	A Whittington Hospital Clinical Management Guideline
	<h1>Hand Hygiene Policy</h1>
	Date: September 2009 Review date: September 2011 Author: Dr Julie Andrews Consultant microbiologist Gretta O'Toole Infection Control Nurse Speciality: Infection Control Directorate: Trustwide
	Relevant to: <u>All</u> staff groups (Clinical and non-clinical)

Key words: Decontamination, hand hygiene, alcohol hand rub, chlorhexidine.

Introduction

Hand hygiene is the single most important way of reducing cross infection, a major contributing factor in the current high rates of Healthcare Associated Infection (HCAI). This policy covers general hand hygiene required for clinical areas. Refer to surgical hand washing procedure policy for procedure to be used in theatre and before full aseptic techniques.



Please see Whittington Hospital NHS Trust Guideline(s):

Surgical hand hygiene procedure on intranet.

For hand hygiene to be effective

- Fingernails must be short and clean. No nail varnish, false nails or nail extensions to be worn.
- All hand and wrist jewellery must be removed; the only permitted jewellery is one plain band ring.
- Sleeves must be rolled up to the elbows (Bare below the elbow)

- Cuts and abrasions must be covered with a waterproof dressing

Hand washing/decontamination technique

Using liquid soap

- Wet hands under tepid running water
- Apply liquid soap
- Rub hands together vigorously to lather all surfaces of hands and wrists.
- Follow hand cleaning technique diagram Appendix 1.
- Rinse hands thoroughly
- Turn off water using elbows on elbow taps, then dry hands thoroughly on paper towel. (If elbow taps are not present, first dry hands thoroughly, then turn off taps using a fresh paper towel)
- Dispose of towels into domestic waste bin (black bag) using foot pedal on bin.

Alcohol based hand rub or gel

- Apply hand rub generously in order to cover all areas of hands and wrists
- Follow diagram Appendix 1 on how to decontaminate your hands.
- Continue rubbing hands until the solution has evaporated and hands are dry

When to decontaminate hands and which product to use

Hand decontamination using liquid soap

- If hands are visibly soiled
- After several applications of alcohol based hand rub (as hands will be sticky)
- After contact with patients who have diarrhoea and/or vomiting
- After removal of personal protective equipment e.g. gloves, aprons, respirators etc
- After contact with blood, body fluids, secretions or exertions

- Before Starting drug rounds or dispensing patients medications
- Before serving meals and drinks
- Before and after meal breaks or drinking beverages (please do not eat in clinical areas)
- After toilet use

Hand decontamination using alcohol based rub or gel

Use only on visibly clean hands

- On entering and leaving a clinical area
- Before and after having contact with individual patients and their environment
- Between different care activities on the same patient e.g. mouth care, eye care, catheter care, care of invasive device sites etc.
- Before serving meals and drinks.
- Before starting drug rounds or dispensing patients' medications.
- After removal of personal protective equipment e.g. gloves, aprons, respirators etc
- On entering and leaving isolation rooms
- After handling used equipment or linen including telephones and medical notes

Hand decontamination using 4% chlorhexidine gluconate solution (Hibiscrub)

- Before undertaking full aseptic procedure e.g. insertion of invasive devices, wound management etc. When using sterile gloves.
- Prior to surgical procedures in theatre.
- 4% chlorhexidine gluconate solution is kept in treatment rooms and at hand hygiene stations on critical care.

When to wear gloves

- If potential contact with blood, body fluids, secretions, excretions with exception to perspiration.
- When in contact with patients under isolation precautions.
- If staff are in contact with patients with skin abrasions whilst transporting.

The use of gloves

- Wearing gloves is not a substitute for hand hygiene
- Gloves should only be worn as single use items
- Change gloves between patients and between dirty and clean procedures on the same patient
- Hands **must always** be decontaminated after removal of gloves
- Gloves must be disposed of as clinical waste (yellow bag)
- Do not wash or use alcohol hand rub on gloves
- Gloves are not necessary for most clinical procedures
- Standard issue non sterile gloves contain latex. Latex free non sterile nitrile gloves are available. Please discuss with your ward manager.
- Frequent use increases risk of sensitisation. Once sensitised many household products may cause problems. Hypersensitivity is dangerous and may cause anaphylaxis. So appropriate use of gloves is recommended.

Hand care

- Decontamination products may cause skin irritations.
- Use hand cream regularly eg after washing hands, before a break or going off duty to maintain the integrity of the skin. It is advisable to carry a personal tube of hospital hand cream (available from the pharmacy) Do not use multi-dose pots of cream as these may become contaminated.
- Do not use nail brushes as they may cause damage to the skin.

- If a particular decontamination product causes skin irritation review your hand decontamination practice.
- If skin irritation persists then consult Occupational Health department.

Hand hygiene facilities

- Liquid soap must be by all hand washbasins. The soap must be replenished by the facilities service assistant (FSA). The dispensers must be kept in clean and good working order. If defective they must be replaced.
- Alcohol based hand rub must be available wherever care is delivered e.g. on the foot of all beds, at entrance to all clinical areas, by all isolation areas, on all equipment that is being used between patients, on drug trolleys, medical notes trolleys, by desks and surfaces where computers and telephones are situated etc.
- Chlorhexidine hand wash may be placed by wash hand basins in areas where frequent aseptic techniques are performed and in isolation rooms, otherwise it must be kept in the Control of Substances Hazardous Health (COSHH) cupboard.
- A new plunger must always be inserted into each new bottle of alcohol based hand rub and chlorhexidine.
- It is the responsibility of the FSA's to change the alcohol based hand rub containers when nearly empty e.g. 1-2 cms left in the container.

References

- Pratt, R.J, Pellowe C.M., Wilson J.A., Loveday H.P., Harper P.J., Jones S.R.L.J., McDougall C., Wilcox M.H. (2007) "Epic 2: National Evidence – Based Guidelines for Preventing Healthcare-Associated Infections in NHS Hospital in England", The Journal of Hospital Infection, Vol 65, Sup1.
- Patient Safety Agency (2004) "Clean your hands campaign National"

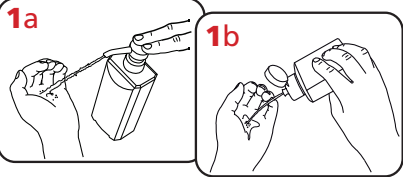
Useful Contact Numbers

- The Infection Control Team (x3261/3679/3661) Bleep 2669
- Facilities Service Assistants Supervisors Office (x5585)
- Occupational Health (x3351)

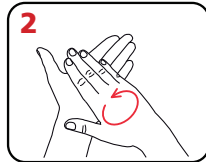
HAND CLEANING TECHNIQUES

How to handrub? WITH ALCOHOL HANDRUB

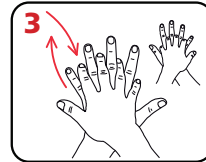
WITH ALCOHOL HANDRUB



Apply a small amount (about 3ml) of the product in a cupped hand, covering all surfaces



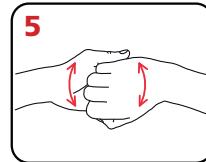
Rub hands palm to palm



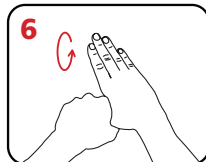
Rub back of each hand with the palm of other hand with fingers interlaced



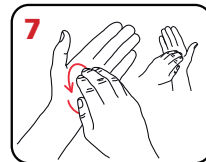
Rub palm to palm with fingers interlaced



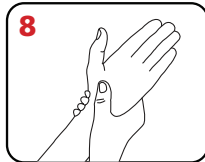
Rub with backs of fingers to opposing palms with fingers interlocked



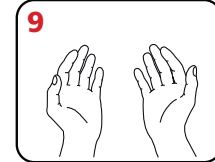
Rub each thumb clasped in opposite hand using rotational movement



Rub tips of fingers in opposite palm in a circular motion



Rub each wrist with opposite hand

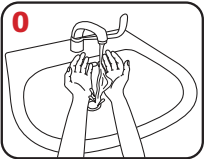


Once dry, your hands are safe

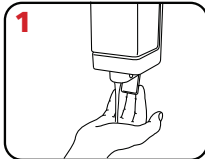


How to handwash? WITH SOAP AND WATER

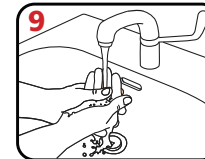
WITH SOAP AND WATER



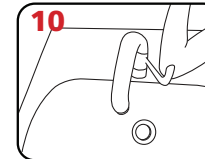
Wet hands with water



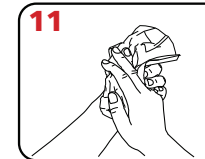
Apply enough soap to cover all hand surfaces



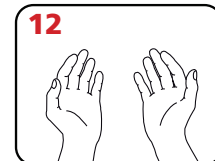
Rinse hands with water



Use elbow to turn off tap



Dry thoroughly with a single-use towel



Your hands are now safe

