



Community Infection Prevention and Control Policy for General Practice

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

Hand hygiene

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This Policy has been adopted by:

Organisation:

Signature: Name:

Job title:

Adoption date:

Review date:

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Contents

Page

1. Introduction.....	4
2. Microbiology of the hands.....	4
3. Hand hygiene facilities.....	5
4. Preparation for hand hygiene.....	6
5. Hand hygiene products.....	6
6. When to perform hand hygiene.....	7
7. Most commonly missed areas	8
8. How to perform hand hygiene.....	8
9. Surgical hand antisepsis.....	10
10. Skin care	11
11. Involving patients and the public in infection prevention and control	11
12. Evidence of good practice	12
13. Infection Prevention and Control resources, education and training.....	12
14. References	12
15. Appendices.....	13
 Appendix 1: Hand hygiene technique for staff.....	 14

HAND HYGIENE

1. Introduction

NHS England states that the guidance in the *National infection prevention and control manual (NIPCM) for England* should be applied by all NHS staff involved in patient care, complementing guidance for General Practice settings. This Policy has been produced in accordance with this recommendation and incorporates the *NIPCM* version as referenced in this Policy with detailed General Practice 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 (HCAIs). Hands may become contaminated from direct contact with a patient, handling care equipment and contact with the general environment.

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.

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 induction and at least 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 infections, staff should refer to national infection prevention and control guidance.

2. 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 or the care 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**
 Resident microorganisms, e.g. *Staphylococcus epidermidis*, diphtheroid 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 is immunocompromised, they can cause infection. They are not easily removed with routine handwashing alone. Either an antimicrobial solution should be used or routine handwash followed by an application of alcohol handrub

3. Hand hygiene facilities

Hand hygiene facilities should be available within a GP Practice and not compromise standards by being cluttered, 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
- 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
- Clinical handwash basin taps should not run directly into the drain aperture
- If a lever or sensor mixer tap is not provided, use a paper towel to turn off the tap to avoid contaminating the hands
- 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
- 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

4. Preparation for 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

The product should be deemed suitable for its intended use by the manufacturer and complies with the appropriate standards of efficacy and suitability. Organisations should document risk assessments approved through local governance procedures when considering alternative products comparable with alcohol-based handrub.

- Ensure products are within the expiry date.
- A good quality liquid soap with added 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
 - Caring for patients with vomiting or diarrhoeal illnesses
 - Caring for a patient 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 or equivalent product for routine hand hygiene during care.
- When it is not possible to perform handwashing, e.g. in the event of loss of the water supply, non-alcohol skin 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 9) can be

achieved through use of:

- Antimicrobial liquid soap licensed for surgical scrubbing
- Alcohol handrub licensed for surgical rubbing

6. When to perform hand hygiene

Your 5 moments for hand hygiene at the point of care



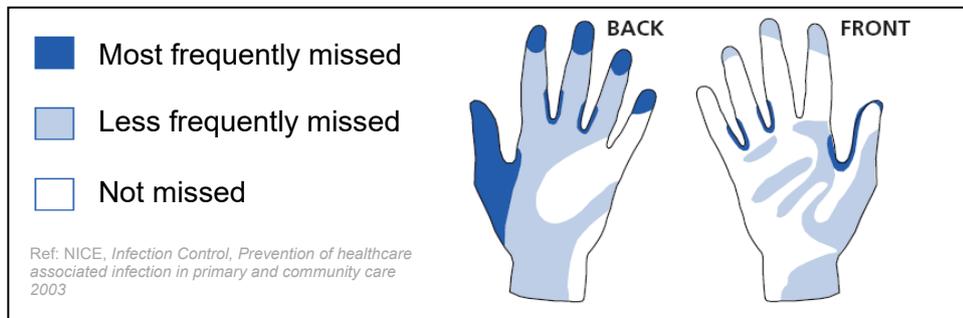
<p>1 BEFORE PATIENT CONTACT</p>	<p>WHEN? Clean your hands before touching a patient when approaching him/her. WHY? To protect the patient against harmful germs carried on your hands.</p>
<p>2 BEFORE A CLEAN/ASEPTIC PROCEDURE</p>	<p>WHEN? Clean your hands immediately before any clean/aseptic procedure. WHY? To protect the patient against harmful germs, including the patient's own, from entering his/her body.</p>
<p>3 AFTER BODY FLUID EXPOSURE RISK</p>	<p>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.</p>
<p>4 AFTER PATIENT CONTACT</p>	<p>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.</p>
<p>5 AFTER CONTACT WITH PATIENT'S SURROUNDINGS</p>	<p>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.</p>

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

7. Most commonly missed areas

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

**8. How to perform hand hygiene**

Hand hygiene is one of the most important methods of protecting patients, 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.
- Handwashing should be extended to the forearms if they have been exposed to blood

or body fluids.

- 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, skin wipes can be used.

- Staff using skin wipes for cleaning their hands should:
 - Rub with the wipe using the steps 2-8 shown in Appendix 1, ensuring that all surfaces of the hands and wrists are covered. Then apply alcohol handrub or equivalent product, 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 or equivalent product

Alcohol based handrubs or equivalent products 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 or equivalent products are not effective in removing physical dirt or soiling and, therefore, must only be used on visibly clean skin.
- Alcohol-based handrubs are not effective when dealing with patients 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 in contact with the environment of patients 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 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 the building or reception desk
- 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. 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', including removal of wedding bands.
- Nail brushes should not be used. Use single use disposable nail picks if nails are visibly dirty.
- Soft, non-abrasive, sterile (single use) sponges may be used to apply antimicrobial liquid soap to the skin if licensed for this purpose.
- 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 sterile paper towels.

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

10. 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 or antiseptic solution
- 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
- Avoid overuse or inappropriate use of gloves
- 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. 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

11. 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
- 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*, MRSA infection. A 'Hand hygiene: Information leaflet for community service users and relatives' is available to download at www.infectionpreventioncontrol.co.uk/resources/hand-hygiene-information-leaflet-for-community-service-users-and-relatives/

12. 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-audit-tool-for-general-practice/ and can be completed electronically)
- Hand hygiene is also included in the 'SICPs Assurance: Annual IPC Audit Tool for General Practice' which is available to download at www.infectionpreventioncontrol.co.uk/resources/sicps-assurance-annual-ipc-audit-tool-for-general-practice/

Following these audits, 'IPC Action plans' should be drawn up and implemented to demonstrate continuous improvement. An editable template is available to download at www.infectionpreventioncontrol.co.uk/resources/ipc-action-plan-for-general-practice/.

13. 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 assessment 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.

14. 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

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 (Updated 2024) *Healthcare-associated infections: Scenario: Prevention and control of healthcare associated infections*

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

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

NHS England (April 2020) *Uniforms and workwear: guidance for NHS employers*

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

World Health Organization (2009) *Your 5 Moments for Hand Hygiene*

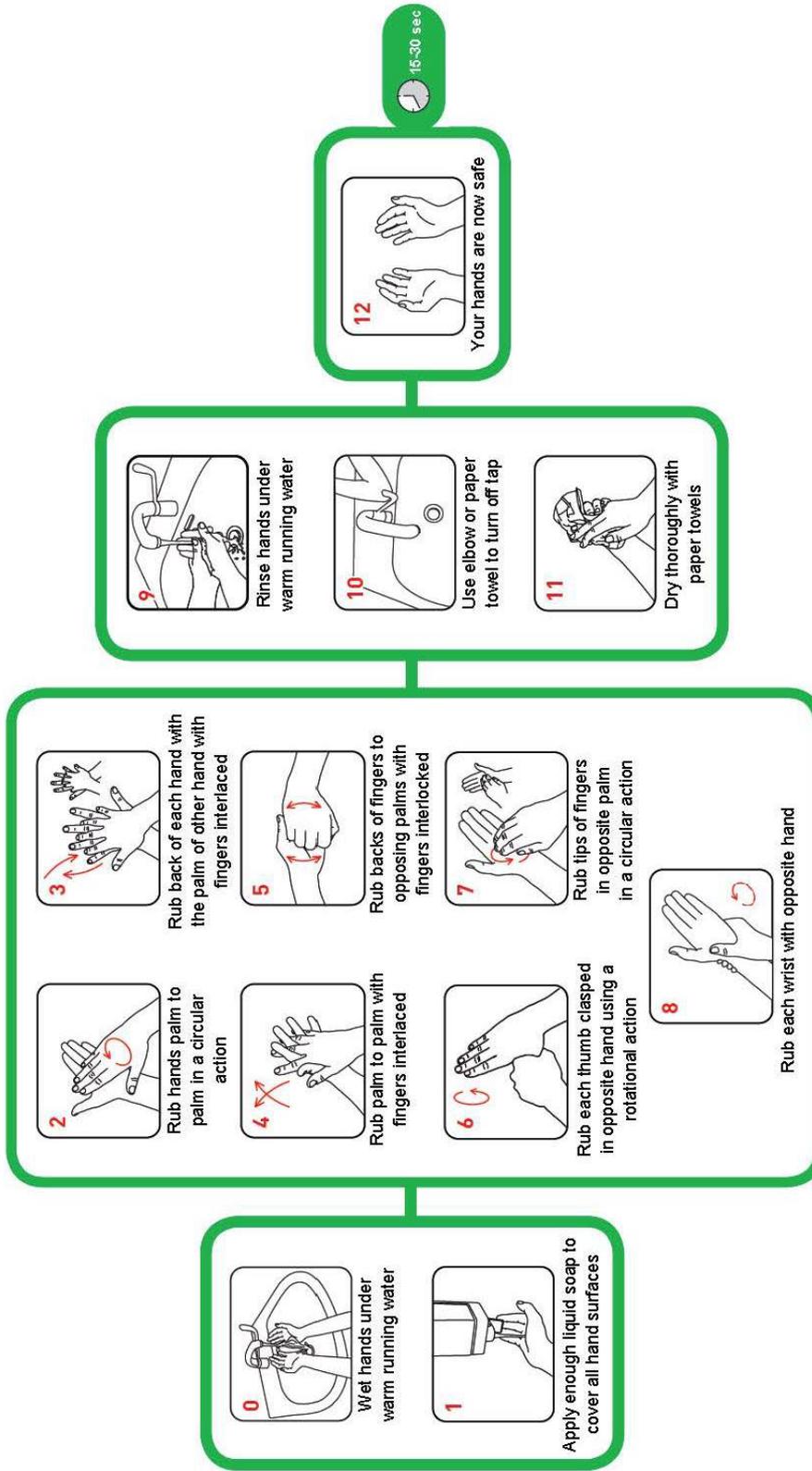
15. Appendices

Appendix 1: Hand hygiene technique for staff



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 2025