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Control.**
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Community Infection Prevention and Control Policy for Care Home settings

Hand hygiene

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Adoption date:

Review date:

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HAND HYGIENE

1. Introduction

NHS England recommends that organisations adopt the *National infection prevention and control manual (NIPCM) for England*, complemented by care setting specific Policies. This Policy has been produced in accordance with this recommendation and incorporates the *NIPCM* version as referenced in this Policy with detailed care home specific guidance.

This Policy is one of the 'Standard infection control precautions' (SICPs).

Hand hygiene is considered one of the most important ways to reduce the transmission of infectious agents that cause healthcare associated infections (HCAI).

The aim of this guidance is to promote good hand hygiene amongst all staff, to protect both themselves and residents from acquiring a healthcare associated infection.

The transmission of microorganisms, such as bacteria and viruses, from one resident to another or to themselves via staff hands, or from hands that have become contaminated from the environment, can result in adverse outcomes.

It is essential that everyone takes responsibility to ensure that the care provided is carried out in a safe manner. All staff should have training on hand hygiene, it is best practice that this is provided on a regular basis, e.g. annually.

When caring for residents in relation to any new or emerging infections, staff should refer to national infection prevention and control guidance.

2. Microbiology of the hands

The skin on our hands harbours 2 types of microorganisms:

- Transient microorganisms**
 Transient microorganisms include bacteria 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, urinary catheter drainage system, 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 microorganisms (commensal or normal flora)**
 Resident microorganisms, 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 microorganisms. 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

3. Handwashing facilities

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

- Facilities should be conveniently located and easily accessible
- Handwashing facilities should be available for staff use in each resident's room
- Clinical handwash basins must:
 - Be used for that purpose only and not used for the disposal of other liquids
 - Have mixer taps, no overflow or plug and be in a good state of repair
 - Have wall mounted liquid soap and paper towel dispensers
- If a lever or sensor mixer tap is not provided at a clinical handwash basin, use a paper towel to turn off the tap to avoid contaminating the hands
- 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
- Do not use refillable soap dispensers as there is a risk of contamination of the liquid soap and the dispenser
- Communal fabric hand towels must not be used
- Keep all dispensers clean and replenished
- A foot operated lidded bin, lined with a disposable plastic bag, should be positioned near the handwash basin
- Nail brushes should not be used routinely as they can cause skin damage and harbour microorganisms. If nail brushes are used, they should be single use and disposed of after use
- Hand hygiene technique posters should be displayed

4. Before performing hand hygiene

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

- Are 'Bare below the elbows', which entails:
 - Exposing forearms by wearing short sleeved clothing or rolling sleeves up to the elbows. If disposable over-sleeves are worn for religious reasons, these must be removed and disposed of before performing hand hygiene, then replaced
 - Removing all hand and wrist jewellery. The wearing of a single, plain metal finger ring, e.g. a wedding band, is permitted, but should be removed (or moved up) during hand hygiene. A religious bangle can be worn, but should be moved up the

forearm during hand hygiene and secured during patient care activities

- Ensure fingernails are clean and short, and do not wear artificial nails or nail products
- Cover all cuts or abrasions with a waterproof dressing

5. Hand hygiene products

Wash hands with non-antimicrobial liquid soap and warm running water if:

- Hands are visibly soiled or dirty
- Caring for residents with vomiting or diarrhoeal illnesses
- Caring for a resident with a confirmed or suspected gastrointestinal infection, e.g. Norovirus or a spore-forming organism, such as *Clostridioides difficile* (*C. difficile*)

In all other circumstances, use an alcohol handrub for routine hand hygiene during care.

Alcohol handrubs must be available for staff as near to the point of care as possible. Where this is not practical, personal dispensers should be used. In settings where personal alcohol handrub dispensers are deemed unsuitable due to staff safety concerns, organisations can consider alternative products and are responsible for ensuring safe systems of work, including the completion of a documented risk assessment approved through local governance procedures. Organisations must confirm the efficacy and suitability of the product (i.e. that it conforms with the relevant standards and is appropriate for the intended use) with the product manufacturer. Any differences in use and application, including volume, contact and disinfection time, of an alternative product compared with alcohol handrub should be identified as part of this assessment and appropriate implementation plans should include education and supporting materials for staff.

Where running water is unavailable, or hand hygiene facilities are lacking, staff may use hand wipes followed by alcohol handrub and should wash their hands at the first opportunity.

Skin wipes can be used for residents unable to access handwashing facilities. Liquid soap and warm running water or non-alcohol skin wipes should be used if the resident's hands are visibly soiled or dirty, or they have confirmed or suspected viral gastroenteritis or *C. difficile*.

6. When to perform hand hygiene

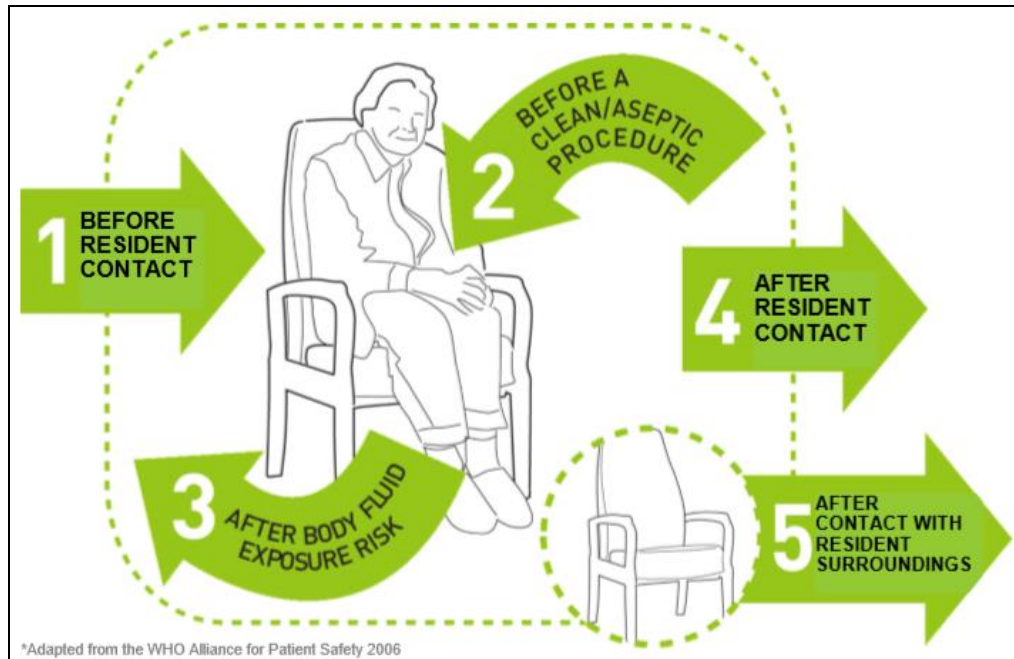
Hand hygiene should be performed at each of the 5 moments (see Table 1).

Other examples of when hand hygiene should be performed include:

- **When** 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 (PPE) or domestic gloves. Wearing gloves should not be a substitute for handwashing
- **Before** and **after** having a break and using the toilet
- **After** handling used laundry, e.g. stripping beds, dirty clothing
- **After** emptying commodes, urine bottles, catheter bags
- **After** coughing, sneezing or blowing your nose

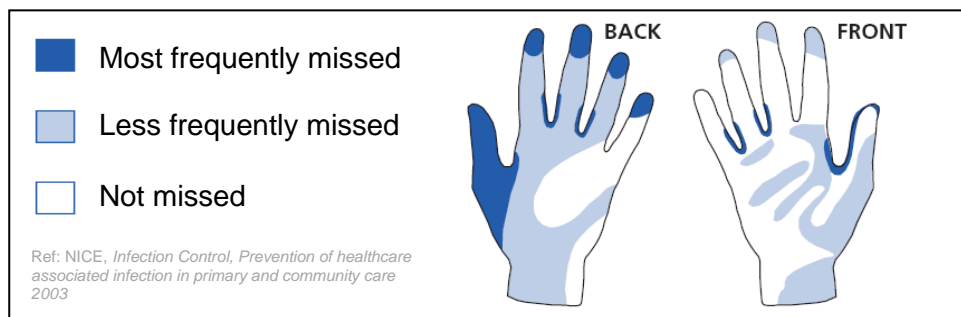
Table 1: Your 5 moments for hand hygiene at the point of care



1 BEFORE RESIDENT CONTACT	WHEN? Clean your hands before touching a resident when approaching him/her. WHY? To protect the resident 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 resident against harmful germs, including the resident'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 resident germs.
4 AFTER RESIDENT CONTACT	WHEN? Clean your hands after touching a resident and her/his immediate surroundings, when leaving the resident's side. WHY? To protect yourself and the health and social care environment from harmful resident germs.
5 AFTER CONTACT WITH RESIDENT'S SURROUNDINGS	WHEN? Clean your hands after touching any object or furniture in the resident's immediate surroundings when leaving—even if the resident has not been touched. WHY? To protect yourself and the health and social care environment from harmful resident germs.

7. 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 hand hygiene.



8. How to perform hand hygiene

Hand hygiene is one of the most important methods of protecting residents, visitors and staff from infection. The technique (see Appendix 1) is more important than the product used.

Handwashing

Removes dirt, organic matter and most transient microorganisms, acquired through direct contact with a person or from the environment. Liquid soap and warm running water is adequate for this procedure. The overall handwashing process should take 15-30 seconds.

- Ensure you are 'Bare below the elbows' (see Section 4).
- Before applying liquid soap, wet hands under warm running water to minimise the risk of skin damage.
- Apply liquid soap.
- Rub all parts of the hands, using the steps 2-8 shown in Appendix 1, for at least 15 seconds, ensuring that all surfaces of the hands and wrists are covered with soap.
- When caring for residents with confirmed or suspected COVID-19 or any new or emerging infections, rub all parts of the hands and, in addition, using the 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.
- Dry hands thoroughly using paper towels. Wet hands are more likely to transfer microorganisms than dry hands. The friction of paper towels also helps to further remove microorganisms on the hands.

Skin wipes

If handwashing facilities are unavailable, or a resident is unable to access handwashing facilities, skin wipes can be used.

- Resident's hands should be rubbed with the wipe, using the steps 2-7 shown in Appendix 1, ensuring that all surfaces of the hands are covered.
- Staff using skin wipes for cleaning their hands should:
 - 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
 - Wash their hands at the earliest opportunity

Alcohol handrub

Alcohol based handrubs offer a practical and acceptable alternative to handwashing in most situations. 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 based handrubs are **not** effective:

- In removing physical dirt or soiling and, therefore, must only be used on visibly clean skin
- When caring for residents with viral gastroenteritis, e.g. Norovirus, or a spore forming bacteria, such as *C. difficile*. Hands must be washed with liquid soap and warm running water when caring for or in contact with the environment of residents with these infections
- Alcohol handrub may be less effective if used immediately after the application of a hand cream/lotion

Technique for using alcohol handrub

- Ensure you are 'Bare below the elbows' (see Section 4).
- Dispense manufacturer's recommended amount of alcohol product on to hands, ensuring it covers all surfaces of the hands and wrists.
- 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). Do not dry with paper towels.

Availability of alcohol handrubs

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.

9. Skin care

Healthy intact skin provides good protection against the spread of infection. To minimise the risk of skin damage:

- Wet hands under warm running water before applying liquid soap
- Rinse hands well to remove residual soap
- Dry hands thoroughly after handwashing, using disposable paper towels
- Always cover cuts and abrasions with a waterproof dressing
- Staff with skin problems should seek advice from occupational health or their GP and, depending on their skin condition and the severity, may require additional interventions or reporting
- Use an emollient hand cream or lotion:
 - For maximum benefit, hand cream or lotion should be used regularly, e.g. during breaks and when off duty
 - 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

10. Involving residents and visitors 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 visitors in infection prevention and control.

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

- Residents should be encouraged to wash their hands, use skin wipes or alcohol handrub, after using the toilet and before eating and drinking. If hands are visibly soiled or dirty, or the resident has confirmed or suspected viral gastroenteritis or *C. difficile*, non-alcohol wipes or liquid soap and warm running water should be used by the resident and visitors
- Provide alcohol handrub at the entrance to resident areas for the use of visitors
- 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

11. Evidence of good practice

It is recommended that, for assurance purposes:

- The standard of staff hand hygiene is audited on induction and annually. An audit tool is available to download at www.infectionpreventioncontrol.co.uk/resources/hand-hygiene-compliance-monthly-audit-tool-for-care-homes/ and can be completed electronically).
- Hand hygiene is also included in the 'SICPs Assurance: Annual IPC Audit Tool for Care Homes' available to download at www.infectionpreventioncontrol.co.uk/resources/sicps-assurance-annual-ipc-audit-tool-for-care-homes/

Following these audits, 'Action plans' should be drawn up and implemented to demonstrate continuous improvement.

12. Infection Prevention and Control resources, education and training

See Appendix 2 for the 'Hand hygiene: Quick reference guide'.

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: code of practice on the prevention and control of infections and related resources* and CQC registration requirements.

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

- 30 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 IPC educational training events in North Yorkshire.

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

13. References

Department of Health and Social Care (Updated March 2024) *Infection prevention and*

control: resource for adult social care

Department of Health and Social Care (Updated December 2022) *Health and Social Care Act 2008: code of practice on the prevention and control of infections and related guidance*

National Institute for Health and Care Excellence (Updated June 2024) *Clinical Knowledge Summary Healthcare-associated infections (Hand hygiene)*

NHS England (Updated 2025) *National infection prevention and control manual (NIPCM) for England*

NHS England and NHS Improvement (May 2020) *Uniforms and workwear guidance for NHS employers. Appendix B – Advice from Muslim Spiritual Care Provision (MSCP) in the NHS*

Royal Marsden NHS Foundation Trust (2020) *The Royal Marsden Hospital Manual of Clinical and Cancer Nursing Procedures 10th Edition*

WHO (2012) *Your 5 Moments for Hand Hygiene: Residential care*

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
whqlibdoc.who.int/publications/2009/9789241597906_eng.pdf

14. Appendices

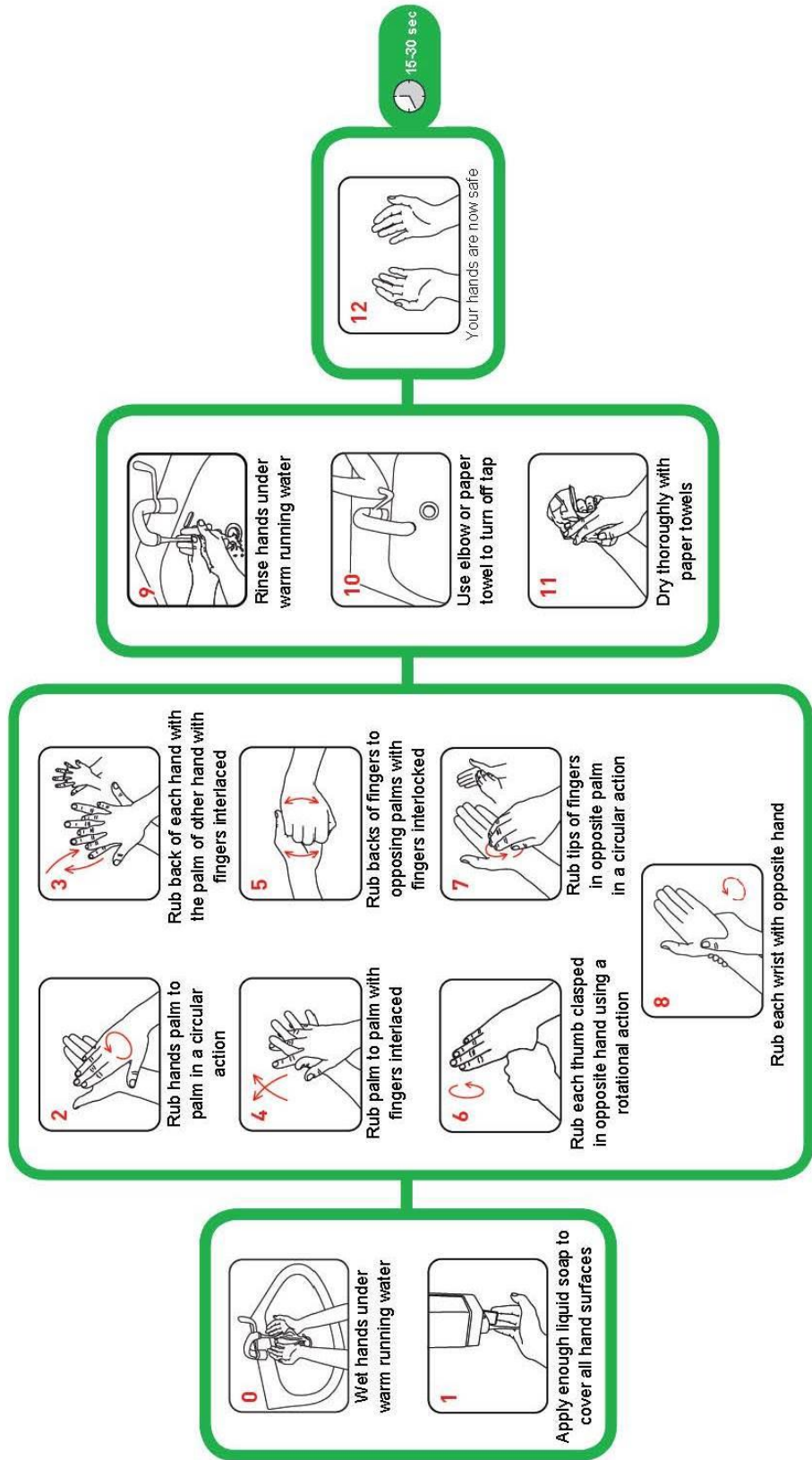
Appendix 1: Hand hygiene technique for staff

Appendix 2: Hand hygiene: Quick reference guide



Hand hygiene technique for staff

- If using liquid soap and warm water, use all steps, this should take at least 15-30 seconds.
- If using alcohol handrub, use steps 2-8, applying a palmful of the alcohol handrub into a cupped hand.



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

Harrogate and District NHS Foundation Trust, Community Infection Prevention and Control,
www.infectionpreventioncontrol.co.uk August 2023

Hand hygiene: Quick reference guide



Risk reduction

When carried out correctly,
hand hygiene prevents the spread of infection.

Before you start work

- Cover cuts and abrasions with waterproof dressings.
- Make sure you are 'Bare below the elbows':
 - ◊ Short sleeves; remove wrist and hand jewellery (except one plain band ring or bangle worn for religious beliefs); short and clean nails; no false or varnished nails

What you need

- Conveniently located facilities.
- Lever or sensor operated tap and dedicated handwash basin in clinical areas.
- Wall mounted liquid soap, paper towels and hand hygiene instructions.
- Alcohol handrub dispenser.
- Foot operated lidded waste bin with a liner.

Your 5 moments for hand hygiene at the point of care



Other examples of when hand hygiene should be performed

- When hands are dirty or soiled.
- Before starting and at the end of a shift.
- Before and after donning/doffing PPE.
- Before and after breaks.
- After coughing/sneezing/nose blowing.
- After using the toilet.

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 hand hygiene.

- Most frequently missed
- Less frequently missed
- Not missed



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

Which hand hygiene product

- Liquid soap and warm running water for:
 - ◊ Soiled or dirty hands
 - ◊ Care of a resident with diarrhoea and/or vomiting
 - ◊ Care of a resident with confirmed or suspected gastrointestinal infection
- Alcohol handrub can be used for routine hand hygiene on visibly clean hands
- Skin wipes can be used for residents
- Always use hand cream or lotion regularly, e.g. during breaks, when off duty

For further information, please refer to the full
Policy which can be found at

www.infectionpreventioncontrol.co.uk/care-homes/policies/

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