

NAME : **Hand**

Hygiene

Policy

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		Preparation supporting clean hands.	
		Over sink laminated hand washing instructions	
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1.0 Purpose

Health Act 2006; Code of Practice for the Prevention and Control of Health Care Associated Infections, and states that all staff should demonstrate good infection control and hygiene practice.

The Health Act 2006; Code of Practice for the Prevention and Control of Health Care Associated Infections states that an NHS body must ensure that;

“Patients, staff and other persons are protected against risks of acquiring Healthcare associated infections, through the provision of appropriate care, in suitable facilities, consistent with good clinical practice.”

The Health and Social Care Act 2008 requires a medical facility provide and maintain a clean and appropriate environment for health care and ensure there is adequate provision of suitable hand washing facilities and antibacterial hand rubs. The facility must also provide information on healthcare associated infections to patients and the public and provide information to encourage compliance by visitors with hand washing and visiting restrictions.

The Term “Health Care Associated Infections (HCAI) includes any infection by any infectious agent acquired as a consequence of a person’s treatment by the NHS or which is acquired by a health care worker in the course of their duties(DH 2006) Hand hygiene is one of the most critical factors in preventing the spread of infections in healthcare settings. Evidence shows that poor hand hygiene spreads micro-organisms which cause infections, including Methicillin Resistant Staphylococcus Aureus (MRSA) and Clostridium Difficile. Healthcare staff have the greatest potential to spread the micro-organisms that cause infection. Their hands can:

- Transfer the patient’s own micro-organisms into sterile areas of the patient’s body during care or treatment
- Transfer micro-organisms from one patient to other patients
- Transfer micro-organisms from the environment and equipment to a patient
- Acquire micro-organisms as a result of their contact with patients which places healthcare staff at risk of infection (NPSA 2008)
- Transfer their own micro-organisms to the patient.

Effective hand hygiene is used to remove transient and resident micro-organisms

2.0 Scope

This policy applies to all clinical staff.

3.0 Preparation supporting clean hands.

- All clinical staff remove wrist watches/bracelets when attending to a patient or when likely to touch the immediate patient environment
- Jewellery must be kept to a minimum; jewelled rings or rings with stones should not be worn, a plain/wedding ring is permitted
- Sleeves should be rolled up and above the elbow

"Hands cannot be thoroughly and effectively washed if restricted by the wearing of a wrist watch or long sleeves, thus increasing the risk of cross infection for patients. Cuffs can become heavily contaminated and are likely to come into contact with patients"

- Staff with direct patient contact must not wear false nails.

"False nails encourage the growth of bacteria and fungi around the nail bed, mainly because they severely limit the effectiveness of hand washing, but also because the nail bed is abraded to facilitate attachment of the false nail, and the fixative can sometimes give rise to nail bed damage. These issues may result in infection, particularly fungal infection, for the wearer and will certainly present a risk of cross infection for the patient."

- See Uniform and dress code policy.

3.1 "Bare below the elbows" and hand hygiene.

The Department of Health has confirmed its commitment to the implementation of "Bare below the elbows" (BBTE) by all NHS Trusts (Johnson 2007). All clinical staff will need to comply with "BBTE" when providing direct care to patients or touching the immediate patient environment (see diagram B above). Although staff do not need to be BBTE for the entire time they are in a clinical area, in practice rolling up sleeves, taking off wrist watches etc. between patients is impractical in most contexts, especially in areas where emergencies may occur e.g. wards, theatres etc. Therefore, staff should be BBTE whenever they are in a clinical area where they can reasonably expect to come into contact with patients or the immediate patient environment.

3.2 When to clean your hands in relation to treating patients?

There are different products a person can use to clean hands. Not all products are appropriate for all situations. This is explained further in the policy sections

1. Before patient contact

When? Clean your hands before touching a patient when approaching him/her
Why? To protect the patient against harmful micro-organisms carried on your hands

2. Before aseptic technique

When? Clean your hands immediately before any aseptic task
Why? To protect the patient against harmful micro-organisms, including the patient's own, from entering his/her body

3. After body fluid exposure risk

When? Clean your hands immediately after an exposure to body fluids (and after glove removal)
Why? To protect yourself and the healthcare environment from harmful patient microorganisms

4. After patient contact

When? Clean your hands after touching a patient and his/her immediate surroundings when leaving the patient's side
Why? To protect yourself and the healthcare environment from harmful microorganisms

5. After contact with patient surroundings

When? Clean your hands after touching any object or furniture in the patient's immediate surroundings when leaving, even if the patient has not been touched
Why? To protect yourself and the healthcare environment from harmful patient microorganisms

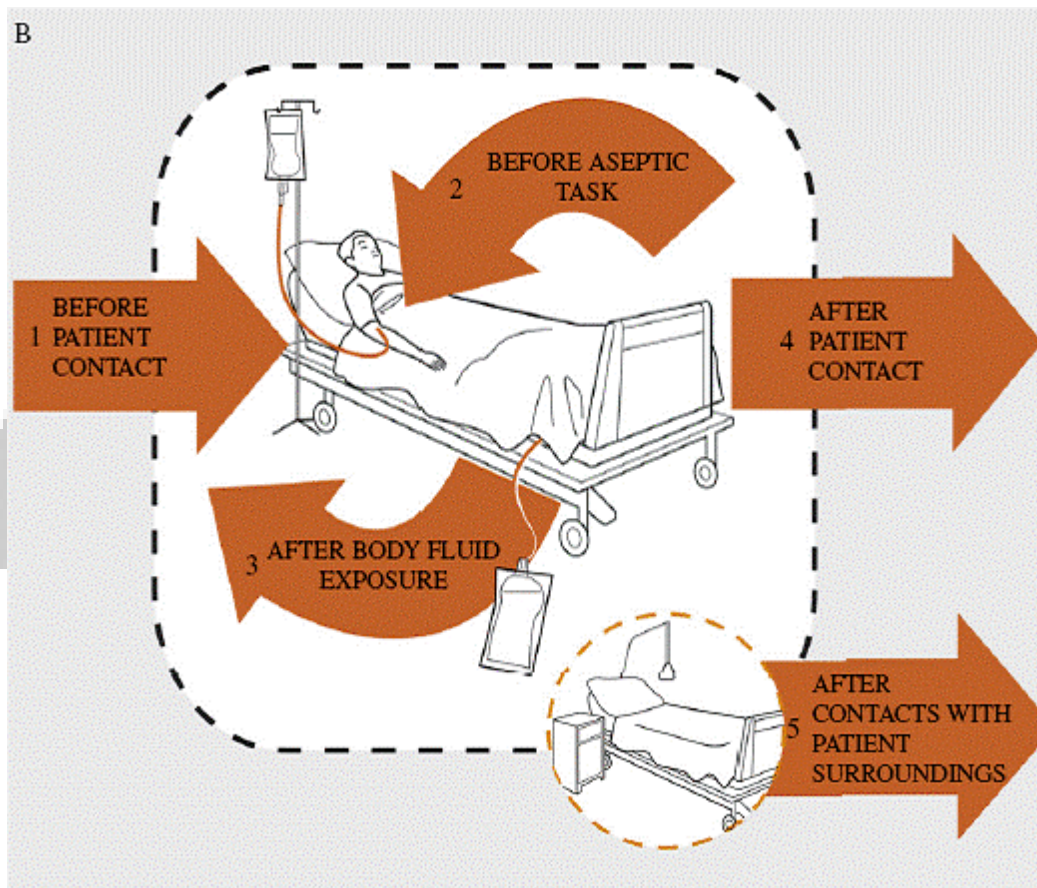


Fig 1.0 A diagram representing the when healthcare workers should undertake hand hygiene.

3.3 Hand disinfection

Hand disinfection is necessary in circumstances where hands are more likely to be contaminated by micro-organisms e.g.

- When caring for a patient with barrier precautions, or where the risk to the patient is greater, for example
- Prior to an invasive ward based procedure, aseptic technique. For example extractions, dental implants surgery, apicectomies.

Hand disinfection is usually achieved by a thorough hand wash with soap and water, followed by the use of alcohol hand rub. It must be remembered that alcohol is not a cleaning agent and will not be effective in the presence of physical dirt; hands must be physically clean before alcohol is applied.

4.0 What products to clean your hands with and how to clean them:

examples	chemical	supplier
Clinell universal	Benzalkonium chloride Didecyl dimethyl ammonium chloride	http://www.clinell.com/universal-range
	GAMA Healthcare Handrub	http://www.clinell.com/hand-sanitising-gel-range

1. Soap and water

- When hands are visibly soiled
- The patient is experiencing vomiting and/or diarrhoea
- There is direct hand contact with bodily fluids; i.e. if gloves have not been worn.
- There is an outbreak of Norovirus, Clostridium difficile or other diarrhoeal illnesses
- After using the toilet
- Before and after preparing, handling or eating food
- Before and after an aseptic technique
- After removal of gloves
- At the start of a shift and at the end of a shift
- After completing a task i.e. cleaning equipment


In these instances hands should always be cleaned with liquid soap and water. Hand wash basins should be appropriately located and equipped with liquid soap dispensers and well placed waste bins for disposal of paper towels. A bar of soap will allow micro-organisms to harbour and spread between clinical staff.

2. Clinel wipes









Clinel wipes can be used for hand hygiene when soap and water and a specific hand washing sink is not available.

How to clean and disinfect hands

Clean your hands between all patient contact. Holding one wipe between the hands, please follow the steps below for at least 30 seconds.







Suitable for use with Universal Wipes 40.

1. 	3. 	5. 	7. 
2. 	4. 	6. 	8. 

3. Desanitising gels

The NPSA (2008) advice that alcohol hand rub is the recommended product to use in the majority of patient care situations on **non-soiled hands** because it is more effective, quicker to use, better tolerated by the hands and can be used at the point of care. It is unnecessary to rinse hands or use a paper towel to dry.

DIRECTIONS			
			
1. Apply two squirts into the palm of your hand.	2. Rub hands palm to palm. Rub back of each hand with the palm of the other with fingers interlaced.	3. Rub palm to palm with fingers interlaced. Rub with backs of fingers to opposing palms with	4. Using a rotational movement, rub each thumb with other hand. Rub tips of fingers in palm

See appendix for further printing instructions to place around sinks and dispensers.

5.0 Hand washing technique

A good technique at the correct time, which covers all surfaces of the hands, is more important than the cleanser used or the length of time of hand washing.

The duration of washing needs to be as long as required to ensure all areas of hands have been covered. Hands should be systematically rubbed ensuring all parts of the hands and wrists are included taking particular care to include the areas of the hand which are most frequently missed.

1. Hands must be washed under running water using a sink with elbow or wrist operated taps
2. Hands must be wet before applying liquid soap (soap applied to dry hands will potentially be more drying to the skin surface and the majority of the soap will be washed off as soon as the hands are put under running water)
3. Thoroughly wash all hand surfaces and beneath rings
4. Rinse thoroughly (this helps to reduce sensitivity to cleaning products)
5. Dry hands thoroughly with single use paper towels – discard after use (wet hands are more likely to be come damaged and also harbour more micro-organisms)
6. Bar soap must not be used as it poses a cross infection risk. All healthcare staff should be taught how to correctly clean their hands with alcohol hand rub and with soap and water to avoid missing areas on their hands. Areas frequently missed during hand washing

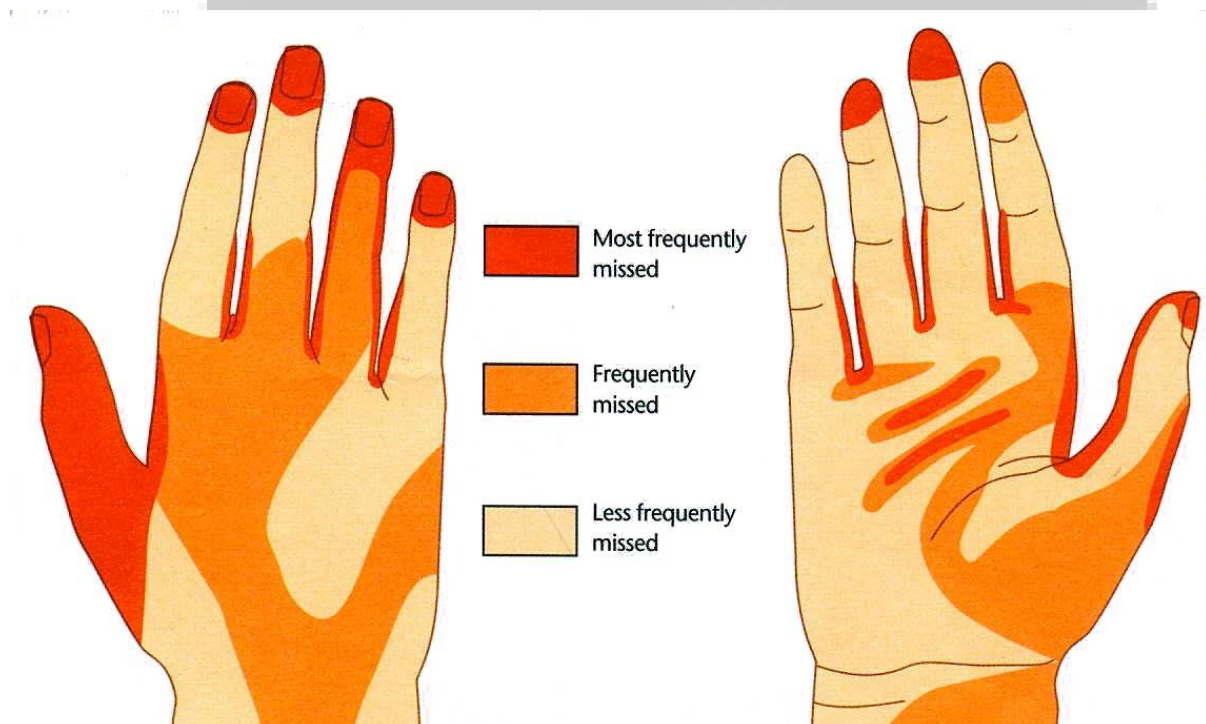


Diagram representing areas frequently missed during hand washing.

Six steps to Effective Hand Washing

Step 1



Palm to palm

Step 2



Right palm over back of left, fingers interlaced, and then vice versa

Step 3



Palm to palm, fingers interlaced

Step 4



Back of fingers opposing palms with fingers interlaced

Step 5



Rotational rubbing of thumbs enclosed by palm

Step 6



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

6.0 Hand drying

- **Wet surfaces transfer micro-organisms more effectively than dry ones.**

Use disposable paper hand towels. This is the quickest and most effective method. Paper towels operate effectively by rubbing away transient organisms and the old, dead skin cells that are loosely attached to the surface of the hands. Dispose of used paper towels in the foot operated bin. Do not use your hands to lift or close the lid of the bin Skin Care

7.0 Training on Hand Hygiene

All new members of staff to the practice will receive training on hand hygiene in their Induction programme.

All staff that work with or attend to patients are to receive an update on hand hygiene at the frequency stated in their areas mandatory and job specific training plan.

Participation in this training must be recorded on the individual's personal file and be monitored by Line Managers, at least annually.

Any staff members who have failed to participate in hand hygiene training or updates as determined by this policy will meet with their line manager and an agreed date for training allocated. A record of the outcome of the meeting will be kept on their personal file.

Persistent non-attendance at hand hygiene training could be considered under the Trust Disciplinary Policy

8.0 Auditing and monitoring hand hygiene

All staff should be prepared to approach their peers/visitors if hand hygiene is not performed adequately.

A minimum of annual hand washing training by all clinical staff members is required.

Each staff members personal file must record they have completed annual and induction hand washing training.

Training is via internet examples of hand washing. For example:
http://www.youtube.com/watch?v=zCVu_1d9AJ8

And this policy has essential diagrams and information to assist training.

9.0 Skin care

- Persistent skin irritation in healthcare personnel is a cause for concern. It can place patients at risk because hands cannot be adequately decontaminated and can place the health care worker at risk of infection due to the breaches in skin integrity. Skin damage is generally associated with the detergent base of the preparation and/or poor hand washing technique. However the frequent use of hand hygiene agents may cause damage to the skin and alter the normal hand flora. Excoriated hands are associated with increased colonisation of potentially pathogenic micro-organisms and increase the risk of infection. In addition, the irritant and drying effects of hand preparations have been shown as one of the reasons why healthcare workers fail to adhere to hand hygiene guidelines (Epic Guidelines 2001).
- If the skin damage is extensive it may not be possible to cover all breaks with an impermeable waterproof dressing. The effect of an agent on the health of the skin will influence the frequency of hand washing. If it is not possible to cover breaks in the skin, advice should be sought from the Occupational Health Department
- If a member of staff experiences any problems with the hand washing/ disinfectants provided by the Trust, they should firstly discuss this with their manager who will consider referral to the Occupational Health Department Lancaster who will then assess each individual and recommend an alternative product if necessary. (details can be found in the contacts page)
- Bacterial counts increase when the skin is damaged. Drying hands thoroughly is particularly important to prevent hands becoming chapped, especially in the winter months.
- Hands can be further protected by the use of a good quality hand cream. Hand cream should be made available in every clinical area, preferably in a pump dispenser.
- Communal jars of hand cream must **not** be used, as they are very likely to become contaminated.
- Use of a moisturiser is recommended at the end of shifts, at break times and when off duty to maintain the integrity of the skin.

Laminate and place around appropriate sanitising area.

Six steps to Effective Hand Washing



Step 1

Palm to palm



Step 2

Right palm over back of left, fingers interlaced, and then vice versa



Step 3

Palm to palm, fingers interlaced



Step 4

Back of fingers opposing palms with fingers interlaced



Step 5

Rotational rubbing of thumbs enclosed by palm



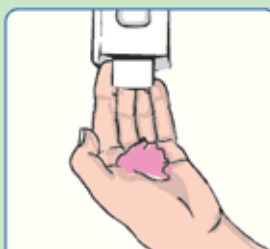
Step 6

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

FIGHT GERMS BY WASHING YOUR HANDS!



1 Wet your hands



2 Soap



3 Lather and scrub - 20 sec



4 Rinse - 10 sec



5 Turn off tap

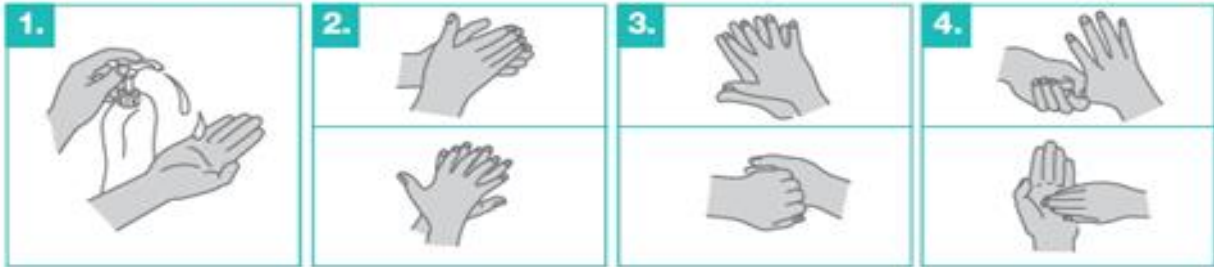


6 Dry your hands

DONT FORGET TO WASH:

- between your fingers
- under your nails
- the tops of your hands

DIRECTIONS



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2. Rub hands palm to palm. Rub back of each hand with the palm of the other with fingers interlaced.

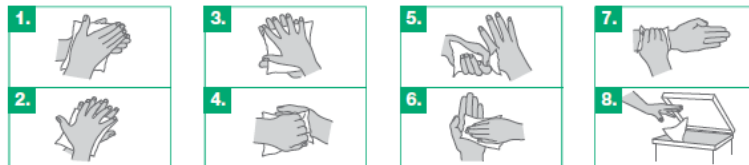
3. Rub palm to palm with fingers interlaced. Rub with backs of fingers to opposing palms with fingers interlocked.

4. Using a rotational movement, rub each thumb with other hand. Rub tips of fingers in palm in a circular motion.

How to clean and disinfect hands

Clean your hands **between all patient contact**. Holding one wipe between the hands, please follow the steps below for at least 30 seconds.

Suitable for use with Universal Wipes 40.



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5. Using a rotational movement, rub each thumb with other hand. Rub tips of fingers in palm in a circular motion.

7. Rub each wrist with opposite hand. Discard the wipe in the appropriate waste bin.