

<b>STANDARD OPERATING PROCEDURE</b>	<b>HAND HYGIENE</b>
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**AT ALL TIMES, STAFF MUST TREAT EVERY INDIVIDUAL WITH RESPECT  
AND UPHOLD THEIR RIGHT TO PRIVACY AND DIGNITY**

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## **1 PURPOSE OF PROCEDURE**

To allow staff to effectively decontaminate their hands at the appropriate times, thereby minimising the spread of microorganisms.

## **2 INTRODUCTION**

Transmission of organisms on the hands of healthcare workers is a major contributing factor in the transmission of hospital acquired infection. Effective hand decontamination results in significant reductions in the carriage of potential pathogens leading to a reduction in patient morbidity and mortality.

## **3 DUTIES**

### **3.1 Healthcare Worker**

3.1.1 It is the duty and responsibility of every Healthcare Worker (clinical and non-clinical) to understand and undertake hand hygiene in accordance with this guidance at all times.

3.1.2 All Healthcare Workers are taught hand hygiene techniques and appropriate use of product on Induction and Infection Prevention and Control Annual Mandatory Training.

### **3.2 Hand Hygiene Champion**

Ward Hand Hygiene Champions are responsible for acting as an ambassador for hand hygiene standards on our wards and ensure that monthly hand hygiene audits are undertaken.

### **3.3 Manager**

Manager has the duty and responsibility to ensure that Hand Hygiene Equipment is available and utilised by staff within the sphere of their responsibility.

## **4 WHEN MUST YOU DECONTAMINATE YOUR HANDS?**

4.1 The decision to wash hands must be based on an assessment of the risk that microbes have been acquired or may be transmitted. Factors to consider include:

4.1.1 The level of the anticipated contact with patients or objects.

4.1.2 The extent of contamination that may occur with contact.

4.1.3 The patient care activities being performed.

4.1.4 The susceptibility of the patient.

4.2 Hands must be decontaminated as per World Health Organisation (WHO) 5 moments for hand hygiene:

4.2.1 Before touching a patient.

4.2.2 Before a clean/aseptic procedure.

4.2.3 After body fluid exposure risk.

4.2.4 After touching a patient.

4.2.5 After touching patient surroundings.

4.2.6 After any activity or contact that potentially results in hands becoming contaminated, including after removal of gloves. The wearing of gloves is not a substitute for hand hygiene.

4.3 Specific instances where hand hygiene is essential include:

4.3.1 Before contact with susceptible sites for example: wounds, burns, IV sites.

4.3.2 Before performing invasive procedures for example: catheterisation.

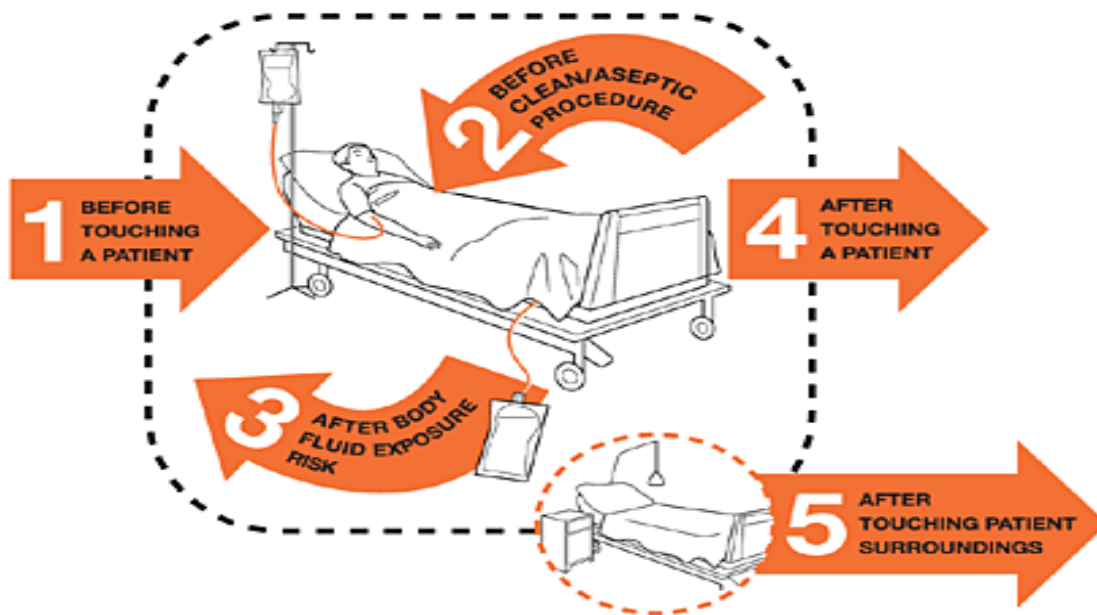
4.3.3 Before handling food or medicines.

- 4.3.4 After contamination with body fluids.
- 4.3.5 After removal of gloves.
- 4.3.6 After using the lavatory.
- 4.3.7 At the beginning and end of each shift.

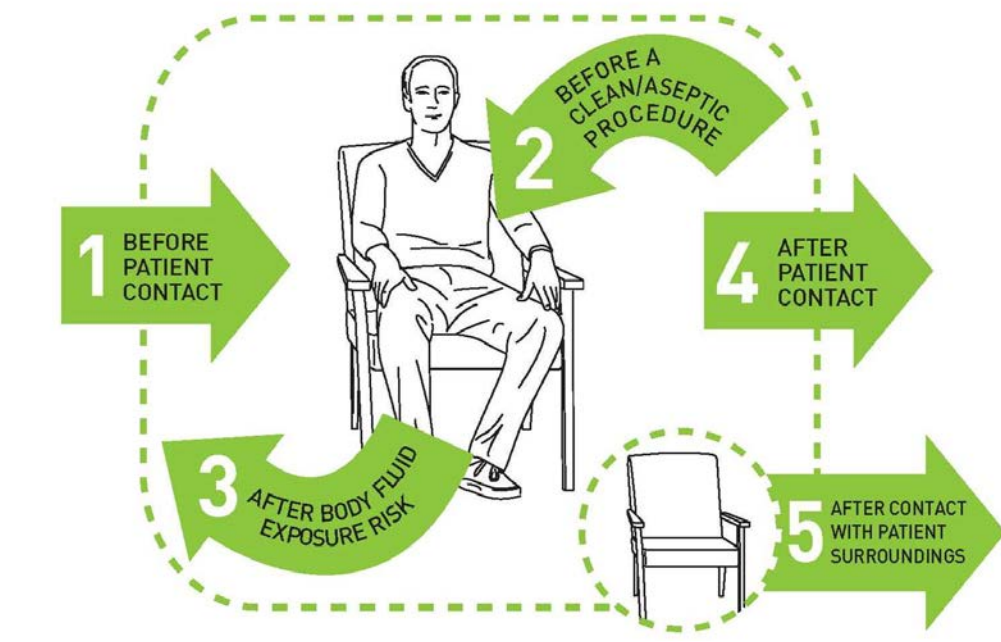
**5. 'WHO' YOUR 5 MOMENTS FOR HAND HYGIENE**

These specific instances augment the World Health Organisation's (WHO) initiative "Your 5 Moments for Hand Hygiene" and relates to both bedded and seated patients.

5.1 Bedded Patient



5.2 Seated Patient



## **6 VISITORS HAND HYGIENE**

Any visitor to the ward including Healthcare Workers and or departmental area should be encouraged to use the alcohol hand rub available at the entrance to the ward/departmental area on entry and leaving the area.

## **7 CHOOSING A HAND DECONTAMINATION METHOD**

### **7.1 Social Handwashing (soap and water):**

7.1.1 This is the washing of hands with non-medicated soap and water. It removes dirt, dead skin cells and many transient microorganisms. It is sufficient for most ward procedures. Antiseptic soaps (for example: 'Hibiscrub') should not be used routinely for social hand washing.

7.1.2 Handwashing with soap and water is the only effective method for decontaminating hands that are visibly soiled or potentially grossly contaminated with dirt or organic matter. It is the only method effective in removing the spores of *Clostridium difficile* and should be used when dealing with *Clostridium difficile* cases or gastroenteritis infection.

### **7.2 Hygienic Hand Rub (Alcohol gel):**

7.2.1 Alcohol gels are more effective than soap and water provided hands are visibly clean before application. They have the advantage that a source of water is not required for their use. Alcohol does not kill *Clostridium difficile* spores and is only partially effective against norovirus. It must not be used when caring for patients with known or suspected *Clostridium difficile* or gastroenteritis infection.

7.2.2 Hands must be washed with soap and water when caring for patients with known or suspected *Clostridium difficile* infection or viral gastroenteritis.

### **7.3 Surgical Hand Disinfection:**

This should be reserved for use in operating theatres or before invasive procedures. Use an antiseptic detergent such as 'Hibiscrub'. This should be thoroughly applied to the hands and wrists for two minutes then washed off. Staff should be specifically trained to carry out this technique.

## **8 WASHING TECHNIQUE**

8.1 See page 7 for Handwashing Technique Illustration.

8.2 Remove all wrist and hand jewellery at the beginning of each shift. Long sleeves should be rolled up to the elbow to facilitate washing and ensuring the compliance with 'bare below the elbow' guidance. Cuts and abrasions should be covered with a waterproof dressing.

8.3 Wet hands under tepid running water before applying soap.

8.4 Apply soap and rub hands together for 40-60 seconds, paying particular attention to the tips of the fingers, thumbs and areas between the fingers.

8.5 Hands should be rinsed thoroughly and dried on good quality paper towels.

## **9 USE OF ALCOHOL HAND RUB**

9.1 See Page 8 for cleaning hands with alcohol gel.

9.2 Hands should be free of organic material and dirt.

9.3 Apply 3 to 5ml of the agent to the hands.

- 9.4 Rub hands together for 20-30 seconds, paying particular attention to the tips of the fingers, thumbs and between the fingers.
- 9.5 Continue until the agent has evaporated.
- 9.6 Do not apply soap or water at this stage.
- 9.7 Dispensers should be chosen to ensure hand hygiene compliance at patients' bedside or delivery of care.

## **10 PATIENT AND VISITORS HAND HYGIENE**

- 10.1 Patients and visitors can also play a role in the prevention of infection. Their hands can readily become contaminated and then act as a reservoir for the spread of infection and lead to them ingesting microorganisms such as *Clostridium difficile* and Norovirus.
- 10.2 Patients should be educated about the risks their hands represent. They should also be encouraged to ask staff if they have washed their hands before contact.
- 10.3 Hand hygiene needs to be made easy for patients. If they are unable to get to a sink or the hand gels ensure they have easy ready access to hand wipes at the bedside.
- 10.4 Visitors should also be encouraged to clean their hands before and after visiting as a minimum.
- 10.5 There are 9 Moments for Patient Hand Hygiene:
  - 10.5.1 After using the toilet, bedpan, or commode.
  - 10.5.2 When returning from a test or procedure.
  - 10.5.3 Before eating, drinking, taking medicine, or putting anything in their mouth.
  - 10.5.4 When visibly dirty.
  - 10.5.5 Before touching any breaks in the skin for example: wounds and dressings.
  - 10.5.6 Before contact with IV lines or other tubes.
  - 10.5.7 After coughing, sneezing, or touching nose or mouth.
  - 10.5.8 Before interacting with visitors and after they leave.
  - 10.5.9 When there is concern about whether hands are clean.

## **11 CARE AND USE OF HAND HYGIENE SINKS**

- 11.1 Do not dispose of body fluids/patient washing water/cleaning fluids at hand hygiene sinks – use the macerator or sluice in the dirty utility.
- 11.2 Do not wash any patient equipment in hand hygiene sinks.
- 11.3 Do not use hand hygiene sinks for storing used equipment awaiting decontamination.
- 11.4 Taps should be cleaned before the rest of the hand basin as set out in the NHS Cleaning Manual.

## **12 HAND CREAM**

Apply an emollient hand cream regularly to protect the skin. These should be wall-mounted dispensers and not individual multi-use bottles.

## **13 SKIN IRRITATION**

If a particular soap, handwash or alcohol product causes irritation, seek advice from the Occupational Health Department.

**14 HUMAN RIGHTS ACT**

Implications of the Human Rights Act have been taken into account in the formulation of this policy and they have, where appropriate, been fully reflected in its wording.

**15 ACCESSIBILITY STATEMENT**

This document can be made available in a range of alternative formats for example: large print, Braille and audio cd.

For more details please contact Human Resources Department on 01942 77 (3766) or email [equalityanddiversity@wwl.nhs.uk](mailto:equalityanddiversity@wwl.nhs.uk).

## 15 HAND HYGIENE TECHNIQUE ILLUSTRATION

# GOJO® 10 STEPS TO CLEAN HANDS WITH GOJO® HAND WASH



1  
Wet hands under running water



2  
Add soap



3  
Rub palms together vigorously to create lather



4  
Rub the backs of hands vigorously with palms with fingers interlaced



5  
Wash between fingers



6  
Group fingers together, rub tips in lather on palm of opposite hand



7  
Rotational rubbing of left thumb clasped in right palm and vice versa



8  
Rub the right wrist with the left palm and vice versa



9  
Rub backs of fingers against opposite palm



10  
Rinse hands to remove all soap and dry hands thoroughly





## 16 GEL USE TECHNIQUE ILLUSTRATION



# 7 STEPS

## TO CLEAN HANDS WITH PURELL® HAND RUB



Rub palm to palm 5 times



Rub right palm over back of left hand as far up as the wrist 5 times, and vice versa



Rub hands together, palm against palm, fingers interlaced, 5 times



Rub the backs of the fingers, interlocked, to opposite palm 5 times



Use the left hand to clasp the right thumb and rub them together 5 times, and vice versa



Rub the fingers of the right hand against the left palm 5 times, and vice versa



Rub the right wrist with the left palm and vice versa

**USE HAND RUB  
WHEN HANDS ARE  
NOT VISIBLY SOILED**



## APPENDIX 1

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