Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Hand Hygiene Policy

Policy information

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Summary of document:
Advice to all healthcare workers in relation to performing and monitoring hand hygiene procedures and performance

Scope:
This Policy must be used by the Infection Prevention Team, health and social managers, nurses, doctors, or other health and social care providers who will required to ensure handwashing procedures are performed as and when required.

To be read in conjunction with:
151 Personal Protective Equipment (opens in a new tab)
353 –Transmission based precautions – policy on contact, airborne/droplet precautions (opens in a new tab)
139 - Staff uniform policy (opens in a new tab)

Patient information:

Owning group: Infection Prevention Strategic Steering Group (IPSSG)

Executive Director job title: Interim Executive Director of Nursing, Quality & Patient Experience

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1 – new policy 25.10.2011
2 – revised 14.3.2017
3 – full review 15.7.2021
4 – Full review 19.11.2025

Keywords
Hand hygiene

Glossary of terms

HCAI	Healthcare associated infection
SICPS	Standard Infection Control Precautions
PPE	Personal protection equipment
LIPT	Locality Infection Prevention Team
COSHH	Control of Substances Hazardous to Health
BBE	Bare below elbow
IPSSG	Infection Prevention Strategic Steering Group

Contents

Executive Summary/Key Points

- Hand hygiene is considered the single most important infection prevention & control activity in all clinical or care settings and can help reduce the spread of healthcare associated infection (HCAI).
- Hand hygiene must be applied as part of standard precautions.
- All staff have a responsibility to ensure that they undertake adequate hand hygiene and encourage others delivering care to do so.
- All staff must have access to training on the principles of hand hygiene.
- There are three levels of hand hygiene, level 1 – social, level 2 – hygienic, level 3 - surgical scrub.
- Hands must be decontaminated at a range of times in order to prevent HCAI. The times during care delivery and daily routines when this must occur are described in 'Your 5 moments for Hand Hygiene' (appendix 1).
- Access to appropriate hand hygiene facilities, and associated supplies, is essential to ensure adequate hand hygiene can be performed.
- Availability of supplies of liquid soap, alcohol gels, hand moisturisers and soft paper towels for hand hygiene is essential.
- Where there is infection with a spore forming organism e.g. *Clostridium difficile* or with a gastroenteritis virus e.g. Norovirus is suspected/proven, then hand hygiene must be carried out with liquid soap and water although it can be followed by alcohol-based hand rub.
- Hand hygiene must be performed for between 15 seconds and 3 minutes depending on the level of hand hygiene being performed.
- The use of soft user-friendly, disposable paper towels is preferable to encourage compliance with hand drying.
- In some care settings (e.g. hospital wards) the appropriate placement of alcohol-based hand rub products within the patient's immediate environment can support hand hygiene compliance. Where this is prohibited due to ingestion or splashing risk e.g. children's wards, mental health settings then staff will be allocated pocket alcohol gels.
- Caution must be taken when using alcohol- based hand rubs in relation to flammability and ingestion. Local risk assessments must be undertaken to address each of these issues
- Caution must be taken to avoid drips or spills of solutions for health and safety reasons (e.g. slips or falls).
- Those working in areas such as patients'/clients' own homes may need to carry their own supplies of hand hygiene products and paper towels.

SCOPE

This policy must be used by the Infection Prevention Team, health and social managers, nurses, doctors, or other health and social care providers who will required to ensure handwashing procedures are performed as and when required.

AIM

It is the intent that this policy will provide a common, consistent approach to handwashing, and wherever possible prevent transmission of infection within the healthcare/social setting.

OBJECTIVES

The aim will be achieved through the following objectives:

- Provide and support staff with effective training and development to understand when handwashing is required.
- Ensure that all patients receive treatment in a safe and appropriate environment.
- Ensure adequate supplies are available of handwashing products so staff can make an informed choice of which handwashing procedure to perform.

Introduction

Hands are the most common way in which microorganisms, particularly bacteria, can be transmitted and subsequently cause infection, especially in those who are most susceptible. In order to prevent the spread of microorganisms to those who are at risk of developing infections, hand hygiene must be performed properly at the appropriate times. Hand hygiene is considered to be the single most important practice in reducing the transmission of infectious agents and preventing subsequent development of HCAI.

Before selecting the appropriate hand hygiene procedure, consideration must be given to the potential/actual hazards that have or might be encountered, the subsequent potential/actual contamination of hands, and any risks that may present as a result. The nature of the work, the interaction with the patient/client/resident and the vulnerability of individuals will often determine this.

It must always be assumed that every person encountered could be carrying potentially harmful microorganisms that might be transmitted. Hand hygiene is one of the elements of Standard Infection Control Precautions (SICPs) and undertaking them is an essential element to ensure everyone’s safety.

All of the steps detailed in this policy/procedure aid the process of ensuring hands are free from contamination and are therefore not a factor in causing infection.

The term hand hygiene used in this document refers to all of the processes, including hand washing and hand decontamination achieved using other products, e.g. alcohol-based hand rub.

HAND HYGIENE

Why perform hand hygiene?

	LEVEL 1 Social Hand Hygiene	LEVEL 2 Hygienic (aseptic)	LEVEL 3 Surgical scrub
Why perform hand hygiene?	To render the hands physically clean and to remove microorganisms picked up during activities considered 'social' activities (transient microorganisms)	To remove or destroy transient microorganisms. Also, to provide residual effect during times when hygiene is particularly important in protecting yourself and others (reduces those resident microorganisms which normally live on the skin)	To remove or destroy transient microorganisms and to substantially reduce resident microorganisms during times when surgical procedures are being carried out

When to perform hand hygiene

Hands must be decontaminated at a range of times in order to prevent HCAI. The most important times during care delivery and daily routines when this must occur are described in 'Your 5 moments for Hand Hygiene' (Appendix 1).

Even if gloves have been worn, hand hygiene must be performed. Hands can still become contaminated whilst wearing or on removal of gloves and so must be cleaned appropriately.

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

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

Hand hygiene is important at many times including on entering and leaving any care environment (e.g. ward or department), and as described below:

	LEVEL 1 Social Hand Hygiene	LEVEL 2 Hygienic (aseptic) Hand Hygiene	LEVEL 3 Surgical scrub
When to perform hand hygiene?	**BEFORE** 1.Commencing/leaving work 2. Patient/client contact 3. preparing/giving oral medications 4. Entering/leaving clinical areas as indicated e.g. outbreaks 5. Using computer keyboard (in a clinical area) eating/handling of food/drinks **AFTER** 1. Patient/client contact 2. Becoming visibly soiled 3. Removing gloves 4. Visiting the toilet 5. Handling laundry/equipment/ waste 6. Blowing/wiping/ touching nose 7. Any contact with inanimate objects (e.g. equipment, items around the patient/client) and the patient/client environment, pet therapy 8. Using computer keyboard (in a clinical area)	**BEFORE/BETWEEN** 1. Aseptic procedures 2. Contact with immunocompromised patients/clients **AFTER** 1. Contact with patients/clients being cared for in isolation or having additional (Transmission Based) precautions applied due to the potential for spread of infection to others 2. Being in wards/departments/ units during outbreaks of infection 3. Preparing and administering intravenous drugs 4. When hands are contaminated with blood or body fluids	**BEFORE** 1.. Surgical/invasive procedures **NB** Specific policies and procedures on surgical preparation must be available at local level

Hand hygiene (hand washing) procedures
Hand hygiene must be performed for 15 seconds when applying alcohol hand gel and 30 seconds when using liquid soap using the six stages of hand hygiene procedure. Washing for longer than these times is not recommended as this may damage the skin leading to increased shedding of skin scales and increased harbouring of microorganisms.

LEVEL 1 Social Hand Hygiene	LEVEL 2 Hygienic Hand Hygiene	LEVEL 3 Surgical scrub
At least 15 seconds	At least 15 seconds	Carry out hygienic surgical hand scrub process for 2-3 minutes, ensuring all areas of hands and forearms are covered

NB (1) Nailbrushes must not be used to perform social or hygienic hand hygiene as scrubbing can break the skin, leading to an increased risk of harbouring microorganisms or dispersing skin scales. Where nailbrushes are used for surgical scrub they must be fit for purpose and single use.

Preparation:

- Gather all relevant equipment. Ensure that everything which is needed to perform hand hygiene is at present
- Ensure the sink area is free from extraneous items, e.g. medicine cups, utensils
- Ensure jackets/coats are removed, and wrists and forearms are exposed
- The individual must be bare below the elbow with jewellery and/or watches removed
- Ensure nails are short (False nails must not be worn)

Procedure:

- The tap must first be turned on and the temperature of the water checked. Water must be warm
- Hands must be wet before applying the chosen hand decontamination solution
- Apply solution
- Manufacturers' instructions for the solution being used must give guidance as to the volume to be applied (this is usually in the region of 3mls)
- A good lather is required to perform adequate hand hygiene
- All areas of the hands must be covered (see Appendix 2). The hand washing steps must take at least 15 seconds
- For surgical scrub, an additional step of cleaning the forearms is required
- Hands (and forearms where applicable) must be rinsed well under running water with the hands uppermost so that the water runs off the elbow
- The physical action of washing and rinsing hands is essential as different solutions will have different activity against microorganisms
- Taps must be turned off using a 'hands-free' technique, e.g. elbows. Where 'hands- free' tap systems are not in place e.g. screw-type taps, paper towels must be used first to dry hands and can then be used for turning taps off
- Hands must be adequately dried
- Dispose of the paper towels without re-contaminating your hands e.g. use the foot pedal. Do not touch bin lids with hands
- Hand moisturizer must then be applied at least twice a day to prevent skin dryness

Hand hygiene Products

<table>
<tr><th>LEVEL 1
Social Hand Hygiene</th><th>LEVEL 2
Hygienic Hand Hygiene</th><th>LEVEL 3
Surgical scrub</th></tr>
<tr><td rowspan="3">Plain liquid soap

70% alcohol- based hand rub can also be used for social hand hygiene for ease of use (providing hands are visibly clean i.e. not soiled) and for performing clean activities</td><td rowspan="2">Use 70% alcohol-based hand rub following hand washing for performing aseptic techniques,</td><td>An approved antiseptic hand cleanser, e.g. 2-4% chlorhexidine, 5-7.5% povidone-iodine, 1% triclosan from a dispenser</td></tr>
<tr><td rowspan="2">Persons sensitive to antiseptic cleansers can wash with an approved non-medicated liquid soap followed by 2 applications of alcohol-based hand rub. Skin problems must be reported to and discussed with General Practitioner/Occupational Health, and local procedure must be followed</td></tr>
<tr><td>An approved antiseptic hand cleanser, e.g. 2-4% chlorhexidine, 5-7.5% povidone-iodine, can also be used</td></tr>
</table>

- If hands have patient/client contact before or during a procedure, but are not soiled with any body fluids and, therefore, do not require re-hand washing with soap or an antiseptic hand cleanser, alcohol-based hand rub can be used.
- Any soilage/organic matter can inactivate the activity of alcohol and, therefore, hand washing in these circumstances is essential.
- Where infection with a spore forming organism (e.g. Clostridium difficile) or with a gastroenteritis virus (e.g. Norovirus) is suspected/proven, hand hygiene must be carried out with liquid soap and water, although it can be followed by alcohol-based hand rub.
- Bar soap must not be used by staff for hand hygiene in a clinical/care setting due to its cross-infection risk. It is acceptable for a patient's own use but not for sharing between patients.
- Solutions used may vary in local settings. The physical actions of performing hand hygiene, however, must always be the same and are essential in ensuring hands are adequately decontaminated.

Hand Drying

Adequate hand drying plays a critical step in the hand hygiene procedure by removing any remaining residual moisture that may facilitate transmission of microorganisms. Hands that are not dried properly can become dry and cracked, leading to an increased risk of harbouring microorganisms.

Once the taps have been turned off using a 'hands-free' technique, clean disposable paper towels must be used to thoroughly dry all areas of the hands. This must be done by drying each part of the hand following the steps recommended for hand washing (see Appendix 2).

The use of soft user-friendly, disposable paper towels are preferable to encourage compliance.

Drying following surgical scrub is recommended using a motion from the hands to the elbow.

Disposable paper towels must be placed immediately into appropriate waste receptacles, avoiding recontamination of hands, e.g. foot-operated bins. Recontamination of hands must be avoided, e.g. by not touching any contaminated areas in the environment or touching own hair or face.

Disposable paper towels must always be used in clinical settings. Communal towels for hand drying must be avoided. In clinical environments, the use of electric hand dryers is not permitted.

Hand hygiene using alcohol-based hand rub

In some care settings (e.g. hospital wards), the appropriate placement of alcohol-based hand rub products within the patient's immediate environment can support hand hygiene compliance. Placement can be at the foot of the bed or on a patients' locker. In other care settings the dispenser can be attached to the internal wall of an ambulance, a patient's chair or be carried by the healthcare worker (particularly in areas involving children or in mental health settings).

Alcohol-based hand rubs with a concentration of 70% alcohol are generally used as they are effective, cause less skin drying dermatitis and are less costly. Products that also contain emollients can be used to ensure the drying effects of alcohol-based hand rubs are minimised.

These products are useful for performing hand hygiene when sinks are not readily available for hand washing or when hands may be contaminated but are not visibly soiled e.g. entering or leaving a ward/clinical/patient area. Alcohol-based hand rub can also be used following hand washing, e.g. when performing aseptic techniques, to provide a further cleansing and residual effect.

Alcohol-based hand rubs are not effective against spore-forming organisms e.g. *Clostridium difficile* or norovirus.

NB Although alcohol is prohibited in certain religions, its use as a medical agent for example as a skin preparation or hand rub is permitted. In Islam, for example, any substance which can be manufactured in order to alleviate illness or contribute to better health is permitted.

Procedure for alcohol-based hand rub
The amount/volume used to provide adequate coverage of the hands must be indicated in the manufacturers' instructions. This is normally around 3 mls. The steps to perform hand hygiene using alcohol-based hand rub are the same as when performing hand washing (see Appendix 2).

The time taken to perform hand hygiene using alcohol-based hand rub must be the same as when performing hand washing. Manufacturers' instructions can be followed (a number of these recommend rubbing for 30 seconds).

If the solution has not dried by the end of this process allow hands to dry fully before any patient/client procedures are undertaken (do not use towels to do this) and re-assess if the correct volume is being used.

No scientific evidence is currently available to advise as to the maximum number of applications of alcohol- based hand rub before hand washing is then required (i.e. when hands have not been soiled). However, it is recommended to wash the hands with soap and water after 6 applications of alcohol gel to prevent product build up and prevent stickiness.

Care of fingernails
Research has shown that nails, including chipped nail polish, can harbour potentially harmful bacteria. Caring for nails helps prevent the harbouring of microorganisms, which could then be transferred to those who are receiving care.

- Nails must be kept short and clean.
- Nail polish must not be worn.
- Artificial fingernails/extensions must not be worn when providing care.
- Reusable nail brushes must not be used in acute care settings. Reusable nailbrushes may be used in mental health or community settings but must be allocated to individual patients and not used on multiple patients/clients/residents. Single use disposable nail brushes may be used in theatre or made available for staff if nails become contaminated in work.
- The steps included in the hand hygiene process must be followed in order to ensure nail areas are cleaned properly.

Hand hygiene and Bare below the elbow
Research has shown that contamination of jewellery, watches and particularly rings with stones or of intricate detail, can occur. In line with the Health Board's uniform policy, staff should be bare below the elbow in the clinical setting a plain wedding band and jewellery worn for religious beliefs is permitted

Hand hygiene and work clothing
In order to ensure hands can be easily decontaminated it is imperative to wear work clothing that does not go past the elbow. Jackets and coats must be removed and long sleeves if worn rolled up, allowing for wrists and forearms to be exposed

Hand care

- Hand care is important to protect the skin from drying and cracking. Cracked skin may harbour microorganisms and broken areas can become contaminated, particularly when exposed to blood and body fluids.
- Hand creams/moisturisers must be applied to care for the skin on hands. However, only individual tubes of hand cream for single person use or hand cream from wall mounted dispensers must be used. Communal tubs must be avoided as these may contain bacteria over time, and lead to contamination of hands.
- Hand creams/moisturizer used must not affect the action of hand hygiene products or the integrity of gloves.
- Cover all cuts and abrasions with a waterproof dressing.
- Report any skin problems to your Manager, Occupational Health or General Practitioner in order that appropriate skin care can be undertaken and the risks of harbouring microorganisms while providing care for others can be avoided.

Hand hygiene - Facilities

Access to appropriate hand hygiene facilities, and associated supplies is essential. Inadequate hand hygiene facilities will lead to poor hand hygiene performance. This includes the type and number of facilities, and their situation in relation to where work/care is carried out. Hand hygiene facilities must be accessible at all times and not blocked by patient chairs or any other items of equipment. They must be in good working order and any faults reported urgently to the Estates Department in each locality.

Provision of hand wash sinks

Guidelines for the appropriate numbers clinical wash-hand basins in clinical areas are given

in (Department of Health Building Note 00-09: Infection control in the built environment 2013) and Health Building Note 11-01 – 'Facilities for primary and community care services'.

To encourage good practice and to give reasonable access, it is recommended that;

- A minimum of one clinical wash-hand basin in each single-bed room is required. Ensuite single-bed rooms must have a general wash-hand basin for personal hygiene in the en-suite facility in addition to the clinical wash-hand basin in the patient's bedroom.
- In intensive care and high dependency units (critical care areas), a clinical wash hand basin must be available by each bed space. It must be noted, however, that under-usage of basins encourages colonisation with Legionella and other microorganisms. Designers must be aware of this and, accordingly, must balance ease of staff hand-washing with the avoidance of under-used wash-hand basins (see also Health Technical Memorandum 04-01 –'Addendum: Pseudomonas aeruginosa – advice for augmented care units').
- Two clinical wash-hand basins in multi-bed rooms (note that there must be no more than four beds in a multi-bed room in line with Health Building Note 04-01).

Hand hygiene clinical sink specification

See appendix 5 - Clinical handwash sink and dispenser location. The guidance is for clinical areas relating to the clinical handwash sink and dispenser location. This guidance is not for display but is for guidance to ward/ unit managers on placement to facilitate effective hand hygiene.

The dimensions of a clinical wash-hand basin must be large enough to contain most splashes and therefore enable the correct hand-wash technique to be performed without excessive splashing of the user. This can also occur if the water outlet is placed too high above the basin. Also;

- Clinical wash-hand basins must be wall-mounted using concealed brackets and fixings. They must also be sealed to a waterproof splash-back to allow effective cleaning of all surfaces.
- They must not have a plug or a recess capable of taking a plug. A plug allows the basin to be used to soak and reprocess equipment that must not be reprocessed in such an uncontrolled way.
- Clinical wash-hand basins must not have overflows, as these are difficult to clean and become contaminated.
- Taps must not be aligned to run directly into the drain aperture, as contamination from the waste outlet could be mobilised (see Health Building Note 00-10 Part C).
- Healthcare providers must have policies in place ensuring that clinical wash-hand basins are not used for other purposes such as emptying of patient bathing water, as this may transfer strains to the water supply system where they can colonise existing biofilms.

Hand hygiene supplies

The availability of supplies for hand hygiene is essential and the following ensured;

- Hand hygiene products (e.g. liquid soap, alcohol-based hand rub, hand moisturiser), must be wall mounted in health care premises. The dispenser must be easy to use, and easy to clean, holder systems that contain single use, disposable cartridge sets, particularly in clinical or communal care areas. In some non-acute community care settings free standing bottles of liquid soap that have a dispenser/plunger are acceptable.
- Nozzles of solution bottles/containers must always be clean and free of any congealed product. Bottles must not be reused and the ‘topping up’ of bottles that contain solutions must never occur as the inside of these bottles, even those containing antiseptic solutions, can become a breeding ground for bacteria over time.
- Soft, user friendly disposable paper towels for hand drying, stored in covered wall mounted dispensers that are easy to use and clean.
- Supplies of paper towels and other hand hygiene supplies must always be stored in a clean dry area prior to use.
- It is recommended that those working in community settings, such as patients own home, where hand hygiene facilities may not be of an adequate standard, carry their own hand hygiene products and disposable single use paper towels.

Estates/maintenance staff are important partners in ensuring that hand hygiene facilities are adequate and that supplies are mounted/positioned appropriately.

Patient hand hygiene

Patients must be supported and encouraged to maintain hand hygiene, particularly before meals and after using the toilet. Where access to handwashing facilities is limited or assistance is required, patient hand hygiene wipes must be made available and offered by staff. These wipes are available for procurement through the health board.

Responsibilities

Chief Executive Officer (CEO)

The CEO has ultimate responsibility for infection prevention and control within Hywel Dda University Health Board. This responsibility is delegated to the Director of Nursing, Quality and Patient Experience.

Executive Director and Chief Operating Officer (COO) Director of Nursing, Quality and Patient Experience

The Executive Director and Chief Operating Officer (COO) Director of Nursing, Quality and Patient Experience has delegated responsibility for Infection Prevention in the Health Board and along with Director of Operations must be familiar with this policy and support the implementation of the policy throughout the organisation.

Assistant Director of Nursing Professional Standards and Workforce.

Operational responsibility for infection prevention and control within the Health Board lies with the Assistant Director of Nursing Professional standards and Workforce who is responsible for ensuring that this policy is available to staff and processes for monitoring compliance are in place.

Hospital Locality Infection Prevention Team (IPT)

The Hospital Locality IPT and management teams will promote implementation of this policy in clinical practice and audits will be conducted for hand hygiene and bare below the elbow via the Amat tool. The Infection Prevention Team will:

- Provide education for staff and management on this policy.
- Act as a resource for guidance and support when advice on PPE is required.
- Provide advice on individual risk assessments for PPE decisions in conjunction with the Occupational Health Team.

Ward /Senior Nurse/ Head of Nursing

- Ensure that all staff receives instruction/education on the principles of hand hygiene and SICPs.
- Ensure that an up-to-date, evidence-based hand hygiene policy is easily available to all staff.
- Ensure that adequate resources are in place to allow for the recommended infection prevention & control measures such as hand hygiene to be implemented. This includes liaison with the

estates/maintenance staff, GP partners and Care Homeowners in relation to hand hygiene facilities such as sinks.
- Ensure participation in surveillance and audit programmes at a national or local level and provide active support for presentation and improvement of hand hygiene compliance results.
- Undertake a risk assessment to optimise patient/client/residents and staff safety, consulting expert infection prevention and control guidance as required.
- Support staff in any corrective action or interventions if an incident occurs that may have resulted in transmission of infection.
- Ensure local policies are in place and available for the management of staff with known or suspected infections and that this policy is adhered to.
- Ensure any staff with health concerns, including any skin irritation related to occupational hand hygiene, or those who have become ill due to occupational exposure are appropriately referred e.g., General Practitioner or Occupational Health.
- Highlight through the management structures any areas of non-compliance with this policy

All staff
(providing direct care in a health or social care setting including a patient's/client's own home) must:

- Attend mandatory infection prevention and control induction and updates in line with local education and training policy
- Apply the principles of SICPs. All staff have a responsibility to ensure that they undertake adequate hand hygiene and encourage others who have patient contact to do so. Any member of staff that is found to be persistently failing to meet the required hand hygiene standards maybe liable to disciplinary action.
- Ensure all other staff/agencies apply the principles of SICPs.
- Explain to patients/clients/residents, carers and visitors any infection prevention & control requirements such as hand hygiene.
- Encourage patients/clients/residents to challenge lack of hand hygiene by carers in line with 'Clean Your Hands' campaign principles of empowering patients/clients/residents.
- Ensure supplies of hand hygiene products and other materials, such as paper towels are readily available for all to use, including for visitors.
- Ensure standardised posters (e.g. National Patient Safety Agency) featuring when and how to perform hand hygiene are displayed in relevant, prominent areas.
- Report to line managers any deficits in knowledge or other factors in relation to SICPs and hand hygiene in particular, including facilities/equipment or incidents, that may have resulted in cross contamination.
- Report any illness which may be as a result of occupational exposure, to the line manager and the Occupational Health Department (if applicable).
- Not provide direct patient/client/resident care while infectious as this could cause harm. If in any doubt consult with your manager, General Practitioner, Occupational Health Department or the local Infection Prevention and Control/Health Protection Team.
- Consider the elements of SICPs such as hand hygiene as an objective within staff continuing professional development ensuring continuous updating of knowledge and skills.
- Be aware of hand hygiene campaigns

Staff with infection prevention and control/health protection responsibilities must:

- Provide education for staff and management on this policy.
- Act as a resource for guidance and support when advice on hand hygiene is required.
- Provide advice on individual risk assessments for performing hand hygiene.
- Support the monitoring of compliance and assist staff with presenting compliance results.

Visitors must be advised by staff:

- That they must contact the person in charge before visiting if they are unsure of the infectious status of the person they are visiting within the hospital or community setting
- Of appropriate hand hygiene to be carried out.

Implementation

Implementation of policies and procedures can only be effective if adequate evaluation and monitoring is used to check the system and ensure any shortcomings are identified and dealt with. Locally, Managers are responsible for initiating an ongoing monitoring process within their areas of responsibility.

From an organisation perspective, the IPSSG shall be responsible for monitoring that this Policy and that appropriate actions are being taken to maintain patient safety.

MONITORING OF HAND HYGIENE

Monthly monitoring of hand hygiene practice with timely feedback to healthcare workers is required to ensure standards of hand hygiene are developed and maintained. The hand hygiene observational tool is available to monitor Hand Hygiene Compliance (Appendix 5). Hand hygiene compliance rates must be clearly and appropriately displayed within the clinical setting.

TEACHING

Infection Prevention and Control mandatory training is face to face every 3 years, otherwise **annually** clinical staff to complete level 2, and all other staff level 1, access through ESR learning data base. Infection Prevention staff facilitate this training and records of attendees are sent to learning and development. However, it is the responsibility of the Manager to ensure ALL staff complete the Infection Prevention and Control Mandatory training.

REFERENCES

This policy/procedure is supported by a full review of literature with references.

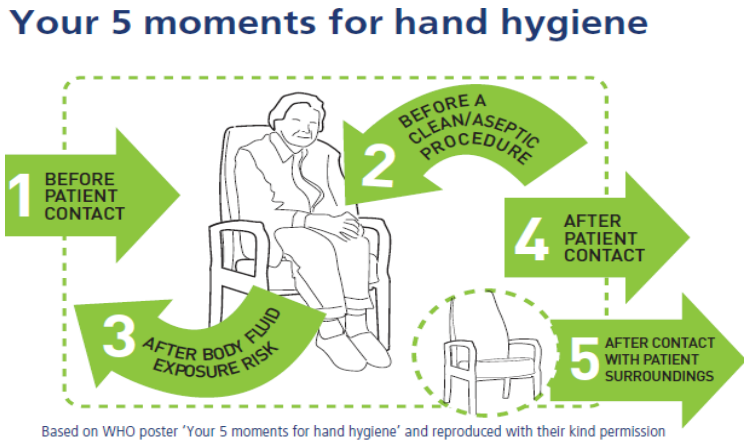
Department of Health 2013 Health Building Note 00-09: Infection control in the built environment

Health Building Note 11-01 – ‘Facilities for primary and community care services’

Healthcare-associated infections: prevention and control in primary and community care https://www.nice.org.uk/Guidance/CG139

Appendix 1 – 5 moments of hand hygiene

The descriptions of points of care given in the "Your 5 moments for hand hygiene "can be applied to all care settings and not just acute hospital wards (diagrams from the NPSA).



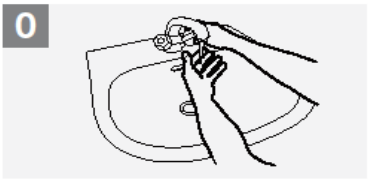
Before patient contact	**When?** Clean your hands before touching a patient when approaching them **Why?** To protect the patient against harmful germs carried on your hands
Before a clean/aseptic task	**When?** Clean your hands immediately before any clean/aseptic task **Why?** To protect the patient against harmful germs, including the patient's own, from entering their body
After body fluid exposure risk	**When?** Clean your hands immediately after an exposure risk to body fluids (and after glove removal) **Why?** To protect yourself and the healthcare environment from harmful patient germs
After patient contact	**When?** Clean your hands after touching a patient and their immediate surroundings when leaving the patient's side **Why?** To protect yourself and the healthcare environment from harmful patient germs
After contact with patient surroundings	**When?** Clean your hands after touching any object or furniture in the patient's immediate surroundings when leaving- even if the patient has not been touched **Why?** To protect yourself and the healthcare environment from harmful patient germs

APPENDIX 2 – HOW TO HAND WASH

How to Handwash?

WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB

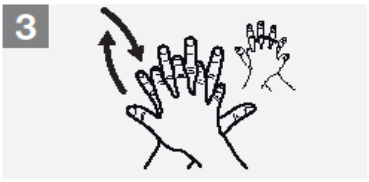
Duration of the entire procedure: 40-60 seconds



Wet hands with water;

Apply enough soap to cover all hand surfaces;

Rub hands palm to palm;



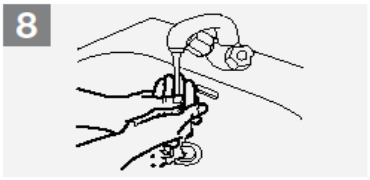
Right palm over left dorsum with interlaced fingers and vice versa;

Palm to palm with fingers interlaced;

Backs of fingers to opposing palms with fingers interlocked;

Rotational rubbing of left thumb clasped in right palm and vice versa;

Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;



Rinse hands with water;

Dry hands thoroughly with a single use towel;

Use towel to turn off faucet;

Your hands are now safe.

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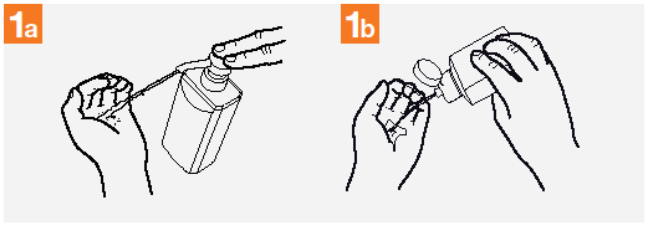
APPENDIX 3 – HOW TO HAND RUB

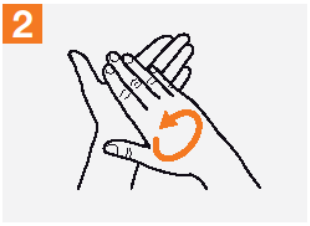
How to Handrub?

RUB HANDS FOR HAND HYGIENE! WASH HANDS WHEN VISIBLY SOILED

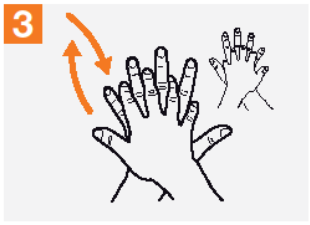
Duration of the entire procedure: 20-30 seconds



Apply a palmful of the product in a cupped hand, covering all surfaces;



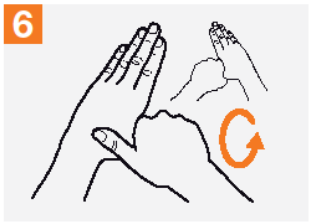
Rub hands palm to palm;



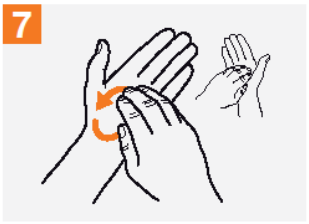
Right palm over left dorsum with interlaced fingers and vice versa;

Palm to palm with fingers interlaced;

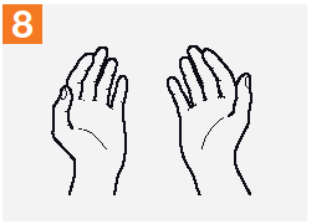
Backs of fingers to opposing palms with fingers interlocked;



Rotational rubbing of left thumb clasped in right palm and vice versa;



Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;



Once dry, your hands are safe.

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WHO acknowledges the Hôpitaux Universitaires de Genève (HUG), in particular the members of the Infection Control Programme, for their active participation in developing this material.

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APPENDIX 4 – SURGICAL HAND SCRUB

Surgical Handrubbing Technique

- Handwash with soap and water on arrival to OR, after having donned theatre clothing (cap/hat/bonnet and mask).
- Use an alcohol-based handrub (ABHR) product for surgical hand preparation, by carefully following the technique illustrated in Images 1 to 17, before every surgical procedure.
- If any residual talc or biological fluids are present when gloves are removed following the operation, handwash with soap and water.


1

Put approximately 5ml (3 doses) of ABHR in the palm of your left hand, using the elbow of your other arm to operate the dispenser.


2

Dip the fingertips of your right hand in the handrub to decontaminate under the nails (5 seconds).


3


4


5


6


7

Images 3-7: Smear the handrub on the right forearm up to the elbow. Ensure that the whole skin area is covered by using circular movements around the forearm until the handrub has fully evaporated (10-15 seconds).


8


9


10


11

Put approximately 5ml (3 doses) of ABHR in the palm of your left hand as illustrated, to rub both hands at the same time up to the wrists, following all steps in images 12-17 (20-30 seconds).


12

Cover the whole surface of the hands up to the wrist with ABHR, rubbing palm against palm with a rotating movement.

Images 8-10: Now repeat steps 1-7 for the left hand and forearm.


13

Rub the back of the left hand, including the wrist, moving the right palm back and forth, and vice-versa.


14

Rub palm against palm back and forth with fingers interlinked.


15

Rub the back of the fingers by holding them in the palm of the other hand with a sideways back and forth movement.


16

Rub the thumb of the left hand by rotating it in the clasped palm of the right hand and vice versa.


17

When the hands are dry, sterile surgical clothing and gloves can be donned.

Repeat this sequence (average 60 sec) the number of times that adds up to the total duration recommended by the ABHR manufacturer's instructions. This could be two or even three times.

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APPENDIX 5 – CLINICAL HANDWASH SINK WITH DISPENSER LOCATION

HEALTHCARE SETTING - CLINICAL HANDWASH SINK WITH DISPENSER LOCATION

N.B Only Soap dispensers to be placed over CHWS – this is to reduce contamination from sink splash back onto other dispensers and mitigate potential episodes of cross infection.

Paper Towel Dispenser base at 1150mm - in line with base of soap dispenser.

N.B If soap dispenser has to be heightened to prevent conflict in use with lever taps, then heighten paper towel dispenser to same base height as soap dispenser.

Soap Dispenser base at 1150mm- placed over CHWS

N.B Heightened soap dispenser if it is assessed before placement that there will be conflict in use with taps (heightened to minimum requirement)

Ensure that soap dispenser outlet will be captured over sink area to contain any drips.

1095mm –Fixing Height Lever Tap

Pedal operated lidded waste bin for used paper towels

Alcohol Hand Rub Dispenser:

Base of dispenser at 1150mm (N.B at ward/dept entry point's consideration to base of dispenser at 1050mm for wheelchair users. Children should be supervised at all times where there are alcohol hand rub dispensers. Drip/catch trays to be considered

Not to be placed over the CHWS

To be placed at point of care and at other strategic areas in the care environment e.g ward/dept entry and exit areas, medication room, clean utility, dirty utility.

Moisturiser Dispenser:

Base of dispenser at 1150mm

Not to be placed over the CHWS

To be placed in staff rest rooms, staff toilets, nurses station

Drip/catch trays to be considered

HDUHB- Infection Prevention & Control Team March 2025

Equality Impact Assessment (EqIA)

This policy includes an Equality Impact Assessment to ensure inclusivity and accessibility for all staff and patients.

Policy Accessibility

This policy uses clear, accessible language and includes visual aids such as posters and infographics. QR codes linking to training videos or posters are integrated for ease of access.

Environmental Considerations

The policy emphasizes the environmental impact of glove overuse and encourages sustainable practices in hand hygiene product use and glove policies.

Visitor Education

Visitors are actively engaged through signage and staff prompts. Specific visitor protocols are included to ensure compliance with hand hygiene practices.

Digital Integration

The policy references digital tools for training and compliance tracking, including e-learning platforms and mobile compliance tools.

References

World Health Organization & WHO Patient Safety. (2009). *WHO Guidelines on Hand Hygiene in Health Care*. WHO Press. Document number: WHO/IER/PSP/2009/01. ISBN: 9789241597906.
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