



Community Infection Prevention and Control Policy for Domiciliary Care staff

Hand hygiene

HAND HYGIENE

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Date Adopted:

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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.

When providing care, the implementation of standard infection control precautions and transmission based precautions (SICPs and TBPs) are required, refer to the 'SICPs and TBPs Policy for Domiciliary Care staff'.

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 aim of this Policy is to promote good hand hygiene amongst all staff, to prevent the risk of service users acquiring a healthcare associated of infection.

Micro-organisms, such as bacteria and viruses, can be introduced onto the skin or into the body through susceptible sites, such as wounds, Percutaneous Endoscopic Gastrostomy (PEG) site or urinary catheter drainage systems, by direct contamination or transmitted (spread) by hands.

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 service users in relation to COVID-19 or any other new emerging infections, staff should refer to national infection prevention and control guidance.

2. Involving service users and their 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 service users and the public in infection prevention and control.

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

- Service users should be encouraged to wash their hands after using the toilet and before eating and drinking
- If a service user is unable to access hand washing facilities, alcohol handrub or skin wipes can be used, unless their hands are visibly soiled or dirty, or they have suspected or confirmed viral gastroenteritis or

C. difficile. In these cases, alcohol handrub should **not** be used and only non-alcohol skin wipes, e.g. baby wipes, used

- If a service user has an infection:
 - They should use a separate towel to dry their hands and this should not be used by other people. The towel should be washed daily
 - Before leaving the service user's home, visitors should wash their hands with liquid soap and warm running water, drying them thoroughly using paper towels. The use of kitchen roll is acceptable, fabric towels should only be used on an individual person basis and laundered daily
- Hand hygiene information leaflets should be available, a 'Hand hygiene: Information leaflet for community service users and relatives' is available to download at www.infectionpreventioncontrol.co.uk

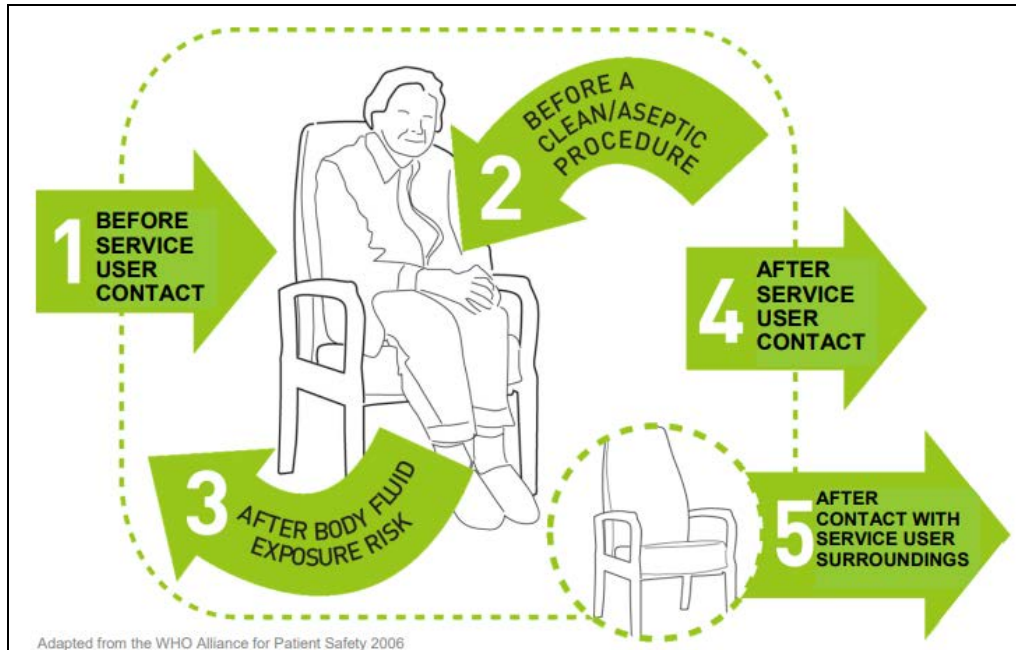
3. Good hand hygiene practice

To facilitate effective hand hygiene when delivering direct care staff should ensure they:

- Use liquid soap rather than a bar of soap, as bars of soap can harbour micro-organisms
- 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 micro-organisms 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
 - Removing dermal piercing on the arm or wrists
 - Keeping nails clean and short (fingertip length), as long finger nails will allow build-up of debris and micro-organisms 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 acrylics/artificial nails, nail art/accessories, as these may harbour micro-organisms, become chipped or detached

4. 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.

Note:

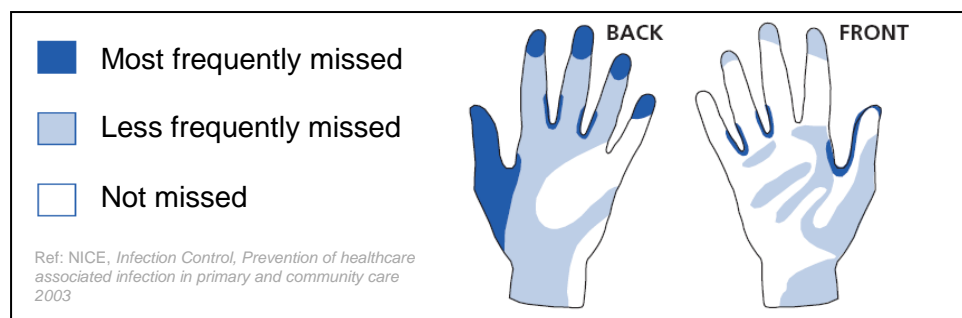
- Always clean your hands when these five moments occur, including when arriving at and before leaving a service user's home
- The use of gloves is not a substitute for cleaning hands - clean hands before applying and after removing gloves

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 personal protective equipment (PPE) and **after** removal of each item of PPE, e.g. pair of disposable or domestic gloves (wearing gloves should not be a substitute for handwashing), apron
- **Before** preparing/serving food or assisting with eating or drinking
- **Before** and **after** having a break and using the toilet
- **After** handling used laundry, e.g. making beds, dirty clothing
- **After** washing, dressing and toileting service users
- **After** coughing, sneezing or blowing your nose
- **After** performing cleaning tasks
- **After** emptying commodes, urine bottles, catheter bags

5. 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.



6. Hand hygiene products

Research and evidence suggests that:

- Liquid soap and water is as effective as antibacterial handwashing preparations for decontaminating hands and removing most 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 micro-organisms. However, they are **not** effective against *Clostridioides difficile* (*C. difficile*) and viral gastroenteritis, e.g. Norovirus

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

7. Hand cleaning methods

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

Handwashing

Removes dirt, soiling and most micro-organisms acquired through direct contact with a person and from the environment. Liquid soap and warm running water is adequate for this procedure.

- Ensure you are 'Bare Below the Elbows' (see Section 3).
- Before applying liquid soap, wet hands under warm running water to minimise the risk of skin damage.
- Apply liquid soap. Bar soap should not be used as it can harbour micro-organisms.
- Rub all parts of the hands, using the steps 2-8 shown in Appendix 1, for at least 15-30 seconds, ensuring that all surfaces of the hands and wrists are covered with soap.
- When caring for service users with known or suspected COVID-19, rub all parts of the hands using the steps 2-8 shown in Appendix 1 and in addition, 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 micro-organisms than dry hands. The friction of paper towels also helps to further remove micro-organisms on the hands. If paper towels are not available, the use of kitchen roll or a clean fabric towel, for use by the carer only and laundered daily is acceptable.
- The use of nail brushes is not recommended as they can harbour micro-organisms and can cause skin grazes.

Skin wipes

If handwashing facilities are unavailable, or a service user is unable to access hand washing facilities, skin wipes can be used.

Non-alcohol skin wipes, e.g. baby wipes, should be used if the hands are visibly soiled or dirty, or the service user has suspected or confirmed viral gastroenteritis or *C. difficile*.

- Hands should be rubbed with the wipe, using the steps 2- 8 shown in Appendix 1, ensuring that all surfaces of the hands and wrists 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

8. Alcohol handrub

Alcohol-based handrubs (with a minimum 60% alcohol content) offer a practical and acceptable alternative to handwashing in most situations. Pocket sized alcohol handrub can be used as appropriate.

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 service users with viral gastroenteritis, e.g. Norovirus, or a spore forming bacteria, such as *Clostridioides difficile*. Hands must be washed with liquid soap and warm running water when caring for or in contact with the environment of service users with these infections
- Alcohol handrub may be less effective if used immediately after the application of a hand cream or lotion

Technique for using alcohol handrub

- Ensure you are 'Bare Below the Elbows' (see Section 3).
- Dispense manufacturers 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 20-30 seconds).

9. 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.
- Staff with skin problems on their hands should report this to their manager and seek medical advice, e.g. pharmacist, practice nurse, GP.

10. Hand cream and moisturisers

The use of hand cream and moisturisers will help to prevent skin problems and irritations, therefore, promoting compliance with hand hygiene.

- For maximum benefit, hand cream or a moisturiser should be used three times daily.
- Communal pots of hand cream or moisturiser should not be used as these can become contaminated.

11. 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.

12. 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 Domiciliary Care 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:

- IPC Policy documents for Domiciliary Care staff
- 'Preventing Infection Workbook: Guidance for Domiciliary Care staff
- IPC audit tools, posters, leaflets and factsheets
- 'IPC Bulletin for Domiciliary Care staff'

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

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

13. 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 (2010) *Uniforms and workwear: Guidance on uniform and workwear policies for NHS employers*

Loveday HP et al (2014) epic3: National Evidence-Based Guidelines for Preventing Healthcare Associated Infections in NHS Hospitals in England *Journal of Hospital Infection* 86S1 S1-S70

National Institute for Health and Care Excellence (2012, updated 2017) *Healthcare-associated infections: prevention and control in primary and community care Clinical Guideline 139*

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

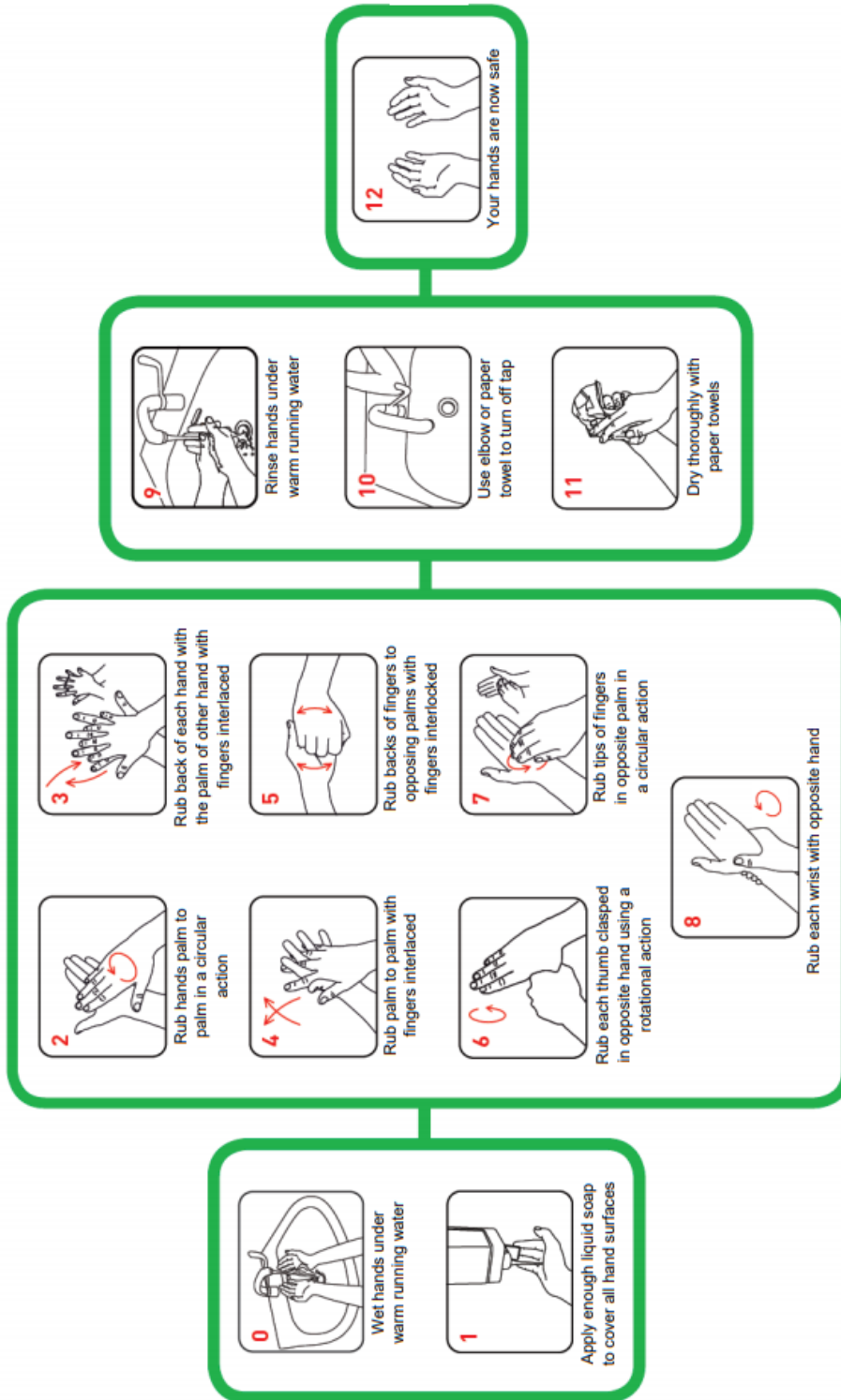
14. Appendices

Appendix 1: Hand Hygiene Technique for Staff



HAND HYGIENE TECHNIQUE FOR STAFF

- If using liquid soap and warm water, use all steps.
- If using alcohol handrub, use steps 2-8.



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

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 Harrogate and District NHS Foundation Trust — www.infectionpreventioncontrol.co.uk
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