GP 05

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You're in safe hands

NHS

Community Infection Prevention and Control Policy for General Practice

(also suitable for adoption by other healthcare providers, e.g. Dental Practice, Podiatry)

Hand hygiene

HAND HYGIENE

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GP 05

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This document has been adopted as a Policy by:

Organisation: ..... …

Signed: .....

Job Title: .....

Date Adopted: .....

Review Date: .....

If your organisation would like to exclude or include any additional points to this policy, please include below. Please note, the Community IPC Team cannot endorse or be held responsible for any addendums.

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1. Introduction

This Policy is one of the 'Standard infection control precautions' (SICPs) referred to by NHS England and NHS Improvement.

The aim of this guidance is to promote good hand hygiene amongst all staff, to prevent the risk of patients 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. The Practice should minimise the risk of poor hand hygiene and have processes in place to prevent this occurring. 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 microorganisms, such as bacteria and viruses, from one patient to another via staff's hands, or from hands that have become contaminated from the environment, can result in adverse outcomes.

Two routes of infection exist: microorganisms can be introduced into susceptible sites, such as surgical wounds, by direct contamination or potential pathogenic (harmful) organisms can be transmitted by hands and establish themselves as temporary or permanent colonisers of the patient and subsequently cause infection at susceptible sites.

Always use standard infection control precautions and, where required, transmission based precautions (SICPs and TBPs), refer to the 'SICPs and TBPs Policy for General Practice'.

When caring for patients in relation to COVID-19 or any other new emerging infections, staff should refer to national infection prevention and control guidance.

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

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

- Provide alcohol handrub at the entrance to the building or reception area for the use of patients and visitors (see section 10)
- Notices and hand hygiene posters should be displayed regarding hand hygiene to attract the attention of patients and visitors
- Hand hygiene information leaflets should be available to patients (where appropriate) suffering from alert organisms, e.g. *E. coli* 0157, *Clostridioides difficile* and MRSA infection. 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 microorganisms:

- **Transient microorganisms**
  Transient microorganisms include bacteria and fungi, and are located 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 patient's wound, care equipment, and the environment. Transient microorganisms are easily transmitted from staff hands to vulnerable patient sites. 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 microorganisms (commensal or normal flora)**
  Resident microorganisms, e.g. *Staphylococcus* epidermidis, diphtheroids and occasionally *Staphylococcus aureus*, reside under the superficial cells of the stratum corneum - in skin 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 microorganisms. They do not readily cause infections, but can, however, cause infection, e.g. if they enter the body through broken skin, a person is immunocompromised. 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:

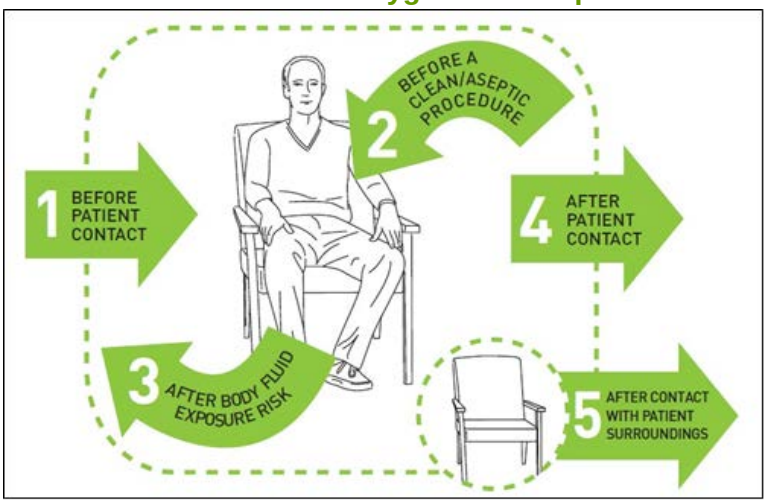
- Cover cuts and abrasions with waterproof dressings
- Are 'Bare Below the Elbows', which entails:
  - Wearing short sleeved clothing or rolling sleeves up to the elbows
  - Removing wrist and hand jewellery. Rings with jewels, stones, ridges

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 microorganisms
- Keeping nails free from acrylic/artificial nails, nail art/accessories, as these can harbour microorganisms, become chipped or detached

5. When to clean your hands

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



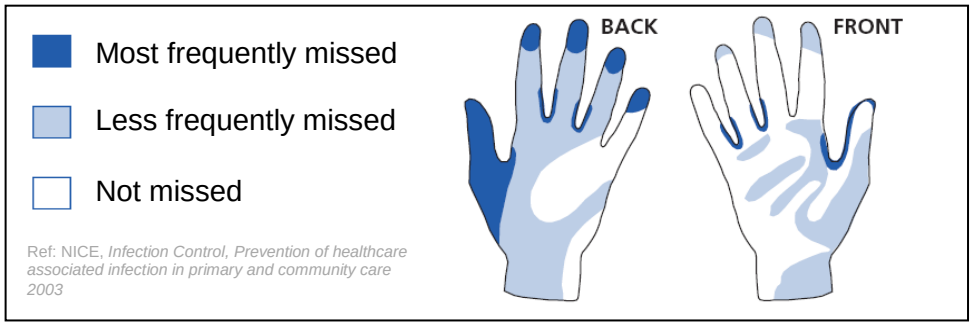
1 BEFORE PATIENT CONTACT	**WHEN?** Clean your hands before touching a patient when approaching him/her. **WHY?** To protect the patient against harmful germs carried on your hands.
2 BEFORE A CLEAN/ASEPTIC PROCEDURE	**WHEN?** Clean your hands immediately before any clean/aseptic procedure. **WHY?** To protect the patient against harmful germs, including the patient'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 patient germs.
4 AFTER PATIENT CONTACT	**WHEN?** Clean your hands after touching a patient and her/his immediate surroundings, when leaving the patient's side. **WHY?** To protect yourself and the health and social care environment from harmful patient germs.
5 AFTER CONTACT WITH PATIENT SURROUNDINGS	**WHEN?** Clean your hands after touching any object or furniture in the patient's immediate surroundings when leaving - even if the patient has not been touched. **WHY?** To protect yourself and the health and social care environment from harmful patient germs.

Other examples of when hand hygiene should be performed:

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

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.



Ref: NICE, *Infection Control, Prevention of healthcare associated infection in primary and community care 2003*

7. Hand hygiene products

The product should be deemed suitable for its intended use by the manufacturer and comply with European Standards. When choosing products, consideration should be given to the risk of dermatological side effects.

- Ensure products are within the expiry date.
- A good quality liquid soap with a moisturiser is recommended for routine (social) hand hygiene. The liquid soap should be in a disposable cartridge in a wall mounted dispenser.
- An alcohol handrub may be used for routine (social) hand hygiene. The alcohol handrub should contain a minimum of 60% isopropyl alcohol (see section 10).
- When it is not possible to perform handwashing, e.g. in the event of loss of the water supply, non-alcohol skin wipes, e.g. baby wipes, can be used for hand hygiene. Hands should be rubbed vigorously, then apply alcohol handrub, if available, 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

- An antimicrobial solution should be used prior to an invasive procedure. Types of antimicrobial solutions include:
  - 4% Chlorhexidine gluconate skin cleanser, e.g. Hibiscrub
  - 7.5% Povidone iodine
  - 2% Triclosan skin cleanser
  - 70% Isopropanol plus 0.5% Chlorhexidine gluconate solution, e.g. Hibi Liquid Handrub+ solution

8. Hand hygiene facilities

Hand hygiene facilities should be available within a GP Practice and not compromise standards by being dirty or in a poor condition:

- Facilities should be adequate and conveniently located
- Handwash basins must be available in areas where needed and where patient care or consultations take place
- 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
- Handwash basins should not be used for any other purpose, e.g. disposing of urine, washing cups, 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
- Bar soap should not be used as it can harbour microorganisms
- 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
- Fabric hand towels must not be used
- Paper towels should be used in clinical areas and staff toilets as they are the most effective way of removing microorganisms. Wall mounted dispensers should be positioned next to the basin, but not so close as to risk contamination of the dispenser or towels. Good quality soft paper towels will help to prevent skin abrasion
- Keep all dispenser surfaces, inside, outside and underneath, clean and replenished

- A foot operated lidded lined waste bin, should be positioned near the handwash basin
- Hot air driers are not suitable for clinical areas, but can be used in non-clinical areas
- 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

9. Hand cleaning methods

Handwashing is probably the most important method of protecting the patient. There are three levels of hand hygiene:

Routine (social) hand hygiene

Using liquid soap and warm running water removes dirt, organic matter, e.g. blood, faeces, and most transient organisms, acquired through direct contact with a patient or the environment. The use of a liquid soap containing a moisturiser is recommended to prevent drying of the skin. Handwashing process should take 15-30 seconds.

- Ensure you are 'Bare Below the Elbows'.
- Wet hands first under warm running water.
- Apply liquid soap.
- Rub all parts of the hands for at least 10-15 seconds (see Appendix 1), ensuring that all surfaces of the hands and wrists are covered with soap.
- When caring for patients with confirmed or suspected COVID-19 or any other new emerging infections, rub all parts of the hands and in addition, using steps 2-8 shown in Appendix 1, rub exposed forearms as these may have been exposed to respiratory droplets.
- Rinse hands thoroughly under warm running water to remove residual soap/solution.
- Dry hands thoroughly using paper towels.
- Alternatively, alcohol handrub can be used instead of liquid soap and warm water if hands are visibly clean.

Antiseptic hand hygiene

Using an antimicrobial solution or liquid soap and warm running water followed by an application of alcohol handrub disinfects the hands by removing transient organisms and reducing the number of resident organisms. This type of hand hygiene should be carried out prior to invasive procedures.

- Ensure you are 'Bare Below the Elbows'.
- Wet hands under warm running water.

- Apply antimicrobial solution or liquid soap.
- Rub all parts of the hands for at least 10-15 seconds (see Appendix 1), ensuring that all surfaces of the hands and wrists are covered with soap/solution.
- Rinse hands under warm running water to remove residual soap/solution.
- Dry hands thoroughly using paper towels.
- If hands are washed with liquid soap, dry hands thoroughly and apply alcohol handrub after washing, ensuring all surfaces of the hands and wrists are covered with the product until the solution has dried.

Surgical hand hygiene

Using an antimicrobial solution removes transient organisms and a substantial number of resident organisms. The solution will bind to the skin forming an effective barrier that will keep killing bacteria for up to 6 hours after application. This type of handwashing is only required before more invasive surgical procedures, e.g. vasectomy.

Procedure for using an antimicrobial solution

- Ensure you are 'Bare Below the Elbows'.
- Thoroughly wash the hands for 2 minutes following the technique in Appendix 1.
- Wash each arm from the wrist to the elbow for 1 minute, keeping the hand higher than the elbow at all times.
- Rinse hands and arms thoroughly from fingertips to elbow, keeping the hands above the elbows at all times.
- Dry hands thoroughly with a sterile paper towel.

Procedure for using 70% Isopropanol plus 0.5% Chlorhexidine gluconate solution

This has been found to be as effective as the aqueous antimicrobial skin disinfectant products. If using this type of product:

- Ensure you are 'Bare Below the Elbows'
- Dispense at least 5 mls of alcohol disinfectant solution, e.g. Hibisol, into the cupped palm and rub all skin surfaces of the hands and forearms
- Rub vigorously for four minutes, ensuring that all surfaces of the hands, wrists and forearms, are covered with the product until the solution has dried

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 disinfection. It should be applied to all areas of the hands using the steps 2-8

shown in Appendix 1, ensuring that all surfaces of the hands and wrists are covered, until the solution dries.

Alcohol handrub **should not be used**:

- When caring for patients with *Clostridioides difficile* or other diarrhoeal illness, due to being ineffective against spores and Norovirus
- On hands that have come into contact with body fluids
- After cleaning an area or care equipment where a patient has diarrhoea and/or vomiting

Alcohol handrub:

- Should only be applied to visibly clean skin
- 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 the manufacturer's recommended amount of alcohol product on to hands, ensuring it covers all surfaces of the hand and wrist.
- Rub hands, 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).

Alcohol handrub can be used between cases on a surgical list provided a surgical handwash is undertaken initially and hands are visibly clean.

Availability of alcohol handrubs

The availability of alcohol handrub at the point of patient 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. To reduce the risk of misuse, e.g. ingestion, a risk assessment should be undertaken before siting alcohol handrub.

Alcohol handrub should be available in wall mounted alcohol handrub dispensers with disposable cartridges or free-standing pump dispensers:

- At the entrance to the building or reception desk, following a risk assessment
- At the point of care:
  - Wall mounted adjacent to the examination couch inside the curtain area
  - Wall mounted adjacent to the consulting room desk/chair
  - Free standing bottle on the consulting room desk
  - Personal dispenser clipped onto the healthcare workers clothing

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

11. Skin care

- To minimise the risk of skin damage, wet hands under warm running water before applying liquid soap or antiseptic solution.
- 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.

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 moisturiser should be used 3 times daily.
- It is good practice to provide hand cream or moisturiser in a wall mounted dispenser. All should be in a single use cartridge or container.
- Communal pots of hand cream (where fingers are placed in the container) should not be used as the contents can become contaminated.

13. Evidence of good practice

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.

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 General Practice in achieving compliance with *The Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance* and CQC registration requirements.

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

- 25 IPC Policy documents for General Practice
- 'Preventing Infection Workbook: Guidance for General Practice'
- 'IPC CQC inspection preparation Pack for General Practice'
- IPC audit tools, posters, leaflets and factsheets
- 'IPC Bulletin for General Practice Staff'

In addition, we hold educational study events in North Yorkshire and York 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

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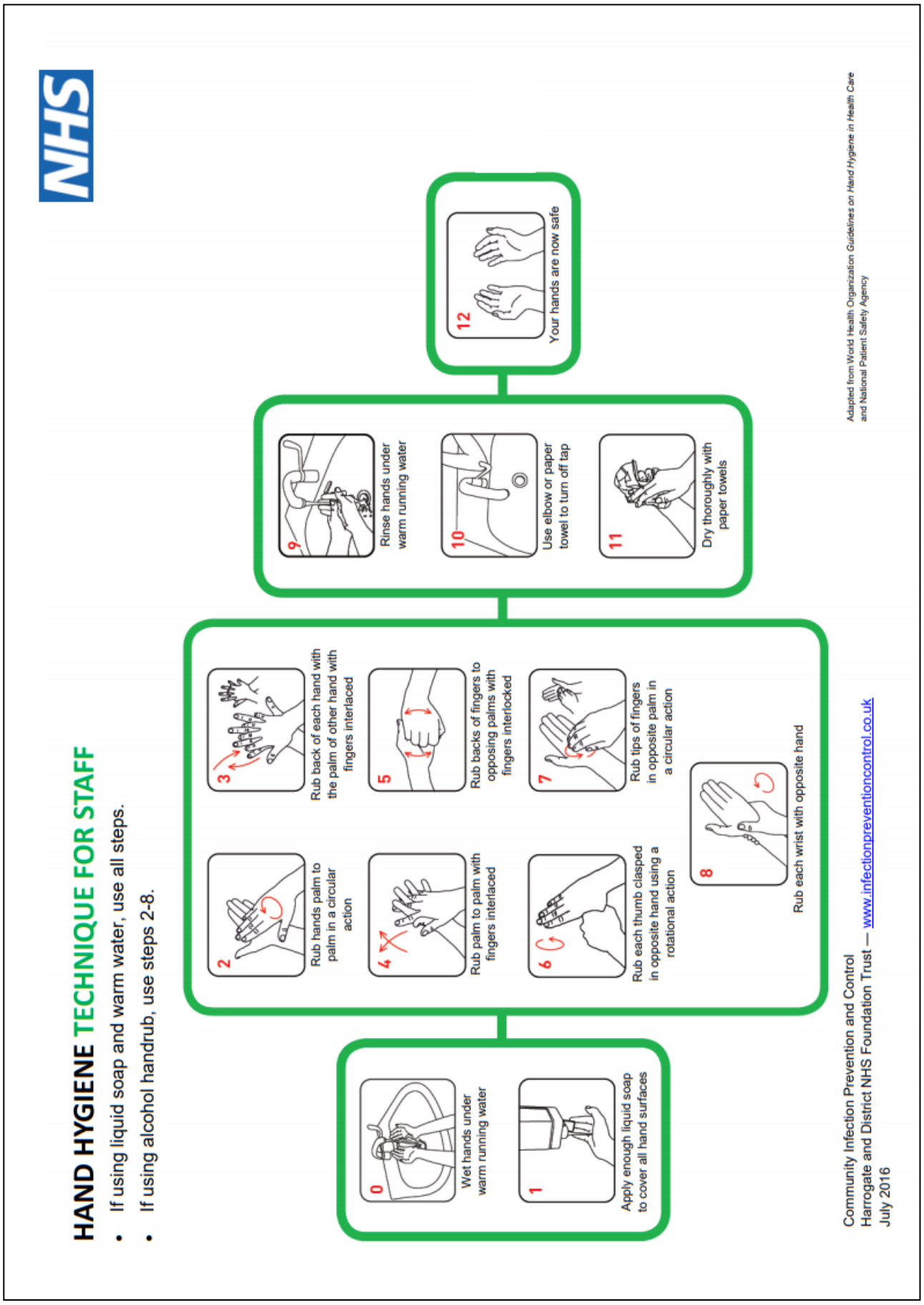
16. Appendices

Appendix 1: Hand Hygiene Technique for Staff


NHS
HAND HYGIENE TECHNIQUE FOR STAFF
• If using liquid soap and warm water, use all steps.
• If using alcohol handrub, use steps 2-8.
0 Wet hands under warm running water
1 Apply enough liquid soap to cover all hand surfaces
2 Rub hands palm to palm in a circular action
3 Rub back of each hand with the palm of other hand with fingers interlaced
4 Rub palm to palm with fingers interlaced
5 Rub backs of fingers to opposing palms with fingers interlocked
6 Rub each thumb clasped in opposite hand using a rotational action
7 Rub tips of fingers in opposite palm in a circular action
8 Rub each wrist with opposite hand
9 Rinse hands under warm running water
10 Use elbow or paper towel to turn off tap
11 Dry thoroughly with paper towels
12 Your hands are now safe
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
July 2016