HALO
MEDICAL GROUP

Hand Hygiene Policy

Version 1.1

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Contents

Introduction

This Policy and its associated procedures have been developed from the Association of Ambulance Chief Executives (AACE) National Policy and Strategy Framework and the Department of Health's guidance document "Reducing infection through effective practice in the pre-hospital environment" June 2008.

Halo Medical Group (Halo) has a duty of care that is covered by the Health and Safety at work Act (1974) (HSE 2003), COSHH (HSE 2005) and The Health Act (DH 2010). Hand hygiene is covered in core duties 1, 2, 3 and 5 of this Act.

Healthcare associated infections (HAI's) have both a financial and a human cost. Although not all infections are preventable, evidence shows that improving hand hygiene can contribute significantly to the reduction of HCAI (Pratt et al 2007). Effective hand hygiene is considered an important practice in reducing the transmission of infectious agents that cause HAIs (NHS 2019). Improving the hand hygiene of healthcare staff at the point of patient care can reduce the incidence of HCAI. The aim of this policy is to promote and sustain improved compliance with the practice of hand hygiene.

Hand hygiene is widely recognised as the single most important activity for minimising the risk of infection. If the correct techniques are not used to clean hands, areas can be missed, which will leave them contaminated and will risk spreading infection. **Wherever possible, soap and water should be used to clean hands.** If soap and water are not available, hands can be cleaned with detergent wipes first, followed by thorough drying either with paper towels or by air drying, and then alcohol gel can be used. Alcohol gel should only be used to decontaminate visibly clean hands, as it can be ineffective if hands are soiled. Alcohol gel should be used between different care activities for one patient, as well as between caring for different patients at a scene. Before a shift begins all wrist and hand jewellery should be removed. Healthcare staff are encouraged to adopt a 'bare below the elbows' clothing policy for all staff. This aims to prevent the spread of infection from contaminated sleeves and to aid effective hand-hygiene procedures. This includes ambulance and prehospital staff, who are often at risk of contamination from the duties they carry out. When ambulance staff need to wear long-sleeved clothing, such as high-visibility jackets, the following steps should be taken:

- Be aware of any possible contaminants
- Roll up or pull back sleeves
- Always remove long-sleeved coats and watches and/or roll up shirt sleeves to wash hands effectively
- Wear sleeve protectors when necessary.

Halo's uniform policy contains clear instructions on personal hygiene regarding fingernails, hand and skin care and jewellery.

Purpose & Scope

The policy is intended to ensure that all members of clinical and non-clinical staff including non-permanent members of staff, volunteers and work placement students working within Halo adhere to and practice good hand hygiene technique.

The overall aim of the Hand Hygiene Policy is to promote and sustain improved compliance with the practice of hand hygiene, thus in turn creating a safer environment for patients and staff within Halo by preventing and controlling infection. The term hand hygiene used in this document refers to all processes, including hand washing and hand decontamination achieved using other solutions, e.g. alcohol based hand rub.

This mandatory policy is to be complied with by all clinical staff within Halo. Hand Hygiene audits are undertaken to ensure compliance with this policy. When a member of staff does not comply with this policy they should be challenged and reminded of it in the first instance. If they are witnessed on subsequent occasions to be non-compliant with this policy they should be referred to their line manager and consideration made as to disciplinary procedures.

Process

Hand hygiene is the single most effective measure in the prevention of HCAI. (Rotter 1997) However compliance with this simple procedure remains unacceptably low with rates of adherence often reported as <50% (Boyle et al 2001).

Non-compliance with hand hygiene is not just regarded as a national problem but is universally regarded as a trans-global one (Pittet 2001).

The 5 moments of hand hygiene at the point of care promotes effective hand hygiene. The 5 moments are:

1. **Before patient contact –**
    - When: Clean your hands before touching a patient when approaching him/her.
    - Why : to protect the patient against harmful germs carried on your hands.
2. **Before an aseptic task –**
    - When: Clean your hands immediately before any aseptic task.
    - Why: to protect the patient against harmful germs, including the patient's own from entering his/her body.
3. **After body fluid exposure risk –**
    - When: Clean your hands immediately after an exposure risk to body fluids (and after glove removal).
    - Why: to protect yourself and the healthcare environment from harmful patient germs.
4. **After patient contact –**

- When: Clean your hands after touching a patient and his/her immediate surroundings when leaving the patient's side.
- Why: to protect yourself and the healthcare environment from harmful patient germs.

5. **After contact with patient surroundings –**
    - When: Clean your hands after touching any object or furniture in the patient's immediate surroundings when leaving- even if the patient hasn't been touched.
    - Why: to protect yourself and the healthcare environment from harmful patient germs (WHO 2009).

Hand washing must also be carried out:

- At the commencement and finish of each shift
- Prior to eating, drinking and smoking
- After carrying out a cleaning procedure
- After using the toilet.
- When hands are visibly dirty
- Before and after each patient contact (including after handling their linen, belongings or equipment).
- Before and after performing any invasive procedure.
- After removing gloves.
- After handling contaminated laundry and waste.

Personal protective equipment

Personal protective equipment (PPE) is used to protect uniforms from contaminants and to prevent any spread of infection to patients, the wearer, other staff or members of the public. The selection of PPE must be based on an assessment of the risk of transmission of microorganisms to the patient or to the healthcare workers, and the risk of contamination of the healthcare workers' clothing and skin by blood or body fluids. It includes:

- gloves – sterile and non-sterile;
- aprons;
- sleeve protectors;
- shoe protectors;
- and protective suits.

This list is not exhaustive and other items recommended by the Health Protection Agency and Health & Safety Executive should be added for specific diseases. All vehicles used to respond to patients should carry a stock of PPE for use by staff. All PPE should be disposed of as clinical waste.

Gloves should only be worn:

- if there is a risk of contact with blood and/or body fluids;
- when sharp or contaminated instruments are being handled; and/or
- if there is likely to be contact with non-intact skin or mucous membranes during general care or an invasive procedure. Gloves can also be worn to protect the wearer's hands from organic contamination, but they should be changed for clean gloves before any invasive technique is performed on a patient. Gloves should not be worn unnecessarily; there should be an assessment of the task to be carried out and of the risks to both the patient and the healthcare worker before the decision is made to wear gloves.

Gloves should also:

- only be put on immediately before patient contact;
- be changed between each patient task;
- be changed between caring for different patients;
- be changed as soon as they are contaminated; and
- be discarded as clinical waste.

Gloves must not be worn:

- when driving to and from a scene; or
- for longer than necessary.

Hand hygiene rules should be adhered to before putting on gloves and after removing them, washing with soap and water whenever possible, or using detergent wipes and alcohol gel if no washing facilities are available. All gloves used should be latex-free (because of possible allergies to latex). Non-sterile gloves are suitable for the majority of procedures, although a supply of sterile gloves is recommended for certain invasive procedures, for example catheterisation, suturing and gluing.

The use of gloves as a method of barrier protection reduces the risk of contamination but does not eliminate it altogether. It is therefore imperative that regular hand hygiene takes place prior to and after the wearing of gloves. Be aware that bacteria already on hands multiply while gloves are being worn.

Procedure for hand hygiene

Liquid Soap and Water key points:

- Good hand hygiene means washing your hands properly with liquid soap and warm water
- Removes the majority of transient microorganisms from hands by the mechanical action of rubbing the liquid soap and water over all areas of the hands.
- Must be used when hands are visibly soiled; there has been direct hand contact with bodily fluids; there is an outbreak of norovirus, Clostridium difficile or other diarrhoea illness or the patient is in source isolation Hand washing with soap and water – sequence of events (Time 40 - 60 seconds) (Appendix D)
- Wet hands under running water
- Apply enough soap to cover all hand 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 interlaced
- 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
- Ensure that for each of the above steps that 5 strokes are used
- Rinse hands thoroughly under running water
- Use elbow to turn off tap
- Dry hands thoroughly with a single-use disposable paper towel.
- Your hands are now safe Alcohol Based Hand Rub (ABHR) key points Alcohol based hand rubs are not effective against gastrointestinal infections such as Clostridium difficile or Norovirus so if the patient has diarrhoea or vomiting it is recommended that hands are washed with liquid soap and warm water. If you have no immediate access to hand washing facilities patient wipes are available on ambulances to clean hands prior to application of ABHR. Hands should be washed with liquid soap and water at the first available opportunity, and if visibly soiled or dirty.
- ABHR enables healthcare staff to quickly and effectively clean their hands when they are with their patients (i.e. at the point of care).
- It does not physically remove microorganisms, but rather rapidly destroy them on the skin surfaces.
- Alcohols are said to exert the strongest and fastest activity against a wide spectrum of bacteria and fungi (but not bacterial spores) as well as many viruses.
- Is particularly valuable in areas devoid of wash basins, or where return to a wash basin is impractical as it is available at the point of care.
- Minimises the risks of skin irritation as it is less drying to skin than soap and water.
- If hands are not visibly clean wipe with patient wipes prior to use of alcohol gel when 8 access to a hand wash basin is not available.
- Where staff have a reaction to the alcohol gel provided Line Managers should consider the provision of an alternative product, as outlined in Appendix D. Alcohol hand rub hand hygiene technique – sequence of events (Time 20 - 30 seconds) (Appendix C)
- Apply a small amount (about 3ml) of the product into a cupped hand
- Rub hands together palm to palm, spreading the hand rub over the hands.
- 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
- Wait until product has evaporated and hands are dry (do not use paper towels). Hands should be decontaminated by systematically rubbing all parts of the hands and wrists with alcohol hand rub, being particularly careful to include the areas of the hands that are most frequently missed.

Drying Hands key points

Wet surfaces transfer microorganisms more effectively than dry ones. Moisture left on the hands may cause the skin to become dry and cracked. The method of hand drying is therefore very important in infection control.

- Good quality paper towels can dry the hands quickly and effectively, and are convenient to use.
- Brisk rubbing movements of paper towels – remembering the back of hands and inter-digital spaces.
- Use at least two paper towels for effective drying.
- Dispose of the paper towels carefully ensuring that you do not re-contaminate your hands by lifting the lid of the bin.
- Communal hand towels must not be used as they have been recognised as a source of cross infection.
- Use of hand moisturiser afterwards can help to reduce dry skin and promote skin health.

The following factors will assist in the application of best practice hand hygiene:

- An environment in which everyone is happy to remind and be reminded about hand hygiene
- Keeping nails short, clean and free of nail varnish. No nail varnish or false nails.
- Being “Bare below the Elbows” for example wearing short sleeves in clinical environments, such as in the back of the ambulance or in the Emergency Department, with no watches or bracelets. Only a plain ring may be worn.
- Making alcohol hand rubs available at point of care.
- Ensuring each Station area has an adequate number of well-placed hand-washbasins.
- Constant availability of liquid soap and alcohol hand rub in dispensers.
- The availability of good quality paper towels.
- Clean soap, alcohol hand rub and paper towel dispensers (cleaned as part of the domestic cleaning schedules).
- Posters depicting a correct hand hygiene technique displayed in clinical areas.
- Ensuring regular use of hand cream/moisturiser which should be available in dispensers. (Communal pots of hand cream must not be used as these can very easily become contaminated).
- Any staff or students that experience skin problems, particularly on their hands and forearms must inform their line manager and seek advice from their Line Manager

Training expectations for staff

Hand hygiene is included within the Induction training for all staff. Clinical staff should have the opportunity to practice their hand decontamination techniques during simulation training, such as cannulation.

Implementation Plan

The latest approved version of this Policy will be posted on Halo staff page for all members of staff to view. New members of staff will be signposted to how to find and access this guidance during their Induction.

Monitoring compliance with this Policy

Monthly hand hygiene, vehicle hygiene and premise hygiene audits are completed within each base for A&E ops and PTS services. These are reported to the Board at the Quarterly meetings. Infection prevention and control performance is reported on a quarterly basis to the Clinical Governance Group (CGG), any subsequent actions will be agreed by the Clinical Leadership Team.

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Appendices

Appendix A - Definitions	
Hand Hygiene	The act of cleansing the hands for the purpose
Healthcare Associated Infections (HCAI)	An infection that was neither present nor incubating at the time of a patients admission to hospital (the definition used for the purposes of this policy is an infection that normally manifests itself more than 48 hours after a patients admission to hospital)
Gastroenteritis	It is an illness that is caused by a number of different viruses, some of the symptoms are nausea, vomiting and diarrhoea
Microorganism	An organism of microscopic or sub microscopic size

Appendix A - Definitions	
Dermatitis	Inflammation of the skin
Fob watch	A watch attached to clothes as opposed to a watch worn on the wrist
Antimicrobial	Any compound that selectively destroys or inhibits the growth of micro-organisms.
Decontaminate	Removal or reduction of the number of microorganisms present on the hands by washing with soap and water or rubbing with alcohol hand-rub
Department of Health	Government department that is responsible for all public health issues across the United Kingdom.
Point of Care	Relates to the time and place when it is most likely that there could be transmissions of microorganisms on the hands of healthcare workers - i.e. the patient's immediate environment where treatment takes place.

Appendix B - Roles & Responsibilities

Head of Operations (HOO)

The Head of Operations has responsibility for ratifying all Infection Prevention and Control procedural documents.

- The HOO will enable the organisation to continuously improve its performance in relation to IP&C and have corporate responsibility for infection, prevention and control throughout Halo as delegated by the Registered Manager.
- Be responsible for the development of strategies on infection, prevention and control and oversee implementation.
- Act on legislation, national policies and guidance ensuring effective policies are in place and audited.
- Provide assurance that policies are fit for purpose.

- Provide leadership to the infection, prevention and control programme in order to ensure a high profile for infection prevention and control across the organisation.
- Ensure that the requirements of decontamination guidance are in place and adhered to through implementation of appropriate policies.
- Influence the allocation of resources required to minimise the risk of HCAIs.
- Ensure infection prevention and control is included in all job descriptions and job plans, is a mandatory component of CPD and is included in the appraisal of all clinical staff.
- Influence the development and provision of education and training in relation to infection, prevention and control and oversee the audit of its uptake by staff.
- Develop a robust performance management framework for infection, prevention and control that minimises healthcare associated infections.
- Ensuring audit arrangements are adequate and completed, to consider compliance with current year requirements and shape the future direction of infection prevention and control, including hand hygiene compliance
- Ensure Halo has run regular awareness campaigns to promote hand hygiene and other infection prevention and control measures
- Maintaining suitable recording arrangements for infection prevention and control purposes
- Supplying appropriate information in a timely manner
- Encouraging reporting and monitoring of all infection prevention and control incidents and injuries to staff or other affected parties
- Contributing to infection prevention induction training, training and updates for staff

Managers

- Ensure that all employees have had instruction/education on the principles of Infection Prevention and Control through one of the following educational processes;
- Induction training
- Statutory and Mandatory Training
- Attendance of relevant CPD sessions with an Infection Prevention and Control element
- Managers will lead by example and adopt good practice at all times in order to ensure the implementation of effective infection prevention and control across Halo. In particular, they are responsible for;
    - ensuring that the infection prevention and control policy is adhered to within their area of responsibility
    - ensuring infection prevention and control risks are assessed and reduced so far as reasonably practicable for activities under their control
    - facilitating and recording the required infection prevention and control training and updates of staff under their supervision to enable them to carry out their roles safely and promote the Halo IP&C e-learning modules
    - coordinating and monitoring all aspects of infection prevention and control and reporting matters of concern to the appropriate responsible person or their line manager
    - communicating infection prevention and control messages to staff on a regular basis particularly relating to actions taken post incident reports or as part of lessons learned

- ensuring staff members responsibilities for infection prevention and control are reflected in their job descriptions, personal development plan or appraisal
- promoting the reporting of IP&C related incidents in line with current Halo procedures

All employees

- Every employee has a personal responsibility for infection prevention and control and has a duty to;
- demonstrate good infection prevention and control and hygiene practice, that includes effective hand hygiene
- undertake appropriate IP&C training and e-learning as identified in their Personal Development Review (PDR)
- adopt standard precautions to minimise the transmission of infection including blood-borne viruses
- ensure that if any additional infection prevention and control precautions are necessary, these are documented in patient's records
- correctly use Personal Protective Equipment provided by Halo
- not to misuse equipment or items provided in the interest of infection prevention and control
- co-operate with management in reviewing policies and procedures regarding infection prevention and control and for making them effective
- ensure responsibilities for infection prevention and control are reflected in their job descriptions, personal development plans or appraisal
- report all infection prevention and control incidents, near misses, hazards, work related illnesses or injuries, however minor, to their supervisor and ensure that these are documented properly

Appendix C

Alternative Hand Hygiene Products

This should only be used by staff who have a reaction to the normal hand gel – such as contact dermatitis. Managers should discuss this with staff members. Firstly managers should talk through the following about looking after your hands

- Try not to overuse gloves or wear gloves for a long time.
- Use soap, water and dry hands carefully when hand wash basins are available – for instance at Ambulance station and at hospital/GP surgery's.
- Follow hand hygiene with moisturiser.