

POLICY CONTROL SHEET

(updated February 2012)

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	• <i>Clinical Governance</i>		<i>Infection Control Committee:</i>	10/05/2012
	• <i>Non Clinical Governance & Risk</i>		<i>Health & Safety Committee</i>	
	• <i>Audit Committee</i>		<i>Quality Safety Improvements & Effectiveness Board</i>	
	• <i>Finance Committee</i>			
	• <i>RATS</i>		<i>Investment Board</i>	
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POLICY FOR HAND HYGIENE

DOCUMENT ID: GEN 6.44

May 2012

SPONSORING DIRECTOR: CHIEF NURSE

POLICY FOR HAND HYGIENE

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ABBREVIATIONS AND ACRONYMS

◆ The Trust	Barnsley Hospital NHS Foundation Trust
◆ IP&C	Infection Prevention and Control
◆ IPCT	Infection Prevention and Control Team
◆ ET	Executive Team

HAND HYGIENE POLICY & PROCEDURES

1. TRUST STATEMENT

The Trust supports and promotes effective hand hygiene and will continue to run the 'Clean Your Hands Campaign'. It will ensure that sufficient hand washing facilities including soap and alcohol hand rub are available and clearly sign posted. It will ensure staff receive the appropriate hand hygiene training and will audit practice meeting the requirements of the Health and social care Act 2008 and associated code of practice for the prevention and control of healthcare associated infections (updated 2010)

2. AIM OF PROCEDURE

- To promote effective hand hygiene thereby reducing the risk of Healthcare Associated Infections.
- To reduce the spread of microorganisms via hands which is the principle route by which cross-infection occurs.
- To differentiate between routine, antiseptic and surgical hand washing.
- To inform staff of correct technique.

3. INTRODUCTION

The spread of infection via hands is well established, with hands being the principle route by which cross-infection occurs. Hand washing is therefore, one of the most important procedures for preventing the spread of disease, and is an efficient infection prevention and control practice. However, studies have shown that hand hygiene is rarely carried out in a satisfactory manner therefore this document outlines clear responsibilities to ensure adequate facilities and education are provided. The procedure sets out the actions and rationale, to ensure health care professionals wash their hands as often and as efficiently as the situation requires.

This policy and procedure applies to all staff which includes staff from Estates & Facilities, Domestic services, Portering, Volunteers, Administration & Clerical, and Clinical/Technical staff and any others as appropriate based on risk assessments and in line with the Training Needs Analysis

4. RESPONSIBILITIES

4.1 Chief Executive is ultimately responsible for reducing Health Care associated infection within the Trust and will:-

- Support the 'Clean Your Hands Campaign' and the hand hygiene programme.

- Support and promote effective hand washing, ensuring it is embedded at all levels of the organisation

4.2 The Board

- Will receive relevant audits of hand washing practice
- Will receive relevant training and compliance to training data

4.3 Chief Operating Officers/ Clinical Director/Assistant Directors of Nursing will:-

- Support and promote effective hand washing by ensuring sufficient hand washing facilities are provided.
- Support staff to fulfil their responsibilities within the 'Clean Your Hands Campaign' and hand washing programme including attendance at hand hygiene training. Staff required to have yearly updates include all staff including Estates & Facilities, Domestic services, Portering , Volunteers, Administration & Clerical areas and Clinical and Technical areas and any others as appropriate based on risk assessments and according to the Training Needs Analysis
- Comply and adhere with the hand washing procedure
- Comply and adhere to the 'Bare below the elbow' policy

4.4 Consultants will :-

- Support and promote effective hand washing and challenge poor practice
- Support medical staff to fulfil their responsibilities within the 'Clean Your Hands Campaign' and hand washing programme including undertaking yearly hand hygiene training.
- Lead by example
- Encourage patients to challenge staff regarding hand washing
- Comply and adhere with the hand washing procedure
- Comply and adhere to the 'Bare below the elbow' policy

4.5 Matrons will:-

- Support lead nurses and the clean your hands champions.
- Actively participate in hand washing programmes.
- Undertake saving lives hand washing audits
- Support the activities of the infection prevention and control team to reduce the risk of healthcare associated infection.
- Actively encourage patient and visitor feedback in order to inform further developments/training
- Lead by example
- Challenge poor practice
- Encourage patients to challenge staff regarding hand washing
- Comply and adhere with the hand washing procedure
- Comply and adhere to the 'Bare below the elbow' policy

4.6 Lead Nurses / Department Managers will:-

- Ensure that sufficient facilities are available for effective hand washing.
- Encourage and promote hand washing within all staff, visitors, contractors, patients and others who visit their area.
- Support and ensure all nursing staff attend yearly hand washing training/updates according to the Training Needs Analysis
- Retain records of attendance at training sessions/updates. Attendance records will also be sent to the training and development department for central collation.
- Manage any individuals poor compliance to procedure or training in accordance with the policy for Performance in Employment
- Encourage patients to challenge staff regarding hand washing
- Lead by example and challenge poor practice
- Comply and adhere with the hand washing procedure
- Comply and adhere to the 'Bare below the elbow' policy

4.7 Clean your Hands Champions/Leads will:-

- Reinforce good practice by attending the clean your hands meetings/updates.
- Promote good hand hygiene within own ward/department.
- Cascade practical hand hygiene training to all nursing staff within own ward/department. Nursing staff will attend training from IP&CT every year through mandatory training. Clean your hands champions will undertake annual training from IP&CT.
- Keep accurate records of training undertaken. This data will be sent to IP&CT and Learning and Development Department for central collation.
- Actively take part in promotional events.
- Work with the infection prevention and control team.
- Communicate issues to infection prevention and control and to ward/department staff.
- Maintain the campaign by correct use of the promotional material.
- Maintain adequate stocks of alcohol hand rub.
- Ensure alcohol hand rub at the bed side is replenished and the dispenser/holder is clean.
- Observe hand washing and challenge poor behaviour.
- Ensure facilities are available at ward entrances/exits to allow staff and visitors to place objects down safely to enable them to effectively use the hand gel
- Provide consistent and clear advise on the importance of hand washing
- Lead by example
- Encourage patients to challenge staff regarding hand washing

4.8 Employees will:-

- Participate in the hand hygiene programme by washing hands according to the hand washing procedure (attached)
- Attend and participating in yearly hand washing updates if instructed to do so by their manager.

- Lead by example and challenge poor practice
- Comply and adhere to the 'Bare below the elbow policy'

4.9 Infection Prevention & Control team will:-

- Lead the 'Clean Your Hands Campaign'.
- Co-ordinate audit activity.
- Ensure hand washing saving lives audit data is received by Infection, Prevention and Control Committee
- Promote effective hand hygiene by delivering hand washing training / updates and co-ordinating promotional events.
- Where ever possible they will promote hand hygiene within the general community.
- Advise managers on correct procedures and appropriate hand hygiene products.
- Monitor and report to the Infection Prevention & Control Committee issues related to compliance with the hand hygiene programme.
- Lead by example and challenge poor practice

4.10 Occupational Health will:-

- Monitor staff health and report any difficulties with hand hygiene products to the Infection Prevention and Control team and Estates and Facilities department

4.11 Estates and Facilities will:-

- Liaise and consult with the infection prevention and control team and managers if changes in soap or other hand hygiene products are considered.
- Consult with the infection prevention and control team and managers when problems with water supply are expected or occur.
- Ensure that domestic services maintain the hand hygiene products by re-stocking and cleaning as specified in the contract
- Support staff to fulfil their responsibilities within the 'Clean Your Hands Campaign' and hand washing programme including yearly attendance at hand hygiene training.

4.12 Training and Development Department will:-

- Ensure hand washing training and compliance data is received by Infection, Prevention and Control Committee
- Keep records of all staff who have completed hand washing training providing statistics as required.
- Ensure annual hand-washing training in line with current legislation is included in the Training Needs Analysis

5. MONITORING AND EVALUATION

- A quarterly monitoring report will be submitted to ET detailing high level target achievement along with supporting information relating to individual compliance of staff against the Training Needs Analysis requirements.
- Any incidents in relation to the minimum data set will be reported via the sentinel IR1 incident reporting system and where appropriate to the Chief Executive.
- An annual evaluation of attendance and recommendations will be submitted to ET for action.
- Audits relating to standards of hand washing in the clinical areas will be undertaken by the Matron to include all disciplines of staff

6. REVIEW DATE

Review date annually but no later than May 2014

Previous reviews 2006, 2005, 2003, 2000, 1997,2009, March 2011, May 2012

Hand Hygiene Procedure

DEFINITIONS

Micro-organisms found on the hands are either resident or transient:

Resident micro-organisms are:

- Deep seated
- Difficult to remove
- Part of the body's natural defence mechanism

Resident microorganisms do not readily cause infections and are not easily removed but can be associated with infection following surgery or invasive procedures.

Transient microorganisms are:

- Superficial
- Transferred with ease to and from the hands
- An important cause of cross infection
- Easily removed with good hand washing.

Transient microorganisms are located on the surface of the skin and their ability to transfer to and from hands with ease results in hands being extremely efficient vectors of infection. Risk of transmission is also increased if hands are still moist following ineffective drying.

GENERAL CONSIDERATIONS

- Ensure compliance to the 'Bare below the elbow' policy when entering a clinical area. Wristwatches, bracelets and long sleeved clothing prevent effective hand washing
- Avoid wearing rings. A wedding band only is permissible. Rings, particularly with ridges or stones, interfere with thorough hand washing and make it more difficult to put on gloves.
- Keep nails short and pay special attention to them when washing your hands. Do not wear nail polish or artificial nails. These also discourage vigorous hand washing and harbour micro-organisms.
- The wrists should be included when washing the hands and it may also be necessary to wash the forearms if they are likely to have been contaminated, or as part of surgical hand washing.
- Bacterial transfer occurs more readily between wet surfaces than dry ones, therefore, dry hands thoroughly with paper towels.
- Moisturise the hands before going for breaks and the end of a shift

EQUIPMENT

- 1) Washbasin
- 2) Warm running water
- 3) Liquid soap (routine hand washing) or aqueous antiseptic solution e.g. chlorhexidine gluconate, povidone iodine (surgical/antiseptic hand washing)
- 4) Alcohol rubs or gels (see below)
- 5) Disposable paper towels
- 6) Moisturiser

SIX STEP HAND WASHING TECHNIQUE

Each step consists of 5 strokes forward and 5 strokes backward

- Rub palm to palm.
- Right palm over left dorsum and left palm over right dorsum.
- Palm to palm with fingers interlaced.
- Backs of fingers to opposing palms with fingers interlocked.
- Rotational rubbing of right thumb clasped in left palm and vice versa.
- Rotational rubbing back and forwards with clasped fingers of right hand in left palm and vice versa.

ROUTINE HAND HYGIENE

Routine hand washing removes most transient microorganisms from soiled hands and renders hands socially clean. It is essential to perform hand hygiene after they have been contaminated and before contact with patients.

Hand Hygiene should be performed before:

- Starting work, going for a break, leaving for home
- Preparing, handling or eating food
- Administration of drugs
- Wearing sterile or non sterile gloves
- Aseptic procedures e.g. handling wounds, urethral catheters, intravenous lines enteral feeds
- Leaving source isolation
- Caring for susceptible patients (immunocompromised)
- Preparing to empty urine drainage bags
- Changing giving sets
- Direct patient contact

Hand Hygiene should be performed after:

- Any situation which involves direct patient contact
- Contact with patients environment within the patient zone as per 5 moments of hand hygiene

- Bed making
- Handling contaminated laundry and waste
- Emptying urine drainage bags
- Aseptic procedures
- Removing gloves
- Administering drugs
- Visiting the toilet
- Any possibility of microbial contamination

..... and whenever hands are visibly dirty.

Detailed steps for Routine Hand Washing

	Action	Rationale
1	Wet hands thoroughly under warm running water	To prevent excoriation of skin
2	Dispense one dose of liquid soap into cupped hand	To comply with Manufacturers recommendations
3	Hand wash vigorously and thoroughly for 15-20 seconds without adding more water, using the six step technique	To ensure that all areas are thoroughly cleaned NB. Areas most frequently missed are the tips of fingers, thumbs and the finger webs
4	Rinse hands thoroughly under running water	To physically rinse away removed micro-organisms and soap residue
5	Dry hands thoroughly with disposable paper towels	To maintain skin health. To reduce the transfer of micro-organisms

ANTISEPTIC HAND WASHING

Antiseptic hand washing is intended to remove or destroy transient microorganisms and substantially reduce detachable microorganisms, whilst leaving a residual effect on the skin.

Detailed steps for Antiseptic Hand Washing

	Action	Rationale
1	Wet hands and forearms thoroughly under running water	To prevent excoriation of skin
2	Wash hands, wrist and forearms with antiseptic solution e.g. chlorhexidine gluconate, using six-step technique until 2 minutes have elapsed	To ensure thorough cleaning of all areas
3	Clean the finger nails thoroughly	To ensure that micro-organisms are removed from beneath the finger nails
4	Rinse thoroughly under warm running water	To physically rinse away removed micro-organisms and

		antiseptic solution residue
5	Dry thoroughly with a disposable paper towel	To maintain skin health. To reduce the transfer of micro-organisms

SURGICAL HAND WASHING

Surgical hand washing is intended to remove or destroy transient microorganisms and substantially reduce detachable resident microorganisms and is achieved by using an antiseptic hand wash solution and a defined technique. It is essential before all surgical or invasive procedures e.g. operating theatre procedures. A prolonged effect will be left on the skin.

Detailed steps for Surgical Hand Washing

	Action	Rationale
1	Wet exposed hands and forearms thoroughly under running water	To prevent excoriation of skin
2	Wash hands, using the six step technique, wrists and forearms with aqueous antiseptic solution until two minutes have elapsed NB. A sterile brush may be used for the first application of the day, but continual use is inadvisable as damage to the skin may occur which may increase the level of microbial colonization	To ensure thorough cleaning all areas
2	Clean finger nails thoroughly	To ensure that micro-organisms are removed from beneath the finger nails
3	Rinse thoroughly under warm running water, ensuring water flow is directed down the arms	To physically rinse away removed micro-organisms and antiseptic solution residue
4	Dry thoroughly using a sterile towel	To maintain skin health. To reduce the transfer of micro-organisms

Surgical hand decontamination using alcohol hand gel (Desderman® Surgical Gel)

You should apply Desderman® gel to your skin for 3 minutes, using 9-18mls of gel in total. Rub it in slowly: the slower the gel is rubbed in, the longer it will take to evaporate, and therefore less gel is used.

Between cases, it is only necessary to reapply the gel following the procedure below. It is not necessary to wash your hands unless they are visibly contaminated or eg. your glove was torn during the case.

	Action	Rationale
1	Remove rings	To ensure effective hand hygiene
2	Wet hands and forearms thoroughly under running water	To prevent excoriation of skin
3	Wash hands and forearms with soap and water for 1 minute	To cleanse skin
	Clean the fingernails thoroughly NB. A sterile brush may be used for the first application of the day, but continual use is in advisable as damage to the skin may occur which may increase the level of microbial colonization	To ensure micro-organisms are removed from beneath the fingernails
4	Rinse thoroughly under warm, running water	To remove micro-organisms and soap residue
5	Dry skin thoroughly using a non sterile paper towel	
6	Apply 3ml (one push of plunger) of Desderman® to hands. Rub in slowly reapplying as necessary to ensure a 60 second coverage	To effectively reduce the amount of micro-organisms
7	Once dried, apply a further 3mls and rub into forearms for 60 seconds, reapplying as necessary	To reduce the amount of micro-organisms on the forearms
8	Apply further 3mls pf Desderman® to recover the wrists and hands for the final 60 seconds	To complete effective application
9	Allow Desderman® gel to evaporate completely before gowning and gloving	To maintain skin health and efficiency of product

ALCOHOL HAND RUB

Alcohol rubs or gels may be used as a supplement following routine hand washing or in between hand washing as long as the hands are visibly clean, if hands are visibly contaminated, or contaminated with body fluids they require washing with soap and water before the application of the alcohol hand rub.

They must not be used as a substitute for effective handwashing, especially when caring for infected patients

The gel must be allowed to dry specifically for 30 seconds before performing any patient care.

Method of application: Dispense required amount of solution on to hands.
Ensure solution covers all hand surfaces.
Rub vigorously, using hand washing technique, for 30 seconds or until hands are dry.

GENERAL CARE OF THE HANDS

- Maintain an intact skin as far as possible.
- Always apply soap and antiseptic agents to wet hands.
- Always rinse and dry hands thoroughly, including under wedding rings.
- Avoid communal pots of hand cream.
- Only use hand creams with a non-ionic base and use regularly
- Always cover cuts and abrasions with impermeable waterproof dressings.
- If you suspect sensitivity or allergy i.e. reactions on the skin, report this to your manager and seek advice from the Occupational Health Department.
- Wash hands after glove removal.
- Follow the procedure for routine hand washing after glove removal.

PATIENT CONSIDERATIONS

Health Care Workers must provide hand washing facilities for patient and should particularly encourage hand washing after toileting and before eating food.

CATERING STAFF

Catering staff should adhere to the requirements of the Food Safety (General Food Hygiene) Regulations 1995, with the addition of the use of antibacterial hand wash where applicable, following the routine hand washing technique.

COMMUNITY STAFF

Hand washing facilities within the community setting cannot be regulated but nevertheless community staff should follow good basic hygiene practices at all times including thorough hand washing when necessary. Hands should be washed before and after all direct care procedures and also, after dealing with used linen, waste and body fluids or contaminated equipment, before putting on and after removing gloves. Paper towels should be used to dry hands, or alternatively a freshly laundered towel if this can be made available. Provided the hands are physically clean, an alcohol hand rub can be rubbed for 30 seconds on to the skin until it is dry.

During some particularly invasive work e.g. delivering a baby, it may be necessary to employ a surgical hand washing technique in addition to routine and antiseptic hand washing.

Reducing Healthcare associated infection is everyone's responsibility; effective hand washing remains our first line of defence against spreading infection. Improving hand hygiene compliance will help save lives

Cross Reference documents Policies

Training Needs Analysis
MRSA policy
Clostridium difficile policy
Diarrhoea policy
Principles of Care Gram Negative Multi Resistant Organism
CJD policy
Viral Haemorrhagic Fever policy
Tuberculosis policy
Principles of care for infectious patients
Isolation policy
Infection control policy
VRE policy

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