




Community Infection Prevention and Control Policy for Domiciliary Care staff

Hand hygiene

HAND HYGIENE

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HAND HYGIENE

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1. Introduction

This Policy is 1 of the 10 'Standard infection control precautions' (SICPs) referred to by NHS England and NHS Improvement.

The aim of this Policy is to promote thorough hand hygiene amongst all staff, to prevent the spread of infection. All staff should have training on hand hygiene, it is best practice that this is provided on a regular basis, e.g. annually. Hand hygiene is one of the most important procedures for preventing the spread of infection. It is essential that everyone takes responsibility to ensure that the care provided is carried out in a safe manner.

Micro-organisms, such as bacteria, viruses and fungi, can be introduced onto the skin or into susceptible sites, such as PEG sites, or urinary catheter drainage systems by the hands of staff, other healthcare workers, service users and visitors.

2. Good hand hygiene practice

To facilitate effective hand hygiene when delivering direct care staff should ensure they:

- Cover wounds, cuts and abrasions with waterproof dressings
- Are 'bare below the elbows', which entails:
 - Wearing short sleeved clothing or rolling sleeves up to the elbows
 - Removing wrist and hand jewellery. Rings with jewels, stones, ridges or grooves should not be worn as these may harbour micro-organisms and also obstruct 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
 - Remove dermal piercing on the arm or wrist
 - Keeping nails clean and short (fingertip length), as long finger nails will allow build-up of debris and micro-organisms under the nails and impede effective hand washing and disinfection
 - Keeping nails free from applications, e.g. nail polish or gels, as flakes of polish/gel may contaminate a wound and broken edges of polish/gel can harbour micro-organisms and debris
 - Keeping nails free from acrylics/artificial finger nails as these may harbour micro-organisms, become chipped or detached
- Use liquid soap rather than a bar of soap, as bars of soap can harbour micro-organisms

- Rinse hands well to remove residual soap
- Dry hands thoroughly, as wet hands are more likely to transfer micro-organisms than dry hands, using paper towels. If none are available, the use of kitchen roll or a clean linen towel for use by the carer only and laundered daily is acceptable
- Seek medical advice if you have a skin irritation

3. Hand cleaning methods

Hand hygiene is the most important method of protecting the service user, visitors and staff from infection. The technique (see Appendix 1) is more important than the product used.

Handwashing

Removes dirt, organic matter and most micro-organisms acquired through direct contact with a person, and from the environment. Liquid soap and warm running water is adequate for this procedure.

- Ensure you are 'bare below the elbows' (see Section 2).
- 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 15-30 seconds, ensuring that all surfaces of the hands and wrists are covered with soap.
- Rinse hands thoroughly under warm running water to remove residual soap.
- Dry hands thoroughly using paper towels. If none are available, the use of kitchen roll or a clean linen towel for use by the carer only and laundered daily is acceptable.

Moist (non-alcohol) skin wipes

If handwashing facilities are unavailable, or a service user is unable to access hand washing facilities, moist (non-alcohol) skin wipes, e.g. baby wipes, can be used.

- Hands should be rubbed with the wipe, using the steps 2- 8 shown in Appendix 1, ensuring that all surfaces of the hands and wrists 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

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
- Against *Clostridioides difficile* or viruses that cause diarrhoea. Hands must be washed with liquid soap and warm running water when caring for, or in contact with, the environment of service users 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 2).
- Dispense manufacturers recommended amount of alcohol product on to hands, ensuring it covers all surfaces of the hand and wrist.
- 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 20-30 seconds).

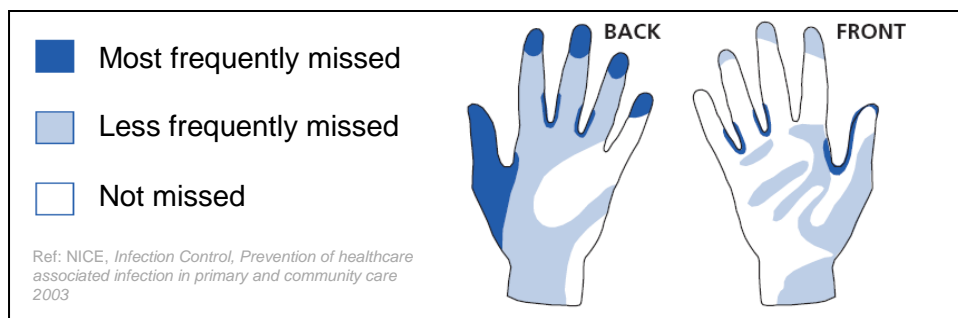
Hand cream and moisturisers

The use of hand cream and moisturisers will help to prevent skin problems and irritations, therefore, promoting compliance with hand hygiene.

- For maximum benefit, hand cream or a moisturiser should be used three times daily.
- Communal pots of hand cream or moisturiser should not be used as these can become contaminated.

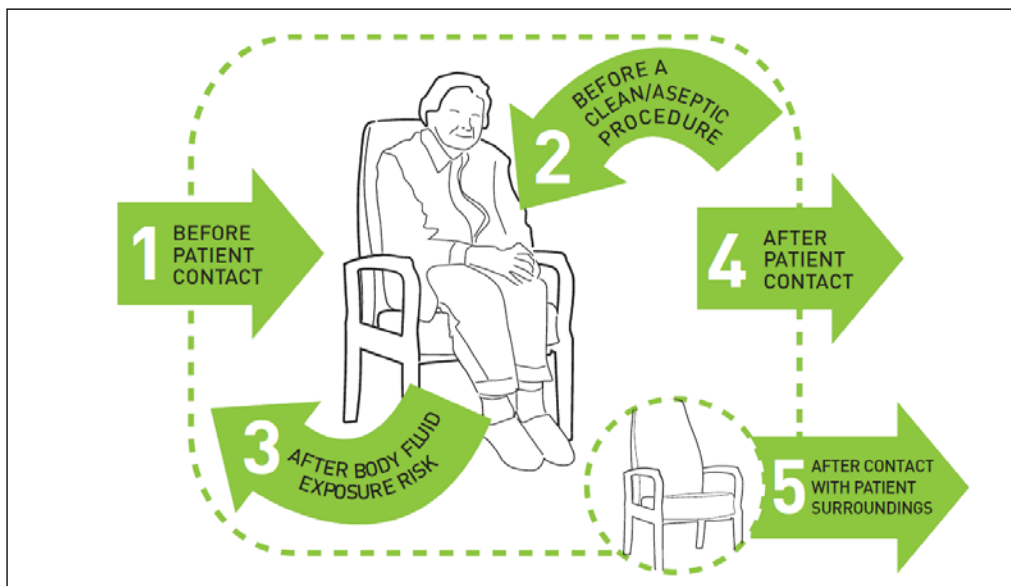
4. Most commonly missed areas

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



5. When to clean your hands

Your 5 moments for hand hygiene at the point of care*



1 BEFORE SERVICE USER CONTACT	WHEN? Clean your hands before touching a service user when approaching him/her. WHY? To protect the service user 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 service user against harmful germs, including the service user'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 service user germs.
4 AFTER SERVICE USER CONTACT	WHEN? Clean your hands after touching a service user and her/his immediate surroundings, when leaving the service user's side. WHY? To protect yourself and the health and social care environment from harmful service user germs.
5 AFTER CONTACT WITH SERVICE USER SURROUNDINGS	WHEN? Clean your hands after touching any object or furniture in the service user's immediate surroundings when leaving—even if the service user has not been touched. WHY? To protect yourself and the health and social care environment from harmful service user germs.

*Adapted from the WHO Alliance for Patient Safety 2006

Note: The use of gloves is not a substitute for hand washing – wash hands before applying and after removing gloves.

Other examples of when you should wash your hands:

- **Whenever** hands are visibly dirty
- **Before** work, **between** each visit/task and **before** you go home
- **Before** putting on and **after** removing clinical or domestic gloves
- **Before** preparing/serving food or assisting with eating or drinking
- **Before** and **after** having a break and using the toilet
- **After** handling used laundry, e.g. making beds, dirty clothing
- **After** washing, dressing and toileting service users
- **After** coughing, sneezing or blowing your nose
- **After** performing housework
- **After** emptying commodes, urinals, catheter bags

6. Involving service users and their visitors in infection prevention and control

- Service users should be encouraged to wash their hands, or use moist (non-alcohol) skin wipes, e.g. baby wipes, if unable to access hand washing facilities after using the toilet or before eating and drinking.
- If a service user has an infection:
 - They should use a separate towel to dry their hands and this should not be used by other people. The towel should be washed daily
 - Their visitors should wash their hands before leaving the service users home

7. References

Department of Health (2015) *The Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance*

Department of Health (2010) *Uniforms and workwear: Guidance on uniform and workwear policies for NHS employers*

Loveday HP et al (2014) epic3: National Evidence-Based Guidelines for Preventing Healthcare Associated Infections in NHS Hospitals in England *Journal of Hospital Infection* 86S1 S1-S70

National Institute for Health and Care Excellence (2012, updated 2017) *Healthcare-associated infections: prevention and control in primary and community care Clinical Guideline 139*

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

NHS England and NHS Improvement (March 2019) *Standard infection control precautions: national hand hygiene and personal protective equipment policy*

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

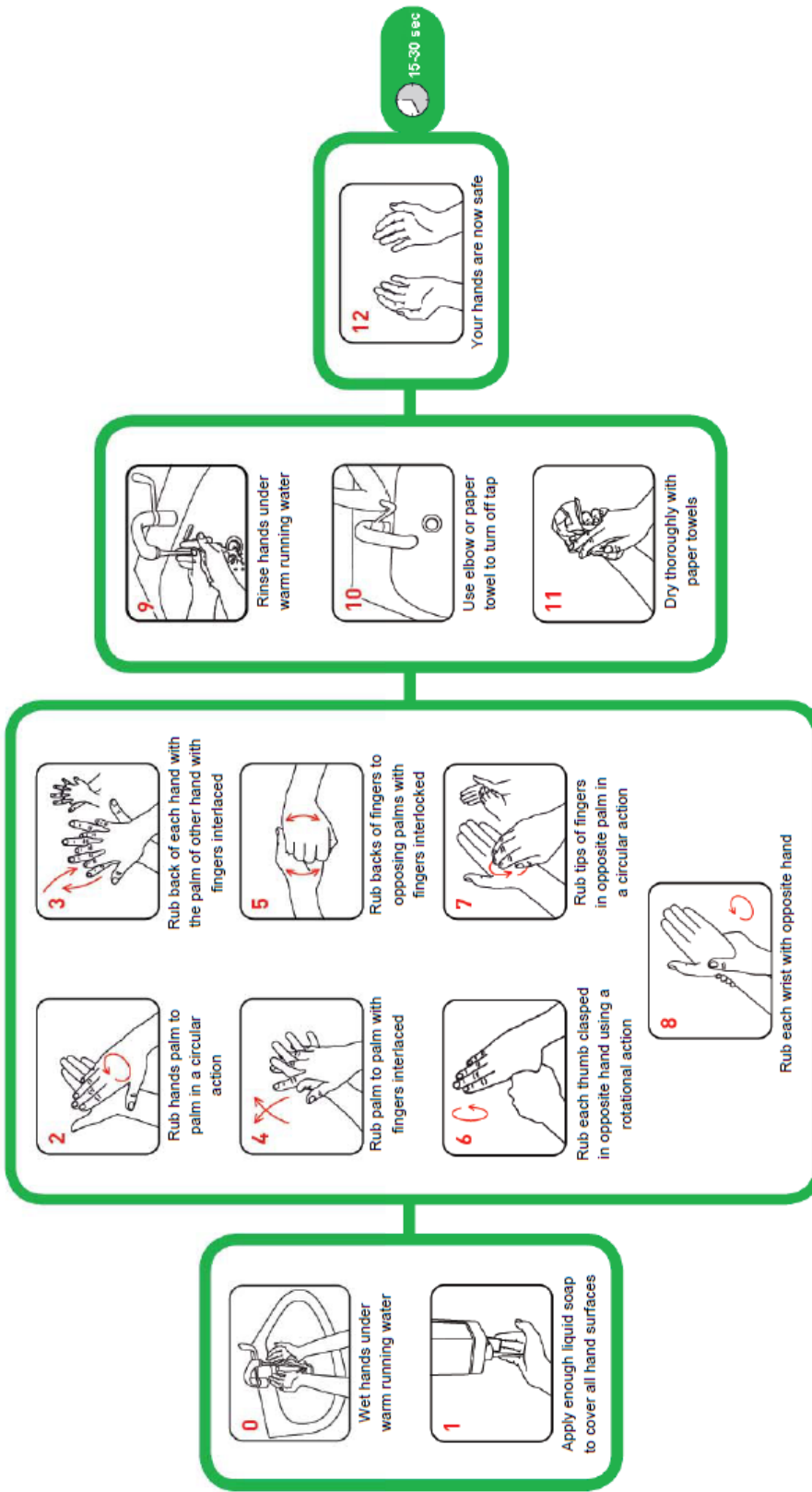
8. Appendices

Appendix 1: Hand Hygiene Technique for Staff



HAND HYGIENE TECHNIQUE FOR STAFF

Using liquid soap and warm water



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

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