**ST GEMMA’S HOSPICE**

**POLICIES AND GUIDANCE**

|  |  |
| --- | --- |
| **Category:** | Infection Control |
| **Title:** | Hand Hygiene |
| **Responsibility of:** | Infection Control Group |
| **HLT Member Accountable:** | Director of Nursing |
| **Developed in consultation with:** | Infection Control Group |
| **Staff with operational responsibility for development, implementation and review:** | Medical Team, Ward Managers, community and Day Hospice Services Manager, Team Leaders, Hotel Services Manager,  |
| **Target audience:** | All Staff |
| **Key words:** | Hand hygiene, hand washing, alcohol gel, hand,  |
| **Associated policies:** |  |
| **Date most recently validated:** | November 2011 |
| **Date originally validated:** | Sept 2006 |
| **Review date:** | November 2014 |

**St. Gemma’s Hospice**

**INFECTION CONTROL – HAND HYGIENE**

**1.0 Preamble**

* 1. Hands of staff are the most common vehicle by which micro-organisms are transmitted between patients. Hands are frequently identified as the route of transmission in outbreaks of infection. (Wilson, J. 2006)

 1.2 Hand hygiene is universally considered to be the most basic but vital infection

 control measure.

* 1. Hands carry both transient and resident skin flora:

 **Transient** skin flora comprises of microbes acquired on the surface of the skin through contact with other people, objects or the environment, e.g. MRSA. Whilst the antibacterial properties of the skin prevent their survival for more than a few hours, they are readily transferred to other people or objects within this time, i.e. cross infection. They are easily removed during hand hygiene procedures.

 **Resident** (or normal) skin flora lives deep in the skin crevices, in hair and sebaceous glands. They are not easily removed by the mechanical action of

 hand washing but their numbers can be reduced by the combination of a detergent and microbiocide.

 1.4 The majority of transient micro-organisms are removed from the hands by the mechanical action of thoroughly washing hands with liquid soap and water.

 1.5 The aim of this policy is to highlight the importance of effective hand hygiene,

 and to instruct how and when hand hygiene should take place.

 1.6 There are posters in the clinical areas and kitchens depicting the correct hand

 hygiene techniques**.**

 1.7 **Soap and water is more effective than alcohol when dealing with Clostridium Difficile spores.**

1.8 Alcohol hand gel is positioned at the entrance to each ward. Staff and visitors

 are to be encouraged to use this on entering and leaving the ward.

**2.0 Policy**

2.1 Each staff member is accountable for his or her actions and follows

 recommended hand washing techniques, which are displayed in clinical areas.

 2.2 Staff who experience any skin problems, particularly on hands and forearms

 must inform their line manager and seek advice from Occupational

 Health Service.

 2.3 Nails are to be kept short and clean.

 2.4 Rings with stones or ridges are not to be worn. Total bacteria counts

 particularly of gram negative bacteria are higher when rings are worn (Larson

 1985, Jacobson et al 1985).

 2.5 Artificial nails or nail polish are not to be worn as they discourage vigorous

 hand washing (Larson 1989).

 2.6 Wrist watches and bracelets are to be removed and long sleeves rolled up prior to hand washing and when working in, or entering, a patient’s room or bay to ensure correct hand washing procedure is undertaken.

 2.7 Always cover cuts and lesions with a coloured detectable waterproof dressing.

 2.8 Alcohol rub products are sited where most appropriate for use. They should be

 well stocked and the nozzles kept clean.

 2.9 Hand wash basin are adequately supplied with soap and paper towels and it is

 clearly understood who is responsible for restocking of these items.

 2.10 If hands are visibly dirty or contaminated with blood or body fluids, soap and

 water provided in clinical areas is to be used.

 2.11 Hands are to be thoroughly dried with paper towels. Wet surfaces transfer

 micro organisms more effectively than dry ones. Moisture left on the hands

 may cause the skin to become dry and cracked.

 2.12 If hands are not visibly soiled then alcohol based hand rub is used for

 routinely decontaminating hands.

 2.13 Wearing gloves does not negate the need for hand washing

 2.14 Products should be perfume free (to avoid sensitisation) and contain

 emollients (to avoid adverse drying of the skin).

 2.15 Hand cream from the dispensers in the clinical areas should be used to keep

 the skin in good condition. Skin integrity is an important barrier to cross

 infection. Damaged skin is twice as likely to be colonized with bacteria.

 (Larson 2001)

 2.16 Patients are encouraged to wash their hands after using the toilet and before

 eating. Hospitality staff offer patients moist hand wipes to use before meals.

 2.17 There is a regular programme of audit in place. To monitor compliance and

 identify areas for improvement.

 2.18 Any staff undertaking domiciliary visits use alcohol gel before and after each

 patient contact.

**3.0 Procedure**

3.1 Staff member wash their hands at the point of care as defined by the,

 World Health Organisation (WHO) as the five moments for hand hygiene.

 These are:

* **Before patient contact**. To protect the patient against harmful germs

 carried on the hands.

* **Before aseptic technique**. To protect the patient from harmful germs, including those that may be present on the patient’s skin from entering his/her body.
* **After body fluid exposure risk**. To protect yourself and the healthcare environment from harmful germs.

* **After patient contact**. To protect yourself and the healthcare

 environment from harmful germs.

* **After contact with patient surroundings**. To protect yourself and the healthcare environment from harmful germs.

In addition to:

* Before, and at the end of each work period
* Before and after each hands-on patient contact
* Before and after contact with the patients surroundings
* Before and after carrying out an aseptic technique or drug administration
* Before and after glove use
* Before handling food
* After contact with any bodily fluid or secretion

3.2 Staff member washes hands with soap and water initially, sequence of events.

* Wet hands under running water.
* Dispense enough soap to cover all surfaces of the hands.
* Rub hands palm to palm.
* Rub right palm over left dorsum with interlaced fingers and vice versa.
* Rub palm to palm with fingers interlaced.
* Rub backs of fingers to opposing palms with fingers interlocked.
* Rotationally rub left thumb with right palm and vice versa.
* Rub tips of fingers to opposing palm in circular motion.
* Rub each wrist with opposite hand.
* Rinse hands thoroughly under running water.
* Dry hands with single-use disposable paper towel.
* Use elbow of paper towel to turn tap off.
* Dispose of paper towel in foot operated bin being careful not to re-contaminate yourself.
* Apply hand cream as required

 3.2 Staff member cleanses hands with alcohol-based hand rub, sequence of events

 following initial hand washing.

* Dispense a small amount of product into a cupped hand.
* Rub hands palm to palm.
* Rub right palm over left dorsum with interlaced fingers and vice versa.
* Rub palm to palm with fingers interlaced.
* Rub backs of fingers to opposing palms with fingers interlocked.
* Rotationally rub left thumb with right palm and vice versa.
* Rub tips of fingers to opposing palm in circular motion.
* Rub each wrist with opposite hand.
* Rub until the product evaporates.

3.3 Hospitality or nursing staff in absence of hospitality offer patients wet wipes prior

 to meals

3.4 Nursing staff actively encourage or assist patients to wash their hands following use of the toilet.

**4.0 Compliance**

4.1. The infection control group will undertake an audit of hand washing compliance

 on an annual basis or more frequently if compliance is in question.

**References**

**Department of Health.** (2003) **“**Winning Ways, Working together to reduce Healthcare Associated Infection in England, a report from the Chief Medical Officer.”

**Larson EL** (2001) “Hygiene of skin: when is clean too clean?” Emerg. Infect.Dis.

 7(2):225-9. Cited by Wilson Chapter 7, “Infection Control in Clinical practice.”

**World Health Organisation.** (2009) WHO Guideline on Hand Hygiene in Health Care.

**Wilson J** (2006). “Infection Control in Clinical Practice”. Balliere Tindall.

**APPENDIX 1**

**Areas of hand most frequently missed when washing**



(Taylor 1978)