### Hand Hygiene Policy

| Author: | Infection Prevention & Control Team |
|------------------------------------------------|
| Responsible Lead Executive Director: | Executive Director of Nursing Midwifery and Allied Health Professionals |
| Endorsing Body: | Lanarkshire Infection Control Committee (LICC) |
| Governance or Assurance Committee | Healthcare Quality & Assurance Committee (HQAIC) |
| Implementation Date: | February 2019 |
| Version Number: | 6.1 |
| Review Date: | February 2021 |
| Responsible Person | Head of Infection Prevention & Control |
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CONSULTATION AND DISTRIBUTION RECORD

| Contributing Author / Authors | • Infection Prevention and Control Team |
| Consultation Process / Stakeholders: | • Infection Prevention and Control Team  
• Corporate Management Team  
• Lanarkshire Infection Control Committee  
• Health Protection Team  
• PSSD  
• Microbiologists  
• Infection Control Doctor  
• Lead Antimicrobial Pharmacist  
• Chief Nurses  
• Chief Medical staff  
• Occupational Health and Safety  
• Human Resources |
| Distribution: | • Available to NHS Lanarkshire staff via Firstport |

CHANGE RECORD

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<tr>
<th>Date</th>
<th>Author</th>
<th>Change</th>
<th>Version No.</th>
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<tr>
<td>30/11/2015</td>
<td>Infection Prevention and Control Team</td>
<td>Revision of existing Hand Hygiene Zero Tolerance to align with new policy template</td>
<td>4</td>
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<tr>
<td>23/01/2017</td>
<td>Infection Prevention and Control Team</td>
<td>Policy updated to reflect national guidance</td>
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<td>31/05/2018</td>
<td>Infection Prevention and Control Team</td>
<td>GDPR statement added into section 3.</td>
<td>5</td>
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<tr>
<td>11/12/2018</td>
<td>Infection Prevention and Control Team</td>
<td>Policy updated in line with Vale of Leven requirements.</td>
<td>6</td>
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<tr>
<td>28/01/2018</td>
<td>LICC Governance and Review Group</td>
<td>Policy updated in line with Vale of Leven requirements.</td>
<td>6.1</td>
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<tr>
<td>27/05/2020</td>
<td>K. Torrance</td>
<td>Extended until February 2022 (COVID-19)</td>
<td>6.1</td>
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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, 2009.

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 disinfection 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.

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

This approach recommends all Staff working within NHSL premises decontaminate their hands:

- before touching a patient,
- before clean/aseptic procedures,
- after body fluid exposure/risk,
- after touching a patient, and
- after touching patient surroundings.

The 5 moments can be found on the WHO website at: http://who.int/gpsc/5may/background/5moments/en/

2.0 AIMS, 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” “Bare below the elbow” refers to the absence of shirt sleeves/clothing below the elbow, no wrist watch or jewellery with the exception of a plain solid band ring.

In addition to the above, all healthcare workers must refrain from wearing nail polish of all descriptions whilst in clinical settings. Nails must be no longer than the fingertips. 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.
Hand Hygiene Policy

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 caused by non-compliance with Hand Hygiene practices.

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 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 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 in NHS Scotland uniform must be bare below the elbow at all times irrespective of their role e.g. domestic, porters, ward clerks.
- Staff whether they wear a uniform or not who have direct physical contact with patients must be bare below the elbow whilst working in a clinical setting e.g. Doctors.
- Staff whose role does not involve direct physical contact with the patient should still pay attention to hand hygiene.
Appendix 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 attend a compulsory hand hygiene training session as part of their induction.

- If a member of staff continually breaches this Policy or displays unreasonable behaviour she/he will be subject to NHSL Policy and Procedures for the Effective Management of Employee Conduct.

Note: Staff should expect to be challenged by their colleagues, patients and/or visitors to ensure that hand hygiene is performed 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

- Any employee who has concerns or issues about the Policy should email or write to the Head of Infection Prevention and Control for NHS Lanarkshire

4.3 PATIENTS

Inpatients and Outpatients

- No patient should be put at risk of exposure to potentially harmful micro-organisms, patients should be advised of this Policy prior to planned admissions or attendances as outpatients.

- Patients should be encouraged to ask staff if they have carried out hand hygiene at appropriate times and in-patients should be provided with individualised hand wipes as appropriate/available or soap and water.

- Staff should encourage patients to carry out hand hygiene prior to meals.

Patients in their own homes

Staff should have access to appropriate hand hygiene products and advice commensurate with their activities, including care activity within the patient’s own home, in order to protect themselves and patients. The responsibility for replenishing products contained with Hand Hygiene kits 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 washing and moisturising will be approved by the Decontamination Environmental Monitoring Group (DEMG) and formally evaluated every 2 years or sooner if issues arise via Occupational Health and Safety.

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

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.

Alcohol Based Hand Rubs (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 *Clostridium difficile* 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 products.

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 owners name and should not be shared with any other staff members.

Hand Hygiene Facilities
Hand Hygiene Policy

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.

- Plain liquid soap and paper towels will be available at every CWHB. Bar soap should not be used in clinical areas.
- 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 CHWB.

4.4.2 Signage

- Hand Hygiene signs will be displayed on all NHS premises. They 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.

Line Managers are responsible for ensuring all staff attend training 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 Hand Hygiene audits as defined in the IPC Scrutiny and Assurance Policy.

5.0 ROLES AND RESPONSIBILITIES

<table>
<thead>
<tr>
<th>Who</th>
<th>Roles &amp; Responsibilities</th>
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<tbody>
<tr>
<td><strong>NHS Board</strong></td>
<td>• Endorse and support the implementation of this Policy.</td>
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<td></td>
<td>• Liaise directly with IPCT regarding any issues requiring clarification or action arising from all hand hygiene reports.</td>
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<td>• Ensure that issues and/or actions are taken to appropriate committees for further action or support.</td>
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<td>• Encourage and support staff to be comfortable about challenging others in relation to compliance.</td>
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## Who

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<tr>
<th>Hospital Management / Health &amp; Social Care Partnership (H&amp;SCP) Teams</th>
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<tr>
<td><strong>Roles &amp; Responsibilities</strong></td>
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<tr>
<td>• Act as role models for all staff.</td>
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<tr>
<td>• Liaise directly with IPCT regarding audit results and all relating issues and availability of equipment to perform adequate Hand Hygiene.</td>
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<tr>
<td>• Ensure that relevant actions are taken to appropriate committees for further actions or sanctioning/support.</td>
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<tr>
<td>• Liaise with key staff to ensure compliance targets are met and address areas of concern.</td>
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<td>• Encourage and support staff to be comfortable about challenging others in relation to compliance.</td>
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<tr>
<td>• Cascade new policies to clinical staff after approval by the Lanarkshire Infection Control Committee (LICC).</td>
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<thead>
<tr>
<th>Infection Prevention &amp; Control Team</th>
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<td><strong>Roles &amp; Responsibilities</strong></td>
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<tr>
<td>• Keep this Policy up to date.</td>
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<td>• Provide professional support and expertise at educational sessions.</td>
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<td>• Audit compliance with this policy and report findings to relevant personnel within NHSL.</td>
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<td>• Remind colleagues of the importance of Hand Hygiene in the clinical settings when opportunities are not completed appropriately or are missed.</td>
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<td>• Liaise with the appropriate department if estates issues are identified e.g. non-compliant CWHB taps.</td>
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<tr>
<th>Senior Charge Nurse / Ward Manager / Team Leader / Service Manager</th>
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<td><strong>Roles &amp; Responsibilities</strong></td>
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<tr>
<td>• Review Scottish Patient Safety Programme (SPSP) and IPCT hand hygiene audits and make corrective actions.</td>
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<td>• Work in partnership with the IPCT to ensure that staff receive training.</td>
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<tr>
<td>• Ensure all staff attend compulsory Hand Hygiene induction face to face training and complete online NES LearnPro Hand Hygiene module.</td>
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<td>• Ensure there is always a sufficient supply of hand hygiene sundries within expiry date.</td>
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<td>• Encourage staff to be comfortable in challenging others.</td>
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<td>• Refer staff with any skin problems to Salus Occupational Health and Safety Department.</td>
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<tr>
<td>• Provide clinical and managerial leadership within the clinical area and act as role models in relation to infection prevention and control.</td>
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<tr>
<td>• Liaise with the appropriate department if structural issues are identified e.g. non-compliant CWHB/taps.</td>
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<th>Senior Nurses Heads of Departments / Allied Health Professionals</th>
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<td>• 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.</td>
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<td>• Ensure hand hygiene is a standing agenda item at Hygiene and other relevant meetings.</td>
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<td>• Act as role model for all staff.</td>
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<td>• Review and monitor all data for hand hygiene and any action points with Senior Charge Nurse, so that compliance is improved.</td>
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<tr>
<td>• Ensure all staff attend compulsory Hand Hygiene induction face to</td>
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### Who

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#### Salus Occupational Health & Safety
- Provide advice and support to those who experience any episodes of skin irritation regardless of the cause.
- Investigate possible causes and make recommendations for improvements to practice or alternative products.

#### Stewards Representatives
- Provide support and advice to their members.
- Ensure that the Policy is used appropriately.

#### Non NHSL Staff i.e. Sub-contractors or those carrying out maintenance work
- A copy of this Policy will be given to all contractors and suppliers as part of the tendering documentation and on commencement of work.

### 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 First Port

### 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.

In addition, the Senior Charge Nurse or Head of Department 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).

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 EDIA √
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

1. Independent Review of Clostridium difficile Associated Disease at the Vale of Leven Hospital from December 2007 to June 2008. Edinburgh: SGHD


12.0 ABBREVIATIONS

IPCT: Infection Prevention and Control Team
SICPs: Standard Infection Control Precautions
TBPs: Transmission Based Precautions
COIM: Control of Infection Manual
HCW: Health Care Worker
CWHB: Clinical Wash Hand Basin
ABHR: Alcohol Based Hand Rub
SPSP: 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
### 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 Lanarkshire Policy and Procedures for the Effective Management of Employee Conduct.

### 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 appropriate education. If necessary the Line Manager will take action in accordance with NHS Lanarkshire Policy and Procedures for the Effective Management of Employee Conduct.

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The Line Manager of the individual should complete a Datix Incident Form, if indicated, and, in order to identify problem locations and times, report the fact of the incident to the Head of Infection Prevention and Control.
APPENDIX 3: FLOW CHART FOR STAFF OBSERVING PATIENT, VISITOR OR CONTRACTED MEMBER OF STAFF NOT COMPLYING WITH HAND HYGIENE POLICY ON NHS PREMISES

Patient, member of the public or staff member observes someone not washing their hands at an appropriate time on NHS Lanarkshire premises

If they feel able to do so, they should politely explain to the individual the importance of hand hygiene and the facilities available to them, and/or inform the department manager

If they feel able to do so, they should politely explain to the individual the importance of hand hygiene and the facilities available to them, and/or inform the department manager

**Individual is patient or visitor**
Manager discussed the incident with the individual, reminds them of the importance of hand hygiene in caring for patients and facilities available for them to use. If necessary, s/he takes action in accordance with NHS Lanarkshire’s Policy for the Prevention and Management of Violence and Aggression to staff

**Individual is a contracted member of staff**
Manager discusses the incident with the individual, reminds them of the importance of hand hygiene in caring for patients and facilities available for them to use. If necessary, s/he takes action in accordance with NHS Lanarkshire’s Policy for the Prevention and Management of Violence and Aggression to staff
APPENDIX 4: How to Hand Wash

How to Hand Wash?

WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB

Duration of the entire procedure: 40-60 seconds

0. Wet hands with water;

1. Apply enough soap to cover all hand surfaces;

2. Rub hands palm to palm;

3. Right palm over left dorsum with interlaced fingers and vice versa;

4. Palm to palm with fingers interlaced;

5. Backs of fingers to opposing palms with fingers interlocked;

6. Rotational rubbing of left thumb clasped in right palm and vice versa;

7. Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;

8. Rinse hands with water;

9. Dry hands thoroughly with a single use towel;

10. Use towel to turn off faucet;

11. Your hands are now safe.
How to Handrub?

RUB HANDS FOR Hand Hygiene! WASH HANDS WHEN VISIBLY SOILED

Duration of the entire procedure: 20-30 seconds

1a Apply a palmful of the product in a cupped hand, covering all surfaces;

1b Rub hands palm to palm;

2

3 Right palm over left dorsum with interlaced fingers and vice versa;

4 Palm to palm with fingers interlaced;

5 Backs of fingers to opposing palms with fingers interlocked;

6 Rotational rubbing of left thumb clasped in right palm and vice versa;

7 Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;

8 Once dry, your hands are safe.

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