

Document level: Trustwide
Code: IC2
Issue number: 7

Hand Hygiene Standard Operating Procedure

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Type of document	Standard Operating Procedure (SOP)
Target audience	All CWP Staff
Document purpose	This hand hygiene SOP has been devised for all healthcare professionals to refer to regarding all aspects of hand hygiene. Evidence clearly demonstrates that cross infection can, and does occur on the hands of healthcare workers and the hands of staff are the most common vehicle by which micro-organisms are transmitted between patients and it is therefore imperative that all Trust employees are familiar with, understand and practice the principles set out in this SOP.

Approving meeting	Infection Prevention and Control Subcommittee	27/04/2021
Implementation date	27/04/2021	

CWP documents to be read in conjunction with	
HR6	Mandatory Employee Learning (MEL) policy
IC1	Trustwide infection prevention and control operational policy
IC4	Methicillin Resistant Staphylococcus Aureus (MRSA) Policy
IC3	Standard (Universal) Precautions Policy
IC19	Dress Code policy

Document change history	
What is different?	Removal of obsolete web links Updated evidence base
Appendices / electronic forms	New CWP branding added to Quick Reference Guide. Appendix 1 – Bare below the Elbow added
What is the impact of change?	Nil identified

Training requirements	Training requirements for this policy are in accordance with the CWP Training Needs Analysis (TNA) with Education CWP.
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Document consultation	
Clinical Services	Consultation via Infection Prevention and Control Sub Committee
Corporate services	Consultation via Infection Prevention and Control Sub Committee
External agencies	Consultation via Infection Prevention and Control Sub Committee

Financial resource implications	None
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External references	
1. EPIC 3: National evidence based guidelines for preventing healthcare associated infections in	

NHS hospitals in England. [https://www.journalofhospitalinfection.com/article/S0195-6701\(13\)60012-2/pdf](https://www.journalofhospitalinfection.com/article/S0195-6701(13)60012-2/pdf)

2. Department of Health (2011). The Health & Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance. <https://www.gov.uk/government/publications/the-health-and-social-care-act-2008-code-of-practice-on-the-prevention-and-control-of-infections-and-related-guidance>
3. World Health Organisation (2014). Good hand hygiene by health workers protects patients from drug resistant infections: 2 May 2014 News Release Geneva: <http://www.who.int/news-room/detail/02-05-2014-good-hand-hygiene-by-health-workers-protects-patients-from-drug-resistant-infections> Wilson, J. (2001)
4. World Health Organisation (2020). Save lives – clean your hands <https://www.who.int/campaigns/world-hand-hygiene-day>

Equality Impact Assessment (EIA) - Initial assessment	Yes/No	Comments
Does this document affect one group less or more favourably than another on the basis of:		
- Race	No	
- Ethnic origins (including gypsies and travellers)	No	
- Nationality	No	
- Gender	No	
- Culture	No	
- Religion or belief	No	
- Sexual orientation including lesbian, gay and bisexual people	No	
- Age	No	
- Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No	
Is there any evidence that some groups are affected differently?	No	
If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable? Select		
Is the impact of the document likely to be negative?	No	
- If so can the impact be avoided?	N/A	
- What alternatives are there to achieving the document without the impact?	N/A	
- Can we reduce the impact by taking different action?	N/A	
Where an adverse or negative impact on equality group(s) has been identified during the initial screening process a full EIA assessment should be conducted.		
If you have identified a potential discriminatory impact of this procedural document, please refer it to the human resource department together with any suggestions as to the action required to avoid / reduce this impact. For advice in respect of answering the above questions, please contact the human resource department.		
Was a full impact assessment required?	No	
What is the level of impact?	Low	

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Quick reference guide on how to clean your hands


Cheshire and Wirral Partnership
NHS Foundation Trust

This sink is for hand washing only

Wet hands thoroughly with warm water and apply liquid soap



Palm to palm



Right palm over left dorsum and left palm over right dorsum



Palm to palm fingers interlaced



Backs of fingers to opposing palms with fingers interlocked



Rotational rubbing of right thumb clasped in left palm and vice versa



Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa

Remember to include wrists, remove all soap, dry hands thoroughly with paper towels and use moisturiser at least three times a day

Alcohol hand gel should be applied in the same way briskly to increase evaporation

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Quick reference guide on when to clean your hands

The five moments for hand hygiene approach defines the key moments when healthcare workers should perform hand hygiene. This evidence based, field-tested user-centred approach is designed to be easy to learn, logical and applicable in a wide range of settings. This approach recommends healthcare workers to clean their hands:

1	BEFORE PATIENT CONTACT	<p>WHEN? Clean your hands before touching a patient when approaching him/her</p> <p>WHY? To protect the patient against harmful germs carried on your hands</p>
2	BEFORE AN ASEPTIC TASK	<p>WHEN? Clean your hands immediately before any aseptic task</p> <p>WHY? To protect the patient against harmful germs, including the patient's own from entering his/her body</p>
3	AFTER BODY FLUID EXPOSURE RISK	<p>WHEN? Clean your hands immediately after an exposure risk to body fluids (and after glove removal)</p> <p>WHY? To protect yourself and the healthcare environment from harmful patient germs</p>
4	AFTER PATIENT CONTACT	<p>WHEN? Clean your hands after touching a patient and his/her immediate surroundings when leaving the patient's side</p> <p>WHY? To protect yourself and the healthcare environment from harmful patient germs</p>
5	AFTER CONTACT WITH PATIENT SURROUNDINGS	<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</p> <p>WHY? To protect yourself and the healthcare environment from harmful patient germs</p>

1. Introduction

Hand hygiene is one of the most effective actions to reduce the spread of pathogens and prevent infections including Covid 19.

This SOP has been devised for all colleagues working in CWP to refer to regarding all aspects of hand hygiene. Evidence clearly demonstrates that the hands of staff are the most common means by which micro-organisms are transmitted between patients (EPIC 3, 2013). This being the case the World Health Organisation (WHO), (2014) urges health workers to practice good hand hygiene when caring for patients, to protect them from contracting infections in health facilities (WHO, 2014). Moreover, every year, hundreds of millions of patients around the world are affected by healthcare-associated infections, a high proportion of which is caused by microorganisms that are resistant to antimicrobial drugs (WHO, 2014). Good hand hygiene should, therefore, be considered the cornerstone of all infection prevention and control (IPC) practice (Department of Health, 2011) and it is therefore imperative that all Trust colleagues are familiar with, understand and apply the principles set out in this policy.

2. Background microbiology of the hands

Human skin is the first layer of defence against infectious organisms and toxins. Micro-organisms found on the hands are either resident or transient. Resident micro-organisms are deep seated and difficult to remove, however transient organisms are more superficial and can transfer easily from the hands of staff to service users and vulnerable others. Examples of such organisms include methicillin - resistant Staphylococcus aureus (MRSA) and E. coli. However, good hand washing can easily remove such organisms from the skin and prevent such cross infection occurring.

3. Principles and procedure

3.1 When must hands be decontaminated?

All CWP colleagues must always clean their hands thoroughly, both immediately before and immediately after coming into contact with a patient or carrying out care, and even after wearing gloves.

All CWP colleagues must follow the World Health Organisation's (WHO) Clean Your Hands Campaign principles (WHO, 2020):

- **Before touching a patient:** To protect the patient against harmful germs carried on your hands.
- **Before clean / aseptic procedure:** To protect the patient against harmful germs, including the patient's own from entering the body.
- **After body fluid exposure risk:** To protect staff and the healthcare environment from harmful patient germs.
- **After touching a patient:** To protect staff and the healthcare environment from harmful patient germs.
- **After touching patient surroundings:** To protect staff and the healthcare environment from harmful patient germs.

In addition, hands should be decontaminated through washing:

- After using the toilet;
- After removing personal protective equipment (PPE)
- Before and after the administration of medication;
- Before preparing, handling or eating food.

All patients and visitors must be encouraged to decontaminate their hands at the appropriate times. Provision for this must be tailored to meet the needs of the patients and visitors with CWP colleagues providing appropriate support.

3.2 Correct technique for hand washing and applying alcohol hand gel

Effective handwashing technique involves three stages: preparation, washing and rinsing, and drying (Epic 3, 2014).

Preparation

Ensure warm running water is available and wet hands thoroughly prior to applying liquid soap.

Washing

The hand wash solution must come in contact with all of the surfaces of the hand (EPIC 3, 2014). The correct technique is demonstrated in a poster which can be found in [quick reference chart 1](#). Hands should be rinsed thoroughly.

Drying

Use good – quality paper towels to dry the hands thoroughly (EPIC 3, 2014).

Healthcare workers should ensure that their hands can be decontaminated effectively by:

- Removing all wrist and hand jewellery;
- Wearing short – sleeved clothing when delivering patient care;
- Making sure that fingernails are short, clean, and free from false nails and nail polish; and
- Covering cuts and abrasions with waterproof dressings (Epic 3, 2014).

Staff providing hands on care must abide by the “Bare below the Elbow” (see Appendix 1) guidance as outlined in the CWP [dress code policy](#).

All staff should be aware that hand decontamination products can affect the skin and so a moisturising cream that is supplied should be used on a regular basis to ensure that skin remains in good condition and at least three times a day. Staff may also use their own hand cream if necessary. Communal tubs of hand cream are not to be used.

There may be occasions when staff find it difficult to wash their hands even when they are visibly dirty, for example, if the member of staff is in a patient’s home where hand washing facilities may not be available or not appropriate for the staff member to use. In such instances community staff are advised to ensure they always have supplies of soap and disposable hand towels (obtained via Procurement) when undertaking home visits.

Alcohol – based hand rub can be used for decontamination of hands before and after direct patient contact and clinical care. Exceptions to this include:

- When hands are visibly soiled or potentially contaminated with body fluids;
- When caring for patients with vomiting or diarrhoeal illness, regardless of whether or not gloves have been worn.

Soap and water must be used for the above exceptions (Epic 3, 2014).

When staff use an alcohol – based rub to decontaminate their hands they should ensure their hands are free of dirt and organic material. The hand rub solution should come into contact with all surfaces of the hand and hands should be rubbed together vigorously (EPIC 3). The technique should be the same as that for using soap and water.

In inpatient / service user areas, alcohol hand gel is available in most clinical areas (in areas to which service users do not have unsupervised access).

If the member of staff has any cuts/abrasions on his/her hands that cannot be protected by such a Dressing, or if hands are becoming sore and chapped, advice from the relevant Workforce Wellbeing Health Department should be sought regarding the safety measures required to carry out clinical duties.

3.3 Alcohol gel – patient safety

Alcohol gel dispensers must only be situated in areas in the Trust where service users are supervised.

3.4 Information for patients, carers and colleagues

Information for patients, carers and colleagues, including leaflets, posters and advice on hand decontamination techniques can be found on the Trust's intranet site. The IPC team are also available for expert advice and support.

3.5 Monitoring compliance with hand decontamination

Employees will receive training and information on hand decontamination within the Trust's induction and mandatory training programme.

Attendance and non attendance at Trust induction and mandatory training will be monitored via Education CWP.

Bare Below the Elbows



Hands and arms up to the elbows / mid forearm are free from:

- **Clothing**
- **Stoned rings**
- **Jewellery (bracelets and bangles)**
- **Wrist watches / Fitbit**
- **Nail varnish**
- **Acrylic / gel / shellac nails**
- **False nails**
- **Long hair should be tied up and kept off the collar**

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