

# Hand Hygiene Policy

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## BARNET AND CHASE FARM HOSPITALS NHS TRUST

<b>Title of policy</b>	Hand Hygiene Policy	
<b>Policy version number</b>	Version 3	
<b>Status</b>	Ratified	
<b>Policy author</b>	Lisa Henderson	
<b>Policy consultees</b>	Infection Control Team	
<b>Negotiated through</b>		
<b>Accountable director</b>	Terina Riches DON,DIPC	
<b>Approved by:</b>	Infection Control Executive Committee	
<b>Ratified by</b>	Risk Committee	
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<b>Distribution and dissemination</b>	All staff via intranet, BCF News and IC Operational Group meetings	
<b>Principal target audience</b>	All Healthcare Staff	
<b>Responsibility for dissemination of policy to new staff</b>	Ward/Department Leaders/ICT	
<b>NHSLA/Healthcare Commission/ALE impact</b>		
<b>LITERATURE SEARCH AND EVALUATION</b>		
<b>REVISION HISTORY</b>		
<b>Version</b>	<b>Date</b>	<b>Summary of Changes</b>
01	1998	
02	2004	
03	2009	<i>Cleanyourhands</i> campaign, WHO 5 moments, audit process, individual staff non compliance process.
<b>RATIFICATION HISTORY</b>		
<b>Ratifying body</b>	<b>Date of ratification</b>	<b>Version</b>
Risk Committee	15.9.09	V3
This policy has been ratified by Risk Committee. Circumstances may arise or there may be a change in guidance or legislation that requires the policy to be updated between now and the review date. The responsibility to ensure the policy review process is activated lies with the Infection Control Team. All policies remain in force until notification of an amended policy is circulated and posted on the Trust intranet.		
<b>MONITORING THE EFFECTIVENESS OF POLICY IMPLEMENTATION</b>		
Key Performance Indicators: Weekly Hand Hygiene Audit programme		
Date of Audit Report: Quarterly report to IPPC		
Location of Audit Report: S Drive <i>Cleanyourhands</i> folder;		



## **HAND HYGIENE POLICY**

### **KEY POLICY POINTS**

**Effective hand hygiene is the single most important measure in reducing the spread of infection**

**All staff must comply with this policy**

**All staff working in or entering a clinical area MUST be 'bare below the elbow' to ensure an effective hand hygiene technique**

**Hands must be decontaminated before and after every contact with a patient or their immediate environment**

**Hands must be decontaminated between 'clean' and 'dirty' tasks on the same patient**

**Gloves are not a substitute for hand hygiene**

**All staff must challenge poor hand hygiene behaviour in other staff members**

## **1 POLICY STATEMENT**

- 1.1 Hand hygiene is the single most effective measure in reducing the spread of infection including healthcare associated infection. Healthcare associated infection (HAI) is estimated to cost the NHS in England £1 billion per annum with 5000 deaths directly attributable. 1 in 9 patients acquire HAI. HAI results in increased length of stay and further care and treatment is an adverse outcome for the patient.
- 1.2 There is extensive evidence that clearly demonstrates that contaminated hands are responsible for transmitting infections. Effective hand decontamination has been proved to significantly reduce infection rates, and compliance is crucially important for all clinical staff and for all staff across the Trust.

## **2. SCOPE**

- 2.1 This policy sets out the standard for hand hygiene and decontamination for **all** healthcare personnel, including Trust employees, contractors, students and locum / agency staff.
- 2.2 This policy is one of the clinical care protocols required under the Hygiene Code (2009) criterion 8a

## **3. AIMS**

This policy aims to ensure that:

- all staff are aware of the importance of effective hand hygiene in the prevention of cross-infection
- all staff are aware of when and how to effectively decontaminate their hands including which products to use
- all staff are aware that the point of care is the crucial moment for hand hygiene

## **4. RESPONSIBILITIES**

The responsibility for infection control lies with all staff within the organisation. Please refer to Infection Control Roles and Responsibilities Guidelines which is available on the Intranet.

## **5. DEFINITIONS**

Infection prevention and control refers to policies, procedures and practice to minimise the risk of spreading infection. This policy on hand hygiene sets out Barnet and Chase Farm Hospitals Trust's approach based on the current evidence and best practice.

The term hand hygiene used in this policy refers to all of the processes, including hand washing and hand decontamination achieved using other solutions, e.g. alcohol based hand rub / gel

## 6. POLICY DEVELOPMENT

6.1 This policy was developed in partnership with

- Microbiologists
- Infection Control Nurses
- *Cleanyourhands* coordinators

6.2 Equality impact assessment

See page 13

## 7. REQUIREMENTS FOR EFFECTIVE HAND HYGIENE

### 7.1 Preparation

- Nails must be short, clean and free from nail varnish or acrylic nails.
- **All** staff when entering or working in clinical areas must be '*bare below the elbow*' to facilitate an effective handwashing technique:
  - Remove all wrist and hand jewellery (apart from a plain wedding band)
  - Wedding rings are the only acceptable jewellery to be worn on duty.
  - Stoned rings, wrist watches and bracelets must not be worn as these harbour dirt and moisture which provide an ideal environment for bacterial growth, prevent thorough hand washing and may traumatise the patient.
  - Sleeves must be rolled up to the elbow (remove jackets) or wear short sleeves
  - Cuts and abrasions must be covered with waterproof dressing

### 7.2 Facilities

The Trust has a responsibility to provide optimum facilities and provisions for hand hygiene, especially in clinical areas. If these facilities are found to be inadequate the Estates or Facilities Department must be contacted in the first instance.

All clinical areas must have:

- sinks with mixer or thermostatically controlled water supplied to elbow / wrist taps.
- clear unobstructed access to all hand washing sinks
- hand washing sinks for that purpose only and clear of inappropriate items
- wall mounted liquid soap in a collapsible cartridge with a non-return valve
- wall mounted paper towels for hand drying
- hand washing posters should be placed by each sink
- alcohol hand gel must be available at the point of care

The Infection Control Team (ICT) must be consulted before any new construction or refurbishment work is planned to advise on sink type, number and placement of hand washing facilities.

## 8 HANDWASHING TECHNIQUE

### 8.1 When

Hands must be decontaminated **immediately before** each and every episode of patient care and **after any activity** or contact that potentially results in hands becoming contaminated with micro-organisms.

Hands should be cleaned at a range of times, including on entering and leaving any care environment however in order to prevent healthcare acquired infection at the most fundamental times during care delivery and daily routines, the 'Your 5 moments for Hand Hygiene' should be followed (Adapted from World Health Organisation)



*It should also be noted that hand hygiene may have to be performed between tasks on the same patient*

#### The gloved hand

- The use of gloves in addition to the process of hand washing gives added protection, whereas the use of gloves as an alternative to hand washing may lead to infection

- Hands should always be decontaminated before donning **and** after removing gloves.
- Gloves must be single-use and changed between patients and between 'dirty' and clean procedures on the same patient.
- Gloved hands must not be washed or cleaned with alcohol hand rubs, gels or wipes

## 8.2 Which Product

There are three types of agent that can be used to remove microorganisms from hands: soap, alcohol based hand gel and antimicrobial agents.

**Soap** - will mechanically remove transient microorganisms but has little effect on resident microorganisms. However, hand washing with soap is usually all that is necessary to prevent cross infection and protects staff and patients from acquiring infection.

**Antimicrobial Agents** - are designed to remove transient and reduce resident skin microorganisms. Chlorhexidine based preparations have been found to be more effective than iodine-based solutions as they have a residual effect which influences the survival times of many organisms on hand surfaces. Antimicrobial agents should be used in situations when there is a need to reduce resident microbial flora, e.g. in operating theatres or similar departments or performing an invasive procedure e.g. central line placement

**Alcohol-Based Hand Gels**- can be applied quickly without access to water. However they are not effective in removing soiling and should only be used if hands are visibly clean. **Alcohol gels are not effective against *C. difficile* or many viruses causing gastroenteritis.** Washing with soap and water must be used in these instances

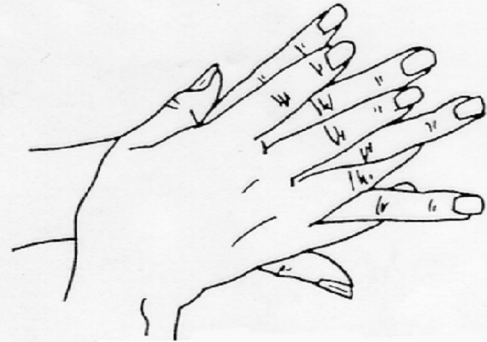
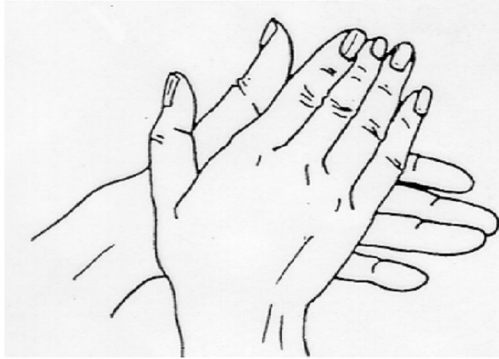
## 8.3 How

A six-step hand washing technique was devised by Ayliffe et al. (1978), using soap (or antiseptic solution/alcohol gel) and running water. Each step consists of five strokes forward and five backward and should last a minimum of 15 seconds.

## Washing with soap and water

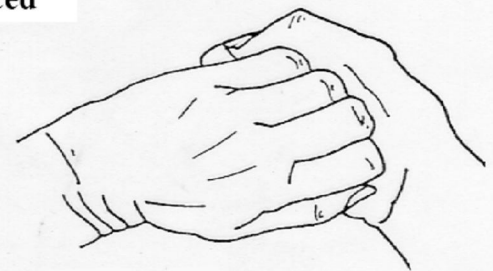
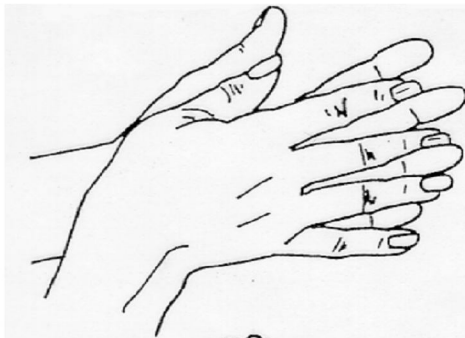
Wet Hands, apply hand washing agent and use the following procedure: -

### 1. Rub palm to palm



### 2. Rub back of both hands

### 3. Rub palm to palm with fingers interlaced



### 4. Rub backs of fingers (interlocked)



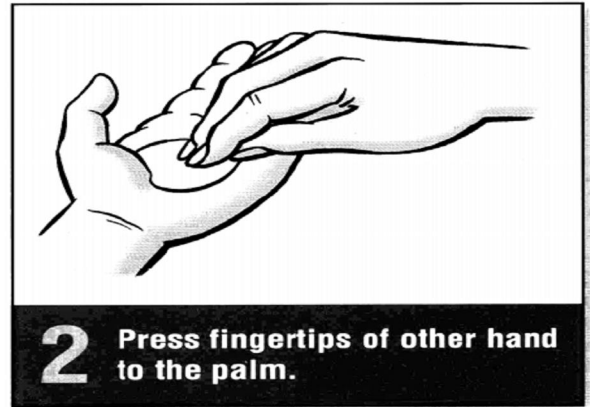
### 5. Rub all parts of both thumbs

### 6. Rub both palms with finger

**7. Rinse hands under running water and dry thoroughly.**

(Adapted from Ayliffe GAJ, et al (1978) and Gould D (1994))

## How to Apply Alcohol Gel Correctly



## Surgical Scrub (also refer to local protocols)

This procedure must be carried out before all surgical procedures.

- Apply an antiseptic solution to wet hands, wrists and forearms.
- Wash for two minutes.
- A single use sterile nailbrush may be used only for the nails not on skin areas as damage to the skin may result in increased levels of microorganisms.
- Dry hands with a sterile soft paper towel and dispose into a foot operated pedal bin.

## **9 Hand Care**

Frequent use of antimicrobial and liquid soaps can cause skin damage to some health care workers, with consequential increases in levels of bacteria on the skin. The use of an appropriate handcream i.e. compatible with the handwashing agent will help overcome some of these adverse effects. Compatible handcreams should be provided in measured-dose pump dispensers.

Health care workers must consult the Occupational Health Department if they experience any skin problems, which could be attributed to the handwashing agent being used

## **10 ADHERENCE TO THE POLICY AND ASSOCIATED SANCTIONS**

All staff working within the Trust must comply with this hand hygiene policy

The following will apply to staff members observed not complying with this policy:

- The member of staff will in the first instance be reminded of the hand hygiene policy and the requirements for compliance.
- In the case of repeated non-compliance the staff member will be written to formally regarding their behaviour. This letter should be copied to:
  - Their Line Manager
  - Their Clinical Director
  - Matron
  - The Medical Director
  - Director of Infection Prevention and Control

This letter will explain that should there be a further occurrence of non-compliance they will be taken through the disciplinary procedure (Appendix 3)

## **11 EDUCATION**

All healthcare workers must have induction and annual training in hand hygiene as part of the Trust's mandatory training programme.

Records of attendance for mandatory training will be kept by ward/department managers who will follow up non-attendees.

Compliance with this requirement will be monitored by the Infection Control Executive Committee (ICE)

## 12 MONITORING COMPLIANCE

Compliance with the policy will be monitored through weekly ward/department hand hygiene audits. These will be undertaken by healthcare workers from the areas and submitted to the *Cleanyourhands* coordinators for collation and analysis. (Appendix 1)

Responsibility for the weekly audit is as follows:

- Matrons – ensuring data is collected and submitted for their areas of responsibility. Identifying learning and achieving improvement as appropriate.
- Ward/department manager – ensuring individuals are identified and trained to undertake the audit on a weekly basis. Identifying learning and achieving improvement as appropriate.
- *Cleanyourhands* coordinators – collating, analyzing and reporting data on a weekly/monthly basis.

The Trust target for hand hygiene compliance is 100% across all areas. Warning letters will be sent to wards and departments that fail to reach a month score of 80% (Appendix 2). Subsequent action plans will be presented to the Infection Control Executive Committee by the Matron and Directorate General Manager.

Monthly analysis will be reported to the Infection Control Executive Committee and the Trust Board via the DIPC report.

The weekly/monthly audit results will be reported to the Infection Control Operational Meetings and the Matrons who will cascade the information to individual wards/department managers who will be responsible for communicating to staff within the area.

Independent validation audits will be carried out by the *Cleanyourhands* coordinators every six months. These results will also be reported to the Infection Control Executive Committee and subsequently the Trust Board.

## 9. REFERENCES

Ayliffe, G.A.J., Lowbury, E.J.L., Geddes, A.M., Williams, J.D. (1992) Control of Hospital Infection - A Practical Handbook 3rd Edition. London, Chapman and Hall Medical

Infection Control Nurses Association. (1998) Guidelines for Hand Hygiene, Deb/ICNA, Edinburgh.

NHS Estates (2002) Infection Control in the Built Environment – design and briefing (2002). Also available on [www.nhsestates.gov.uk](http://www.nhsestates.gov.uk)

Pratt RJ, Pellowe CM, Wilson J A, Loveday HP, Harper PJ, Jones SRLJ, McDougall C Wilcox MH, (2007) Epic 2 National Evidence based Guidelines for Preventing Healthcare Associated Infections, Journal of Hospital Infection, February Vol 65. Supplement 1

Winning Ways: Working together to reduce healthcare associated infections in England, A Report from the Chief Medical Officer (2003)  
<http://www.dh.gov.uk/com>.

[www.npsa.nhs.uk/cleanyourhandscampaign](http://www.npsa.nhs.uk/cleanyourhandscampaign)

## APPENDICES

Appendix 1: Hand Hygiene Audit Tool

Appendix 2: Directorate Hand Hygiene Warning Letter

Appendix 3: Individual Staff Warning Letter - Non Compliance

## Equality Impact Assessment First Stage Screening Template

The EIA Panel recommends that the Equality Screening Template (below) ) is used to consider if equality impact assessment is necessary.

To be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

### EQUALITY SCREENING TOOL

		Yes/No	Comments
1.	<b>Does the policy/guidance affect one group less or more favourably than another on the basis of:</b>		
	• Race	No	
	• Ethnic origins (including gypsies and travellers)	No	
	• Nationality	No	
	• Gender	No	
	• Culture	No	
	• Religion or belief	No	
	• Sexual orientation including lesbian, gay and bisexual people	No	
	• Age	No	
	• Human Rights	No	
	• Disability	No	
2.	<b>Is there any evidence that some groups are affected differently?</b>	No	
3.	<b>If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?</b>	NA	
4.	<b>Is the impact of the policy/guidance likely to be negative?</b>	NA	
5.	<b>If so can the impact be avoided?</b>	NA	
6.	<b>What alternatives are there to achieving the policy/guidance without the impact?</b>	NA	
7.	<b>Can we reduce the impact by taking different action?</b>	NA	

## BARNET & CHASE FARM NHS HOSPITALS TRUST

### HAND HYGIENE AUDIT TOOL (revised April 2008)

Ward:..... BH/CFH

Date:.....Name:.....

Opportunity	Nurses/HCAs		Doctors		Others (specify)	
	Before contact	After contact	Before contact	After contact	Before contact	After contact
<b>Medium Risk</b>						
Leaving a Bay						
Stripping a bed						
Patient examination						
Cleaning tasks						
Observations (T,P,BP)						
Bed bathing, washing patients						
Non-sterile procedure e.g. O <sup>2</sup> , nebs						
<b>High Risk</b>						
After removal of gloves						
Clean/Aseptic procedure						
Dealing with body fluids						
Bedpans/commodes						
Tracheostomy care						
Wound dressing						
Phlebotomy/cannulation						
Setting up IVI, giving injections						

**Comments:**

## Appendix 2

Trust Headquarters  
Maple Block  
Chase Farm Hospital  
The Ridgeway  
Enfield  
Middlesex  
EN2 8JL  
Tel: 020 8375 2181  
Email: Terina.Riches@bcf.nhs.uk

To Clinical Director  
General Manager  
Matron

Dear .....

### **Warning Notice**

**(Ward's/Department) (Hospital)** Hand Hygiene results for (month) were ...%. This is due to .....

The Infection Control Executive will be reviewing these results.

These audits assess compliance with the requirement for staff to decontaminate hands appropriately before and after patient contact.

A basic national standard of healthcare provision is to ensure a safe environment for patients, staff and visitors, and this includes the prevention or minimisation of HCAI. This is now a legal requirement of the Health and Social Care Act (2008).

Hand decontamination is the most important preventative measure for the control of healthcare associated infections (HCAs) and is part of good medical and nursing practice.

Compliance with these legal and clinical requirements is monitored by the Healthcare Commission. The audit data is available to the public and can be produced in court as evidence of poor practice in medico-legal cases involving HCAs.

As you know infection prevention and control is one of the core corporate priorities of the Trust. Corporate action will be taken to improve departments that have persistently unacceptable audit results.

You are required to investigate the reasons for failure of your staff to decontaminate their hands appropriately and to provide Lisa Henderson (DDIPC) with a copy of an action plan to remedy the problem within seven days and give an update of the improved performance at the Hospital Infection and Prevention Control Committee on (date). You must achieve 100% compliance in the next month's hand hygiene audit.

Please contact the infection control team if you need any help or advice.

**Richard Harrison**

**Medical Director**

Handwritten signature of Richard Harrison in black ink, featuring a large, stylized initial 'R' followed by the name 'Harrison'.

**Terina Riches**

**Director of Infection Prevention & Control**

Handwritten signature of Terina Riches in black ink, written in a cursive style.

cc:

Lisa Henderson

Deputy D.I.P.C.

## Appendix 3

### Individual Staff warning letter non compliance



Ward/Department  
Hospital

Date

Dear .....

Following our conversation, I am writing to confirm that you were observed failing to follow the Trust hand hygiene policy. As you know this has also been discussed with you previously.

I am therefore, by copy of this letter, alerting the Director of Nursing and Infection Prevention and Control.

I must also tell you that failure to comply again could lead to disciplinary action being taken.

Yours sincerely

cc: Director of Nursing/DIPC and Clinical Director

And /or

Medical Director (for medical staff)

Head of Department (for Therapies/ Allied Health Professionals)