**Infection Prevention and Control Policy for Hand Hygiene**

1. **Introduction**

Hand hygiene is one of the most important procedures for preventing the transmission of micro-organisms, such as bacteria and viruses. The aim of this policy is to promote good hand hygiene amongst staff, to protect themselves and service users from acquiring a healthcare associated infection.

1. **Purpose**

A sustained and systematic approach to hand hygiene is essential within the healthcare setting, particularly with the emergence of highly resistant pathogens which are increasingly difficult to treat.

The Health and Social Care Act 2008; Code of Practice for the NHS on the prevention and control of healthcare associated infections and related guidance states that all staff should demonstrate good infection control and hygiene practice and must ensure that, Patients, staff and other persons are protected against risks of acquiring Healthcare associated infections, through the provision of appropriate care, in suitable facilities, consistent with good clinical practice.”

The Health and Social Care Act 2008 states the NHS body must provide and maintain a clean and appropriate environment for health care and ensure there is adequate provision of suitable hand washing facilities and antibacterial hand rubs. The NHS body must also provide information on healthcare associated infections to patients and the public and provide information to encourage compliance by visitors with hand washing and visiting restrictions

The Term “Health Care Associated Infections (HCAI) includes any infection by any infectious agent acquired as a consequence of a person’s treatment by the NHS or which is acquired by a health care worker in the course of their NHS duties (DH 2006)

1. **Scope and exceptions**

This policy applies to:

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| **Setting** | Trust wide |
| **Individuals** | All employees |
| **Speciality** | Infection Prevention and Control |

1. **Policy details**

**4.1 Importance of hand hygiene**

Hand hygiene is one of the most critical factors in preventing the spread of infections in healthcare setting. Evidence shows that poor hand hygiene is responsible for transmission of many important causes of healthcare associated infection, including Methicillin resistant Staphylococcus aureus (MRSA) and *Clostridioides difficile* (Loveday et al. 2014).

Current national and international guidance has consistently identified that effective hand decontamination results in significant reductions in the carriage of potential pathogens on the hands, and therefore it is logical that the incidence of preventable HCAI is decreased, leading to a reduction in patient morbidity and mortality (Loveday et al. 2014). Healthcare staff have the greatest potential to spread the micro-organisms that cause infection. Their hands can:

1. Transfer the patient’s own micro-organisms into sterile areas of the patient’s body during care or treatment
2. Transfer micro-organisms from one patient to other patients
3. Transfer micro-organisms from the environment and equipment to a patient
4. Acquire micro-organisms as a result of their contact with patients which places healthcare staff at risk of infection (NPSA 2008)
5. Transfer their own micro-organisms to the patient.

Effective hand hygiene is used to remove transient and resident micro-organisms (Appendix 1). Therefore, all staff providing direct/indirect care on behalf of the Trust, including in the patient’s normal place of residence e.g. home, care home, intermediate care facility, share a responsibility to comply with effective hand hygiene decontamination as detailed in this policy. STH also supports ‘cleanyourhands’ Champions (Appendix 2)

Hand hygiene is the single most important measure in preventing the spread of HCAI’s and all STH staff are personally accountable for their hand hygiene practices.

**World Health Organisation (WHO) 5 moments of hand hygiene**

These are the opportunities, identified by the WHO, as 5 key moments for hand hygiene and can be applied to all healthcare settings, including within a patient’s home.

1. Before touching a patient

2. Before a clean or aseptic procedure

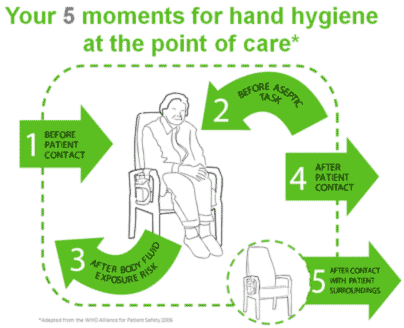
3. After body fluid exposure risk

4. After touching a patient

5. After touching the patient’s surroundings

**In addition:**

**Hand hygiene must be performed immediately after glove removal, preferable with soap and water (EPIC 3)**

A diagram of a patient in a hospital bed

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STHFT supports the use of the WHO “5 moments” as a useful framework to guide staff decision-making on when to decontaminate their hands

**4.2 Rationale for the WHO 5 moments of hand hygiene**

1. **Before patient contact**

**When?** Clean your hands before touching a patient when approaching him/her

**Why?** To protect the patient against harmful micro-organisms carried on your hands

1. **Before aseptic technique**

**When?** Clean your hands immediately before any aseptic task

**Why?** To protect the patient against harmful micro-organisms, including the patient’s own, from entering his/her body

1. **After body fluid exposure risk**

**When?** Clean your hands immediately after an exposure to body fluids (and after glove removal)

**Why?** To protect yourself and the healthcare environment from harmful patient micro-organisms

1. **After patient contact**

**When?** Clean your hands after touching a patient and his/her immediate surroundings when leaving the patient’s side

**Why?** To protect yourself and the healthcare environment from harmful micro-organisms

1. **After contact with patient surroundings**

**When?** Clean your hands after touching any object or furniture in the patient’s immediate surroundings when leaving, even if the patient has not been touched

**Why?** To protect yourself and the healthcare environment from harmful patient micro-organisms

**4.3 What is meant by the patient’s environment**

The point of care as defined by The National Patient Safety Agency (NPSA) Patient Safety Alert 2nd September 2008 refers to:

“the patient’s immediate environment (zone) in which healthcare staff-to-patient contact or treatment is taking place. In the hospital environment it is usually at the patients’ bed, but in other contexts it could be the treatment room, cot, chair, ambulance or a patient’s home for example” (NPSA 2008).

The environment also includes dedicated equipment e.g. bed table, locker, chair, IV stands and monitors moved into the patient’s environment. Further contamination of the patient environment will result from the shedding of skin cells by the patient, staff and visitors.

1. **“Bare below the elbows” (BBTE) and hand hygiene**

Hands and wrists need to be “bare” to enable effective hand and wrist decontamination to occur without hindrance.

The Department of Health has confirmed its commitment to the implementation of "Bare Below the Elbows" (BBTE) by all NHS Trusts (Johnson 2007).

The Epic 3 Guidance (2014) also provides support and evidence that staff should be “short-sleeved” when delivering patient care.

All clinical staff will need to comply with "BBTE" when providing direct care to patients or touching the immediate patient environment (see 5 Moments diagrams above).

All health care providers including those who provide goods and services to patients (referred to this policy as health care providers\*) must:

Comply with BBTE whenever they are in a clinical area on STH premises. This refers to both acute and community settings, where the health care staff member or health care provider can reasonably expect to come into contact with patients or the immediate patient environment. Examples of these areas would include in-patient wards, theatres, out-patient departments, patient’s homes and community healthcare settings.

\*Health care providers, for the purpose of this policy, refers to any person who provides direct and/or indirect patient care in a clinical area as well as those providing goods/services in support areas (i.e. pharmacy, domestic services, nutrition, food services, porters, environmental services). This is inclusive of all health care professionals, staff, nursing and medical staff, ward clerks, receptionists, volunteers and other people acting on behalf of, or in conjunction with, Sheffield Teaching Hospitals.

**What does BBTE mean?**

* Wrist watches, fitness devices, bracelets and any other adornment to the wrist are not permitted to be worn.
* Religion / belief - Some staff may be concerned on religious grounds with the requirement for clinical staff to be “bare below the elbow”. Infection control will always take precedence, the Kara to be pushed up the arm or disposable sleeves to be worn where the individual is not able to expose their forearms.
* The **Sikh Kara** (bangle) may be worn, which must be worn as high up the forearm as possible or removed when carrying out direct patient care. Where this cannot be achieved it must be covered by the wearing of disposable gloves. Patient safety is paramount, the Trust’s primary concern is to maintain a bare below the elbow policy.
* Fingernails should be short and the wearing nail of polish (this includes clear polish) or shellac is not permitted.
* The wearing of artificial nails, gels or wraps is not permitted.
* The wearing of hand jewellery is not permitted other than a simple un-stoned wedding band.
* Skin integrity needs to be maintained; open cuts or sores on hands/wrists must be covered with waterproof dressings.

If staff fail to comply with “BBTE”, this will result in a failure in their hand hygiene audits carried out by both the IPCT and by trained ward staff.

All staff should be prepared to approach their colleagues if they are not complying with “BBTE”. Line managers will inform the IPCT if staff are persistently not adhering to the policy.

**5.1 Rationale for bare below the elbows (BBTE)**

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| Removal of any adornment to the wrist | Hands cannot be thoroughly and effectively washed if restricted by the wearing of a wristwatch, thus increasing the risk of cross infection |
| Sleeves should be rolled up and above the elbow | Hands cannot be thoroughly and effectively washed if restricted by the wearing of long sleeves, thus increasing the risk of cross infection for patients. Cuffs can become heavily contaminated and are likely to come into contact with patients |
| Ties to be removed or secured | This will reduce the risk of cross contamination. Ties are rarely laundered but worn daily. They perform no beneficial function in patient care and have been shown to be colonised by pathogens |
| Hair must be off the face and, if long should be tied back. Hair should not be able to fall forwards and contaminate a patient’s personal space | Hair which is off the face/tied back is less likely to shed skin cells onto the patient, environment, wounds or medical devices, thus reducing the risk of cross contamination |
| Wearing of nail varnish or false nails is not permitted. Nails should be short and clean. | False nails encourage the growth of bacteria and fungi around the nail bed, mainly because they severely limit the effectiveness of hand washing, but also because the nail bed is abraded to facilitate attachment of the false nail, and the fixative can sometimes give rise to nail bed damage. These issues may result in infection, particularly fungal infection, for the wearer and will certainly present a risk of cross infection for the patient |

**Note: Medi alert bracelets**

Staff who need to wear an “alert bracelet” should be encouraged to wear their alert around their neck and ensure that the Ward Manager is aware of their medical alert situation

Please refer to the STH **[Dress Code Policy](http://nww.sth.nhs.uk/STHcontDocs/STH_Pol/HumanResources/DressCodePolicy.doc)**

1. **Which hand hygiene product to use and when**

**Washing hands with liquid soap and running water**

Soap and water should be used in the following situations within the acute trust setting

1. When hands are visibly soiled
2. The patient is experiencing vomiting and/or diarrhoea
3. There is direct hand contact with bodily fluids, i.e. if gloves have not been worn.
4. There is an outbreak of *Norovirus*, *Clostridioides difficile* or other diarrhoeal illnesses
5. After using the toilet
6. Before and after preparing, handling or eating food
7. Before and after an aseptic technique
8. Before putting on sterile gloves
9. Before putting on non-sterile gloves if carrying out a non touch aseptic procedure
10. After removal of gloves
11. At the start of a shift and at the end of a shift
12. After completing a task i.e. cleaning equipment
13. After cleaning up any spillages
14. After handling linen and waste
15. Before and after administering medication
16. Before and after emptying urinary drainage bags
17. Before and after caring for susceptible or immunocompromised patients

In these instances, hands should always be cleaned with liquid soap and water. Hand wash basins should be appropriately located and equipped with liquid soap dispensers and well-placed waste bins for disposal of paper towels.

**Hand hygiene in the domiciliary care setting**

In the domiciliary care setting, hand washing facilities differ significantly, therefore must be based on risk assessment prior to use.

In the community, perform hand hygiene in the following situations listed above using either liquid soap and running water or alcohol hand rub. The type of hand hygiene required will be based on a) the activity that has just been performed and b) that which is about to take place.

Community healthcare workers should order and carry their hand hygiene supplies (liquid soap, paper towels, alcohol hand rub and moisturiser in their kit bags) from normal stock suppliers. Individuals are responsible for replenishing stock in their own kit bag/boxes for use whilst undertaking duties in the domiciliary setting.

**Hand rubbing with alcohol hand rub**

The NPSA (2008) advice that alcohol hand rub is the recommended product to use in the majority of patient care situations on non-soiled hands because it is more effective, quicker to use, better tolerated by the hands and can be used at the point of care.

It is most beneficial to patient safety to place hand rub dispensers at the point of care. This can be at the foot of the bed, on the bedside locker or in other care settings the dispenser can be attached to the internal wall of an ambulance, patient’s chair or be carried by the healthcare worker.

**6.1 Hand washing technique**

A good technique at the correct time, which covers all surfaces of the hands, is more important than the cleanser used or the length of time of hand washing.

The duration of washing needs to be as long as required to ensure all areas of hands have been covered. Hands should be systematically rubbed ensuring all parts of the hands and wrists are included taking particular care to include the areas of the hand which are most frequently missed.

According to the WHO hand-washing guidelines, the duration of the entire hand washing procedure is 40-60 seconds while that of the entire hand rub procedure with hand sanitiser is 20-30 seconds. When hands are visibly soiled, they must be washed with soap and water (WHO, 2009).

The Epic3 guidance (Loveday et al. 2014) advises that the hands should be rubbed together vigorously for a minimum of 10-15 seconds, paying particular attention to the tips of the fingers, the thumbs

A poster showing how to wash hands

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1. Hands must be washed under running water using a sink with elbow or wrist operated taps. In the domiciliary care setting, twist taps may need to be turned off using a disposable paper towel.
2. Hands must be wet before applying liquid soap (soap applied to dry hands will potentially be more drying to the skin surface and the majority of the soap will be washed off as soon as the hands are put under running water)
3. Thoroughly wash all hand surfaces by rubbing hands vigorously together and manipulating beneath rings
4. Rinse thoroughly for the same period of time you have washed your hands (this helps to reduce sensitivity to cleaning products)
5. Dry hands thoroughly with single use paper towels – discard after use (wet hands are more likely to become damaged and also harbour more micro-organisms)
6. Bar soap must not be used as it poses a cross infection risk
7. Cover any abrasions or cuts with a waterproof dressing.

All healthcare staff should be taught how to correctly clean their hands with alcohol hand rub and with soap and water to avoid missing areas on their hands and understand which hand hygiene products to use and when they should be used.

**Areas frequently missed during hand washing**

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**6.2 Hand drying**

1. Wet surfaces transfer micro-organisms more effectively than dry ones.
2. Use disposable paper hand towels. This is the quickest and most effective method. Paper towels operate effectively by rubbing away transient organisms and the old, dead skin cells that are loosely attached to the surface of the hands.
3. Dispose of used paper towels in the foot operated bin.
4. Do not use your hands to lift or close the lid of the bin.

Community healthcare workers in domiciliary care settings should segregate and dispose of paper towels in the appropriate waste stream.

**6.3 Hand disinfection**

Hand disinfection is necessary in circumstances where hands are more likely to be contaminated by micro-organisms e.g. when caring for a patient with barrier precautions, or where the risk to the patient is greater, for example prior to an invasive ward-based procedure, aseptic technique.

Hand disinfection is usually achieved by a thorough hand wash with soap and water, followed using alcohol hand rub.

It must be remembered that alcohol is not a cleaning agent and will not be effective in the presence of physical dirt; hands must be physically clean before alcohol is applied.

**6.4 Procedure for routine use of alcohol hand rub**

Check that alcohol hand rub is in date and not expired

1. Cup one hand and place under the pump dispenser
2. Press pump once to dispense required amount of the alcohol hand rub into the palm of the hand
3. Rub the disinfectant in thoroughly following the seven-step method, ensuring that the solution covers all surfaces of both hands until dry. Follow seven step hand washing technique (see illustration page 8).
4. It is unnecessary to rinse hands or use a paper towel.
5. Allow to dry
6. **Glove usage**

Medical / Examination gloves are recommended for two main reasons:

* to reduce the risk of contamination of health care workers hands by blood and other body fluids.
* to reduce the risk of micro-organisms’ dissemination to the environment and of transmission from the HCW to the patient and vice versa.

Gloves should therefore be used during all patient care activities that may involve exposure to blood and all body fluid (including contact with mucous membranes and non-intact skin) and when undertaking barrier precautions and during outbreak situations

**NOTE:**

If there is a risk of exposure to blood or bodily fluids, a clean pair of gloves and an apron must be worn

**Key Points**

* Always remove gloves immediately following completion of the task for which they were worn
* Glove usage is not a substitute for thorough hand hygiene
* Within the Trust, in acute and community setting, hands should be washed with soap and water before donning gloves if carrying out any aseptic procedure or a non-touch aseptic technique
* Hands should be washed with soap and water after removal of all gloves as hands may become contaminated during the removal of gloves. Similarly, in the domiciliary care setting, perform appropriate hand hygiene after removal of gloves.
* It is important to ensure gloves fit correctly
* Sterile surgical gloves should not be used for non-invasive aseptic procedures where sterile examination gloves would be adequate
* Long nails and jewellery may damage gloves, please adhere to BBTE
* Single use gloves must not be reused
* It is important to establish whether a patient has a latex sensitisation on or before each admission. Please refer to the [Latex Policy and Procedures](http://nww.sth.nhs.uk/STHcontDocs/STH_Pol/ClinicalGovernance/LatexPolicy/LatexPolicy.doc)

**The WHO guidelines (2009) on Hand Hygiene, paragraph 23.1.3 states “whether hand hygiene should be performed before donning non-sterile gloves is an unresolved issue and therefore this moment should not be recommended as an indication for hand hygiene, however The Epic 3 guidance (2014) states that gloves can have pores that may allow micro-organisms to pass through and hands should be cleaned before and after wearing gloves.**

**There is evidence that the gloves are not always used in line with current guidance and that glove usage impacts negatively on hand hygiene (Loveday et al 2014). Whilst medical gloves provide barrier protection and reduce the risk of hand contamination from blood, body fluids, secretions and excretions, they do not eliminate the risk completely. Hands cannot be therefore considered to be clean because gloves have been worn and should be decontaminated following the removal of gloves.**

**As a minimum the Trust recommends:**

* Washing hands with soap and water before any aseptic technique which requires the use of sterile gloves
* Washing hands with soap and water before any non-touch aseptic technique which requires the use of non-sterile gloves
* Appropriate hand hygiene must be completed following every episode of patient care; If hands have been decontaminated appropriately following the previous patient activity/task, then hands will be visibly clean and do not need to be washed prior to putting on non-sterile gloves for all other activities.
* It is essential that a risk assessment is carried out prior to the donning of gloves to firstly establish whether gloves are needed for the proposed activity and also to ascertain that appropriate hand hygiene has been completed following the previous patient activity/task.
* Washing hands with soap and water on removal of **all gloves** whether sterile or non-sterile

Refer to WHO leaflet on glove usage

[**http://www.who.int/gpsc/5may/Glove\_Use\_Information\_Leaflet.pdf**](http://www.who.int/gpsc/5may/Glove_Use_Information_Leaflet.pdf)

1. **Skin care**

* Persistent skin irritation in healthcare personnel is a cause for concern. It can place patients at risk because hands cannot be adequately decontaminated and can place the health care worker at risk of infection due to the breaches in skin integrity. Skin damage is generally associated with the detergent base of the preparation and/or poor hand washing technique. However, the frequent use of hand hygiene agents may cause damage to the skin and alter the normal hand flora. Excoriated hands are associated with increased colonisation of potentially pathogenic micro-organisms and increase the risk of infection. In addition, the irritant and drying effects of hand preparations have been shown as one of the reasons why healthcare workers fail to adhere to hand hygiene guidelines (Loveday et al. 2014).
* In addition, skin conditions such as boils, abscesses, eczema or psoriasis must also be reported to Occupational Health Department.
* If the skin damage is extensive, it may not be possible to cover all breaks with an impermeable waterproof dressing. The effect of an agent on the health of the skin will influence the frequency of hand washing. If it is not possible to cover breaks in the skin, advice should be sought from the Occupational Health Department
* If a member of staff experiences any problems with the hand washing/ disinfectants provided by the Trust, they should firstly discuss this with their manager who will consider referral to the Occupational Health Department, who will then assess each individual and recommend an alternative product if necessary.
* Bacterial counts increase when the skin is damaged. Drying hands thoroughly is particularly important to prevent hands becoming chapped, especially in the winter months.
* Hands can be further protected by the use of a good quality hand cream. Hand cream should be made available in every clinical area, preferably in a pump dispenser.
* Communal jars of hand cream must not be used, as they are very likely to become contaminated.
* Use of a moisturiser is recommended at the end of shifts, at break times and when off duty to maintain the integrity of the skin.

**Note:**

In some instances, poor skin integrity may require a health care worker to perform non-clinical duties until their skin has healed so ~~no~~ no-longer at risk of acquiring an infection.

1. **Correct storage of alcohol hand rub**

The NPSA 2008 advocates that only the minimum quantities of alcohol-based hand rub products should be stored at ward/department level.

1. It is recommended that no more than five litres (10 bottles) should be held in storage in a locked metal cupboard. This does not include the hand rub at the point of care, which is regarded as in use.
2. To assist compliance with the Safety Alert and to avoid wards/departments running out of products the majority of areas will receive alcohol hand rub via the top up system organised by the Material Management Team. Community Service/teams should ensure stock levels are maintained and replenished via their normal stock supply routes.
3. Alcohol hand gels should be readily available at the entrance to all clinical ward/departments. Within the community, placement of wall mounted alcohol hand rubs dispensers other than at the “point of care” is at the discretion of service leads/managers. Decisions should be made following a risk assessment considering infection control issues and the risk of unintended use by patients and the general public for whom permanently sited dispensers may pose a risk. Alternatively, personal carried dispensers, which clip onto uniforms or work clothes, may be more appropriate.
4. It is everyone’s responsibility to renew empty bottles of alcohol hand rub. However, it is recommended that each area nominate an individual(s) to ensure the ward/department/service is fully stocked and has the correct amount of product in storage.
5. **Hand hygiene for patients and their visitors**

Hand hygiene for patients is also important. Whilst in a health care setting, a patient’s health may become compromised for a number of reasons. This is an ideal opportunity for staff to educate patients in the importance of hand hygiene and to encourage good hand hygiene practice. Appropriate hand hygiene facilities must be provided for use by patients. Patients should be encouraged to wash their hands, especially at the following times: -

1. After using the toilet/bedpan/commode
2. Before eating or handling food
3. When caring for lines e.g. Hickman
4. When participating in dressings e.g. pin site care

Detergent hand wipes and alcohol hand rubs can provide an excellent alternative to hand washing when patients/clients experience difficulties gaining access to hand wash basins. Detergent hand wipes are widely available through the NHS Logistics catalogue and should be offered in these circumstances described above.

Visitors are encouraged to adhere to the Visitors Policy and use the alcohol hand rubs provided on entering and leaving the ward. All visitors attending patients requiring barrier precautions, or when entering or leaving an area with a diarrhoeal outbreak, must be instructed to use soap and water to wash their hands on entering the area and when leaving the patient.

1. **Training in hand hygiene**

Infection Prevention and Control, including Hand Hygiene, has been classed as mandatory trainingfor staff employed by the Trust. There is more than one training option available for Infection Prevention and Control, including Hand Hygiene and staff should complete the most relevant option to suit the responsibilities and risks associated with their role.

The Line Manager or Designated Supervisor should inform their staff about their personal Mandatory and Job Specific Training requirements during induction or when there is a significant change in role. The Line Manager/Designated Supervisor should consult the Training Needs Analysis for Infection Prevention and Control, including Hand Hygiene on the [Mandatory Training Intranet Site](http://nww.sth.nhs.uk/NHS/LearningAndDevelopment/MandatoryTraining) to find out which training option is appropriate.

**Accessing Mandatory and Job Specific Training Courses**

The Line Manager/Designated Supervisor should book the employee onto any relevant training courses and confirm these arrangements with the employee. This process should be completed as part of induction and repeated when updates are due. Instructions on how to book training places are included in the [Induction and Mandatory Training Policy](http://nww.sth.nhs.uk/STHcontDocs/STH_Pol/HumanResources/InductionAndMandatoryTraining.docx) together with a full explanation of the mandatory training system. E-learning can be accessed on the [Mandatory Training Intranet Site](http://sharepoint/Dept/LearningAndDevelopment/Mandatory_Training/SiteAssets/home.aspx). Any member of staff can access the [Mandatory Training Intranet Site](http://sharepoint/Dept/LearningAndDevelopment/Mandatory_Training/SiteAssets/home.aspx) to view the Training Needs Analysis and Prospectus.

Staff should complete the specified training or notify their Line Manager or Designated Supervisor if they are unable to comply so that alternative training can be arranged.

**Recording Completion**

Training Providers should follow the processes described in the [Induction and Mandatory Training Policy](http://nww.sth.nhs.uk/STHcontDocs/STH_Pol/HumanResources/InductionAndMandatoryTraining.docx) for recording attendance using signing-in sheets. Trust e-learning packages include automatic recording of compliance. The Administrative staff who enter attendance records into OLM check the signing-in sheets and report any non-attendance to the relevant manager.

**Checking Compliance and Following up Non-compliance**

Line Managers/Designated Supervisors should follow the processes described in [Induction and Mandatory Training Policy](http://nww.sth.nhs.uk/STHcontDocs/STH_Pol/HumanResources/InductionAndMandatoryTraining.docx) for checking compliance and following-up non-compliance. This includes using reports generated from OLM records and re-booking employees onto training courses or facilitating e-learning until compliance is achieved.

1. **Monitoring of hand hygiene policy and performance**

Compliance with this policy is monitored through the Healthcare Governance Risk Management Audit Programme which will be launched and co-ordinated by the Patient and Healthcare Governance Department each year. The audit schedule, guidance and documentation are posted on the [Patient and Healthcare Governance intranet site.](http://nww.sth.nhs.uk/NHS/PatientAndHealthcareGovernance) Healthcare Governance Committee will review the audit results.

**Monitoring of Hand Hygiene Performance**

* Hand hygiene is considered to be part of the Infection Prevention and Control element of mandatory and job specific training for Non-Clinical, Clinical and Medical staff in PALMS at this link <https://palms.sth.nhs.uk/course/view.php?id=2195>
* Compliance with mandatory training is monitored in clinical areas as part of the Clinical Assurance Toolkit.
* An assessment of whether a clinical area has an active ‘cleanyourhands’ champion is included in the [Infection Control Accreditation Programme](http://nww.sth.nhs.uk/NHS/InfectionControl/) and will be reviewed annually
* The [Infection Control Accreditation Programme](http://nww.sth.nhs.uk/NHS/InfectionControl/) includes a monthly hand hygiene audit, looking for a compliance of 90% or above to be carried out by the ward/department staff. If hand hygiene audit scores <90% audits must be repeated by the ward/department staff weekly until 90% compliance or above is achieved.
* The Community Accreditation Programme includes a monthly hand hygiene technique audit, looking for audit compliance of >90%. If compliance is less than this, community staff should repeat the audits on a weekly basis until > 90% compliance is achieved.
* At least one Hand Hygiene Audit per year to be completed by IPCT in inpatient and outpatient areas. If the hand hygiene audit scores less than 90%, audits will be repeated by the ward weekly until 90% compliance or above is achieved.
* IPCT will audit hand hygiene weekly for at least 3 weeks in areas on alert for *C. difficile* or with other IPC concerns.
* The IPCT will check availability of alcohol hand gel and hand cleaning facilities when they visit clinical areas and will address any problems identified immediately with the ward staff.
* The IPCT and Hand Hygiene Champions in both the acute and community setting will on a daily basis challenge staff who are observed to practice sub-optimal/inadequate hand hygiene.
* Staff should be prepared to approach their peers/visitors if hand hygiene is not performed adequately.

1. **Roles and responsibilities**

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| **Role** | **Responsibility** |
| Board of Directors | The Board of Directors is accountable for ensuring that suitable arrangements are in place for managing infection prevention and control including hand hygiene. This includes an overview of performance, significant issues and development plans. These duties are normally conducted through the work of the Healthcare Governance Committee. |
| Chief Executive | The Chief Executive has ultimate responsibility to ensure the control of hospital infection is addressed according to Department of Health directives. Members of the Trust Executive Group (TEG) are accountable to the Chief Executive Officer for ensuring infection is prevented and controlled, the Executive Director with lead responsibility for this is the Chief Nurse. |
| Director of Infection Prevention and Control | The Director of Infection Prevention and Control is responsible for the development and organisational adoption of the Hand Hygiene Policy. This includes working through the Infection Prevention and Control Committee and formally reporting to the Trust Executive Group and the Healthcare Governance Committee. |
| Infection Prevention and Control Team | The Infection Prevention and Control team (IPCT) is responsible for providing expert advice on Hand Hygiene.  The IPCT is responsible for ensuring resources are available on hand hygiene, and provide regular updates for Infection Control Link workers.  The IPCT is responsible for ensuring hand hygiene resources are available to support local programmes of education, including regular updates for Infection Control Link Workers and social marketing in the form of hand hygiene campaigns. Audits of hand hygiene and feedback promoted via IPC Accreditation, which will be refreshed regularly. The IPCT will also periodically run Hand Hygiene campaign alongside continuing to promote the concept of ‘cleanyourhands’ Champions. |
| Occupational Health Team | The Occupational Health Team (OHT) is responsible for providing expert advice to inform the choice of products for hand hygiene and also to staff who experience skin problems with the hand washing/ disinfectants provided by the Trust. |
| Clinical Directors and Corporate Heads of Department | Clinical Directors and Corporate Heads of Department are responsible for infection prevention and control in their own sphere of control. This role includes ensuring suitable and sufficient systems are in place to comply with Trust policy on Hand Hygiene and will also include promoting local programmes of education, social marketing, and audit and feedback via the IPC Accreditation Programme. |
| Directorate Governance Groups | Directorate governance groups (or equivalent) are responsible for ensuring that infection prevention and control (including hand hygiene) is monitored in their own directorate, action plans are implemented to address any significant issues and learning is shared. This includes participating in the Healthcare Governance Risk Management Audit Programme. The groups should keep appropriate governance records, reports and minutes. |
| Line Managers/ designated Supervisors | Line managers/designated supervisors must ensure that their staff, and any temporary staff students or volunteers working in their area, are compliant with the requirements within this policy that apply to them. Line managers/designated supervisors must ensure their staff have access to and receive mandatory training in infection prevention and control including hand hygiene training.  If staff fail to complete mandatory updates on hand hygiene, this will be followed up by their line manager/designated supervisor and actions taken to remedy this. Line managers will also promote local programmes of social marketing, and audit and feedback via the IPC Accreditation Programme. |
| Staff employed by STHFT | All staff are responsible for their own actions and staff must be constantly vigilant to ensure that something as basic as hand hygiene is practised correctly.  Staff are to ensure that they receive training on effective hand hygiene specified by their line manager/designated supervisor. |

1. **Monitoring**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Standard, process or issue to be monitored** | **Monitoring method** | **Monitored by** | **Reported to** | **Frequency** |
| Monitoring will take place by the IPC Team during their normal activities and at the monthly Team meetings.  In addition monitoring will take place as part of the Infection Control Accreditation Scheme, in both the acute and community setting.  Compliance with this policy will be monitored through the Healthcare Governance Risk Management Audit Programme. | Audit | Infection Prevention and Control Team | Infection Prevention and Control Executive Committee | As a minimum monthly ward-based audits in inpatient clinical areas |

1. **Definitions**

|  |  |
| --- | --- |
| **Term** | **Description** |
| BBTE | Bare Below the Elbows |
| HCAI | Healthcare Associated Infection |
| IPCT | Infection Prevention and Control Team |

1. **References**
2. **Associated Trust and external documents**

**Trust controlled documents**

[Induction and Mandatory Training Policy](http://nww.sth.nhs.uk/STHcontDocs/STH_Pol/HumanResources/InductionAndMandatoryTraining.docx)

Dress Code Policy

[Latex Policy and Procedures](http://nww.sth.nhs.uk/STHcontDocs/STH_Pol/HumanResources/DressCodePolicy.doc)

**External documentation**

* Centres for Disease Control and Prevention, Guideline for Hand Hygiene in Health-Care Settings. Recommendations of the Healthcare Infection Control Practices Advisory Committee and the HICPAC/SHEA/APIC/IDSA Hand Hygiene Task Force. MMWR 2002; 51 (No. RR-16)
* Department of Health (2007) Uniforms and workwear- an evidence base for developing local policy
* <https://webarchive.nationalarchives.gov.uk/20130220145219/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_078435.pdf>
* The [Health and Social Care Act](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_122604) 2008; Code of Practice on the Prevention and Control of Infections and related guidelines
* Johnson A (2007) Johnson outlines new measures to tackle hospital bugs, London, Department of Health 2007
* Loveday, H.P. et al (2014) epic3: National Evidence-Based Guidelines for Preventing Healthcare-associated infections in NHS hospitals in England. Journal of Hospital Infection 86S1(2014) S1-S70
* National Patient Safety Agency (2008) Clean Hands Save Lives. Patient Safety Alert. 2nd Sept 2008. <http://data.parliament.uk/DepositedPapers/Files/DEP2009-0728/DEP2009-0728.pdf>
* The *epic* project (2001) Developing National Evidence-based Guidelines for Preventing Healthcare associated Infections. Department of Health, Journal of Hospital Infection (2001) 47 (Supplement)
* Pittel D,Hugonnet S,Harbath S et al (2000) Effectiveness of a hospital wide programme to improve Pittet D (2001) Improving adherence to hand hygiene practices; a multidisciplinary approach. Emerging Infectious Diseases April ;9-20
* Pittet D et al (2009) World Health Guideline; The World Health Organisation Guidelines on Hand Hygiene in Health Care and Their Consensus Recommendations. Infection Control and Hospital Epidemiology July 2009, vol 30, no 7 611-622
* RCN (2012) Wipe it out; one chance to get it right. Essential practice for infection prevention and control Guidance for nursing staff.
* World Health Organization. Hand Hygiene: Why, How & When? [Internet]. Geneva (Switzerland): World Health Organization; 2009 [cited 2024 Nov 23].

1. **Appendices**

**Appendix 1: Transient and resident micro-organisms**

Effective hand hygiene is a fundamental principle of good infection control, resulting in prevention of cross infection and protection for staff. Hands have been implicated in the spread of both enteric and respiratory viral infections as well as organisms such as MRSA.

Effective hand hygiene is used to remove transient and resident micro-organisms.

**Transient micro-organisms**

1. Are those micro-organisms found on the surface of the skin.

1. They are termed ‘transient’ because direct contact with other people, equipment or other body sites all result in the transfer of these micro-organisms to and from the hands.
2. Any damaged skin, moisture or ring wearing will increase the possibility of colonisation with micro-organisms.
3. Transient micro-organisms are easily removed with social hand washing and this immediately reduces the risk from cross infection.

**Resident micro-organisms**

1. Are those micro-organisms usually called normal flora or commensals.
2. They are located in the deep-seated epidermis, hair follicles, and sweat glands and beneath finger nails.
3. Some bacteria such as coagulase-negative staphylococci that are resident on hands are designed to have a defensive function, in that they protect the skin from invasion by more harmful micro-organisms.
4. Resident micro-organisms do not readily cause infections and are not easily removed. However during surgery or via invasive devices and procedures they could enter the patient’s deep tissues and establish an infection there e.g. infection in central venous catheters.

**Appendix 2: ‘Cleanyourhands’ Campaign and Champion**

In September 2004, the National Patient Safety Agency (NPSA) launched the ‘**cleanyourhands’ campaign** to acute trusts in England and Wales. The campaign was based on international studies and research undertaken in England that suggested infection rates could be reduced by up to 10-15% when staff cleaned their hands at the point of care

1. The importance of staff champions or role models in hand hygiene improvement is critical to the success of the ‘cleanyourhands’ campaign.
2. Every clinical area, both inpatient and outpatient should have a nominated staff champion for hand hygiene and have their photograph taken and feature in a poster which will be displayed in the ward/department area.
3. This is a requirement for the [Infection Control Accreditation Programme](http://nww.sth.nhs.uk/STHcontDocs/STH_Nur/InfectionControl/AccreditationProgramme/InfectionControlAccreditationProgramme.doc)
4. The staff champion can be found at the following Link [Role of Staff Champion](http://nww.sth.nhs.uk/STHcontDocs/STH_Nur/InfectionControl/AccreditationProgramme/ICAP_RoleOfStaffChampions.doc)
5. The Trust will periodically run hand hygiene campaigns alongside continuing to promote the concept of ‘cleanyourhands’ Champions
6. **Document control**

|  |  |
| --- | --- |
| **Ref** | 48 |
| **Version** | 7 |
| **Status** | Current |
| **Executive Lead** | Chris Morley |
| **Author** | Samantha Willow /  Infection Prevention and Control Nurse Team |
| **Approval body** | IPC Executive Committee |
| **Date approved** | 4th March 2025 |
| **Ratification body** | Trust Executive Group |
| **Date ratified** | 12th March 2025 |
| **Issue date** | 14th March 2025 |
| **Review date** | 4th March 2028 |

1. **Version history**

|  |  |  |  |
| --- | --- | --- | --- |
| **Version** | **Date issued** | **Brief summary of changes** | **Author** |
| 4 | 11/01/2012 | * Monitoring section and the description of processes amended to ensure compliance with the NHSLA Level 1 re-assessment * Clarification on glove usage * Incorporation of community hand hygiene guidelines into the Trust policy | Rachael Duckworth |
| 5 | 09/04/2015 | New recommendations from Epic3 guidance reviewed and incorporated | Rachael Duckworth |
| 6 | July 2021 | * Bare Below the Elbows re-defined * Amended in line with the updated Trust Dress Code policy | Rachael Duckworth updated the policy  Angela Hendzall will oversee going forwards |
| 7 | 14/03/2025 | * Added an introduction * Updated *Clostridioides difficile* nomenclature * Bare Below the Elbows re-defined * Amended in line with the STH trust updated Dress Code Policy * Added update to Hand washing section | Samantha Willow |

1. **Intended recipients**

All staff who should:

|  |  |
| --- | --- |
| **Be aware of the document and where to access it** | All employees |
| **Understand the document** | All employees |
| **Have a good working knowledge of the document** | All employees |

1. **Consultation and review**

|  |  |
| --- | --- |
| **Groups / persons consulted** | **Date** |
| Trust Executive Group | 12.03.2025 |
| Infection Control Operational Group | 17.12.2024 |
| Infection Control Committee | 04.03.2025 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **What relevant quantitative and qualitative information (data) do you have? This may include national or local research, surveys, reports or research; workforce / patient data; complaints and patient experience data, etc.**  **23. Rapid equality impact assessment** | | | | | | |
|  | **Positive Impact**  This will actively promote or improve equality of opportunity or address unfairness or tackle discrimination | **Negative Impact**  This will have a negative or adverse impact which will cause disadvantage or exclusion | **Neutral Impact**  There is no likely impact on any of the protected groups | **Does it advance equality of opportunity? (Y/N)** | **Does it eliminate unlawful discrimination?**  **(Y/N)** | **Does it foster good relations between people?**  **(Y/N)** |
| **Race (including nationality)** |  | Although the Trust aims to promote the equality of all staff, the wearing of long sleeves to cover the forearms is not permissible in some areas of the Trust for reasons of control of infection |  |  |  |  |
| **Religion/belief and non-belief** |  | * This policy applies equally to all patients. * Although the Trust aims to promote the equality of all staff, the covering of forearms practiced by females within some cultures is not permissible in some areas of the Trust for reasons of infection control |  |  |  |  |
| **Disability** | It is recognised that some staff may need modifications to the standard soap/alcohol hand rub used within the Trust e.g. due to allergic reactions/dermatology reasons. These needs will be met on an individual basis by Occupational Health Department.  It is recognised that some patients/visitors will require modifications to accessing hand washing facilities arising from a disability or impediment. This will be accommodated within the constraints of Health and Safety where possible. |  |  |  |  |  |
| **Sex** |  | The policy generally apply equally to both sexes, however, the wearing of long sleeves to cover the forearms by females within some cultures is not permissible in some areas of the Trust for reasons of the control of infection. Modifications to the standard uniform maybe possible. |  |  |  |  |
| **Gender Reassignment** |  | The policy generally apply equally to both sexes, however, the wearing of long sleeves to cover the forearms by females within some cultures is not permissible in some areas of the Trust for reasons of the control of infection. Modifications to the standard uniform maybe possible |  |  |  |  |
| **Sexual Orientation** |  |  | The policy applies equally to all patients, staff and visitors |  |  |  |
| **Age** |  |  | The policy applies equally to all patients, staff and visitors |  |  |  |
| **Pregnancy and Maternity** |  |  | The policy applies equally to all patients, staff and visitors |  |  |  |
| **Marriage and Civil Partnership** |  |  |  |  |  |  |
| **Human Rights (FREDA principles)** |  |  | This policy applies equally to all patients. |  |  |  |
| **Carers** |  |  |  |  |  |  |
| **Other groups e.g. Gypsy, Roma, Travellers, vulnerable adults or children (e.g. homeless, care leavers, asylum seekers or refugees)** |  |  |  |  |  |  |
| **Social deprivation / tackling health inequality** | * This policy applies equally to all patients. * Where available local policies and guidelines are based on national guidelines/policies and advice from professional bodies * By their very nature policies and guidelines are designed to ensure a consistent approach across the Trust |  |  |  |  |  |

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| **List any specific equality issues and information gaps that may need to be addressed through engagement and/or further research** |
|  |

**23.1 Analysing the equality information**

In this section record your assessment and analysis of the evidence. This is a key element of the EIA process as it explains how you reached your conclusions, decided on priorities, identified actions and any necessary mitigation.

|  |
| --- |
| **Analysis of the effects and outcomes** |
| Analysis through experience from previous iterations of policy and communication related to it |

**23.2 Outcome of equality impact assessment**

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| --- | --- | --- | --- |
| **No major change needed** | **Adjust Policy / proposal** | **Adverse impact but continue** | **Stop and remove policy / proposal** |
|  |  | ü |  |

**23.3 Action plan**

|  |  |  |  |
| --- | --- | --- | --- |
| **Action to address negative impact** | **By whom** | **By when** | **Resource implication** |
| No actions identified |  |  |  |

* 1. **Monitoring, review and publication**

|  |  |
| --- | --- |
| **Manager signing off EIA** (please enter name below) | **Date of next review** (please enter date below) |
|  |  |
| **Approved by** (please enter name of Committee and date approved below) | **Date sent to EDI Team** [sth.equalityanddiversity@nhs.net](mailto:sth.equalityanddiversity@nhs.net):  (please enter date below) |
|  |  |
| **Date published (if applicable)** (please enter date below) |
|  |

1. **Other impacts**

|  |  |
| --- | --- |
| **Financial implications** |  |
| **Training implications** | To be included as part of mandatory training |
| **Other** |  |

1. **Document imprint**

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