

Hand Hygiene Policy

Produced by: Swindon & Marlborough Infection Control
Team for Swindon Intermediate Care Centre

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Approved by: Swindon PCT Infection Control Committee
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Hand Hygiene Policy

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1. Document Definition

1.1 Revision History

Version	Status	Reason for change	Date	Author
1.0	Issued	New Policy	March 1997	Ruth Lockwood
2.0	Issued	Following review	August 2000	Sue Thompson
3.0	Issued	Following review	July 2003	Helen Forrest
3.1	Draft	Review	Nov 2005	Jenny Wright
4.0	Final		March 2006	Jenny Wright
4.1	Final	Added Bear Below the Elbow	November 2007	Tina McCreedy
4.2	Final	Added training under 'Responsibilities'	December 2007	Tina McCreedy
4.3	Final	2-yearly review	Aug 2008	Tina McCreedy
4.4	Final	PCT review	April 2009	Sharren Pells

1.2 Review and Approval History

Version	Reviewer/Approver	R/A	Scope	Date
3.0	Jenny Wright	R	Context, completeness and accuracy	Nov 2005
3.1	ICC, OH, HR, SNM/MMs, H&S, ICLNs	A	Current and compliant	March 2006
4.1	ICC	A		12 Nov 2007
4.3	ICC	A	Current and compliant	Aug 2008
4.3	Tina McCreedy	R	Context, completeness and accuracy	Aug 2008
4.4	Sharren Pells	R	Context, completeness and accuracy	April 2009

1.3 References

Clean, safe care: reducing infections and saving lives. DH (2008)
The Health and Social Care Act 2008. Code of Practice for the NHS on the Prevention and Control of Healthcare Associated Infections and Related Guidance. DH (revised 2008)
Swindon & Marlborough NHS Trust Dress & Personal Appearance Code. July 2007
Swindon & Marlborough NHS Trust Occupational Health latex policy
Swindon & Marlborough NHS Trust Occupational Health Skin care protocol
NPSA cleanyourhands campaign - www.npsa.uk/cleanyourhands
RCA Good Practice in Infection Control 'Wipe it out' campaign. http://www.rcn.org.uk/_data/assets/pdf_file/0003/78654/002741.pdf

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ICNA Hand Decontamination Guidelines (2002) - ICNA.

Infection Control, Standard Infection Control Precautions policy.

Taylor LJ (1978) An evaluation of hand washing techniques. Nursing Times 74: 108-10.

Further Reading

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Emmerson AM, Enstone JE, Griffin M et al (1996) The second national prevalence survey of infection in hospitals - overview of the results. J Hosp Infect 32: 175-190.

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Russell AD, Hugo WB, Ayliffe GAJ (2000) Disinfection, Preservation and Sterilisation. 3rd Edn. Blackwell Science, Oxford.

<http://www.healthcare2z.org/index.aspx>

1.4 Glossary/Definitions

Hand decontamination is defined as the removal, or killing, of micro-organisms acquired on the hands before they can be transferred.

The following acronyms are used within the document

CHC	Carillion Health Care
CVC	Central Venous Catheter
HCAI	Health Care Associated Infection
NPSA	National Patient Safety Agency
PCT	Primary Care Trust
SLA	Service Level Agreement

1.5 Purpose

To provide clear guidelines on hand decontamination in order to reduce the risks of transmission of infection within the healthcare setting.

1.6 Scope

Implementation within all wards/departments and health care settings within Swindon and Marlborough NHS Trust and in-patient areas of other Trusts where SLAs are in place e.g. Swindon PCT, Avon & Wiltshire Mental Health Partnership NHS Trust.

1.7 Regulatory Position

Winning Ways (DOH 2003)

Saving lives (DOH 2005)

NPSA cleanyourhands campaign (NPSA 2004)

The Health Act 2006. Code of Practice for the Prevention and Control of Healthcare Associated Infections. DH (revised 2008)

1.8 Special Cases

None

1.9 Comments

Any comments on this document should, in the first instance, be addressed to the PCT Infection Prevention and Control Team.

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2. Policy Details

Why decontaminate your hands?

It is universally accepted that hand decontamination is the single most important measure for preventing the transmission of infection.

Many clinical activities expose patients to an increased risk of infection, which can occur when micro-organisms on the hands are introduced directly into a susceptible site such as a wound or vascular catheter, or they colonise the patient's skin and subsequently cause infection. Therefore hand decontamination has a dual role to protect both the **patient** and the **health care worker** from acquiring micro-organisms.

Healthcare associated infection (HCAI) has a direct effect on the quality of patient care and is therefore a major issue in the context of clinical governance, with studies in the UK suggesting that 9-10% of patients acquire an infection during their stay in hospital.

It is essential therefore that:

Hands are decontaminated immediately:

- **before each and every episode of direct patient care/contact and**
- **after any activity that would potentially result in hands becoming contaminated and**
- **on entry and exit to wards/departments**

Preparation of hands prior to decontamination:

To ensure the efficacy of hand decontamination the following principles must be observed.

Bare below the elbow

- The wearing of stoned rings; wristwatches and bracelets is not permitted as they prevent effective hand decontamination and provide opportunities for bacterial colonisation, as total bacteria counts, particularly of gram negative bacteria, are higher when rings are worn. One plain wedding band poses the highest acceptable risk and may be worn. Long sleeves must not be worn or be securely rolled up
- Nail varnish, artificial nails or nail extensions must not be worn as this prevents effective hand decontamination. Nails should be kept short. Pay attention to nails when washing hands as most microbes on the hands come from beneath the fingernails.

When to decontaminate your hands:

Risk Assessment

There is no set frequency for hand decontamination as it is determined by clinical activity. A risk assessment of the activity intended or performed will determine the appropriate decontamination process and the choice of agent eg alcohol, soap or antiseptic preparation.

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Patients are put at risk of developing an HCAI when a health care practitioner caring for them has contaminated hands.

In deciding when it is necessary to decontaminate hands, four key risk factors need to be considered:

- The level of the anticipated contact with patients or objects.
- The extent of the contamination that may occur with that contact.
- The patient care actively being performed.
- The susceptibility of the patient

Levels of hand decontamination:

There are three main levels of hand decontamination: **Routine, Disinfection and Surgical**. The level of decontamination is determined according to the risk (**see chart in Appendix 1**).

Routine hand decontamination:

The aim of routine hand decontamination is to remove transient micro-organisms and can be achieved by:

- Rubbing socially clean hands systematically with Purell alcohol hand rub or equivalent, covering all surfaces until the solution dries (approximately 15 seconds).
- Washing hands systematically with soap and warm water for 10-15 seconds, covering all surfaces.

NB Routine hand decontamination is sufficient for most regular daily activities. Must precede hand disinfection - **ie you cannot disinfect dirty hands**.

Hand Disinfection:

The need for a higher level of decontamination is required in some clinical situations, ie hand disinfection (eg using antiseptic solutions). Hands that are visibly soiled or potentially grossly contaminated with dirt or organic material must always be washed with liquid soap and warm water, prior to hand disinfection.

For example, caring for patients with severe neutropenia, before insertion of an indwelling urinary catheter and prior to aseptic technique. (**See appendix 1 for further details**)

Hand disinfection can be achieved by:

- Washing hands systematically with soap and warm water, drying hands, followed by an application of Purell alcohol hand rub or equivalent (most commonly used method).
- Washing hands systematically with antiseptic solution eg Hibiscrub.

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Surgical hand decontamination:

Surgical hand decontamination is used prior to surgical or other highly invasive procedures (eg insertion of CVC) where extra care must be taken to prevent micro-organisms on the hands being introduced into tissues should gloves be damaged.

Surgical hand decontamination aims to substantially reduce **resident** micro-organisms and to remove or destroy **transient** micro-organisms. This process is achieved by using an antiseptic hand cleansing preparation.

NB Persons undertaking any surgical intervention should follow the theatre policy for surgical scrubbing.

Preparations available:

Purell Alcohol Hand Rubs or equivalent:

Alcohol based hand rub is now considered to be one of the most effective hand decontamination agents for routine hand decontamination, on hands that are not visibly dirty. Using the alcohol hand rub on hands will kill the transient organisms acquired from contact with patients.

Alcohol hand rub is convenient for rapid bedside use and between patients and procedures. **(See appendix 2 for decontamination technique)**

It must be remembered, however, that alcohol hand rub is not a cleaning agent and is not effective in the presence of physical dirt or organic material ie blood/body fluids, some viruses and *Clostridium difficile* spores.

Liquid Soap:

Soap assists in the physical removal of transient micro-organisms from the skin. These organisms are acquired through direct contact with other people or equipment and are readily transferred to and from the hands. **(See appendix 3 for technique)**

NB Ward/Department supplies are available through CHC - contact the helpdesk if sufficient supplies of soap and hand towels are not available.

Antiseptic Soaps:

These are soap solutions with an antiseptic added (for example Hibiscrub). They will reduce the number of resident micro-organisms that normally live on the skin as well as the removal of transient ones. Antiseptic soaps may be inactivated if used in conjunction with ordinary hand soaps.

Responsibilities for hand decontamination:

- All new starters will undergo hand hygiene training as part of the Trust Induction. All trust staff will have a mandatory annual update for hand hygiene. This will be provided by an ICLN, a member of the IP&C Team or other appropriate person and can be accessed within scheduled clinical skills courses, ICLN workshops, via the intranet, ward/department training sessions and ad hoc presentations. The appraisal process is used to follow up staff who fail to receive education.
- It is the ward/department manager's and CHC's responsibility to ensure adequate supplies of the preparations listed above are always available and replenished.
- All staff are asked to remind all visitors to their ward/department that hands must be decontaminated on entry and exit and that the appropriate method is used in isolation rooms.

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How to wash your hands:

Handwashing, when performed correctly, is an infection control practice with clearly demonstrated efficacy. A good technique covering all surfaces of the hands at the right time is more important than the agent used or the length of time taken.

If using soap and water, hands should be dried thoroughly using disposable paper towels. Particular attention should be given to the finger webs. The towels should be sterile if used prior to a surgical procedure. **(For technique see appendix 3)**

Gloves:

Gloves are not always a complete impermeable barrier, however they do reduce the transfer of micro-organisms to and from the wearers hands.

It should be remembered that gloves are used in addition to hand decontamination, not instead of.

- The right glove should be used for the procedure to be carried out **(see Glove Selection Guidelines and Chart within the Swindon PCT Latex Policy)**. Refer to [standard precautions policy](#) for when to use gloves.
- Gloved hands should **not** be washed or cleaned with alcohol hand rubs, gels or wipes.

General Hand Care:

It is important to take particular care of your hands and nails at all times. Ensure your nails are natural, clean and short and cover any cuts in your skin with a waterproof dressing. You should ensure your skin is well moisturised. Hand Medic skin conditioner is provided in ward/department areas. This protects particularly vulnerable areas like nail beds.

Communal hand creams should not be used. (For further advice refer to Occupational Health's skin information.)

Any health care worker who suffers any allergic reactions due to hand decontamination or has any areas of broken skin eg rashes, eczema, psoriasis on their hands or forearms should report to the Occupational Health Department where further advice may be obtained.

Audit

Observation and audit of compliance with the policy is the joint responsibility of all relevant clinical teams and the IP&C Team. A weekly audit will be undertaken within both Forest and Orchard Wards, with compliance scores and comments placed onto a dashboard reporting system for the PCT Board Meetings and Clinical Governance and Patient Safety Forum.

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Appendix 1

Hand Decontamination Process

Risk Group	Routine clean	Disinfection	Surgical ie high level disinfection	Method
High Risk <ul style="list-style-type: none"> All surgical procedures Insertion of CVC 				Surgical hand decontamination <ul style="list-style-type: none"> Full surgical scrubbing
Medium Risk <ul style="list-style-type: none"> Before donning sterile gloves, prior to manipulation of an IV or CVC. Prior to peripheral venous cannulation Before caring for patients with severe neutropenia After providing care to a patient with a highly transmissible organism When removing or changing a wound dressing Before insertion of urinary catheter. 				Hand disinfection <ul style="list-style-type: none"> Washing hands with soap and warm water, followed by application of alcohol hand rub Washing hands with antiseptic cleansing solution eg Hibiscrub
Low Risk <ul style="list-style-type: none"> Taking routine observations - TPR Bed making On entry or exit of ward/department 				Routine hand decontamination <ul style="list-style-type: none"> Application of alcohol hand gel to visibly clean hands Routine hand washing with soap and warm water

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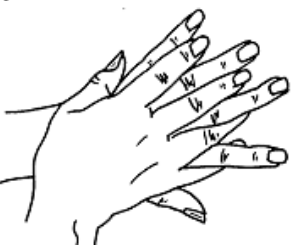
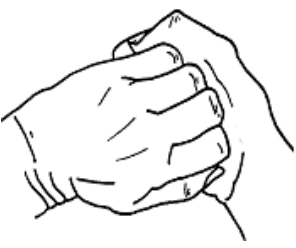


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Appendix 2

Hand decontamination with alcohol hand gel

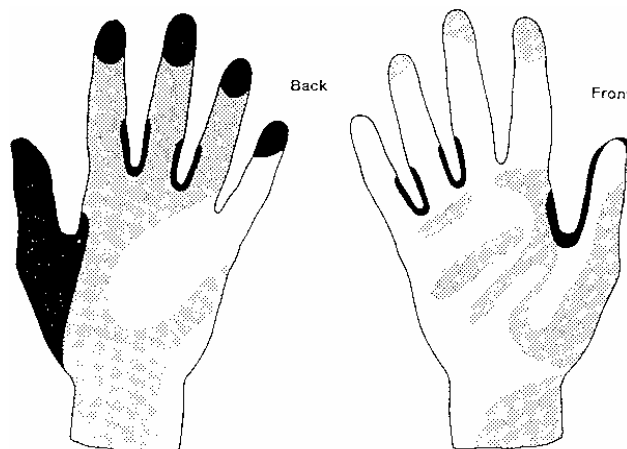
An effective technique must be learned, practised and always used in clinical practice for the use of alcohol hand rub.

<p>1</p>  <p>Palm to palm.</p>	<p>2</p>  <p>Palm to palm, fingers interlaced</p>	<p>3</p>  <p>Right palm over left dorsum. Left palm over right dorsum</p>	<p>4</p>  <p>Back of fingers to opposing palms with fingers interlaced</p>
<p>5</p>  <p>Rotational rubbing backwards and forwards with fingers of right hand in palm of left, and vice-versa.</p>	<p>6</p>  <p>Rotational rubbing of right thumb clasped in left palm and vice-versa</p>	<p>7</p> <p>Finally, clasp left hand around right wrist and vice versa</p> <p>NB Diagrams demonstrating an effective hand decontamination technique should be widely posted in all wards/departments</p>	

It is important to pay particular attention to the areas most commonly missed eg thumbs, nails, cuticles and finger webs.

Areas most commonly missed during hand decontamination

- Most frequently missed
- Less frequently missed
- Not missed



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Appendix 3

Hand decontamination technique for soap and water

An effective technique must be learned, practised and always used in clinical practice for the use of soap and water.

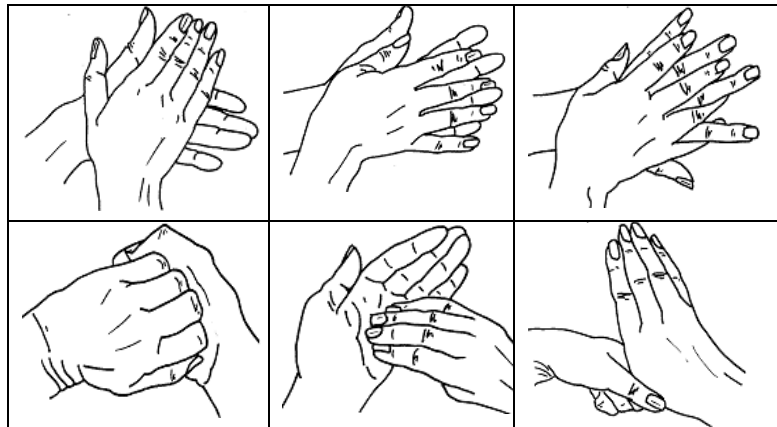
1 Wet hands



2 Apply soap



3 Lather hands using the 6-step technique plus wrists.



4 Rinse hands well



5 Pat dry hands thoroughly



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