

Infection Prevention Guidelines for Effective Hand Hygiene

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Publisher:	Infection Prevention Team
Date approved:	October 2014
Version:	10 (replaces Hand Hygiene policy v9)
Issue date:	October 2014
Review date:	October 2017

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1 Introduction & Scope

These guidelines outline the procedures and infection prevention standards to enable staff to perform effective hand hygiene.

Effective hand hygiene is fundamental to patient safety. Hands are the most common vehicle for the spread of infection. The aim of hand hygiene is to remove contamination and/or to reduce the level of organisms on the hands.

The Trust expects all staff and volunteers to be aware of and comply fully with these guidelines. Failure to comply may be considered a disciplinary matter should patient harm occur as a result.

All staff must access induction and annual infection prevention training that includes hand hygiene as required by the legislative Hygiene Code 2010.

The scope of the guidelines is:

- 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 effective hand hygiene amongst all care staff. To enable this 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.

These guidelines do not cover antiseptic hand cleansing prior to surgery.

2 Definitions / Terms used in guidelines

Aseptic Non Touch Technique (ANTT): a means of preventing or minimising the risk of introducing harmful micro-organisms onto key parts or key sites of the body when undertaking clinical procedures. Includes inserting or manipulating intravenous devices and wound care.

Bare Below the Elbows: Nothing worn below the elbows. Forearms, wrists and hands must be bare, sleeves, wrist watches or jewellery, rings (other than a plain wedding band), nail varnish or false nails must not be worn/ used.

Decontamination: refers to the process for the removal or destruction of micro organisms from the hands and physical removal of contamination, soiling, blood, or body fluids.

Health care acquired infections (HCAI): infections that are acquired as a result of healthcare interventions. High standards of infection prevention and control practice minimise the risk of occurrence.

Healthcare Worker: includes 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 domestic staff, kitchen staff and engineers.

Pathogenic: Organisms that are harmful to human beings

Point of care: The place where the patient, healthcare worker and care or treatment come together. Alcohol based hand sanitiser must be easily accessible at the point of care.

Resident flora: Organisms that reside with the host person

Soap, hand sanitiser and hand moisturiser: Trust approved products only. Alcohol based hand sanitiser.

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

World Health Organisation (WHO) 5 moments: the five occasions when hand hygiene must be carried out. The 5 moments cover multiple clinical occasions involving patients.

3 Overview

All Trust staff and Trust volunteers must receive hand hygiene training.

[WHO 5 Moments for Hand Hygiene](#)

[Choice of hand hygiene preparation](#)

[Effective Hand Hygiene Technique](#)

[Provision of and access to hand hygiene facilities](#)

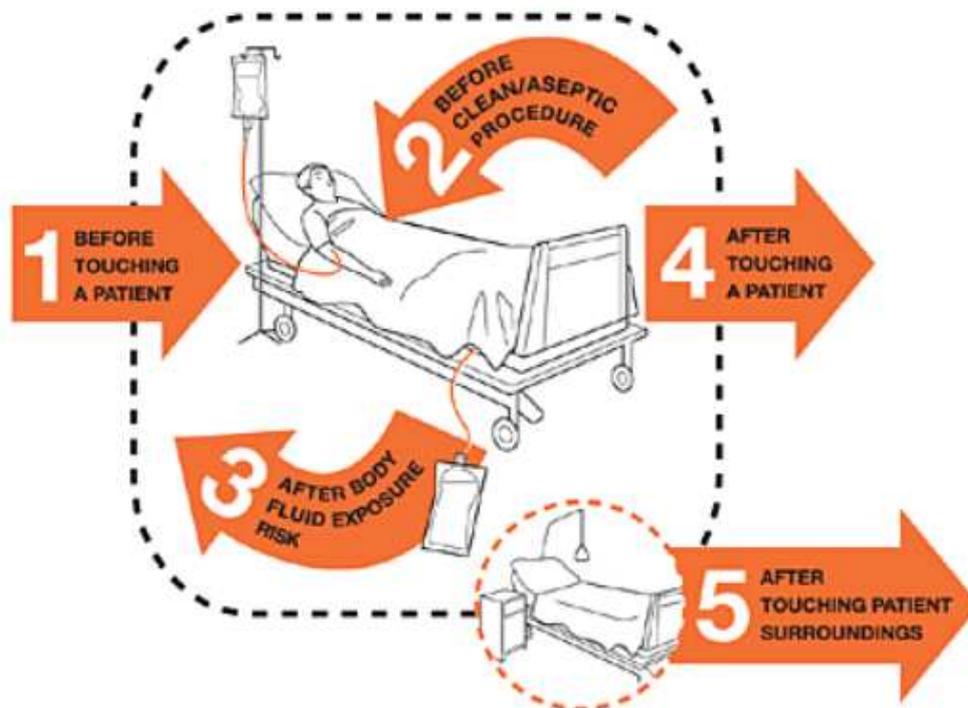
[Safe and effective glove use](#)

World Health Organisation (WHO) 5 moments

The Trust follows the World Health Organisation 5 moments for hand hygiene. The 5 moments are evidence based and provide a reference and focus for those occasions within a care sequence when hand hygiene must be carried out. The various and multiple procedures and situations when hand hygiene is required are covered by the 5 moments' concept. The 5 moments occur at the point of care.

Two of the 5 moments occur before contact with the patient and protect the patient from microbial transmission. Three of the moments occur after patient or body fluid exposure and protect the healthcare worker and healthcare area (including other patients). Moments may coincide so that only one hand hygiene action is required.

A hand hygiene event can be either hand wash or application of alcohol hand sanitiser (see Appendix B).



[Illustration from World Health Organisation 5 moments]

The World Health Organisation Five Moments for Hand Hygiene

Moment	When
1. Before Patient Contact	Clean your hands before touching a patient
2. Before Aseptic Non Touch Technique.	Clean your hands immediately before Aseptic Non Touch Technique procedure.
3. After Body fluid exposure risk.	Clean your hands immediately after an exposure risk to body fluids (and/ or glove removal).
4. After Patient Contact	Clean your hands after touching a patient and his/her immediate surroundings as you leave the patient's side.
5. After contact with patient surroundings.	Clean your hands after touching any object or furniture in the patient's immediate surroundings as you leave – even if the patient has not been touched.

Adapted from WHO 'Your 5 moments for hand hygiene'

Choice of hand hygiene preparation

Alcohol based hand sanitiser is the most convenient and effective method of hand decontamination where hands are not visibly soiled, and will result in substantial reduction of transient micro organisms. Alcohol based hand sanitiser does not have a residual effect however and will not be effective in removing *Clostridium difficile* spores.

Effective washing with a liquid soap and water will remove transient micro organisms and render hands socially clean.

Decontaminate hands using liquid soap and water when

- Hands are visibly soiled
- When caring for patients with known or suspected *Clostridium difficile* infection
- When caring for patients with any diarrhoea and vomiting

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 (NB: These guidelines does not cover antiseptic hand cleansing prior to surgery i.e. hand sanitiser.)

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

Staff are advised to monitor their skin condition and integrity. Potential over use or inappropriate use of hand hygiene products or gloves may cause dermatitis. Seek Occupational Health advice for persistent skin irritations.

Effective Hand Hygiene Technique

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.

Cuts and abrasions on hands must be covered with waterproof dressings.

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 Prevention 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.

A Hand Hygiene DVD can be viewed at the following link:

http://www.yorkhospitals.nhs.uk/your_visit/infection_control/#

Hand hygiene technique for using alcohol based hand sanitiser

Bare below the elbows

Cover cuts with a waterproof dressing

Apply hand gel – use one dispensed amount only

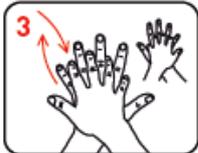
Sanitiser hands together vigorously covering all parts of the hands.
Air dry

Procedure takes 20-30 seconds

Forearms, wrists and hands must be bare including sleeves, wrist watches or jewellery, rings (other than a plain wedding band), nail varnish or false nails



Rub hands palm to palm



Rub back of each hand with the palm of other hand with fingers interlaced



Rub palm to palm with fingers interlaced



Rub with backs of fingers to opposing palms with fingers interlaced



Rub each thumb clasped in opposite hand using rotational movement

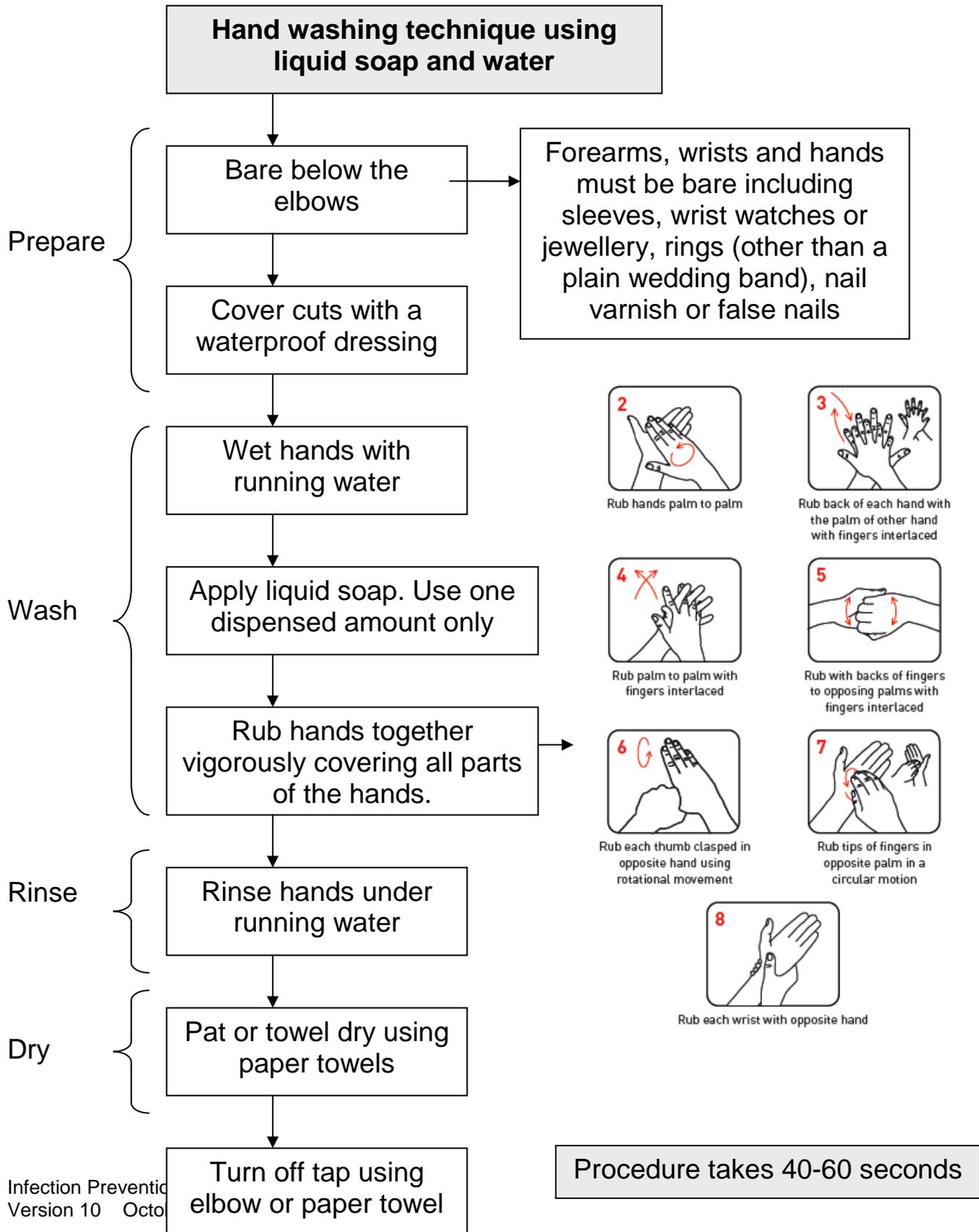


Rub tips of fingers in opposite palm in a circular motion



Rub each wrist with opposite hand

Effective hand washing technique involves four stages: preparation, washing, rinsing and drying.



Provision of and access to hand hygiene facilities

To comply with hand hygiene 5 moments of care hand hygiene facilities must be available, accessible and, for alcohol based hand sanitiser, at the point of care.

Do not block hand wash sinks with equipment or furniture. Keep hand wash sinks free from unnecessary equipment.

Ensure soap and paper towels are available at hand wash sinks.

Do not use plugs in hand wash sinks.

Ensure a supply of alcohol based hand sanitiser is available at the patients' individual space.

Alcohol based hand sanitiser is not required in kitchens, sluice or toilet areas. Hands must be washed with soap and water in these areas.

Avoid overstocking soap and alcohol based hand sanitiser to ensure products are used within their use-by date.

Check dates of new stock before refilling dispensers.

Safe and effective glove use

The use of gloves does not replace the need for hand hygiene.

Hands can become hot inside gloves therefore creating an ideal breeding ground for bacteria while exacerbating any existing skin conditions. Glove use is not a substitute for hand hygiene.

Do not wear the same pair of gloves for the care of more than one patient

Change or remove gloves if contaminated – includes during the care of the same patient

Do not re-use gloves

Wear gloves when there is

- Likely or anticipated contact with blood or body fluids,
- Risk of exposure to mucous membranes or non-intact skin
- For contact with chemicals or hazardous substances.

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

4. Monitoring Compliance and Effectiveness

Minimum requirement to be monitored	Process for monitoring	Responsible Individual/ committee/ group	Frequency of monitoring	Responsible individual/ committee/ group for review of results	Responsible individual/ committee/ group for developing an action plan	Responsible individual/ committee/ group for monitoring of action plan
a. Trust approved hand hygiene products meet minimum standards for hand decontamination	Review evidence of products available	Hand hygiene co-ordinator for Infection Prevention. Infection Control Doctor. Director or Infection Prevention and Control	Five yearly or when new products supersede current products	Hand hygiene co-ordinator for Infection Prevention/ HIPCG	Hand hygiene co-ordinator for Infection Prevention	Hand hygiene co-ordinator for Infection Prevention
b. Compliance with the WHO 5 moments	Observational audit of hand hygiene events and opportunities within clinical areas	Matrons, ward managers, senior department staff and junior doctors with support from Hand hygiene co-ordinator, Infection Prevention	Monthly	Directorate managers and clinical directors, directorate management meetings. PIM	Matrons, ward managers and lead clinicians.	Matrons, ward managers and lead clinicians.
c. Compliance with effective hand hygiene technique	Observational audit of hand hygiene events within clinical areas	Matrons, ward managers, senior department staff and junior doctors with support from Hand hygiene co-ordinator, Infection Prevention	Monthly	Directorate managers and clinical directors, directorate management meetings. PIM	Matrons, ward managers and lead clinicians.	Matrons, ward managers and lead clinicians.

Minimum requirement to be monitored	Process for monitoring	Responsible Individual/ committee/ group	Frequency of monitoring	Responsible individual/ committee/ group for review of results	Responsible individual/ committee/ group for developing an action plan	Responsible individual/ committee/ group for monitoring of action plan
d. Compliance with bare below the elbows	Observation of hand hygiene events within clinical areas	Matrons, ward managers, senior department staff and junior doctors with support from Hand hygiene co-ordinator, Infection Prevention	Monthly	Directorate managers and clinical directors, directorate management meetings. PIM	Matrons, ward managers and lead clinicians.	Matrons, ward managers and lead clinicians.
e. Appropriate glove use	Observation of glove use within clinical areas	Matrons, ward managers, senior department staff and junior doctors with support from Hand hygiene co-ordinator, Infection Prevention	Monthly	Directorate managers and clinical directors, directorate management meetings. PIM	Matrons, ward managers and lead clinicians.	Matrons, ward managers and lead clinicians.
f. Hand hygiene facilities	Environment audits	Infection Prevention Nurses	Annual	Infection Prevention Nurses	Matrons and ward managers Facilities management	Matrons and ward managers Facilities management

5 Trust Associated Documentation

Infection Prevention Standard Precautions Guidelines

Infection Prevention Isolation Policy

6 External References

Health and Social Care Act 2008: Code of Practice for the Prevention of infection and related guidance 2010

World Health Organisation (WHO) Patient Safety. WHO guidelines on hand hygiene in health care. Geneva: World Health Organisation; 2009

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