

## Hand Hygiene Policy

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<b>Responsible Lead Executive Director:</b>	Executive Director of Nursing
<b>Endorsing Body:</b>	Infection Control Committee (ICC)
<b>Governance or Assurance Committee</b>	Healthcare Quality & Assurance Committee (HQAIC)
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<b>Responsible Person</b>	Executive Director of Nursing

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CONSULTATION AND DISTRIBUTION RECORD	
<b>Contributing Author / Authors</b>	<ul style="list-style-type: none"> <li>• Infection Prevention and Control Team</li> </ul>
<b>Consultation Process / Stakeholders:</b>	<ul style="list-style-type: none"> <li>• Infection Prevention and Control Team</li> <li>• Corporate Management Team</li> <li>• Infection Control Committee</li> <li>• Health Protection Team</li> <li>• PSSD</li> <li>• Microbiologists</li> <li>• Infection Control Doctor</li> <li>• Lead Antimicrobial Pharmacist</li> <li>• Associate Nurse Director</li> <li>• Chief of Nursing Services</li> <li>• Chief Medical staff</li> <li>• Occupational Health and Safety</li> <li>• Human Resources</li> <li>• NHSL wide</li> </ul>
<b>Distribution:</b>	<ul style="list-style-type: none"> <li>• Available to NHS Lanarkshire staff via Firstport</li> <li>• Hosted on NHSL Corporate Policies site</li> </ul>

CHANGE RECORD			
Date	Author	Change	Version No.
30/11/2015	Infection Prevention and Control Team	Revision of existing Hand Hygiene Zero Tolerance to align with new policy template	4
23/01/2017	Infection Prevention and Control Team	Policy updated to reflect national guidance	5
31/05/2018	Infection Prevention and Control Team	GDPR statement added into section 3.	5
11/12/2018	Infection Prevention and Control Team	Policy updated in line with Vale of Leven requirements.	6
28/01/2018	ICC Governance and Review Group	Policy updated in line with Vale of Leven requirements.	6.1
29-03-2021	Governance review Group	Policy updated in line with Vale of Leven requirements	6.2
13-07-2021	Governance review Group	Policy updated to reflect comments from key stakeholders	6.3
23-05-2023	Governance review Group	Policy updated to reflect comments from key stakeholders	7

## 1.0 INTRODUCTION

Healthcare workers (HCW) within NHS Lanarkshire (NHSL) are committed to best practice in Hand hygiene. Hand Hygiene is recognised internationally as being the single most important indicator of safety and quality of care in healthcare settings because there is substantial evidence to demonstrate the correlation between good Hand Hygiene practices and low healthcare associated infection rates – [World Health Organisation](#).

Hand Hygiene is considered an important practice in reducing the transmission of infectious agents which cause infections:

- Hand washing, also known as hand hygiene, is the act of cleaning one's hands with soap or hand wash and water to remove viruses/bacteria/microorganisms, dirt, grease, or other harmful and unwanted substances stuck to the hands.
- Hand Hygiene is a term used to describe the decontamination of hands by various methods including routine hand washing with soap and water and/or hand decontamination which includes the use of alcohol foams and rubs.

The World Health Organisation (WHO) 5 Moments for Hand Hygiene defines 5 key opportunities when HCW should perform Hand Hygiene in order to reduce the transmission of micro-organisms between HCW and patients [Appendix 6](#).

Information regarding Hand Hygiene is available under Chapter 1 Standard Infection control Precautions (SICPs) of the National Infection Control Manual (NIPCM) <https://www.nipcm.scot.nhs.uk/>

This evidence-based, field-tested, user-centred approach is designed to be easy to learn, logical and applicable in a wide range of settings.

WHO 5 moments recommends all staff working within NHSL premises decontaminate their hands:

- 1 **before touching a patient,**
- 2 **before clean/aseptic procedures,**
- 3 **after body fluid exposure/risk,**
- 4 **after touching a patient, and**
- 5 **after touching patient surroundings.**

The 5 moments can be found on the NIPCM website at:

<https://www.nipcm.hps.scot.nhs.uk/resources/hand-hygiene-wash-your-hands-of-them/5-moments-posters/>

## 2.0 AIM, PURPOSE AND OUTCOMES

This policy applies to all staff employed or contracted by NHSL.

The aim of this policy is to ensure that all members of clinical and non-clinical staff – understand the importance of how and when to perform Hand Hygiene and are clear on their responsibilities in complying with this policy.

**Staff must be aware of and adhere to “Bare below the elbows”.**

- remove all hand/wrist jewellery\* including any embedded jewellery (a single, plain metal finger ring or ring dosimeter (radiation ring) is permitted but should be removed (or manipulated) during hand hygiene); bracelets or bangles such as the Kara which are worn for religious reasons should be able to be pushed higher up the arm and secured in place to enable effective Hand Hygiene which includes the wrists;
- all healthcare workers will not wear nail polish (coloured or clear), false nails of all descriptions including acrylic, gel, shellac and Builder In A Bottle BIAB (nail strengthening gel) whilst in clinical settings.
- Nails must be no longer than the fingertips and kept clean.
- Staff who do not wear uniform must ensure sleeves are rolled up to expose forearms whilst in clinical areas.
- Exceptions to this would be those entering a ward to carry out technical and maintenance repairs, where protective clothing is required.

In addition to all of the above all cuts or abrasions should be covered with a waterproof dressing. Hand washing should be extended to the forearms if there has been exposure of forearms to blood and/or body fluid

The objective of the policy is to:

- Provide a safe environment for patients, staff, carers and the public across all healthcare facilities within NHSL.
- Reduce the risk of healthcare associated infections by improving stakeholder awareness of the appropriate Hand Hygiene practices.
- Recognize that Hand Hygiene is one of the most effective actions you can take to reduce the spread of pathogens and prevent infections.

**3. SCOPE****3.1 Who is the policy Intended to Benefit or Affect**

This policy covers both NHSL premises and healthcare provided by NHS Lanarkshire staff within the patient's own home. All grades and disciplines of staff, whether directly employed or staff bank workers, contracted workers or on a locum basis are required to comply with this policy.

**There are no exceptions to this policy unless a patient's life may be in danger, such as a cardiac/respiratory arrest or where a patient is likely to be harmed or in danger of falling out of bed, choking etc.**

**3.2. Who are the Stakeholders**

Patients, carers and relatives, staff and those defined within section 5.0 Roles and Responsibilities.

**3.3. General Data Protection Regulation (GDPR) statement**

“NHS Lanarkshire takes care to ensure your personal information is only accessible to authorised people. Our staff have a legal and contractual duty to keep personal health

information secure, and confidential. In order to find out more about current data protection legislation and how we process your information, please visit the Data Protection Notice on our website at [www.nhslanarkshire.scot.nhs.uk](http://www.nhslanarkshire.scot.nhs.uk) or ask a member of staff for a copy of our Data Protection Notice.”

## 4.0 PRINCIPAL CONTENT

### 4.1 Staff employed or contracted by NHSL.

For the purposes of clarity, clear division has been made in relation to the responsibilities of employees when complying with this policy.

- All staff working in NHS Lanarkshire **must** be bare below the elbows at all times irrespective of their role e.g. domestic, porters, ward clerks, medical staff. Health Visitors and Family Nurses.
- Staff whether they wear a uniform or not who have direct physical contact with patients and clients must be bare below the elbows whilst working in a clinical or community setting e.g. Doctors, Health Visitors and Family Nurses.
- Staff whose role does not involve direct physical contact with the patient should still pay attention to hand hygiene.

[Appendices 3](#) and [4](#) outline the protocol that should be followed for hand-washing with soap and water and decontaminating hands using an alcohol-based hand rub.

- New staff will be made aware of this policy as part of the induction to the organisation and new clinical staff will be required to complete a compulsory Learn Pro Hand Hygiene module.
- If a member of staff continually breaches this policy or displays unreasonable behaviour they will be subject to management through the NHS Scotland Workforce Polices – Conduct Policy, Additional information on this can be found in the NHS Scotland Workforce Polices - Conduct Policy: guide to expected standards of behaviour. <https://workforce.nhs.scot/policies/conduct-policy-overview/conduct-policy/#:~:text=adhere%20to%20the%20expected%20standards,to%20expected%20standards%20of%20conduct>

#### Definition of Misconduct and gross misconduct

- There is no legal definition of misconduct. However, it is recognised that misconduct is any type of behaviour or conduct at work that falls below the standard required by the employer.
- Acts of gross misconduct are those which are so serious in themselves, or have such serious consequences, that the relationship of trust and confidence, which is needed between the employer and employee, has been damaged beyond repair and therefore dismissal is the appropriate sanction.

#### Examples of gross misconduct may include:

- Willful failure to adhere to clinical governance / infection control policies (e.g. Hand Hygiene) <https://workforce.nhs.scot/supporting-documents/guides/conduct-policy-guide-to-expected-standards-of-behaviour/>

**Note: Staff should remember that it is kind to remind and it is in the best interests of patient and staff safety if they are prompted by their colleagues, patients and/or visitors to ensure that Hand Hygiene is carried out and performed appropriately according to the 5 moments for hand hygiene.**

## 4.2 Reporting Mechanisms

[Appendices 2](#) and [3](#) set out what to do if an individual is seen not to comply with the Policy.

## 4.3 Patients- NHSL Inpatients and Outpatients

- Patients should be encouraged to ask staff if they have carried out Hand Hygiene at appropriate times.
- Staff should encourage and where required support and assist patients to carry out Hand Hygiene to prior to meals.
- In-patients should be provided with individual hand wipes as appropriate/available or soap and water.

### Staff providing care to patients in their own homes

Staff should have access to NHSL approved Hand Hygiene products and be provided with advice in accordance with activities being undertaken in order to protect themselves and patients. Activities can include care provided within the patient's own home. The responsibility for replenishing Hand Hygiene products remains with individual staff members.

## 4.4 Implementation

Overall responsibility for the implementation of this aspect of the policy is with the appropriate Directors of Acute Services and Health & Social Care Partnerships.

### 4.4.1 Hand Hygiene Products

Products used for Hand Hygiene and moisturising will be approved by the Decontamination Assurance Group (DAG) and formally evaluated every 2 years or sooner if issues arise via Occupational Health and Safety (SALUS).

All staff will have access to NHSL approved liquid soap, Alcohol Based Hand Rub (AHBR) and moisturising hand cream. Healthcare workers who work outside of a hospital setting will have capacity to order NHSL approved Hand Hygiene products required.

**NB: Only products supplied by NHSL should be used by staff while on duty.**

A different product other than that in common use in NHSL may be recommended by Occupational Health and Safety for any staff member who is having problems with the skin on their hands. This will be in liaison with IPCT/Microbiology to ensure the product is fit for purpose.

## ABHR

ABHR can only be used on hands when they are free from visible contamination. If hands have visible contamination or staff are caring for patients with vomiting or diarrhoeal illnesses e.g. Norovirus or *Clostridioides difficile*, liquid soap and water should be used for hand decontamination.

All staff should have the option of using personal use ABHR products and line managers are responsible for ensuring availability of personal use product. **Staff should only use NHSL approved products while on duty.**

## Hand Care

- Moisturising hand cream should be used to protect hands from the drying effects of regular washing and the use of ABHR during work breaks and when off duty.
- Only NHSL hand creams should be used and checked that they are within the expiry date.
- If a staff member's skin becomes irritated, please contact Occupational Health and Safety for advice.
- Skin breaks should be covered with a waterproof adhesive dressing.
- Ward supplies of hand creams should be wall mounted.
- Hand creams/ emollients issued for personal use should be clearly labelled with the owner's name and should not be shared with any other staff members.

## Hand Hygiene Facilities

In clinical settings there are designated Clinical Wash Hand Basins (CWHB) for use by healthcare workers. These CWHB are only for Hand Hygiene and must not be used for other purposes.

- Liquid soap and paper towels will be available at every CWHB. Bar soap should not be used.
- Liquid antimicrobial soap must only be available where a surgical scrub is anticipated.
- Hand Hygiene signage regarding technique and when to perform must be in place at all CWHB.
- Waste water should not be disposed of into any CWHB.

### 4.4.2 Signage

- Hand Hygiene signs will be displayed on all NHS premises and should give a consistent message. Hand Hygiene technique posters must be displayed throughout all wards and departments. When visitors enter healthcare premises they should be encouraged to use the ABHR.



### Appropriate dispenser or personal use bottles

- Personal use Hand Hygiene products must not be refilled under any circumstances.

#### 4.4.3 Education and Training

All NHSL staff are required to complete the NES LearnPro Hand Hygiene module as part of compulsory training: <http://nhs.learnprouk.com/>

Line Managers are responsible for ensuring all staff attend induction session and complete online module and maintain evidence of staff training.

### Hand Hygiene Audit Programme

Hand Hygiene audits will be completed by wards and departments. The Infection Prevention and Control Team (IPCT) undertake Quality Assurance Hand Hygiene audits.

## 5.0 ROLES AND RESPONSIBILITIES

Who	Roles & Responsibilities
<b>NHS Board</b>	<ul style="list-style-type: none"> <li>• Endorse and support the implementation of this Policy.</li> <li>• Liaise directly with IPCT regarding any issues requiring clarification or action arising from all Hand Hygiene reports.</li> <li>• Ensure that issues and/or actions are taken to appropriate committees for further action or support.</li> <li>• Encourage and support staff to be comfortable about challenging others in relation to compliance.</li> </ul>
<b>Hospital Management /Health &amp; Social Care Partnership (H&amp;SCP) Teams</b>	<ul style="list-style-type: none"> <li>• Act as role models for all staff.</li> <li>• Liaise directly with IPCT regarding audit results and all relating issues and availability of equipment to perform adequate Hand hygiene.</li> <li>• Ensure that relevant actions are taken to appropriate committees for further actions or sanctioning /support.</li> <li>• Liaise with key staff to ensure compliance targets are met and address areas of concern.</li> <li>• Encourage and support staff to be comfortable about challenging others in relation to compliance.</li> <li>• Cascade new policies to clinical staff after approval by the Infection Control Committee (ICC).</li> <li>•</li> </ul>
<b>Infection Prevention &amp; Control Team</b>	<ul style="list-style-type: none"> <li>• Keep this policy up to date.</li> <li>• Provide professional support and expertise at educational sessions.</li> <li>• Audit compliance with this policy and report findings to relevant personnel within NHSL.</li> <li>• Remind colleagues of the importance of Hand Hygiene in the clinical settings when opportunities are not completed appropriately or are missed.</li> <li>• Liaise with the appropriate department if estates issues are identified</li> </ul>

Who	Roles & Responsibilities
	<p>e.g. non-compliant CWHB taps</p> <ul style="list-style-type: none"> <li>Facilitate training for departments if required.</li> </ul>
<b>Senior Charge Nurse/ Ward Manager/ Team Leader/ Service Manager</b>	<ul style="list-style-type: none"> <li>Review Scottish Patient Safety Programme (SPSP) and IPCT Hand Hygiene audits and make corrective actions.</li> <li>Work in partnership with the IPCT to ensure that staff receive training.</li> <li>Ensure all staff attend compulsory Hand Hygiene induction face to face training and complete online NES LearnPro Hand Hygiene module.</li> <li>Ensure there is always a sufficient supply of Hand Hygiene sundries within expiry date.</li> <li>Encourage staff to be comfortable in challenging others.</li> <li>Refer staff with any skin problems to Salus Occupational Health and Safety Department.</li> <li>Provide clinical and managerial leadership within the clinical area and act as role models in relation to infection prevention and control.</li> <li>Liaise with the appropriate department if structural issues are identified e.g. non-compliant CWHB/taps.</li> </ul>
<b>Senior Nurses Heads of Departments/ Allied Health Professionals</b>	<ul style="list-style-type: none"> <li>Ensure that all staff who they line manage read, sign and date that they have read this policy and are aware of their responsibilities for complying with and supporting it.</li> <li>Ensure Hand Hygiene is a standing agenda item at Hygiene and other relevant meetings.</li> <li>Act as role model for all staff.</li> <li>Review and monitor all data for Hand Hygiene and any action points with Senior Charge Nurse, so that compliance is improved.</li> <li>Ensure all staff complete compulsory Hand Hygiene induction session and complete online NES LearnPro Hand Hygiene module.</li> <li>Identify and support ways for staff to learn more about hand hygiene</li> <li>Support Hand Hygiene activities in their area and promote local ownership of audit results.</li> <li>Liaise with IPCT about concerns with Hand Hygiene practice.</li> <li>Explore ways of utilising CAAS link nurses to deliver Hand Hygiene education.</li> <li>Support staff to achieve full compliance.</li> <li>Ensure the policy is being adhered to in his/her area of responsibility and to handle any breaches in a considered and thoughtful manner in accordance with the NHS Scotland Workforce Policies – Conduct Policy.</li> </ul>
<b>Health Care Workers (HCWs)</b>	<ul style="list-style-type: none"> <li>Follow this policy.</li> <li>Inform a senior team member if this policy cannot be followed.</li> <li>Report to Head of Department / Line Manager or Infection Prevention and Control Nurse (IPCN) if the area does not have any of the structural requirements to follow this policy, i.e. CWHBs, ABHR.</li> <li>Report to Occupational Health and Safety if they develop skin</li> </ul>

Who	Roles & Responsibilities
	<p>sensitivities, or are otherwise unable to use the products supplied within NHSL.</p> <ul style="list-style-type: none"> <li>• Remind colleagues of the importance of Hand Hygiene in the clinical setting when observed Hand Hygiene opportunities are missed.</li> <li>• Promote Hand Hygiene by patients and visitors.</li> </ul>
<b>Clinicians</b>	<ul style="list-style-type: none"> <li>• Act as a role model for all staff in relation to infection prevention and control.</li> <li>• Engage with staff to support implementation of infection prevention and control precautions described in this policy.</li> <li>• Ensure that all staff who they line manage read, sign and date that they have read this policy and are aware of their responsibilities for complying with and supporting it.</li> <li>• Ensure Hand Hygiene is a standing agenda item at clinical forums and other relevant meetings.</li> <li>• Ensure all staff attend compulsory Hand Hygiene induction face to face training and complete online NES LearnPro Hand Hygiene module.</li> <li>• Identify and support ways for staff to learn more about hand hygiene.</li> <li>• Liaise with IPCT about concerns with Hand Hygiene practice.</li> <li>• Support any employee challenging others.</li> <li>• Ensure the policy is being adhered to in his/her own area of responsibility, and to handle any breaches in a considered and thoughtful manner in accordance with NHS Scotland Workforce Policies-Conduct Policy.</li> </ul>
<b>Human Resources</b>	<ul style="list-style-type: none"> <li>• Provide support and advice to managers to help them to apply the staffing elements of the policy effectively.</li> <li>• Include a briefing on the policy at staff induction.</li> <li>• Support management of staff where they are being managed through the NHS Workforce Conduct Policy for failure to adhere to this policy.</li> </ul>
<b>Salus Occupational Health &amp; Safety</b>	<ul style="list-style-type: none"> <li>• Provide advice and support to those who experience any episodes of skin irritation regardless of the cause.</li> <li>• Investigate possible causes and make recommendations for improvements to practice or alternative products.</li> </ul>
<b>Stewards Representatives</b>	<ul style="list-style-type: none"> <li>• Provide support and advice to their members.</li> <li>• Ensure that the policy is used appropriately.</li> </ul>
<b>Non NHSL Staff i.e. Sub-contractors or those carrying out maintenance work</b>	<ul style="list-style-type: none"> <li>• A copy of this policy will be given to all contractors and suppliers as part of the tendering documentation and on commencement of work.</li> <li>• failure to adhere to this policy could result in works being delayed/stopped and/or sub-contractors being removed from the premises.</li> </ul>

## 6.0 RESOURCE IMPLICATIONS

It is important that this policy is adhered to, to reduce Healthcare Associated Infection (HAI).

## 7.0 COMMUNICATION PLAN

Policy will be launched and distributed as follows:

- Staff brief
- Electronic launch through dissemination by Medical Director, Associate Medical Director, Divisional Nurse Director and Chief Pharmacist to medical, nursing and pharmacy staff
- The policy will be available on the 'Policies' section on the Public website

## 8.0 QUALITY IMPROVEMENT -MONITORING AND REVIEW

The IPCT will undertake monitoring of Hand Hygiene at unannounced intervals across all clinical areas both acute and primary care.

The standards are based on opportunities taken for Hand Hygiene in line with WHO 5 Moments and that good technique is performed each time in relation to Hand Washing and Hand Rubbing where Alcohol-based Hand Rub is used.

In addition, the Senior Charge Nurse or Senior Management is expected to regularly review Hand Hygiene practices using the NHSL Standard Infection Control Precautions Audit Tool as per monitoring arrangements for the Patient Safety Essentials (CEL19 2013) [https://www.sehd.scot.nhs.uk/mels/cel2013\\_19.pdf](https://www.sehd.scot.nhs.uk/mels/cel2013_19.pdf)

Results from Hand Hygiene audits must be fed via site management into the Hygiene teams.

## 9.0 EQUALITY AND DIVERSITY IMPACT ASSESSMENT

This policy meets NHS Lanarkshire's EQIA

(tick box)

## 10.0 SUMMARY OF POLICY/ FAQs

There is no requirement for an FAQ's list to be read in conjunction with this Policy.

## 11.0 REFERENCES

<sup>1</sup>Public Health Scotland: Report on Review of Clostridium difficile Associated Disease Cases and Mortality in all Acute Hospitals in Scotland from December 2007-May 2008.

<https://hps.scot.nhs.uk/web-resources-container/report-on-review-of-clostridium-difficile-associated-disease-cases-and-mortality-in-all-acute-hospitals-in-scotland-from-december-2007-may-2008/>

<sup>2</sup>The Scottish Government's Response to the Vale of Leven Hospital Inquiry Report published by Lord MacLean on 24 November 2014.

<https://www.gov.scot/publications/scottish-governments-response-vale-leven-hospital-inquiry-report/pages/5/>

<sup>3</sup>Department of Health (2002). *Getting Ahead of the Curve: A strategy for combating infectious diseases (including other aspects of health protection). A report by the Chief Medical Officer.* London: Department of Health.  
<https://navigator.health.org.uk/theme/getting-ahead-curve-strategy-combating-infectious-diseases>

<sup>4</sup>Glasgow Caledonian University (GCU) study: hospital associated infections (HAIs) on patients and cost to NHS Scotland 2021  
<https://www.gcu.ac.uk/aboutgcu/universitynews/2021/hospitalinfectionscost46mayear>

<sup>5</sup>National Point Prevalence Survey of Healthcare Associated Infection and Antimicrobial prescribing May 2018 <https://www.nss.nhs.scot/media/2110/1-pps-national-report-2016.pdf>

<sup>6</sup>CEL 19 (2013) Next Steps for Acute Adult Safety –Patient Safety Essentials and Safety Priorities from [http://www.sehd.scot.nhs.uk/mels/CEL2013\\_19.pdf](http://www.sehd.scot.nhs.uk/mels/CEL2013_19.pdf)

<sup>7</sup>Health Protection Scotland (2019) National Infection Prevention & Control Manual  
<https://www.nipcm.scot.nhs.uk/>

<sup>8</sup>NHS Lanarkshire Dress-Code-and-Appearance-at-Work– including-National-Uniform-Policy  
<https://www.nhslanarkshire.scot.nhs.uk/download/dress-code-and-appearance-at-work-including-national-uniform-policy/>

## 12.0 ABBREVIATIONS

<b>IPCT:</b>	Infection Prevention and Control Team
<b>SICPs:</b>	Standard Infection Control Precautions
<b>TBPs:</b>	Transmission Based Precautions
<b>NIPCM:</b>	National Infection Prevention and Control Manual
<b>HCW:</b>	Health Care Worker
<b>CWHB:</b>	Clinical Wash Hand Basin
<b>ABHR:</b>	Alcohol Based Hand Rub
<b>SPSP:</b>	Scottish Patient Safety Programme

## **APPENDIX 1: LEGAL BASIS**

### **NHS Lanarkshire Legal Obligations:**

#### **By law NHSL is responsible for:**

- Maintaining a safe, healthy working environment
- Protecting the health of patients, staff, members of the public and contractors from hazardous environments
- Making sure that staff understand their responsibilities to take reasonable care of the health and safety of themselves and of others

#### **Legal instruments:**

- Health & Safety at Work Act 1974
- Workplace (Health, Safety & Welfare) Regulations 1992
- The Disability Provisions of the Equality Act 2010
- The Management of Health and Safety at work Regulations 1999
- Control of Substances Hazardous to Health (COSHH) Regulations 2002
- NHSL Dermatitis in Healthcare workers Policy

**APPENDIX 2: LINE MANAGER RESPONSIBILITY**

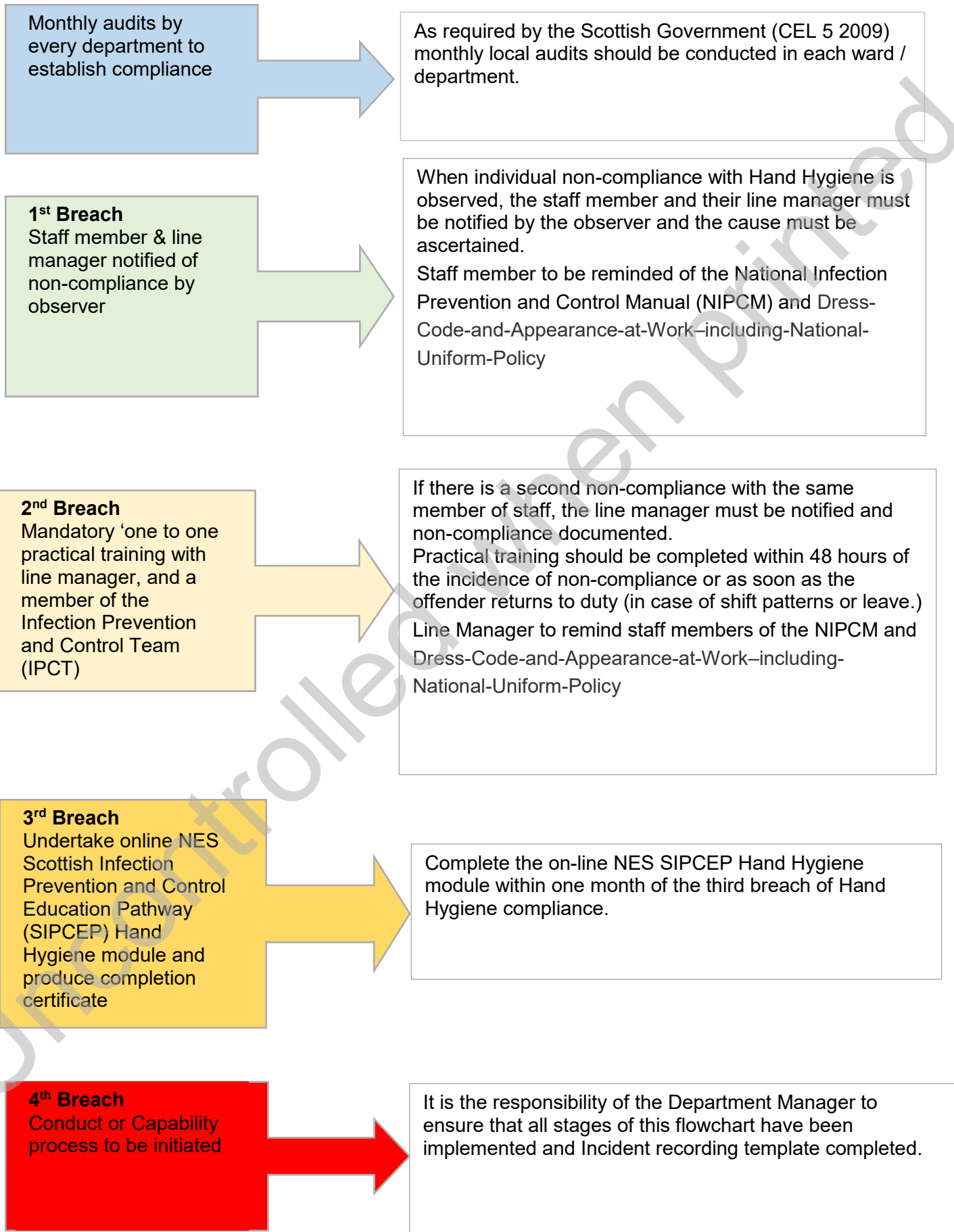
**Individual managed by different Line Manager**

The person in charge will inform the line manager of the individual who will discuss the incident with them. The circumstances in which the breach occurred will be considered. The approach will be facilitative ensuring that the employee is fully aware of the need for compliance and has had appropriate education. If necessary the line manager will take action in accordance with NHS Scotland Conduct Policy

**Individual managed by the same Line Manager**

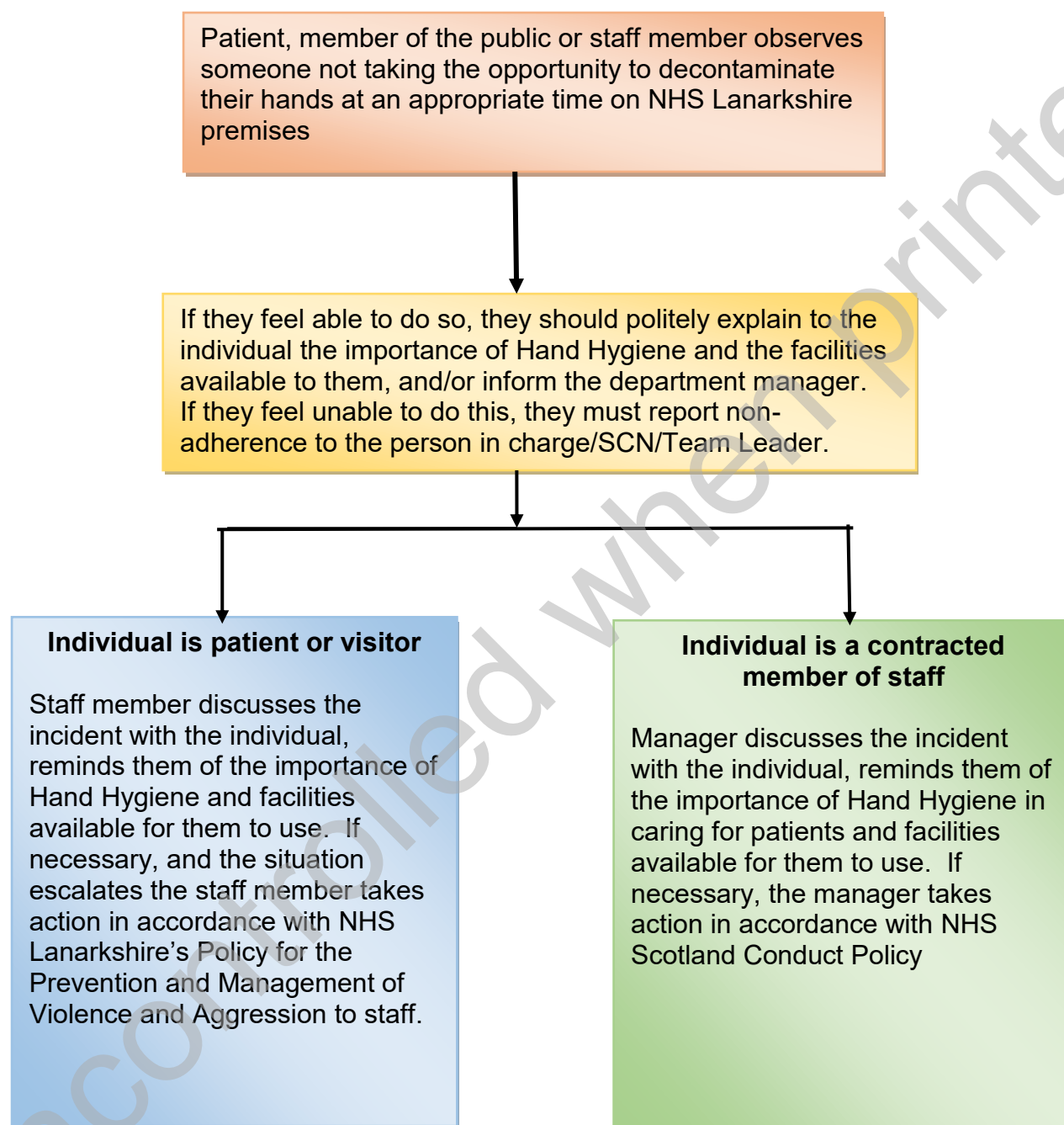
Line manager discusses the incident with the individual. The circumstances in which the breach occurred will be considered. The approach will be facilitative ensuring that the employee is fully aware of the need for compliance and has had the appropriate education on hand hygiene. The employee will also be offered any additional support required to ensure that no such breach will recur. If necessary the line manager will take action in accordance with NHS Scotland Conduct Policy

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**APPENDIX 3: FLOW CHART FOR STAFF OBSERVING PATIENT, VISITOR OR CONTRACTED MEMBER OF STAFF NOT COMPLYING WITH HAND HYGIENE POLICY ON NHS PREMISES**



**APPENDIX 4: How to Hand Wash**

**Best Practice: Appendix 1 - How to hand wash step by step images**

Steps 3-8 should take at least 15 seconds.

<p><b>1</b></p> <p>Wet hands with water.</p>	<p><b>2</b></p> <p>Apply enough soap to cover all hand surfaces.</p>	<p><b>3</b></p> <p>Rub hands palm to palm.</p>
<p><b>4</b></p> <p>Right palm over the back of the other hand with interlaced fingers and vice versa.</p>	<p><b>5</b></p> <p>Palm to palm with fingers interlaced.</p>	<p><b>6</b></p> <p>Backs of fingers to opposing palms with fingers interlocked.</p>
<p><b>7</b></p> <p>Rotational rubbing of left thumb clasped in right palm and vice versa.</p>	<p><b>8</b></p> <p>Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa.</p>	<p><b>9</b></p> <p>Rinse hands with water.</p>
<p><b>10</b></p> <p>Dry thoroughly with towel.</p>	<p><b>11</b></p> <p>Use elbow to turn off tap.</p>	<p><b>12</b></p> <p>Steps 3-8 should take at least 15 seconds. ...and your hands are safe*.</p>

\*Any skin complaints should be referred to local occupational health or GP.

Adapted from the World Health Organization



**Germ. Wash your hands of them.**

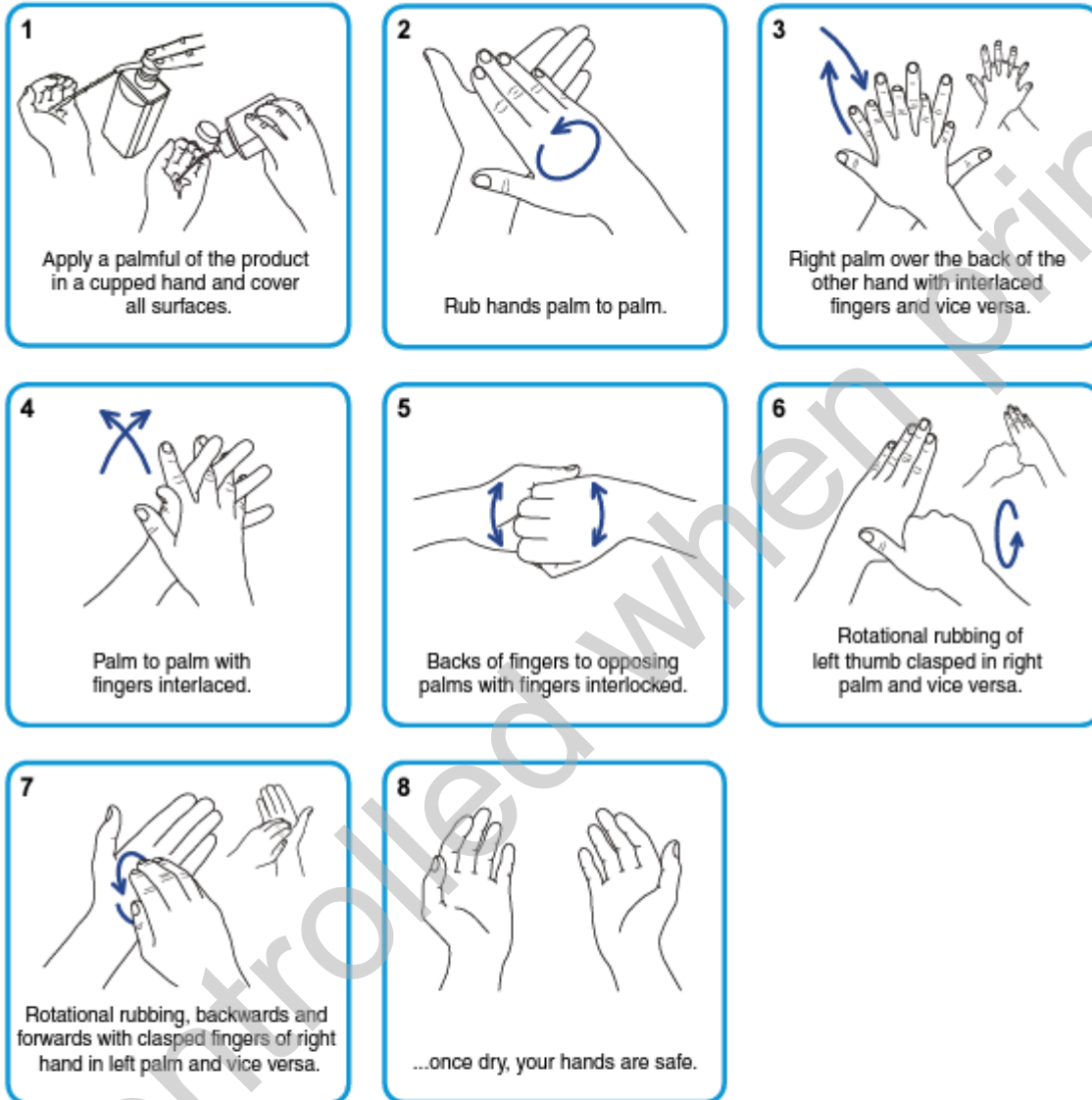


Part of the National Infection Prevention and Control Manual (NIPCM), available at: <http://www.nipcm.hps.scot.nhs.uk/>.  
Produced by: Health Protection Scotland, July 2018.

**APPENDIX 5: How to Hand Rub**

**Best Practice: Appendix 2 - How to handrub step by step images**

Duration of the process: 20-30 seconds.



Adapted from the World Health Organization



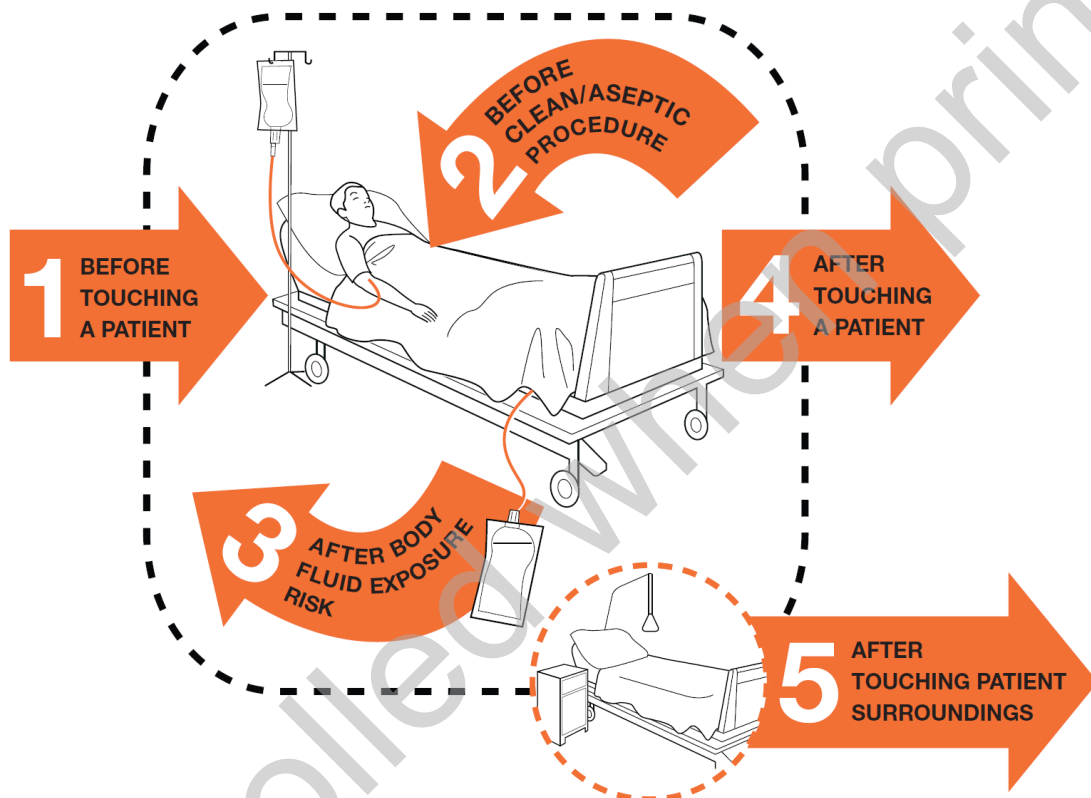
**Germ. Wash your hands of them.**



Part of the National Infection Prevention and Control Manual (NIPCM), available at <http://www.nipcm.hps.scot.nhs.uk/>.  
Produced by: Health Protection Scotland, July 2018.

**APPENDIX 6: Hand Hygiene 5 Moments**

# Your 5 Moments for Hand Hygiene



<b>1</b>	<b>BEFORE TOUCHING A PATIENT</b>	<b>WHEN?</b>	Clean your hands before touching a patient when approaching him/her.
		<b>WHY?</b>	To protect the patient against harmful germs carried on your hands.
<b>2</b>	<b>BEFORE CLEAN/ASEPTIC PROCEDURE</b>	<b>WHEN?</b>	Clean your hands immediately before performing a clean/aseptic procedure.
		<b>WHY?</b>	To protect the patient against harmful germs, including the patient's own, from entering his/her body.
<b>3</b>	<b>AFTER BODY FLUID EXPOSURE RISK</b>	<b>WHEN?</b>	Clean your hands immediately after an exposure risk to body fluids (and after glove removal).
		<b>WHY?</b>	To protect yourself and the health-care environment from harmful patient germs.
<b>4</b>	<b>AFTER TOUCHING A PATIENT</b>	<b>WHEN?</b>	Clean your hands after touching a patient and her/his immediate surroundings, when leaving the patient's side.
		<b>WHY?</b>	To protect yourself and the health-care environment from harmful patient germs.
<b>5</b>	<b>AFTER TOUCHING PATIENT SURROUNDINGS</b>	<b>WHEN?</b>	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.
		<b>WHY?</b>	To protect yourself and the health-care environment from harmful patient germs.



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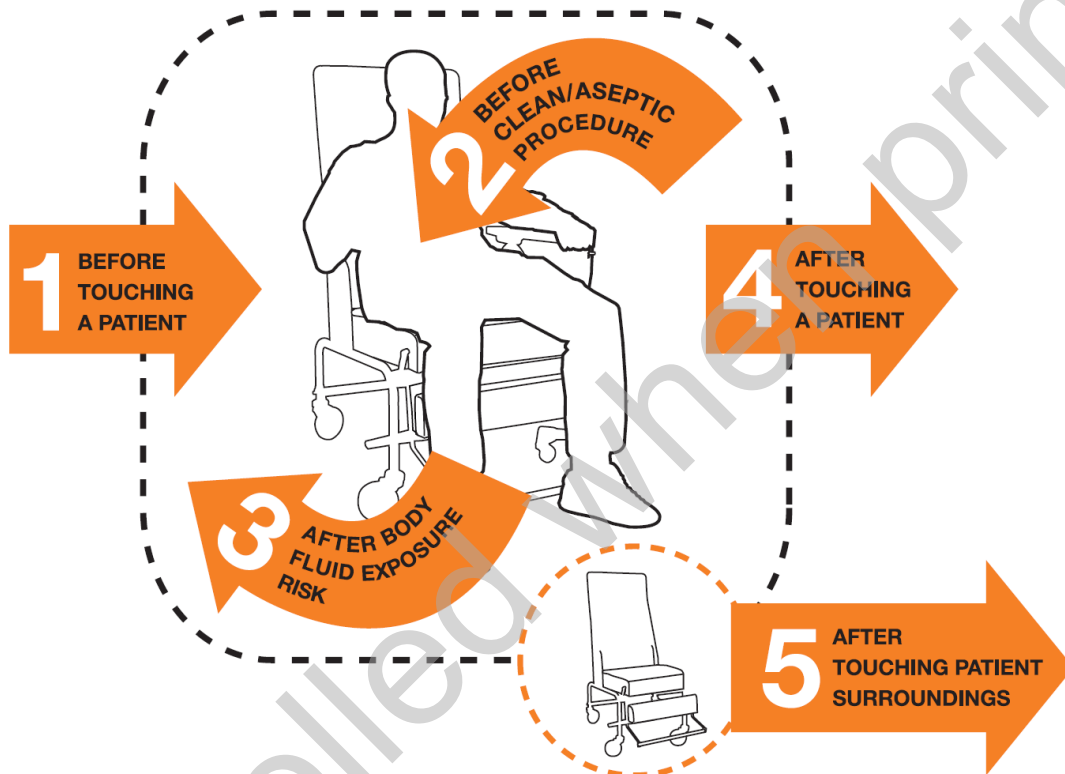
**SAVE LIVES**

Clean Your Hands

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May 2009

# Your 5 Moments for Hand Hygiene



<b>1</b>	<b>BEFORE TOUCHING A PATIENT</b>	<b>WHEN?</b>	Clean your hands before touching a patient when approaching him/her.
		<b>WHY?</b>	To protect the patient against harmful germs carried on your hands.
<b>2</b>	<b>BEFORE CLEAN/ASEPTIC PROCEDURE</b>	<b>WHEN?</b>	Clean your hands immediately before performing a clean/aseptic procedure.
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<b>5</b>	<b>AFTER TOUCHING PATIENT SURROUNDINGS</b>	<b>WHEN?</b>	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.
		<b>WHY?</b>	To protect yourself and the health-care environment from harmful patient germs.



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