



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

Version 3.00
November 2023

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1. Introduction

This Policy is one of the 'Standard infection control precautions' (SICPs) referred to by NHS England in the *National infection prevention and control manual (NIPCM) for England*.

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.

Hands may become contaminated from direct contact with a patient, handling care equipment and contact with the general environment. Hand hygiene is one of the most important procedures for preventing the spread of infectious agents that cause healthcare associated infections.

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. Each General Practice should minimise the risk of poor hand hygiene and have processes in place to prevent this occurring.

When caring for patients in relation to any new or emerging infection, staff should refer to the latest 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 (IPC).

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

- Provide alcohol handrub at the entrance to the building and/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 for 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 viruses 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. If, for example, they enter the body through broken skin or a person immunocompromised, they can, however, cause infection. They are not easily removed with routine handwashing alone. Refer to Section 11

4. Preparation for hand hygiene

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

- Cover cuts and abrasions with waterproof dressings
- 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 with a new pair
 - 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. A religious bangle can be worn, but should be moved up the forearm during hand hygiene and secured during patient care activities
 - 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'S 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.

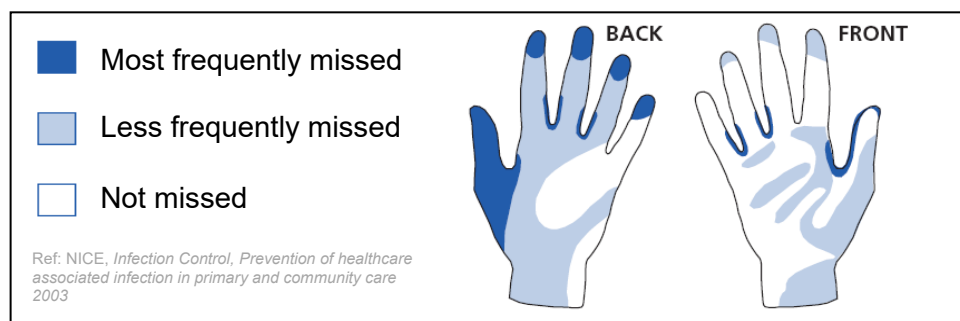
Other examples of when hand hygiene should be performed:

- **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.



7. Hand hygiene products

The product should be deemed suitable for its intended use by the manufacturer and comply with the appropriate 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 hand hygiene. The liquid soap should be in a disposable cartridge in a wall mounted dispenser.
- Always wash hands with liquid soap and warm running water if:
 - Hands are visibly soiled or dirty
 - Patients have vomiting or diarrhoeal illnesses. Alcohol handrubs are **not** effective against viral gastroenteritis or spore forming organisms, such as *C. difficile*
- In all other circumstances, an alcohol handrub can be used for routine 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. Hands should then be washed at the first opportunity.

- Prior to a surgical procedure, surgical hand antisepsis (see Section 11) can be achieved through use of:
 - Antimicrobial liquid soap licensed for surgical scrubbing
 - Alcohol handrub licensed for surgical rubbing

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 cutlery or crockery, 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 waste bin with a liner, 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
- Hand hygiene technique posters should be displayed

9. Routine handwashing

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, 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.
- In addition to using steps 2-8 shown in Appendix 1, handwashing should include the forearms if they have been accidentally exposed to body fluids and after skin-to-skin contact.
- Rinse hands thoroughly under warm running water to remove residual soap/solution.
- 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.

10. Use of 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 licensed for surgical hand rubbing can be used between cases on a surgical list provided a surgical handwash is undertaken initially and hands are visibly clean (see Section 11).

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 worker's clothing

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

11. Surgical hand antisepsis

Using liquid soap and warm water followed by alcohol handrub licensed for

surgical hand rubbing or an antimicrobial solution removes transient organisms and a substantial number of resident organisms. If used, the antimicrobial handwash 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 surgical procedures, e.g. vasectomy.

Procedure for surgical hand antisepsis

- Ensure you are 'Bare below the elbows'.
- Nail brushes should not be used. Use single use disposable nail picks if nails are visibly dirty.
- Thoroughly wash 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.

Use of alcohol handrub for surgical hand antisepsis

- Alcohol handrub licensed for surgical hand rubbing can be used between surgical procedures or between glove changes if hands are not visibly soiled.
- Alcohol handrub has been found to be as effective as the use of aqueous antimicrobial skin disinfectant products. If using this type of product:
 - Ensure you are 'Bare below the elbows'
 - Dispense at least 5 mls (3 doses) of the licensed alcohol disinfectant solution into the cupped palm and rub all skin surfaces of the hands and forearms
 - Rub vigorously for 4 minutes, ensuring that all surfaces of the hands, wrists and forearms, are covered with the product until the solution has dried

12. 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.
- Dry hands thoroughly after hand washing, using disposable paper towels.
- Always cover cuts and abrasions with a waterproof dressing.
- Seek Occupational Health or GP advice if you have a skin irritation.
- Avoid overuse or inappropriate use of gloves.

- Wear gloves for handling substances hazardous to health, e.g. cleaning or disinfecting products.
- Use hand cream or lotion to help prevent skin problems and irritation, therefore, promoting compliance with hand hygiene:
 - For maximum benefit, hand cream or moisturiser should be used regularly, e.g. during breaks and when off duty
 - 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 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 infection 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:

- 27 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.

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

15. References

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*

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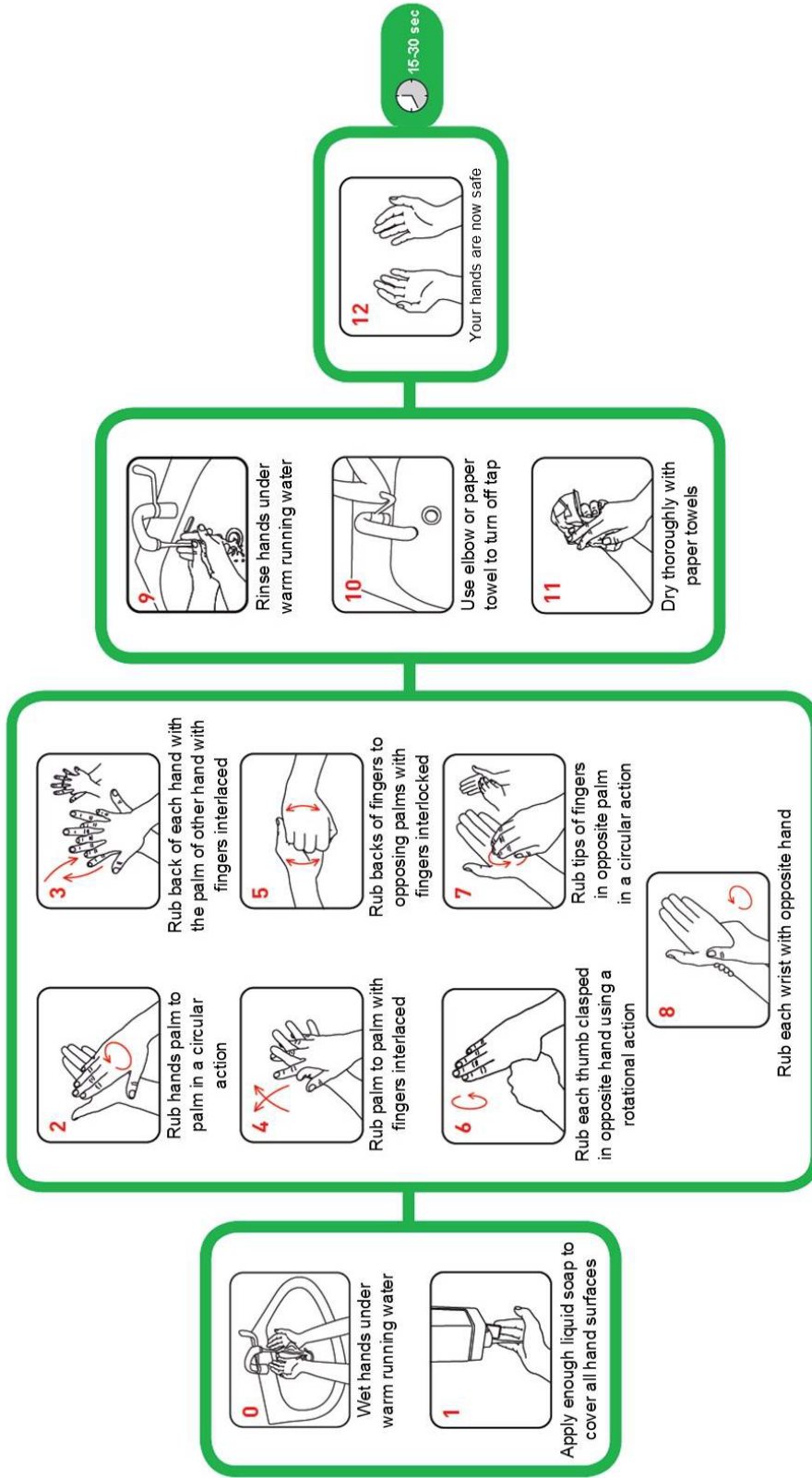
16. Appendices

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

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