Policy Objective

To ensure that Healthcare Workers (HCWs) understand the importance of and their responsibilities in complying with this Hand Hygiene Policy.

To provide HCWs with an environment which supports and facilitates effective hand hygiene.

This policy applies to all staff employed by NHS Greater Glasgow & Clyde and locum staff on fixed term contracts.

KEY CHANGES FROM THE PREVIOUS VERSION OF THIS POLICY

Alignment with the National Infection Prevention and Control Manual

Document Control Summary

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Responsibilities

Healthcare Workers (HCWs) must:

- Follow this policy.
- Inform a member of the Infection Prevention and Control Team (IPCT) if this policy cannot be followed.
- Report to clinical manager or Infection Prevention and Control Nurse (IPCN) if the area does not have any of the structural requirements, e.g. Clinical Wash Hand Basins (CWHBs), Alcohol Based Hand Rub (ABHR) etc, to follow this policy.
- Report to Occupational Health if they develop sensitivities, or are otherwise unable to use the product supplied.
- 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.

Managers must:

- Ensure that their area is compliant with SGHD CEL 5(2009) Zero tolerance to non hand hygiene compliance.
- Ensure that staff are aware of the contents of this policy.
- Support HCWs and IPCTs in following this policy.
- Remind colleagues of the importance of hand hygiene in the clinical setting when observed hand hygiene opportunities are missed.
- Encourage staff to take up education programmes on hand hygiene via IPCT or online at Learnpro / NES.
- Ensure all HCWs have access to this policy.
- Promote hand hygiene by all HCWs, patients and visitors.
HAND HYGIENE
(STANDARD PRECAUTIONS)

The most up-to-date version of this policy can be viewed at the following website:

- Ensure HCWs have access to appropriate hand hygiene sundries.
- Liaise with the appropriate department if structural issues are identified.

IPCTs must:
- Keep this policy up-to-date.
- Audit compliance with this policy via the Local Health Board Co-ordinator for Hand Hygiene (LHBC).
- Provide education opportunities on this policy.
- Remind colleagues of the importance of hand hygiene in the clinical setting when observed hand hygiene opportunities are missed.
- Assist others to audit the implementation of and compliance with this policy.
- Liaise with procurement and occupational health staff the choice of products for hand hygiene.
- Liaise with the appropriate department if structural issues are identified.

Pharmacy, Supplies and Occupational Health Service must:
- Liaise with the IPCT when choosing hand hygiene products or if problems with product use or supply develop.

Estates must:
- Liaise with the IPCT at all stages of planning and upgrading all healthcare facilities.
2. Structure

2.1 Clinical settings

- In clinical settings there must be sufficient * accessible CWHBs of a size to enable effective hand washing to take place.
- CWHBs 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.
- 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 should be available where a surgical scrub is anticipated. Hand washing facilities should:
  - Only be used for the purpose of hand washing.
  - NOT be used for disposal of any body fluids.
  - ABHR must be within expiry date and available in a wall mounted or free standing dispenser. Risk assessment should be undertaken by the clinical team if there is any risk that patients might ingest ABHR.
  - Pedal operated bins should be available for waste disposal.
  - Educational material illustrating the correct method of hand hygiene should be displayed at every CWHB.

- **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.

The most up-to-date version of this policy can be viewed at the following website:  
**Hand Hygiene (Standard Precautions)**

The most up-to-date version of this policy can be viewed at the following website:


* Sufficient is defined via the NHS building notes or to the satisfaction of the IPCT.

** Dispensers and plungers must be used until the dispenser is empty and then discarded as household waste. **The dispenser must not be topped-up and re-used.**

2.2 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 their own 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.

3. Performing Hand Hygiene

Hands acquire micro-organisms from other sites on an individual’s body, from other people and from the environment. Known as Transient organisms, these do not normally survive for long periods 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.

3.1 Before performing hand hygiene

1. expose forearms;
2. remove all hand/ wrist jewellery (a single, plain metal finger ring is permitted but should be removed (or moved up) during hand hygiene);
3. Ensure fingernails are clean, short and that artificial nails or nail products are not worn;
4. Cover all cuts or abrasions with a waterproof dressing.

3.2 Performing Hand Hygiene (as per 5 Moments poster Appendix)
Hand hygiene should be performed:
- before clean/ aseptic procedures;
- after body fluid exposure risk;
- after touching a patient; and
- after touching a patient’s immediate surroundings.

3.3 Hand Hygiene Technique (as per 6 Steps Poster Appendix)
Hands should be washed as follows:
- Wet hands under running warm/tepid water.
- Apply the manufacturers recommended quantity of foaming/liquid soap – normally via a measured dispenser.
- Rub hands together for at least 15 seconds, ensuring all surfaces of the hands are covered with lather.
- Rinse hands well under running water.
- Dry hands thoroughly using a soft, absorbent, disposable paper towel. This should be achieved by patting hands to minimise skin irritation.
- Turn off the tap(s) using elbow or a paper towel to prevent contamination of clean hands.

3.4 Hand rub with ABHR
ABHR should be used for hand hygiene and must be available to staff as near to the point of care as possible.
- Apply the alcohol based hand rub to the cupped palm of one hand. Follow the
manufacturers instructions for the volume that will provide adequate coverage of the hands although this is normally around 3 ml.

- Rub the hands together to ensure that the alcohol based hand rub solution covers all surfaces of the hands.

- Handrubbing should be performed for 20-30 seconds until the hands are dry.

- If HCWs have used ABHR when leaving a patient and are going directly to the next patient, e.g. during ward rounds or active care activities, then they are not required to use ABHR on their hands twice.

NB. ABHR is not sufficient if hands are visibly dirty or soiled and/ or if exposed to loose stools, therefore hands must be washed with non-antimicrobial foaming/liquid soap and water.

4. Performing Surgical Scrubbing/ Rubbing

A surgical hand antisepsis policy that includes the removal of all finger rings provides the surgical scrub team with a highly visible way to:

- Demonstrate their commitment to good infection prevention and control practice.
- Highlight their determination to reduce Surgical Site Infection (SSI)/Healthcare Associated Infection (HAI), thus contributing to improved patient safety.
- Effectively comply with good surgical scrub/hand rub technique/preparation.
- Surgical scrubbing/ rubbing must be undertaken before donning sterile theatre garments.
- All hand/ wrist jewellery must be removed.
- Brushes should not be used. Nail picks can be used if nails are visibly dirty.
- Sterile (single-use) sponges may be used if appropriate.
- An antimicrobial foaming/liquid soap licensed for surgical scrubbing or an ABHR licensed for surgical rubbing (as specified on the product label) must be used.
• ABHR can be used on visibly clean hands between surgical procedures, if licensed for this use.

• Once surgical procedures are finished, general hand hygiene (i.e. non-antimicrobial liquid soap and water or ABHR (if hands are not visibly soiled)) should be performed after surgical gloves are removed and before any other activities are undertaken.

4.1 Surgical Scrub

The following technique should be used to ensure that all surfaces of the hands are covered during surgical scrubbing however manufacturer’s guidance on products used should also be taken into consideration:

• Wash hands with antimicrobial foaming/liquid soap and running water using the normal steps for handwashing (if hands are visibly soiled) immediately prior to surgical scrubbing.

• Start timing. Wet hands and forearms. Scrub each side of each finger, between the fingers, and the back and front of right hand for 2 min (using an antimicrobial foaming/liquid soap).

• Scrub the right arm, keeping the hand higher than the arm at all times to prevent recontamination of the hands by water from the elbows and bacteria-laden soap and water from contaminating the hands.

• Wash each side of the right arm from the wrist to the elbow for 1 min.

• Repeat the process on the other hand and arm, keeping hands above elbows at all times. (If the hand touches anything at any time, the scrub must be lengthened by 1 min for the area that has been contaminated).

• Rinse hands and arms by passing them through the water in one direction only, from fingertips to elbow. Do not move the arm back and forth through the water.

• Hold hands above elbows.
• Hands and arms should be dried using a sterile towel and aseptic technique
  Do not splash water onto surgical attire.
  Do not shake hands to disperse water from them.
• The skin should be blotted dry with sterile towels (rubbing will disturb skin cells).
• Using one towel per hand work from fingertips to elbows.
• Hands are dried firstly by placing the opposite hand behind the towel and blotting the skin – then using a corkscrew movement to dry from the hand to the elbow.
• The towel must not be returned to the hand once the arm has been dried and must be discarded immediately.
• The process is then repeated for the opposite hand.

4.2 Surgical Rub

The following technique should be used to ensure that all surfaces of their hands are covered during surgical rubbing:

• Hands should be washed with non-antimicrobial foaming/liquid soap and dried thoroughly using the normal steps for handwashing.

• Put approximately 5ml (3 doses)* of ABHR in the palm of your left hand, using the elbow of your other arm to operate the dispenser.

• Dip the fingertips of your right hand in the ABHR to decontaminate under the nails (5 seconds*).

• Smear the ABHR on the right forearm up to the elbow. Ensure that the whole skin area is covered by using circular movements around the forearm until the hand rub has fully evaporated (10-15 seconds*).

• Hands and forearms should remain wet (i.e. the ABHR should not be allowed to fully evaporate until the surgical hand rubbing process is complete) throughout the surgical hand rub.

The most up-to-date version of this policy can be viewed at the following website:
www.nhsggc.org.uk/your-health/public-health/infection-prevention-and-control
- Put approximately 5ml (3 doses)* of ABHR in the palm of your right hand, using the elbow of your other arm to operate the dispenser.

- Dip the fingertips of your left hand in the ABHR to decontaminate under the nails (5 seconds*).

- Smear the ABHR on the left forearm up to the elbow. Ensure that the whole skin area is covered by using circular movements around the forearm until the hand rub has fully evaporated (10-15 seconds*).

- Put approximately 5ml (3 doses)* of ABHR in the palm of your left hand, using the elbow of your other arm to operate the distributor. Rub both hands at the same time up to the wrists, and ensure that all surfaces of the hands are covered using the standard ABHR procedure for hand hygiene.

- When hands are dry, sterile surgical clothing and gloves can be donned.

* Always follow the manufacturer’s application volumes/times to ensure the effectiveness of the product used.
5. Skin Care

- Provide only hand hygiene products that minimise the risk of hand irritation and contain emollients. All products for hand hygiene will be approved by the infection control committees and NHSGGC.

- Apply an emollient hand cream as required to protect skin from the drying effects of regular hand hygiene. Hand cream supplied by NHSGGC should be contained in a wall mounted pump dispenser and marked with an expiry date. Cream should only be applied at start/ end of working day and at main break time as frequent use of emollient cream may reduce the efficacy of ABHR.

- Provide only hand hygiene products that minimise the risk of hand irritation and contain emollients. All products for hand hygiene will be approved by the infection control committees and NHSGGC.

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- Provide HCWs with hand creams which are sanctioned by the Procurement Department which do not negate the properties of active compounds in other hand hygiene products, or the integrity of gloves.

- Do not use communal tubs of hand cream as they can become contaminated during use.

- If exfoliative skin conditions develop contact the Occupational Health Service promptly.

- If staff have sensitivities, the Occupational Health Service will liaise with the IPCTs when comparable alternatives are supplied for named personnel only.

The most up-to-date version of this policy can be viewed at the following website:

www.nhsggc.org.uk/your-health/public-health/infection-prevention-and-control
6. Evidence Base

This policy is based on:


- The Epic Project Team. The guidelines for hand hygiene. 2014


- Control of Substances Hazardous to Health (COSHH) 2002.


7. Audit

NHS Boards in Scotland are required to monitor compliance with hand hygiene in two distinct ways. Each clinical area is required by CEL 5(2009) to audit compliance with hand hygiene in their area each month. The results of this audit which is based on the Scottish Patient Safety Programme (SPSP) methodology is collated locally, e.g. LanQIP and is used to report on the Boards performance in relation to hand hygiene via the HAIRT (Healthcare Associated Infection Reporting Template) which is a paper prepared every two months and made available for patients and public to view. The second way is via the audits which are conducted by the LHBC. This is part of a Quality Assurance process in place for NHSGGC to continue the improvement seen in Hand Hygiene compliance.
8. Website Links

- http://www.nhsggc.org.uk/infectioncontrol
- www.washyourhandsofthem.com
- http://whqlibdoc.who.int/publications/2009/9789241597906_eng.pdf?ua=1
6 Step Hand Hygiene Technique

1. Palm to palm.
2. Right palm over left dorsum and left palm over right dorsum.
3. Palm to palm, fingers interlaced.
4. Backs of fingers to opposing palms with fingers interlocked.
5. Rotational rubbing of right thumb clasped in left palm, then vice versa.
6. Rotational rubbing, backwards and forwards with clasped fingers of hand in left palm then vice versa.

The most up-to-date version of this policy can be viewed at the following website: http://www.nhsggc.org.uk/your-health/public-health/infection-prevention-and-control