The Shrewsbury and Telford Hospital NHS
NHS Trust

Infection Prevention & Control Policy

Hand Hygiene

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Contents

1 Introduction

Healthcare related infections are costly in both human and financial terms. Body secretions and skin surfaces of all healthcare workers can carry bacteria, viruses and fungi that are potentially infections to themselves and others. Effective hand hygiene is the single most important procedure for significantly reducing/preventing the spread if infection. It is an essential practice for patient safety.

2 Purpose

The **aim** of the policy is to set out best practice for achieving effective hand hygiene.

The **purpose** of the policy is to minimise the risk of cross infection to patients, staff and all other service users.

Staff compliance with guidelines for hand hygiene is often poor (Hand Hygiene Liaison Group 1999, Pittet et al 1999). The reasons why staff do not wash their hands include lack of available hand hygiene products, lack of time and the personal belief that they will not spread infection. In view of this, The National Patient Safety Agency chose hand hygiene as their first national priority for action and implemented a national programme to improve staff hand hygiene compliance in 2004, The Clean**your**hands Campaign (NPSA 2004).

This document has been written to provide staff with a clear policy on the actions they must take in order to prevent cross-infection due to contamination of their own hands. It includes recommended techniques for hand hygiene.

This policy applies to **all staff** employed by The Shrewsbury and Telford Hospital NHS Trust, and also to **all visiting staff** including tutors, students and agency/locum staff. Every member of staff has personal responsibility to ensure they comply with this policy.

3 Duties

3.1 Infection Prevention and Control Team

- Ensure the provision of hand hygiene education on Trust Induction sessions. These sessions will contain the following as a minimum:
    - Role of hand hygiene in preventing cross – transmission
    - When to perform hand hygiene
    - Hand hygiene technique
- Validate observational hand hygiene audits

3.2 Head of Facilities

- Ensure that adequate facilities are provided to enable staff to wash and dry their hands regularly and appropriately

3.3 Nurse Managers

- Ensure hand hygiene audits are carried out in line with requirements (appendix 2)

3.4 Ward /Department Managers

- Ensure all staff attend the Trust induction programme
- Ensure that healthcare workers have an annual hand hygiene technique assessment (undertaken by the IPC link nurses)
- Ensure the programme of Hand Hygiene observations/audits are undertaken (the task may be delegated to an appropriate registered nurse)
- Take corrective action to improve practice.
- Produce monthly reports on hand hygiene compliance to their Nurse Managers

3.5 Healthcare Personnel

- Adhere to this policy.
- Be aware of the compliance rate for the hand hygiene audits in the area of work

3.6 Infection control link Nurses

- Act as the Clean**your**hands Campaign champion for their clinical area
- Carry out annual hand hygiene technique assessments for staff in the area

4 Microbiology of the skin

4.1 Micro-organisms found on the skin can be described as:

4.1.1 **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. 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. Removal of these organisms is desirable in these situations, by following the surgical scrub technique.

4.1.2 **Transient Flora –** those acquired by touch e.g. from the environment, touching patients, laundry, equipment etc. They are located superficially on the skin, readily transmitted to the next thing touched, and are responsible for the majority of healthcare-associated infections. They are easily removed by hand decontamination.

5 Hand Care

5.1 In order to achieve effective hand hygiene, it is important to look after the skin and fingernails (Infection Control Nurse Association 2002). Damaged or dry skin (see picture 1. below) leads to loss of smooth skin surface, and increases the risk of skin colonisation with resistant organisms such as Methicillin-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.

Picture 1. Contact Dermatitis

5.2 Staff with acute or chronic skin lesions/conditions/reactions should seek advice from the Occupational Health Department.

5.3 Cover cuts and abrasions with 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 Heath Department.

5.4 Skin damage and dryness often results from frequent use of harsh soap products, application of soap to dry hands, or inadequate rinsing of soap from the hands. It is therefore essential that only approved liquid soap products are used, and that staff always wet hands before applying liquid soap and rinse and dry hands thoroughly.

5.5 Moisturiser must only be used if it is compatible with the liquid soap and alcohol hand rub used within the trust.

5.6 Communal pots of hand cream must not be used due to the potential for contamination of the hand cream and incompatibility with the soap.

5.7 Natural fingernails harbour micro-organisms (Larson 1995). Fingernails should be kept short clean and free from nail varnish.

5.8 Do not wear artificial fingernails or nail extensions when having direct contact with patients. 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.

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

procedures. Remove rings (except plain banded ring), wristbands and bracelets before beginning work.

5.10 All staff must be bare below the elbow before any patient contact.

6 Facilities required for effective hand hygiene

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

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

6.2.1 Dedicated hand wash basin with no plug or overflow that is easily accessible (separate to a dedicated sink for cleaning equipment, etc)
6.2.2 Elbow operated mixer taps
6.2.3 Wall mounted liquid soap dispenser, with an adequate supple of liquid soap
6.2.4 Disposable paper towels in wall mounted towel dispenser
6.2.5 Hand Hygiene posters indicating correct hand washing technique.

6.3 Each clinical area must also have easily accessible alcohol hand rubs/gels (with emollients). Suggested locations include:

6.3.1 At every ward/unit entrance and exit in a wall dispenser
6.3.2 At the entrance to every bay in a wall dispenser
6.3.3 On every patient's bedside locker
6.3.4 On notes and drug trolleys

6.4 Moisturising cream should also be available to maintain skin integrity. This should be supplied in wall-mounted dispensers, located in suitable positions.

7 When to perform hand hygiene

7.1 Both the decision to decontaminate hands and what type of cleaning agent to be used should be based on a risk assessment. This must include the likelihood that micro-organisms have been acquired or may be transmitted, whether the hands are visibly soiled, and what procedure is about to take place.

7.2 **If your hands are visibly soiled or contaminated with body fluids:**

Use soap and water followed by drying with disposable paper towels.

7.3 **Before and after patient contact and when your hands are visibly clean:**

Use alcohol hand gel.

7.4 **If you are about to perform an aseptic technique:**

Use soap and water followed by drying with a disposable paper towel and then use alcohol hand gel.
OR
Use alcohol hand gel.

7.5 **If you have performed any care for a patient who has Clostridium difficile:**

Wash hands with soap and water (Alcohol is not effective against spore-bearing organisms.

7.6 Hands **must** be decontaminated:

7.6.1 Before commencing work/after leaving a work area
7.6.2 Before preparing or eating food
7.6.3 Before handling medicines
7.6.4 After contact with any patient or contact with patients' surroundings.
7.6.5 Before contact with all patients, particularly susceptible sites e.g. wounds, burns, intravenous lines, catheters
7.6.6 Before performing aseptic procedures e.g. venepuncture, catheterisation etc.
7.6.7 Before wearing and after removing gloves (gloves are not a substitute for effective hand washing – they can develop holes whilst in use and hands can become contaminated on removal of gloves).
7.6.8 After handling contaminated laundry and waste
7.6.9 After using the toilet: assisting others with toileting or personal hygiene, before and after emptying urine bags etc.
7.6.10 After contact with patients in isolation or during outbreaks (including those infected or colonised with resistant organisms e.g. MRSA).

8 Choice of cleansing agent

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

8.1.1 **Liquid Soap.** Washing the hands with plain liquid soap and water is adequate for most routine activities. Hand washing with soap lifts transient micro-organisms form the surface of the skin and allows them to be rinsed off.

8.1.2 **Alcohol hand rub/gels (with emollients).** These may 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 washing. These agents have disinfectant activity, and destroy transient micro-organisms. If applied for an extended length of time, they will also destroy some resident flora.

8.1.3 Aqueous antiseptic solutions (surgical scrubs). The most commonly used of these are products based upon chlorhexidine gluconate, povidone-iodine, and triclosan. Solutions 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 reduction in numbers of resident flora are required for invasive procedures e.g. central line insertion, surgery etc.

9 Performing hand hygiene

9.1 **Routine hand washing –** use liquid soap and water, and follow this procedure:

a) Wet hands under running water
b) Dispense one dose of liquid soap into a cupped hand
c) Wash hands vigorously – cover all surfaces as per 6-step hand hygiene technique (see Appendix 1)
d) Rinse hands thoroughly under running water
e) Turn off taps using elbows (or paper towel if taps are not elbow-operated)
f) Dry hands with disposable paper towels

9.2 **Alcohol hand rub/gels (with emollients).** Follow this procedure:

a) Dispense required amount of product onto visibly clean, dry hands
b) Ensure enough product is dispensed to cover surfaces of hands as per 6-step hand hygiene technique (see Appendix 1)
c) Rub vigorously until dry

9.3 **Surgical hand decontamination –** Using an aqueous antiseptic solution 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 a surgical procedure. Examples include the following:

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

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

9.3.2 Apply an alcohol-based solution to clean hands for 3 minutes. (Rotter, Simpson & Koller 1998, Parienti et al 2002)

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

9.3.3 Two stage scrub
(Rotter & Koller 1990)

a) Wash hands with an aqueous antiseptic solution for 3 minutes, followed by an alcohol based product for 1-2 minutes.
b) Procedure as above: 7.3.1 followed by 7.3.2

9.4 **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 in 7.3.2.

10 Training / Audit (see Appendix 2)

10.1. All staff will receive hand hygiene training through the Trust induction programme.

10.1.1 It is the responsibility of ward/department managers to ensure all staff attend the Trust induction programme and that healthcare workers have an annual hand hygiene technique assessment (undertaken by the IPC link nurses) see Appendix 3.

10.1.2 Hand hygiene contents on Trust induction sessions will contain the minimum:

- Role of hand hygiene in preventing cross – transmission
- When to perform hand hygiene
- Hand hygiene technique

10.1.3 Further training needs will be highlighted by ward/department audits, through the adoption of observational hand hygiene audits (see Appendix 4). Bespoke hand hygiene sessions can be arranged with the infection control team as necessary.

10.1.4 Observational hand hygiene audits should be completed when there is an 'outbreak' on the ward, if the ward are a 'hotspot' & at quarterly intervals

10.1.5 If compliance rate is below 95% audits should be completed weekly until 95% compliance is achieved. If compliance is over 95% then audits only need to be completed fortnightly.

10.1.6 Audit results should be sent to the Infection Control team/Divisional Lead Nurse and Clinical Nurse Manager. A copy should be kept on the ward/department and staff should be aware of the compliance rate

10.1.7 Ward/Department Observational Hand Hygiene Audits will be validated by the Infection Control Team

11 Patient Hand Hygiene

Hand washing by patients is equally important in the prevention of infection. Staff must ensure that patients are encouraged to wash their hands after visiting the toilet and before meals.

12 Positioning of hand gel

Hand gel must be positioned at the point of care.

In ward areas these should be:

- On every patient locker (side closest to the patient)
- On entry to bay
- On entry to a side room

In Outpatients hand gel should be:

- Positioned by or attached to examination bed/trolley

Hand gel must NOT be positioned at handwash sinks.

13 Monitoring of this document

The practices detailed in this guideline will be monitored by Audit following the Hand Hygiene Observational Audit, Hand Hygiene Technique Assessments and the results reported to the relevant clinical committees and forums

14 Equality Impact Assessment (EQIA)

This document has been subject to an Equality Impact Assessment and is not anticipated to have an adverse impact on any group.

15 References

Ayliffe G & English M (2003) Hospital Infection: From Miasmas to MRSA. Cambridge. University Press.

Department of Health (2001) The epic project: Developing national evidence-based guidelines for preventing healthcare-associated infections. Journal of Hospital Infection. 47 (Supplement)

Hand hygiene Liaison Group (1999) Handwashing. A modest measure – with big effects. British Medical Journal. 318:686

Hand Hygiene Task Force (2002) Guidelines for hand hygiene in health-care settings. Recommendations of the Healthcare Infection Control Practices Advisory Committee and the HICPAC/SEHA/APIC/IDSA and Hand Hygiene Task Force. Morbidity and Mortality weekly Report. 51 (16), 1-48

Infection Control Nurses Associated (2002) Hand Decontamination Guidelines. Bathgate. ICNA

Larson E (1995) APIC guidelines for handwashing and hand antisepsis in healthcare settings. American Journal of Infection Control. 23 (4), 251-269

National Patient Safety Agency (2004) Business Plan 2003-2004. NPSA www.npsa.nhs.uk

Parienti J, Thibon P, Heller R et al (2002) hand-rubbing with an aqueous alcoholic solution vs traditional surgical hand-scrubbing and 30-days surgical site infection rates: a randomised equivalence study. Journal of the American Medical Association. 288 (6), 722-727

Pittet D, Dharan S, Touveneau S et al (1999) Bacterial contamination of the hands of hospital staff during routine patient care. Archives of internal Medicine. 159:821-826

Rotter ML & Koller W (1990) Surgical hand disinfection: effect of sequential use of two chlorhexidine preparations. Journal of Hospital Infection. 16, 161-166

Rotter ML (19990 Handwashing and hand disinfection. Chapter 87, 1339-1355, in: Mayhall G Hospital Epidemiology and infection Control. 2nd Ed. Lippincott Williams and Wilkins. Philadelphia.

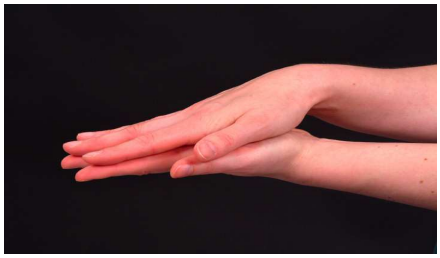
Rotter ML, Simpson R & Koller W (1998) Surgical hand disinfection with alcohols at various concentrations: parallel experiments using the new proposed European Standards method. Infection Control and Hospital Epidemiology. 19, 778-781.

Pittet et al 2000: Effectiveness of hospital wide programme to improve compliance with hand hygiene. *Lancet* 356: 1307-12

Meengs et al 1994: Handwashing frequency in an emergency department. *Annals of Emergency medicine* 23 (6) 1307-12

Appendix 1: Effective Hand Decontamination Technique

Each step should be repeated 5 times

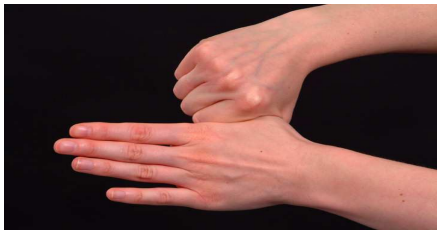


1. Palm to palm

2. Right palm over left
   Dorsum & left palm over
   Right dorsum

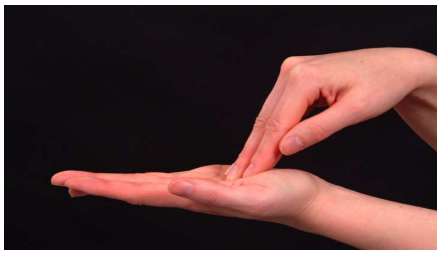
3. Palm to palm with
   Fingers interlaced

4. Backs of fingers to
   Opposing palms with
   Fingers interlocked



5 Rotational rubbing of
Right thumb clasped in
Left palm & vice versa.

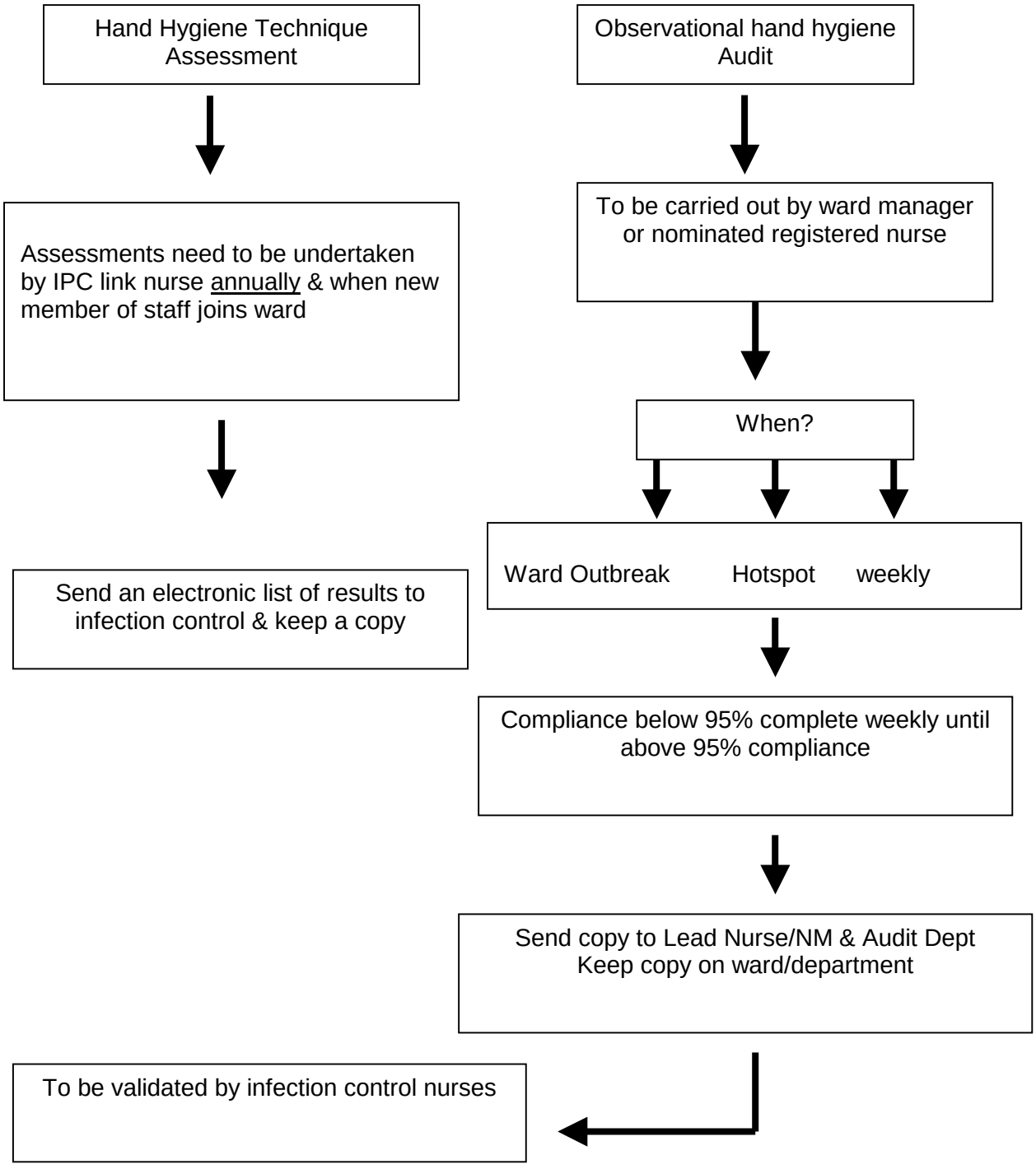
Wrists are similarly rubbed



6. Rotational rubbing
   Backwards & forwards
   With clasped fingers
   Of right hand in left
   Palm & vice versa.

Appendix 2: Hand Hygiene Assessment/Audits

It is the responsibility of the ward/department managers to ensure that hand hygiene audits are undertaken, but the task to carry out the audit may be delegated to an appropriate registered nurse.
Staff undertaking the audits need to be briefed on the practicalities of observation, using the tools as a guide. It is the responsibility of the IPC **link nurse** to ensure annual hand hygiene technique assessments are completed and the Ward Manager will monitor this.



Appendix 3: Hand Hygiene Technique Assessment Tool

Name:

Have you received training in hand hygiene procedures within the last year?

☐ Yes
☐ No

If No ensure member of staff is shown the hand hygiene technique video available on the intranet

If yes proceed to questionnaire below

HCW's have to pass every standard	**Yes**	**No**
No wrist watches/stoned rings or other wrist jewellery are worn by staff		
Staff nails are short, clean and free from nail varnish/no false nails?		
Staff use the correct procedure for decontaminating hands (observe practices).		
Staff can indicated when it is appropriate to use alcohol handrub and when to clean hands with soap and water		

Ensure annual electronic results are sent to Infection prevention and Control, NM and Ward Manager. Keep a copy on ward/department

Appendix 4: Hand Hygiene Observational Audit

The Shrewsbury and Telford Hospital NHS
NHS Trust

1. Background

Monitoring adherence with hand hygiene and providing staff with feedback on their performance is strongly recommended in recent literature. There are a range of tools available for assisting staff in calculating hand hygiene compliance and a number are currently under development. The tool which is made available here will allow you to collect some baseline information on compliance in the trust.

.The hand hygiene observation tool is designed to assist staff in observing hand hygiene behaviour and allows for meaningful feedback to staff on wards. It is based on a tool used in one of the largest studies undertaken internationally on hand hygiene which demonstrated that feedback was a key feature of improvement. The basis of the tool is that it allows you to record over a *20-minute* period whether healthcare workers who touch patients have adequately decontaminated their hands in a timely way.

The model used here has been adapted by Jeanes (2002) from that used by Pittet et al (2000) and used extensively in University Hospitals Lewisham (UHL). The tool is based on the principle that when touching patients (or their environment) healthcare staff have 'hand hygiene opportunities'.

It is the responsibility of the **Ward/ Department managers** to ensure the observational audit are undertaken but the task to carry out the audit may be delegated to an appropriate Registered Nurse. Staff undertaking the audits need to be briefed on the practicalities of observation, using the tools here as a guide.

2. Hand hygiene opportunities

The following provides some examples to illustrate opportunities for cleaning hands:

- Before touching a patient's skin
- Before doing a sterile procedure
- After handling body substances
- After touching a patient

All of the above should be followed by hand washing or use of alcohol rub. The observational tool compares hand hygiene opportunities (O) with actual observed hand hygiene (H). Compliance can then be expressed as a percentage.

3. Compliance can be defined as either washing hands with soap and water or rubbing with an alcohol rub in accordance with a hand hygiene opportunity, so:

$$\text{Compliance} = \frac{\text{observed } \mathbf{h}\text{and hygiene (H)}}{\text{hand hygiene } \mathbf{o}\text{pportunity (O)}} \times 100 = \text{compliance \%}$$

4. Instructions:

4.1. The staff member undertaking observation should undertake a number of practice observations to get familiar with the tool and to minimise the Hawthorne Effect. This also reduces staff on the wards' awareness of the presence of the observer.

4.2. Observations can take place by just one person or with a partner.

4.3. Identify an area within your ward/department where you can comfortably observe staff. Stay in this place for 20 minutes and observe your 'window' of activity. Do not move from this place during the 20 minutes. If staff walk away without you seeing whether they perform hand hygiene, do not follow them. Do not mark anything down unless you see it.

4.4. Position yourself so that you do not cause an obstruction but can still see what is happening. It may feel strange and you might think that you are too noticeable. This is normal and the best thing is to just carry on.

4.5. Observe for **20-minute** periods.

4.6. Using the observation sheet mark a '**O**' for a hand hygiene **o**pportunity and an '**H**' for an actual **h**and hygiene activity taking place. If hand hygiene does not take place leave it blank.

4.7. The observation sheet offers you the chance to identify staff groups.

4.8 While you are observing you may identify issues which are barriers to hand hygiene, e.g. no soap, obstructed sinks, no alcohol by the bed, alcohol not working, alcohol empty – include this in your feed-back.

4.10. When you have completed 20 minutes' observation, give feedback to the staff – a feedback form is included in this pack. When you give verbal feedback try to stress positive findings first and if you give negative feedback give examples and suggestions for improvement.

4.11 Collate the results of the audit and present as outlines on the feedback form. Breaking compliance rates per staff group. (See example chart)

4.11. Completed observation charts need to be returned /retained by the ward/ department manager.

Example Feedback Form

Date	
Time	
Ward/unit	
Observers	
Score: Observed hand hygiene (H) x 100 Hand hygiene opportunities (O)	OBSERVATIONS 11 OPPORTUNITIES 13 Total Compliance 84% Expected Compliance Rate 95%
Score by staff group	Nurses 100% (5 observed hand hygiene compliance/5 opportunities to decontaminate hands) Doctors 0% (0 Compliance / 1 opportunity HCA's 100% (2 observed hand hygiene compliance / 2 opportunities Others 80% (4 observed hand hygiene compliance / 5 opportunities)
Score compared to last observation	52%
Specific feedback	Doctor approached after audit to explain observation & that it would be expected that his hand hygiene practice would improve
Feedback given to	Nurse in Charge/ward manager/Divisional lead nurse
Further action required	Feedback results to all staff in Unit Inform Medical Director Senior staff to challenge other groups of staff and enforce hand hygiene compliance Repeat Audit in 1 month Results to be returned to Infection Control If you do not have a copy of the audit tool contact Infection Control.

Appendix 5: Audit Documentation

HAND HYGIENE AUDIT

ID

Ward

Date / / 2008

Start time :

Finish time :

Number of patients observed

Please observe for a 20 minute period - you do not have to see 10 observations

"O" stands for Hand Hygiene Opportunity - this is performing an aspect of patient care when hands should have been cleaned first.
"H" stands for Hand Hygiene Action - this is cleaning hands before performing the aspect of care

Every time you observe a Health Care Professional perform patient care for which they ***should clean their hands***, mark a cross in the ***O*** column.
If they do ***clean their hands***, mark a cross in the ***H*** column next to it.
Use the appropriate line of the table for the healthcare professional that you are observing - ie. Nurses in the Nurse line of the table, Doctors in the Doctor line etc.

Observations	Nurse		Doctor		HCA		Other	
	O	H	O	H	O	H	O	H
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
Totals								

If you have any queries please contact infection control on 1134.
Please return completed forms to: Andrew Holloway, Clinical Audit, SECC, RSH North
Forms MUST be received in Clinical Audit by 5th of following month for inclusion in that months' figures. Late forms will not be processed
Please do not photocopy these forms
Blank forms can be obtained from Clinical Audit - ext 3392

Appendix 6: Definitions: Fulkerson – Risk scale for hand hygiene opportunities

6.1 Low Risk

6.1.1. Sterile or autoclaved materials

6.1.2. Thoroughly cleaned or washed materials

6.1.3. Materials not necessarily cleaned but free from patient contact i.e. notes, papers, telephone and nurses desk area.

4. Materials in contact with patients with little contamination risk i.e. furniture in patient area

6.2 Medium risk

6.2.1. Objects or materials that have been in close contact with patients but are not contaminated with patient secretions or other sources of pathogenic bacteria i.e. relatively clean patient gowns, linen, used cutlery or plates, bed rails and tops of patient tables.

6.2.2. A patient: minimal contact without touching excretions or secretions and for a limited period of time such as shaking hands, taking a pulse or giving a back rub.

6.3.3. Materials and inanimate objects that have been in contact with, or bear, patient Secretions such as saliva, not known to be contaminated.

6.3 High risk

6.3.1. A patient: directly touching areas of secretions such as mouth, nose and so forth.

6.3.2. Materials contaminated with patient urine

6.3.3. Patient urine (direct contact)

6.3.4. Materials bearing faecal soilage

6.3.5. Faecal soilage (direct contact)

6.3.6. Materials that have been in direct contact with known infected secretions or excretions.

6.3.7. Secretions or excretions known to be contaminated (direct contact)

6.3.8. Infected patient sites such as infected wounds (direct contact)

Appendix 7: Infection Control & Hand Hygiene Training Needs Analysis - 2009/10

Staff Group	Main IC Learning Outcomes Required	Type of Training (methods)	Frequency	Training Provider	KSF Dimensions	Staff No.s	Comments & Issues
All New Staff - Corporate Induction	Basic Principles, Corporate Infection control procedures, reporting etc, Hand Hygiene.	Auditory – Presentation, Visual Powerpoint slides, Handout	On starting	IC Nurse	Core 3, Health, Safety & Security		
All New Staff - Local Induction	Local Infection control procedures, reporting etc. Local Hand Hygiene procedures, equipment etc.	1:1 and recorded on Induction Checklist	On starting	Line manager	Core 1 Communication, Core 3, Health, Safety & Security, HWB3 Protection of Health & Wellbeing		
All New Senior Medical Staff	Infection Control and Hand Hygiene items specific to medical staff, including local Infection control procedures, reporting etc, local Hand Hygiene procedures, equipment etc	Face to face on Medical Induction day (follow up to Corporate Induction day)	within 6 months of starting	Director of Infection Prevention & Control or designated deputy	N/A		
FY1 Drs	Hand Hygiene assessment, peripheral lines insertion, taking of blood cultures and aseptic technique	Presentation, Group work	Annual	IC Nurse	N/A		
Senior Doctors for refresher training	Hand Hygiene assessment, peripheral lines insertion, taking of blood cultures and aseptic technique	Medical Statutory Training Day presentation and discussion	Every 2 years		N/A		To be implemented

Staff Group	Main IC Learning Outcomes Required	Type of Training (methods)	Frequency	Training Provider	KSF Dimensions	Staff No.s	Comments & Issues
Undergraduate Students FY3	Hand Hygiene assessment, peripheral lines insertion, taking of blood cultures and aseptic technique	Auditory – Presentation, Visual Powerpoint slides, Handout	Annual	IC NURSE	N/A		
Registered Nurses in all areas	Identify how infections are spread Show an awareness of MRSA and C Difficile and how to prevent transmission Demonstrate an understanding of the "Saving Lives High Impact interventions" Care Bundles Rationale behind isolation/cohort isolation Identify examples of 'good' and 'bad' practice. Recognise basic hygiene practices to present infection spread including hand washing. Identify how to access infection control policies.	Auditory – Presentation, Group Discussion Q&A Visual Powerpoint slides Photos giving examples of practice	Stat Training every 12 months	IC Nurses	Core 1 Communication, Core 3, Health , Safety & Security, Core 4 Service Improvement, Core 5 Quality, HWB3 Protection of Health & Wellbeing		
Nurses carrying out Invasive procedures (IV, catheterisation, Cannulation & venepuncture etc)	IV Theory, Aseptic Technique, Numeracy tests	Pre-course workbook, attend one day study day. Follow up 10 observed assessments by registered assessors.	Half day update with assessment. Every 3 years	IV - CPEs Catheterisation - ??			Only male catheterisation courses delivered at present by Urology Specialist nurse. CPEs to deliver IV training from 09/08. Provision of Cannulation and Venepuncture tbc.

Staff Group	Main IC Learning Outcomes Required	Type of Training (methods)	Frequency	Training Provider	KSF Dimensions	Staff No.s	Comments & Issues
Registered Nurses in Ward Areas (Aseptic Technique)	Train the Trainers -	Train the Trainer - 1.5 hours theory and practice. Follow up assessment in practice by CPEs	According to need.	Practice Educators			Trained nurses role this out in ward areas according to time
HCAs and AHPs	Identify how infections are spread Show an awareness of MRSA and C Difficile and how to prevent transmission Demonstrate an understanding of the "Saving Lives High Impact interventions" Care Bundles Rationale behind isolation/cohort isolation Identify examples of 'good' and 'bad' practice. Recognise basic hygiene practices to present infection spread including handwashing. Identify how to access infection control policies.	As above	As above	IC NURSE	Core 1 Communication, Core 3, Health , Safety & Security, Core 4 Service Improvement, Core 5 Quality, HWB3 Protection of Health & Wellbeing		
Domestics	Principles on cleaning at ward level - isolation room cleaning, misuse of gloves, correct/incorrect practice, hand hygiene	As above	Annual	IC NURSE	Core 1 Communication, Core 3, Health, Safety & Security, EF2 Environments & Buildings		

Staff Group	Main IC Learning Outcomes Required	Type of Training (methods)	Frequency	Training Provider	KSF Dimensions	Staff No.s	Comments & Issues
Estates Staff	Tailored programme	As above	Annual	IC NURSE	Core 1 Communication, Core 3, Health, Safety & Security, EF2 Environments & Buildings		
Agency staff	Local Infection control procedures, reporting etc	As above	?	IC NURSE			To be implemented
Admin & Clerical staff & Managers	Basic Infection Control principles and working practices	E-learning	Every 3 years	E learning	Core 3, Health, Safety & Security		To be implemented
Infection Control and Surveillance Specialist Staff	Ongoing CPD Annual IC nurses conference	Various	As required	Various	HWB3		
Contractors/Visiting Staff/Inspectors	Tailored programme	Auditory	As required	IC NURSE/estates	N/A		