

Policy and Procedures for Hand Hygiene

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Contents

1. Background	3
2. Consulted with	3
3. Ratification	3
4. Links to other Policies	3
5. Introduction	4
6. Policy Statement	4
7. Scope	5
8. Purpose	5
9. Duties and responsibilities	5
10. Training	8
11. Process for monitoring attendance at hand hygiene training	9
12. Process for following up non-attendance at hand hygiene training	10
13. Compliance with the Hand Hygiene Policy	10
14. Performing hand hygiene	10
14.1 General information	10
14.2 Types of hand hygiene	11
14.2.1 Social Hand Hygiene	11
14.2.2 Hygienic Hand Hygiene	12
14.2.3 Surgical Scrub	13
15. Your 5 moments for Hand Hygiene	14
16. Facilities required to perform hand hygiene	15
17. The procedure for performing hand hygiene (hand washing)	17
18. Hand drying	18
19. Use of alcohol based hand rub	19
19.1 General Information	19
19.2 How to use alcohol based hand rub	19
19.3 Good Practice Points	20
20. Nail Care	20
21. Hand hygiene and jewellery	21
22. Hand hygiene and work clothing	21
23. Hand care	21
24. Standard Precautions	22
25. References and Further Reading	22
 Appendix A - Policy Development Document Control Panel	 23
Appendix B - Equality Impact Assessment Tool	25
Appendix C - How to hand rub	26
Appendix D - How to hand wash	27
Appendix E – Training Needs Analysis	28

Title: Hand Hygiene Policy	Document status: Final Version
Number: POL No: 14	Date of issue: -- July 2009
Version No: 2	Review date: -- July 2011
Sponsor: Infection Control Advisor	Page :Page 2 of 37

1. Background

This policy replaces the Infection Prevention and Control Hand Hygiene Policy for Staff and Patients in Southwark Primary Care Trust; POL CL 014, version number1. The policy was issued in June 2006, reviewed in June 2008 by the Infection Control and Clinical Environment Committee and extended for six months to December 2008.

The policy on hand hygiene and procedures is to ensure the recommendations made by the National Patient Safety Agency (NPSA) are followed, namely to ensure that the following points are covered:-

- Added point of care guidance to clarify when hand hygiene should take place (5 moment).
- Changed the technique and principles of the hand wash and hand gel technique to include the wrist.
- Reason for amendment New Guidance and need for NHSLA format

2. Consultation with: -

- Infection Control & Clinical Environment Committee.
- Department of Microbiology Kings College Hospital London Trust.
- Director of Infection Prevention and Control.
- Health Protection Unit

3. Ratification

Ratified by

Hand Hygiene Policy Version 1

Approved - Clinical Audit Group August 2006

Ratified - Integrated Governance Committee September 2006.

Hand Hygiene Policy Version 2

Approved – Infection Control Committee September 2009

Ratified -

4. Links to other Policies

- Infection Control Policy
- Incident Reporting Policy
- MRSA Guidelines
- C.Difficile Guidelines

Title: Hand Hygiene Policy	Document status: Final Version
Number: POL No: 14	Date of issue: -- July 2009
Version No: 2	Review date: -- July 2011
Sponsor: Infection Control Advisor	Page :Page 3 of 37

- Mandatory and Statutory Training
- Latex Policy

5. Introduction

Hands are the most common way in which microorganisms, particularly bacteria, might be transported and subsequently cause infection, especially to those who are most susceptible to infection. In order to prevent the spread of microorganisms to those who might develop serious infections by this route while receiving care, hand hygiene must be performed adequately. This is considered to be the single most important practice in reducing the transmission of infectious agents, including Healthcare Associated Infections (HAI), during delivery of care.

The hand hygiene procedure being undertaken should consider the potential/actual hazards that have or might be encountered, the subsequent potential/actual contamination of hands, and any risks that may present as a result. The nature of the work - patient/client interaction will often determine this along with the vulnerability of individuals.

It must however, always be assumed that every person encountered could be carrying potentially harmful microorganisms that might be transmitted and cause harm to others. For this reason, hand hygiene is one precaution which must be applied as standard. Hand hygiene is one of the ten elements of Standard Infection Control Precautions (SICPs).

Everyone has an important part to play in improving patient/client safety. Undertaking SICPs is an essential element to ensure everyone's safety

All of the steps detailed in this policy aid the process of ensuring hands are free from contamination and are therefore not a factor in causing infection.

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

6. Policy Statement

The Health and Social Care Act 2008 clearly identifies that organisations must ensure they have satisfactory and robust arrangements to manage all areas concerning infection control. Southwark Provider Services are committed to the reduction of Healthcare Acquired Infections in the community by ensuring excellent standards of hand hygiene across the organisation. It is the Policy of both NHS Southwark and Southwark Provider Services that all staff attends Infection Control Training which incorporates hand hygiene training as part of Corporate Induction. In addition all staff who have contact with patients/patient

Title: Hand Hygiene Policy	Document status: Final Version
Number: POL No: 14	Date of issue: -- July 2009
Version No: 2	Review date: -- July 2011
Sponsor: Infection Control Advisor	Page :Page 4 of 37

products attend yearly Infection Control Training incorporating hand hygiene training.

7. Scope

This policy applies to all staff groups, but in particular those working in clinical areas.

8. Purpose

The purpose of this policy is to outline the process for:

- reducing the incidence and therefore the risks associated with healthcare acquired infections
- outlining the duties and responsibilities for ensuring excellent standards of hand hygiene
- monitoring attendance and follow up of non attendance of hand hygiene training
- practising excellent hand hygiene

9. Duties and responsibilities

For implementation, monitoring and performance.

All Staff

All staff newly employed within the organisation must attend Infection Control Training as part of the Corporate Induction.

All staff who have contact with patients and /or patient products must

- Apply the principles of Standard Infection Control Precautions (SICPs). All staff have a responsibility to ensure that they undertake adequate hand hygiene and encourage others delivering care to do so.
- Offer reassurance to patients/clients and visitors/careers on precautions being taken
- Advise the patients/clients, carers or visitors of any infection control requirements such as hand hygiene
- Ensure supplies of hand hygiene solutions and other materials, such as paper towels are readily available for all to use, including visitors
- Ensure posters featuring when to perform hand hygiene and the steps

Title: Hand Hygiene Policy	Document status: Final Version
Number: POL No: 14	Date of issue: -- July 2009
Version No: 2	Review date: -- July 2011
Sponsor: Infection Control Advisor	Page :Page 5 of 37

included in the hand hygiene process etc. are displayed in relevant, prominent areas to support infection control. Support for this can be sought through infection control staff.

- Report to line managers any deficits in knowledge or other factors in relation to Standard Infection Control Precautions (SICPs) and hand hygiene in particular including facilities/equipment or incidents that may have resulted in cross contamination
- Report any illness which may be as a result of occupational exposure to the line manager and the Occupational Health Department.
- Not to provide direct patient/client care while infectious as this could cause harm to the patient/client/others. If in any doubt consult with your manager, General Practitioner, Occupational Health Department.
- Consider the elements of Standard Infection Control Precautions (SICPs) such as hand hygiene as an objective within your Personal Development Programme (PDP). Bearing in mind that Infection Control is a mandatory for all NHS Southwark employees.

Managers of Clinical Services must:

- Ensure that all staff have had instruction/education on the principles of hand hygiene and Standard Infection Control Precautions (SICPs) during appraisal.
- Ensure that adequate resources are in place to allow for the recommended infection control measures such as hand hygiene to be implemented. This includes liaison with the estates/maintenance staff in relation to hand hygiene facilities such as sinks.
- Ensure areas participate in surveillance and audit programmes at a national or local level including auditing as part of the National Hand Hygiene Campaign and active support for presentation and improvement of hand hygiene compliance results.
- Undertake a risk assessment to optimise patient/client and staff safety, consulting expert infection control guidance if/as required
- Support staff in any corrective action or interventions if an incident occurs that may have resulted in cross transmission
- Ensure any staff with health concerns, including any skin irritation related to occupational hand hygiene, or those who have become ill due to occupational exposure are referred to the relevant person e.g., General Practitioner or Occupational Health.
- Ensure that hand hygiene posters are displayed in relevant prominent areas
- Ensure that all staff are aware of hand hygiene campaigns

Staff with infection control responsibilities must:

Title: Hand Hygiene Policy	Document status: Final Version
Number: POL No: 14	Date of issue: -- July 2009
Version No: 2	Review date: -- July 2011
Sponsor: Infection Control Advisor	Page :Page 6 of 37

- Provide education for staff and management on the principles of hand hygiene and Standard Infection Control Precautions (SICPs). Infection control training including hand hygiene is provided at induction for all new employees, quarterly updates by the Infection Control Advisor and e-learning:
Non-clinicians – www.corelearningunit.com.
Clinicians – www.engerderhealth.org/ip/.
- Act as a resource for guidance and support when advice on hand hygiene is required
- Provide advice on individual risk assessments for performing hand hygiene.
- Support the monitoring of compliance and present compliance results, including for the National Hand Hygiene Campaign, both at local and national level

Visitors should be advised:

- Of appropriate hand hygiene to be carried out, at least before and after visiting.

Incident Reporting:

- Any incidents where failures in hand hygiene have occurred or where there are product/facilities issues that affect adequate hand hygiene and in turn health and safety should be reported in line with the Incident Reporting Policy.

General good practice:

- Effective communication between all members of the health and social care team is imperative for patient safety.
- Health and safety issues, related to staff, patients/clients should also be considered in relation to products used for hand hygiene, e.g. drips or spillages from alcohol based hand rub and any risks of slips, falls or ingestion of products by particular patient/client groups. Risk assessments should be carried out locally to highlight/manage relevant issues.
- Control of Substances Hazardous to Health (COSHH) and product data sheets should be referred to in order to ensure safe use of/exposure to products being used for hand hygiene.
- Hand hygiene is an important part of respiratory hygiene/cough etiquette. Advice can also be given on this:
 - Cover nose and mouth with disposable single-use tissues when sneezing, coughing, wiping and blowing noses
 - Dispose of used tissues in the nearest waste bin
 - Wash hands after coughing, sneezing, using tissues, or after contact with respiratory secretions and contaminated objects

Title: Hand Hygiene Policy	Document status: Final Version
Number: POL No: 14	Date of issue: -- July 2009
Version No: 2	Review date: -- July 2011
Sponsor: Infection Control Advisor	Page :Page 7 of 37

Printed policies and procedures should not be regarded as current. To view all current PCT policies and procedures, refer to the intranet/website at Policies Clinical

- Keep hands away from the mucous membranes of the eyes and nose. Certain patient/clients (e.g. the elderly, children) may need assistance with containment of respiratory secretions; those who are immobile will need a receptacle (e.g. a plastic bag) readily at hand for the immediate disposal of used tissues and offered hand hygiene facilities

Role of Director of Infection Prevention and Control

The DIPC has corporate responsibility for infection, prevention and control (including hand hygiene) throughout the Trust as delegated by the Chief Executive.

Role of Infection Control Clinical Environment Committee

This is a sub-group of the Integrated Governance Committee. The role of the Infection Control Clinical Environment Committee is to oversee the implementation of the Infection Control agenda in line with the Health Care Act 2008 and ensure compliance with CQC Infection Control Standards.

Role of SPS Provider Services Infection Control Committee

- To advise and support the Infection control team.
- Develop and endorse the infection control action plan, including measurement of compliance with the Health and Social Care Act, 2008.
- Receive reports from the Health Protection Unit on matters relating to public health which may affect infection control procedures in SPS Provider Services.
- Approve and review policies / procedures in relation to control of infections in line with national / local guidance.
- Promote infection control education for all grades of healthcare workers.
- The Infection Control Advisor will advise the Head of Governance, Quality and Nursing on behalf of the committee on measures, controls and resources required for the prevention and control of infections / infectious diseases within NHS Southwark Provider Services.

10. Training

Title: Hand Hygiene Policy	Document status: Final Version
Number: POL No: 14	Date of issue: -- July 2009
Version No: 2	Review date: -- July 2011
Sponsor: Infection Control Advisor	Page :Page 8 of 37

Training Incorporating Hand Hygiene

See Appendix for full TNA

	Type	Frequency	Provided By	Attendees
Mandatory	Induction	Monthly	Infection Control Advisor	All newly appointed staff
Mandatory	Annual Update	Provided Quarterly	Infection Control Advisor	All staff who have contact with patients or patient products
Mandatory	e-learning (as an annual update not as an introduction)	Yearly	Intranet – learning and Development	All staff who have contact with patients or patient products
Adhoc	Clinical Teams	Yearly	Infection Control Advisor	All staff who have contact with patients or patient products
Adhoc	Workshops e.g. 5 Moments	As required, (x4 for 2009)	Infection Control Advisor	All staff who have contact with patients or patient products
Adhoc	Infection Control Conference	Yearly	Infection Control Team and Learning and Development	All Clinical Staff

11. Process for monitoring attendance at hand hygiene training

Title: Hand Hygiene Policy	Document status: Final Version
Number: POL No: 14	Date of issue: -- July 2009
Version No: 2	Review date: -- July 2011
Sponsor: Infection Control Advisor	Page :Page 9 of 37

Infection Control Training is included in the mandatory and statutory training programme. All managers will ensure that newly appointed staff attend the corporate induction.

All managers of clinical services will ensure that staff attend Infection Control Training plus yearly updates and that they understand and are aware of the importance of hand hygiene.

Attendance at Infection Control Training is monitored through the Learning and Development Department. Attendance is rewarded on the AT learning system. Attendance and non-attendance reports are automatically generated by this system and sent to relevant managers to follow up with relevant staff. Copies of these reports are also presented to Heads of Service at the Operational Board meeting

12. Process for following up non-attendance at hand hygiene training

The Learning and development Department produces regular reports detailing attendance at mandatory and statutory training. These reports are forwarded to managers of relevant clinical services and the Head of Service to follow up and ensure compliance with training. In addition non compliance at mandatory and statutory training will be reported and followed up through Southwark Provider Services Operational Board.

13. Compliance with the Hand Hygiene Policy

This is monitored through a programme of hand hygiene audits which audit both frequency of hand hygiene and technique. Audit results are reported to the SPS Infection Control Committee, Infection Control & Clinical Environment and escalated where appropriate to the Heads of Services and Integrated Governance Committees.

14. Performing hand hygiene

14.1 General information

- Hand hygiene is considered the single most important infection control activity and can help reduce the spread of healthcare associated infections.
- By following all steps included within the hand hygiene process, e.g. preparation for hand hygiene (care of nails and jewellery), hand drying and hand care you will ensure potentially harmful microorganisms are not a factor in the spread of infectious agents.
- The times that hand hygiene should be performed have been summarised

Title: Hand Hygiene Policy	Document status: Final Version
Number: POL No: 14	Date of issue: -- July 2009
Version No: 2	Review date: -- July 2011
Sponsor: Infection Control Advisor	Page :Page 10 of 37

into the “**Your 5 Moments for Hand Hygiene**” as these are considered the most fundamental times for the levels of hand hygiene to be undertaken during care delivery and daily routines (section 4).

- Even if gloves have been worn, hand hygiene must be performed as hands may still be contaminated beneath gloves, or upon removal of these and, therefore, may pose a risk for transmitting microorganisms.
- It should also be noted that hand hygiene may have to be performed between tasks on the same patient.
- If hands have touched a patient/client before or during a procedure, but are not soiled with any body fluids and, therefore, do not require re-hand washing with soap or an antiseptic hand cleanser, alcohol based hand rub can be used, using the same technique/duration (see **Performing hand hygiene using alcohol based hand rub**)
- Any soilage/organic matter can inactivate the effectiveness of alcohol and, therefore, hand washing in these circumstances is essential.
- Where infection with a spore forming organism e.g. *Clostridium difficile* is suspected/proven it is recommended that hand hygiene is carried out with liquid soap and water.
- Where infection with a viral gastroenteritis e.g. norovirus is suspected/proven it is important that hand hygiene is carried out with liquid soap and water although it can be followed by alcohol based hand rub
- In clinical and communal care settings in particular, it is recommended that solutions be stored within a wall mounted dispenser that can be easily cleaned, have single use, disposable cartridge sets within the dispenser, and have easy-to-use dispensing systems (e.g. a large lever)
- Bar soap should not be used in a clinical setting. Those working in areas such as patient's/client's own home may have to carry their own supplies of solutions and hand towels
- Solutions used may vary in local settings. The physical actions of performing hand hygiene, however, should always be the same and are essential in ensuring hands are adequately decontaminated
- ‘Topping up’ of bottles that contain solutions should never occur as the inside of bottles, even those containing antiseptic solutions, can become a breeding ground for bacteria over time
- The use of antimicrobial impregnated wipes has been considered for use in the hand hygiene process, however, it has been shown that such wipes are not as effective as hand washing or the use of alcohol based hand rub, therefore these are not considered a substitute. For further advice contact infection control team.

Title: Hand Hygiene Policy	Document status: Final Version
Number: POL No: 14	Date of issue: -- July 2009
Version No: 2	Review date: -- July 2011
Sponsor: Infection Control Advisor	Page :Page 11 of 37

14.2 Types of hand hygiene

14.2.1 Social Hand Hygiene

Why should Social Hand Hygiene be performed?	
Social hand hygiene is performed to render the hands physically clean and to remove microorganisms picked up during activities considered 'social' activities (transient microorganisms ¹)	
When should social hand hygiene be performed?	
BEFORE	AFTER
<ul style="list-style-type: none"> • starting/leaving work • using computer keyboard (in a clinical area) • eating/handling of food/drinks (whether own or patient/clients) • preparing/giving medications • touching a patient/client • entering/leaving clinical areas 	<ul style="list-style-type: none"> • touching a patient/client • hands becoming visibly soiled • visiting the toilet • using computer keyboard (in a clinical area) • handling laundry/equipment/waste • blowing/wiping/touching nose • touching inanimate objects (e.g. equipment, items around the patient/client) and the patient/client environment • removing gloves
What solution should be used for performing social hand hygiene?	
<ul style="list-style-type: none"> • Plain or antimicrobial soap, preferably liquid soap • Alcohol based hand rub can also be used for social hand hygiene (where hands have not been soiled) for ease of use where appropriate. 	
How long should it take to perform social hand hygiene?	
<ul style="list-style-type: none"> • It should take at least 15 seconds to perform social hand hygiene, however washing your hands for excessive lengths of time is not recommended as this may damage the skin leading to increased shedding of skin scales or increased harboring of microorganisms 	

¹ Transient micro-organisms include different potentially pathogenic microorganisms, primarily bacteria. Hands acquire microorganisms from other sites on an individual's body, from other people and from the environment. Transient organisms do not normally survive for long periods

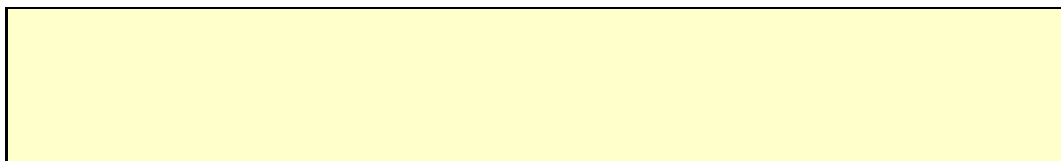
Title: Hand Hygiene Policy	Document status: Final Version
Number: POL No: 14	Date of issue: -- July 2009
Version No: 2	Review date: -- July 2011
Sponsor: Infection Control Advisor	Page :Page 12 of 37

on individuals' hands and so either die or are passed to objects or others through touch contact. The ease with which these organisms can be passed to and from the hands makes them extremely efficient vectors for infection (AAHB Control of Infection Manual, 4th Edition).

14.2.2 Hygienic Hand Hygiene

Why should hygienic hand hygiene be performed?	
<ul style="list-style-type: none"> To remove or destroy transient microorganisms. In addition to provide residual effect during times when hygiene is particularly important in protecting yourself and others (reduces resident microorganisms). 	
When should hygienic hand hygiene be performed?	
BEFORE	AFTER
<ul style="list-style-type: none"> Clean/aseptic procedures Contact with immuno-compromised patients/clients 	<ul style="list-style-type: none"> Touching patients/clients (or their surroundings) being cared for in isolation or having additional (Transmission Based) precautions applied due to the potential for spread of infection to others Being in wards/departments/units during outbreaks of infection Blood/body fluid contamination Surgical/invasive procedures
What solution should be used for performing hygienic hand hygiene?	
<ul style="list-style-type: none"> An approved antiseptic hand cleanser, e.g. 2-4% chlorhexidine, 5-7.5% povidine iodine, 1% triclosan, or antimicrobial soap from a dispenser. Alcohol based hand rub can also be used following hand washing, for example when performing aseptic techniques, to provide further cleansing and residual effect. 	
How long should it take to perform hygienic hand hygiene?	
<ul style="list-style-type: none"> It should take at least 15 seconds to perform hygienic hand hygiene, however washing your hands for excessive lengths of time is not recommended as this may damage the skin leading to increased shedding of skin scales or increased harboring of microorganisms 	

Title: Hand Hygiene Policy	Document status: Final Version
Number: POL No: 14	Date of issue: -- July 2009
Version No: 2	Review date: -- July 2011
Sponsor: Infection Control Advisor	Page :Page 13 of 37



14.2.3 Surgical Scrub

Why should surgical scrub be performed?
<ul style="list-style-type: none"> To remove or destroy transient microorganisms and to substantially reduce those microorganisms which normally live on the skin (resident microorganisms²) during times when surgical procedures are being carried out
When should surgical scrub be performed?
<p>BEFORE</p> <ul style="list-style-type: none"> surgical/invasive procedures <p>NB Specific policies and procedures on surgical preparation should be available at local level.</p>
What solution should be used for performing surgical scrub?
<ul style="list-style-type: none"> An approved antiseptic hand cleanser, e.g. 2-4% chlorhexidine, 5-7.5% povidine iodine, 1% triclosan from a dispenser. .Persons sensitive to antiseptic cleansers can wash with an approved non-medicated liquid soap followed by two applications of alcohol based hand rub.
How long should it take to perform surgical scrub
<ul style="list-style-type: none"> Carry out surgical scrub process for 2-3 minutes, ensuring all areas of hands and forearms are covered.

² Resident microorganisms are generally harmless and form part of normal skin flora. They are not readily transferred to other people or surfaces. Infection may sometimes result in patients undergoing surgery or other invasive procedures or those who are immuno-compromised.

15. Your 5 moments for Hand Hygiene

Hands should be cleaned at a range of times however in order to prevent HAI at

Title: Hand Hygiene Policy	Document status: Final Version
Number: POL No: 14	Date of issue: -- July 2009
Version No: 2	Review date: -- July 2011
Sponsor: Infection Control Advisor	Page :Page 14 of 37

the most fundamental times during care delivery and daily routines, when caring for those sick and vulnerable the 'Your moments for Hand Hygiene' should be followed.



NB The descriptions given for the “Your moments for hand hygiene” they do apply to a range of settings and not just acute hospital wards

Adapted from World Health Organization

16. Facilities required for performing hand hygiene

- Access to appropriate hand hygiene facilities, and associated supplies, is essential to ensure adequate hand hygiene can be performed.
- It has been shown that inadequate facilities will lead to poor hand hygiene performance. This not only includes the type and number of facilities, but also where they are situated in relation to where work/care is carried out.

Title: Hand Hygiene Policy	Document status: Final Version
Number: POL No: 14	Date of issue: -- July 2009
Version No: 2	Review date: -- July 2011
Sponsor: Infection Control Advisor	Page :Page 15 of 37

- Specific information relating to these aspects in healthcare premises is available at a local level and is supported by guidance for the built environment.
- The use of 'hands free' tap systems is crucial in preventing re-contamination of hands following hand hygiene performance at a sink and should be available as far as possible, particularly where personal care is delivered in clinical or communal settings. These can include:
 - o Wrist, elbow or foot operated taps. Elbow taps are currently most commonly used in clinical or communal care areas and, if used properly (e.g. turning taps off utilising the elbows), are acceptable.
 - o Motion sensor controlled taps (e.g. those that turn on and off when hands are waved in front of a sensor light area, no touching of the sink/tap system required). It is essential, however, that these systems provide users with adequate time to wet their hands prior to performing hand hygiene and that users are not put off by any delay in water delivery. The design of these taps must be able to withstand decontamination.
- There should be no plugs in hand wash basins in order to avoid the filling of sinks with water as this is not an adequate way to perform hand hygiene, particularly in clinical or communal care areas.
- Mixer taps or thermostatic mixer valves are preferred to provide the correct temperature of water for performing hand hygiene as this is an important step in the process.
- The tap should not directly expel/drain water straight down the drain. It should be sited appropriately to ensure water hits the sink basin as it flows out, otherwise aerosol from the drainage system can splash back on to the user.
- Hand wash basins should not have an overflow.
- Availability of supplies for hand hygiene is essential, including:
 - o hand hygiene solutions (soap, antiseptic hand wash solution and alcohol based hand rub), preferably wall mounted in easy to use, and easy to clean, holder systems that contain single use, disposable cartridge sets, particularly in clinical or communal care areas. Nozzles of solution bottles/containers should always be clean and free of any congealed product (**bottles should not be reused or 'topped up'**).
 - o soft, user friendly disposable paper towels for hand drying, preferably stored in wall mounted, easy to use and clean holders
 - o hands free, i.e. pedal operated, waste receptacles, close at hand. (see Waste Policy)
- Community staff should carry their own hand hygiene solutions and hand towels as facilities may not be adequate when visiting non-NHS premises.
- Supplies of paper towels and other hand hygiene supplies should always be

Title: Hand Hygiene Policy	Document status: Final Version
Number: POL No: 14	Date of issue: -- July 2009
Version No: 2	Review date: -- July 2011
Sponsor: Infection Control Advisor	Page :Page 16 of 37

stored in a clean dry area prior to use.

- Poorly maintained hand hygiene facilities, e.g. chipped/cracked enamel, should be reported/repared. Hand wash basins must conform to standards as damaged surfaces may harbor microorganisms.

NB Estates/maintenance staff are important partners in ensuring that hand hygiene facilities are adequate and that supplies are mounted appropriately.

17. The procedure for performing hand hygiene (hand washing)

Preparation:

- Gather all relevant equipment. Ensure all that is needed to perform hand hygiene is at hand
- Ensure the sink area is free from extraneous items, e.g. cups, utensils
- Ensure jackets/coats are removed, and wrists and forearms are exposed
- Jewellery should be removed
- Ensure nails are short (**False nails must not be worn**)

Procedure:

- The tap should first be turned on and the temperature of the water checked. Water should be warm.
- Hands should be wet before applying the chosen solution
- Apply solution.
- Manufacturers' instructions for the solution being used should give guidance as to the volume of solution to be applied. This is usually in the region of 3 ml
- A good lather should be evident for undertaking the steps to perform adequate hand hygiene.
- All areas of the hands should be covered in these steps (see **Appendix 1**). **The steps should take at least 15 seconds.**
- For surgical scrub, an additional step of cleaning the forearms is required
- Hands (and forearms where applicable) should be rinsed well under the running water.
- The physical action of washing and rinsing hands is essential as different solutions will have different activity against microorganisms.

Title: Hand Hygiene Policy	Document status: Final Version
Number: POL No: 14	Date of issue: -- July 2009
Version No: 2	Review date: -- July 2011
Sponsor: Infection Control Advisor	Page :Page 17 of 37

- Hands should be adequately dried.
- Taps should be turned off using a 'hands-free' technique, e.g. elbows. Where hands-free' tap systems are not in place, paper towels used to dry hands can be used for this.
- Dispose of the paper towels without re-contaminating your hands e.g use the foot pedal. Do not touch bin lids with hands

NB It is recommended that nailbrushes are not used to perform social or hygienic hand hygiene as scrubbing can break the skin, leading to increased risk of harbouring microorganisms or dispersing skin scales that may cause harm to others. Where nailbrushes are used for surgical scrub they should be fit for purpose and single use

NB Where running water is not available, for example during water failure or in non-NHS settings, the use of other products such as alcohol based hand rub should be used. Local infection control/health protection teams should be contacted for advice.

18. Hand drying

- Hand drying has been shown to be a critical factor in the hand hygiene process, in particular removing any remaining residual moisture that may facilitate transmission of microorganisms
- Hands that are not dried properly can become dry and cracked, leading to an increased risk of harbouring microorganisms on the hands that might be transmitted to others.
- Once the taps have been turned off using a 'hands-free' technique, use clean, preferably disposable paper towels to dry each area of the hand thoroughly. This should be done by patting dry each part of the hand remembering all of the steps included in the hand washing process
- The use of soft, user-friendly, disposable paper towels is preferable to encourage compliance with the hand hygiene process. Drying following surgical scrub is recommended using a motion from the hands to the elbow
- Disposable paper towels should be placed immediately into appropriate waste receptacles, avoiding recontamination of hands, e.g. foot-operated bins. Recontamination of hands immediately following the hand hygiene process must be avoided, e.g. by not touching any contaminated areas in the environment or touching own hair or face

Title: Hand Hygiene Policy	Document status: Final Version
Number: POL No: 14	Date of issue: -- July 2009
Version No: 2	Review date: -- July 2011
Sponsor: Infection Control Advisor	Page :Page 18 of 37

- Disposable paper towels should always be used in clinical settings
- Communal towels for hand drying should be avoided in the clinical setting. If used in non-clinical settings (e.g. patient's/client's own home) they should be easily identifiable for the purpose of hand drying only and washed daily or in between times if heavily contaminated
- The use of air dryers are not recommended in clinical areas unless it can be proven that they do not cause aerosolisation of pathogens and can dry hands as quickly as paper towels

19. Use of alcohol based hand rub

19.1 General Information

- Alcohol based hand rubs with a concentration of 70% e.g. isopropanol, ethanol or n-propanol or a combination of two of these are generally used as they are effective, cause less skin drying dermatitis and are less costly. Products that also contain emollients can be used to ensure the drying effects of alcohol based hand rubs are minimized.
- It has been shown that alcohol based hand rub used for the hand hygiene process can inhibit microorganisms on hands by filling the crevices in hands and evaporating as it spreads over all areas.
- These products can be useful for performing hand hygiene when sinks are not readily available for hand washing or when hands may be contaminated, but no soilage is present e.g. entering or leaving a ward/clinical/patient area.
- Alcohol based hand rub can also be used following hand washing, e.g. when performing aseptic techniques, to provide a further cleansing and residual effect.
- Where infection with a spore forming organism e.g. *Clostridium difficile* is suspected/proven it is recommended that hand hygiene is carried out with liquid soap and water although it can be followed by alcohol based hand rub.
- Where infection with a viral gastroenteritis e.g. norovirus is suspected/proven it is important that hand hygiene is carried out with liquid soap and water although it can be followed by alcohol based hand rub.

19.2 How to use alcohol based hand rub

- The amount/volume used to provide adequate coverage of the hands should be indicated in the manufacturers' instructions. This is normally around 3 ml

Title: Hand Hygiene Policy	Document status: Final Version
Number: POL No: 14	Date of issue: -- July 2009
Version No: 2	Review date: -- July 2011
Sponsor: Infection Control Advisor	Page :Page 19 of 37

- The steps to perform hand hygiene using alcohol based hand rub are the same as when performing hand washing (see **Appendix 2**)
- The time taken to perform hand hygiene using alcohol based hand rub is at least 20 seconds (20-30 seconds is adequate). Manufacturers' instructions should be followed (a number of these recommend rubbing for 30 seconds)
- If the solution has not dried by the end of this process allow hands to dry fully before any patient/client procedures are undertaken (do not use towels to do this)

19.3 Good Practice Points

- No Scientific evidence is currently available to advise as to the maximum number of applications of alcohol based hand rub before hand washing is then required (i.e. when hands have not been soiled). Individuals are, therefore, required to use their own judgment or follow local guidance or manufacturers' instructions (particularly regarding build up of products on hands)
- Caution must be taken when using alcohol based hand rub in relation to flammability and ingestion. Local risk assessments should be undertaken to address each of these issues
- Caution should be taken to avoid drips or spills of solutions for health and safety reasons (e.g. slips or falls)
- Those working in areas such as patients'/clients' own homes should carry their own supplies of solutions

NB. The use of antimicrobial impregnated wipes has been considered for use in the hand hygiene process, however, it has been shown that such wipes are not as effective as hand washing or the use of alcohol based hand rub, therefore these are not considered a substitute. For further advice contact local infection control team.

20. Nail Care

- It has been shown that nails, including chipped nail polish, can harbour potentially harmful bacteria. Caring for nails helps prevent the harbouring of microorganisms, which could then be transmitted to those who are receiving care
- Nails must be natural, kept short and clean

Title: Hand Hygiene Policy	Document status: Final Version
Number: POL No: 14	Date of issue: -- July 2009
Version No: 2	Review date: -- July 2011
Sponsor: Infection Control Advisor	Page :Page 20 of 37

- Nail polish should not be worn
- Artificial fingernails/extensions should not be worn when providing care
- Nail brushes should not be used
- The steps included in the hand hygiene process must be followed in order to ensure nail areas are cleaned properly (see **Appendix 1**)

21. Hand hygiene and jewellery

- It has been shown that jewellery, particularly rings with stones and/or jewellery of intricate detail, can be contaminated with microorganisms, which could then spread via touch contact and potentially cause infection.
- Wrist and hand jewellery should be removed before care is provided. Where there will be close personal contact with patients/clients this is essential.
- Most staff providing care must therefore, remove these at the start of the working day
- It is acceptable to wear plain bands, for example wedding bands, however, these must be moved/removed when hand hygiene is being performed in order to reach the bacteria which can harbor underneath them.

22. Hand hygiene and work clothing

- In order to ensure hands can be easily decontaminated it is helpful to wear work clothing that does not go past the elbow. Jackets and coats should be removed and long sleeves if worn rolled up, allowing for wrists and forearms to be exposed.

23. Hand care

- It is important to protect the skin on hands from drying and cracking where bacteria, in particular, may harbor, and to protect broken areas from becoming contaminated particularly when exposed to blood and body fluids.
- Cover all cuts and abrasions with a waterproof dressing.
- Hand creams can be applied to care for the skin on hands, however, only individual tubes of hand cream should be used or hand cream from wall mounted dispensers.

Title: Hand Hygiene Policy	Document status: Final Version
Number: POL No: 14	Date of issue: -- July 2009
Version No: 2	Review date: -- July 2011
Sponsor: Infection Control Advisor	Page :Page 21 of 37

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- Creams used should not affect the action of hand cleaning solutions being used or the integrity of gloves.
- Communal tubs, in particular, should be avoided as these may contain bacteria over time.
- Perfumed soaps, or other solutions, might cause skin problems for some if used frequently, therefore, this should be discussed with Occupational Health services and alternatives sought and made available.
- Report any skin problems to your Manager, Occupational Health or General Practitioner in order that appropriate skin care can be undertaken and the risks of harboring microorganisms while providing care for others can be avoided.

24. Standard Precautions

- Hand Hygiene
- Protective Clothing
- Waste Disposal
- Sharps Disposal
- Spillage Handling
- Clinical Environment
- Staff Health

25. References and Further Reading

UK Health Departments (1998) Guidance for Clinical Health Care Workers: Protection Against Infection with Bloodborne Viruses. Recommendations of the Expert Advisory Group on AIDS and the Advisory Group on AIDS and the Advisory Group on Hepatitis. HMSO, London.

Medical Devices Agency (2001) Safe use and disposal of sharps. MDASN2001(19).

NICE Clinical Guideline 2 (2003) Infection Control: Prevention of healthcare associated infection in primary and community care.

Title: Hand Hygiene Policy	Document status: Final Version
Number: POL No: 14	Date of issue: -- July 2009
Version No: 2	Review date: -- July 2011
Sponsor: Infection Control Advisor	Page :Page 22 of 37

Policy Development Document Control Panel

Appendix A

Policy Title:		
Version Number:	Date of issue:	Review date:
Policy Developer (Author):		
Policy Developer's designation:		
Policy Developer's contact details :		
Telephone number :		E mail address:
File name and document pathway:		
Is this a new policy?	Yes	No
If 'Yes' – why is it required? (e.g. new legislation necessitating Trust compliance)		
If 'No' – name of current policy under review: (If different from above)		
If 'No' – reason for reviewing current policy: (e.g. Policy review date expiring, change in legislation requires amendment)		
Does style and format comply with corporate image?	Yes	No
Does the policy include a monitoring compliance section?	Yes	No
Who has been involved/consulted with in order to develop this policy? (i.e. Committees, working groups, specific individuals etc.,)		
How does this policy link to:		
National Standards	National Service Frameworks	

Title: Hand Hygiene Policy	Document status: Final Version
Number: POL No: 14	Date of issue: -- July 2009
Version No: 2	Review date: -- July 2011
Sponsor: Infection Control Advisor	Page :Page 23 of 37

Printed policies and procedures should not be regarded as current. To view all current PCT policies and procedures, refer to the intranet/website at Policies Clinical

Have you considered in your Policy Development the impact of your Policy on:			
Health & Safety at Work Act 1974	Yes	No	N/A
Sex Discrimination Act 1975	Yes	No	N/A
Race Relations Act 1976	Yes	No	N/A
Human Rights Act 1998	Yes	No	N/A
Disability Discrimination Act 1995	Yes	No	N/A
Data Protection Act 1998	Yes	No	N/A
Freedom of Information Act 2000	Yes	No	N/A
Race Relations (Amendment) Act 2000	Yes	No	N/A
Civil Contingencies Act 2004	Yes	No	N/A
Mental Capacity Act 2005	Yes	No	N/A
Confidentiality	Yes	No	N/A
Other: (Please specify)			
Policy Ratification by The Integrated Governance Committee on (Date):		Consulted with Staffside on (Date):	

Title: Hand Hygiene Policy	Document status: Final Version
Number: POL No: 14	Date of issue: -- July 2009
Version No: 2	Review date: -- July 2011
Sponsor: Infection Control Advisor	Page :Page 24 of 37

Equality Impact Assessment Tool

Appendix B

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

		Yes/No	Comments
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of:		
	• Race	N	
	• Ethnic origins (including gypsies and travellers)	N	
	• Nationality	N	
	• Gender	N	
	• Culture	N	
	• Religion or belief	N	
	• Sexual orientation including lesbian, gay and bisexual people	N	
	• Age	N	
	• Disability -learning disabilities, physical disability, sensory impairment and mental health problems	N	
2.	Is there any evidence that some groups are affected differently?	N	
3.	If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable?	NA	
4.	Is the impact of the policy/guidance likely to be negative?	NA	
5.	If so can the impact be avoided?	NA	
6.	What alternative are there to achieving the policy/guidance without the impact?	NA	

Title: Hand Hygiene Policy	Document status: Final Version
Number: POL No: 14	Date of issue: -- July 2009
Version No: 2	Review date: -- July 2011
Sponsor: Infection Control Advisor	Page :Page 25 of 37

Printed policies and procedures should not be regarded as current. To view all current PCT policies and procedures, refer to the intranet/website at Policies Clinical

7.	Can we reduce the impact by taking different action?	NA	
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Title: Hand Hygiene Policy	Document status: Final Version
Number: POL No: 14	Date of issue: -- July 2009
Version No: 2	Review date: -- July 2011
Sponsor: Infection Control Advisor	Page :Page 26 of 37

How to handrub?

Design: mindingtheintranet

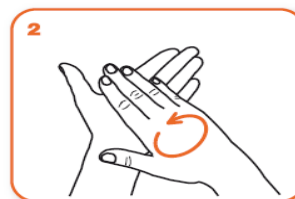
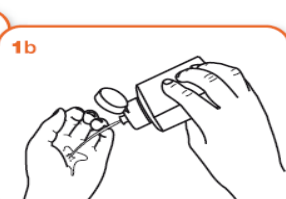
RUB HANDS FOR HAND HYGIENE! WASH HANDS ONLY WHEN VISIBLY SOILED!



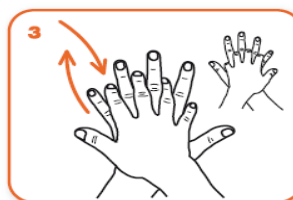
Duration of the entire procedure: **20-30 sec.**



Apply a palmful of the product in a cupped hand and cover all surfaces.



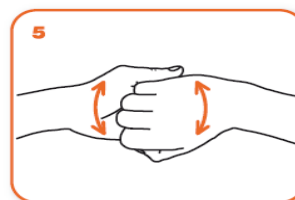
Rub hands palm to palm



right palm over left dorsum with interlaced fingers and vice versa



palm to palm with fingers interlaced



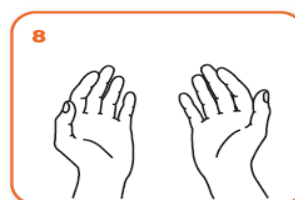
backs of fingers to opposing palms with fingers interlocked



rotational rubbing of left thumb clasped in right palm and vice versa



rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa



...once dry, your hands are safe.



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.



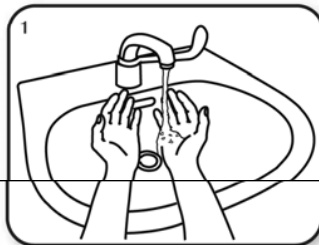
October 2006, version 1.

Title: Hand Hygiene Policy	Document status: Draft
Number: POL No: 14	Date of issue: -- July 2009
Version No: 2 - September 09	Review date: -- July 2011
Sponsor: Infection Control Advisor	Page :Page 27 of 37

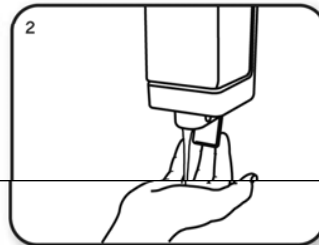
Appendix D

How to Hand Wash - step by step images

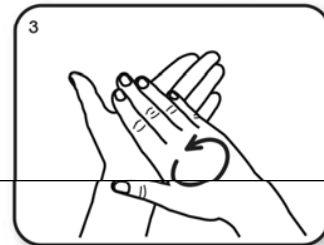
Source: World Health Organisation



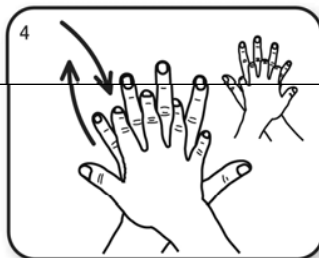
Wet hands with water



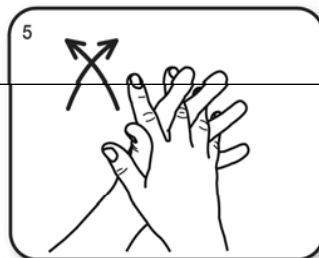
Apply enough soap to cover all hand surfaces



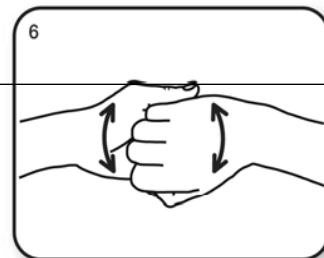
Rub hands palm to palm



Right palm over the back of the other hand with interlaced fingers

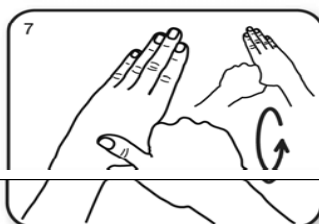


Palm to palm with fingers interlaced

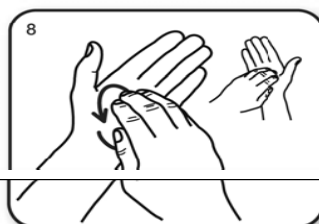


Backs of fingers to opposing palms with fingers interlocked

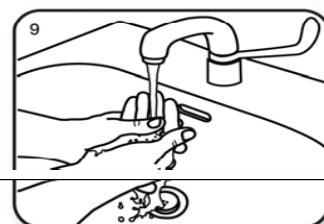
and vice versa



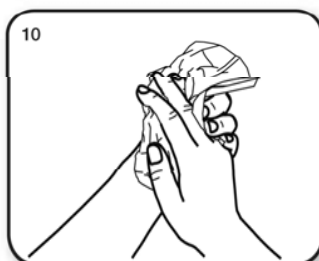
Rotational rubbing of left thumb clasped in right palm and vice versa



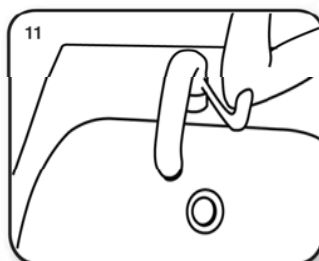
Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa



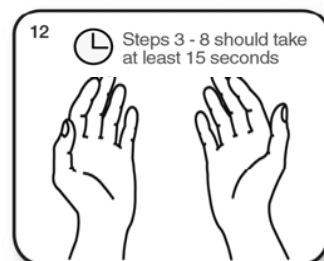
Rinse hands with water



Dry thoroughly with towel



Use elbow to turn off tap



Steps 3 - 8 should take at least 15 seconds

...and your hands are safe

Title: Hand Hygiene Policy	Document status: Draft
Number: POL No: 14	Date of issue: -- July 2009
Version No: 2 - September 09	Review date: -- July 2011
Sponsor: Infection Control Advisor	Page :Page 28 of 37

Appendix E

STATUTORY & MANDATORY / RISK MANAGEMENT TRAINING NEEDS ANALYSIS TEMPLATE

SUBJECT AREA: Infection Control and Hand Hygiene including Sharps Injury

TRAINING LEAD(S) / SUBJECT MATTER EXPERT (NAME & JOB TITLE):
Harriet Ddungu – Infection Control Advisor

SUMMARY OF HOW TRAINING NEED WAS IDENTIFIED (e.g. national guidance/legislation, requirements of regulatory body, Trust policies etc):

SUMMARY OF WHO WAS CONSULTED / INVOLVED THE TRAINING NEEDS ANALYSIS PROCESS:

Director of Infection Prevention and Control (DIPC).
Head of Governance, Quality and Nursing – Provider Services
Infection Control and Clinical Environment Committee

DESCRIPTION OF HOW THE STAFF GROUPS REQUIRING THE TRAINING WERE IDENTIFIED:

Infection prevention and control is mandatory – yearly, for all staff member in direct contact with patient. For all the other members of staff without direct contact with patients it is three yearly.

The new e-ksf system allows staff members to book for courses directly on the system therefore providing data for the learning and development department to monitor staff updates. For staff members who have not attended an update within a specified time will be highlighted by the system and the learning and development department will inform the necessary managers.

The staff members are expected to have a yearly appraisal where managers can inspect any certificates obtained from external training.

Title: Hand Hygiene Policy	Document status: Draft
Number: POL No: 14	Date of issue: -- July 2009
Version No: 2 - September 09	Review date: -- July 2011
Sponsor: Infection Control Advisor	Page :Page 29 of 37

TRAINING NEEDS ANALYSIS TEMPLATE

Target staff groups	Target directorates for training	Type of training	Content <i>Brief overview of the content of the training</i>	Organisational Objectives	Delivery Method & Duration	Delivery mode <i>(Induction / update / corporate training / site specific / other)</i>	Frequency of update <i>(if applicable)</i>
All Staff	All Directorates within NHS Southwark and Southwark Provider Services	Mandatory	Corporate Induction Overview of infection control policy and procedures. Introduction to health care acquired infections what they are and how they be prevented. Principles of hand hygiene	Embed infection prevention and control within the organisation . Encourage individual responsibility. Comply with the Health and Social Act 2008. Code of practice for the NHS on the prevention and control of Healthcare associated	Face to face training by the Infection Control Advisor	Induction	Bi-monthly

Title: Hand Hygiene Policy	Document status: Draft
Number: POL No: 14	Date of issue: -- July 2009
Version No: 2 - September 09	Review date: -- July 2011
Sponsor: Infection Control Advisor	Page :Page 30 of 37

			Understanding of cross infection. Introduction to Standard infection control precautions plus the management of sharps injury.	infections			
All staff who have contact with patients or patient products	Clinical Teams Plus non clinical staff requiring 3 yearly update	Mandatory	Identify the measure to prevent transmission of infection through the implementation of standard precautions. To ensure staff are aware of hand hygiene techniques and the 5 moments of hand hygiene. To know how to protect yourself,	Embed infection prevention and control within the organisation . Encourage individual responsibility. Comply with the Health and Social Act 2008. Code of practice for the NHS on the prevention and control of Healthcare associated infections	Face to face training by the Infection Control Advisor	Update – provided quarterly	Annual

Title: Hand Hygiene Policy	Document status: Draft
Number: POL No: 14	Date of issue: -- July 2009
Version No: 2 - September 09	Review date: -- July 2011
Sponsor: Infection Control Advisor	Page :Page 31 of 37

			clients nad others from infection. Recognise individual roles and responsibilities with regards to infection control. Management of sharps injury.				
All staff who have contact with patients or patient products	Clinical Teams Plus non clinical staff requiring 3 yearly update	Mandatory	Identify the measure to prevent transmission of infection through the implementation of standard precautions. To ensure staff are aware of hand hygiene techniques and the 5 moments of hand hygiene.	Embed infection prevention and control within the organisation . Encourage individual responsibility. Comply with the Health and Social Act 2008. Code of practice for the NHS on the prevention and control of Healthcare	e-learning (as an annual update not as an introduction	Intranet Learning and Development	Annual

Title: Hand Hygiene Policy	Document status: Draft
Number: POL No: 14	Date of issue: -- July 2009
Version No: 2 - September 09	Review date: -- July 2011
Sponsor: Infection Control Advisor	Page :Page 32 of 37

			<p>To know how to protect yourself, clients and others from infection.</p> <p>Recognise individual roles and responsibilities with regards to infection control.</p> <p>Management of sharps injury.</p>	<p>associated infections</p>			
<p>All Clinical and non-clinical Staff with patient s' contact or patients' products contact.</p>	<p>Clinical Teams</p>	<p>Adhoc</p>	<p>Risk based infection control training – identified through audits, near misses and incident reporting.</p> <p>Update around health care acquired infections and community transmission</p>	<p>Embed infection prevention and control within the organisation .</p> <p>Encourage individual responsibility.</p> <p>Reduction and prevention of the risk of HCAs in the community</p> <p>Comply with the</p>	<p>Face to face training by the Infection Control Advisor</p>	<p>Update</p>	<p>Yearly and as required by individual teams</p>

Title: Hand Hygiene Policy	Document status: Draft
Number: POL No: 14	Date of issue: -- July 2009
Version No: 2 - September 09	Review date: -- July 2011
Sponsor: Infection Control Advisor	Page :Page 33 of 37

			<p>including hand hygiene</p> <p>To ensure staff are aware of hand hygiene techniques and the 5 moments of hand hygiene.</p> <p>Recognise individual roles and responsibilities with regards to infection control.</p> <p>Management of sharps injury.</p>	Health and Social Act 2008. Code of practice for the NHS on the prevention and control of Healthcare associated infections			
All Clinical and non-clinical Staff with patient s' contact or patients' products	Clinical Teams	Adhoc	To make staff aware of new initiatives and national requirements within infection control i.e. cleanyourhands campaign and 5 moments	<p>Embed infection prevention and control within the organisation .</p> <p>Encourage individual responsibility.</p> <p>Reduction and</p>	Face to face training by the Infection Control Advisor	Update	As required (x4 for 2009)

Title: Hand Hygiene Policy	Document status: Draft
Number: POL No: 14	Date of issue: -- July 2009
Version No: 2 - September 09	Review date: -- July 2011
Sponsor: Infection Control Advisor	Page :Page 34 of 37

contact.				<p>prevention of the risk of HCAIs in the community</p> <p>Comply with the Health and Social Act 2008. Code of practice for the NHS on the prevention and control of Healthcare associated infections</p>			
All Clinical and non-clinical Staff with patient s' contact or patients' products contact	Clinical teams	Adhoc	To make staff aware of new initiatives and national requirements within infection control i.e. cleanyourhands campaign and 5 moments	<p>Embed infection prevention and control within the organisation .</p> <p>Encourage individual responsibility.</p> <p>Reduction and prevention of the risk of HCAIs in the community</p> <p>Comply with the Health and Social</p>	Face to Face	Conference	Annual

Title: Hand Hygiene Policy	Document status: Draft
Number: POL No: 14	Date of issue: -- July 2009
Version No: 2 - September 09	Review date: -- July 2011
Sponsor: Infection Control Advisor	Page :Page 35 of 37

Printed policies and procedures should not be regarded as current. To view all current PCT policies and procedures, refer to the intranet/ website at Policies - Clinical

				Act 2008. Code of practice for the NHS on the prevention and control of Healthcare associated infections			
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Title: Hand Hygiene Policy	Document status: Draft
Number: POL No: 14	Date of issue: -- July 2009
Version No: 2 - September 09	Review date: -- July 2011
Sponsor: Infection Control Advisor	Page :Page 36 of 37

TRAINING ACTION PLAN (FOR NEW / AMENDED TRAINING COURSES)

Once a Training Needs Analysis has been completed, an action plan to describe how the identified training will be delivered needs to be completed.

Training Course / Subject Area	Actions required	Timescale	Responsibility
Induction	For all new members of staff	Monthly / Bi – monthly	Learning and Development
Annual - infection prevention and control updates	All Clinical and non- clinical Staff with patient s' contact or patients' products contact. Plus non clinical staff requiring 3 yearly update	Yearly / 3- yearly	Learning and Development
Work- shops	All Clinical and non- clinical Staff with patient s' contact or patients' products contact.	Ad-hoc (Yearly)	Learning and Development
Conference	All Clinical and non- clinical Staff with patient s' contact or patients' products contact	Yearly	Learning and Development

Title: Hand Hygiene Policy	Document status: Draft
Number: POL No: 14	Date of issue: -- July 2009
Version No: 2 - September 09	Review date: -- July 2011
Sponsor: Infection Control Advisor	Page :Page 37 of 37