

Infection Prevention

Policy for Effective Hand Hygiene

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Relevant Regulations and Standards	<p>NHLSA Risk Management Standards: Standard 2 Criterion 8</p> <p>The Health and Social care Act 2008. Department of Health.</p> <p>Criterion 1. Criterion 2. Criterion 3.</p>

Version History Log

This area should detail the version history for this document. It should detail the key elements of the changes to the versions.

Version	Date Approved	Version Author	Status & location	Details of significant changes
3		Infection Control Team		To whole policy in particular re: Clostridium difficile and 2006 Evidence re: Hand Hygiene (i.e. EPIC – see reference
5		Vicki Parkin	Infection Prevention Lead	To whole policy evidence Re: WHO Guidelines on Hand Hygiene in Health Care. First Global Patient Safety Challenge Clean Care is Safer Care. 2009 RMSAT
6		Anne Tateson	Infection Prevention Nurse	Dermatitis Glove use WHO guidelines - donning gloves
7		Anne Tateson	Infection Prevention Nurse	Glove Use Poster Amendment to glove use
8		Anne Tateson	Infection Prevention Nurse	Removal of 'Bare Below The Elbows Policy' reference

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1 Introduction and Scope

Effective hand hygiene is the cornerstone of safe patient care. Hands are the most common vehicle for the spread of infection. The purpose of hand hygiene is to remove dirt and/or to reduce the level of organisms on the hands. All healthcare workers and patients are potentially susceptible to cross infection. York Hospital Foundation Trust (YHFT) has set a compliance target in effective, appropriate and timely hand hygiene among healthcare workers of above 95%. To assist in achieving this target all healthcare workers must receive annual infection prevention and control training which includes hand hygiene. Staff who do not have direct patient contact must receive hand hygiene training bi-annually.

The Trust expects all staff and volunteers to be aware and comply fully with this policy which is firmly in the interests of patient care. Failure to comply may be considered as an issue needing professional consideration.

All new staff must receive infection prevention and control training which includes hand hygiene at statutory and mandatory training during their induction period.

- To create hand hygiene as an indispensable part of our clinical culture in decreasing the incidence of preventable Healthcare Acquired Infections (HCAIs) and enhancing patient safety.
- To encourage proper and effective hand hygiene amongst all care staff to prevent HCAI's, leading to a reduction in patient morbidity and mortality and increasing patient safety.
- Hand hygiene facilities must always be available and accessible, located as near to the patient as possible which is the point at which the risk of transfer of micro organisms is greatest.

Exception

This policy does not cover antiseptic hand cleansing prior to surgery, i.e. hand scrub.

2 Definitions

Healthcare Worker: means any staff member whose normal duties concern the provision of treatment, accommodation or related services to patients in the normal course of their work. These terms relate to frontline clinical staff and para - clinical staff including staff working in estates and facilities management such as cleaning staff, kitchen staff and engineers.

Resident flora: Organisms that reside with the host person

Transient flora: Organisms that accumulate on hands during care procedures.

Pathogenic: Harmful to man

Decontamination: refers to the process for the physical removal of blood, body fluids, and transient micro organisms from the hands, i.e. hand washing; and/or the destruction of transient micro organisms, i.e. hand antisepsis. Four key factors need to be considered in deciding when it is necessary to decontaminate hands:

- The level of the anticipated contact with patients, equipment or the patient zone (patient's immediate environment).
- The extent of the contamination that may occur during or as a result of that contact.
- The patient clinical care activities being performed.
- The susceptibility and vulnerability of the patient.

Cross-transmission – the transfer of micro-organisms between humans, which occurs directly via hands, or indirectly via an environmental source, such as a commode or wash-bowl, occurs all the time in hospitals and presents a direct clinical threat to patients. It is the antecedent factor to cross-infection that can result in severe clinical outcomes. Overviews of epidemiological evidence conclude that hand-mediated cross-transmission is the major contributing factor in the current infection threats to hospital in-patients. Cross-transmission via hands has been identified as a major contribution to hospital outbreaks involving both Methicillin Sensitive and Methicillin Resistant *Staphylococcus aureus*

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(MSSA/MRSA), multi-resistant Gram-negative micro-organisms, such as Acinetobacter spp and vancomycin resistant enterococci (VRE)

3 Policy Statement

All healthcare workers must receive annual hand hygiene training. All other trust staff and volunteers must receive bi-annual training on hand hygiene. See Appendix A for the Process and Appendix B for the “5 moments”.

4 Equality Impact Assessment

The Trust aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are placed at an unreasonable or unfair disadvantage over others.

In the development of this policy, the Trust has considered its impact with regard to equalities legislation and a copy of that assessment is attached at Appendix C.

5 Accountability

All healthcare professionals and volunteers are responsible and accountable to the Chief Executive for the correct implementation of this policy. Medical staff is professionally accountable through the General Medical Council, and nurses are professionally accountable to the Nursing and Midwifery Council.

6 Consultation, Assurance and Approval Process

6.1 Consultation Process

This Hand hygiene policy has been reviewed by the Hospital Infection Prevention and Control Committee.

Methodology used has been through open consultation with the parties involved.

6.2 Quality Assurance Process

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Following consultation with stakeholders and relevant consultative committees, this policy has been reviewed approving committee to ensure it meets the NHSLA standards for the production of procedural documents

6.3 Approval Process

Following completion of the Quality Assurance Process, this policy, and any subsequent policy revisions will require the approval of the HIPCC.

7 Review and Revision Arrangements

The review of the document will be undertaken with the collaboration of all parties involved in 2 years or earlier if there are changes in recommended practice or legislation.

8 Dissemination and Implementation

8.1 Dissemination

Once approved previous electronic versions of this document will be archived accordingly on the Trust's electronic portal Horizon, and the Laboratory Medicine Quality Manual Q Pulse. The current version of the document will be published on the above sites. Information related to the latest version of the document will be available from Infection Control Department and Trust wide information i.e. team brief, acknowledge alerts on Q pulse and training. This policy will be made available to service users. This policy is available in alternative formats, such as Braille or large font, on request to the author of the policy.

8.2 Implementation of Policies

Any training requirements identified within this policy are outlined within the personal profiles accessed through horizon. Staff will be required to create their personal profile and agree up-take of this training with their line manager

Please refer to Statutory and Mandatory Training Profiles on Horizon.

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The process for following up staff who fail to attend mandatory training is as identified within the Training Identification Policy.

Please refer to Horizon for the Training Identification Policy.

All junior doctors, F1s and F2s, starting in August each year receive hand hygiene training through the induction programme organised by the Postgraduate Medical Centre. New doctors who commence employment during the year receive hand hygiene training on day one of the statutory and mandatory training organised by Corporate Learning and Development.

The infection control team deliver training in the clinical area at the request of the ward manager/matron or through identification of low hand hygiene compliance from the hand hygiene observation audits. The infection control team inform corporate learning and development of any such training delivered to maintain accurate staff records.

Corporate Learning and Development will maintain a database of all staff trained on the electronic staff record.

9 Document Control including Archiving Arrangements

9.1 Register/Library of Policies

All policies will be registered and a library kept by the Compliance Unit.

9.2 Archiving Arrangements

The Compliance Unit will manage the archiving arrangements of all policies.

9.3 Process for Retrieving Archived Policies

To retrieve a former version of this policy from Horizon, the Compliance Unit should be contacted.

10 Monitoring Compliance With and the Effectiveness of Policies

This policy will be monitored for compliance with the minimum requirements outlined below. In accordance with NHLSA Risk Management Standards; Standard 2. Criterion 8.

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10.1 Process for Monitoring Compliance and Effectiveness

In order to fully monitor compliance with this policy and to ensure that the minimum requirements are met, the policy will be monitored as follows:

Minimum Requirements	Monitoring
(a) Duties	<p>Monthly hand hygiene audits to monitor compliance. Overseen by hand hygiene coordinator.</p> <p>Action Plans for non compliance to be completed by champions, ward sister, matrons.</p> <p>Airs forms monitor breaches.</p>
(b) Process for checking that all permanent staff groups, as identified in the TNA, complete relevant Hand Hygiene training.	<p>The process is identified within the Training Identification Policy, and non compliance will be reported by the infection prevention team to HCIC for action planning.</p>
(c) Process for following up those who fail to attend relevant Hand Hygiene training.	<p>The process for following up staff who fail to attend mandatory training is as identified within the Training Identification Policy, and non compliance will be reported by the infection prevention team to HCIC for action planning.</p>
(d) Hand Hygiene compliance 95% and above	<p>Monthly hand hygiene audits monitor compliance. Overseen by hand hygiene coordinator.</p> <p>Action Plans for non compliance to be completed by champions, ward sister, matrons.</p> <p>Airs forms monitor breaches.</p>
(f) Hand hygiene champions duties; Carry out Monthly audits. Be trained to carry out audits.	<p>Hand Hygiene Coordinator through data results.</p> <p>Hand Hygiene Coordinator to train.</p> <p>Personal Development Review to reference role as champion.</p>
(g) AIRS forms to monitor breaches	<p>Hand Hygiene Coordinator</p> <p>To form part of the report submitted to the Hospital Prevention and Control Committee.</p> <p>Meeting bi – monthly for action planning.</p>

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Duties:

Hand hygiene champions will carry out weekly/ monthly hand hygiene observation audits in all clinical areas to assess compliance with this policy. All staff have a duty to practice infection prevention as outlined in their Trust job description, hand hygiene champions receive training by Hand Hygiene Coordinator. This will be overseen by the Hand Hygiene Coordinator.

AIRS forms – hand hygiene breaches reported via AIRS will be monitored and evaluated by the Hand Hygiene Coordinator and form part of the report mentioned below.

The Hand Hygiene Coordinator will submit a report to the Hospital Prevention and Control Committee which meets bi- monthly for action planning.

The process for checking that all relevant permanent staff groups, complete hand hygiene training and the process for following up staff who fail to attend mandatory training is as identified within the Training Identification Policy, and non compliance will be reported by the infection prevention team to HCIC for action planning.

Monitoring the effectiveness of this policy will provide assurance to the Trust that the specified risks are being managed appropriately.

10.2 Standards/Key Performance Indicators

This policy will be monitored for compliance with the minimum requirements of criterion 1.2.8 of the NHSLA Risk Management Standards for Acute Trusts.

11 Training

Any theoretical training requirements identified within this policy are outlined within the mandatory training profiles accessed via the Statutory & Mandatory Training Link that can be found on the home page of Horizon or on Q:\York Hospitals Trust\Mandatory Training. You will be required to create your own mandatory training profile using the tool and support materials available in these areas and agree your uptake of this training with your line manager. The training identification policy and procedure

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document describes the processes related to the review, delivery and monitoring of mandatory training, including non attendance

12 Trust Associated Documentation

[Infection Control Standard Precautions Policy](#)

13 External References

National Evidence Based Guidelines for Preventing Healthcare Associated Infections in NHS Hospital in England 2006. Pratt, R J et al, Journal of Hospital Infection Vol 65 Supplement 1 February 2007.

National Patient Safety Agency, 'Clean your hands' Campaign, guide to Implementation 2003.

Nails and Artificial Nails. Jeanes & Green, Journal Hospital Infection 2001 Vo. 49, Issue 2, P139-142.

Health Act 2006: Code of Practice for the Prevention and Control of Healthcare Associated Infections

WHO Guidelines on Hand Hygiene in Health Care. First Global Patient Safety Challenge Clean Care is Safer Care. 2009.

14 Appendices

Appendix A – Process

Appendix B – 5 Moments for Hand Hygiene

Appendix C – WHO guidelines on donning gloves

Appendix D – Equality Impact Assessment Tool

Appendix E – Glove Use Poster

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Appendix A - Process

Cleaning/ decontamination of hands in relation to patient care

Patients are put at significant risk of developing HCAs when a health care practitioner caring for them has contaminated hands. The World Health Organization, "My 5 Moments for Hand Hygiene" is used in the Trust, see appendix B.

Hands must be decontaminated:

Before

Every episode of care that involves direct contact with patients' skin, their food, invasive devices, dressings. (Invasive devices include urinary catheter; intravenous or central cannula; PEG or NG feeding tubes; oral nasal or tracheostomy respiratory tubes; injections or blood samples im, iv, sc); pin sites and drains.

Contact with wounds/mucosa includes uncovered skin breaks, nose, eyes, mouth including dentures;

Contact with the patient includes taking vital signs (blood pressure, temperature, respiratory rate) mobilisation, patient cleansing, and medical examination.

Putting on personal protective equipment, e.g. gloves.

After

Direct patient contact

Contact with a potentially contaminated environment (a potentially contaminated environment is defined as the patients immediate environment, surfaces within the patient curtains, e.g. patient's bed, bedside table, locker, walking frame).

Any activity or contact that potentially results in hands becoming contaminated, e.g. contact with body fluids (on patient or in the environment).

Removing personal protection equipment, e.g. gloves

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Between

Caring for different patients or between different caring activities for the same patient such as moving from low risk to high risk contact with the same patient, e.g. mobilising patient then disconnecting patient from an invasive device.

In Summary

To prevent cross transmission/infection and therefore protect those vulnerable and susceptible.

Level of hand decontamination and preparation required

Alcohol hand gel is recognised as the most convenient and effective method of hand decontamination where hands are not visibly soiled.

Hands must *always* be decontaminated using soap and water when caring for patients with known or suspected *Clostridium difficile* infection, and patients with any diarrhoea and vomiting infections. For these patients alcohol hand gel alone is not sufficient.

Effective hand washing with a liquid soap will remove transient micro organisms and render hands *socially clean*. This level of decontamination is sufficient for general social contact and most clinical care activities.

The effective use of alcohol-based hand rubs on non-visibly contaminated hands will also result in substantial reductions of transient micro organisms. Visibly soiled hands, however, must be washed before any application of alcohol gel to prevent reduction of the efficacy of the alcohol.

The use of an antimicrobial liquid soap preparation, e.g. Hibiscrub and Betadine will reduce transient organisms and some resident ones if a longer contact time, e.g. 2 minutes, is applied and will result in *skin antiseptis*.

Choice of hand hygiene preparation

The need to remove transient or resident organisms from hands must be considered. Preparations with a residual effect, e.g. chlorhexidine are not normally necessary for every day clinical practice but may be used for some aseptic/invasive procedures.

Research and evidence suggests that:

Soap and water is as effective as hand washing preparations containing antimicrobial agents for decontaminating hands and removing *transient* micro organisms.

Alcohol-based hand rubs are not effective in removing dirt, soiling, or *Clostridium difficile* spores, therefore hands must be washed with soap and water to remove visible dirt/soiling and when caring for patients with *Clostridium difficile* and any diarrhoea and vomiting infections before alcohol gel is applied.

Alcohol-based hand rubs used on visibly clean hands are more effective (due to the immediate drying effect on an organism) in destroying transient micro organisms than antimicrobial hand washing or soap and water, and give a greater initial reduction in hand flora.

Hand rubs containing alcohol alone as the active ingredient give a greater initial reduction in hand flora but have no residual effect.

Preparations containing antimicrobial agents are more effective in removing resident micro organisms than those without an antimicrobial agent – such products may be required when strict asepsis is practised e.g. in Theatres.

Preparations containing antimicrobial agents have different effects on specific micro organisms.

Whichever solution is chosen, it must be acceptable to the user in terms of care of application, time, access and dermatological effects.

Contact Dermatitis

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It is important for healthcare workers to monitor their skin condition and integrity, potential over use or inappropriate use of gloves, or reaction to hand washing products may cause dermatitis.

Dermatitis is an inflammation of the skin, it causes red, itchy skin which may also blister. There are several types of dermatitis, generally it is grouped into two main types. Atopic dermatitis and Contact dermatitis

Contact Dermatitis causes patches of inflammation on areas of skin which have come into contact with the substance. If you avoid the offending substance, skin inflammation should go away. It can be irritant and allergic. Irritant can be caused by direct contact with a substance which irritates the skin. The hands are most commonly affected. Irritant substances are those that can cause inflammation in almost everyone if they are in contact for long enough, repeatedly enough and in strong enough concentration.

Detergents (washing up liquids). Solvents. Soaps. Soils. Acids, Alkalis, Powders, Dust, Soil, Certain Plants.

Glove Use

Gloves must be used appropriately and removed after the task is complete. Hands need to be cleaned before and after glove use. Hands can become hot inside gloves and become an ideal breeding ground for bacteria and exacerbate any existing skin conditions. Glove use is no substitute for hand hygiene.

Gloves are needed for:

Risk of exposure to blood and bodily fluids from any patient.

Risk of exposure to non intact skin

Exposure to chemicals or hazardous substances.

Effective Hand Hygiene Technique

Key factors:

Hands and arms must be 'bare below the elbows', to facilitate effective decontamination and exposure of all aspects of hands to the preparation being used.

False nails and nail varnish will compromise effective hand hygiene and patient safety therefore must not be worn. Natural nails need to be kept short 0.5cm long or ¼ inch.

Remove all wrist and hand jewellery (plain band [ring] may be worn) at the beginning of each clinical shift before regular hand hygiene begins. Cuts and abrasions must be covered with waterproof dressings.

Effective hand washing technique involves four stages: preparation, washing, rinsing and drying. The duration of the entire procedure is 40-60 seconds. Wet hands under tepid running water **before** applying liquid soap. The hand wash solution must come into contact with **all** of the surfaces of the hands. Hands must be **rubbed** together vigorously for a minimum of 10-15 seconds, paying particular attention to the tips of the fingers, the thumbs and the areas between the fingers. Hands should be rinsed thoroughly prior to drying with good quality paper towels, use the paper towel to turn off the tap. Failure to rinse and dry thoroughly may cause dryness and subsequent soreness. When clean or disposable towels are used, it is important to pat the skin dry.

When decontaminating hands using an alcohol-based hand rub, hands should be free of dirt and organic material. The hand rub solution must come into contact with all surfaces of the hand. The hands must be rubbed together vigorously, paying particular attention to the tips of the fingers, the thumbs and the areas between the fingers, until the solution has evaporated and the hands are dry. Duration of the entire procedure is 20-30 seconds.

Normal hand flora is altered when skin has been damaged which may result in increased carriage of pathogens responsible for HCAs. The use of emollients and moisturisers (approved by the Infection Control Team) will help to prevent skin problems, irritations and drying and therefore promote compliance with hand hygiene.

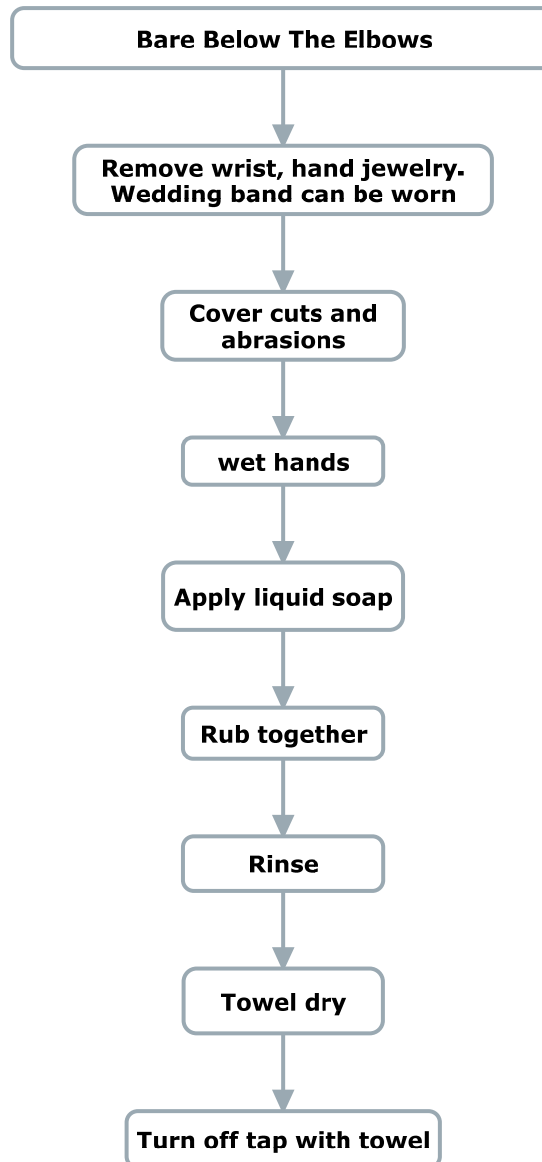
Seek occupational health advice for persistent skin irritations.

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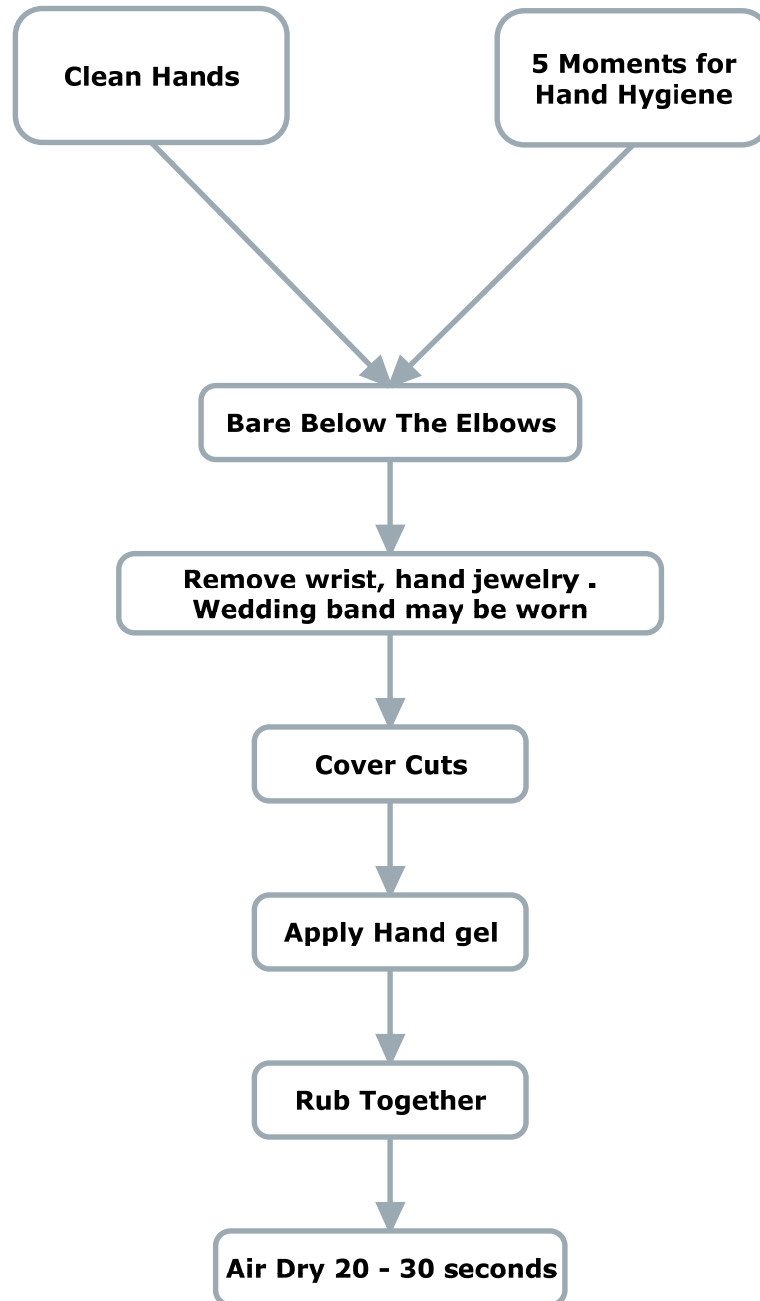
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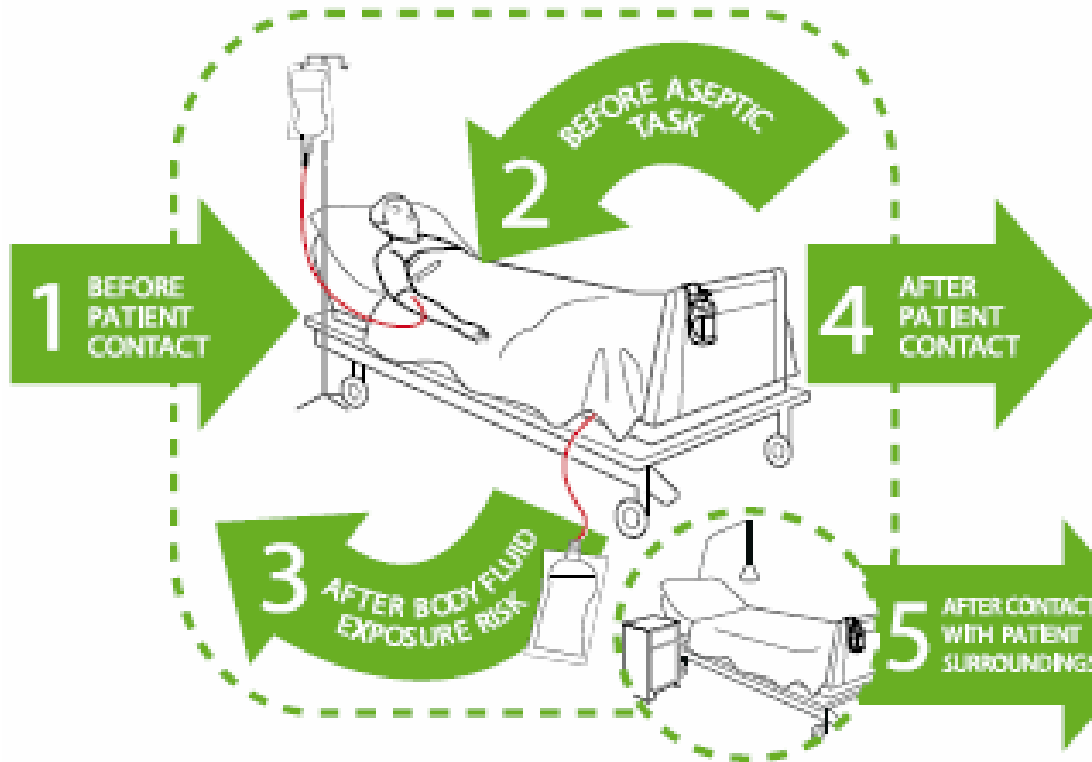
Hand Hygiene Technique for C. Difficile, Diarrhoea and Vomiting and Dirty Hands



Hand Hygiene Technique for using hand disinfectant gel



WHO - 5 moments for hand hygiene



Appendix C

Extract from 'WHO Guidelines on Hand Hygiene in Health Care. First Global Patient Safety Challenge Clean Care is Safer Care'. (2009).

How to don and remove non-sterile gloves

When the hand hygiene indication occurs before a contact requiring glove use, perform hand hygiene by rubbing with an alcohol-based handrub or by washing with soap and water.

I. HOW TO DON GLOVES:

1. Take out a glove from its original box

2. Touch only a restricted surface of the glove corresponding to the wrist (at the top edge of the cuff)

3. Don the first glove

4. Take the second glove with the bare hand and touch only a restricted surface of glove corresponding to the wrist

5. To avoid touching the skin of the forearm with the gloved hand, turn the external surface of the glove to be donned on the folded fingers of the gloved hand, thus permitting to glove the second hand

6. Once gloved, hands should not touch anything else that is not defined by indications and conditions for glove use

II. HOW TO REMOVE GLOVES:

1. Pinch one glove at the wrist level to remove it, without touching the skin of the forearm, and peel away from the hand, thus allowing the glove to turn inside out

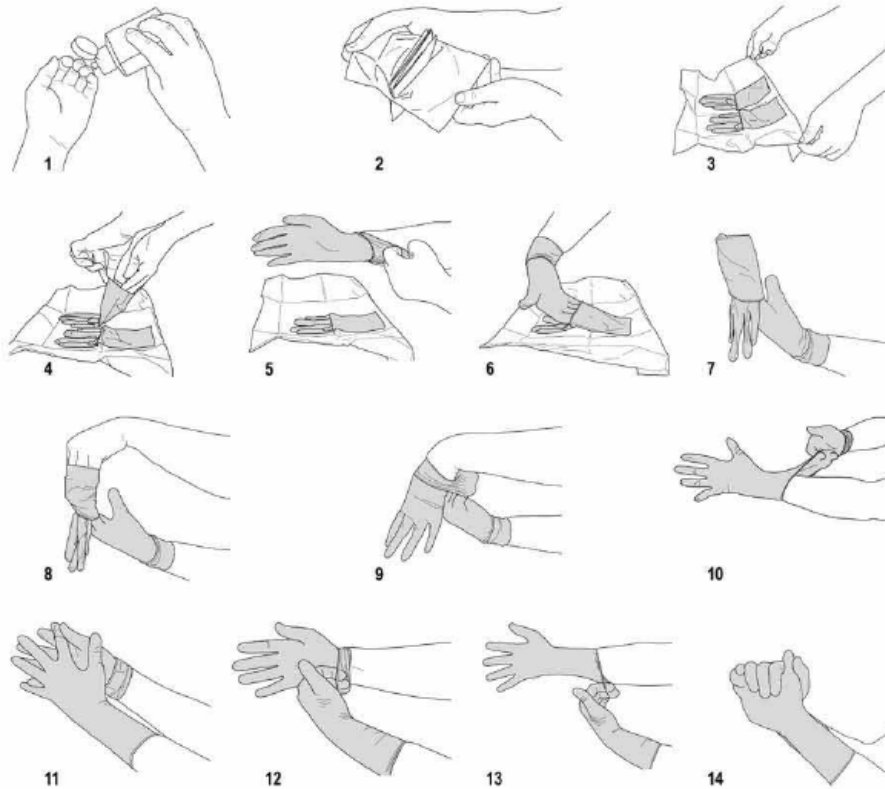
2. Hold the removed glove in the gloved hand and slide the fingers of the ungloved hand inside between the glove and the wrist. Remove the second glove by rolling it down the hand and fold into the first glove

3. Discard the removed gloves

4. Then, perform hand hygiene by rubbing with an alcohol-based handrub or by washing with soap and water

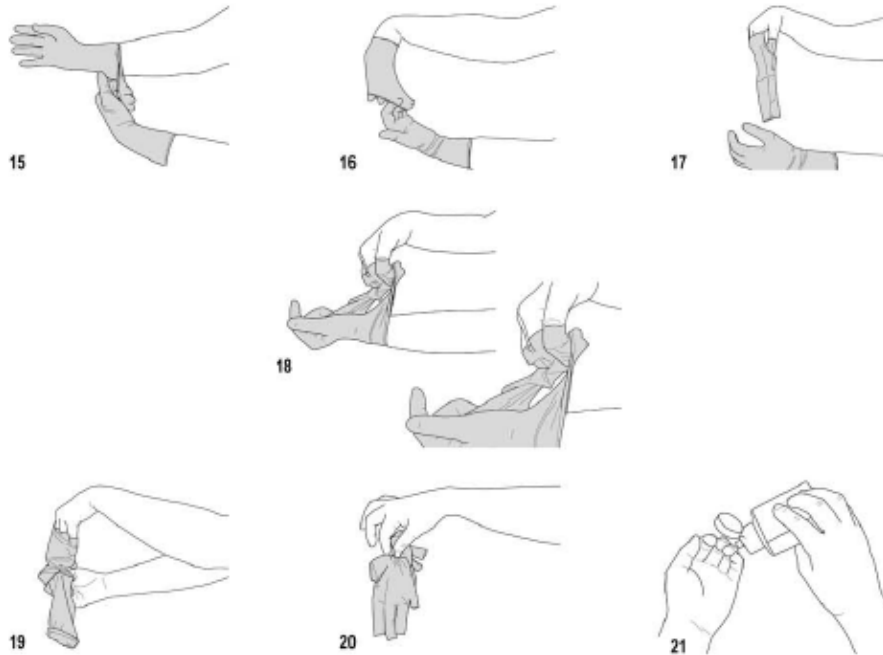
The purpose of this technique is to ensure maximum asepsis for the patient and to protect the health-care worker from the patient's body fluid(s). To achieve this goal, the skin of the health-care worker remains exclusively in contact with the inner surface of the glove and has no contact with the outer surface. Any error in the performance of this technique leads to a lack of asepsis requiring a change of gloves.

I. HOW TO DON STERILE GLOVES



1. Perform hand hygiene before an "aseptic procedure" by handrubbing or hand washing.
2. Check the package for integrity. Open the first non-sterile packaging by peeling it completely off the heat seal to expose the second sterile wrapper, but without touching it.
3. Place the second sterile package on a clean, dry surface without touching the surface. Open the package and fold it towards the bottom so as to unfold the paper and keep it open.
4. Using the thumb and index finger of one hand, carefully grasp the folded cuff edge of the glove.
5. Slip the other hand into the glove in a single movement, keeping the folded cuff at the wrist level.
- 6-7. Pick up the second glove by sliding the fingers of the gloved hand underneath the cuff of the glove.
- 8-10. In a single movement, slip the second glove on to the ungloved hand while avoiding any contact/resting of the gloved hand on surfaces other than the glove to be donned (contact/resting constitutes a lack of asepsis and requires a change of glove).
11. If necessary, after donning both gloves, adjust the fingers and interdigital spaces until the gloves fit comfortably.
- 12-13. Unfold the cuff of the first gloved hand by gently slipping the fingers of the other hand inside the fold, making sure to avoid any contact with a surface other than the outer surface of the glove (lack of asepsis requiring a change of gloves).
14. The hands are gloved and must touch exclusively sterile devices or the previously-disinfected patient's body area.

II. HOW TO REMOVE STERILE GLOVES



- 15-17. Remove the first glove by peeling it back with the fingers of the opposite hand. Remove the glove by rolling it inside out to the second finger joints (do not remove completely).
18. Remove the other glove by turning its outer edge on the fingers of the partially ungloved hand.
19. Remove the glove by turning it inside out entirely to ensure that the skin of the health-care worker is always and exclusively in contact with the inner surface of the glove.
20. Discard gloves.
21. Perform hand hygiene after glove removal according to the recommended indication.

NB: Donning surgical sterile gloves at the time of a surgical intervention follows the same sequences except that:

- it is preceded by a surgical hand preparation;
- donning gloves is performed after putting on the sterile surgical gown;
- the opening of the first packaging (non-sterile) is done by an assistant;
- the second packaging (sterile) is placed on a sterile surface other than that used for the intervention;
- gloves should cover the wrists of the sterile gown.

Appendix D Equality Impact Assessment Tool

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

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Appendix E. Glove Use Poster.

Stop Think!

Do I need gloves for this task?

Remember!
Gloves can
cause allergies



**Only wear gloves when necessary.
Remove when task completed.**

Wash hands immediately before and after use.

Gloves needed for:

- Risk of exposure to blood and bodily fluids from any patient
- Risk of exposure to non-intact skin
- Exposure to chemicals or hazardous substances

Gloves not needed for:

- Bed making
- Washing patients
- Carrying meal trays
- Administration work
- Feeding/talking to patients
- Carrying out patient observations
- Handling clean bed linen

For advice contact OH 5099 / Infection Prevention 5860