



Community Infection Prevention and Control Policies for Care Home settings

Hand hygiene

HAND HYGIENE

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1. Introduction

The aim of this guidance is to promote good hand hygiene amongst all staff, to prevent the risk of residents acquiring a healthcare associated infection.

All staff should have training on hand hygiene, it is best practice that this is provided on a regular basis, e.g. annually. Hand hygiene is one of the most important procedures for preventing the spread of disease. It is essential that everyone takes responsibility to ensure that the care provided is carried out in a safe manner.

The transmission of micro-organisms from one resident to another via staff's hands, or from hands that have become contaminated from the environment, can result in adverse outcomes.

Micro-organisms (germs) can be introduced onto the skin or into susceptible sites, such as wounds, or urinary catheter drainage systems by direct contamination or transmitted by hands.

2. Involving residents and the public in infection prevention and control

In order to comply with *The Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance*, staff should encourage the involvement of residents and the public in infection prevention and control.

In order to facilitate compliance, the following should be introduced:

- Residents should be encouraged to wash hands or use moist skin wipes after using the toilet and before eating and drinking
- Provide alcohol handrub at the entrance to resident areas for the use of visitors (see section 10)
- Notices and hand hygiene posters should be displayed to attract the attention of residents and visitors regarding hand hygiene
- Hand hygiene information leaflets should be available during outbreaks of infection, e.g. viral gastroenteritis. A 'Hand hygiene: Information leaflet for community service users and relatives' is available to download at www.infectionpreventioncontrol.co.uk

3. Microbiology of the hands

The skin on our hands harbour two types of micro-organisms:

- **Transient micro-organisms**
Transient micro-organisms include bacteria, fungi and viruses and are found on the superficial layers of the skin. They are termed 'transient' as they do not stay long, 'hitching a ride' on the surface of hands where they are easily transferred to other people, for example, contact with a resident's wound, equipment, and the environment. However, unlike resident bacteria, they are easily removed by routine handwashing with liquid soap and warm running water or the use of an alcohol handrub.
- **Resident micro-organisms (commensal or normal flora)**
Resident micro-organisms, e.g. *Staphylococcus epidermidis*, and occasionally *Staphylococcus aureus*, reside on the skin and also under the superficial layers of skin, in crevices, hair follicles, sweat glands and under finger nails. Their primary function is defensive in that they protect the skin from invasion by more harmful micro-organisms. They do not readily cause infection, but can cause infection for example, if they enter the body through damaged skin. They are not easily removed with routine handwashing alone. Either an antimicrobial solution should be used or routine (social) handwash followed by an application of alcohol handrub.

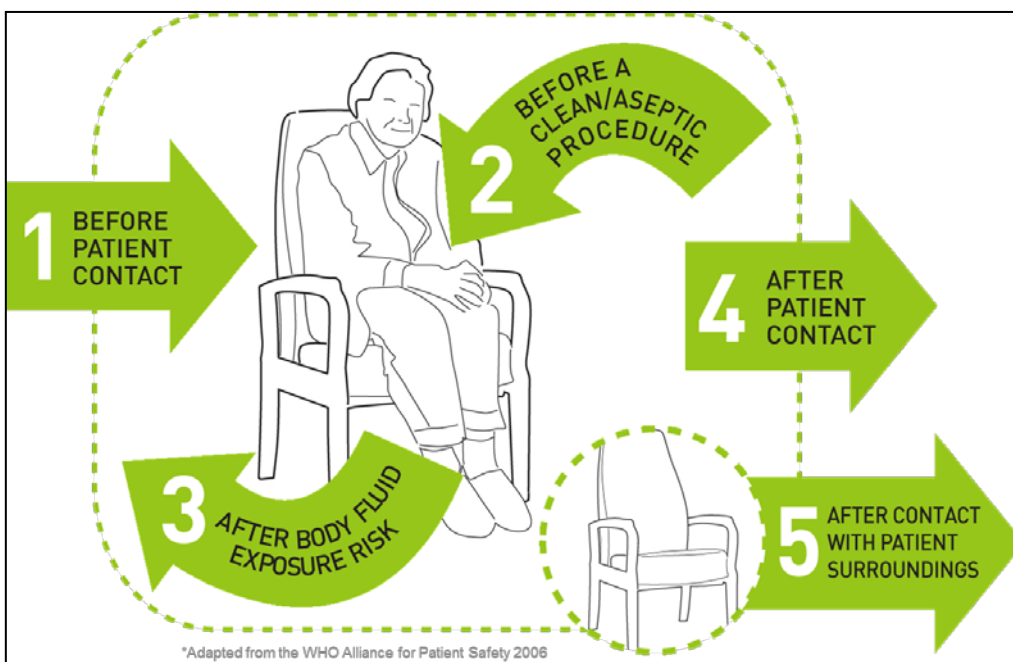
4. Good hand hygiene practice

To facilitate effective hand hygiene when delivering direct care, staff must ensure that they:

- Cover cuts and abrasions with waterproof dressings
- Are 'bare below the elbows', which entails:
 - Wearing short sleeved clothing or rolling sleeves up to the elbows
 - Removing wrist and hand jewellery. Rings with jewels, stones, ridges or grooves should not be worn as these may harbour bacteria and also prevent good hand hygiene. A plain band ring may be worn, but ensure the area under the ring is included when hands are washed or alcohol handrub applied
 - Not having dermal piercings on the arms or wrists
 - Keeping nails clean and short (fingertip length), as long finger nails will allow a build-up of dirt and bacteria under the nails and impede effective handwashing
 - Keeping nails free from nail polish/gel as flakes of polish/gel may contaminate a wound and broken edges can harbour micro-organisms
 - Keeping nails free from acrylic/artificial nails as these can harbour micro-organisms, become chipped or detached

5. When to clean your hands

Your 5 moments for hand hygiene at the point of care*



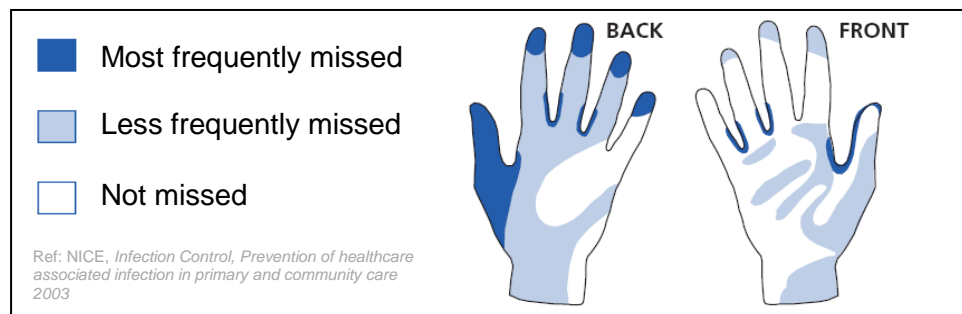
1 BEFORE SERVICE USER CONTACT	WHEN? Clean your hands before touching a service user when approaching him/her. WHY? To protect the service user against harmful germs carried on your hands.
2 BEFORE A CLEAN/ASEPTIC PROCEDURE	WHEN? Clean your hands immediately before any clean/aseptic procedure. WHY? To protect the service user against harmful germs, including the service user's own, from entering his/her body.
3 AFTER BODY FLUID EXPOSURE RISK	WHEN? Clean your hands immediately after an exposure risk to body fluids (and after glove removal). WHY? To protect yourself and the health and social care environment from harmful service user germs.
4 AFTER SERVICE USER CONTACT	WHEN? Clean your hands after touching a service user and her/his immediate surroundings, when leaving the service user's side. WHY? To protect yourself and the health and social care environment from harmful service user germs.
5 AFTER CONTACT WITH SERVICE USER SURROUNDINGS	WHEN? Clean your hands after touching any object or furniture in the service user's immediate surroundings when leaving—even if the service user has not been touched. WHY? To protect yourself and the health and social care environment from harmful service user germs.

Other examples of when hand hygiene should be performed:

- On arrival at work, between each task and before you go home
- Whenever hands are visibly dirty
- Before putting on and after removal of personal protective equipment or domestic gloves (wearing gloves should not be a substitute for handwashing)
- After coughing, sneezing or blowing your nose
- After using the toilet
- Before and after having a coffee/tea/meal break

6. Most commonly missed areas

It is important to pay particular attention to the following areas which have been shown to be those most commonly missed during handwashing.



*Adapted from the WHO Alliance for Service user Safety 2006

7. Hand hygiene products

The need to remove transient or resident organisms from hands must be considered. Antimicrobial preparations with a residual effect, e.g. chlorhexidine, are not normally necessary for routine social handwashing, but may be used for some invasive procedures.

Research and evidence suggests that:

- Soap and water is as effective as antibacterial handwashing preparations for decontaminating hands and removing transient micro-organisms
- Alcohol handrubs are not effective in removing physical dirt or soiling and should, therefore, only be used on visibly clean skin
- Alcohol handrubs are effective in destroying most transient micro-organisms. However, they are not effective against *Clostridium difficile* and Norovirus (viral gastroenteritis)

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

8. Handwashing facilities

Hand hygiene facilities must be available and not compromise standards by being dirty or in a poor condition:

- Facilities should be adequate and conveniently located
- Handwash facilities should be available for staff use in each of the resident's rooms

- Bar soap should not be used as it can harbour micro-organisms
- Use wall mounted liquid soap dispensers with disposable soap cartridges. Do not use refillable soap dispensers as there is a risk of contamination of the liquid soap and the dispenser
- Paper towels should be in a wall mounted dispenser next to the handwash basin, but not so close as to risk contamination of the dispenser or towels. Soft paper towels will help to avoid skin abrasion
- Keep all dispensers clean and replenished
- Nail brushes should not be used routinely as they can cause skin damage and harbour bacteria. If nail brushes are used, they should be single use and disposed of after use
- A foot operated lidded bin, lined with a disposable plastic bag, should be positioned near the handwash basin
- Handwash basins in clinical areas should have a single lever or sensor mixer tap which does not run directly into the drain aperture, with no plug or overflow. If a lever or sensor mixer tap is not provided, use a paper towel to turn off the tap to avoid contaminating the hands
- Clinical handwash basins should not be used for any other purpose, e.g. decontamination of equipment, due to the risk of cross-contamination
- In areas where a sink is used for other cleaning purposes, e.g. emptying buckets of water in the cleaner's room, there should also be a separate dedicated handwash basin
- Communal fabric hand towels must not be used

9. Routine (social) hand hygiene

Handwashing is probably the most important method of protecting the resident. It removes dirt, organic matter and most transient organisms acquired through direct contact with a person and from the environment. Liquid soap and warm running water is adequate for this procedure. A 15-30 seconds handwash using liquid soap is acceptable.

Technique for handwashing

- Ensure you are 'bare below the elbows' (see Section 4).
- Wet hands under warm running water.
- Apply liquid soap.
- Vigorously rub all parts of the hands for at least 15-30 seconds using the steps shown in steps 2-8 of Appendix 1, ensuring that all surfaces of the hands and wrists are covered with soap.
- Rinse hands thoroughly under warm running water.

- Dry hands thoroughly using disposable paper towels. Wet hands are more likely to transfer micro-organisms than dry hands. The friction of the paper towels also helps to further remove micro-organisms on the hands.

Hand wipes

If handwashing facilities are unavailable, staff should use moist skin wipes followed by alcohol handrub and wash their hands at the earliest opportunity.

10. Alcohol handrub

- Alcohol handrub containing a minimum of 60% isopropyl alcohol is an effective alternative to handwashing and is useful when there is a need for rapid hand decontamination.
- Alcohol handrub should only be applied to visibly clean skin.
- Alcohol handrub **should not be used** when caring for residents with diarrhoeal illness, due to being ineffective against *Clostridium difficile* spores and Norovirus.
- Alcohol handrub may be less effective if used immediately after the application of a hand cream/moisturiser.

Technique for using alcohol handrub

- Ensure you are 'bare below the elbows' (see Section 4).
- Dispense manufacturer's recommended amount of alcohol solution on to hands.
- Ensure the solution will cover all of the hand and wrist surfaces.
- Rub using the steps 2-8 shown in Appendix 1, ensuring that all surfaces of the hands and wrists are covered with the product until the solution has dried (about 20 seconds).

Availability of alcohol handrubs

The availability of alcohol handrub at the point of resident contact was recommended by the National Patient Safety Agency (NPSA) as part of their 'cleanyourhands' campaign in 2005. Although initially implemented only in the acute setting, this was later promoted nationally for use in community settings.

Alcohol handrubs should be available in wall mounted dispensers which use disposable cartridges, i.e. not refillable:

- At the entrance to care homes
- At the point of care

A documented risk assessment should be undertaken before siting alcohol handrub dispensers. If wall mounted dispensers or free-standing pump dispensers are not appropriate, staff should be issued with personal dispensers which can be clipped to clothing.

Alcohol handrub must not be applied to gloved hands as this may affect the integrity of the glove material.

11. Evidence of good hand hygiene

It is recommended that, for assurance purposes, annual audits to assess the standard of staff hand hygiene are carried out. An audit tool is available to download at www.infectionpreventioncontrol.co.uk.

12. Hand cream or lotion

The use of hand cream or lotion will help prevent skin problems and irritation, therefore, promoting compliance with hand hygiene.

- For maximum benefit, hand cream or lotion should be used three times daily.
- It is good practice to provide hand cream or lotion in a wall mounted dispenser.
- Communal pots of hand cream (where fingers are placed in the container) should not be used as the contents can become contaminated.

13. Skin care

- To minimise the risk of skin damage, wet hands under warm running water before applying liquid soap.
- Rinse hands well to remove residual soap and dry thoroughly to prevent chapping.
- Always cover cuts and abrasions with a waterproof dressing.
- Seek Occupational Health or GP advice if you have a skin irritation.

14. Infection Prevention and Control resources, education and training

The Community Infection Prevention and Control (IPC) Team have produced a wide range of innovative educational and IPC resources designed to assist your Care Home in achieving compliance with the *Health and Social Care Act 2008* and CQC registration requirements.

These resources are either free to download from the website or available at a minimal cost covering administration and printing:

- Over 25 IPC Policy documents for Care Home settings
- 'Preventing Infection Workbook: Guidance for Care Homes'
- 'IPC CQC Inspection Preparation Pack for Care Homes'
- IPC audit tools, posters, leaflets and factsheets
- 'IPC Bulletin for Care Homes'

In addition, we hold educational study events in North Yorkshire and can arrange bespoke training packages and 'Mock IPC CQC Inspections'. Prices vary depending on your requirements and location.

Further information on these high quality evidence-based resources is available at www.infectionpreventioncontrol.co.uk.

15. References

Department of Health (2015) *The Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance*

Department of Health (2007) *Essential Steps to safe, clean care*

National Patient Safety Agency (2011) *Clean Your Hands Campaign 5 Moments for hand hygiene*

NHS England and NHS Improvement (March 2019) *Standard infection control precautions: national hand hygiene and personal protective equipment policy*

Royal Marsden NHS Foundation Trust (2015) *The Royal Marsden Manual of Clinical Nursing Procedures 9th Edition*

WHO (2009) *WHO Guidelines on Hand Hygiene in Health Care: First Global Service user Safety Challenge. Clean Care is Safer Care*. World Health Organization, Geneva

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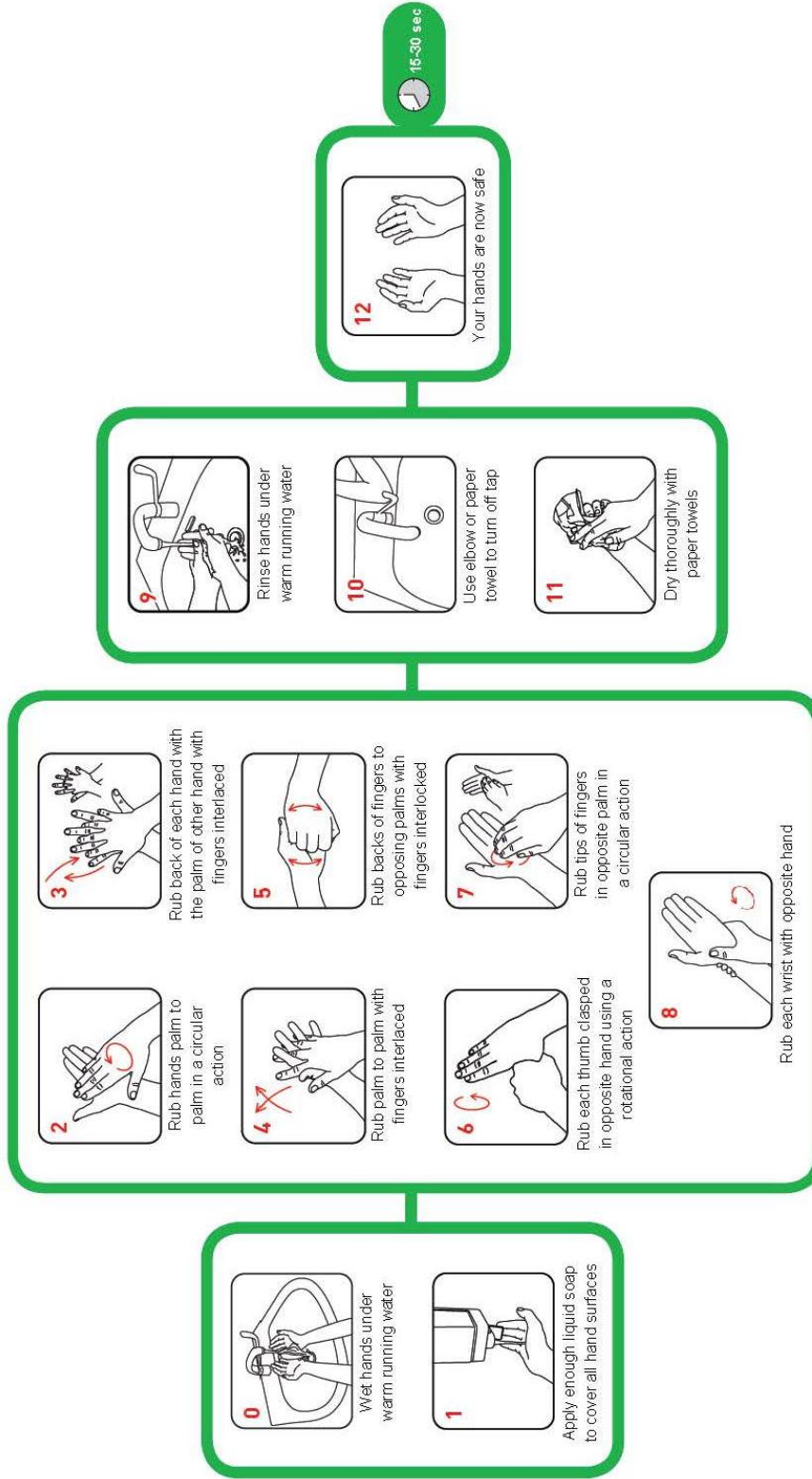
16. Appendices

Appendix 1: Hand Hygiene Technique for Staff



HAND HYGIENE TECHNIQUE FOR STAFF

Using liquid soap and warm water



Adapted from World Health Organization Guidelines on Hand Hygiene in Health Care and National Patient Safety Agency

Community Infection Prevention and Control
 Harrogate and District NHS Foundation Trust — www.infectionpreventioncontrol.co.uk
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