

Hand Hygiene Policy

Introduction

Quality statements are the commitments that providers, commissioners and system leaders should live up to. Expressed as 'we statements', they show what is needed to deliver high-quality, person-centred care.

When they refer to 'people' we mean people who use services, their families, friends and unpaid carers. This includes:

- people with protected equality characteristics
- those most likely to have a poorer experience of care or experience inequalities.

Elizabeth Finn Homes (EFH) will commit to the following quality statements for:

Safe systems, pathways and transitions

We work with people and our partners to establish and maintain safe systems of care, in which safety is managed, monitored and assured. We ensure continuity of care, including when people move between different services.

Safe environments

We detect and control potential risks in the care environment. We make sure that the equipment, facilities and technology support the delivery of safe care.

Infection prevention and control

We assess and manage the risk of infection. We detect and control the risk of it spreading and share any concerns with appropriate agencies promptly.

Governance, management and sustainability

We have clear responsibilities, roles, systems of accountability and good governance. We use these to manage and deliver good quality, sustainable care, treatment and support. We act on the best information about risk, performance and outcomes, and we share this securely with others when appropriate.

Learning, improvement and innovation

We focus on continuous learning, innovation and improvement across our organisation and the local system. We encourage creative ways of delivering equality of experience, outcome and quality of life for people. We actively contribute to safe, effective practice and research.

Scope

EFH will deliver services, in line with current guidance and best practice, for the prevention and control of the spread of infection among staff, residents, family, professionals and the local community.

EFH will use a number of strategies to prevent and control the spread of infections, including following the latest guidance, regulations and legislation, as well as policies and procedures, clear assignment of responsibility and training for staff/managers.

This policy and procedure are provided for the regulated activity of accommodation for people with personal care and nursing.

Equality Statement

EFH is committed to equal rights and the promotion of choice, person-centred care and the promotion of independence. This policy demonstrates our commitment to creating a positive culture of respect for all individuals. The intention is, as required by the Equality Act 2010, to identify, remove or minimise discriminatory practice in the nine named protected characteristics of age, disability, sex, gender reassignment, pregnancy and maternity, race, sexual orientation, religion or belief, and marriage and civil partnership. It is also intended to reflect the Human Rights Act 1998 to promote positive practice and value the diversity of all individuals.

Policy Statement

All new employees will receive training on infection prevention and control as part of their induction.

Wearing gloves does not replace or stop good handwashing, and hand hygiene is key to the prevention and control of infection.

Personal protective equipment (PPE) is equipment to protect the resident from the risk of infection and reduce the risk of transmitting any infection to others and to yourself e.g. people receiving care, visitors and other staff. Selecting which protective equipment to use will require assessments of tasks being undertaken to both staff and the person receiving the care. All PPE is single use only.

PLEASE REFER TO EFH INFECTION CONTROL POLICIES

To summarise:

Standard infection control precautions (SICPs) are to be used by all staff, in EFH, at all times, for all persons, whether infection is known to be present or not, to ensure the safety of those being cared for, staff and visitors in the care environment.

There are 10 elements of SICPs:

1. Person placement/assessment for infection risk
- 2. Hand hygiene**
3. Respiratory and cough hygiene
4. Personal protective equipment (PPE)
5. Safe management of care equipment
6. Safe management of the care environment
7. Safe management of linen
8. Safe management of blood and body fluids
9. Safe disposal of waste (including sharps)
10. Occupational safety/managing prevention of exposure (including sharps)

The Health and Social Care Act 2008: Code of Practice on the Prevention and Control of Healthcare Associated Infections and Related Guidance requires that each care body has systems in place that are sufficient to minimise the risk of infections to people, staff and visitors.

This policy must be read and complied with by all members of staff who work within EFH as they all contribute to the management of infection prevention and control. Those with one-to-one contact with adults at risk and those who have high risk conditions, e.g. compromised immune system, will receive more in-depth training in prevention and control of infection practices relative to their roles and responsibilities.

EFH follows guidance from the Health and Social Care Act 2008: Code of Practice on the Prevention and Control of Healthcare Associated Infections and Related Guidance relevant to community care.

EFH will comply with all relevant legislation and regulations regarding the delivery of services and prevention and control of infection including:

- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, especially regulation 12: Safer Care and Treatment
- The Environmental Protection Act 1990
- The Health and Safety at Work Act 1974
- The Public Health Infectious Diseases Regulations 1988
- The Control of Substances Hazardous to Health Regulations 2002 (COSHH)
- The Reporting of Incidents, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)
- The Food Safety Act 1990

In addition, the organisation and the Registered Manager will update training, policies and procedures with guidance from a range of government and professional bodies including:

- Department of Health and Social Care
- Public Health England
- NICE
- SCIE
- Royal Colleges e.g. Royal College of Nurses
- MHRA
- Skills for Care

This is not an exhaustive list, and other sources of guidance will be used from time to time.

The Policy

The aim of EFH is to prevent and control the spread of infection amongst staff, residents, visitors and the local community through training, best and evidence-based practice, and the provision of effective Personal Protective Equipment (PPE) for staff.

Visitors are requested to perform hand hygiene by using soap and water or alcohol based hand rubs whenever they enter or leave a home, or when they have contact with residents.

Non –clinical staff working in other areas must adhere to the same standards for hand hygiene as in clinical areas if, as part of their work in these areas, are required to wear gloves/aprons and wash their hands to remove potential contamination e.g. housekeeping and catering teams

All staff including contractors allied health professionals and agency staff must ensure effective prevention and control procedures are incorporated into their daily practice and report any problems to their line Manager.

Definition of hand hygiene

This is a general term referring to any action of hand decontamination. This includes washing hands with soap and water or antiseptic hand cleanser and using alcohol based hand rubs. During any hand hygiene activity, particular attention should be paid to those areas of the hands which are most frequently missed when washing or applying hand rubs.

Resident hand hygiene

Residents' hands can become contaminated as a result of contact with the environment. After using the toilets, patients must be taken to the hand wash basin so that they can wash their hands. Those patients unable to mobilise must be provided with a bowl of water and soap or moist hand wipes at the bedside and assisted as necessary including before meals. Alcohol based hand sanitiser is also available at the bed side and it is for the use of patients, staff and visitors.

Visitor hand hygiene

Visitors to the home must be encouraged to decontaminate their hands on entry to the home and on exit of the home. Alcohol based hand sanitiser should be available at all times.

It is essential that the units are kept clean with no product build up around the nozzle.

Staff must not use bars of soap in a resident's room due to the potential of contamination with organic material or dirt.

The microbiology of the hands

There are two groups of micro-organisms on the hands:

1. Transient micro-organisms that are carried temporarily on the surface of the skin
2. Resident microorganisms that colonise (or live on) the skin.

Transient micro-organisms

Transient micro-organisms are acquired on the hands through contact with other sites on the same individual, other people, objects, equipment or the environment. They are located superficially on the skin and can be readily transferred to the next patient or surface touched; hence they are responsible for the majority of HCAI, for example, Meticillin resistant *Staphylococcus aureus* or COVID-19. If transferred into susceptible sites such as invasive devices or wounds, these micro-organisms can cause life threatening infections.

Therefore, removal of transient organisms from hands is essential in preventing cross-infection, and is easily achieved by washing with soap and water. Alcohol hand rub will also destroy most transient microorganisms but must only be used on visibly clean hands.

Resident micro-organisms

Resident micro-organisms, for example *Staphylococcus epidermidis*, also known as normal flora or 'commensal organisms', are found on the surface just below the uppermost layer of the skin in the crevices, hair follicles and sebaceous glands. They form part of the body's normal defence mechanisms and protect the skin from invasion by more harmful micro-organisms and are not readily transferred to other people or surfaces. They rarely cause disease and are of minor significance in routine clinical situations. However, during surgery or other invasive procedures, resident flora may enter deep tissues and establish infections. For example *Staphylococcus epidermidis* may cause infection if introduced into susceptible sites, such as surgical wounds and intravenous cannula sites. Resident organisms are not easily removed by routine hand washing using liquid soap and water but will be significantly reduced by the use of antimicrobial cleansing agents such as aqueous chlorhexidine (Hibiscrub) Povidone iodine (Betadine) or alcohol based hand sanitiser.

Reasons for hand hygiene

Residents and Home staff will be colonised with micro-organisms, some of which are potentially harmful. Hand hygiene, correctly carried out and at the appropriate time, will help to prevent transmission of micro-organisms from staff to residents and from resident to resident.

Residents shed their skin squames and associated micro-organisms into the immediate environment and onto equipment i.e. bed linen, bedside furniture. Care workers' hands have been shown to be vectors of healthcare associated microorganisms picked up from contact with patients or the healthcare environment. Hands must therefore be decontaminated after contact with the residents' surroundings.

Transient carriage of potential pathogenic micro-organisms can lead to serious infection if they are deposited onto vulnerable sites such as wounds or sites of invasive devices e.g. Indwelling catheter.

During hand hygiene, the removal and/or destruction of transient micro-organisms and reduction of resident micro-organisms will help to reduce cross-contamination of pathogenic micro-organisms.

Preparation for effective hand hygiene

Elizabeth Finn Homes expects all clinical staff to adhere to specific standards in order to improve hand washing technique and efficacy.

“Bare below the elbows” (BBE) is a MANDATORY standard in all clinical environments to facilitate thorough and effective hand hygiene.

- Nails must be short and unvarnished i.e. not visible beyond the finger tips when viewed from palm side and attention must be paid to them when washing hands.
- Staff must not wear false/acrylic/gel nails or nail extensions as these impede thorough, effective hand decontamination and are likely to harbour microorganisms.
- A plain metal wedding ring may be worn, but no other hand or wrist jewellery.
- Staff whose religion requires them to wear a religious symbol may do so provided that they are discreet and comply with infection prevention and control policies
- If medical alert jewellery needs to be worn, this should be worn off the wrist (necklace, anklet, or attached to the uniform), rather than as a bracelet. The Medic Alert Foundation has a wide selection of alternative jewellery available, and wearers should consider purchasing a suitable alternative when their current jewellery needs replacing or updating.
- Wrist watches impair efficient hand washing practice and must not be worn by clinical staff.
- Cuts and abrasions must be covered with a waterproof dressing / plaster.
- Food handlers must use waterproof dressing / plasters to cover cuts.

When to perform hand hygiene

Hand hygiene should ideally be carried out at the point of care.

The point of care represents the time and place at which there is the highest likelihood of transmission of infection via care staff, whose hands act as mediators in the transfer of micro-organisms.

The point of care refers to the patient's immediate environment in which care staff to resident contact, or treatment, is taking place.

The 5 moments for hand hygiene at the point of care in the box below are illustrated further in appendix 1

Perform hand hygiene:

1. before touching a resident
2. before clean or aseptic procedures
3. after body fluid exposure risk
4. after touching a resident
5. after touching a patient's immediate surroundings

NB: Perform hand hygiene before putting on and after removing gloves

(NHS England and NHSi 2019 based on WHO 5 moments for hand hygiene)

Other times at which hands must be decontaminated are:

- Entering and leaving the home
- If moving from a contaminated body site to a clean body site during resident care
- Before handling food and drink
- Before handling medicine
- Before and after a shift or span of duty

- After cleaning equipment or environment
- After sneezing or blowing your nose

N.B Wash hands with non-antimicrobial liquid soap and water if:

- Hands are visibly soiled or dirty
- After using the toilet
- Caring for residents with vomiting and /or diarrhoeal illnesses

In all other circumstances, use alcohol-based hand rubs for routine hand hygiene during care.

Where running water is unavailable, or hand hygiene facilities are lacking, staff may use decontamination hand wipes followed by alcohol-based hand sanitiser and should wash their hands at the first opportunity.

How often hands are decontaminated depends on the risk assessment of the procedure you have just completed, and the actions you are about to start.

THINK

1. Where have my hands been?
2. Where are they about to go?
3. Do I need to decontaminate my hands?

Performing hand hygiene

(see hand hygiene technique in Appendix 2)

Routine hand washing using liquid or foam soap and water Washing the hands with liquid/foam soap and water is adequate for most routine activities. Bar soap must not be used by care staff as it poses a cross infection risk. Hand washing with soap and water lifts and removes transient micro-organisms mechanically from the surface of the skin and allow them to be rinsed off effectively.

The following procedure must be followed:

- Turn on tap taking care not to contaminate tap with hands, by using elbows or automatic tap (use a paper towel if taps are not elbow operated).
- Wet hands thoroughly.
- Dispense one measure of the liquid soap into the palm of the hand.

Rub hands to produce lather for 20 seconds, including all of the hand and wrist in the following manner:

1. Rub palm to palm
2. Right palm over left dorsum and left palm of right dorsum
3. Palm to palm fingers interlaced
4. Backs of fingers to opposing palms with fingers interlocked
5. Rotational rubbing of right thumb clasped in left palm and vice versa
6. Rotational rubbing back and forwards with clasped fingers of right hand in left palm and vice versa
7. Rinse and dry hands thoroughly using disposable paper towels from a wall mounted towel dispenser

Alcohol based foam / gel hand sanitiser / alcohol hand rubs provide an acceptable alternative to soap and water in most situations and can be used in place of soap and water only if hands are visibly clean.

Alcohol based disinfectants are particularly useful if hand washing facilities are inadequate or in conditions where there is a need for rapid or frequent hand decontamination. They are more easily accessible and less time consuming than hand washing with soap and water.

The effective use of alcohol hand rub kills most transient micro-organisms and also substantially reduces resident flora/micro-organisms. However, alcohol based hand rubs are not effective against some viruses such as Norovirus and sporeforming organisms such as C difficile. They do not remove dirt and organic material and may not be effective in some outbreak situations (Loveday et al, 2014).

- Apply one measure of alcohol rub to visibly clean, dry hands.
- Rub hands together covering all surfaces using the same steps for hand washing technique as illustrated in appendix 3.
- Rub hands together vigorously for at least 20 to 30 seconds, paying particular attention to the tips of the fingers, the thumbs and the areas between the fingers, until the alcohol foam/gel has evaporated and the hands are dry; the drying process allows the alcohol to destroy the bacteria on the hands.
- Visibly soiled hands or hands that are potentially contaminated with body fluids must be washed with soap and water.
- Hands should be washed after several applications with soap and water to remove the build-up of emollients.
- Alcohol hand rub is less effective if used immediately after the application of a hand lotion.
- When caring for a patient with a suspected or known vomiting or diarrhoeal illnesses/ gastrointestinal infection, e.g. Norovirus or a spore-forming organism such as Clostridium difficile, hands must be washed with soap and water before and after patient contact, regardless of whether gloves have been worn or not
- and /or on leaving an isolation rooms.

Alcohol is flammable and oxygen is an accelerant – there is a risk of fire if alcohol and oxygen make contact. Alcohol based foam has caused flash fires resulting in burns. To eliminate this risk, when applying alcohol based sanitiser, hands must be dry when dealing with oxygen.

Alcohol foam/gel hand sanitiser must be kept away from direct heat e.g. naked flames, ignition sources, windows and radiators. Dispensers must not be sited directly above or adjacent to electric sockets and switches.

Hand drying

Hand drying is an essential part of hand hygiene and care workers must ensure that hands are dried thoroughly. Wet skin surfaces transfer micro-organisms more readily than dry hands.

Disposable paper towels are the method of choice because communal towels are a source of cross contamination. Additionally, paper towels not only dry the skin but also remove transient micro-organisms and dead skin cells loosely attached to the surface of the hands.

Used disposable paper towels should be disposed of as domestic waste into footoperated waste bins. Do not use hands to lift / open the lid or they will become recontaminated.

Use of gloves

Please refer to EFH – HSP 16 PPE Policy

The use of gloves does not replace the need for hand cleansing by either applying alcohol-based foam hand sanitiser or hand washing.

Gloves must be worn when exposure to blood and/or other body fluids, non-intact skin or mucous membranes is anticipated or likely.

Hands must always be washed after the removal of gloves.

Gloves must be changed:

- Immediately after each resident and/or after completing a procedure or task.
- During resident care if moving from a contaminated body site to a clean body site for the same resident
- After touching a contaminated site and before touching a clean site or the environment.
- Gloves must be appropriate for use, fit for purpose and well-fitting.

Skin care

Care is required to protect the hands from the adverse effects of hand decontamination practice. Bacterial counts increase when the skin is damaged therefore care must be taken to maintain skin integrity.

The frequent use of some hand hygiene agents may cause damage to the skin and alter normal hand flora.

The irritant and drying effects of liquid soap and antiseptic soap preparations have been identified as one of the reasons why healthcare practitioners fail to adhere to hand hygiene guidelines (Loveday et al, 2014).

Skin damage and dryness is generally associated with the detergent base of the preparation and/or poor hand washing technique e.g. application of soap to dry hands, or inadequate rinsing of soap from the hands.

It is essential that only approved hand decontamination products are used and that staff carefully follow correct hand hygiene techniques i.e.

- Always wet hands thoroughly prior to application of liquid soap.
- Rinse hands thoroughly to remove soap.
- Dry hands thoroughly.
- Continue to rub in alcohol gel until it is dry as this is when the emollient is released.
- Apply good quality moisturiser to maintain skin integrity; the most effective use of moisturiser is before breaks and at the end of a shift, when it can be left on the hands for a greater period of time.
- Do not use or provide communal tubs of hand cream in the care setting.

Staff with acute or chronic skin lesions/conditions/reactions or possible dermatitis must seek advice from their Head of Department at the time that they have the problem. Sore/damaged/ inflamed or dry skin is associated with increased colonisation by potentially pathogenic microorganisms e.g. MRSA and increase risk of transmission.

Cuts and abrasions must be covered with a water-impermeable dressing, prior to resident contact.

Facilities and supplies required for effective hand decontamination

Adequate facilities and supplies must be provided to enable staff to wash and dry their hands correctly, to use alcohol hand rub and to protect their skin with moisturiser.

Hand wash basins

- Dedicated hand wash basins with no plug or overflow, must be easily accessible to care workers, and visitors.
- Clinical hand wash basins must be located appropriately e.g. away from slop/slucce hoppers, bed pan washers, macerators or dirty equipment etc. to avoid contamination.
- Taps must be non-touch i.e. elbow or automatic mixer taps.
- Clinical hand wash basins are for hand washing only and not for any other purpose.
- Do not dispose of body fluids or water which has been used to wash patients in a clinical hand wash basin (use the sluice hopper or nearest toilet).
- Do not wash any resident equipment in clinical hand wash basins; use decontamination wipes or a separate/dedicated sink for cleaning equipment
- Do not use clinical hand wash basins for storing equipment or resident items.
- Do not touch the spout outlet when washing hands.
- Taps should be cleaned before the rest of the hand wash basin to reduce contamination.
- Ensure that all taps that are infrequently used are flushed in line with water management protocol or guidelines for EFH

Liquid/foam soap

- Adequate supply of liquid/foam soap must be available at all times on every hand wash basin in a wall mounted soap dispenser
- All liquid/foam soap dispensers must be maintained clean, in good state of repair and have individual replacement cartridges that are discarded when empty.

Hand drying disposable paper towel dispensers

- Adequate supply of disposable hand drying paper towels must be available at all times in a wall mounted paper towel dispenser within the vicinity of every hand wash basin
- Wall mounted dispensers must be sited in a position where they will not be contaminated by splashing water
- The paper towel dispensers must be maintained clean, intact and in a good state of repair.

Waste bins

- Hands-free foot operated waste bins which comply with national specifications must be located in a suitable position by every hand wash basin. All waste bins must be maintained clean and in good state of repair.
- Report any problems or concerns relating to safety, maintenance and cleanliness of hand wash basins to the relevant department, for example, cleanliness and lime scale build up to Housekeeping Services and faults to maintenance.

Alcohol hand rubs

- Each home must have easily accessible alcohol hand rub with emollients available at the point of care.
- All alcohol dispensers must be maintained clean, in good state of repair and have individual replacement cartridges that are discarded when empty.
- Alcohol hand rubs are available in free standing pump containers, wall mounted containers and pocket sized containers. Locations include:
 - Main entrances to the home including reception desks in wall mounted dispensers or stand-alone containers unless risk assessment dictates otherwise
 - The entrance and exit of every care base
 - All isolation /procedural trolleys.

Moisturiser

- Adequate supplies of moisturising solution must be available in all areas located in suitable positions such as staff rest areas, toilets, staff office or work station, but not at every hand wash basin
- Communal pots of hand cream/lotion must not be used as the contents are likely to be contaminated and may also compromise the efficacy of the hand hygiene products used in the homes

Visible Reminders/Signage

- A range of highly visible signage and posters are displayed in departments as reminders to promote and reinforce the need for hand hygiene to staff, residents and visitors
- Other visual reminders, posters and information leaflets incorporating hand hygiene messages must be available in key locations such as information points/stations in various clinical areas to raise awareness amongst staff,

Water temperature

Contact time and friction are more important than the temperature of the water, though for staff comfort, water should be kept warm.

Religious considerations

According to some religions, alcohol use is prohibited or considered an offence. However, in general, despite alcohol prohibition in everyday life, most religions give priority to health principles to ensure resident safety. Consequently, no objection is raised against the use of alcohol-based products for environmental cleaning, disinfection or hand hygiene by any religion

Individuals who are required to wear a Kara as a requirement of the Sikh religion may do so provided that it is pushed up the arm securely to enable effective clinical hand decontamination. Guidelines on aseptic procedures when a plain metal band is worn on the finger should also be applied to the Kara.

Kabbalah (red string) bracelets are worn on the left wrist by Kabbalists and some members of the Jewish faith. There is no evidence in the literature to suggest that they should never be removed. Due to the inability to clean a string bracelet effectively, Kabbalah should be removed by wearers to comply with the BBE requirement.

It is important to explore with individual members of staff where there may be issues of religious/cultural significance and negotiate a suitable arrangement to ensure that no risks are posed to residents, visitors or the public or to their colleagues.

Training

All staff are provided with training regarding Infection Control / Hand Hygiene at all suitable stages of their employment from induction onwards.

It is mandatory for all care staff to have regular infection prevention and control education and hand decontamination training is a vital part of this.

It is the responsibility of the individual staff member and their line manager to ensure that hand hygiene training is undertaken at the required frequency according to their role and that this training is recorded in the staff member's training record.

The Mandatory Training programme is available via e-learning. All new employees must complete the Elizabeth Finn Homes Induction Programme, which includes hand hygiene.

Hand Hygiene Competency assessment document is available for reference.

EFH will provide additional training and the support the position of an infection control champion.

Regular Hand Hygiene / Infection control audits will be undertaken as:

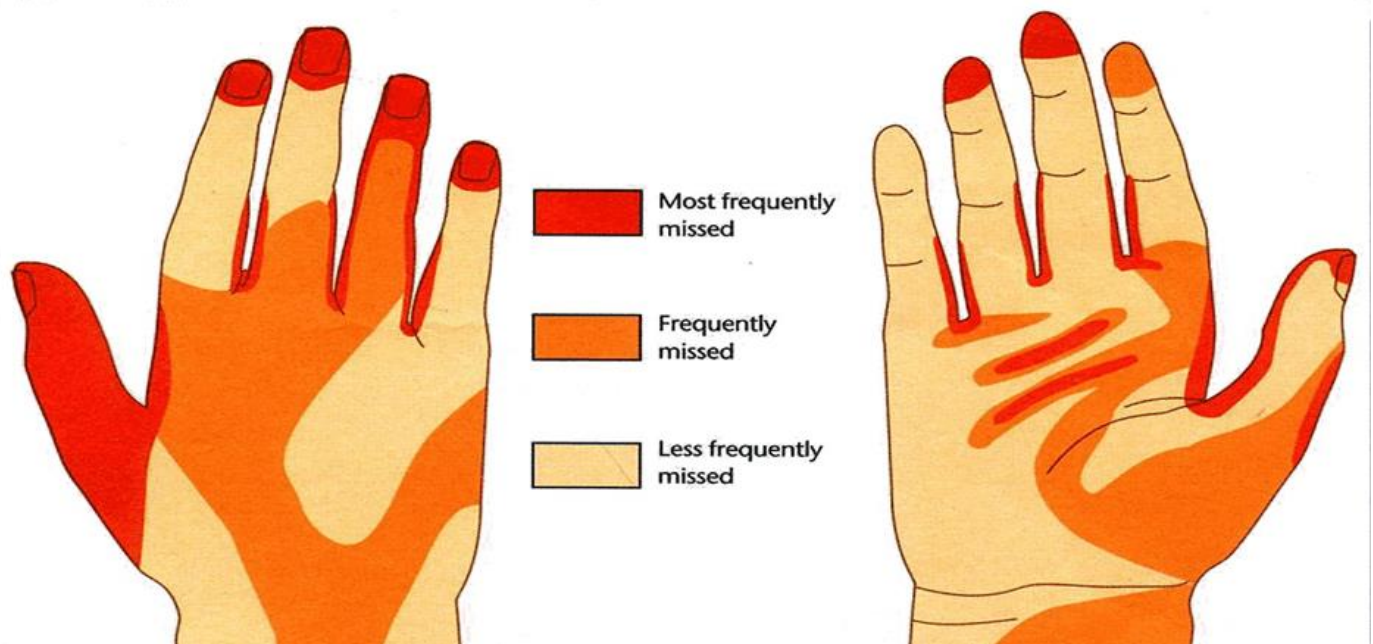
- Spot checks
- Quarterly Infection Control Audit
- Annual Quality and Clinical Audit

Seeking Feedback about

EFH will seek feedback from people, families, staff, involved professionals and volunteers about their experiences of Control, Prevention and Management of Infection where it is appropriate to do so. We will seek feedback in person during conversations and via surveys and meetings. We will respond to feedback and tell people about changes and improvements we make because of their feedback.

Your 5 Moments for Hand Hygiene





References

Helping to Prevent Infection: A quick guide for managers and staff in care homes, NICE/SCIE 2018

NICE Guideline (CG139), March 2012, updated February 2017, Infection: Prevention and Control of Healthcare-Associated Infections in Primary and Community Care

NICE Quality Standard QS61, published April 2014 with updates, Infection Prevention and Control

Healthcare-associated infections: prevention and control in primary and community care Clinical guideline (CG139) Published date: March 2012, (updated: February 2017)

NHS Infection Prevention Control advice for North Yorkshire and York

Department of Health (2015) The Health and Social Act 2008: Code of Practice for the Prevention and control of healthcare associated infections

Department of Health (2013) Environment and sustainability Health Technical Memorandum 07-01: Safe management of healthcare waste

National infection prevention and control manual for England

Code of Conduct for Healthcare Support Workers and Adult Social Care Workers in England

Health and Safety (Sharp Instruments in Healthcare) Regulations 2013, HSE

Control of Substances Hazardous to Health Regulations, 2002, and associated regulations

Health and Safety at Work etc. Act 1974, and associated regulations

EFH Hand Hygiene Policy

The Code: Professional Standards of Practice and Behaviour for Nurses, Midwives and Nursing Associates, Nursing and Midwifery Council, 2018

Review date	Next Review Date
May 2024	May 2027