



Westmorland
& Furness
Council

Community Infection Prevention and Control Policy for Care Home settings

Hand hygiene

HAND HYGIENE

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HAND HYGIENE

HAND HYGIENE

1. Introduction

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

Hand hygiene is one of the most important procedures for preventing the spread of infectious agents.

The aim of this guidance is to promote good hand hygiene amongst all staff, to protect both themselves and residents from acquiring a healthcare associated infection.

The transmission of microorganisms, such as bacteria and viruses, from one resident to another or to themselves via staff hands, or from hands that have become contaminated from the environment, can result in adverse outcomes.

It is essential that everyone takes responsibility to ensure that the care provided is carried out in a safe manner. All staff should have training on hand hygiene, it is best practice that this is provided on a regular basis, e.g. annually.

When caring for residents in relation to COVID-19 or any other new emerging infections, staff should refer to national infection prevention and control guidance.

2. Involving residents and visitors 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 residents and visitors in infection prevention and control.

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

- Residents should be encouraged to wash their hands, use skin wipes or alcohol handrub, after using the toilet and before eating and drinking. If hands are visibly soiled or dirty, or the resident has confirmed or suspected viral gastroenteritis or *Clostridioides difficile*, non-alcohol wipes or liquid soap and warm running water should be used by the resident and visitors
- Provide alcohol handrub at the entrance to resident areas for the use of visitors (see Section 10)
- Notices and hand hygiene posters should be displayed to attract the attention

of residents and visitors regarding hand hygiene

- Hand hygiene information leaflets should be available during outbreaks of infection, e.g. viral gastroenteritis. A 'Hand hygiene: Information leaflet for community service users and relatives' is available to download at www.infectionpreventioncontrol.co.uk

3. Microbiology of the hands

The skin on our hands harbour 2 types of microorganisms:

- **Transient microorganisms**
Transient microorganisms include bacteria and viruses and are found 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 resident's wound, urinary catheter drainage system, equipment, and the environment. However, unlike **resident** bacteria, they are easily removed by routine handwashing with liquid soap and warm running water or the use of an alcohol handrub
- **Resident microorganisms (commensal or normal flora)**
Resident microorganisms, e.g. *Staphylococcus epidermidis*, and occasionally *Staphylococcus aureus*, reside on the skin and also under the superficial layers of skin, in 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 infection, but can cause infection for example, if they enter the body through damaged skin. They are not easily removed with routine handwashing alone. Either an antimicrobial solution should be used or routine (social) handwash followed by an application of alcohol handrub

4. Preparation for hand hygiene

To facilitate effective hand hygiene when delivering direct care, staff must ensure that they:

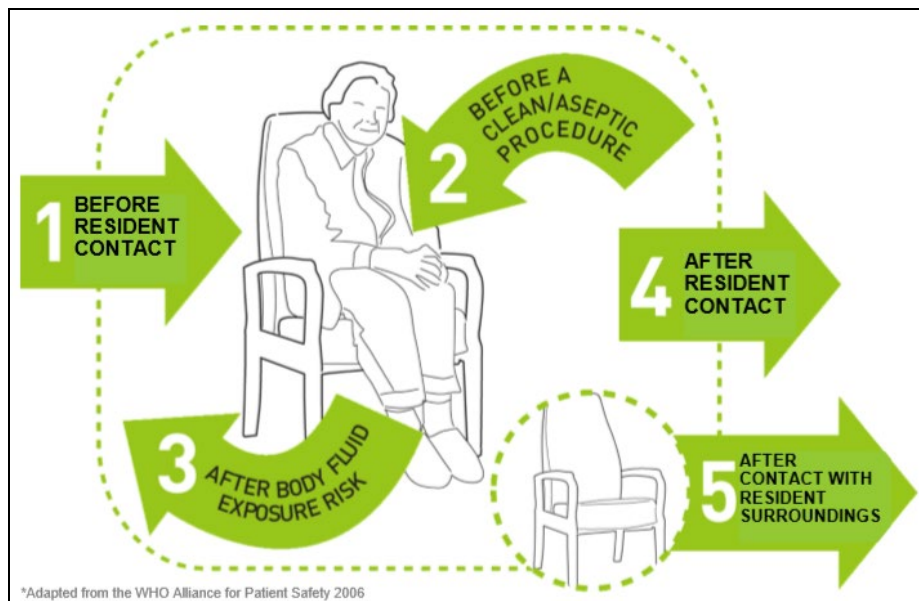
- Cover cuts and abrasions with waterproof dressings
- Are 'Bare below the elbows', which entails:
 - Exposing forearms by wearing short sleeved clothing or rolling sleeves up to the elbows. If disposable over-sleeves are worn for religious reasons, these must be removed and disposed of before performing hand hygiene, then replaced with a new pair
 - Removing wrist and hand jewellery. Rings with jewels, stones, ridges or grooves should not be worn as these may harbour bacteria and also prevent good hand hygiene. A plain band ring may be worn, but ensure the area under the ring is included when hands are washed or alcohol

handrub applied. A religious bangle can be worn, but should be moved up the forearm during hand hygiene and secured during resident care activities

- Not having dermal piercings on the arms or wrists
- Keeping nails clean and short (fingertip length), as long finger nails will allow a build-up of dirt and bacteria under the nails and impede effective handwashing
- Keeping nails free from nail polish/gel as flakes of polish/gel may contaminate a wound and broken edges can harbour microorganisms
- Keeping nails free from acrylic/artificial nails, nail art/accessories, as these can harbour microorganisms, become chipped or detached

5. When to clean your hands

Your 5 moments for hand hygiene at the point of care



*Adapted from the WHO Alliance for Patient Safety 2006

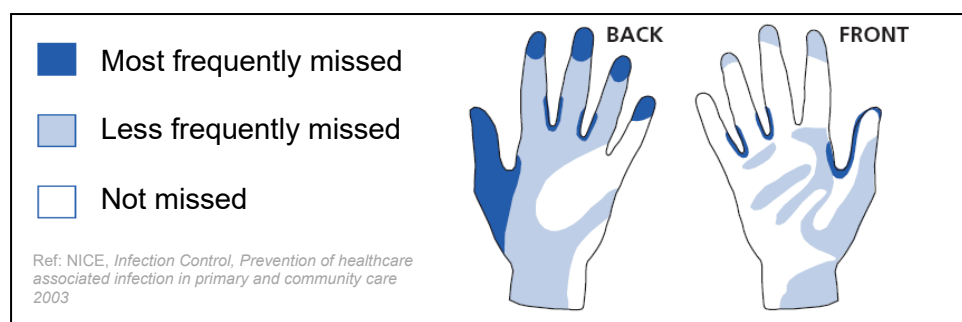
1	BEFORE RESIDENT CONTACT	WHEN? Clean your hands before touching a resident when approaching him/her. WHY? To protect the resident against harmful germs carried on your hands.
2	BEFORE A CLEAN/ASEPTIC PROCEDURE	WHEN? Clean your hands immediately before any clean/aseptic procedure. WHY? To protect the resident against harmful germs, including the resident's own, from entering his/her body.
3	AFTER BODY FLUID EXPOSURE RISK	WHEN? Clean your hands immediately after an exposure risk to body fluids (and after glove removal). WHY? To protect yourself and the health and social care environment from harmful resident germs.
4	AFTER RESIDENT CONTACT	WHEN? Clean your hands after touching a resident and her/his immediate surroundings, when leaving the resident's side. WHY? To protect yourself and the health and social care environment from harmful resident germs.
5	AFTER CONTACT WITH RESIDENT'S SURROUNDINGS	WHEN? Clean your hands after touching any object or furniture in the resident's immediate surroundings when leaving—even if the resident has not been touched. WHY? To protect yourself and the health and social care environment from harmful resident germs.

Other examples of when hand hygiene should be performed:

- **When** 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 (PPE) or domestic gloves. Wearing gloves should not be a substitute for handwashing
- **Before** and **after** having a break and using the toilet
- **After** handling used laundry, e.g. stripping beds, dirty clothing
- **After** emptying commodes, urine bottles, catheter bags
- **After** coughing, sneezing or blowing your nose

6. Most commonly missed areas

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



7. Hand hygiene products

The product should be deemed suitable for its intended use by the manufacturer and comply with European standards. When choosing products, consideration should be given to the risk of dermatological side effects.

Always wash hands with liquid soap and warm running water if:

- Hands are visibly soiled or dirty
- Caring for residents with vomiting or diarrhoeal illnesses
- Caring for a resident with confirmed or suspected viral gastroenteritis, e.g. Norovirus, or *Clostridioides difficile* (*C. difficile*)

In all other circumstances, an alcohol handrub can be used for routine hand hygiene on visibly clean hands during care. Alcohol handrubs are **not** effective against viral gastroenteritis or spore forming organisms, such as *C. difficile*.

Skin wipes can be used for residents unable to access handwashing facilities.

Soap and warm running water or non-alcohol skin wipes should be used if the resident's hands are visibly soiled or dirty, or they have confirmed or suspected viral gastroenteritis or *C. difficile*.

8. Handwashing facilities

Hand hygiene facilities must be available and not compromise standards by being dirty or in a poor condition:

- Facilities should be adequate and conveniently located
- Handwash facilities should be available for staff use in each resident's room
- Handwash basins in clinical areas should have a single lever or sensor mixer tap which does not run directly into the drain aperture, with no plug or overflow. If a lever or sensor mixer tap is not provided, use a paper towel to turn off the tap to avoid contaminating the hands
- Clinical handwash basins should not be used for any other purpose, e.g. decontamination of care equipment, due to the risk of cross-contamination
- In areas where a sink is used for other cleaning purposes, e.g. emptying buckets of water in the cleaner's room, there should also be a separate dedicated handwash basin
- Bar soap should not be used as it can harbour microorganisms
- Use wall mounted liquid soap dispensers with disposable soap cartridges. Do not use refillable soap dispensers as there is a risk of contamination of the liquid soap and the dispenser
- Communal fabric hand towels must not be used
- Paper towels should be in a wall mounted dispenser next to the handwash basin, but not so close as to risk contamination of the dispenser or towels. Soft paper towels will help to avoid skin abrasion
- Keep all dispensers clean and replenished
- A foot operated lidded bin, lined with a disposable plastic bag, should be positioned near the handwash basin
- Nail brushes should not be used routinely as they can cause skin damage and harbour bacteria. If nail brushes are used, they should be single use and disposed of after use
- Hand hygiene technique posters should be displayed

9. Hand cleaning methods

Hand hygiene is the most important method of protecting residents, 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.
- When caring for residents with confirmed or suspected COVID-19 or any other new emerging infections, rub all parts of the hands and, in addition, using the steps 2-8 shown in Appendix 1, rub exposed forearms as these may have been exposed to respiratory droplets.
- 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, or a resident is unable to access hand washing facilities, skin wipes can be used.

- Resident's hands should be rubbed with the wipe, using the steps 2-7 shown in Appendix 1, ensuring that all surfaces of the hands are covered.
- Staff using skin wipes for cleaning their hands should:
 - 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
 - Wash their hands at the earliest opportunity

10. Alcohol handrub

Alcohol based handrubs (with a minimum 60% alcohol content) 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 are **not** effective:

- In removing physical dirt or soiling and, therefore, must only be used on visibly clean skin
- When caring for residents with viral gastroenteritis, e.g. Norovirus, or a spore forming bacteria, such as *Clostridioides difficile*. Hands must be washed with liquid soap and warm running water when caring for or in contact with the environment of residents 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 alcohol 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

The availability of alcohol handrub at the point of resident contact was recommended by the National Patient Safety Agency (NPSA) as part of their 'cleanyourhands' campaign in 2005. Although initially implemented only in the acute setting, this was later promoted nationally for use in community settings.

Alcohol handrubs should be available in wall mounted dispensers which use disposable cartridges, i.e. not refillable:

- At the entrance to care homes
- 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.

11. 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
- Rinse hands well to remove residual soap and dry thoroughly to prevent chapping

- Always cover cuts and abrasions with a waterproof dressing
- Seek Occupational Health or GP advice if you have skin irritation
- Use hand cream or lotion:
 - For maximum benefit, hand cream or lotion should be used 3 times daily
 - It is good practice to provide hand cream or lotion in a wall mounted dispenser
 - Communal pots of hand cream (where fingers are placed in the container) should not be used as the contents can become contaminated

12. Evidence of good practice

It is recommended that, for assurance purposes, annual audits to assess the standard of staff hand hygiene are carried out. An audit tool is available to download at www.infectionpreventioncontrol.co.uk.

13. Infection Prevention and Control resources, education and training

See Appendix 2 for the 'Hand hygiene: Quick reference guide'.

The Community Infection Prevention and Control (IPC) Team have produced a wide range of innovative educational and IPC resources designed to assist your Care Home in achieving compliance with the *Health and Social Care Act 2008: code of practice on the prevention and control of infections and related resources* and CQC registration requirements.

These resources are either free to download from the website or available at a minimal cost covering administration and printing:

- 30 IPC Policy documents for Care Home settings
- Preventing Infection Workbook: Guidance for Care Homes
- IPC CQC inspection preparation Pack for Care Homes
- IPC audit tools, posters, leaflets and factsheets
- IPC Bulletin for Care Homes

In addition, we hold IPC educational training 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*

National Institute for Health and Care Excellence (2019) *Clinical Knowledge Summary Healthcare-associated infections (Hand hygiene)*

<https://cks.nice.org.uk/topics/healthcare-associated-infections/management/management/#hand-hygiene>

National Patient Safety Agency (2011) *Clean Your Hands Campaign 5 Moments for hand hygiene*

NHS England (2022, updated April 2023) *National infection prevention and control manual (NIPCM) for England*

NHS England and NHS Improvement (April 2020) *Uniforms and workwear guidance for NHS employers. Appendix B – Advice from Muslim Spiritual Care Provision (MSCP) in the NHS*

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

WHO (2009) *WHO Guidelines on Hand Hygiene in Health Care: First Global Service User Safety Challenge. Clean Care is Safer Care.* World Health Organization, Geneva

whqlibdoc.who.int/publications/2009/9789241597906_eng.pdf

15. Appendices

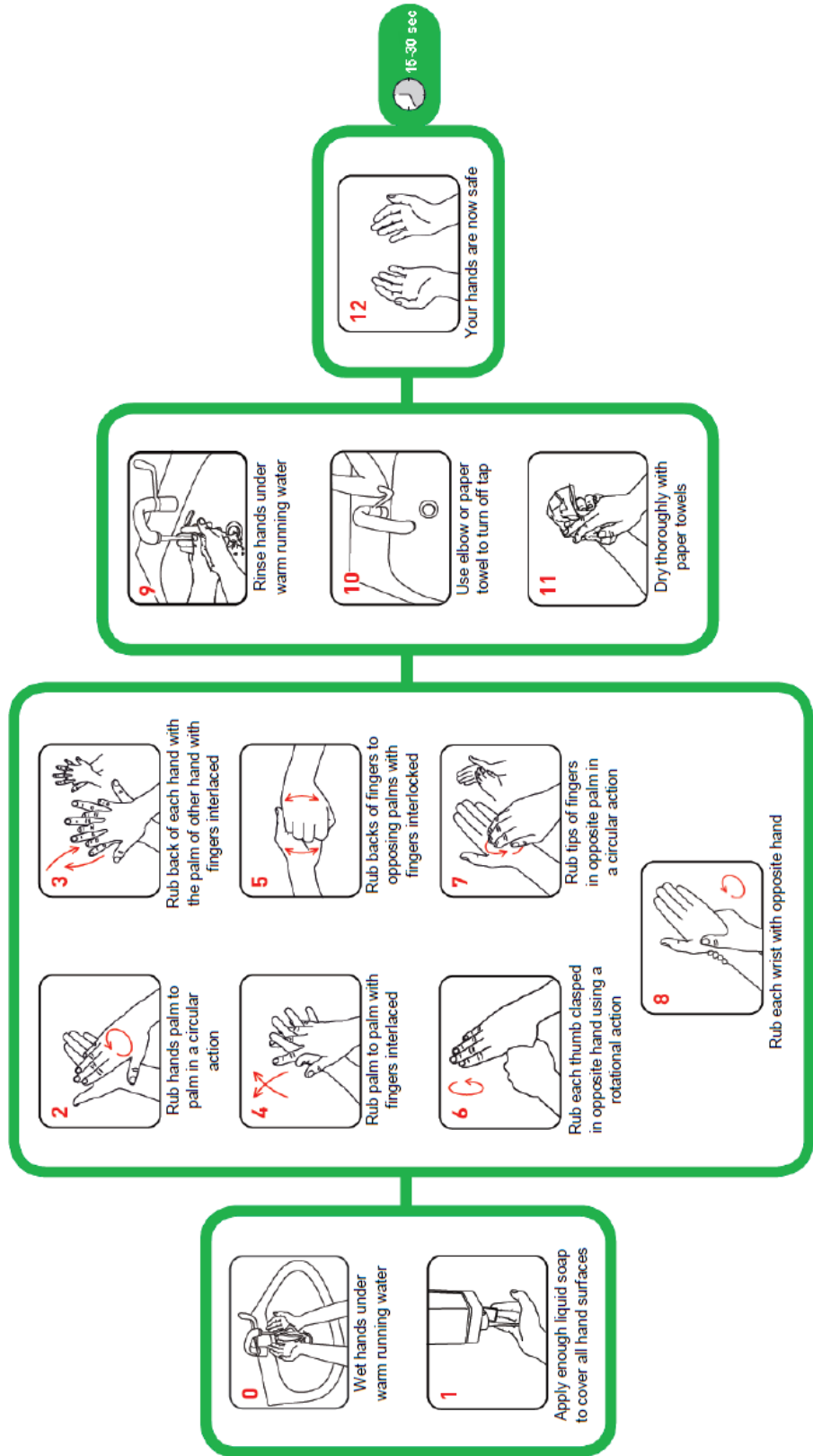
Appendix 1: Hand Hygiene Technique for Staff

Appendix 2: Hand hygiene: Quick reference guide



HAND HYGIENE TECHNIQUE FOR STAFF

- If using liquid soap and warm water, use all steps.
- If using alcohol handrub, use steps 2-8.



Adapted from World Health Organization Guidelines on Hand Hygiene in Health Care and National Patient Safety Agency

Community Infection Prevention and Control
Harrogate and District NHS Foundation Trust — www.infectionpreventioncontrol.co.uk
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Hand hygiene Quick reference guide



Risk reduction

When carried out correctly,
hand hygiene prevents the spread of infection.

Before you start work

- Cover cuts and abrasions with waterproof dressings.
- Make sure you are 'Bare below the elbows':
 - ◊ Short sleeves; remove wrist and hand jewellery (except one plain band or bangle worn for religious beliefs); short, clean nails; no false or varnished nails

What you need

- Conveniently located facilities.
- Lever or sensor operated tap and dedicated handwash basin in clinical areas.
- Wall mounted liquid soap, paper towels and hand hygiene instructions.
- Alcohol handrub dispenser.
- Foot operated waste bin.

Your 5 moments for hand hygiene at the point of care



*Adapted from the WHO Alliance for Patient Safety 2006

Other examples of when hand hygiene should be performed

- When hands are dirty/soiled.
- Before starting and at end of a shift.
- Before and after donning/doffing PPE.
- Before and after breaks.
- After coughing/sneezing/nose blowing.
- After using the toilet.

Most commonly missed areas

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

- Most frequently missed
- Less frequently missed
- Not missed



Ref: NICE, Infection Control, Prevention of healthcare associated infection in primary and community care 2009

Which hand hygiene product

- Liquid soap and warm running water for:
 - ◊ Soiled/dirty hands
 - ◊ Care of a resident with diarrhoea and/or vomiting
 - ◊ Care of a resident with confirmed or suspected gastrointestinal infection
- Alcohol handrub can be used for routine hand hygiene on visibly clean hands
- Skin wipes can be used for residents
- Always use hand cream or lotion at least three times daily

For further information, please refer to the full Policy which can be found at

www.infectionpreventioncontrol.co.uk/care-homes/policies/

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