff and service users.

2. Purpose

The objectives of this policy are:

1. To improve quantitative and qualitative standards of hand hygiene across Livewell Southwest CIC

2. To reduce the number of hospital acquired infections associated with poor hand hygiene compliance.

3. Duties and responsibilities

3.1 The **Chief Executive** is ultimately responsible for infection prevention and control and the content of all Policies and their implementation. The Chief Executive delegates the day to day responsibility of implementation of the policies to the **Director of Infection Prevention and Control** (DIPC) and the Infection Prevention and Control team (IPCT).

3.2 **Directors** are responsible for identifying, producing and implementing Livewell Southwest Policies relevant to their area.

3.3 The **Locality Managers** will support and enable operational Clinical Leads and Managers to fulfil their responsibilities and ensure the effective implementation of this Policy within their speciality.

3.4 The **Modern Matron/Clinical Lead** is responsible for ensuring that the development of local procedures / documentation doesn't duplicate work and that implementation is achievable.

3.5 **All staff, both clinical and non clinical** have a responsibility for ensuring they have read, understood and adhere to local Protocols and Policies.

3.6 **Infection Prevention and Control Team** are responsible for ensuring that the latest guidance is available and included in training programmes/audits.

3.7 **Ward managers/team leaders** are responsible for ensuring that good practice is embedded into their clinical areas.

4. Bare Below the Elbows

4.1 Livewell Southwest CIC has zero tolerance to healthcare associated infection. To help achieve this standard and comply, staff carrying out a clinical activity for clients must follow the "Bare Below the Elbows" recommendation to ensure they can decontaminate their hands effectively and reduce the risk of harbouring micro-organisms. Clinical activity is defined as any work activity either in a ward, outpatient area or a client's home, during which the member of staff is in direct contact with the patient/client, their medical equipment or their immediate environment (to include anywhere clinical activity is taking place).

4.2 Hands and arms up to the elbow/mid forearm are exposed from clothing/ jewellery. Healthcare workers should ensure that their hands can be decontaminated throughout the duration of clinical work by:

- Being 'bare below the elbow' when delivering direct patient care ('Hands on' or face-to-face contact with patients).
- Removing wrist and hand jewellery (except a wedding ring).
- Making sure that fingernails are short, clean and free of nail polish/false and acrylic nails.
- Covering cuts and abrasions with waterproof dressings.

Yes	**No**
Short sleeves	Ties lanyards or necklaces
Plain wedding bands	Wrist watches or bracelets
Short finger nails	Rings with stones inlaid
	Long or artificial fingernails
	Any nail polish

5. Clean Your Hands Campaign

5.1 LSW is signed up to the National Patient Safety Agency clean your hands campaign in 2008; this programme has been continued by LSW and is designed to improve hand hygiene compliance in three ways:

1. All staff are encouraged to (wash) decontaminate their hands before and after patient contact, clinical areas must have appropriate hand washing facilities and alcohol rub at the point of care. In Mental Health units and situations where alcohol hand rub may pose a risk to patients/clients then staff should have access to alcohol rub via personal alcohol rub tottles that they carry on their person. NB tottles should **NOT** be refilled when empty but the complete system replaced.

2. Poster campaign to raise awareness.

3. Staff should ensure that patient information leaflets are available on Healthcare Acquired Infection and the importance of hand decontamination. This encourages patients and visitors to remind staff to wash their hands. They should be able to challenge staff without concern

that it will adversely affect their clinical management or relationship with staff.

5.2 The 2009 clean*your*hands campaign message was 'Your 5 moments for hand hygiene at the point of care' adopted by the National Patient Safety Agency, developed by the World Health Organisation *Sax et al* 2007, WHO 2009. It is also supported by the Royal College of Nursing, Infection Prevention Society and the Department of Health, implemented by NHS Plymouth and subsequently Livewell Southwest.

5.3 The '5 moments' approach has been developed to stress the importance of the correct location and time for hand hygiene and to ensure the chain of transmission is broken by hand hygiene and thus prevent Health Care Associated Infections. The '5 moments' offers an evidence based solution.

5.4 The '5 moments' approach to hand hygiene helps health care workers to understand the importance of why and when they should clean their hands and forms a framework for all to follow.

5.4.1 Key definitions within the '5 moments' approach:

- Moment
- Indicators
- Point of care
- Patient zone
- Healthcare zone

6. Moment

6.1 Each moment is a time when many indicators for hand hygiene can occur.

7. Indicators

7.1 Individual action carried out by a staff member. This specifically applies to actions which take place within a patient zone. Actions which do not take place within a patient zone are in the healthcare zone.

8. Patient zone

8.1 The area in the immediate vicinity of the patient is an area which is likely to be heavily colonised with the flora of a specific patient.

8.2 The patient zone exists only when a patient is assigned to, or resides in an area where care is provided. Once dedicated to a patient the patient zone exists even when the patient is not there. The patient zone ceases to exist when the area is vacated and cleaned between patients. It includes objects and furniture, even temporarily to the zone.

8.3 The boundary between the patient zone and the healthcare zone is key. This must be decided locally. It may or may not be a physical boundary. The

boundary must be decided and agreed for the ‘5 moments’ approach to work.

Based on WHO poster ‘Your 5 moments for hand hygiene’ and reproduced with their permission.

1	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
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, from entering his/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 healthcare environment from harmful patient germs
4	AFTER PATIENT CONTACT	WHEN? Clean your hands after touching a patient and her/his immediate surroundings when leaving the patient's side WHY? To protect yourself and the healthcare 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 if the patient has not been touched WHY? To protect yourself and the healthcare environment from harmful patient germs

9.1 Staff

9.2 Micro-organisms found on the hands are either **transient** or **resident**. **Transient** organisms are superficial, transferred with ease to and from hands, an important cause of cross infection, but are easily removed with good hand hygiene. **Resident** micro-organisms are deep seated, difficult to remove, part of the body's natural defence mechanism, and associated with infections following surgery and invasive procedures.

9.3 Hands should be washed with liquid soap and water:

- When a patient has diarrhoea and /or vomiting
- When arriving on duty and before leaving the ward or department
- After using the toilet, or toileting others before and after aseptic procedures
- Before handling food and drink
- After carrying out any potentially infective procedures
- when dealing with infected patients in side rooms and/or during bay/ward closure
- When hands are visibly dirty
- After the removal of gloves

Following contact with patients who are having diarrhoea and/or vomiting or those who are confirmed.

C.difficile positive, soap and water must be always used as the spores are resistant to alcohol gel.

9.4 The following applies to all staff carrying out clinical activity, both in inpatient and community services. **Community staff** can access hand washing materials via their manager/eproc system which includes liquid soap, alcohol rub, paper towels, moisturiser, and hand wipes.

9.5 Remove wristwatches and all rings (except a plain wedding ring) prior to the start of the shift. This ensures that all areas of the hands and wrist are exposed to the preparation being used and can therefore be decontaminated effectively.

9.6 Routine hand decontamination with alcohol-based rub must be performed between every patient contact or between each activity for the same patient when hands are not visibly soiled. This must be performed at the point of care.

9.7 False/acrylic nails and nail polish must not be worn (Infection Control Nurses Association, 1999). Nails should be kept short and particular attention should be paid to keeping them clean.

9.8 Gloves are not a replacement for good hand hygiene. Staff must wash their hands after glove removal (Wilson 2001).

9.9 Cover all cuts and abrasions with a waterproof dressing.

9.10 Apply moisturiser regularly to maintain the skin's integrity.

10. Skin Care/Staff Issues

Bacterial counts increase when the skin is damaged therefore care must be taken to maintain skin integrity:

Always wet hands thoroughly prior to applying liquid soap or antiseptic detergent Rinse hands thoroughly to remove soap or antiseptic detergent.

Dry hands carefully.

Staff are encouraged to apply an emollient hand cream regularly to protect skin from the drying effects of regular hand decontamination. Do not use communal pots of hand cream**, staff should only use the products available in the clinical areas, as these have been specifically designed not to interact with soaps and alcohol hand rub.**

If a particular soap, antimicrobial hand wash or alcohol produce causes skin irritation, advice should be sought from the Occupational Health and Wellbeing Department (OHWB).

Staff have a responsibility to check the condition of their hands/skin and refer to OHSW for further assessment, advice and monitoring (Appendices 2 and 3 – OHWB Management of Skin Problems).

11. Patients and Visitors

11.1 Patients should be encouraged to comply with good hand hygiene practice. Patients if unable to use the bathroom facilities must be offered hand washing facilities at their bedside i.e. wash bowl or be given access to hand wipes. If patients are unable to perform this activity independently then staff should assist them.

11.2 Visitors are expected to comply with good infection control practice and are encouraged to practice hand decontamination as outlined above.

11.3 For patients nursed with Standard Isolation Procedures, visitors must decontaminate their hands before and after contact with the patient, their immediate surroundings and on leaving the room. Children may require supervision to ensure hand hygiene is adequately performed.

11.4 Patients and visitors may challenge staff about decontamination. They should be able to do this without concern that it will adversely affect their clinical management or relationships with staff.

12. Outbreaks

12.1 More frequent hand washing with liquid soap and running water may be necessary during outbreaks of diarrhoea and vomiting. This is because of the increased risk of contamination of hands and because alcohol-based rub is ineffective against Norovirus and the spores of *Clostridium difficile*.

13. Hand washing technique

13.1 Effective hand washing technique involves four stages, consisting of preparation, washing, rinsing and drying. Preparation requires wetting hands under tepid running water ***before*** applying liquid soap or an antimicrobial preparation. The hand wash solution must come into contact with all surfaces of the hand. The hands must be rubbed together vigorously for a minimum of 10-15 seconds paying particular attention to the tips of the fingers, the thumbs and the areas between the fingers (see Figure below). Hands should be rinsed thoroughly prior to drying with good quality paper towels. As wet surfaces transfer micro-organisms more effectively than dry ones, the method and thoroughness of hand drying is also important.

13.2 When decontaminating using alcohol hand rub, hands must be free of dirt and organic material. The hand rub must come into contact with all surfaces of the hand. The hands must be rubbed together vigorously, paying particular attention to the tips of the fingers, the thumbs and the areas between the fingers until the solution has evaporated and dried (see Figure below). Hand washing with soap and water after five consecutive applications of alcohol hand rub is recommended to remove excess residue. If a person's cultural or religious belief prevents them using alcohol hand rub, they should wash their hands with soap and water.

13.3 In Mental Health units and situations where alcohol hand rub may pose a risk to patients/clients then staff should have access to alcohol rub via personal alcohol rub tottles that they carry on their person. NB tottles should **NOT** be refilled when empty but the complete system replaced.

14. Ten stage hand washing technique

1. Wet hands with water

6. Rub the backs of fingers to opposing palms with fingers interlocked

2. Apply enough soap to cover all hand surfaces

7. Rotational rubbing of left thumb clasped in right palm and vice versa move to rotational rubbing of both wrists

3. Rub hands palm to palm

8. Rotational rubbing, backwards and forwards with tops of fingers of right hand in left palm and vice versa

4. Rub the palm of one hand over the back of the other with interlaced fingers and vice versa

9. Rinse hands with water

5. Rub palm to palm with fingers interlaced

10. Dry thoroughly with a towel

Hand washing technique for surgical staff

Surgical hand washing solutions must be antiseptic or alcohol based. Antiseptic solutions vary in the time needed for optimum effect and manufacturer's instructions must be adhered to.

Before each operation, all members of the surgical team – that is, those who will touch the sterile surgical field, surgical instruments or the wound – should scrub their hands and arms to the elbows.

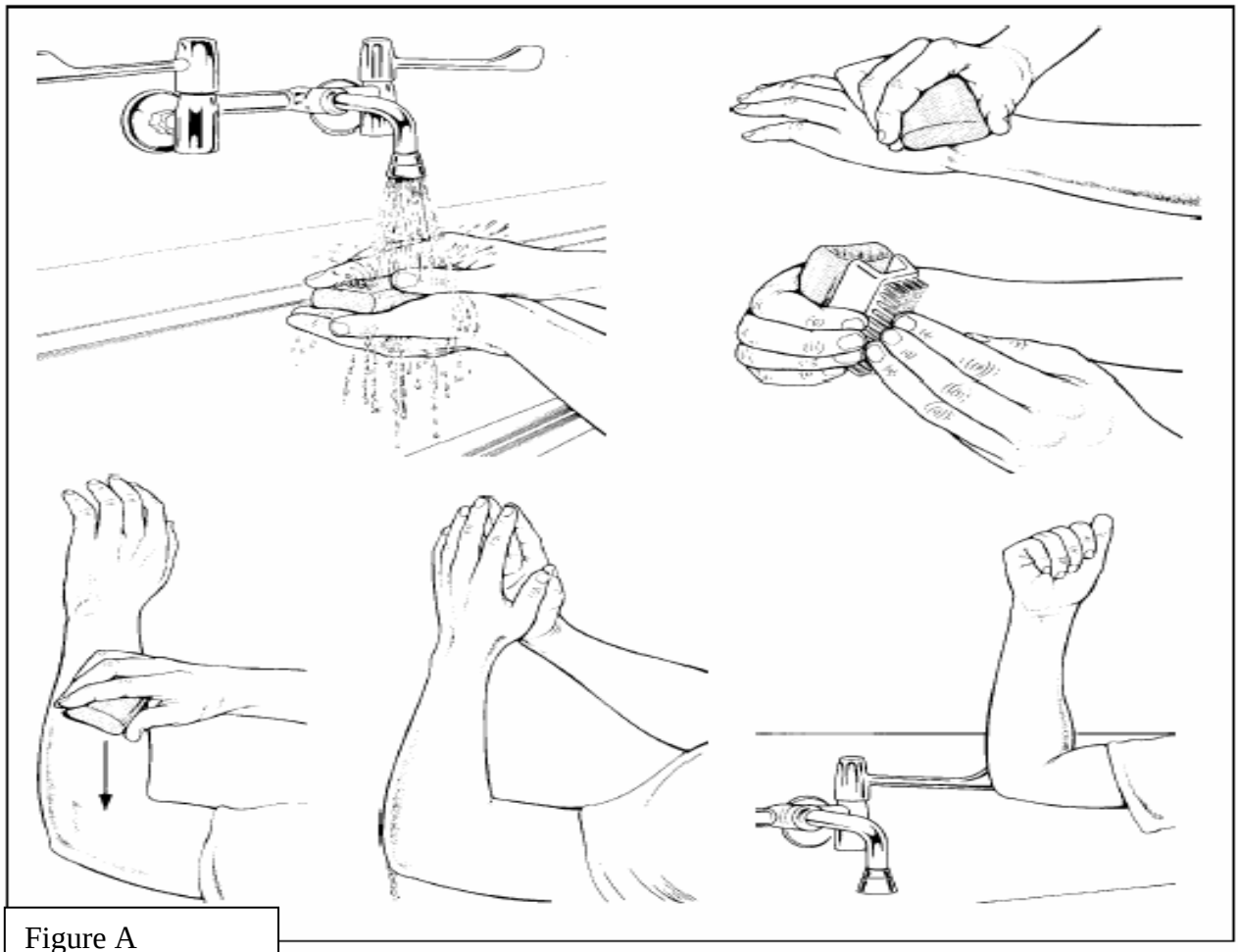


Figure A

(Figure A)

- Remove all jewellery
- Use soap, a sterile single use brush (on the nails and finger tips) and running water to clean thoroughly around and underneath the nails
- Scrub your hands and arms up to the elbows
- After scrubbing, hold up your arms to allow water to drip off your elbows
- Turn off the tap with your elbow.

- **After scrubbing your hands:**
- Dry them with a sterile towel and make sure the towel does not become contaminated.
- Hold your hands and forearms away from your body and higher than your elbows until you put on a sterile gown and sterile gloves.

• Scrubbing cannot completely sterilize the skin, but will decrease the bacterial load and risk of wound contamination from the hands.

• It is usual that the first scrub of the day is longer (minimum 5 minutes) than any subsequent scrubs between consecutive clean operations (minimum 3 minutes).

• Surgical gloves prevent transmission of HIV through contact with blood, but there is always the possibility of accidental injury and of a glove being punctured.

• Promptly change a glove punctured during an operation and rinse your hand with antiseptic or re-scrub if the glove has leaked during the puncture.

Patient safety is of primary concern; do not compromise it. Change your gloves only when it is safe for the patient

15. Monitoring Compliance and Effectiveness

Compliance will be monitored using an agreed Audit Tool. Feedback will be provided to staff at the time of the audit by the auditor and in the form of compliance figures and audit charts. This work is in tandem with the 'Safer Patient Initiative'.

15.1 **Training, assessment and audit of technique**

The process for enabling staff to complete hand hygiene training is outlined in the Training needs analysis in section 18.

15.2 Infection Control Liaison Practitioners play an important role in hand hygiene education at a local level and perform qualitative and quantitative audits on a monthly basis for all in patient areas – unless already agreed with the infection prevention and control team. Community teams perform qualitative and quantitative audits on a 6 monthly basis using the glow box. Should the audit fail to reach 95%, a repeat audit must be carried out within two weeks of the initial audit.

15.3 Hand hygiene audit data will be fed back to individual areas including managers and matrons and will also be included in bi- monthly surveillance reports to both the Provider and Governance Boards.

15.4 Any in patient area that is not compliant with providing hand hygiene audits or is not of an acceptable standard i.e. above 95% will be offered additional training and support from the IPCT and the ICLP in that area.

15.5 Copies of the hand hygiene leaflets and laminated hand washing posters are available on request from the Infection Prevention and Control Team. All patient/ client areas of Livewell Southwest must display hand washing posters above every sink and in other patient staff areas as appropriate.

16 The Environment (hand hygiene facilities)

- Compliance with hand hygiene is often poor and the absence of easy access to hand wash basins has been identified as one of the main reasons for non compliance (Pittet et al, 2000).
- Provision of conveniently placed staff hand wash basins in addition to patient and visitor basins, should be available in clinical areas. Hand wash basins should be kept clean and free from limescale and be maintained in good working order.
- Hand wash basins should not be used for other purposes e.g. cleaning equipment, emptying washbowls.
- Elbow/wrist operated or non touch mixer taps that are not aligned to run directly into the drain aperture should be used. Plugs and overflows should not be used as they can harbour bacteria and are difficult to clean. Every clinical area must provide appropriate hand washing facilities. Adequate numbers of sinks, stocked up with liquid soap, paper towels and a pedal bin.
- Access to hand washing areas must be free from obstacles which may impede access by staff.
- Hand washing posters must be displayed demonstrating the correct hand washing techniques.
- Alcohol gel should be available for use at the point of care (bedside) to ensure that compliance is achieved where there is limited access to hand wash basins.

17. New builds

All managers must ensure that the Infection Prevention and Control Team is informed and consulted on any proposed changes or new builds affecting Livewell Southwest premises, and premises where Livewell Southwest staff are employed.

18. Hand Hygiene Training Needs Analysis

Overall Objectives

This document describes the hand hygiene requirements of all staff at Livewell Southwest and forms part of the training needs analysis document. The principles of hand hygiene and the hand hygiene policy are introduced to **all** new staff on Induction Training and to **all** staff attending the Mandatory yearly update (Five moments for hand hygiene). All staff with direct or indirect patient contact should undergo qualitative hand hygiene training at least annually using the Glo-box system; this training should be carried out by the team's ICLP

Hand Hygiene Training Needs Analysis
Hand hygiene and decontamination requirements will vary depending on the staff group and the level of patient contact

The following are the different levels of training that is required by all staff
i Alcohol hand gel using Ten step technique
ii Water and liquid soap using Ten step technique
iii Clinical decontamination using Ten step technique, plus aseptic non-touch technique or aseptic technique
iv Surgical decontamination surgical scrub plus sterile aseptic technique

Staff Group	**Level of training required**
Registered Nurses, ODP, Podiatrist and Orthotics (or equivalent)	i, ii, iii, (iv where appropriate)
Health Care Assistants	i, ii, iii
Doctors and Dentists, surgeons, anaesthetists	i, ii, iii,(iii, iv where appropriate)
Physiotherapist/Occupational therapist, Radiographers	i, ii, iii
Dietetic/Speech and Language Therapists, Psychologists, Social Workers	i, ii
Site assistance, Hotel Services, Estates, Ward clerks and administration staff, Volunteers and visitors.	i, ii

All policies are required to be electronically signed by the Lead Director. Proof of the electronic signature is stored in the policies database.

The Lead Director approves this document and any attached appendices. For operational policies this will be the Locality Manager.

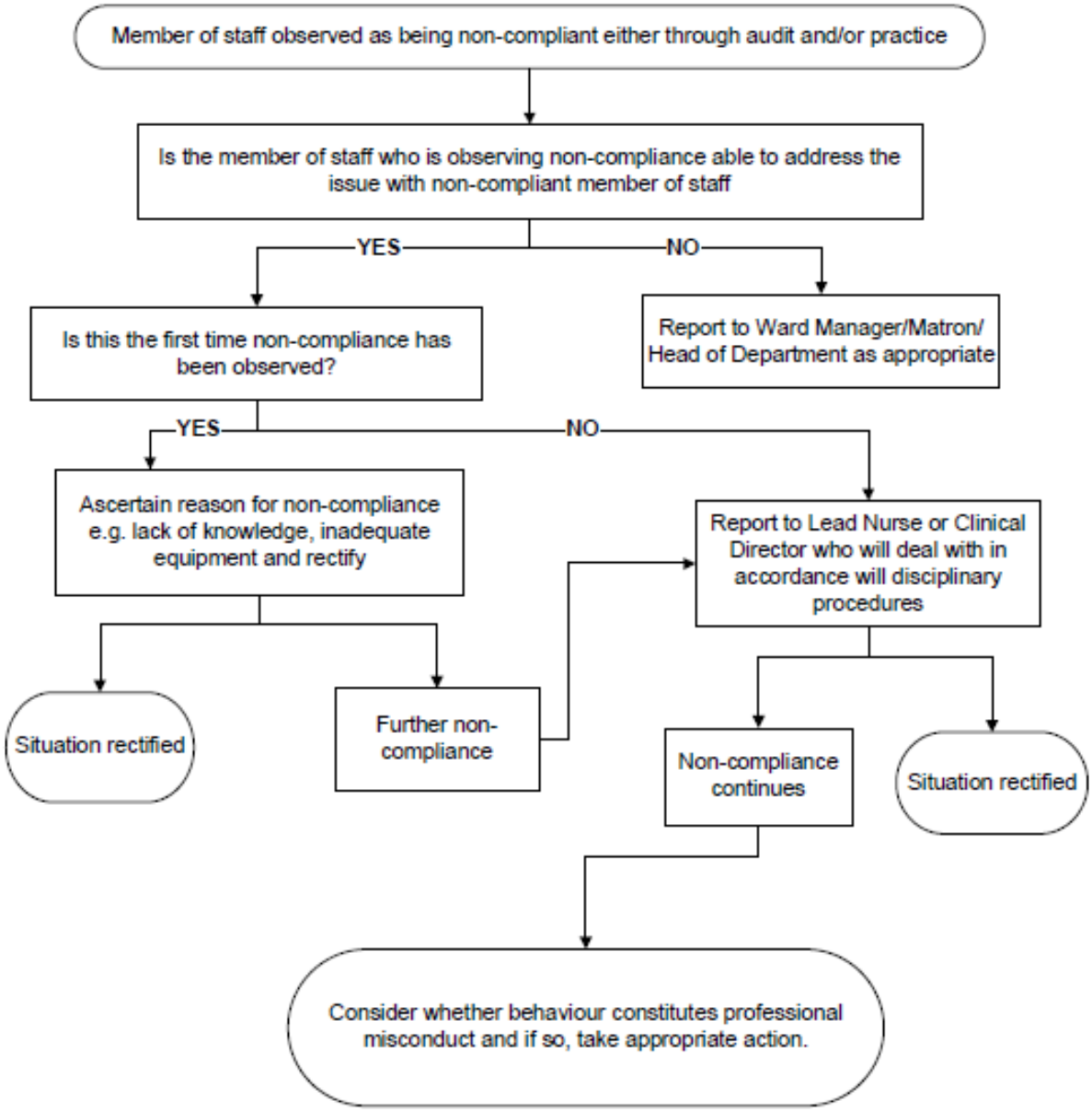
The Executive signature is subject to the understanding that the policy owner has followed the organisation process for policy Ratification.

Signed: Director of Infection Prevention & Control.

Date: 18th September 2015

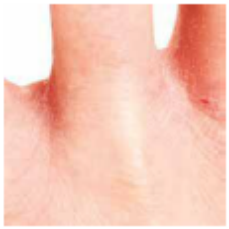
Appendix 1

MANAGEMENT OF ALL STAFF WHO ARE NON COMPLIANT WITH INFECTION CONTROL PRECAUTIONS



Management of Skin Problems | Appendix 2

Skin problems can occur both in and outside of work.



You are more susceptible to skin problems if you have to undertake tasks which necessitate:

- Frequent hand washing / Use of hand gel / Glove use.

Other factors that can have an effect are:

- Home / Hobbies / Environmental factors

…. especially if you've had previous problems

So, if you develop symptoms such as **Dryness, Itching, Redness** (indicative of irritation / dermatitis) to your hands associated with the use of alcohol-based hand rub, a particular soap or antimicrobial hand wash, you are reminded of your responsibility to report these problems to your manager and to contact the Occupational Health and Wellbeing Department (OH&WB). Please do not report to the Dermatology Department.

If prompt and proper advice is not followed, you may be placing yourself and your patients at risk of infections.

When you contact OH&WB we will discuss the details of the problems you have and may advise alternative products to use in the meantime including:

- Dermol 500 as a soap substitute
- An alternative hand gel

We will also provide advice on general skin care. It may be necessary in severe cases to advise that clinical work should be avoided to allow your hands to recover.

Remember:

- follow Trust Hand Hygiene Policy
- the potential of Latex allergy from latex gloves
- moisturise hands frequently throughout working day and at home
- be aware of cross infection due to cracked, excoriated, broken skin.
- report further problems to their manager
- Attend OH&WB for review when arranged or requested

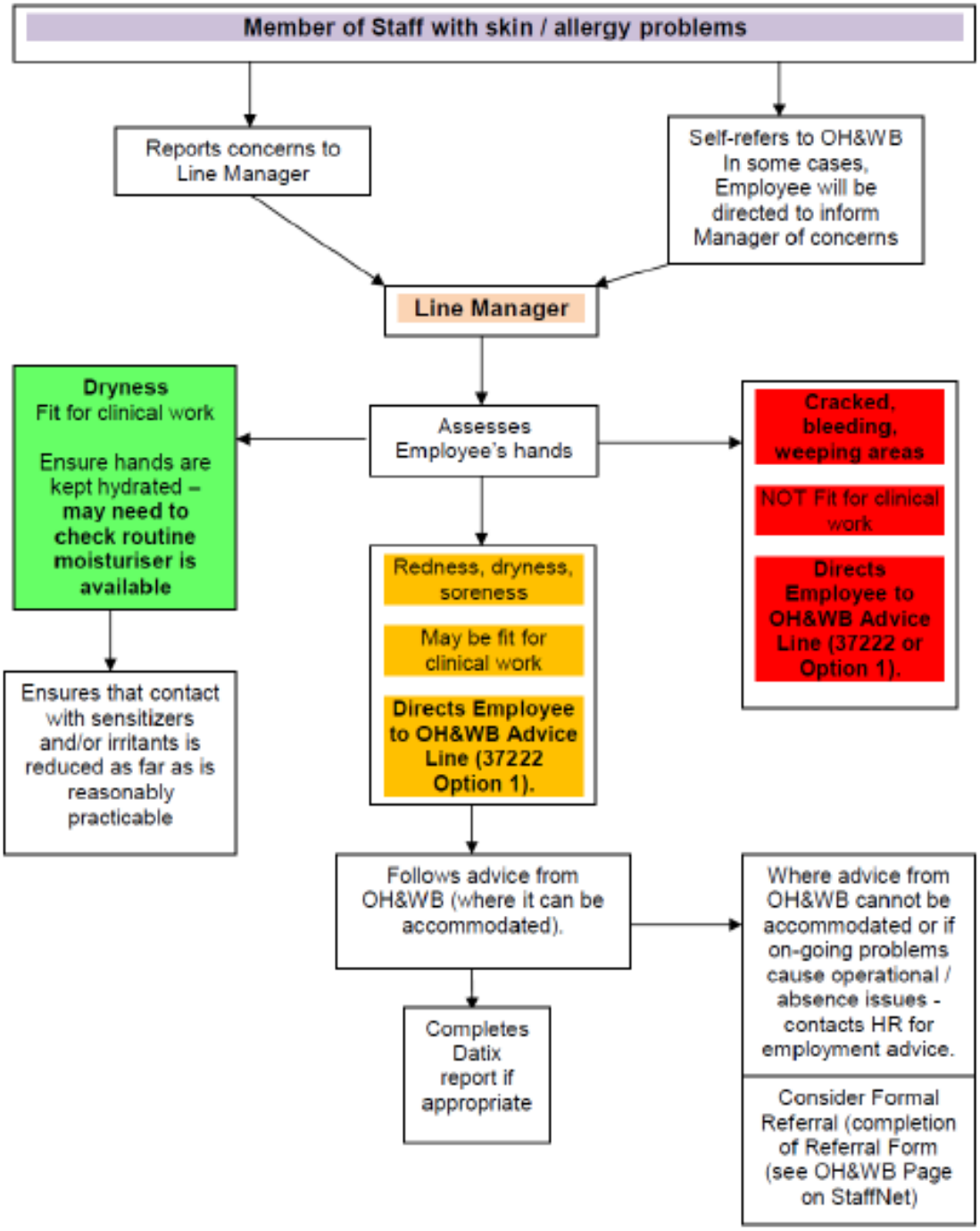
Occupational Health & Wellbeing Dept.

A dedicated advice line and email facility is now available.

☎ **01752 (4)37222 Option 1** – *if the line is busy or unanswered, please leave a message as we aim to return your call within the working day or within 24 hrs.*

✉ plh-tr.occhealthadvice@nhs.net

Occupational Health & Wellbeing Department
What to do in the case of Dermatitis and/or Latex Allergy



Appendix 4

Bibliography

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