INFECTION PREVENTION AND CONTROL POLICY: HAND HYGIENE

Document Summary

To ensure hands are decontaminated and the correct gloves are used in clinical practice by staff working with Hospice at Home Carlisle and North Lakeland.

This is the final version of this document and all other versions must be destroyed.

<table>
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<th>Document Category</th>
<th>Infection Control</th>
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Appendices

Appendix 1 – My 5 Moments for Hand Hygiene

Appendix 2 – Hand Decontamination Techniques
1. **SCOPE**

This policy applies to all staff and volunteers (staff), who work with Hospice at Home Carlisle and North Lakeland (Hospice at Home). All staff have a personal responsibility to ensure they comply with these guidelines.

2. **INTRODUCTION**

Hand hygiene is the single, most effective measure for preventing Healthcare Associated Infection (HCAIs). However, many studies show that adherence to recommended hand hygiene practice has been unacceptably low in healthcare workers, presenting risks to patients. This policy aims to promote hand hygiene as evidence-based practice and to define responsibilities and actions required for compliance with good hand hygiene practice throughout Hospice at Home.

Routine hand hygiene is intended to remove transient microbes picked up on the hands during daily activities; however, the efficacy of the process is dependent on selecting the correct method and the thoroughness of the technique. The frequency of hand decontamination depends on the clinical activity and the associated risk of transferring. Overuse of inappropriate hand decontamination technique can damage skin. Damaged skin can harbour more micro-organisms than healthy skin so care of hands is essential.

3. **STATEMENT OF INTENT**

Hand hygiene is most critical in healthcare workers involved in clinical activities. This policy will promote good standards of appropriate hand hygiene and hand care.

4. **DEFINITION**

**Hand Hygiene**

Hand hygiene is the act of cleansing the hands with soap and water or hand rub, for the purpose of removing soil, dirt and/or micro-organisms. Based on the National Safety agents ‘My 5 moments of hand hygiene (WHO, 2009) Appendix 1.

5. **DUTIES**

The Chief Executive has overall responsibility for implementation of this policy. The Clinical Lead and Quality Facilitator has the responsibility to ensure that all staff are compliant with training requirements. The named individual who acts as an infection control link within Hospice at Home will liaise with external control bodies and has a duty to ensure staff are trained accordingly.
6. DETAILS OF THE POLICY

Active participation by staff, managers and Hospice at Home as an organisation are required to promote good hand hygiene practice as the expected norm.

Reasons Cited for Poor Compliance with Good Hand Hygiene Practice Include:

- Lack of knowledge/scepticism about the value of hand decontamination.
- Perception of insufficient time or shortage of staff.
- Belief that wearing gloves negates the need for hand hygiene.
- Lack of mixer/sensor taps to control water temperature.
- Poor facilities for effective hand hygiene in community settings.
- Skin irritation caused by hand decontamination agents.
- Inaccessible supplies.
- Interference with worker-service user/client relationship; service user/client needs perceived as priority.

Factors Associated with Improved Compliance Hand Hygiene Practice Include:

- Education – continuous and innovative.
- Written guidelines and reminders in the workplace.
- Routine observation and performance feedback audit.
- Acceptable hand hygiene and skin care agents.
- Availability of hand rubs.
- Education.
6.1 The Microbiology of the Hand

There are two groups of micro-organisms on the hand: the transient micro-organisms that are carried temporarily on the surface of the skin, and the resident micro-organisms that colonise (or live on) the skin.

**Transient Skin Flora**

Transient skin flora are;

- Micro-organisms which are acquired on the hands through contact with other sites on the same individual, from other people, or from the environment.

- Easily acquired by touch and readily transferred to the next person or surface touched, so may be responsible for the transmission of infection.

Therefore;

- Removal of transient micro-organisms is essential in preventing cross infection, and their removal is easily achieved by washing with soap and water or hand rub.

**Resident Skin Flora**

Resident Skin Flora are:

Micro-organisms which live in deep crevices and hair follicles known as skin flora. The majority are bacteria of low pathogenicity, such as coagulase-negative staphylococci.

They are not readily transferred to other people and are not easily removed by washing with soap. They; Do not need to be removed from hands during routine clinical care. However, during invasive procedures, e.g. minor surgery, there is a risk that resident micro-organisms may enter the patients tissues and cause an infection.

6.2 Types of Hand Decontamination.

Decontamination techniques are displayed in Appendix 2.

**Routine Hand Decontamination**

The aim of routine hand decontamination is to remove transient micro-organisms before they can be transferred. Hands that are visibly soiled with dirt or body fluids are to be washed using liquid soap and water. Hands that
are potentially contaminated but visibly clean can be decontaminated using a hand rub.

**Aseptic Technique Hand Decontamination**

This is a higher level of decontamination which needs to be carried out prior to invasive procedures, where extra care must be taken to prevent microorganisms on hands from being introduced into the patient's tissues if gloves are damaged. Hand decontamination aims to remove transient microorganisms and to substantially reduce resident micro-organisms. The process is achieved by using an antiseptic hand washing solution or an alcohol based hand rub (if the hands are visibly clean).

Examples of situation where hand decontamination will be required:

- Before putting on sterile gloves prior to insertion of indwelling urinary catheter, or during an aseptic technique.
- Before caring for a severely immune-suppressed patient.
- After caring for a patient with a highly transmissible micro-organism.

**6.3 When to Decontaminate the Hands**

Hands are to be decontaminated before handling food, and after any activity that potentially results in the hands becoming contaminated. Hands are always to be decontaminated after gloves are removed.

**Healthcare workers must follow the following WHO ‘My 5 moments for hand hygiene (see appendix 1)**

- Before patient contact
- Before a clean/aseptic procedure
- After body fluid exposure
- After patient contact
- After contact with patient surrounds

**6.4 Cleansing Agents**

**Liquid Soap and Water**
Effective drying of the hands is important as wet skin surfaces transfer micro-organisms more readily than dry ones.

The method of hand drying is important in maintaining hygiene; hands can become re-contaminated by some drying methods such as fabric towels.

**N.B.** Bar soaps are not acceptable for any clinical setting as they easily become contaminated with bacteria.

**Hand Rubs**

Rubbers are very effective and suitable for routine hand cleansing, providing hands are not soiled or visibly dirty. They have an immediate broad spectrum activity on transient and resident micro-organisms.

They can be used at the point of care and provide a practical alternative in situations where access to hand wash sinks is limited. Hands are to be thoroughly covered with the solution in order for it to be effective, using 2-3mls rub all aspects of hands vigorously until hands are dry, using the nine step hand cleaning technique – Appendix 2.

**Hand Lotion.**

The skin provides a waterproof barrier against micro-organisms provided it is healthy and intact. Healthcare staff are at increased risk of developing irritant contact dermatitis and eczema due to frequent hand washing.

To minimise the risk of skin damage hand cream is to be applied regularly, communal jars are not acceptable as the contents may become contaminated.

All hand lotion is to be obtained via the supplies department or pharmacy to ensure that the cream is compatible with other skin products and gloves in use.

Any new brand of cleansing agents to be used will be advised via the infection control named individual.

6.5 **Facilities for Hand Hygiene**

The following facilities are required for good hand hygiene:

6.6 **Hand Care for clinical staff working within the community setting**

- Nails are to be kept short and clean. Artificial nails and/or nail polish/gel are not allowed.
- Do not wear rings with ridges or stones as they will increase bacterial counts and can perforate gloves, one plain band only may be worn.
6.7. Skin Care

The skin provides a waterproof barrier against micro-organisms, including blood-borne viruses, provided it is healthy and intact. Healthcare workers are at increased risk of developing irritant contact dermatitis and eczema due to frequent hand washing. Damaged and sore skin, caused by harsh hand cleansing agents, has been cited as a reason why staff failed to decontaminate their hands.

To minimise the risk of skin damage, hands are to be wet before applying any soap solution. Rinsing and drying the hands thoroughly will also help to protect the skin. Hand rubs with emollients are associated with less skin damage than soap and water.

Cuts or abrasions are to be covered by a waterproof plaster for clinical work, which is to be replaced when it becomes wet. Hand creams are to be applied regularly to protect the skin from drying.

6.8 Personal Protective Equipment (Use of Gloves)

The main type of gloves that would be used with Hospice at Home are:

- Disposable non-sterile gloves
- Disposable sterile gloves

Hands must always be washed before putting gloves on.

Gloves will be worn for invasive procedures; contact with sterile sites (if appropriate); non-intact skin, mucus membranes, all activities that have been assessed as carrying a risk of exposure to blood, body fluids, secretions and excretions and when handling sharp or contaminated instruments.

Gloves will be worn as single use items. Gloves should be put on immediately before an episode of patient contact or treatment and removed as soon as the activity is completed. Change gloves between caring for different patients or between different care/treatment activities for the same patients. Gloves will be disposed of as clinical waste and hands will be decontaminated following removal of gloves.
7. **TRAINING**

Training will be provided in relation to this policy either in-house or using external agencies.

8. **MONITORING COMPLIANCE WITH THIS POLICY**

The table below outlines the Hospice at Home’s monitoring arrangements for this policy/document.

<table>
<thead>
<tr>
<th>Aspect of compliance/ effectiveness being monitored</th>
<th>Monitoring Method</th>
<th>Individual Responsible for the Monitoring</th>
<th>Committee which will receive the findings/ monitoring report</th>
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<td>Staff have completed training associated with this policy in line with the training needs analysis.</td>
<td>Observation of clinical staffs hand hygiene practice.</td>
<td>Named individual for Prevention of Infection.</td>
<td>Assurance Committee</td>
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9. **REFERENCES**


WHO 2013 available at: [http://www.who.int/gpsc/tools/Five](http://www.who.int/gpsc/tools/Five)

10. **RELATED POLICY/PROCEDURES**

Legislation and further guidance:

Aseptic Technique Policy
The Safe Handling and Disposal of Sharps Policy
Procedural Guide for the Prevention, Control and Management of Clostridium difficile Infection Policy (CDI)
Methicillin resistant Staphylococcus Aurous (MRSA) Policy
APPENDIX 1 – MY 5 MOMENTS FOR HAND HYGIENE

1. BEFORE TOUCHING A PATIENT
2. BEFORE CLEAN/ASEPTIC PROCEDURE
3. AFTER BODY FLUID EXPOSURE RISK
4. AFTER TOUCHING A PATIENT
5. AFTER TOUCHING PATIENT SURROUNDINGS

The patient zone, health-care zone, and critical sites with inserted time-space representation of "My five moments for hand hygiene" (Figure 1.21.5b).
APPENDIX 2 – HAND DECONTAMINATION TECHNIQUES USING SOAP AND WATER AND HAND RUB

HAND CLEANING TECHNIQUES

How to handrub?
WITH ALCOHOL HANDRUB

1a
Apply a small amount (about 3mL) of the product in a capped hand, covering all surfaces.

1b

Rub hands palm to palm

2
Rub back of each hand with the palm of other hand with fingers interlaced

3
Rub palm to palm with fingers interlaced

4
Rub with backs of fingers to oppose palms with fingers interlaced

5
Rub tips of fingers in opposite palm in a circular motion

6

7

8
Rub each wrist with opposite hand

9
Once dry, your hands are safe

10

11

12

How to handwash?
WITH SOAP AND WATER

0
Wet hands with water

1
Apply enough soap to cover all hand surfaces

2

3

4

5

6

7

8

9

10

11

12

Mop hands with water

Use elbow to turn off tap

Dry thoroughly with a single-use towel

Your hands are now safe

Adapted from WHO World Alliance for Patient Safety 2006

Once dry, your hands are safe

Infection Prevention and Control Policy/
Hand Hygiene (Version 1)
Approved August 2015

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