# Hand Hygiene Policy

<table>
<thead>
<tr>
<th>Author:</th>
<th>Infection Prevention &amp; Control Team</th>
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<tbody>
<tr>
<td>Responsible Lead Executive Director:</td>
<td>Irene Barkby - Executive Director of Nursing Midwifery and Allied Health Professionals</td>
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<tr>
<td>Endorsing Body:</td>
<td>Lanarkshire Infection Control Committee</td>
</tr>
<tr>
<td>Governance or Assurance Committee</td>
<td>Healthcare Quality &amp; Assurance Committee</td>
</tr>
<tr>
<td>Implementation Date:</td>
<td>February 2017</td>
</tr>
<tr>
<td>Version Number:</td>
<td>5</td>
</tr>
<tr>
<td>Review Date:</td>
<td>February 2019</td>
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<tr>
<td>Responsible Person</td>
<td>Emer Shepherd – Head of Infection Prevention &amp; Control</td>
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## CONSULTATION AND DISTRIBUTION RECORD

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<thead>
<tr>
<th>Contributing Author / Authors</th>
<th>Infection Prevention and Control Team</th>
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<tbody>
<tr>
<td>Consultation Process / Stakeholders:</td>
<td>Infection Prevention and Control Team, Corporate Management Team, Health Protection Team, PSSD, Microbiologists, Infection Control Doctor, Lead Antimicrobial Pharmacist, Chief Nurses, Chief Medical staff</td>
</tr>
<tr>
<td>Distribution:</td>
<td>Available to NHS Lanarkshire staff via Firstport</td>
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## CHANGE RECORD

<table>
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<th>Date</th>
<th>Author</th>
<th>Change</th>
<th>Version No.</th>
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<tbody>
<tr>
<td>30/11/2015</td>
<td>Infection Prevention and Control Team</td>
<td>Revision of existing Hand Hygiene Zero Tolerance to align with new policy template</td>
<td>4</td>
</tr>
<tr>
<td>23/01/2017</td>
<td>Infection Prevention and Control Team</td>
<td>Policy updated to reflect national guidance</td>
<td>5</td>
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1. INTRODUCTION

Healthcare workers (HCW) within NHS Lanarkshire (NHSL) are committed to best practice in Hand Hygiene. Hand Hygiene is recognised internationally as being the single most important indicator of safety and quality of care in healthcare settings because there is substantial evidence to demonstrate the correlation between good hand hygiene practices and low healthcare associated infection rates – World Health Organisation, 2009.

Hand Hygiene is a term used to describe the decontamination of hands by various methods including routine hand washing and/or hand disinfection which includes the use of alcohol gels and rubs.

The 5 Moments for Hand Hygiene approach defines the key moments when health-care workers should perform hand hygiene.

This evidence-based, field-tested, user-centred approach is designed to be easy to learn, logical and applicable in a wide range of settings.

This approach recommends health-care workers clean their hands:

- before touching a patient,
- before clean/aseptic procedures,
- after body fluid exposure/risk,
- after touching a patient, and
- after touching patient surroundings.

The 5 moments can be found on the WHO website at:
http://who.int/gpsc/5may/background/5moments/en/

2. AIM, PURPOSE AND OUTCOMES

The aim of this policy is to ensure that all members of clinical and non clinical staff – referred to throughout this policy as healthcare workers, understand the importance of performing Hand Hygiene and are clear on their responsibilities in complying with this policy. This policy applies to all staff employed or contracted by NHSL.

The objective of the policy is to

- Provide a safe environment for patients, staff, carers and the public across all healthcare facilities within NHSL.
- Reduce the risk of healthcare associated infections caused by non-compliance with Hand Hygiene practices
- Achieve and sustain a minimum 95% compliance with Hand Hygiene standards, adherence to the WHO 5 Moments and Bare Below the Elbow
- Advise that staff must receive hand hygiene training as part of compulsory infection prevention and control training with an annual refresher for all clinical staff

3. SCOPE
3.1 Who is the Policy Intended to Benefit or Affect

This policy covers both NHSL premises and healthcare provided within the home.
- All grades and disciplines of staff, whether directly employed or working on a contract or locum basis are required to comply with this policy.

The policy applies to all staff working in NHSL premises and/or the home setting.

There are no exceptions to this policy unless a patient's life may be in danger, such as a cardiac/respiratory arrest or where a patient is likely to be harmed or in danger of falling out of bed, choking etc.

3.2 Who are the Stakeholders

Patients, Carers and relatives, staff and those defined within section 4 Roles and Responsibilities.

4. ROLES AND RESPONSIBILITIES

<table>
<thead>
<tr>
<th>Who</th>
<th>Roles &amp; Responsibilities</th>
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</table>
| **NHSA Board**                           | • Endorse and support the implementation of this Policy  
 • Liaise directly with Infection Prevention and Control Team (IPCT) regarding any issues requiring clarification or action arising from all hand hygiene reports  
 • Ensure that issues and/or actions are taken to appropriate committees for further action or support  
 • Encourage and support staff to be comfortable about challenging others in relation to compliance |
| **Hospital Management/Health & Social Care Partnership (H&SCP) Teams** | • Act as role models for all staff  
 • Liaise directly with IPCT regarding audit results and all relating issues and availability of equipment to perform adequate Hand Hygiene  
 • Ensure that relevant actions are taken to appropriate committees for further actions or sanctioning/support  
 • Liaise with key staff to ensure compliance targets are met and address areas of concern  
 • Encourage and support staff to be comfortable about challenging others in relation to compliance  
 • Cascade new policies to clinical staff after approval by the Lanarkshire Infection Control Committee (LICC) |
| **Infection Prevention & Control Team**  | • Keep this Policy up to date  
 • Provide professional support and expertise at educational sessions  
 • Audit compliance with this policy and report findings to relevant personnel within NHSL.  
 • Remind colleagues of the importance of Hand Hygiene in the clinical settings when opportunities are not completed appropriately or are missed  
 • Liaise with procurement and occupational health staff to ensure adequate supplies of appropriate hand hygiene products  
 • Liaise with the appropriate department if structural issues are identified e.g. non-compliant clinical wash hand basins (CWHB)/taps |
**Senior Charge Nurse (Ward Manager) / Team Leader**

- Review SPSP and IPCT hand hygiene audits and make corrective actions
- Work in partnership with the IPCT to ensure that staff receive training
- Identify basic, innovative and creative ideas to increase the awareness of hand hygiene within clinical areas
- Report any areas of concern relating to hand hygiene of individuals from another staff group to the offending individual, direct line manager and IPCT
- Encourage staff to be comfortable about challenging others
- Refer staff with any skin problems to Salus Occupational Health and Safety Department
- Provide clinical and managerial leadership within the clinical area and act as role models in relation to infection prevention and control
- Liaise with the appropriate department if structural issues are identified e.g. non-compliant CWHB/taps

**Senior Nurses Heads of Departments**

- Ensure that all staff who they line manage read, sign and date that they have read this policy and are aware of their responsibilities for complying with and supporting it
- Ensure hand hygiene is a standing agenda item at Hygiene and other relevant meetings.
- Act as role model for all staff
- Review and monitor all data for hand hygiene and any action points with Senior Charge Nurse, so that compliance is improved
- Ensure staff complete the compulsory Hand Hygiene module on LearnPro and attend hand hygiene learning opportunities.
- Identify and support ways for staff to learn more about hand hygiene
- Support hand hygiene activities in their area and promote local ownership of audit results
- Liaise with IPCT about concerns with hand hygiene practice
- Explore ways of utilising CAAS link nurses to deliver hand hygiene education
- Support staff to achieve full compliance
- Ensure the policy is being adhered to in his/her area of responsibility and to handle any breaches in a considered and thoughtful manner in accordance with the NHSL’s Policy and Procedures for the Effective Management of Employee Conduct

**Health Care Workers (HCWs)**

- Follow this policy
- Inform a member of the IPCT if this policy cannot be followed
- Report to Head of Department / Line Manager or Infection Prevention and Control Nurse (IPCN) if the area does not have any of the structural requirements, e.g. CWHBs, Alcohol Based Hand Rub (ABHR) etc, to follow this policy
- Report to Occupation Health if they develop sensitivities, or are otherwise unable to use the products supplied within NHSL
- Ensure there is always a sufficient supply of hand hygiene sundries within expiry date
- Remind colleagues of the importance of hand hygiene in the clinical setting when observed hand hygiene opportunities are missed
- Promote hand hygiene by patients and visitors

**Clinicians**

- To act as role models in relation to infection prevention and control
- Engage with staff to support implementation of infection prevention and control precautions described in this policy
- Ensure that all staff who they line manage read, sign and date that they have read this policy and are aware of their responsibilities for complying with and supporting it
• Ensure hand hygiene is a standing agenda item at Clinical Forums and other relevant meetings
• Ensure staff complete the compulsory Hand Hygiene module on LearnPro and attend hand hygiene learning opportunities
• Identify and support ways for staff to learn more about hand hygiene
• Liaise with IPCT about concerns with hand hygiene practice
• Support any employee challenging others
• Ensure the policy is being adhered to in his/her own area of responsibility, and to handle any breaches in a considered and thoughtful manner in accordance with NHSL’s Policy and Procedures for the Effective Management of Employee Conduct

<table>
<thead>
<tr>
<th>Human Resources</th>
<th>Provide support and advice to managers to help them to apply the staffing elements of the policy effectively</th>
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</thead>
<tbody>
<tr>
<td>Salus Occupational Health &amp; Safety</td>
<td>Provide advice and support to those who experience any episodes of skin irritation regardless of the cause</td>
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<tr>
<td></td>
<td>Investigate possible causes and make recommendations for improvements to practice or alternative products</td>
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<tr>
<td>Stewards Representatives</td>
<td>Provide support and advice to their members</td>
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<tr>
<td></td>
<td>Ensure that the Policy is used appropriately</td>
</tr>
<tr>
<td>Non NHSL Staff i.e. Sub-contractors or those carrying out maintenance work</td>
<td>A copy of this Policy will be given to all contractors and suppliers as part of the tendering documentation and on commencement of work</td>
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</tbody>
</table>

4.2 EMPLOYEES

“All healthcare workers must be “bare below the elbow” whilst in a clinical setting i.e. a place where care is delivered as outlined in the ‘Dress Code and Appearance Policy’

“Bare below the elbow” refers to the absence of shirt sleeves/clothing below the elbow, no wrist watch or jewellery with the exception of a plain solid band.

In addition to the above, all healthcare workers must refrain from wearing nail polish of all descriptions whilst in clinical settings. Nails must be no longer than the fingertips. Staff who do not wear uniform must ensure sleeves are rolled up to expose forearms whilst in clinical areas. Exceptions to this would be those entering a ward to carry out technical and maintenance repairs, where protective clothing is required.

Appendix 3 and 4 outline the protocol for hand-washing with soap and water and decontaminating hands using an alcohol based hand rub (ABHR)

• New staff will be made aware of this Policy as part of the induction to the organisation

• Training on hand hygiene may be requested by any member of staff. The Hand Hygiene Audit Tool, which is part of the Scottish Patient Safety Programme, enables a targeted approach to improving hand hygiene compliance

• Where staff fail to adhere to the Policy, this will be dealt with in accordance with the NHSL’s Policy on Effective Management of Employee Conduct
4.3 REPORTING MECHANISMS

- Appendices 2 and 3 set out what to do if an individual is seen not to comply with the Policy
- Any employee who has concerns or issues about the Policy should email or write to the Head of Infection Prevention and Control for NHS Lanarkshire

4.4 PATIENTS

Inpatients and Outpatients

- No patient should be put at risk of exposure to potentially harmful micro-organisms, patients will be advised of this Policy prior to planned admissions or attendances as outpatients
- Patients will be encouraged to ask staff if they have carried out hand hygiene at appropriate times

Patients in their own homes

- Staff will be given the appropriate products and advice commensurate with their activities in order to protect themselves and patients when seeing a patient in their own home

5.0 IMPLEMENTATION

Overall responsibility for the implementation of this aspect of the Policy is with the appropriate Directors of Acute Services and Health & Social Care Partnerships.

5.1 Signage and Decontamination Facilities’

Hand hygiene signs will be displayed on all NHS premises. They give a consistent message.

Clinical Wash Hand Basins (CWHB)

- In clinical settings there must be a sufficient number of accessible CWHB to enable effective hand washing to take place
- CWHB should have elbow, wrist, foot or automatic mixer taps which have a combined pillar and no plug or overflow. Water should not be discharged directly into an outlet
- Paper towels must be available and wall mounted in a dispenser
- Pedal operated bins should be available for waste disposal
- Plain foaming/liquid soap must be available and wall mounted in a dispenser
  NB. Bar soap must not be supplied for clinical use
• Liquid antiseptic soap must be available where a surgical scrub is anticipated

• Hand Hygiene Signage must be in place at all CWHB

• CWHB must be used for the exclusive purpose of hand washing and NEVER be used for disposal of any body fluids, IV fluids, bathing water or ventilator/nebuliser condensate.

Alcohol Based Hand Rubs (ABHR)

• ABHR must be within expiry date and available in a wall mounted or free standing dispenser. Risk assessment must be undertaken by the clinical team if there is any risk that patients might ingest ABHR

• Dispenser nozzles must be clean and free from congealed product residue, with cleaning schedules reflecting this

• Hand hygiene technique posters must be displayed at the entrance to each ward or department. When admitting visitors to the area they should be instructed to use the ABHR

• Where staff are mobile across a large site or work offsite, personal issue ABHR tottles must be provided by Departmental Head, using a risk assessment for that area.

Hand Creams/ Emollients’

• Only Hand Creams/ Emollients’ recommended and supplied by Infection Prevention and Control or Occupational Health should be used and checked that they are within the expiry date.

Ward supplies of hand creams should be wall mounted

• Personal issue hand creams or emollients must be labelled as personal use.

Home Care Settings

HCWs working in a home care setting should undertake a risk assessment of the hand washing facilities available to perform hand hygiene, in each home. The following options are suggested:

• Where running water and foaming/liquid soap are available and access to the sink is clear, the HCW can carry paper hand towels to use in the client’s home

• When foaming/liquid soap is not available, the HCW can carry a supply of liquid soap/hand towels/ABHR as recommended by the employer/IPCT

• If access is difficult or limited and hands are physically clean ABHR can be used, although hands should be washed at the earliest opportunity.
6.0 ENFORCEMENT AND COMPLIANCE

- It is the responsibility of all Directors, managers and employees to ensure compliance with the Policy

- It is the responsibility of line managers to ensure that all staff and service users are informed of the Policy and to ensure adherence within their departments

- If a member of staff continually breaches this Policy she/he will be subject to NHSL’s Policy and Procedures for the Effective Management of Employee Conduct

- In the case of unreasonable behaviour being observed when challenging others, and/or, repeated breaches of the Policy, a Datix Incident Form should be completed if indicated to ensure the incident is duly recorded. The facts of the incident should be reported to the Head of Infection Prevention and Control

Note: Staff should expect to be challenged by their colleagues, patients and/or visitors to ensure that hand hygiene is performed according to the 5 moments for hand hygiene.

6.1 MONITORING

NHS Lanarkshire will implement and monitor the Policy across disciplines
The Head of Infection Prevention and Control will ensure records are kept of all concerns and will be responsible for the overall monitoring and annual reporting of this Policy.

7.0 RESOURCE IMPLICATIONS

It is important that this Policy is adhered to, to reduce Healthcare Associated Infection (HAI).

8.0 COMMUNICATION

Policy will be launched and distributed as follows:
- Staff brief

- Electronic launch through dissemination by Medical Director, Associate Medical Director, Divisional Nurse Director and Chief Pharmacist to medical, nursing and pharmacy staff

- The Policy will be available on the ‘Policies’ section on First Port

9.0 QUALITY IMPROVEMENT, MONITORING AND REVIEW

The IPCT will undertake monitoring of Hand Hygiene at unannounced intervals across all clinical areas both acute and primary care.

In addition, the Senior Charge Nurse or Head of Department is expected to regularly review Hand Hygiene practices using the NHSL Standard Infection Control Precautions Audit Tool as per monitoring arrangements for the Patient Safety Essentials (CEL19 2013).
Results from Hand Hygiene audits must be fed via site management into the Hygiene teams.

10.0 EQUALITY AND DIVERSITY IMPACT ASSESSMENT

This policy meets NHS Lanarkshire’s EDIA (tick box)

11.0 EVIDENCE BASE

1. Independent Review of *Clostridium difficile* Associated Disease at the Vale of Leven Hospital from December 2007 to June 2008. Edinburgh: SGHD


12.0 ABBREVIATIONS

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>IPCT</td>
<td>Infection Prevention and Control Team</td>
</tr>
<tr>
<td>SICPS</td>
<td>Standard Infection Control Precautions</td>
</tr>
<tr>
<td>TBPs</td>
<td>Transmission Based Precautions</td>
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<tr>
<td>COIM</td>
<td>Control of Infection Manual</td>
</tr>
<tr>
<td>HCW</td>
<td>Health Care Worker</td>
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<tr>
<td>CWHB</td>
<td>Clinical Wash Hand Basin</td>
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APPENDIX 1: LEGAL BASIS

NHS Lanarkshire Legal Obligations:

By law NHSL is responsible for:
- Maintaining a safe, healthy working environment
- Protecting the health of patients, staff, members of the public and contractors from hazardous environments
- Making sure that staff understand their responsibilities to take reasonable care of the health and safety of themselves and of others

Legal instruments:
- Health & Safety at Work Act 1974
- The Workplace (Health, Safety & Welfare) Regulations 1993
- Employment Rights Act 1996
- The Disability Discrimination Act 1995
- Safety & Health of Pregnant Workers (Directive 92/85/EEC
- Control of Substances Hazardous to Health (COSHH) Regulations 2001
APPENDIX 2: LINE MANAGER RESPONSIBILITY

Individual managed by different Line Manager

Line Manager will inform line manager of the individual who will discuss the incident with them. The circumstances in which the breach occurred will be considered. The approach will be facilitative ensuring that the employee is fully aware of the need for compliance and has had appropriate education. If necessary the line manager will take action in accordance with NHS Lanarkshire Policy and Procedures for the Effective Management of Employee Conduct.

Individual managed by the same Line Manager

Line Manager discusses the incident with the individual. The circumstances in which the breach occurred will be considered. The approach will be facilitative ensuring that the employee is fully aware of the need for compliance and has had appropriate education. If necessary the Line Manager will take action in accordance with NHS Lanarkshire Policy and Procedures for the Effective Management of Employee Conduct.

The Line Manager of the individual should complete a Datix Incident Form, if indicated, and, in order to identify problem locations and times, report the fact of the incident to the Head of Infection Prevention and Control.
APPENDIX 3: FLOW CHART FOR STAFF OBSERVING PATIENT, VISITOR OR CONTRACTED MEMBER OF STAFF NOT COMPLYING WITH HAND HYGIENE POLICY ON NHS PREMISES

Patient, member of the public or staff member observes someone not washing their hands at an appropriate time on NHS Lanarkshire premises

If they feel able to do so, they should politely explain to the individual the importance of hand hygiene and the facilities available to them, and/or inform the department manager

Individual is patient or visitor
Manager discussed the incident with the individual, reminds them of the importance of hand hygiene in caring for patients and facilities available for them to use. If necessary, s/he takes action in accordance with NHS Lanarkshire’s Policy for the Prevention and Management of Violence and Aggression to staff

Individual is a contracted member of staff
Manager discusses the incident with the individual, reminds them of the importance of hand hygiene in caring for patients and facilities available for them to use. If necessary, s/he takes action in accordance with NHS Lanarkshire’s Policy for the Prevention and Management of Violence and Aggression to staff
APPENDIX 4: How to Hand Wash

How to Handwash?

WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB

**Duration of the entire procedure: 40-60 seconds**

1. Wet hands with water;
2. Apply enough soap to cover all hand surfaces;
3. Rub hands palm to palm;
4. Right palm over left dorsum with interlaced fingers and vice versa;
5. Backs of fingers to opposing palms with fingers interlocked;
6. Rotational rubbing of left thumb clasped in right palm and vice versa;
7. Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;
8. Rinse hands with water;
9. Dry hands thoroughly with a single use towel;
10. Use towel to turn off faucet;
11. Your hands are now safe.
APPENDIX 5: How to Hand Rub

How to Handrub?

RUB HANDS FOR HAND HYGIENE! WASH HANDS WHEN VISIBLY SOILED

1. Duration of the entire procedure: 20-30 seconds

1a. Apply a palmful of the product in a cupped hand, covering all surfaces;

1b. Rub hands palm to palm;

2. Right palm over left dorsum with interlaced fingers and vice versa;

3. Palm to palm with fingers interlaced;

4. Backs of fingers to opposing palms with fingers interlocked;

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

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

7. Once dry, your hands are safe.