Southampton NHS
University Hospitals NHS Trust

HAND HYGIENE POLICY

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The Trust strives to ensure equality of opportunity for all, both as a major employer and as a provider of health care. This policy has therefore been equality impact assessed to ensure fairness and consistency for all those covered by it, regardless of their individual differences, and the results are available on request

Executive Summary

Hand-mediated transmission is a major contributing factor in the acquisition and spread of infection in hospitals. Effective hand hygiene is shown to significantly reduce the carriage of potential pathogens and decrease the risk and occurrence of healthcare associated infections. Effective hand hygiene also prevents staff from acquiring micro-organisms that may cause infection.

University Hospital Southampton NHS Foundation Trust (UHS) is committed to the patient safety agenda and in ensuring the prevention and control of infection and is committed to reducing healthcare associated infections. All UHS staff have clear expectations for infection prevention practice related to the Trust values. Good practice improves patient safety and outcomes and provides patients and their relatives with confidence in the high standards of care that UHS aims to provide

This policy defines the standards required for hand hygiene practice, within University Hospital Southampton NHS Foundation Trust, that must be adhered to by all staff to prevent the spread of infection. It provides staff with clear guidance on the actions they must take in order to prevent cross-infection due to contamination of their own hands.

1 Introduction

The transfer of micro-organisms between humans can occur directly via hands, or indirectly via an environmental source. The importance of hand hygiene in the prevention of cross-infection was clearly demonstrated in the 19th Century (Ayliffe & English 2003). Since that time the hands of staff have been implicated in numerous outbreaks of infection both in the UK and abroad.

Epidemiological evidence indicates that hand-mediated transmission is a major contributing factor in the acquisition and spread of infection in hospitals (epic 3, Loveday et al 2014). Current national and international guidance has consistently identified that effective hand decontamination results in significant reductions in the carriage of potential pathogens on the hands and it is therefore logical that the incidence of preventable healthcare associated infection (HCAI) is decreased, leading to a reduction in patient morbidity and mortality (epic 3, 2014). Effective hand hygiene also prevents staff from acquiring micro-organisms that may cause infection.

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1.2 Scope

This Policy includes:

- Microbiology of the Skin
- When to Perform Hand Hygiene
- Preparation for Hand Hygiene (including “Nothing Below the Elbows”)
- Choice of Cleansing Agent
- Facilities Required for Effective Hand Hygiene
- Hand Care
- Religious Considerations
- Patient Hand Hygiene
- Hand Hygiene Training Requirements
- Standards of Hand hygiene Practice.

This Policy applies to **all staff** employed or contracted by Southampton University Hospitals NHS Trust, and also to **all visiting staff** including tutors, students and agency/locum staff and ad hoc staff. Every member of staff has personal responsibility to ensure they comply with this document.

1.3 Purpose

The objectives of this Policy are:

- To provide staff with clear guidelines on the actions they must take in order to prevent cross-infection due to contamination of their own hands
- To provide staff with clear guidance on the hand hygiene standards expected at UHS to deliver safe care.
- To improve and maintain high standards of hand hygiene compliance throughout UHS.
- To reduce the risk of healthcare associated infection (HCAI) caused by poor hand hygiene.

1.4 Definitions

Hand hygiene – a general term referring to any kind of hand cleansing or disinfection.

Clinical environment – Any area within the Trust that patients are seen or treated e.g. wards, clinics, outpatient departments, treatment areas, clinical waiting areas, operating theatres and patient reception areas.

2 Related Trust Policies

- Other Infection Control policies and guidelines
- Appearance Policy
- Education and Learning policy
- Trust Training Needs Analysis (Statutory/Mandatory Training)
- Infection Prevention Strategy
- Surgical Hand Scrub and Gown and Glove Donning Policy

3 Roles and Responsibilities

The Chief Executive holds ultimate responsibility and accountability for compliance with this policy within the Trust.

Director of Nursing/Director of Infection Prevention & Control holds delegated Executive responsibility for the management and control of healthcare associated infection, including implementation of this policy.

Divisional and Care Group Management Teams have responsibility and accountability to ensure that all staff (new and existing) in the Division and Care Group are aware of Infection Prevention and Control policies, and understand their individual responsibility to follow them at all times. They are responsible for monitoring implementation of this policy and for ensuring action is taken when staff fail to comply with the policy. It is the responsibility of Divisions to monitor and follow up staff on hand hygiene training.

Ward and Department Managers All managers are responsible for ensuring that this policy is implemented in their areas and for ensuring all staff who work within the area adhere to the principles at all times. All managers are responsible for ensuring that staff have access

to up to date training to enable them to adopt safe working practices at all times and are appropriately trained to minimise risks to themselves and others. It is the responsibility of ward/department managers to ensure that their staff are aware of this policy & have met their training requirements (see section 5.10 “Training Requirements”).

Consultant Medical and Surgical staff are responsible for ensuring that this policy is implemented in their areas and for ensuring all staff who work within the area adhere to the principles at all times. All managers are responsible for ensuring that staff have access to up to date training and have met their annual training requirements (see section 5.10 “Training Requirements”), to enable them to adopt safe working practices at all times and are appropriately trained to minimise risks to themselves and others.

The Infection Prevention Team are responsible for providing expert advice in accordance with this policy and for supporting staff in its implementation. This includes delivery of central hand hygiene training and supporting/facilitating delivery of training by Education leads/Infection Prevention Link staff. They are also responsible for ensuring this policy remains consistent with the evidence-base for safe practice, and for reviewing the policy on a regular basis.

All staff working on Trust premises, including agency and locum staff are responsible for adhering to this policy and for reporting breaches of this policy to the person in charge and to their line manager. This includes responsibility for ensuring they meet their statutory/mandatory training requirements relating to Hand Hygiene as defined in the Trust Education and Learning policy and Trust Training Needs Analysis (Statutory/Mandatory Training)

All staff have a responsibility to ensure that they protect patients and themselves from the risk of infection and to inspire, develop and support each other in delivering safe infection prevention practice - every patient, every colleague, every day. All staff have a responsibility to challenge, in a supportive way, behaviours that contravene trust values:

- Challenge staff not following Trust infection prevention standards in a way that you would wish to be challenged yourself if in a similar position.
- Act professionally if challenged by another member of staff about your infection prevention practice

All registered Medical, Nursing, Midwifery & Allied Healthcare Professionals are governed by the current versions of their individual professional codes of conduct, and as such are personally accountable for their practice.

All members of staff are bound by a personal and contractual responsibility for complying with Trust policy. Non-compliance with a Trust Policy, Procedure, Guideline, PGD, protocol or patient information standard **may result in disciplinary action.**

4 Principles

- Hand hygiene is a term that incorporates the decontamination of the hands by methods including routine hand washing, surgical hand washing and the use of alcohol hand rubs/gels.
- Effective hand hygiene is shown to significantly reduce the carriage of potential pathogens and decrease the risk and occurrence of Healthcare Associated Infections.

- Effective hand hygiene is essential practice for patient safety.

5. Standards to be followed

5.1 Microbiology of the Skin

Hands are colonised by two categories of microbial flora:

- **Resident Flora** – normal flora or 'commensal organisms', forming part of the body's normal defence mechanisms, and protecting the skin from invasion by more harmful micro-organisms. Resident flora are found on the surface, just below the uppermost layer of the skin, are adapted to survive in the local conditions and are generally of low pathogenicity. They rarely cause disease and are of minor significance in routine clinical situations. However, during surgery or other invasive procedures, resident flora may enter deep tissues and establish infections. For example, *Staphylococcus epidermidis* may cause infection if transferred to a susceptible site.

  Transient Flora – are made up of microorganisms acquired by touching contaminated surfaces such as the environment, equipment, patients and other people. They are located superficially on the skin, and are readily transferred to the next patient or object touched and are responsible for the majority of HCAI. They may include a range of antimicrobial- resistant pathogens. If transferred into susceptible sites such as invasive devices or wounds, these micro-organisms can cause life-threatening infections. Transmission to non-vulnerable sites may leave a patient colonised with pathogenic and antibiotic resistant organisms which may result in a HCAI at some point in the future. Transient flora are easily removed by hand decontamination.

5.2 When to perform hand hygiene

Patients are put at risk of developing a HCAI when informal carers or healthcare workers caring for them have contaminated hands. Hands must be decontaminated at critical times before, during and after patient care activity to prevent cross-transmission of micro-organisms.

Hands must be decontaminated:

- Immediately before each episode of direct patient contact/care, including clean/aseptic procedures
- Immediately after each episode of direct patient contact/care
- Immediately after contact with body fluids, mucous membranes and non-intact skin
- Immediately after other activities or contact with objects and equipment in the immediate patient environment that may result in hands becoming contaminated
- Immediately after the removal of gloves.

(epic 3, 2014)

The World Health Organisations (WHO) “Five Moments for Hand Hygiene’ provides a framework for training, audit and feedback of hand hygiene practice and defines the critical moments when hand hygiene must be performed (see Appendix F).
In addition to the critical moments there are situations/occasions where hand hygiene should be performed to reduce the risk to patients and healthcare workers. Examples of additional situations when hands must be decontaminated are: -

- Before commencing work/after leaving a work area
- Before preparing, handling or eating food
- Before and after handling/administering medicines
- After handling contaminated laundry and waste, including sluice room activities
- After visiting the toilet.
- Before and after leaving isolation rooms/bays.
- After cleaning equipment or the environment.
- Personal contamination e.g. blowing your nose, sneezing into your hand, after smoking
- After removing personal protective equipment

5.3 Preparation for hand hygiene

Hand hygiene involves both the preparation and physical process of decontamination. Hands and wrists need to be fully exposed to the hand hygiene product and therefore should be free from jewellery and long sleeved clothing (epic 3, 2014).

A number of small-scale observational studies have demonstrated that wearing rings and false nails is associated with increased carriage of micro-organisms and in some cases, linked to the carriage of outbreak strains (epic 3, 2014).

Natural fingernails harbour micro-organisms. Artificial nails and nail extensions harbour higher levels of micro-organisms than natural fingernails, and these micro-organisms are not removed easily during hand hygiene. It should be noted that artificial fingernails can also fall off, and this may pose an added risk during surgical procedures when an open wound is present.

Rings, wristwatches and other jewellery worn on the hands and wrists become contaminated during work activities. In addition they prevent thorough hand hygiene procedures.

If **Medic alert** jewellery needs to be worn, this should be worn off the wrist (necklace, anklet, or attached to the uniform), rather than as a bracelet. The Medic Alert Foundation has a wide selection of alternative jewellery available, and wearers should consider purchasing a suitable alternative when their current jewellery needs replacing or updating.

Long sleeves prevent thorough hand hygiene procedures, and are more likely to become contaminated during work activities.

Standards **required for staff working in the clinical environment.**

- Fingernails should be kept short, clean and free from nail varnish and nail art. Acrylic nails and false nails must not be worn.
- Follow the ‘nothing below the elbows’ policy (see section 5.3.1) including:
  - Wrist and hand jewellery must not be worn - includes rings (except plain wedding band), wristwatches, bracelets (except the Kara) and charity bands.
  - Long-sleeved clothing must be removed, or long sleeves rolled up on entry to the clinical environment

Refer to Appendix B

5.3.1 Nothing below the elbows

In line with national guidance issued by the Department of Health in September 2007, UHS chose to adopt a “Nothing Below the Elbows” policy for all staff working in the clinical environment.
The ‘nothing below the elbows’ principle supports effective hand hygiene by ensuring that hands and wrists are fully exposed to the hand hygiene product and items that can become contaminated during work activities (e.g. long sleeves, jewellery) or have the potential to harbour micro-organisms are removed.

The principle of "Nothing Below the Elbow" must be adhered to by:

- all staff undertaking any form of direct clinical care
- all staff who are based in or work primarily within a clinical environment e.g. Ward Clerks or Ward Secretaries
- all staff who visit the clinical environment for a period of time and come into close contact with patients and their surrounding bed/treatment areas e.g. Pharmacists Dieticians, Consultants, Medical Staff and Operational Managers

The only exceptions to this rule are:

- Where a specialist role is being undertaken which demands that personal protective clothing be worn for health and safety purposes e.g. an Estates Officer working on a ward, servicing a clinical waste macerator
- Occasional visitors to the clinical environment e.g. a Human Resources Business Partner holding a meeting in a ward office.

On arrival in the clinical environment:

- The above mentioned groups of staff must remove jackets/cardigans/jumpers/coats & hang them up in a designated secure area for the ward/dept they are in.
- Wristwatches, bracelets (except the Kara), charity bands and all rings (except for a plain wedding band) must be removed.
- Long sleeves must be rolled up to above the elbow.
- Hands must then be decontaminated with alcohol hand rub/gel or soap and water following the posters on display in the clinical areas.

(See Appendix C).

These requirements apply to the above staff groups even if they will not be having direct clinical contact with a patient, as hand contamination and the need for hand hygiene occurs due to contact with the environment and equipment, as well as with patients.

Any staff member with any portion of their forearm, wrist and/or hand in a bandage, splint, plaster cast and/or sling of any description cannot be permitted to work in the clinical environment as hand contamination and the need for hand hygiene occurs due to contact with the environment and equipment, as well as with patients.

Managers, Medical, Nursing and AHP Leaders are responsible for ensuring their staff understand and adhere to this requirement. Ward and Department Managers have the power to ask staff to leave the area if the member of staff chooses not to comply with this policy.

Clinical environment is defined as any area within the Trust that patients are seen or treated e.g. wards, clinics, outpatient depts, treatment areas, clinical waiting areas, operating theatres and patient reception areas.

In order to facilitate this practice, each ward/department should identify a 'secure' area where facilities such as coat hooks should be made readily available for staff to safely leave jackets etc. This is the responsibility of the ward or department manager.

Other Areas
Staff working in other areas must adhere to the same standards for hand hygiene as clinical areas if as part of their work in these areas they are required to wear gloves/aprons and wash their hands to remove potential contamination. For instance: staff cleaning corridors and public toilets, and staff working in non-patient areas handling specimens and/or contaminated items of equipment.

5.4 Choice of Cleansing Agent

Choosing the method of hand decontamination will depend upon the assessment of what is appropriate for the episode of care, the availability of resources at near the point of care, what is practically possible and, to some degree, personal preferences based on the acceptability of preparations or materials.

In general, effective hand washing with soap and water or the effective use of alcohol based hand rub/gel will remove transient micro-organisms and render the hands socially clean.
This level of decontamination is sufficient for general social contact and most clinical care activities (epic 3, 2014).

The use of preparations containing an antiseptic is required where prolonged reduction in microbial flora on the skin is necessary e.g. surgery and some invasive procedures.

Three types of cleansing agent can be used to remove micro-organisms from hands:

1. **Liquid/Foam Soap Preparations**
   Washing the hands with liquid/foam soap and water is adequate for most routine activities. Hand-washing with soap lifts transient micro-organisms from the surface of the skin and allows them to be rinsed off.

2. **Alcohol hand rub/gel (with emollients).**
   These can be used in place of soap and water if hands are **visibly clean.** They are especially useful if hand washing and drying facilities are inadequate, or where there is a need for rapid or frequent hand decontamination. These agents have disinfectant activity, and destroy transient micro-organisms. The effective use of alcohol hand rub/gel will also substantially reduce resident flora/micro-organisms.
   Alcohol- based hand rubs/gel is not effective against all micro-organisms (e.g. some viruses such as Norovirus and spore-forming organisms such as *C.difficile*). It will not remove dirt and organic material and may not be effective in some outbreak situations (epic 3, 2014)

   Use an alcohol-based hand rub/gel for decontamination of hands before and after direct patient contact and clinical care, except in the following situations when **soap and water must be used:**
   - When hands are visibly soiled or potentially contaminated with body fluids
   - When caring for patients with vomiting or diarrhoeal illness, regardless of whether gloves have been worn or not.

3. **Aqueous antiseptic solutions (surgical scrubs).**
   The most commonly used of these are products contain Chlorhexidine gluconate, povidone-iodine or Triclosan. Products containing these agents act by lifting transient micro-organisms from the skin, and destroying both transient and some resident micro-organisms. These should be used when a prolonged reduction in numbers of resident flora are required for invasive procedures (surgical ANTT requiring maximal sterile barrier precautions, e.g. central line insertion, surgery etc).

Refer to Hand hygiene Algorithm – Appendix A

5.4 Performing Hand Hygiene

Routine hand washing – using liquid/foam soap and water.

Effective hand washing technique involves 3 stages:

1. **Preparation:** wet hands under tepid running water before applying the recommended amount of liquid/foam soap (one dose)
2. **Washing:** the hand wash solution must come into contact with all surfaces of the hands. The hands should be rubbed together vigorously for a minimum of

10-15 seconds, paying particular attention to the tips of fingers, the thumbs and areas between the fingers. Hands should be rinsed thoroughly.

3. **Drying:** use good quality disposable paper towels to dry the hands thoroughly.

Remember:

- If a plain wedding band or Kara is worn this should be cleaned as part of the hand-washing process, including underneath to prevent build-up of micro-organisms and dead skin cells
- Turn off taps using elbows (or a paper towel if taps are not elbow-operated)

Alcohol hand rub/gel (with emollients)

When decontaminating hands using an alcohol hand rub/gel, hands should be free of dirt and organic material:

- Dispense required amount of product onto visibly clean, dry hands.
- Hand rub/gel solution must come into contact with all surfaces of the hand.
- Hands should be rubbed together vigorously, paying particular attention to the tips of the fingers, the thumbs and the areas between the fingers, until the solution has evaporated and the hands are completely dry.

Refer to Appendix D for Hand Washing Technique

Hand hygiene prior to undertaking Aseptic Non-touch technique

- If you are about to perform Standard Aseptic Non Touch Technique (ANTT) or Surgical ANTT that does NOT require maximal sterile barrier precautions (e.g. Urinary Catheterisation; Wound Care)
  - Use soap and water or alcohol hand gel following the steps outlined above.

Surgical Hand Antisepsis

- If you are about to perform Surgical ANTT requiring maximal sterile barrier precautions (e.g. Central Line Insertion) including surgical/operative procedures in theatres
  - undertake hand decontamination using an aqueous antiseptic product e.g. Chlorhexidine Gluconate; Povidone-iodine; Triclosan, alcohol based product. There are a number of alternative methods for preparing the hands, nails and forearms prior to undertaking Surgical ANTT requiring maximal barrier precautions. Examples are outlined in Appendix E

5.6 Facilities required for effective Hand Hygiene

Adequate facilities must be provided to enable staff to wash and dry their hands appropriately, to use alcohol hand gel, and to protect their skin with moisturiser.

Facilities for hand- washing

Each clinical area must have the following equipment to ensure adequate hand washing:

- Dedicated clinical hand-wash basin with no plug or overflow, which is easily accessible.

  Clinical hand wash basins are for hand hygiene only – do not dispose of body fluids or washing water at the clinical hand wash basin and do not wash or store patient equipment at the basin (separate/dedicated sinks should be used for cleaning equipment, disposal of body fluids etc). Refer to Appendix G for further detail.
- Elbow operated or automatic mixer taps.
- Wall mounted liquid/foam soap dispenser, with an adequate supply of liquid/foam soap.
- Disposable paper towels in wall mounted dispenser.
- Instructions indicating correct hand-washing technique e.g. pictorial illustrations in the form of posters or illustrations on soap dispensers

Alcohol hand Gel

Each clinical area must have easily accessible **alcohol hand rub/gels** (with emollients) available at the "Point of Care". Locations include:

- At every ward/unit entrance and exit in a wall dispenser.
- At the entrance to every bay & side-room in a wall dispenser.
- By every patient's bed, except in certain areas such as Child Health and Mental Health when it should be carried on the person of the healthcare worker.
- On all notes/drugs trolleys.

Moisturiser

Moisturising cream should also be freely available to maintain skin integrity. This should be supplied in wall-mounted dispensers, located in suitable positions such as staff rest areas or the Nurses Station, but **not** at every hand washing sink.

Visible Reminders

To promote hand hygiene and reinforce the need for hand hygiene to staff, patients and visitors a range of visible reminders are in place across the Trust:

- Highly visible hand hygiene stations with corporate hand hygiene signage and alcohol gel dispensers must be situated at the entrance to all wards and departments.
- Hand hygiene stations and information points are installed in the larger entrance areas, to facilitate hand hygiene and to inform visitors of specific infection issues (for instance outbreak areas).
- Other visual reminders and information leaflets are installed in key locations in order to raise awareness amongst staff, patients and visitors.

5.7 Hand Care

Care is required to protect the hands from the adverse effects of hand decontamination practice. The frequent use of some hand hygiene agents may cause damage to the skin and alter normal hand flora. Skin damage and dryness is generally associated with the detergent base of the preparation and/or poor hand washing technique e.g. application of soap to dry hands, or inadequate rinsing of soap from the hands. The irritant and drying effects of liquid soap and antiseptic soap preparations have been identified as one of the reasons why healthcare practitioners fail to adhere to hand hygiene guidelines (epic 3, 2014).

In order to achieve effective hand hygiene, it is important to look after the skin and fingernails. Sore hands are associated with increased colonisation by potentially pathogenic micro-organisms and increase risk of transmission. Damaged or dry skin leads to loss of a smooth skin surface, and increases the risk of skin colonisation with resistant organisms such as Meticillin-resistant *Staphylococcus aureus* (MRSA). Continuing damage to the skin may result in cracking and weeping, exposing the healthcare worker to increased infection risk, which can lead to sickness absence due to dermatitis.

Skin care, through the appropriate use of hand lotion or moisturisers added to hand hygiene preparations, is an important factor in maintaining skin integrity, encouraging adherence to hand decontamination practices and assuring the health and safety of healthcare practitioners.

- It is essential that only approved soap products are used, and that staff carefully follow correct hand hygiene techniques.

- Staff with acute or chronic skin lesions/conditions/reactions or possible dermatitis **must** seek advice from the Occupational Health Department at the time that they have the problem.

- Cuts and abrasions must be covered with a water-impermeable dressing, prior to clinical contact. Staff with skin lesions that cannot be adequately covered **must not work** until they have received advice from the Occupational Health Department.

- All clinical areas must ensure that adequate supplies of wall-mounted moisturiser are available for staff use. This is more cost-effective than sickness-absence due to damaged skin.

- Staff should regularly use moisturiser to maintain skin integrity. The most effective use of moisturiser is before breaks and at the end of a shift, when it can be left on the hands for a greater period of time.

5.8 Religious Considerations

Alcohol Hand Rubs & Religious Considerations

According to some religions, alcohol use is prohibited or considered an offence. However, in general, despite alcohol prohibition in everyday life, most religions give priority to health principles to ensure patient safety. Consequently, no objection is raised against the use of alcohol-based products for environmental cleaning, disinfection or hand hygiene by any religion (World Health Organization, 2006; Allegranzi et al, 2009).

Nothing Below the Elbows & Religious Considerations

Advice has been sought nationally on the specific issue of 'nothing below the elbows' as some religions require that long sleeves must be worn.

It has been established that all religions endorse the principle that an individual should do no harm to others. The wearing of long sleeves prevents effective hand hygiene as it is not possible to clean the wrists fully, and hand hygiene is essential for safe patient care. Therefore staff who are required by their religion to wear long sleeves must roll-up their sleeves to ensure the wrist and forearms are exposed in the following circumstances:

1. When undertaking direct patient contact

2. As part of infection control standard, contact or protective isolation precautions

3. When performing hand hygiene, using either soap and water or alcohol hand gel

This aspect of the hand hygiene policy will be kept under regular review.

Religious/Cultural Dress and Jewellery

The Kara is a steel bracelet worn on the wrist (usually the right wrist). The wearing of the Kara is a requirement of the Sikh religion. The Kara can be worn in everyday practice, as an exception to 'Nothing below the Elbows' and its cleanliness must be maintained alongside regular hand hygiene. Guidelines on aseptic procedures when a plain metal band is worn on the finger, should also be applied to the Kara.

Kabbalah (red string) bracelets are worn on the left wrist by Kabbalists and some members of the Jewish faith. They are considered to be protection from "The evil eye" and believed to restrict negative energy sent and received by the wearer. There is no evidence in the literature to suggest that they should never be removed. Due to the inability to clean a string bracelet, Kabbalah should be removed by wearers to comply with the Nothing Below the Elbows requirement, as defined in section 5.3.1 of this policy and Appendix B and C.

It is important to explore with individual members of staff where there may be issues of religious/cultural significance and negotiate a suitable arrangement and to ensure that no risks are posed to patients, visitors or the public or to their colleagues. Refer to the Trust Appearance Policy for further guidance.

This aspect of the hand hygiene policy will be kept under regular review.

5.9 Patient Hand Hygiene

Improving patient/carer hand hygiene has some effect on cross-transmission of micro-organisms and hand hygiene technique. National guidelines indicate that it is important to educate patients and carers about the importance of hand hygiene, and inform them about the availability of hand hygiene facilities and their role in maintaining standards of healthcare workers hand hygiene.

- Patients and relatives should be provided with information about the need for hand hygiene and how to keep their own hands clean.
- Patients should be offered the opportunity to clean their hands before meals; after using the toilet, commode or bedpan/urinal; and at other times as appropriate.

Products available should be tailored to patients needs and may include alcohol based hand rub/gel, hand wipes and access to hand basins.

5.10 Hand Hygiene Training Requirements

Hand Hygiene training is part of statutory and mandatory training requirements for staff as defined in the Trust Education and Learning Policy and Trust's Statutory/Mandatory Training Needs analysis. All Trust staff are required to complete theoretical and practical hand hygiene training on induction. There is however, no requirement for routine updates in hand hygiene training. The Trust has adopted a process for referrals to hand hygiene training where failings are identified (appendix H). Quarterly data showing the percentage of staff that have completed hand hygiene on induction, as well as other key competencies, is extracted into an Education Key Performance Indicator (KPI) report.

As part of the Trust Statutory/Mandatory Training Needs Analysis Clinical staff are required to complete infection prevention training every 2 years and Non Clinical Staff are required to complete every 3 years. Infection Prevention training includes aspects of theoretical hand hygiene.

The completion of hand hygiene training by staff will be monitored via the Divisional Governance committees. The Divisions will report training figures (KPI's) to the Infection Prevention Committee, TEC and Trust board. Corporate staff training will be monitored within their Division as detailed in Appendix H. All staff should endeavour to complete hand hygiene training before they become out of date. Divisions are required to achieve 75-100% (RAG rated as green) of staff at that time being in date with their training.

Refer to Appendix H for further detail relating to hand hygiene training, monitoring and referral process

5.11 Standards of Hand Hygiene Practice:

- All staff must achieve 100% compliance with the hand hygiene standards outlined in this Policy. Any member of staff not complying with the policy should have this drawn to their attention. Repeated failure to follow policy will result in disciplinary action. Managers are responsible for ensuring compliance with this policy.

- Compliance with hand hygiene standards will be monitored regularly as set out in the UHS Annual Infection Prevention Programme via the hand hygiene audit component of the annual Infection Prevention audit programme. Hand hygiene practice is also monitored as an element in Saving Lives audits, enhanced surveillance of MRSA and *Clostridium difficile* and spotlight reviews.

- Compliance with hand hygiene standards will also be monitored via patient feedback as part of the inpatient survey and via independent audits of hand hygiene practice carried out by commercial companies.

6. Implementation

Communication and Dissemination Plan

- This policy will be placed on the infection prevention section of Staffnet and on the extranet and public websites in order that information contained within it is available to primary and community care providers, patients and the public.
- This revised policy will be launched via an awareness campaign; with communication via the Staffnet news pages; an email alert and Core brief.
- The Infection Prevention Team will also issue a briefing paper, highlighting the main changes in the revised policy, and this will be circulated to all Care Groups.

Education and Support Plan

- Education sessions will be provided by the Infection Prevention Team, and by link staff using a cascade trainer system, and these will be available for all Trust staff as per the Trust Training Needs Analysis
- Infection Prevention link staff will be provided with education sessions about the policy at their meetings, and as part of the annual cascade trainer update.
- A programme of awareness campaigns with be facilitated by the Infection Prevention Team to promote hand hygiene standards and practice.

7. Process for Monitoring Compliance/Effectiveness

The purpose of monitoring is to provide assurance that the agreed approach is being followed – this ensures we get things right for patients, use resources well and protect our reputation. Our monitoring will therefore be proportionate, achievable and deal with specifics that can be assessed or measured.

Any identified areas of non-adherence or gaps in assurance arising from the monitoring of this policy will result in recommendations and proposals for change to address areas of non compliance and/or embed learning. Monitoring of these plans will be coordinated by the group/committee identified in the monitoring table.

Key aspects of the procedural document that will be monitored:

Element of Policy to be monitored	Lead	Tool/Method	Frequency	Who will undertake	Where results will be reported
Hand Hygiene Practice	IPT	Hand Hygiene Quarterly Audits: Inpatient areas/ Outpatient Areas/surgical scrub.	Quarterly	Clinical staff (Nursing, Medical & AHP) as defined in Infection Prevention Annual Audit programme	Infection Prevention Committee in the quarterly audit summary report, Quarterly to Divisional Governance Committees

Hand Hygiene Practice	IPT	Saving Lives observation audits (CVC, PVC, Urinary Catheter Care, Renal Dialysis) (Max 10 observations for each area)	Twice a year for each audit	Clinical staff	Infection Prevention Committee via relevant quarterly reports. Quarterly to Divisional Governance Committees
		Spotlight Reviews of clinical areas	Annual review for each inpatient area.	Infection Prevention Team.	
		Enhanced surveillance of MRSA and Cdifficile	Ongoing – as cases arise.	Infection Prevention Team.	
		Patient feedback via inpatient survey	Ongoing	IPT to collate quarterly.	
Process for checking that permanent staff attend Hand Hygiene training on induction and following up those who fail to attend.	Divisional Education Leads and Trust HQ Managers.	Review of Divisional Hand Hygiene education KPIs.	Quarterly	Education Leads	Divisional governance meetings Quality Governance steering group report
		Divisional reports of training compliance	Quarterly	DHN/Matrons/CGCL	Twice a year to Infection Prevention Committee, TEC, Trust Board via Divisional Matron/CGCL reports
	Care Groups/ Division	Training records	Ongoing and annually	Department Managers	Divisional governance meetings

8. Arrangements for Review of the Policy

This document will be reviewed by the Infection Prevention Team in the following circumstances:

- When new national or international guidance is issued
- When newly published evidence demonstrates need for a change to current practice
- Every 3 years routinely

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Appendix A

Hand Hygiene Algorithm

CONSIDER: What have you just done? What are you about to do? Which type of hand hygiene procedure should you use?

Routine

Alcohol Hand Gel

Before and after direct patient contact and clinical care or after contact with their environment/ equipment, except in defined situations when soap and water must be used.

Soap & Water

When hands are visibly soiled or potentially contaminated with body fluids

When caring for patients with vomiting or diarrhoeal illness,

Prior to ANTT

Aseptic Non Touch Technique

Alcohol Hand Gel or Soap & Water

Standard ANTT or Surgical ANTT that <u>does NOT require maximal sterile barrier precautions</u> (e.g. wound care, urinary catheter insertion)

Surgical

Aqueous antiseptic solutions/ alcohol based products

Surgical ANTT requiring maximal sterile barrier precautions (e.g. central line insertions) including Surgical Procedures

Technique: Refer to Appendix E UHS Hand Hygiene Policy & UHS Surgical Hand Scrub and Gown and Glove Donning Policy

Technique: Refer to pictorial illustrations in the form of posters or illustrations on soap dispensers/gel dispensers. (Also available in Appendix D UHS Hand Hygiene Policy)

Hand care: Follow Hand hygiene techniques, dry thoroughly with good quality paper towels, moisturise regularly, report skin problems to Occupational Health

Appendix B

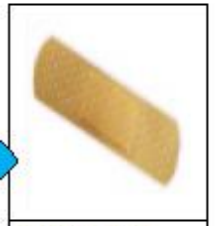
Preparation for Hand Hygiene in the Clinical Environment

Short & clean
Free from nail varnish
Free from nail art
Free from nail extensions
Free from artificial fingernails

Remove long-sleeved clothing / roll up long sleeves

Remove wrist and hand jewellery & watches (Exceptions :plain wedding band and Kara bracelet)

Bare below the elbow



Cover cuts and abrasions with water proof dressings.

Permitted

- ✓ Plain Wedding band
- ✓ Kara Bracelet

Not - Permitted

X Bracelets including:
- Fabric/thread Bracelets
- Medic Alert Bracelets
- Charity Bracelets

X Stoned or engraved rings
X Kabbalah
X Bandage, splint, plaster cast or sling

Religious Considerations

Staff who are required by their religion to wear long sleeves must roll-up their sleeves to ensure the wrist and forearm are exposed in the following circumstances:

1. When undertaking direct patient contact
2. As part of infection control standard, contact or protective isolation precautions
3. When performing hand hygiene, using either soap and water or alcohol hand gel

Appendix C "Nothing Below the Elbows" – Does it apply to You?

Where on the Trust premises are you?

The principle of "Nothing Below the Elbow" must be adhered to by:

- all staff undertaking any form of direct clinical care
- all staff who are based in or work primarily within a clinical environment e.g. Ward Clerks or Ward Secretaries
- all staff who visit the clinical environment for a period of time and come into close contact with patients and their surrounding bed/treatment areas e.g. Pharmacists Dieticians, Consultants, Medical Staff and Operational Managers

CLINICAL ENVIRONMENT
Any area within the Trust that patients are seen or treated e.g. wards, clinics, outpatient departments, treatment areas, clinical waiting areas, operating theatres and patient reception

On arrival in the **CLINICAL ENVIRONMENT**:

- Remove jackets, cardigans, jumpers, coats
- Remove wristwatches
- Remove bracelets (except Kara)
- Remove all rings except for PLAIN wedding band
- Roll up long sleeves to above the elbow

Decontaminate hands using alcohol hand rub/gel or soap & water following posters in the clinical areas for hand washing technique and steps to use

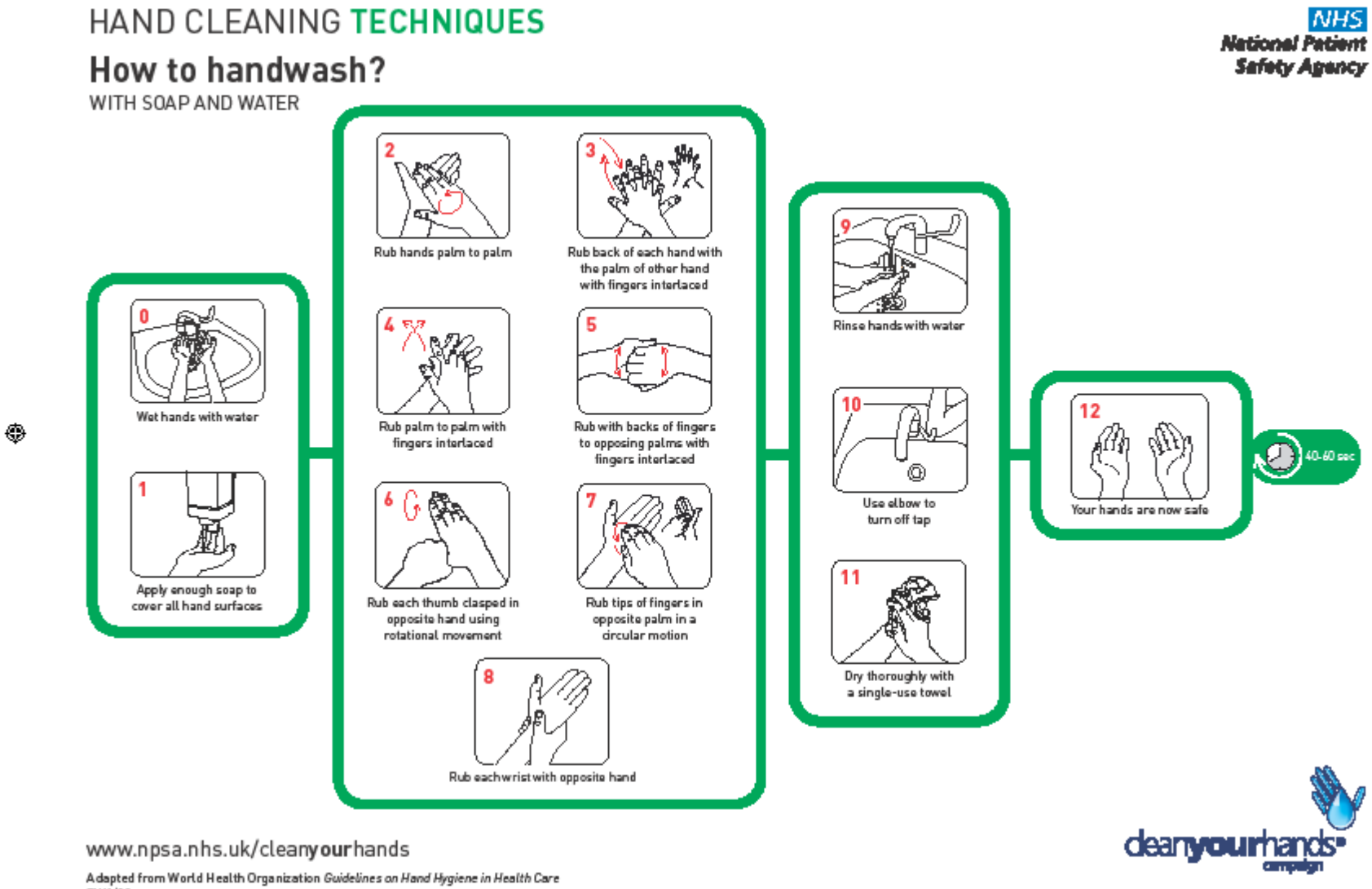
NON-CLINICAL ENVIRONMENT

e.g. Offices, Corridors, Education Centres, Professional Meetings (unless involved in activity where you need to wear PPE or wash your hands in these areas).

Whilst in the **NON-CLINICAL** environment you can wear long sleeves & jewellery (in accordance with the Trust Appearance Policy)

Maintain good standards of social hand washing.

Appendix D: Hand Washing Technique



Appendix E Surgical Hand Antisepsis (Surgical Hand Scrub)

Surgical hand antisepsis is an extension of hand washing (AfPP 2011). It is also defined as: the antiseptic surgical scrub or antiseptic hand rub performed before donning sterile attire preoperatively (AORN 2014). The aim is to both reduce the number of resident and transient flora to a minimum but also to inhibit their re-growth for as long as possible, not just on the hands but also on the wrists and forearms (AfPP 2011). The purpose of the surgical hand antisepsis is therefore to remove or destroy transient microorganisms and inhibit the growth of resident microorganisms.

If you are about to perform Surgical ANTT requiring maximal sterile barrier precautions (e.g. Central Line Insertion) including surgical/operative procedures in theatres undertake hand decontamination using an aqueous antiseptic product e.g. Chlorhexidine Gluconate; Povidone-iodine; Triclosan, alcohol based product.

Methods for preparing the hands, nails and forearms prior to undertaking Surgical ANTT requiring maximal barrier precautions.

- **OPTION 1: Wash hands with an aqueous antiseptic solution for 3-5 minutes.**
  (Rotter 1999, Larson 1995)

  1. Remove debris from underneath fingernails, using a sterile nail cleaner and liquid soap under running water.
  2. Wet hands under running water.
  3. Dispense aqueous antiseptic solution.
  4. Hand wash vigorously for 3-5 minutes. Cover all surfaces of hands, wrists, and forearms to elbows.
  5. Rinse hands thoroughly under running water.
  6. Dry hands with disposable sterile paper towels, whilst maintaining strict asepsis, before donning sterile gown and gloves.

- **OPTION 2: Apply an alcohol-based solution to clean hands for 3 minutes (Note: this must be a product licensed for this purpose, not the standard alcohol gel).**
  (Rotter, Simpson & Koller 1998, Parienti et al 2002)

  1. Remove debris from underneath fingernails, using a sterile nail cleaner and liquid soap under running water.
  2. Before applying the alcohol solution, prewash hands and forearms with liquid soap. Dry hands and forearms completely using sterile paper towels.
  3. Dispense required amount of alcohol solution onto hands.
  4. Ensure the solution covers all surfaces of hands, wrists and forearms to elbows.
  5. Rub vigorously for 3 minutes until dry, before donning sterile gloves.

- **OPTION 3: Two-stage scrub.**
  (Rotter & Koller 1990)

    1. Wash hands with an aqueous antiseptic solution for 3 minutes, followed by an alcohol based product for 1-2 minutes.

    2. Procedure as above:

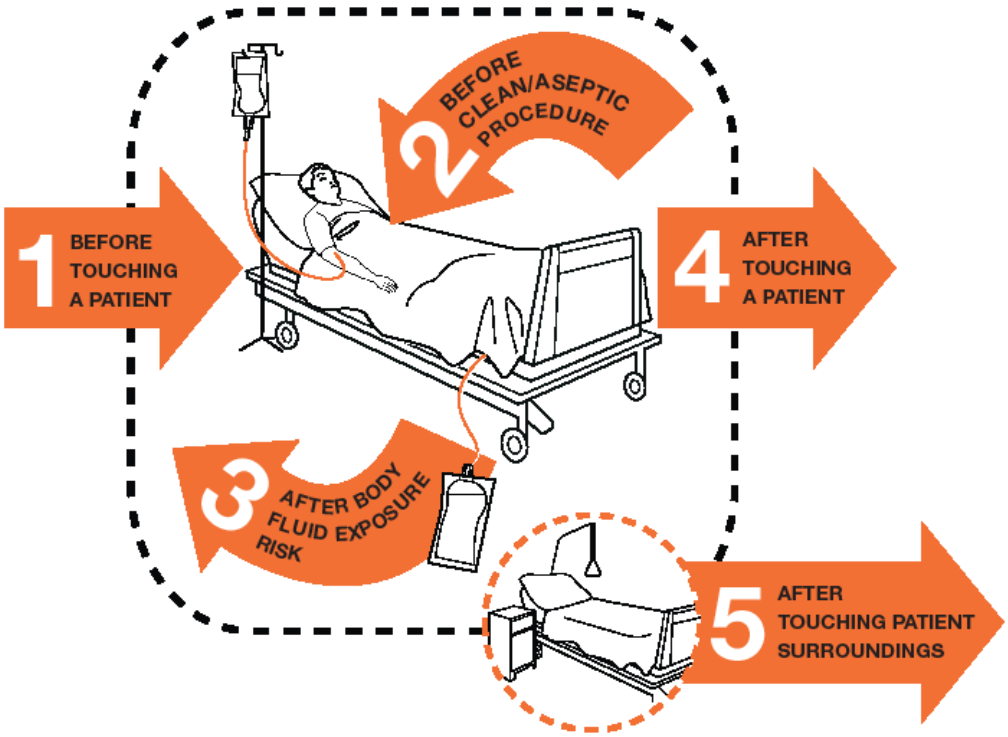
Glove puncture during a procedure : If during surgery the gloves become punctured or torn they should be removed. At this stage the hands can easily be further decontaminated, using the alcohol solution method, as described above and new gloves applied.

Maximal sterile barrier precautions – cap, mask, sterile gown, sterile gloves and a large sterile full body drape (CDC, 2011; World Health Organization, 2009)

Refer to UHS Surgical Hand Scrub and Gown and Glove Donning Policy for detailed Surgical Scrub Procedure

Appendix F: WHO Five Moments for Hand Hygiene

Your 5 Moments for Hand Hygiene



1	BEFORE TOUCHING A PATIENT	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 CLEAN/ ASEPTIC PROCEDURE	WHEN? Clean your hands immediately before performing a 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 health-care environment from harmful patient germs.
4	AFTER TOUCHING A PATIENT	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 health-care environment from harmful patient germs.
5	AFTER TOUCHING 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 health-care environment from harmful patient germs.

World Health Organization | Patient Safety — A World Alliance for Safer Health Care | SAVE LIVES Clean Your Hands

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.

May 2009

Appendix G **Use of Clinical Hand-Wash Basins**

Management of water systems to reduce the risk of microbial growth including opportunistic pathogens such as Legionella and *Pseudomonas aeruginosa* is vital to patient safety. In 2013, the Department of Health issued guidance relating to the control of *P. aeruginosa* in water systems which outlines a range of measures/actions required to minimise the risk to our patients. This includes best practice advice relating to all clinical hand-wash basins in health-care facilities which all clinical areas/departments with UHS must ensure they are following.

Use the clinical hand-wash basins only for hand washing:

1. Do not dispose of body fluids or washing water at the clinical hand wash basin (use the sluice hopper or sluice in the dirty utility area or separate/dedicated sinks)
2. Do not wash any patient equipment in clinical hand wash basins (use disposable sanitising/detergent wipes or a separate/dedicated sink for cleaning equipment).
3. Do not use clinical hand wash basins for storing equipment awaiting decontamination
4. Do not touch the spout outlet when washing hands
5. Taps should be cleaned before the rest of the hand wash basin to reduce contamination
6. Do not dispose of environmental cleaning agents at clinical hand wash basins (use the sluice hopper or sluice in the dirty utility area or separate/dedicated sinks)
7. Make sure that reusable containers containing environmental cleaning agents are used in a manner that will protect them from contamination
8. Use non-fillable single use bottles for antimicrobial hand rub and soap
9. Consider the appropriate positioning of soap and antimicrobial hand rub dispensers to prevent soiling of the tap by drips from the dispensers or during the movement of hands from dispensers to taps during hand washing.
10. Flush all taps that are infrequently used (flush for at least 3 minutes, 3 times per week) and document on the Trust Water Outlet Flushing record sheet
11. Identify and report any problems or concerns relating to safety, maintenance and cleanliness of hand wash basins to the relevant department:
    - Cleanliness and lime scale build up — Domestic Services
    - Maintenance / fault issues - Estates Maintenance helpdesk

Appendix H Hand Hygiene Training

As per the Trust statutory and mandatory Training Needs Analysis, hand hygiene training is to be completed by all staff on induction with no routine requirement for updates. Staff/clinical areas will be referred for additional training if concerns/issues with compliance and practice are identified via audits, incidents, root cause analysis, post infection reviews observations of practice or via matrons walkabouts.

Process for checking permanent staff have completed hand hygiene training as identified in the Trust Training Needs Analysis (TNA)

- The process for checking that permanent staff have completed hand hygiene training in corporate induction is through training records that are uploaded to Oracle Learning Manager (OLM) by the Training and Education Department.

- Education KPI figures for staff that have completed their hand hygiene training on induction are reviewed quarterly at Divisional Governance meetings and through quarterly Divisional Infection Prevention reports to Infection Prevention Committee, Trust Executive Committee and Trust Board.

- Managers are responsible for ensuring that new staff attend corporate induction and receive their hand hygiene training.

- All records of hand hygiene training must be available for review and monitoring of attendance at divisional and Trust level.

Process for following up staff who fail to complete relevant hand hygiene training

- The process for following up staff, within the Divisions who fail to attend induction and complete hand hygiene training is through review of hand hygiene education KPI's at Divisional Governance meetings and through quarterly Divisional Infection Prevention reports to Infection Prevention Committee, Trust Executive Committee and Trust Board. As a result of this monitoring action will be taken within the Divisions to follow up non attendance.

- The process for following up staff outside of the Divisions e.g. staff within Trust HQ, who fail to complete hand hygiene training on induction will be through a quarterly review of Trust HQ education KPI's by the Infection Prevention Committee. As a result of this monitoring action will be taken by the relevant departments/managers.

- Corporate induction attendance is also reviewed by the Trust Education Strategy Group.

Process for referrals to hand hygiene training

Staff/clinical areas will be referred for additional training if concerns/issues with compliance and practice are identified via audits, incidents, root cause analysis (RCA), post infection reviews (PIRs) observations of practice/spotlight reviews/enhanced surveillance of MRSA & *C.difficile* or via matrons walkabouts.

The Infection Prevention Team will be responsible for identifying issues of compliance with hand hygiene and saving lives audits, incident RCA's and PIRs through agreement at the HCAI incident/SIRI review panel or Chief Executive review meeting and via observations of practice.

The Chair of the Matrons walkabout will be responsible for informing the Infection Prevention Team of identified issues of compliance with hand hygiene. This will result in the Infection Prevention Team initiating the referral process.

The Infection Prevention Team will be responsible for ensuring those areas referred for hand hygiene training have completed the training within the allocated time.

Process for Referrals to Hand Hygiene Training

Discussions with staff/clinical area, for a referral to hand hygiene training will take place where failings are identified in the following;

- **Hand Hygiene and Saving Lives Audits**;

Inpatients hand hygiene audit result for the clinical area = less than 85%
Outpatient hand hygiene audit result for the clinical area = less than 85%
The hand hygiene element in Saving Lives audits = less than 85%

- **Infection Incidents RCA's/PIRs;**

Where hand hygiene is identified as a key issue at the Infection HCAI SIRI panel meeting or the Chief Executive review meeting.

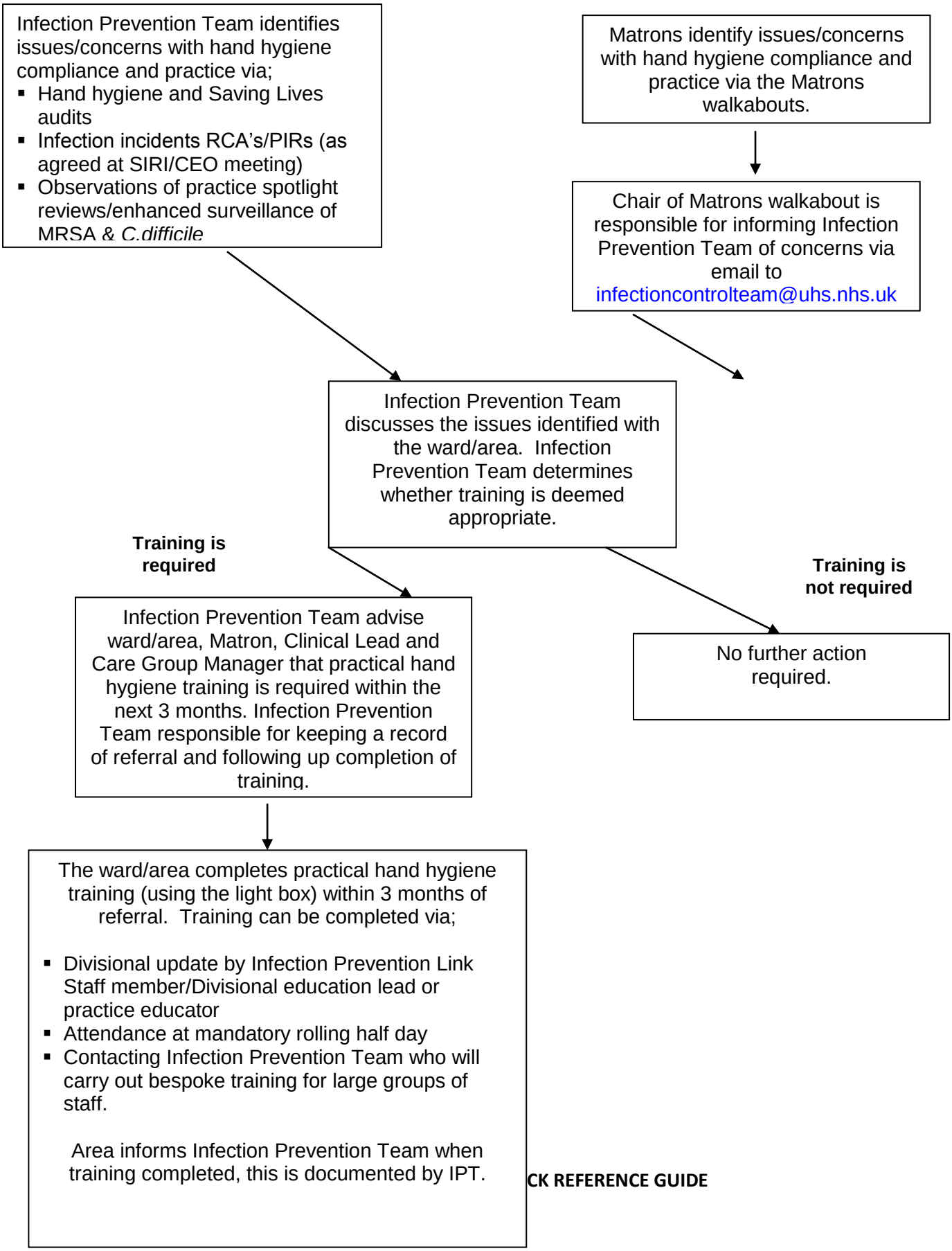
- **Infection Prevention Observations of Practice/spotlight reviews/enhanced surveillance of MRSA & *C.difficile*:**

Where persistent failings in hand hygiene practice are identified in an area or with specific individuals.

- **Matrons Walkabouts;**

Where persistent failings in hand hygiene practice are identified in an area or with specific individuals.

Referral process;



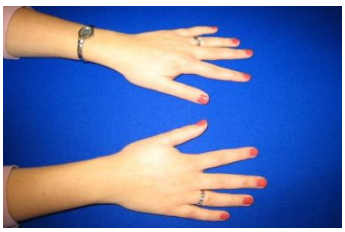
CK REFERENCE GUIDE

1. Hands must be decontaminated at critical times before, during and after patient care activity to prevent cross-transmission of micro-organisms (p.7)

   - Immediately before each episode of direct patient contact/care, including clean/aseptic procedures
   - Immediately after each episode of direct patient contact/care
   - Immediately after contact with body fluids, mucous membranes and non-intact skin
   - Immediately after other activities or contact with objects and equipment in the immediate patient environment that may result in hands becoming contaminated
   - Immediately after the removal of gloves.

2. Staff working in the clinical environment are required to follow the 'nothing below the elbows' policy. Hands and wrists need to be fully exposed to the hand hygiene product and therefore should be free from jewellery and long sleeved clothing. Nail varnish, false nails/nail extensions are not permitted (p. 8&9)

Compliant



Non-compliant

3. Use an alcohol hand rub/gel for decontamination of hands before and after direct patient contact and clinical care or after contact with their environment/ equipment, except in the following situations when **soap and water must be used** (p. 10&11):
   - When hands are visibly soiled or potentially contaminated with body fluids
   - When caring for patients with vomiting or diarrhoeal illness, regardless of whether gloves have been worn or not.
4. Soap/alcohol hand rub/gel must come into contact with all surfaces of the hands. All clinical staff must clean their hands using the appropriate technique (p.11&12)
5. Surgical hand antisepsis must be undertaken if you are about to perform Surgical ANTT requiring maximal sterile barrier precautions (e.g. Central line insertion), including surgical/operative procedures in theatres (p.12)
6. Staff should follow recommended hand hygiene techniques to prevent damage or cracking to hands and regularly use moisturising hand cream when hands are at rest to maintain skin integrity (p.14)
7. All staff are responsible for completing, and remaining up to date with hand hygiene training requirements and for complying with the standards outlined within the policy (p.16)
8. Patients should be offered the opportunity to clean their hands before meals; after using the toilet, commode or bedpan/urinal; and at other times as appropriate (p.15)