



## Infection Control Policies and Procedures

### Hand Hygiene Policy (ICT/02)

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**Related Policies & Procedures:**

Infection Control Standard Precautions  
Personal Appearance and Uniform Policy

**References:**

AfPP (2007) Standards and recommendations for safe perioperative practice. 2<sup>nd</sup> edition. AfPP.

Ayliffe G.A.J, Lowburry E.J.L, Geddes A.M, and Williams J.D. (2000). *Control of Hospital Infection: A Practical Handbook*. 4<sup>th</sup> Edition. Arnold. London.

Hoffman P.N, Wilson J. (1994). *Hands, Hygiene and Hospitals*. PHLS Microbiology Digest. **11**: (4) 211-261.

WHO (2009) 5 moments for hand hygiene.

Wilson J (2006) *Infection Control in Clinical Practice*. Bailliere Tindall. Elsevier

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## **1.0 Policy Statement**

It is well known that hand hygiene is one of the most important factors in preventing the spread of infection and the unwashed hands of all healthcare professionals is the most important route of cross-infection in the healthcare environment (Ayliffe et al, 2000). It is therefore vitally important that healthcare organisations have a robust hand hygiene policy in place in order to minimise the risk of cross infection via the hands of their healthcare workers.

## **2.0 Objectives**

Every member of **bpas** staff will understand the importance of hand hygiene and will be able to practice good hand decontamination at the appropriate time.

## **3.0 Indications for hand decontamination**

Indications for hand decontamination can be based on the following principles:

- What have I just done?
- What am I about to do?

The World Health Organisation (WHO) (2009) have identified 5 key moments for hand hygiene. This approach recommends health-care workers to clean 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.

See Appendix 2 for more information.

## **4.0 Choice of cleansing agent**

### **4.1 Soap and water**

Liquid soap, in sealed disposable cartridges, and water is effective for the removal of physical dirt or soiling. This will remove transient microorganisms and render the hands socially clean.

Bars of soap are not advised in clinical areas as gross bacterial contamination can occur if the soap is left lying in a pool of water.

Soap and water must always be used if hands are visibly soiled.

### **4.2 Alcohol hand rubs**

Alcohol hand rubs provide a useful alternative to soap and water when hands are not visibly soiled and there is a need for rapid hand disinfection, or when access to facilities is difficult or inconvenient.

## **5.0 The correct technique**

Hand decontamination with a good technique covering all surfaces of the hands is more important than the agent used or the duration of the procedure (Ayliffe et al, 2000).

To facilitate a good hand decontamination technique healthcare workers are to ensure that:

- a) Nails are kept short and clean
- b) Stoned rings are not worn
- c) Hands are free from nail polish and false/acrylic nails
- d) Wrist watches and bracelets are removed
- e) Sleeves are rolled up or short sleeves worn

### 5.1 Hand decontamination with soap and water

<u>Action</u>	<u>Rationale</u>
1) Wet hands thoroughly with running water.	To prevent irritation from the undiluted cleansing agent.
2) Apply one dose of soap to a cupped hand and work soap into hands creating lather.	To ensure an even distribution of the cleansing agent.
3) Follow the hand washing technique (appendix 1) using five strokes for each step using a backward and forward motion for 15-20 seconds in total. (Ayliffe, 2000).	To remove dead skin cells and reduce transient bacteria present on hands.
4) Rinse hands under running water.	To remove the bacteria and soap.
5) Turn off taps using forearms.	To prevent the recontamination of hands.
6) Dry hands thoroughly using disposable paper towels.	To reduce the carriage of transient bacteria and prevent deterioration of the skin surface.
7) Dispose of paper towels into a foot operated bin.	To prevent recontamination of hands.
8) Apply moisturising cream/lotion from a moisturising dispenser a couple of times throughout the day.	To protect the integrity of the skin from chapping, potentially leading to the colonisation of hands by bacteria.

### 5.2 Hand decontamination with alcohol rubs

- Dispense one application onto the hands
- Rub into hands using the Ayliffe technique (appendix 1)
- Ensure solution covers all hand surfaces
- Continue rubbing until dry

If after a few uses of alcohol rubs hands feel sticky then hand washing with soap and water should be used the next time hand decontamination is indicated. This is due to the build up of emollients in the alcohol rubs.

## **6.0 Hand drying**

Wet surfaces transfer micro-organisms more effectively than dry ones (Hoffman & Wilson, 1994) and therefore hand drying is important in the control of infection.

Hands are to be dried using disposable paper towels which are effective in rubbing away micro-organisms and dead skin cells loosely attached to the surface of the hands. Paper towels are to be disposed of as domestic waste by placing it into a foot operated bin to avoid recontamination of hands.

Reusable cloth towels and electric hand dryers are not recommended for use in clinical areas.

## **7.0 Hand care**

Hand care is very important to prevent hands from becoming dry and chapped (Wilson, 2006). Broken skin will harbour bacteria which is difficult to remove during hand decontamination. Painful sore hands will reduce the amount of hand washing that takes place and also limit the amount of drying with paper towels. Hands should therefore be protected by:

- Wetting the skin prior to applying soap
- Thorough rinsing of soap
- Thorough drying of hands
- The application of hand cream (not from a communal pot or tub of cream)
- Keep cuts and lesions covered with a waterproof dressing

## **8.0 Surgical scrub technique**

The purpose of surgical hand scrub is to:

- Remove debris and transient microorganisms from the nails, hands, and forearms
- Reduce the resident microbial count to a minimum
- Inhibit rapid re-growth of microorganisms.

All sterile team members should perform the following surgical scrub:

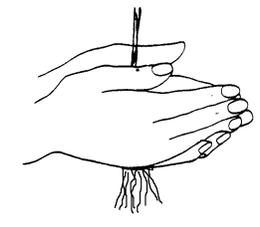
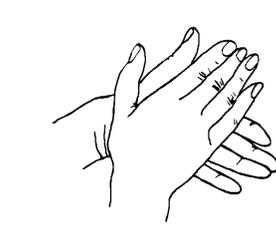
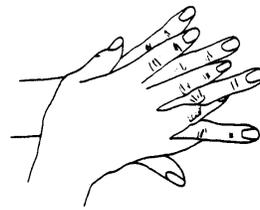
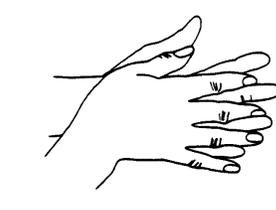
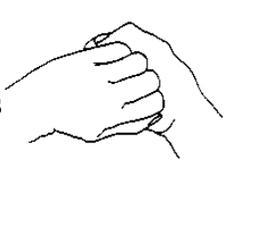
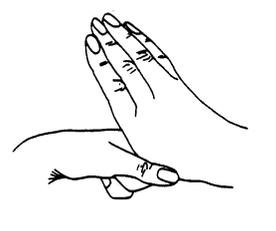
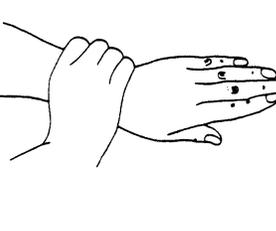
- Remove all jewellery (rings, watches, bracelets).
- Wet hands and arms under running water
- Apply an aqueous antiseptic solution
- Follow the hand washing technique as shown in appendix 1, but also wash to the elbows, for a minimum of 2 minutes keeping the hands above the elbows
- If required nails can be cleaned using a nail pick under running water
- Rinsing should be performed from fingertips to the elbows allowing excess water to draining from the elbows into the sink.
- The skin should be blotted dry with sterile towels adhering to the principles of working from the fingertips to the elbows. One towel per hand should be used

(AFPP, 2007)

# Handwashing Technique

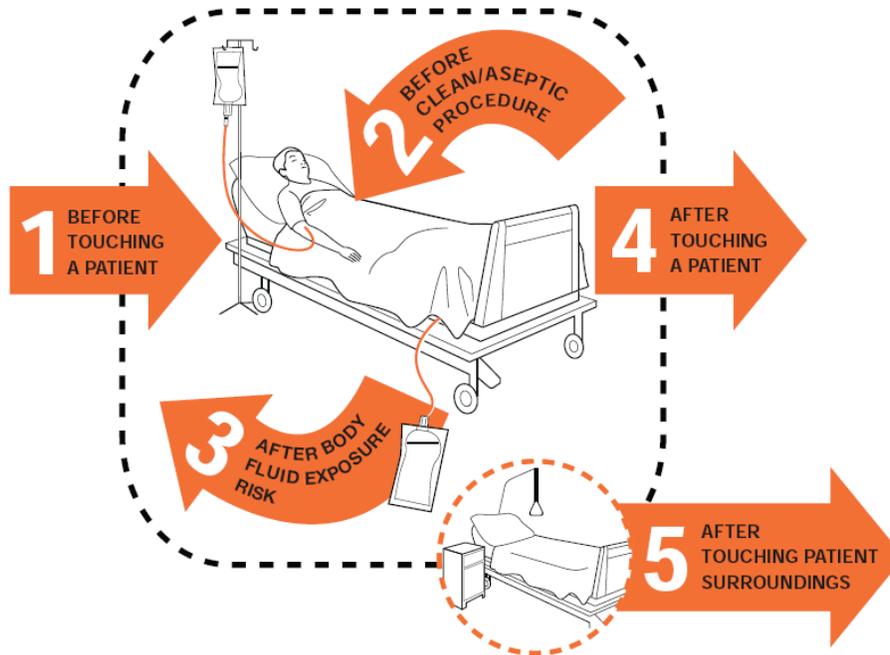
Wash hands using the following 8 steps.

Each step consists of five strokes rubbing backwards and forwards.

<p><b>1.</b> → Wet hands under running water. Take a measure of soap.</p>		<p>← <b>2.</b> Work into hands, palm to palm.</p>	
<p><b>3.</b> → Right hand over back of left and vice versa.</p>		<p>← <b>4.</b> Rub palm to palm, fingers interlaced.</p>	
<p><b>5.</b> → Back of left fingers to right palms, fingers interlocked and vice versa.</p>		<p>← <b>6.</b> Rotational rubbing of right thumb clasped in left hand and vice versa.</p>	
<p><b>7.</b> → Rub left palm with clasped fingers of right hand and vice versa.</p>		<p>← <b>8.</b> Left wrist with right hand and vice versa.</p>	

*Rinse hands under running water and dry thoroughly*

# Your 5 Moments for Hand Hygiene



<b>1</b> BEFORE TOUCHING A PATIENT	<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> BEFORE CLEAN/ASEPTIC PROCEDURE	<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> AFTER BODY FLUID EXPOSURE RISK	<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> AFTER TOUCHING A PATIENT	<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> AFTER TOUCHING PATIENT SURROUNDINGS	<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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