

# POLICY FOR HAND HYGIENE INFECTION PREVENTION AND CONTROL POLICY NO. 2

Applies to:	Employees of Wirral Community NHS Trust
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THERE IS NO ASSURANCE THIS IS THE CORRECT VERSION

## Policy for Hand Hygiene

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## 1. INTRODUCTION

Hands are the most common way in which microorganisms can be transported and subsequently cause infection. In order to prevent the spread of microorganisms to those who might develop serious infections by this route, hand hygiene must be performed effectively. There is considerable evidence that patient contact results in contamination of health care professionals hands by pathogens that cause health care associated infections (HCAI). Effective hand hygiene is the single most important procedure for significantly reducing/preventing infection, leading to improved patient morbidity/mortality rates.

This policy has been developed for all staff to refer to regarding all aspects of hand hygiene. Staff will have the knowledge to risk assess the need for hand hygiene, using an effective hand hygiene technique with the appropriate decontamination agent. Effective hand hygiene is the basis of all infection prevention and control practices and it is therefore essential that all staff employed by Wirral Community NHS Trust (WCNHST) are familiar with and adhere to the principles detailed within this policy.

It must always be assumed that every person encountered could be carrying potentially harmful microorganisms that might be transmitted and cause harm to others. For this reason, hand hygiene is the one precaution which must be applied as standard by staff.

Staff are required to demonstrate high, sustained levels of compliance with hand hygiene therefore demonstrating compliance with The Health and Social Care Act 2008 *Code of Practice on the prevention and control of infections and related guidance* (Department of Health, 2010) and Essential Steps to safe, clean care (Department of Health, 2006).

Hand hygiene training for clinical and non-clinical staff is included in the Organisation's mandatory training programme.

## 2. STATEMENT OF INTENT

This policy outlines the Trust's responsibilities in relation to the provision of hand hygiene resources for staff. It also details employee's responsibilities in relation to adherence to hand hygiene practices.

To comply with The Health and Social Care Act 2008 *Code of Practice on the prevention and control of infections and related guidance* (Department of Health, 2010) WCNHST will:

- Ensure there is adequate provision of suitable hand washing facilities and antimicrobial hand rubs where appropriate
- Provide evidence based guidelines on hand hygiene at the point of care

### 3. DEFINITIONS

**Hand decontamination:** refers to a process for the physical removal of blood, body fluids, and the removal or destruction of micro-organisms from the hands using alcohol handrub/gel or by performing handwashing.

**Hand hygiene:** a general term used to refer to any action of hand cleansing.

**Healthcare associated infection (HCAI):** any infection acquired by a person as a consequence of healthcare interventions regardless of where that care is delivered.

**Healthcare grade alcohol hand rub/gel:** provide a useful alternative when there is a need for rapid hand disinfection or when access to facilities is difficult or inconvenient (e.g. in the patients own home). Alcohol based hand preparations offer an acceptable alternative to hand washing where the hands are not grossly soiled as they do not remove dirt and organic material.

**Non-medicated healthcare grade liquid soap:** effective hand washing with a non-medicated liquid soap will remove transient micro-organisms and is adequate hand decontamination for everyday clinical practice.

**Antiseptic (anti-microbial) hand decontamination:** Anti-microbial preparations are those that kill or inhibit micro-organisms. There are a variety of aqueous antiseptic agents available, each providing a prolonged effect on reducing the microbial load on the hands. Preparations with a residual effect are not considered to be necessary for everyday clinical practice but may be advised for some invasive procedures i.e. minor surgery.

**Resident micro-organisms:** are generally harmless and form part of normal skin flora. They are not readily transferred to other people or surfaces. Infection may sometimes result in patients undergoing surgery or other invasive procedures or those who are immunocompromised.

**Transient micro-organisms:** include different potentially pathogenic micro organisms, primarily bacteria. Hands acquire transient microorganisms from other sites on an individual's body, from other people and from the environment. Transient organisms do not normally survive for long periods on individuals' hands and so either die or are passed to objects or others through hand contact. They are an important cause of cross infection.

### 4. EQUALITY IMPACT ASSESSMENT

As part of its development, this policy and its impact on equality have been reviewed. The purpose of the assessment is to minimise and if possible remove any disproportionate impact on employees on the grounds of race, sex, disability, age, sexual orientation or religious belief. No detriment was identified.

## **5. DUTIES**

### **Chief Executive**

The Chief Executive has overall responsibility for Infection Prevention and Control within the Trust.

### **Trust Board**

The Trust Board has a responsibility for ensuring that it corporately meets its legal duties in relation to Infection Prevention and Control. This responsibility is delegated to the Quality and Governance Committee via the Infection Prevention and Control Group.

### **Director of Quality and Governance/Director of Infection Prevention and Control**

It is the responsibility of the Director of Quality and Governance/Director of Infection Prevention and Control to oversee the development and implementation of infection prevention and control policies. It is also their responsibility to review compliance with hand hygiene audits using the Essential Steps to safe, clean care framework and addressing issues of non-compliance.

### **Quality and Governance Committee**

The primary function of the Quality and Governance Committee is to provide assurance to the Board of overall compliance with all statutory and regulatory obligations and will ensure the effective management of incidents, complaints, and subsequent dissemination of lessons learnt. The Quality and Governance Committee is responsible for ratifying Infection Prevention and Control policies.

### **Infection Prevention and Control Group**

The Infection Prevention and Control Group is responsible for approving Trust Infection Prevention and Control policies. The group is also responsible for monitoring Service Assurance reports containing results of Service's hand hygiene audit results.

### **The Infection Prevention and Control Service**

The Infection Prevention and Control Service (IPCS) are responsible for assuring the Trust board regarding activity in infection prevention and control within the Trust. Written reports are submitted four times per financial year.

The IPCS are responsible for developing Trust wide policies. The IPCS are responsible for ensuring this policy is reviewed and amended at the review date or prior to this, following new developments in hand decontamination research.

The IPCS deliver mandatory hand hygiene training as set out in the organisations mandatory training matrices.

## **Divisional Managers/Service Leads**

It is the responsibility of Divisional Managers or Service Leads to ensure that staff have a suitable and adequate supply of healthcare grade hand decontamination products appropriate to the care environment. Divisional Manager or Service Leads are responsible for booking staff onto mandatory training via the Learning and Development team. Service Leads have overall responsibility for monitoring attendance at mandatory staff training in relation to infection control within their Service in accordance with the Trust training matrices and dealing with non-attendance in line with Trust policy. Attendance at Essential Learning and Core Clinical Training is centrally recorded by the Learning and Development section of the Quality and Governance Service. Written reports for Essential Learning are made available to Divisional Managers or Service Leads via the Learning and Development group.

Divisional Managers and Service Leads are responsible for ensuring compliance with hand hygiene observational audits within their service areas and reporting areas of non compliance to the Infection Prevention and Control Group four times per financial year through written service assurance reports.

## **Managers**

Managers are responsible for booking places on mandatory training and ensuring that staff attend infection prevention and control training in line with Trust training matrices and where informed on non attendance at mandatory training ensure appropriate action taken in line with the Trust Learning and Development policy. Managers are responsible for referring any staff with potential skin reactions to hand decontamination products to Occupational Health. Managers are responsible for ensuring staff complete mandatory hand hygiene audits.

## **Learning and Development Team**

The Learning and Development Team are responsible for coordinating mandatory training i.e. Essential Learning programmes and notifying Service Leads if staff fail to attend. Attendance at Essential Learning and Core Clinical Training is centrally recorded by the Learning and Development section of the Quality and Governance Service. The Learning and Development Team are responsible for maintaining records of participation in approved statutory, mandatory and core service training activities on the Oracle Learning Management System. In the event of non-attendance without notification, participants and their managers will be contacted on the day of the training event and notified in writing by the Learning and Development team.

## **Employees**

Employees are responsible for complying with the principles detailed within this policy and acting as a role model to others when undertaking hand hygiene. Employees are responsible for ensuring they are competent in their hand hygiene technique and decontaminate hands as detailed in this policy. Employees are responsible for ensuring

they attend mandatory training programmes as directed by their Line Manager. If staff are unable to attend a booked training programme, the training provider must be notified within 48 hours.

Employees must comply with Trust policies. Failure to comply with or act in accordance with Trust policies may result in disciplinary action.

## **6. PROCEDURE AND PRINCIPLES OF HAND HYGIENE**

### **Hand washing facilities**

It is the responsibility of managers and staff within each service to identify as part of a risk assessment process for the prevention of health care associated infections, where facilities are required and identify and report to the Infection Prevention and Control Service/Infection Prevention and Control Group any clinical areas where hand washing facilities are absent or require attention. Good hand washing practice is encouraged by the provision of appropriate facilities. Each clinical area should have sufficient clinical hand washbasins of an appropriate design which are known to increase compliance with hand hygiene. The Infection Prevention and Control Service will audit clinical hand hygiene facilities within areas where Trust staff are based once per financial year as part of the Infection Prevention and Control audit programme.

#### **Clinics:**

Hand wash basins must be dedicated for this purpose and not used for the decontamination of instruments, equipment or the washing of cups, plates or cutlery. In all new builds and refurbishments the design of hand wash basins must meet the NHS Estates standard: Health Technical Memorandum (HTM) 64.

Existing basins must meet the essentials of HTM 64 in that they must be:

- Accessible and of a suitable size. The dimensions must be large enough to contain splashes and therefore enable the correct technique to be performed
- Supplied with hot and cold running water at a safe working temperature
- Wall mounted elbow or sensor operated mixer taps(Not a spray sensor head)
- Plugs permanently removed
- Without an overflow
- Waste water outlet and tap not in line
- Single standing wall mounted clinical hand wash basins are required
- Waterproof splash backs
- Flush grated waste with no plug

All hand wash basins must be:

- Supplied with wall mounted healthcare grade liquid soap in a single use dispenser or cartridge style container and disposable paper towels
- Have an accessible foot operated domestic waste bin in close proximity
- Have a poster displaying the hand wash technique (Ayliffe) 6 steps visible at all hand wash basins and/or in clinical areas
- Communal towels promote cross-infection and must not be used
- Hand driers circulate air loaded with bacteria and therefore are not recommended in clinical areas

Any modernisation, upgrading or designing of new builds must be discussed with the Infection Prevention and Control Service to ensure all these components are considered.

### **Home care:**

- Practitioners performing healthcare in a patient's home or non-NHS premises must be provided or have access to, community packs or individual items i.e. healthcare grade liquid soap, moisturiser, alcohol gel and disposable paper hand towels. These are for individual practitioner use. These must be used as single use items, bottles must never be refilled
- If a suitable clean basin/sink is not available alcohol hand gel should be considered
- If the patient or carer provides similar items for use by the staff member in the home setting, it is the responsibility of the individual staff member to assess if appropriate for use

### **Correct technique for hand hygiene:**

#### **Bare Below the Elbow**

The Department of Health (2007, 2010) state that hand hygiene is not performed effectively if sleeves and cuffs are close to wrists.

Bare Below the Elbow means:

- No long sleeved clothing (or capacity to fold above elbow)
- No wrist watches
- No bracelets or wrist bands
- No rings except one plain wedding band
- No nail varnish, false nails, nail jewellery or nail extensions
- Natural nails must be kept short and neat

Hand decontamination using an effective technique, will ensure that all surfaces of the hands are covered. Clinical staff must use the Ayliffe (6 steps) technique when

decontaminating hands. It has been suggested that hands should be washed after every 4-5 applications of alcohol rub. The NPSA Cleanyourhands campaign states there is no reason to do this. This method of hand decontamination can be repeated frequently provided hands do not become obviously contaminated when they should be first washed with soap and water.

**Non-medicated healthcare grade liquid soap:**

- Effective hand washing with a non-medicated liquid soap will remove transient micro-organisms and is adequate hand decontamination for everyday clinical practice
- Hands that are visibly soiled or potentially grossly contaminated with dirt or organic material must be washed with liquid soap and water
- Bars of soap must not be used as they become easily contaminated and contribute to the risks of infection

Hand washing technique involves 3 stages as described in the table below:

Activity	Rationale
<b>Preparation</b>	
Ensure that nails are short	To allow for ease of cleaning beneath the nails as it has been identified that most micro-organisms on the hands originate from beneath the nails
Do not wear false nails	False nails have been shown to harbour high levels of micro-organisms and they are likely to discourage vigorous hand washing and are difficult to keep clean
Do not wear hand jewellery – other than plain band wedding ring	Rings that have ridges or stones have been found to present with higher bacterial counts. Additionally they interfere with thorough hand washing and make it more difficult to put on disposable gloves
Fold back sleeves to expose wrists and forearms and do not wear a wrist watch in clinical practice	It may be necessary to wash the forearms if they have been contaminated, and the wearing of wrist watches renders the area inaccessible
<b>Washing and rinsing</b>	
Wet hands under tepid running water BEFORE applying liquid soap	To minimise damage to the skin caused by repeated applications of agent and to ensure the production of a good lather
Ensure that the non-medicated healthcare grade liquid soap comes into	To maximise decontamination (see Ayliffe ‘six-step’ technique; Appendix 1)

contact with ALL surfaces of the hands	
The hands must be rubbed together vigorously for a MINIMUM of 10-15 seconds paying particular attention to the fingertips, thumbs, between the fingers and beneath wedding band	Inadequate handwashing technique results in areas being missed
Rinse the hand thoroughly beneath tepid running water	To remove cleansing agent and micro-organisms
<b>Drying</b>	
Dry hands thoroughly with a good quality, absorbent, disposable paper towel	Hands that are not thoroughly dried can harbour transient bacteria
Dispose of the hand towel into a foot operated domestic waste bin	To avoid recontamination of the hands.

### Healthcare grade alcohol hand rub/gel:

A risk assessment of alcohol gel availability must be undertaken in clinical areas where there is increased likelihood of misuse of alcohol-based products.

- Alcohol hand rubs provide a useful alternative when there is a need for rapid hand disinfection or when access to facilities is difficult or inconvenient (e.g. in the patients own home)
- When using an alcohol hand rub hands must be free from visible dirt and organic material
- Alcohol hand rub is a skin decontaminant not a cleaning agent
- The hand rub solution must come into contact with all surfaces of the hand to be effective and rubbed in until fully evaporated to avoid skin sensitivity
- There is no evidence that alcohol based preparations are effective in killing *Clostridium Difficile*. Soap and water must be used as the first line decontaminant
- Alcohol based hand rubs have been shown to be less effective in destroying Norovirus, which is commonly responsible for outbreaks of diarrhoea and vomiting. Therefore, when caring for a patient with unexplained causes of diarrhoea staff must use soap and water to decontaminate their hands
- Alcohol gel dispensers/personal bottles are single use and must never be refilled. 'Topping up' of bottles that contain solutions must never occur as the inside of bottles, even those containing antiseptic solutions, can encourage bacterial growth over time

### Antiseptic (anti-microbial) hand decontamination (surgical hand decontamination):

These products are not used routinely within the Trust. Please contact the Infection Prevention and Control Service if further advice on these products is required.

## Skin care

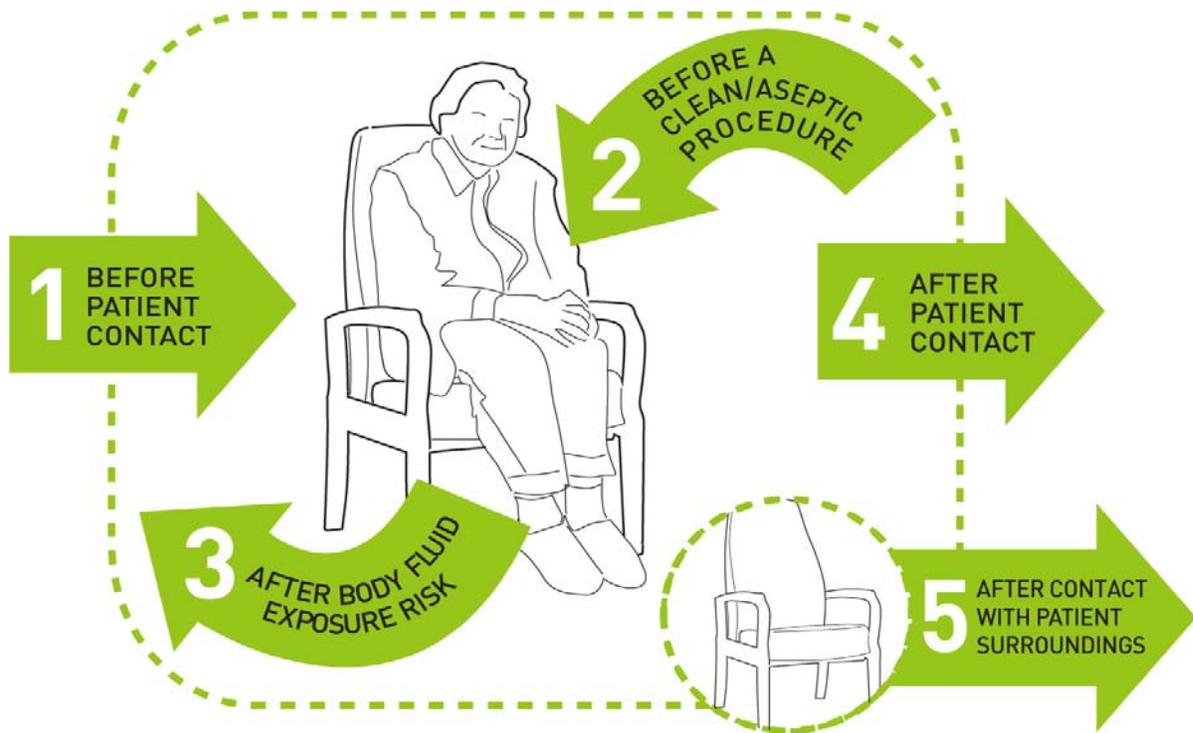
Bacterial counts increase when the skin is damaged and the wetting of the hands prior to washing is important in protecting the skin, as is thoroughly rinsing and drying to avoid soreness and chapping. The following principles must be adhered to:

- Applying an emollient hand cream regularly protects the skin from the drying effects of regular hand decontamination
- Communal pots of hand cream must not be used as the contents are likely to be contaminated
- Staff should use moisturiser provided by WCNHST as this will be compatible with current hand hygiene products
- Moisturiser must be available in all clinical bases to enable staff ease of access and encourage use
- It is the responsibility of each service to determine the requirements for moisturising lotion within each clinic/team
- Any skin irritation attributed to the decontamination agent must be reported by the employee to their Line Manager who must refer staff member to Occupational Health. **NB** Skin irritation is generally associated with poor hand hygiene technique i.e. not drying hands thoroughly
- Cuts or abrasions must be covered with a suitable waterproof plaster or dressing
- Nailbrushes must not be used to perform hand hygiene as scrubbing can break the skin, leading to increased risk of harboring microorganisms or dispersing skin scales that may cause harm to others

Hands should be kept in the best condition possible. Hands which are dry or skin is damaged can be uncomfortable, painful, and much harder to clean than hands with intact skin, and are therefore more likely to pass on or acquire potentially infectious organisms. Skin care products should be used with caution when wearing gloves as they can degrade the integrity of the product.

Wirral Community NHS Trust has adopted the World Health Organisation/NPSA **Five Moments for hand hygiene**. Please refer to page 11 for further information.

## Your 5 moments for hand hygiene at the point of care



<b>1</b> BEFORE PATIENT CONTACT	<b>WHEN?</b> Clean your hands before touching a patient when approaching him/her <b>WHY?</b> To protect the patient against harmful germs carried on your hands
<b>2</b> BEFORE A CLEAN/ASEPTIC PROCEDURE	<b>WHEN?</b> Clean your hands immediately before any clean/aseptic procedure <b>WHY?</b> To protect the patient against harmful germs, including the patient's own, from entering his/her body
<b>3</b> AFTER BODY FLUID EXPOSURE RISK	<b>WHEN?</b> Clean your hands immediately after an exposure risk to body fluids (and after glove removal) <b>WHY?</b> To protect yourself and the healthcare environment from harmful patient germs
<b>4</b> AFTER PATIENT CONTACT	<b>WHEN?</b> Clean your hands after touching a patient and her/his immediate surroundings when leaving the patient's side <b>WHY?</b> To protect yourself and the healthcare environment from harmful patient germs
<b>5</b> AFTER CONTACT WITH PATIENT SURROUNDINGS	<b>WHEN?</b> 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 <b>WHY?</b> 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



## **7. TRAINING/SUPPORT**

Infection prevention and control training (including hand hygiene) is a mandatory requirement for both clinical and non clinical staff as detailed in the Trusts core mandatory training Matrices.

All core mandatory training is recorded centrally by the Quality and Governance service. Quarterly monitoring reports are prepared for the Learning and Development Group to monitor attendance rates. Full details of the processes in place for managing and monitoring attendance are set out in the Policy for Learning and Development GP46. The process for managing persistent non-attendance within the organisation is set out in the Policy for Learning and Development GP46 section 8.2.

The Infection Prevention and Control Service can be contacted for further advice or support.

## **8. PROCESS FOR MONITORING EFFECTIVE IMPLEMENTATION**

A programme of audit of hand hygiene compliance using the [Essential Steps](#) to safe, clean care framework is undertaken by all clinical services. The Director of Quality and Governance/Director of Infection Prevention and Control and the Infection Prevention and Control Service monitor compliance with these audits. Divisional Managers or Service Leads are responsible for ensuring compliance within their individual services. This is a requirement of The Health and Social Care Act 2008 *Code of practice on the prevention and control of infections and related guidance*.

## **9. OTHER RELEVANT PROCEDURAL DOCUMENTS**

This policy should be read in conjunction with relevant Organisational documents.

## **10. REFERENCES**

Department of Health (2006) Essential Steps to safe, clean care

Department of Health (2007, 2010) Uniforms and workwear: Guidance on uniform and workwear policies for NHS employers

Department of Health (2010) The Health and Social Care Act 2008 *Code of practice on the prevention and control of infections and related guidance*

Pratt, RJ. Pellowe, CM. Wilson, JA. Loveday, HP and the epic guideline development Team (2007) epic2: National Evidence-Based Guidelines for Preventing Healthcare-Associated Infections in NHS Hospitals in England. The Journal of Hospital Infection. February 65S, S15 -19.

World Health Organisation [www.who.int](http://www.who.int)

## Ayliffe technique



**Palm to palm**



**Right palm over left dorsum  
and left palm over right dorsum.**



**Palm to palm  
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,  
backwards and  
forwards with clasped  
fingers of right hand in  
left palm and vice versa.**

**Appendix 2  
Process for Monitoring Compliance with Hand Hygiene Policy**

<b>Minimum requirement to be monitored</b>	<b>Process for monitoring (e.g. audit)</b>	<b>Responsible individual / group/ committee</b>	<b>Frequency of monitoring</b>	<b>Evidence</b>	<b>Responsible individual for development of action plan</b>	<b>Responsible committee for monitoring of action plan and Implementation</b>
Duties	Minutes from Infection Control Group  Minutes from Learning & Development Group	Infection Prevention & Control Group	6 times per year  Monthly	Minutes & Service Assurance reports  Minutes	Divisional Managers/ Service Leads	Quality & Governance Committee  Education & Workforce Committee
How the organisation records that all permanent staff complete hand hygiene training in line with the TNA	Trust wide training attendance monitored at L&D Group	Learning & Development Group	Quarterly	Minutes  Service training plans	QGS and Divisional Managers/ Service Leads	L&D Group ad updates in quarterly reports for Education & Workforce Committee
How the organisation follows up those who do not complete hand hygiene training	Attendance at mandatory training performance managed by Divisional Managers	Divisional Managers and their service leads	Quarterly	Reports to Heads of Service via Learning & Development Group	Divisional Manager/ Service Leads	L&D Group

<b>Minimum requirement to be monitored</b>	<b>Process for monitoring (e.g. audit)</b>	<b>Responsible individual / group/ committee</b>	<b>Frequency of monitoring</b>	<b>Evidence</b>	<b>Responsible individual for development of action plan</b>	<b>Responsible committee for monitoring of action plan and Implementation plan</b>
Action to be taken in the event of persistent non-attendance	Performance managed by Divisional Managers	Divisional Managers	Quarterly	Personal Records	Divisional Managers	By exception to L&D Group if Standards for Conduct and Disciplinary Policy (HRP1) is implemented