



# Hand Hygiene Policy

Document Author: Head of Safety

Date Approved: May 2021



<b>Document Reference</b>	PO – Hand Hygiene Policy
<b>Version</b>	V 7.0
<b>Responsible Committee</b>	Clinical Governance Group
<b>Responsible Director</b>	Executive Director Quality, Governance and Performance Assurance
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<b>Approved By</b>	Trust Management Group
<b>Date Approved</b>	May 2021
<b>Review Date</b>	May 2023
<b>Equality Impact Assessed (EIA)</b>	Yes
<b>Protective Marking</b>	Yes

## Document Control Information

Version	Date	Author	Status (A/D)	Description of Change
3.0	February 2013	Chris Hays	A	Amends approved by SMG February 2013
3.1	September 2014	Clare Ashby	D	Watch wearing removed to ensure bare below the elbows
4.0	November 2014	Clare Ashby	A	Approved by CGG
4.1	November 2015	Clare Ashby	D	Minor changes made to audit form and appendices
5.0	Jan 2017		A	Approved at TMG Jan 2017
5.1	Feb 2018	Risk Team	A	Document formatted – New visual identity
5.2	Jan 2019	Iffa Settle	A	Policy review
6.0	April 2019	Iffa Settle	A	TMG approved policy
6.1	April 2021	Head of Safety	D	Policy Review – section 4 Skin reaction management process and flowchart included.
7.0	May 2021	Risk Team	A	Approved at TMG
A = Approved D = Draft				
Document Author = Head of Safety				

Associated Documentation:

Infection Prevention and Control Policy  
Decontamination of Medical Devices and Vehicles  
Procedure  
Aseptic Technique and Invasive Devices Guidance  
Dress Code and Uniform Policy

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## Staff Summary

Healthcare associated infections can cause harm and suffering to the patients we care for
Reducing the spread of infection is the role of everyone working within YAS
Effective hand hygiene is the single most important procedure in reducing the spread of infections
All operational staff should be bare below the elbows when providing direct patient care
There are 5 moments for hand hygiene, please ensure you are aware of these and ensure you follow them for every patient, every time
Ineffective hand hygiene will not prevent the spread of infection. Ensure all areas of the hands are decontaminated during the procedure, following the agreed technique will ensure this
Hand hygiene can be undertaken using hand gels when the hands are not visible dirty
Do not use alcohol hand rub for known or suspected <i>Clostridium difficile</i> or norovirus
Staff will be audited against their hand hygiene compliance on a monthly basis
Appropriate challenge from all healthcare professionals about hand hygiene is encouraged

### 1.0 Introduction

- 1.1 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.
- 1.2 As a healthcare establishment, YAS 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.
- 1.3 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.

## 2.0 Purpose/Scope

- 2.1 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 YAS adhere to and practice good hand hygiene technique.
- 2.1.1 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 the Trust 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 handrub.
- 2.1.2 This mandatory policy is to be complied with by all clinical staff within the Trust. 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 procedure.

## Process

- 3.0 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).
- 3.1.1 Non-compliance with hand hygiene is not just regarded as a national problem but is universally regarded as a trans-global one (Pittet 2001).

## Your 5 moments for hand hygiene at the point of care\*



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.

### **3.13 Use of Gloves**

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.



### 3.14 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 diarrhoeal 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* (C.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

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. Where this does not resolve the issues then they should consider a referral to Occupational Health Department for further advice.

### **Alcohol hand rub hand hygiene technique – sequence of events (Time 20 - 30 seconds) (Appendix C)**

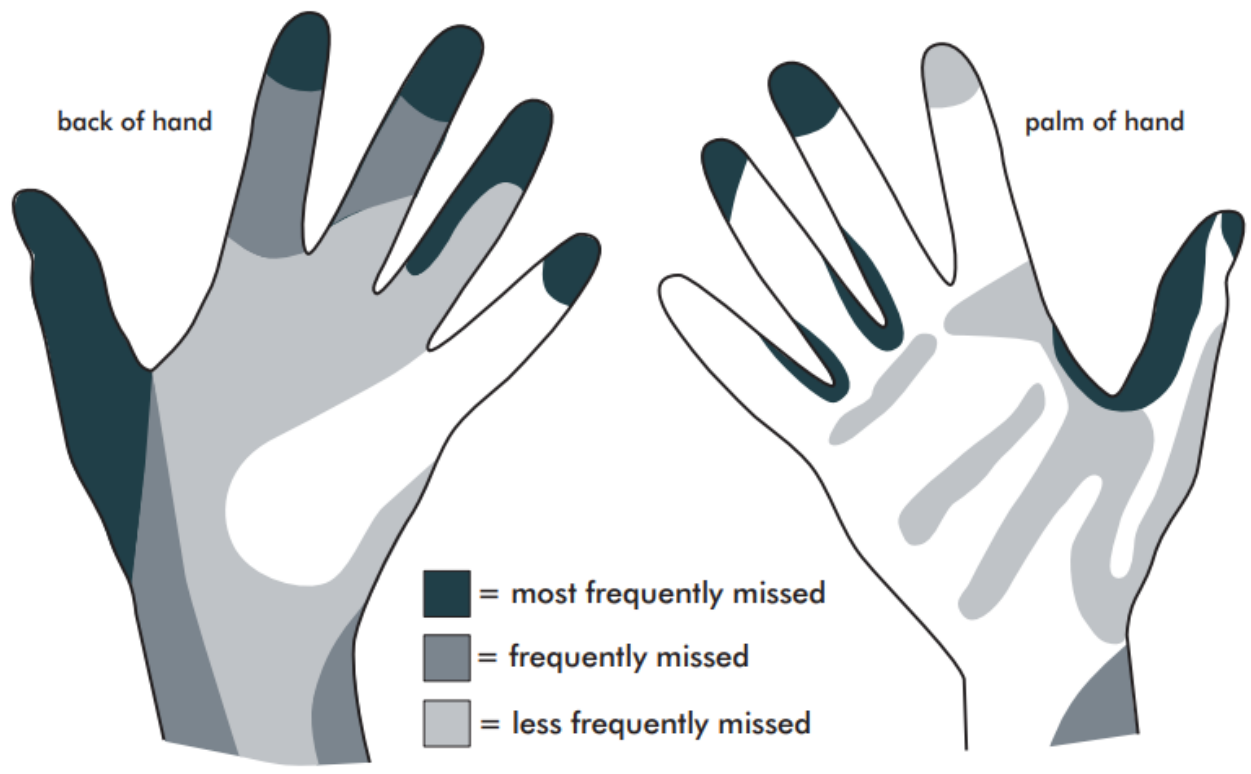
- Apply a small amount (about 3ml) of the product into a cupped hand.
- Rub hands together palm to palm, spreading the hand rub over the hands.
- Rub back of each hand with the palm of other hand with fingers interlaced.
- Rub palm to palm with fingers interlaced.
- Rub with backs of fingers to opposing 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 papertowels)

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.

### 3.15 Frequently missed areas during hand hygiene



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-wash basins.
- 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 the Trust Occupational Health service.

#### **4.0 Skin Irritation**

The development of skin irritation is usually caused by contact with an irritant or an allergen.

- an irritant – a substance that directly damages the outer layer of skin.
- an allergen – a substance that causes the immune system to respond in a way that affects the skin.

Skin irritation is most commonly caused by irritants such as soaps and detergents, solvents or regular contact with water. Lighter skin can become red, and darker skin can become dark brown, purple or grey. The skin can become itchy, blistered, dry and cracked. This reaction usually occurs within a few hours or days of exposure to an irritant or allergen. This reaction usually occurs within a few hours or days of exposure to an irritant or allergen. Symptoms can affect any part of the body but most commonly the hands and face.

To avoid skin irritation:

- Always wet hands thoroughly before applying soap.
- Rinse off all soap when washing hands.
- Dry hands thoroughly after washing – pat skin with a soft paper towel where possible and avoid hand dryers if you can.
- Apply moisturiser containing emollient to hands regularly.
- Stay hydrated.

See Appendix G for skin reaction management process.

## **5.0 Training expectations for staff**

- 5.1** Training is delivered as specified within the Trust Training Needs Analysis (TNA). Hand hygiene is included within Statutory and Mandatory training for all staff. Clinical staff should have the opportunity to practice their hand decontamination techniques during simulation training, such as cannulation.

## **6.0 Implementation Plan**

- 6.1** The latest approved version of this Policy will be posted on the Trust Intranet site for all members of staff to view. New members of staff will be signposted to how to find and access this guidance during Trust Induction.

## **7.0 Monitoring compliance with this Policy**

Monthly hand hygiene, Vehicle hygiene and premise hygiene audits are completed within each clinical business unit for A&E ops and PTS services. These are reported to Board via the integrated performance review (IPR). The Quality and Safety team undertake quarterly validation audits, using the same process to confirm reported compliance.

Infection prevention and control is reported on a quarterly basis to Clinical Quality Development Forum (CQDF) and Clinical Governance Group (CGG). The annual work plan and subsequent actions are agreed at CGG. End of year performance reports are presented at Quality Committee.

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## 9.0 Appendices

### Appendix A - Definitions

Hand Hygiene	The act of cleansing the hands for the purpose of removing soil, dirt or microorganisms
Healthcare Associated Infections (HCAI)	An infection that was neither present nor incubating at the time of a patient's 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.
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.
DIPC Director of Infection Prevention and Control	An individual who is responsible for Infection Prevention and Control within an NHS organisation. This involves responsibility for the infection Prevention and Control team, overseeing local Infection Prevention policies and their implementation, reporting directly to the Chief Executive. The DIPC and their nominated deputy will possess the authority to challenge both inappropriate clinical hygiene and inappropriate antimicrobial prescribing.
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**

### **Trust Management Group (TMG)**

The TMG has responsibility for ratifying all Infection Prevention and Control procedural documents.

### **Clinical Quality Development Forum (CQDF)**

CQDF receive reports, according to the work-plan, which relate to investigations, consider changes to work procedures, and/or the introduction of new technology, carry out and receive the findings from risk assessments, monitor and audit the IP&C top issues/risks.

The Terms of reference for the CQDF are reviewed annually.

Appropriate personnel meet to consider all aspects of IP&C affecting the Trust and its employees.

### **Clinical Governance Group (CGG)**

CGG is the expert level group for YAS relating to Infection Prevention and Control (IP&C) and as such approves relevant procedural documents relating to this specialist area of work. This committee approves specialist documents of this type in line with its policy development role and finally agrees the annual infection prevention and control work plan.

The Terms of reference for the Clinical Governance Group are reviewed annually.

Appropriate personnel meet to consider all aspects of IP&C affecting the Trust and its employees.

### **Director of Infection Prevention and Control (DIPC) defined by DH 2008**

The DIPC will have the executive authority and responsibility for ensuring the implementation of strategies to prevent avoidable healthcare associated infections (HCAIs) at all levels in the organisation.

The DIPC will be a highly visible, senior, authoritative individual who will provide assurance to the Board that the systems are in place and the correct policies and procedures are adhered to across the organisation to ensure safe and effective healthcare and to comply with the Health and Social Care Act (2008).

The DIPC will be an effective leader who will enable the organisation to continuously improve its performance in relation to HCAIs.

The DIPC will be the public face of infection prevention and control and will be responsible for the Annual Report which should provide details of all aspects of the organisation's infection prevention and control programme and should include publication of HCAI data for the Trust.

Although not generally a unique, full-time appointment, the DIPC must have designated time to deliver the requirements of the role. Each NHS organisation should define and agree the time required to fulfil the role of DIPC within their organisation.

### **Primary Duties**

- Have corporate responsibility for infection, prevention and control throughout the Trust as delegated by the Chief Executive.
- Report directly to the Chief Executive and assure the Trust Board on the organisation's performance in relation to HCAs providing, regular reports including an Annual Report.
- 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 to the Board that policies are fit for purpose.
- Attend Board meetings to report on infection prevention and control issues and to ensure infection prevention and control consideration in other operational and developmental decisions of the Board.
- 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.
- Ensure public and patient involvement in infection, prevention and control.

### **Management and Leadership**

- Challenge professional and organisational barriers, where appropriate, in the interest of the public, staff and patients to reduce HCAs.
- Influence the allocation of resources required to minimise the risk of HCAs.
- 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.

### **Learning and Development**

- 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.
- Encourage and oversee participation in relevant appropriate research opportunities.

### **Clinical Governance/Audit/Research**

- Be a Member of Clinical Governance Group (CGG) or equivalent.

- Develop a robust performance management framework for infection, prevention and control that minimises healthcare associated infections.
- Ensure effective surveillance systems are in place with timely feedback to clinical services.

### **Communication**

- Utilise a range of strategies to support effective communication within the organisation and across the wider health and social care economy in relation to infection prevention and control.
- Provide effective communication of the Trust's infection prevention and control activities and HCAI records to the general population and the local press/media.

### **Infection Prevention Nurse (Head of Safety)**

The Infection Prevention and Control Lead will lead by example and adopt good practice at all times in order to ensure the implementation of effective infection prevention and control across the Trust.

The IPC Lead will provide advice and practical assistance in all matters relating to infection prevention and control. In particular their responsibilities will be.

- 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 YAS 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
- ensuring the promotion of infection prevention and control in a pro-active manner
- 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
- co-operating with staff side worker representatives
- developing infection prevention induction training, training and updates for staff (in conjunction with YAS Academy when appropriate) and providing training as necessary

### **Occupational Health Service**

The Occupational Health Service will lead by example and adopt good practice at all times in order to ensure the implementation of effective infection prevention and control, including effective hand hygiene across the Trust.

The Occupational Health and Wellbeing Service will provide advice and practical assistance in appropriate matters relating to infection prevention and control. In particular their responsibilities will be.

- To monitor the health of employees relating to occupational exposure incidents, skin care and infections acquired whilst working for YAS. To provide staff support and counselling services following an incident where a member of staff was at risk of acquiring an infection.
- To advise managers upon the requirements of the Equality Act so that adjustments are made, where reasonably practicable, to support individuals to start, or continue to work within their current role in relation to an occupational exposure.
- To work with the Infection Prevention and Control Nurse to provide health promotion and education for Trust staff, on both a one-to-one basis, and for all staff, through the design and implementation of Trust wide health promotion and education initiatives relating to infection prevention and control.

## **Educational and Training Departments**

Educational material is agreed with the IPC Lead and delivered within the establishment by a clinical educator from YAS Academy.

## **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 Workbook completion
- Attendance within training school 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 the Trust.

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 YAS 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 YAS 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 minimize 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 the Trust.
- 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.

# 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;



**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** Once dry, your hands are safe.



World Health  
Organization

Patient Safety

A World Alliance for Safer Health Care

SAVE LIVES


Clean Your Hands

World Health Organization has developed this poster for World Health Organization in collaboration with the American Centers for Disease Control and Prevention. The poster is available in many languages and is available for use without charge. For more information, please contact the World Health Organization, 11 Avenue Appia, 1211 Geneva, Switzerland. Tel: +41 22 791 2111. Fax: +41 22 791 3111. Email: [info@who.int](mailto:info@who.int)

May 2020

# How to Handwash?

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.



World Health Organization

Patient Safety

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Clean Your Hands

Where applicable, illustrations have been adapted by the World Health Organization from the illustrations contained in the document "How to Wash Your Hands to Stay Healthy and without Spreading Germs", which is included in the package. It is recommended that the illustrations and icons in the remaining web brochures, brochures and the other World Health Organization materials be adapted along with the WHO illustrations for the Hospital Infection Control System (HICS) in particular the inclusion of the Infection Control Programme. All text and icons in the remaining brochures are provided for reference.

May 2009

## Appendix E – Alternative Hand Hygiene Product

Product	Part #
Steri-7 non-alcohol foaming hand cleanser	Contact supplier

### Features:

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.





**Appendix F – Hand Hygiene Audit form**

**Hand Hygiene Audit**

Month: \_\_\_\_\_ 2019

- |                                  |                                |
|----------------------------------|--------------------------------|
| Area: A&E North Yorkshire & York | PTS Bradford/ Airedale         |
| A&E South Yorkshire & Bassetlaw  | PTS Calderdale/ Huddersfield   |
| A&E Humber                       | PTS Hull and East              |
| A&E ABL                          | PTS Leeds                      |
| A&E CKW                          | PTS Mid Yorkshire              |
| YAA                              | PTS North Yorkshire            |
| Resilience/ Special Ops          | PTS Rotherham/ Doncaster       |
| ECP                              | PTS Sheffield/ Barnsley        |
| Private and Events               | <b>(Please tick or circle)</b> |

Please state specific audit site:

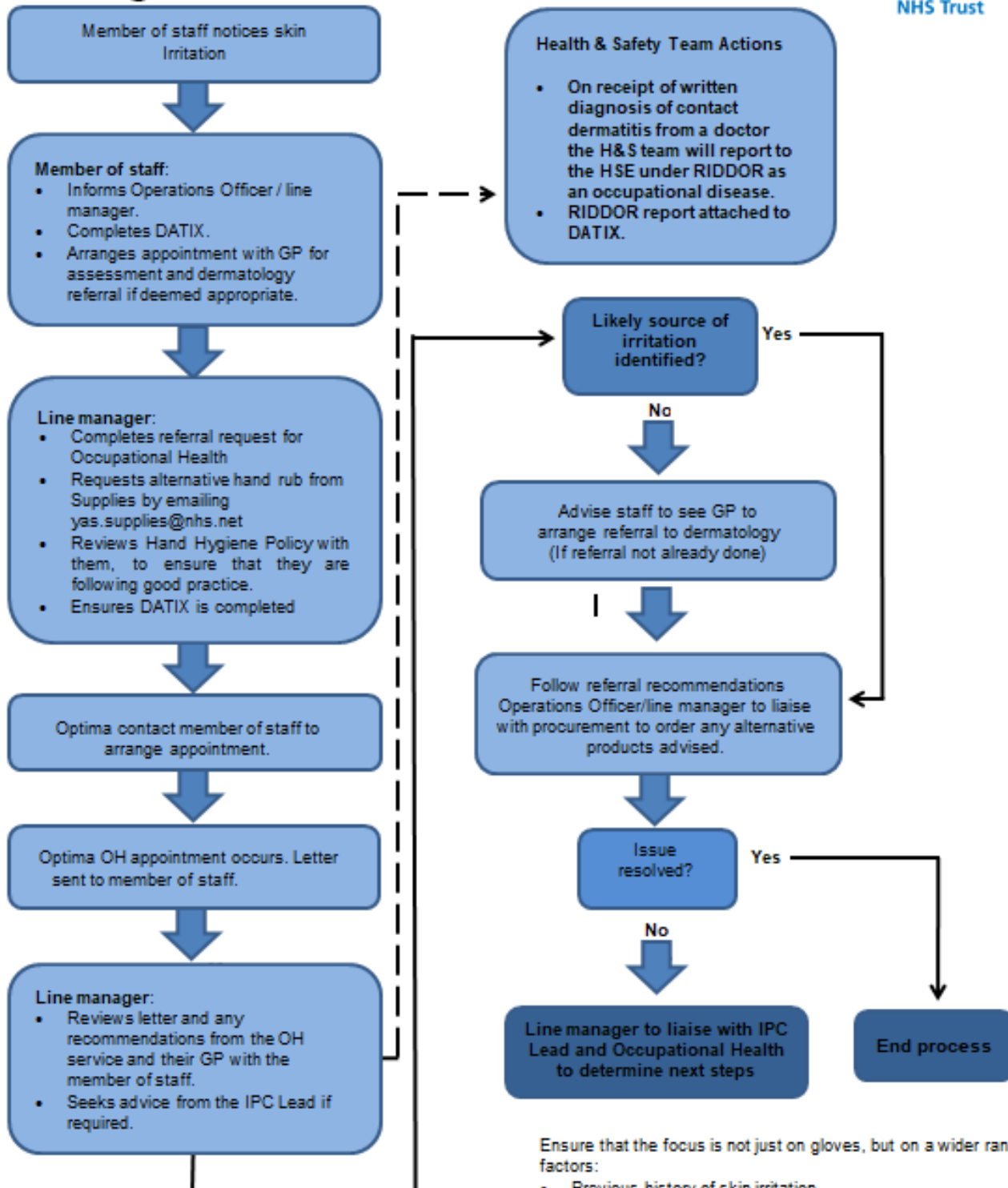
		Yes	No	Comments (required if <b>No</b> selected)
1	Gloves worn if there is a risk of contamination with blood, body fluids or patient has a known infection			
2	Staff have received training in hand hygiene procedures			
3	Posters promoting hand hygiene are on display in stations			
4	Fingernails are short, clean and free from nail extensions and varnish.			
5	No Wrist watch is worn			
6	No wrist jewellery is worn			
7	Only one plain band is worn			
8	Staff carry personal issue alcohol hand rub			
9	Correct hand washing technique used following WHO 5 moments of hand hygiene.			
Total				

Audit can be conducted through observation or through asking member of staff what they would do to ensure safe and effective hand hygiene.

Name of auditor \_\_\_\_\_



# Skin Reaction Management Process



Ensure that the focus is not just on gloves, but on a wider range of factors:

- Previous history of skin irritation.
- Hand rub.
- Gloves.
- Soap (within the Trust and at hospitals).
- Emollient