

Policy / Procedure Information (Policy no CS015)	
Subject	Hand Hygiene Policy (This policy is subject to periodic review and will be amended according to service development needs)
Applicable to	This policy applies to all staff, volunteers and contractors who work for or provide care on behalf of Nottinghamshire Hospice
Date issued	Aug 2021
Next review date	Aug 2025
Lead responsible for Policy	Director of Care
Policy Reviewed by	Infection Prevention and Control Team Nottingham CityCare Partnership Care Service Team
Notified to	Quality and Safety Group
Authorised by	Board of Trustees
Links to other Policies	Infection Prevention and Control Policy (CS001)
Summary	This document aims to provide a clear understanding of Nottinghamshire Hospices Infection Control Policy.
Target Audience	The policy aimed at all staff, volunteers and contractors who work for or provide care on behalf of Nottinghamshire Hospice

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1. Introduction

Hands continue to play a major role in the transmission of infections in all healthcare environments. Hand cleansing is the single most important factor in the prevention of infection and curbs the spread of potentially pathogenic organisms (World Health Organisation, 2009).

Effective prevention and control of healthcare associated infections (HCAIs) has to be embedded into everyday practice and applied consistently by all healthcare staff in order to reduce HCAI levels (Department of Health,(DH) 2008). Other guidance such as the Essential Steps to Safe Clean Care (DH, 2006) and the Clean Hands Save Lives campaign as documented by the National Patient Safety Agency (2008) support this.

It is a requirement of The Health and Social Care Act (DH, 2008b) that health care organisations have a hand hygiene policy in place. Additionally, it states that organisations are to ensure that all staff and those employed to provide care in all settings, are fully involved in the process of preventing and controlling infection. Effective hand hygiene will ensure that all staff fulfil this obligation to meet the Act's Code of Practice.

2. Evidence Base

The content of this policy is based on guidance from the National Institute for Health and Care Excellence (NICE); Healthcare-associated infections: prevention and control in primary and community care (2017) and the epic3: National Evidence Based Guidelines for Preventing Healthcare Associated Infections in NHS Hospitals in England (Loveday et al, 2014).

3. Purpose

This policy has been written for all staff within Nottinghamshire Hospice to:

- Ensure that Hospice staff are aware of how to undertake an effective hand hygiene technique.
- Protect patients and staff from the risks of cross infection with the aim to reduce incidents of HCAIs.

4. Scope

This document is aimed at all staff working within Nottinghamshire Hospice.

5. Definitions

Alcohol-based hand rub/gel: An alcohol-containing preparation (liquid, gel or foam) designed for application to the hands to inactivate microorganisms and/or temporarily suppress their growth. Such preparations may contain one or more types of alcohol

Hand care: Actions that 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 washing: Washing hands with liquid soap and water.

Point of Care: The place where the patient, the health care worker and the care or treatment involving contact with the patient come together.

Visibly Soiled Hands: Hands on which dirt or body fluids are visible.

(WHO, 2009)

6. Responsibilities

6.1. Chief Executive

The Chief Executive is responsible for ensuring:

- That there are arrangements in place to support Infection Prevention and Control, in particular the relevant policies and training to reduce the risk of infections being transmitted.

6.2. Executive Team

The Executive Team are responsible for ensuring:

- That staff have access to infection prevention and control policies to support their daily working practice.

6.3. Infection Prevention and Control Team

The Infection Prevention and Control Team are responsible for:

- Updating this policy five yearly or more frequently if changes are required.
- Providing advice and information on hand hygiene and products available for hand decontamination.
- Including training on hand hygiene in the organisation's statutory infection prevention and control training.

6.4 Managerial Responsibilities

The manager is responsible for:

- Monitoring staff compliance with infection prevention and control training, either at a face to face session, or by completing the workbook, in accordance with the organisation's statutory and essential training matrix.
- Ensure that clinical staff receive Infection Prevention and Control training every 2 years
- Ensuring all new starters attend induction where practical sessions on hand hygiene are delivered.
- Ensure that staff are able to order adequate supplies of hand hygiene products.
- Monitoring staff's adherence to the bare below the elbows directive. Where staff fail to adhere to this directive, then an incident form is to be completed.

6.5 Clinicians Responsibilities

The clinician is responsible for:

- Using an effective hand hygiene technique at the right time. (Appendix One and Two)
- Adhering to the bare below the elbows directive. (Appendix Three)
- Risk assessing the hand hygiene facilities available in the domiciliary setting and use alcohol gel/hand hygiene packs when required.
- Educating patients and carers when facilitating carers to undertake care procedures on hand hygiene and document this in the patient record.
- Attending Infection Prevention and Control Training every 3 years.

7. Risk Management (Indications and Contra-Indications/ Hazards)

There are hazards associated with hand hygiene such as dry, irritated skin conditions; this may be due to a number of reasons:

- Poor hand hygiene technique.
- Harsh soap.
- Not rinsing off soap adequately.
- Poor hand drying technique.
- Existing allergies and skin conditions, e.g. eczema and psoriasis.

Staff should be aware of the potentially damaging effects of hand decontamination products and be encouraged to use an emollient hand cream regularly. Any member of staff who is unable to use appropriate hand cleansing agents, due to a skin condition/allergy must seek advice from their line manager and a referral made to the Occupational Health Department. The contact details are:

COPE Occupational Health and Ergonomic Services Ltd

Brookfield Gardens
Arnold
Nottingham
NG5 7ER
Tel: 0115 9259222

There are risks associated with the storage of alcohol based hand rub products. There is a risk of ingestion and skin irritation, and as it is a flammable material, there is a risk of fire (National Patient Safety Agency, 2008). This risk can be minimised by reviewing where products are stored (Health and Safety Executive, 2006) and where they are placed when in use. The NPSA (2008) recommends that no more than 5 litres should be held in storage.

8. Equipment

Clinic Room Settings

Staff working in the clinic setting should have access to the following:

- Running water.
- Wall mounted liquid soap.
- Paper towels in a wall mounted dispenser.
- Alcohol gel at the point of care.

Wall mounted dispensers are available to order free of charge. If required to be fitted to clinical areas the site manager can be contacted to arrange this. The wall mounted dispensers for the alcohol gel should be sited at the point of care e.g. near the treatment couch and not next to the sink. Products should be as close as possible to where the clinician is working ideally within an arm's reach of where patient care or treatment is taking place (WHO, 2009).

When setting up a new clinic, it is important to ensure that the venue is suitable, for example, are there suitable hand hygiene facilities as described above. The Venue Risk Assessment is a tool accessible to all staff via the Intranet to help in this decision making process.

Domiciliary Visits

A risk assessment should be carried out by staff to ensure the correct hand hygiene facilities are available. If the patient is being seen in their own home and the patient provides liquid soap and a fabric towel the towel should be clean. Community packs can also be ordered. These contain liquid soap, alcohol gel and hand cream. Paper towels need to be added to this pack, which can be ordered. All domiciliary staff should be issued with a supply of their own alcohol gel.

Alcohol Gel

Use alcohol gel to decontaminate hands except in the following circumstances.

- When hands are visibly soiled – alcohol is not an effective cleansing agent.
- When caring for people with diarrhoea and vomiting as the gel is not effective against a number of micro organisms that cause these infections.
- After cleaning toilet areas.

(NICE 2017)

Alcohol gel requires the same technique that is used with liquid soap and water to ensure a full coverage of the alcohol gel on to the hands is achieved (Please refer to Appendix One). Hands should be rubbed vigorously for 20-30 seconds (WHO, 2009).

Surgical Hand Preparation

For surgical procedures hand decontamination should be undertaken using a suitable anti microbial soap. The chosen product should be applied for the length of time recommended by the manufacturer usually from two to five minutes using the hand hygiene technique, which should also include washing and rinsing up to the elbows. It is not advised that nail brushes are used (WHO, 2009).

HAND HYGIENE TECHNIQUE

A good hand hygiene technique promotes coverage over all areas of the hands and can be used when applying any hand hygiene cleaning or disinfection products. The poster demonstrating this, as described by Ayliffe et al (1978) can be found in Appendix One.

There are three stages to hand hygiene:

- Preparation – involves wetting hands under running water before applying soap, this creates more lather and a better coverage of soap on the hands is achieved.
- Washing – hand wash solution must come in to contact with all of the surfaces of the hands (see technique – Appendix One). Hands must be rubbed together vigorously for a minimum of 10-15 seconds.
- Rinsing and drying – rinse hands thoroughly before drying. Dry with good quality paper towels.

(NICE, 2017)

The process of hand washing should take no longer than 40 – 60 seconds and this includes the drying (WHO, 2009).

Moisture levels affect the transfer of micro organisms between surfaces (WHO, 2009) and therefore hand drying, with good quality paper towels (NICE, 2012) is an important step in the hand hygiene process (Huang et al, 2012). If fabric hand towels have to be used in the patient's home, then these should be for the use of the health care worker only. If this is not possible alcohol gel can be used as an alternative or paper towels ordered and taken in.

Micro-organisms on the skin can be classified into two groups – resident and transient.

- Resident micro-organisms are part of the normal human flora and live deep-seated within the epidermis. They protect the skin from invasion by more harmful organisms. They do not easily cause infections and are not easily removed.
- Transient micro-organisms are located on the surface of the skin. They are described as 'transient' because they are easily transferred to other people and equipment, via the hands after direct contact. They have the potential to cause infection and can be easily removed by good hand hygiene techniques.

Hand hygiene is essential to protect patients and staff from cross infection from micro – organisms from workers hands and should occur at the following times:

- Before and after patient contact.
- Before an aseptic/clean procedure.
- After using the toilet.
- Before and after handling food.
- Whenever hands are visibly dirty.
- After removing gloves.
- After handling waste.
- After departing a patient/clinic environment.
- After undertaking cleaning duties.

This list is not exhaustive and all staff have a responsibility to assess the need for hand hygiene in their daily practice.

Five Moments for Hand Hygiene (Appendix Two)

The National Patient Safety Agency (NPSA, 2008) endorses the World Health Organisation's five moments for hand hygiene which are:

- Before patient contact.
- Before an aseptic task.
- After body fluid exposure.
- After patient contact.
- After contact with patient surroundings (This could be a patient's own home or a clinic environment).

Bare Below the Elbows (Appendix Three)

The Bare below the Elbows directive is promoted by NICE (2017) and has been adopted by the Nottinghamshire Hospice. This means that for staff working in clinical areas, the following must NOT be worn:

- Stoned rings – 1 single band wedding ring is acceptable.
- Wrist jewellery including wrist watches.
- Long sleeves.
- False nails/nail varnish.

Bare below the elbows ensures that hands are decontaminated effectively when undertaking clinical care. The wearing of rings causes the hands to be more heavily colonised and also likely to be more susceptible to dermatitis conditions. Hand and wrist jewellery also deter the wearer from effective hand hygiene, as can the wearing of artificial nails, or nail polish – which in turn when it starts flaking or separating are harbingers for infection. (WHO, 2009).

Nails/Nail Brushes

Nails should be kept short to discourage bacterial growth. Nail brushes should not be used as they become heavily contaminated with bacteria and can become a source of cross infection (Finn and Crook, 1998)

9. Interaction with Other Policies and Procedure

All Nottinghamshire Hospice Policies / standard operating procedures that refer to hand hygiene.

Nottinghamshire Hospice Uniform policy.

10. Equality & Diversity Statement

Less favourable treatment of anyone on the grounds of their age, disability, gender, marital status, being pregnant or on maternity leave, race/ethnicity, religion or belief, sexual orientation, gender reassignment, responsibility for dependents, trade union or political activities, or any other reason which cannot be shown to be justified will not be tolerated. Positive action may be taken to improve the diversity of our workforce to reflect the city's population and to encourage people from protected groups to participate where their level of participation is disproportionately low. (Equality & Diversity Policy 2017)

11. Monitoring and Review - (of this policy)

This policy will be reviewed every five years or sooner if changes are required.

13. Further Guidance

If you have any concerns or issues with the contents of this policy or have difficulty understanding how this policy relates to you and/or your role, please contact the Infection Prevention and Control Team on 0115 8834902.

14. References

Ayliffe, GAJ et al (1978) A test for 'hygienic' hand disinfection. **Journal of Clinical Pathology** (31) pp 923-928

Department of Health (2008) Clean, Safe, Care - Reducing infections and saving lives. London. DH.

Department of Health (2008b) The Health and Social Care Act 2008 – code of practice for health and adult social care on the prevention and control of infections and related guidance London. DH.

Department of Health (2006) Essential Steps to Safe Clean Care. London. DH.

Finn, L., Cook, S. (1998) Minor surgery in General Practice-setting the standards **Journal of Public Health Medicine** 20 (2) pp 169-174

Health and Safety Executive (2006) SR24 Storing chemical products (small scale) [Online] Available at www.hse.gov.uk/coshh/ Accessed: 27/09/2017

Huang et al (2012) The Hygienic Efficacy of Different Hand drying methods; A review of the Evidence. **Mayo Clinic Proceedings** 87 (8) pp 791-798

Loveday, H.P., Wilson, J.A., Pratt, R.J., Golsorkhi, M., Tingle, A., Bak, A., Browne, J., Prieto, J., and Wilcox, M. (2014) epic3: National Evidence- Based Guidelines for Preventing Healthcare - Associated Infections in NHS Hospitals in England. **Journal of Hospital Infection** 86S1 (2014) S1-S70.

National Patient Safety Agency (2008) Clean Hands Saves Lives Alert London. NPSA [Online] Available at www.cleanhandssaveslives.org/cleanhands/ Accessed: 16.10.2017

National Institute for Health and Care Excellence (2012 Updated 2017) Infection prevention and control of healthcare – associated infections in primary and community care. [Online] Available at: <https://www.nice.org.uk/guidance/cg139> Accessed: 27/09/2017.

World Health Organisation (2009) Guidelines on Hand Hygiene in Health Care. [Online] Available at www.who.int/infection-prevention/publications/hand-hygiene-2009/en/ Accessed 23/11/2017

15. Equality Impact Assessment Form (Short)

		YES/NO	COMMENT
1.	Does the policy affect one group less or more favourably than another on the basis of:		
	Age	NO	
	Disability – learning disabilities, physical disability, sensory impairment and mental health problems	NO	
	Gender Reassignment	NO	
	Marriage/Civil Partnership	NO	
	Pregnancy/Maternity	NO	
	Race	NO	
	Religion or Belief	NO	
	Sex	NO	
	Sexual Orientation	NO	
2.	Is there any evidence that some groups are affected differently?	NO	
3.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	N/A	
4.	Is the impact of the policy/guidance likely to be negative?	NO	
5.	If so can the impact be avoided?	N/A	
6.	What alternatives are there to achieving the policy without the impact?	N/A	
7.	How can the impact be reduced by taking different action?	N/A	

If you have identified a potential discriminatory impact of this procedural document, please refer it to the sponsoring director; together with any suggestions as to the action required to avoid/reduce this impact

APPENDIX ONE

The infographic is set against a purple background. At the top left is the CityCare logo, which consists of a stylized figure in a circle with the text 'CityCare Building Healthier Communities'. To the right of the logo, the title 'Hand Hygiene' is written in large white font, with 'Step by step' in a smaller white font below it. The steps are numbered 1 through 11, each with a circular inset image showing the action. Step 1 shows hands being rinsed under a faucet. Step 2 shows a hand applying soap from a dispenser. Step 3 shows hands being rubbed palm to palm. Step 4 shows one palm being rubbed over the back of the other hand. Step 5 shows fingers interlaced. Step 6 shows the back of the hand with fingers interlaced. Step 7 shows the tips of fingers being rubbed against the palm. Step 8 shows the wrists being rubbed. Step 9 shows the thumbs being rubbed. Step 10 shows hands being rinsed under a faucet. Step 11 shows hands being dried with a paper towel. A white circle at the bottom right contains the text 'For Alcohol Gel use steps 2-9' and 'The whole process including drying should take 40-60 seconds'.

CityCare
Building Healthier Communities

Hand Hygiene

Step by step

- 

1 Rinse hands
- 

2 Apply soap
- 

3 Rub palm to palm
- 

4 Palm over back of hand
- 

5 Fingers interlaced
- 

6 Nails on palm of the hand
- 

7 Tips of finger on palm of the hand
- 

8 Wrists
- 

9 Thumbs
- 

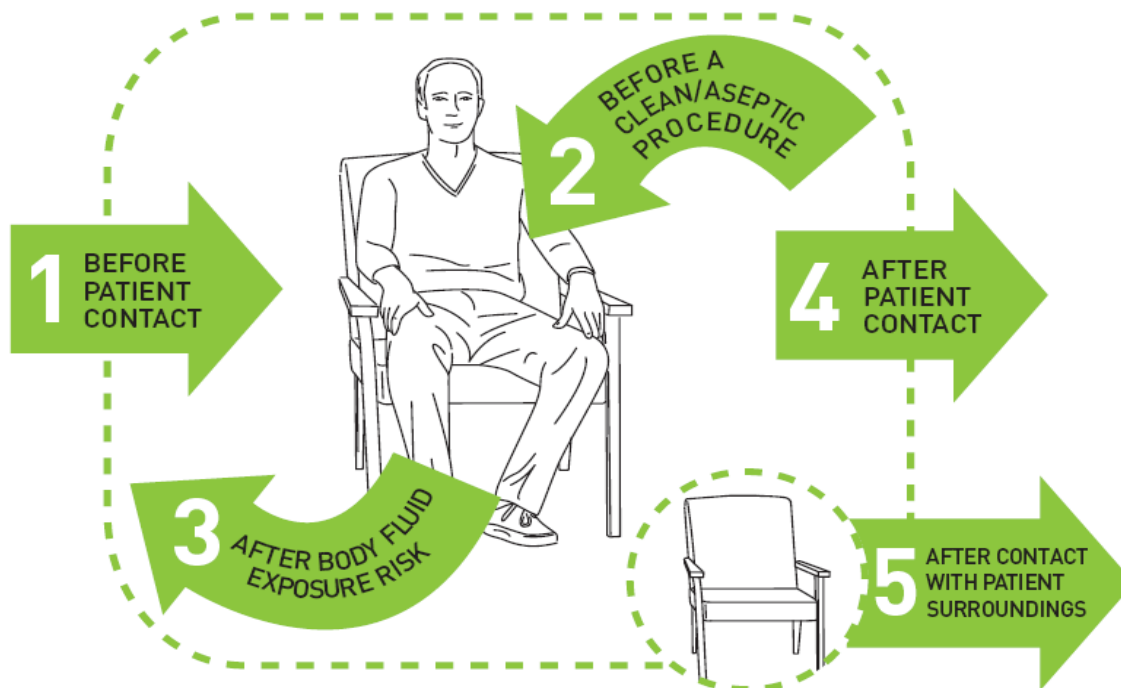
10 Final rinse
- 

11 Dry wrists / hands with a paper towel

For Alcohol Gel use steps 2-9

The whole process including drying should take 40-60 seconds

Your 5 moments for hand hygiene at the point of care



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 A CLEAN/ASEPTIC PROCEDURE	WHEN? Clean your hands immediately before any clean/aseptic procedure 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

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



APPENDIX THREE

All Staff working in clinical areas should be

Bare Below the Elbows

- All wrist watches and jewellery must be removed, except a single plain band
- Nails must be short, you must not wear false nails or nail polish
- Long sleeves must be rolled up above the elbow



Version History

Version	Date	Status	Comment
D1.1		Draft	Presented at QAF for ratification.
V2		Final	Final changes made following presentation at QAF.

Change Control Record

Date	Version	Section	Changes made
16/10/17	D2.1	Draft	For comment by Infection Prevention Control Team.
24/11/17	D2.1	Draft	Changes to text throughout following comments by Infection Prevention & Control Team.
	D2.1	Draft	Changes made following comments by Quality Assurance Group Members.