



**Public – To be published on the Trust external website**

# **Title: Hand Hygiene**

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**Document type: Procedure**

**Overarching policy: Infection Prevention and Control Policy**

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# 1 Introduction

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There is extensive evidence to support the fact that contaminated hands are responsible for transmitting infections and poor hand hygiene contributes to the spread of harmful organisms including bacteria and viruses among healthcare staff and patients.

Hand hygiene is the single most effective means of preventing the spread of infection especially within healthcare settings. Healthcare Associated Infections (HCAI) are costly in both financial and human terms. HCAI's increase morbidity and mortality. It is estimated that in 2016/2017 653,000 adult patients in NHS hospitals in England alone contracted a HCAI and 22,800 died as a result of their infection. The financial cost of treating HCAI has increased and in the same year it is estimated to have cost the NHS £2.1 billion (Guest et al 2019).

Within healthcare, staff hands must be decontaminated immediately before each and every episode of direct patient contact / care and after any activity that potentially results in hands becoming contaminated (WHO 2009).

This procedure links to Our Journey To Change (OJTC) and co-creates a great experience for our patients, carers and families. We do this by following the latest evidence based and best practice guidelines in hand hygiene so that patients, carers and families are assured that they will receive outstanding care all of the time with regards to staff hand hygiene.

# 2 Purpose

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Following this procedure will help the Trust to:-

- Emphasise the importance of hand hygiene in reducing transmission of infection.
- Ensure all staff are aware of appropriate hand hygiene techniques and know when, why and how to clean their hands in practice.
- Ensure staff undertake effective hand hygiene to minimise the risk of infection for themselves, patients, colleagues and visitors.
- Provide guidance to clinical staff in Mental Health and Learning Disability settings on compliance with Bare Below the Elbows for optimum hand hygiene (IPS, 2017)

### 3 Who this procedure applies to

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This procedure applies to all trust staff.

### 4 Related documents

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This procedure describes what you need to do to implement the hand hygiene section of the [Infection Prevention and Control Policy](#)



The [Standard \(Universal\) Precautions for Infection Prevention and Control](#) procedure defines the universal standards for IPC which you **must** read, understand and be trained in before carrying out the procedures described in this document.

### 5 Staff Responsibilities

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Staff hands are the most common source in transmission of infection. Transmission of infection can occur from the environment or via person to person spread when staff hands are not decontaminated adequately.

Each staff member has a clinical and ethical responsibility to carry out appropriate hand decontamination at the right time and using the right technique and equipment. All clinical staff including staff who work regularly within clinical areas are responsible for completing yearly hand hygiene training and hand hygiene competency assessment recorded on ESR.

#### 5.1 Support for staff

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This procedure aligns with Trust values as we listen to staff and respect their views. The Infection Prevention and Control Team ~~We~~ will ensure any staff member who has difficulties with the measures detailed in this procedure can discuss their needs so that standards are maintained while individual differences are recognised and supported.

#### 5.2 Bare Below the Elbows (BBE)

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All staff **must** adopt a bare below the elbow approach when undertaking any direct and clinical contact. This includes community and in patient areas (Appendix 4 BBE poster).

In Mental Health and Learning Disability healthcare settings this includes the following but is not an exhaustive list:

- All physical (hands on) aspects of healthcare including treatments, self-care, and administration of medication (NICE Clinical guidelines CG 139 2012)
- Examples of this include performing physiological examinations, providing personal care, wound care, contact with invasive devices such as Nasogastric tubes, the insertion of

urinary catheters and urine collection bags. Collecting samples for testing, contact with blood and body fluids and performing searches.

- Other activities where effective hand hygiene and bare below the elbows is required include when preparing and handling food, cleaning equipment and the environment, and when handling waste. The only exception to this is when staff are required to wear heat protecting gauntlet gloves when serving food directly from the hot lock.

The definition of bare below the elbows is as follows:

- Hands and arms up to the elbows are free from clothing, jewellery, and wrist watches. Sleeves must therefore be rolled up and must not extend below the elbows.
- Only one single, plain band non stoned ring is permitted. Jewelled rings collect dirt and grime in the stoned settings, and this can provide an ideal environment for microorganisms to thrive.
- Nails **must** be short and natural, clean and free from nail polish with no false nails.
  - False nails encourage the growth of bacteria and fungi around the nail bed; mainly because they severely limit the effectiveness of hand hygiene.
  - Long nails are easily contaminated and harder to keep clean.
  - Nail varnish hides where nails are dirty underneath and when it becomes chipped provides a surface where microorganisms thrive.
  - Long nails and stoned rings can cause physical damage to vulnerable patient's skin.
  - Long nails can be torn / pulled when performing activities involving manual handling and or restraint resulting in staff injuries.
- Wrist watches **must** be removed prior to hand decontamination and performing clinical duties and procedures. Wrist watches can become heavily contaminated with skin flora from the wearer. They also impede thorough hand hygiene technique and can provide an ideal environment for some microorganisms to thrive and multiply.
- The following table illustrates examples of permissible and unacceptable jewellery:

Permissible Jewellery	Unacceptable Jewellery
Plain band <b>It is the employee's responsibility to ensure that all other rings are removed prior to commencing their shift or direct patient care.</b>	Rings other than a plain band <ul style="list-style-type: none"> <li>▸ Engagement rings</li> <li>▸ Eternity rings</li> </ul> Ridges, stones or grooves harbour higher levels of micro-organisms & could potentially damage the integrity of a patient's skin.
Kara bracelet A steel bracelet (usually worn on the right wrist) by members of the Sikh faith	Bracelets other than a Kara <ul style="list-style-type: none"> <li>• Charity bracelets</li> <li>• Friendship bands</li> <li>• Silks loosely tied around the wrists by some people of the Hindu faith are not acceptable and must be removed.</li> <li>• Woven silk or cotton bracelets such as the Rakhi's worn by Hindus and Jains for the festival</li> </ul>

	of Raksha Bandhan will need to be removed for compliance with this policy.
Medic-Alert Bracelets- May be worn after consultation with Occupational Health. These must be non-fabric.	<ul style="list-style-type: none"> <li>• Fitness Trackers</li> <li>• Dermal piercings of the hands and arms</li> </ul>

### 5.3 Protect Non-Intact Skin

Any areas of non-intact skin on the hands and forearms must be covered with an impermeable waterproof dressing to allow the staff member to:

- carry out regular hand hygiene,
- prevent the staff member from acquiring infection.
- to reduce bacterial shedding from the area of broken skin.

Hands cannot be adequately decontaminated when cotton dressings or bandages are applied.

## 6 Hand Hygiene Facilities

### 6.1 Duty of Care

TEWV NHS Foundation Trust has a duty of care to provide adequate hand hygiene facilities for all trust staff and therefore only hand hygiene products supplied by the trust should be used for hand hygiene purposes, this includes hand soap, paper towels, hand dryers (only following discussion with the IPC team), alcohol hand sanitiser and individual hand wipes. Any exceptions to this must be agreed by the Infection Prevention & Control and Occupational Health teams.

Adequate hand washing facilities must be available and easily accessible in all clinical areas. Hand wash basins must be provided with wall mounted liquid soap dispensers, wall mounted paper hand towels and foot operated lidded waste bins (RCN 2017).

### 6.2 Hand wash basins

Hand wash basins must not be used for any other purpose other than hand washing. They must not be used to wash equipment or contaminated items or to dispose of liquids of any kind as this could result in contamination of the water outlets and bowl.

The Estates team in collaboration with partner organisations are responsible for ensuring that all hand wash basins are functional, are installed with mixer taps and do not have a plug or overflow facility.

Clinic room hand wash basins must be free from extraneous items, always accessible and must not be used for any other purpose other than hand hygiene. A Trust laminated hand washing poster must also be displayed in a prominent position next to the hand wash basin.

### 6.3 Alternative patient hand hygiene arrangements

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In areas where paper towels and soap dispensers are not routinely supplied due to identified and documented individual patient risks, alternative patient hand hygiene arrangements (e.g. patient hand wipes) must be provided for patients, following the use of the toilet and before meals. All staff involved in care for those individuals should be briefed and an individual risk assessment completed and included in the patients care documents.

### 6.4 Hotel Services

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The Hotel Services team are responsible for ensuring that all equipment required for hand decontamination is cleaned at least daily in accordance with the Hotel Services team cleaning schedule and National Standards for Cleanliness, and for ensuring supplies of hand hygiene products are replenished as required.

### 6.5 Community settings

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Health care staff working in community settings, such as patients own homes must have access to Trust supplied hand hygiene products including soap, alcohol hand sanitiser or individual hand wipes to ensure routine hand hygiene is carried out where facilities do not exist or may not be suitable to use.

Hand hygiene packs for community staff are available on Cardea medical device template 16.

### 6.6 Wall mounted alcohol hand sanitiser dispensers

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Wall mounted alcohol hand sanitiser dispensers are provided in all locked clinic/treatment rooms. Hotel Services are responsible for ordering supplies of alcohol hand sanitiser and the of cleaning the dispensers and replenishing cartridges.

The potential misuse of alcohol hand sanitiser must be acknowledged, alcohol hand sanitiser is flammable, could be ingested and dispensers could potentially be used as weapons. Therefore a full patient safety risk assessment must be carried out by the ward/department manager wherever alcohol hand sanitisers are provided in locations other than locked rooms where patients only have staff escorted access. Risk assessments must be reviewed regularly and updated whenever an individual patient risk is identified.

Alcohol hand sanitiser is provided at all trust site entrances unless a risk assessment is undertaken documenting reasons why it is not safe to do so. Hotel services are responsible for cleaning dispensers and replenishing supplies.

## 7 When to Clean your Hands

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Hands must be decontaminated immediately before each episode of direct patient contact and after any activity or contact that may result in the hands of the healthcare staff touching the patient or their environment (bedroom).

## 7.1 WHO 'my 5 moments for hand hygiene' concept

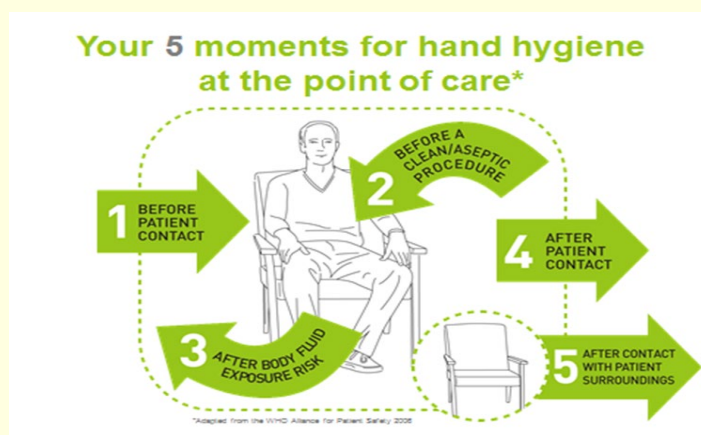
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In 2009 The World Health Organisation (WHO) published guidelines on hand hygiene in healthcare incorporating the 'my 5 moments for hand hygiene' concept. This approach to hand hygiene encourages all healthcare workers to clean their hands at specific moments when transmission of micro-organisms is most likely to occur. These are:

- before touching a patient
- before undertaking a clean/aseptic procedure
- after contact/exposure to bodily fluids
- after touching a patient
- after contact with the patient's surroundings (even if the patient is not present)



The following table illustrates the '5 moments for hand hygiene' concept and provides rationale for each hand hygiene opportunity.



1	Before patient contact	<p><b>When:</b> clean your hands before touching a patient.</p> <p><b>Why:</b> to protect the patient from harmful bacteria carried on your hands</p> <p><b>Examples:</b> performing a search, physiological observations, patient assessments, assisting with personal cares</p>
2	Before a clean/aseptic procedure	<p><b>When:</b> clean your hands immediately before performing any clean /aseptic procedure</p> <p><b>Why:</b> to protect the patient from harmful germs including their own from entering from entering his/her body</p> <p><b>Examples:</b> venepuncture, emptying a urinary catheter, IM injections</p>
3	After body fluid exposure risk	<p><b>When:</b> clean your hands immediately after an exposure risk to body fluids and after glove removal</p> <p><b>Why:</b> to protect yourself and the healthcare environment from potentially harmful patient germs</p> <p><b>Examples:</b> assisting with toileting, after venepuncture, cleaning up body fluid spillages</p>
4	After patient contact	<p><b>When:</b> clean your hands after touching a patient and his/her immediate surroundings</p> <p><b>Why:</b> to protect yourself and the healthcare environment from potentially harmful patient germs</p> <p><b>Examples:</b> shaking a patient's hand, performing a search, physiological observations, patient assessments</p>
5	After contact with patient surroundings	<p><b>When:</b> clean your hands after touching any object or furniture in the patient's immediate surroundings when leaving even if you have not touched the patient</p> <p><b>Why:</b> to protect yourself and the healthcare environment from potentially harmful patient germs</p> <p><b>Examples:</b> making a patient's bed, cleaning a patients room</p>

National Patient Safety Agency (2009)

Note "his/her" should be read as including all personal pronouns, e.g. their etc..

## 8 How to Clean Your Hands

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Routine hand decontamination can be undertaken with either liquid soap and water, or alcohol hand sanitiser.

- Liquid soap and water is adequate for routine hand washing in most situations.
- Alcohol hand sanitisers give rapid decontamination but **must** only be used if the hands are visibly clean.
- Alcohol hand sanitisers are useful for community staff when hand washing facilities **are not** readily available.
- Alcohol hand sanitiser should **not** be used when hands are visibly dirty, or when caring for patients with suspected/confirmed infectious diarrhoea or *Clostridium difficile*.
- Topping up of liquid soap and alcohol gel dispensers is **not** acceptable, new cartridges/dispensers must be supplied when supply is running low.

### 8.1 How to Clean Your Hands Using Liquid Soap and Water

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When using soap and water, hands must be wet under warm running water prior to applying liquid soap, the 6 stage technique outlined in steps 2-7 of the hand washing poster must be followed (appendix 1), also paying attention to wrists, forearms and nails. This technique should take 15-30 seconds to perform.

Once washed, hands should be rinsed in warm running water, and the tap if not infrared/ automatic should be switched off with your elbow or a clean paper towel to not re-contaminate your hands.

Paper towels should be discarded as household waste. If the bin has a lid, then this should be foot operated to avoid recontamination of hands.

Hands should be thoroughly dried to reduce the risk of any remaining micro-organisms from recolonising in moist areas.

Paper towels should be used to pat the hands dry rather than rubbing as rubbing causes friction and this can cause damage to the skin.

This method will remove transient organisms and is adequate for most tasks. Surgical hand washing techniques are not covered within this procedure.

**NB.** There is no set frequency for hand washing, it is determined by actions – those completed and those intended to be performed as per the ‘my 5 moments for hand hygiene’.

### 8.2 How to Clean Your Hands Using Alcohol Hand Sanitiser

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When using Alcohol hand sanitiser, apply enough of the product (usually 3mls) to ensure that the sanitiser remains wet when it initially comes into contact with all hand surfaces.

Apply enough hand sanitiser into the palm of one cupped hand and follow the steps outlined in the alcohol hand sanitiser technique poster (appendix 2). Ensure enough product is used to cover all surfaces of the hands, wrists and forearms.

For alcohol gel to be effective this technique should take 20 - 30 seconds to perform.

Remember alcohol hand sanitiser is not effective if:

- hands are visibly dirty,
- if the patient has confirmed or suspected *Clostridium difficile*
- if dealing with cases of diarrhoea and vomiting (unless directed by the IPC team)



Posters displaying correct hand hygiene techniques are included in appendix 1 & 2. These posters should be printed, laminated and displayed at hand hygiene sinks and areas where alcohol hand sanitiser is supplied for information.

### 8.3 Hand Hygiene and Glove Use

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The wearing of gloves **is not** a substitute for hand washing. Hands should be decontaminated before donning gloves and washed after their removal.

- Cleaning your hands before applying gloves reduces the risk of transferring micro-organisms onto the outside of the clean gloves.
- Washing your hands following removal of gloves reduces the risk of accidentally contaminating your hands with microorganisms that may be on the surface of the gloves during removal.

Gloves are single use and should never be washed or sanitised and reused.

Staff should consider appropriate time to don gloves, i.e. at point of need, not too early.

### 8.4 Skin Care

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Skin damage is often associated with poor hand hygiene technique. Soap can cause a drying effect of the skin, and this can be made worse by not following the correct hand washing procedure including:

- Applying soap to dry hands
- Not rinsing soap thoroughly before drying
- Not drying hands thoroughly
- Rubbing hands dry rather than patting with paper towels

Liquid soap approved for use in healthcare settings contains less emollient than other soaps and therefore it is important that healthcare staff look after the skin on their hands by applying moisturiser regularly. Moisturiser approved by the trust should be provided in staff rooms and or clinic rooms in a pump dispenser or wall mounted cartridge dispenser. It is recommended that moisturiser is used 2-3 times during a shift to protect the skin from the drying effects of regular hand decontamination.

Moisturiser is even more important in colder weather, as skin can become chapped and damaged easily, leading to increased shedding of skin scales and higher risk of infection.

If staff develop skin irritation due to hand decontamination advice must be sought from the Occupational Health team.

## 9 Patient Hand Hygiene

All patients should be encouraged to wash their hands regularly especially in the following circumstances:

- After using the toilet facilities
- Before and after they eat or drink
- On entry and exit to wards and departments
- Following any activity that results in hand contamination such as gardening.

Where patients are unable to clean their hands independently, staff are responsible for offering and providing if appropriate assistance to patients to clean their hands with soap and water or individually wrapped patient hand wipes.

## 10 Hand Hygiene Training and Competency

All clinical and housekeeping staff including inpatient and community staff must complete the competency yearly.

Managers are responsible for ensuring that all staff receive yearly hand hygiene training and for monitoring Bare Below the Elbows compliance in the clinical area.

All staff members are responsible for ensuring their own compliance with the hand hygiene procedure. Failing to comply with the hand hygiene procedure can result in detrimental patient and staff outcomes.

Additionally, Hand hygiene training is incorporated into yearly mandatory IPC training for all staff. Mandatory training can be accessed Online via ESR or by booking a face to face session via the Training and Education team course bookings system on the trust intranet.

Hand hygiene competency assessments can be undertaken by staff who have received assessor training from the Infection Prevention Control team. A PDF copy of the hand hygiene competency document is included in Appendix 3. Once the document is completed and hand hygiene technique has been assessed, the individual staff member must complete the hand hygiene online training on ESR.

## 11 Definitions

Term	Definition
IPC	<ul style="list-style-type: none"> <li>• Infection Prevention and Control</li> </ul>
IPCN	<ul style="list-style-type: none"> <li>• Infection Prevention and Control Nurse</li> </ul>
WHO	<ul style="list-style-type: none"> <li>• The World Health Organisation</li> </ul>

IPCC	<ul style="list-style-type: none"> <li>• Infection Prevention and Control Committee</li> </ul>
HCAI	<ul style="list-style-type: none"> <li>• Healthcare Associated Infection</li> </ul>
BBE	<ul style="list-style-type: none"> <li>• Bare Below the Elbows</li> </ul>
PPE	<ul style="list-style-type: none"> <li>• Personal Protective Equipment</li> </ul>

## 12 How this procedure will be implemented

- This procedure will be published on the Trust's intranet and external website.
- Line managers will disseminate this procedure to all Trust employees through a line management briefing.
- The Infection Prevention and Control (IPC) team provide education, training and support to all trust staff to ensure trust wide engagement with all clinical teams informing this procedure.

### 12.1 Training needs analysis

Staff/Professional Group	Type of Training	Duration	Frequency of Training
All staff	Online IPC training	Online training 1 hour	yearly
All Clinical and Housekeeping staff	Competency completion	Competency assessment 30 mins	yearly

## 13 How the implementation of this procedure will be monitored

Number	Auditable Standard/Key Performance Indicators	Frequency/Method/Person Responsible	Where results and any Associate Action Plan will be reported to, implemented and monitored; (this will usually be via the relevant Governance Group).
1	All staff will be bare below the elbows when working clinically.	Frequency = Daily / Yearly Method = Observation / completion of hand hygiene competencies Responsible = Ward manager/nurse in charge /IPCT	IPCT audit action plan Clinical supervision with individual staff IPCC Clinical teams' specific governance groups

## 14 References

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Ayliffe GAJ, Lowbury EJJ, Geddes AM, Williams JD, (1992): Control of Hospital Infection (Third Edition), Chapman & Hall Medical – London.

Department of Health (2003) Winning Ways: Working Together to Reduce Health Care Associated Infection in England. Report from the Chief Medical Officer London

Department of Health (2006) Essential steps to safe, clean care. Reducing healthcare-associated infections in Primary Care Trusts; Mental Health Trusts; Learning disability organisations; Independent healthcare; Care Homes; Hospices; GP practices and Ambulance Services.

Department of Health (2007) The Epic project: Developing National evidence-based guidelines for preventing healthcare associated infections

Department of Health (2008) The Health and Social Care Act 2008 Code of Practice for the Prevention and Control Health Care Associated Infection London DH 2015

Department of Health (2008) Clean Safe Care: Reducing infections and saving lives.

Guest, J., Keating, T, Gould, D & Wigglesworth, N. (2020) ‘Modelling the annual NHS costs and outcomes attributable to healthcare-associated infections in England. *BMJ Open* [Modelling the annual NHS costs and outcomes attributable to healthcare-associated infections in England | BMJ Open](#)

Infection Control Nurses Association (2001). Guidelines for Hand Hygiene. Fitwise. Edinburgh.

Infection Prevention Society (2017) ‘Bare Below the elbow (BBE) Guidance for Mental Health and Learning Disabilities Settings.

Lawrence J & May D (2003). Infection Control in the Community. Churchill Livingstone. London

National Institute for Clinical Excellence (NICE) 2003. Infection Control: Prevention of healthcare-associated infection in primary and community care.

National Patient Safety Agency (2008) Patient Safety Alert 2<sup>nd</sup> Edition Clean Hands Save Lives

National infection prevention and control manual (NIPCM) for England.  
<https://www.england.nhs.uk/national-infection-prevention-and-control-manual-nipcm-for-england/>

Royal College of Nursing (2017) Essential Practice for Infection Prevention & Control: guidance for nursing staff

World Health Organisation (2009) Guidelines on Hand Hygiene in Health Care: first global patient safety challenge; clean care is safe care <http://www.who.int/gpsc/5may/background/5moments/en/>

Worsley MA, Ward KA, Parker L, Ayliffe GAJ & Sedgwick JA (editors) (1990) Infection Control:- Guidelines for Nursing Care; ICNA & Surgicos

## 15 Document control (external)

To be recorded on the policy register by Policy Coordinator

Required information type	Information
Date of approval	16 July 2024
Next review date	16 July 2027
This document replaces	Hand Hygiene Ref: IPC-0001-006-v3
This document was approved by	IPCC
This document was approved	16 July 2024
This document was ratified by	n/a
This document was ratified	n/a
An equality analysis was completed on this policy on	29 May 2024
Document type	Public
FOI Clause (Private documents only)	N/A

### Change record

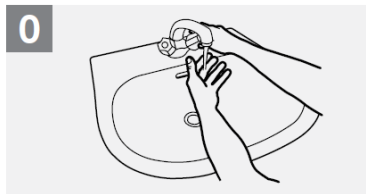
Version	Date	Amendment details	Status
3	15 June 2021	Full review with minor amendments: <ul style="list-style-type: none"> <li>Minor amendments to wording.</li> <li>Information regarding risk assessment for placement of alcohol hand sanitiser added to section 4 hand hygiene facilities.</li> <li>Hand hygiene competency information added and included in appendix 3.</li> <li>Transferred to new template</li> </ul>	Withdrawn
4	16 July 2024	Full review with minor amendments <ul style="list-style-type: none"> <li>Update of figures stated in introduction.</li> <li>Additional appendix added regarding BBE.</li> <li>Minor amendments to wording.</li> </ul>	Approved



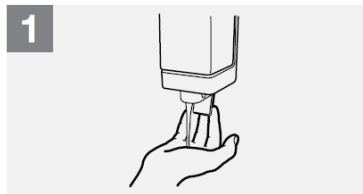
## Appendix 1 - Hand Washing Technique

### Hand Washing Technique

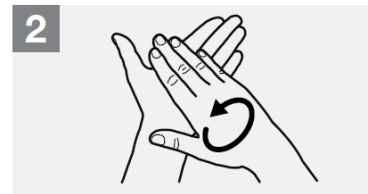
Duration of the entire procedure: 40-60 seconds - Steps 2-7 (6 stage technique) should take at least 15 seconds



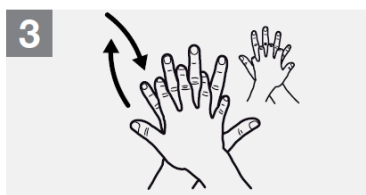
Wet hands with water;



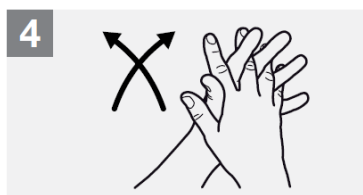
Apply enough soap to cover all hand surfaces;



Rub hands palm to palm;



Right palm over left dorsum with interlaced fingers and vice versa;



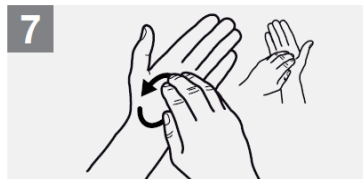
Palm to palm with fingers interlaced;



Backs of fingers to opposing palms with fingers interlocked;



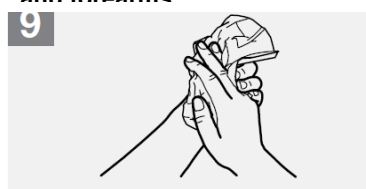
**Rotational rubbing of the thumbs clasped in the palms. Include both wrists and forearms**



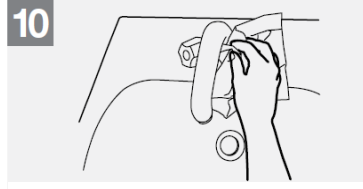
Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;



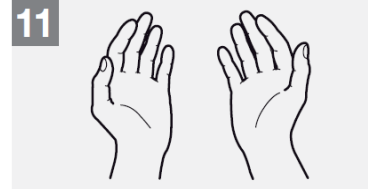
Rinse hands with water;



Dry hands thoroughly with a single use towel;



**Use your elbow or a clean paper towel to turn**



Your hands are now safe.

### Remember:

**Adequate hand washing can only be performed if you are bare below the elbows:**

- Remove all hand and wrist jewellery with the exception of a plain wedding band
- Keep nails short and natural
- Take care of your hands by using a protective hand cream or lotion at least daily

### Glove use

- Wearing gloves does not reduce the need for hand hygiene
- Hands must be decontaminated immediately before and after wearing gloves
- Gloves are single use and must never be re-worn
- Never wash your gloves or use alcohol gel on gloved hands

(Adapted from the World Health Organisation 2020)



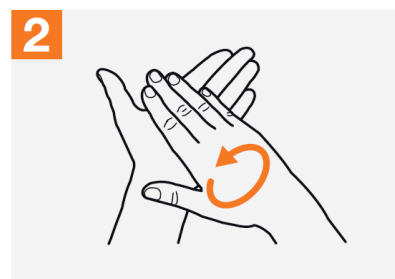
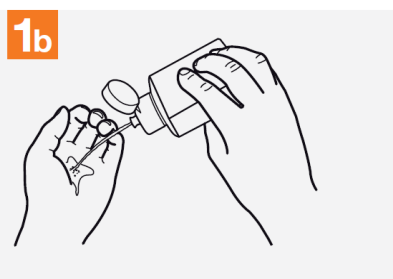
## Appendix 2 – Alcohol Sanitiser Technique

### Alcohol Hand Sanitiser Technique

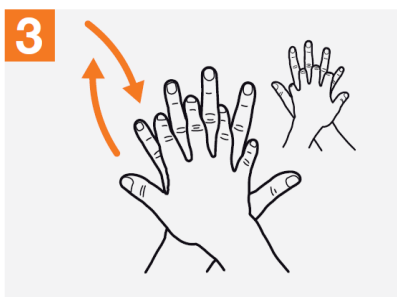
Hand sanitiser can be used for hand hygiene whenever hands are visibly clean  
Duration of the entire procedure: 20 - 30 seconds.



Apply a palmful of the product in a cupped hand, covering all surfaces;



Rub hands palm to palm;



Right palm over left dorsum with interlaced fingers and vice versa;



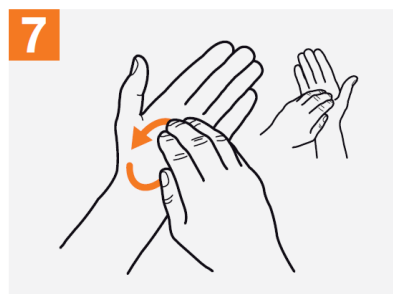
Palm to palm with fingers interlaced;



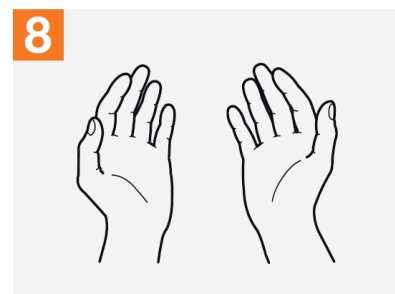
Backs of fingers to opposing palms with fingers interlocked;



**Rotational rubbing of the thumbs clasped in the palms. Include both wrists and forearms**



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



Once dry, your hands are safe.

#### Remember:

**Adequate hand washing can only be performed if you are bare below the elbows:**

- Remove all hand and wrist jewellery including watches, with the exception of a plain wedding band.
- Keep nails short and natural.
- Take care of your hands by using a protective hand cream or lotion at least daily

#### Glove use

- Wearing gloves does not reduce the need for hand hygiene.
- Hands must be decontaminated immediately before and after wearing gloves.
- Gloves are single use and must never be re-worn
- Never use alcohol gel on gloved hands

(Adapted from the World Health Organisation 2020)

## Appendix 3 - Hand Hygiene Competency Documentation

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**Please see over page**



### **Hand Hygiene Competency**

Hand hygiene is the single most effective means of reducing the risk of infection. There is extensive evidence demonstrating that contaminated hands are often responsible for transmitting healthcare associated infections.

Poor hand hygiene has contributed to the spread of multi-resistant bacteria and viruses in many different healthcare settings. Whereas, hand decontamination using the correct product and technique at the correct moment, will significantly reduce the spread of many avoidable infections.

### **Competency statement**

The Infection Prevention Control team at Tees, Esk and Wear Valleys NHS Foundation Trust advise that all staff who are in clinical contact with patients must be able to demonstrate hand hygiene awareness and competency.

Each individual staff member has a clinical and ethical responsibility to carry out hand hygiene appropriately, to maintain patient safety and reduce transmission of healthcare associated infections.

Completion of this competency provides evidence of hand hygiene knowledge and proficiency, thus providing assurance to the trust, patients and their carers.

The practitioner will be able to demonstrate the knowledge and skills required to practice safe and effective hand hygiene.

Optimum levels of hand decontamination occur when all staff in clinical areas comply with all 4 aspects of the hand hygiene procedure, incorporating:

- Adherence to the 'my 5 moments for hand hygiene' concept by decontaminating their hands at the right moments.
- Using the correct hand decontamination product for each clinical situation for instance, soap and water, alcohol hand gel/sanitiser or both.
- Applying the correct hand hygiene technique
- Ensuring that all clinical staff practise bare below the elbows and maintain the integrity of the skin on their hands.







### **Guidelines for hand hygiene competency completion**

This competency relates to general hand hygiene only. To successfully achieve hand hygiene competence you will need to:

- Demonstrate knowledge and understanding of the 5 moments for hand hygiene concept (assessed via observation in practice / attached questionnaire).
- Demonstrate knowledge and understanding of which hand decontamination product is appropriate for individual situations (assessed via observation in practice / attached questionnaire).
- Demonstrate effective hand hygiene technique using UV glow lotion (assessed via ultraviolet light box activity).
- Demonstrate effective hand hygiene technique using soap and water (assessed via direct observation).
- Demonstrate compliance with hand hygiene policy (assessed by direct observation).

**For further information, please contact the Infection Prevention Control Nursing Team on 0191 3333584**

## Hand Hygiene Competency Assessment Check list and Questionnaire

Compliance with hand hygiene procedure	Tick
Bare below the elbows	
No more than 1 plain band ring	
Nails short / no nail varnish /false nails	
Cuts/abrasions are covered	
<b>Hand washing technique assessment - observe</b>	
Wet hands under warm running water	
Apply liquid soap	
6 stage technique (20-30 seconds duration)	
<ul style="list-style-type: none"> <li>Palm to palm</li> </ul>	
<ul style="list-style-type: none"> <li>Right palm over left dorsum and left palm over right</li> </ul>	
<ul style="list-style-type: none"> <li>Palm to palm fingers interlaced</li> </ul>	
<ul style="list-style-type: none"> <li>Backs of fingers to opposing palms with fingers interlocked</li> </ul>	
<ul style="list-style-type: none"> <li>Rotational rubbing of thumbs, wrists &amp; forearms</li> </ul>	
<ul style="list-style-type: none"> <li>Rotational rubbing of fingertips into the palm of the opposite hand</li> </ul>	
Rinse thoroughly under warm running water	
Turn tap off with elbow if tap is not self-limiting	
Dry thoroughly using paper towels	
Use foot pedal to open bin and dispose of paper towels	
<b>Ultraviolet light assessment - observe</b>	
Apply UV lotion to demonstrate technique	
6 stage technique applied	

### Hand hygiene questionnaire:

How long do hands need to be rubbed together for alcohol hand sanitiser to be effective?

How much alcohol hand sanitiser is required to effectively decontaminate hands?

How long do hands need to be rubbed together for soap and water to be effective?

List 3 instances in which alcohol hand sanitiser is not effective?

1  
2  
3

What are the 5 moments for hand hygiene?

1  
2  
3  
4  
5

Number these steps for hand washing in the right order:

- 6 stage technique rubbing vigorously
- Dry thoroughly with paper towels
- Apply liquid soap
- Turn on taps
- Turn off taps with elbow
- Wet hands
- Rinse hands

What action should be taken if hand skin becomes irritated or sore?

When should hands be decontaminated in relation to glove use?

What does bare below the elbows mean?

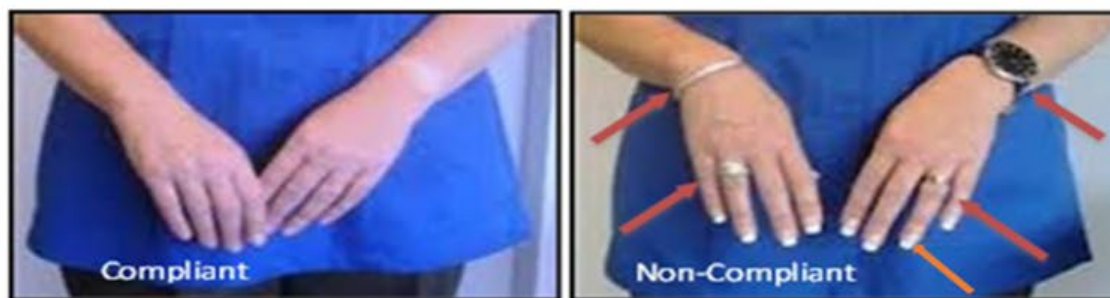
Name		
Date competency completed:		Competent: Yes / No
Assessors name & signature:		
Comments/reflection: If competency not met rearrange assessment within 7 days: If 2 <sup>nd</sup> assessment not met inform modern matron for escalation:		
Please ensure completed competency is uploaded onto ESR	Date ESR completed	

## Appendix 4 - Bare Below the Elbows poster

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**Please see over page**

## Why Bare Below the Elbows (BBE) Is Important



- ❖ Reduces the risk of cross infection.
- ❖ Enables effective hand hygiene.
- ❖ MANUAL HANDLING - Prevent accidental skin damage to patients during care procedures.
- ❖ POSITIVE APPROACH TRAINING - Prevent patient skin tears during physical interventions.
- ❖ HEALTH & SAFETY - a duty to take care of their own health and safety and that of others who may be affected by your actions at work.
- ❖ PROMOTE A PROFESSIONAL IMAGE

## Appendix 6 - Equality Analysis Screening Form

Please note: The [Equality Impact Assessment Policy](#) and [Equality Impact Assessment Guidance](#) can be found on the policy pages of the intranet

Section 1	Scope
Name of service area/directorate/department	Infection Prevention Control - Corporate
Title	Hand Hygiene
Type	Procedure
Geographical area covered	Trust wide
Aims and objectives	<p>Emphasise the importance of hand hygiene in reducing transmission of infection.</p> <p>Ensure all staff are aware of appropriate hand hygiene techniques and know when, why and how to clean their hands in practice.</p> <p>Ensure staff undertake effective hand hygiene to minimise the risk of infection for themselves, patients, colleagues and visitors.</p> <p>Provide guidance to clinical staff in Mental Health and Learning Disability settings on compliance with Bare Below the Elbows for optimum hand hygiene (IPS, 2017)</p>
Start date of Equality Analysis Screening	23 <sup>rd</sup> May 2024
End date of Equality Analysis Screening	29 <sup>th</sup> May 2024



Section 2	Impacts
Who does the Policy, Procedure, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?	Staff, service users, carers, families
Will the Policy, Procedure, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups? Are there any Human Rights implications?	<ul style="list-style-type: none"> <li>• <b>Race</b> (including Gypsy and Traveller) <b>NO</b></li> <li>• <b>Disability</b> (includes physical, learning, mental health, sensory and medical disabilities) <b>NO</b></li> <li>• <b>Sex</b> (Men and women) <b>NO</b></li> <li>• <b>Gender reassignment</b> (Transgender and gender identity) <b>NO</b></li> <li>• <b>Sexual Orientation</b> (Lesbian, Gay, Bisexual, Heterosexual, Pansexual and Asexual etc.) <b>NO</b></li> <li>• <b>Age</b> (includes, young people, older people – people of all ages) <b>NO</b></li> <li>• <b>Religion or Belief</b> (includes faith groups, atheism and philosophical beliefs) <b>NO</b></li> <li>• <b>Pregnancy and Maternity</b> (includes pregnancy, women / people who are breastfeeding, women / people accessing perinatal services, women / people on maternity leave) <b>NO</b></li> <li>• <b>Marriage and Civil Partnership</b> (includes opposite and same sex couples who are married or civil partners) <b>NO</b></li> <li>• <b>Armed Forces</b> (includes serving armed forces personnel, reservists, veterans and their families) <b>NO</b></li> <li>• <b>Human Rights Implications NO</b> (<a href="#">Human Rights - easy read</a>)</li> </ul>
Describe any negative impacts / Human Rights Implications	It is acknowledged that certain jewellery / accessories that are worn to acknowledge certain religious festivals or as part of religious / cultural dress will have to be removed to comply with the procedure. The possible negative impact this may have cannot be mitigated against due to the importance of hand hygiene
Describe any positive impacts / Human Rights Implications	Reduction in the transmission of infection



Section 3	Research and involvement
What sources of information have you considered? (e.g. legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.)	NICE guidelines. EPIC guidelines. Health and social care Act. National infection prevention and control manual.
Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the protected groups?	No
If you answered Yes above, describe the engagement and involvement that has taken place	N/A
If you answered No above, describe future plans that you may have to engage and involve people from different groups	N/A

Section 4	Training needs
As part of this equality impact assessment have any training needs/service needs been identified?	No this procedure will be reviewed and updated every 3 years in line with evidence based practice and professional guidelines.
Describe any training needs for Trust staff	N/A
Describe any training needs for patients	N/A
Describe any training needs for contractors or other outside agencies	N/A

## Appendix 7 – Approval checklist

To be completed by lead and attached to any document which guides practice when submitted to the appropriate committee/group for consideration and approval.

Title of document being reviewed:	Yes / No / Not applicable	Comments
<b>1. Title</b>		
Is the title clear and unambiguous?	Yes	
Is it clear whether the document is a guideline, policy, protocol or standard?	Yes	
<b>2. Rationale</b>		
Are reasons for development of the document stated?	Yes	
<b>3. Development Process</b>		
Are people involved in the development identified?	Yes	
Has relevant expertise has been sought/used?	Yes	
Is there evidence of consultation with stakeholders and users?	N/A	
Have any related documents or documents that are impacted by this change been identified and updated?	N/A	
<b>4. Content</b>		
Is the objective of the document clear?	Yes	
Is the target population clear and unambiguous?	Yes	
Are the intended outcomes described?	Yes	
Are the statements clear and unambiguous?	Yes	
<b>5. Evidence Base</b>		
Is the type of evidence to support the document identified explicitly?	Yes	
Are key references cited?	Yes	
Are supporting documents referenced?	Yes	
<b>6. Training</b>		
Have training needs been considered?	Yes	
Are training needs included in the document?	Yes	

<b>7. Implementation and monitoring</b>		
Does the document identify how it will be implemented and monitored?	Yes	
<b>8. Equality analysis</b>		
Has an equality analysis been completed for the document?	Yes	
Have Equality and Diversity reviewed and approved the equality analysis?	Yes	29 May 2024 (AH)
<b>9. Approval</b>		
Does the document identify which committee/group will approve it?	Yes	
<b>10. Publication</b>		
Has the policy been reviewed for harm?	Yes	No harm
Does the document identify whether it is private or public?	Yes	public
If private, does the document identify which clause of the Freedom of Information Act 2000 applies?	N/A	
<b>11. Accessibility</b> ( <a href="#">See intranet accessibility page for more information</a> )		
Have you run the Microsoft Word Accessibility Checker? (Under the review tab, 'check accessibility'. You must remove all errors)	Yes	
Do all pictures and tables have meaningful alternative text?	Yes	
Do all hyperlinks have a meaningful description? (do not use something generic like 'click here')	Yes	