Hand Hygiene

Key Points

Decontaminate your hands *BEFORE AND AFTER* each patient contact

Introduction

Hand hygiene is the single most important way of preventing the spread of infection.

Hand hygiene can be:

- Hand washing with warm water and liquid soap, for cleaning of soiled hands
- Hand washing with warm water and antiseptic solution, prior to invasive procedures or after contact with infective materials
- Alcohol handrub for hands which are socially clean i.e. not soiled

Note: there are some situations where alcohol handrub is ineffective such as the diarrhoeal diseases *Clostridium difficile* and Norovirus. In these settings: WASH YOUR HANDS.

To facilitate effective hand hygiene:

- During clinical work, wear sleeves above the elbows. If wearing long sleeves, these should be "rolled up" to the elbows
- ***REMOVE*** any hand or wrist jewellery with the exception of one band ring
- **Keep nails short and do not wear false nails or nail varnish on duty**
- Do not use bars of soap or nail brushes

Hand Hygiene Technique

- During clinical work, wear sleeves above the elbows. If wearing long sleeves, these should be "rolled up" to the elbows
- ***REMOVE*** any hand or wrist jewellery with the exception of one band ring
- If wearing a band ring, wash and dry thoroughly around and under it
- Use running warm water to wet your hands then dispense one squirt of the recommended liquid soap or antiseptic into the palm of the hand
- Hold hands down below elbow height to prevent water running onto forearms

- Rub hands together vigorously to lather all surfaces of hands and wrists, paying particular attention to thumbs, finger tips and finger webs (follow all steps in diagram below)
- Rinse hands thoroughly
- If there are lever taps turn off water using elbows. If lever taps are not present first dry hands thoroughly, then turn off the taps using a **fresh** paper towel
- Dispose of towels into domestic/ household waste bag, using the foot pedal to prevent re-contamination of your clean hands from the lid

How to Wash your Hands: The Seven Step Technique

(USE EXACTLY THE SAME TECHNIQUE FOR APPLYING ALCOHOL HANDRUB)

When to Perform Hand Hygiene

(BEFORE AND AFTER EACH PATIENT CONTACT)

BEFORE each patient contact or contact with their immediate environment, eg:

- Before aseptic procedures
- Before the administration of drugs
- Before serving meals and drinks
- Before meal breaks
- Before commencing a span of duty

AFTER each patient contact or contact with their immediate environment, eg:

- After removing gloves
- If your hands are soiled
- After contact with body secretions or excretions
- After cleaning spillages
- After using the toilet
- At the end of a span of duty

Notes on Skin Care

Hand cream. Hands should be moisturised regularly. It is advisable to carry a personal tube of approved hand cream. Where individual tubes are not available multi-dose containers must be pump operated and these should be cleaned regularly.

Skin lesions. If any member of staff has a hand lesion, a chronic skin condition (e.g. eczema) or experiences skin problems associated with hand hygiene, he or she should consult the Occupational Health Department or seek medical advice. Staff with eczema have a higher risk of skin colonisation with micro-organisms so must therefore to pay close attention to skin care.

Cuts and abrasions on the hands must be covered with an impermeable dressing when in the clinical environment and when performing clinical procedures.

Hand Hygiene in a Patient/Client Home

Staff visiting a patient in their own home should carry out hand hygiene on entering and on leaving the home. In most instances it will be appropriate to use the facilities within the home. Sometimes it may be necessary to complement or replace this with the use of an alcohol handrub.

Responsibilities Of All Health Care Workers With Regard To Hand Hygiene

EVERYONE Should:

- Familiarise themselves with the recommended hand hygiene technique
- Incorporate these guidelines into their practice
- Report defects in hand hygiene facilities to their manager

The person in charge of a ward or department (i.e. the **Manager**) should:

- Assess their clinical areas with respect to hand hygiene facilities
- Ensure that there are an adequate number of dedicated clinical hand wash sinks with hands free or elbow controlled taps. Sinks should not have an overflow or plug. Sinks should be regularly cleaned.
- Ensure that there is a liquid soap dispenser, hand towel dispenser and a 'chlorhexidine' pump dispenser; all wall mounted at each clinical hand washing facility
- Report problems with providing hand hygiene facilities to their line-manager
- Ensure that posters and other education materials are available within their department

Any building work or other development (including changes in the use of existing wards, units and clinical areas), must consider how adequate hand hygiene facilities are provided. Consultation with the Infection Prevention and Control Team is essential.

References

1. Northern Ireland Department of Health Dress policy (Available at http://www.dhsspsni.gov.uk/dresscodepolicy.pdf)

2. World Health Organisation guidance on Hand Hygiene (Available at http://www.who.int/gpsc/en/)

3. The National Patient Safety Agency Clean your hands campaign (Available at http://www.npsa.nhs.uk/cleanyourhands/the-campaign/)

4. DHSSPSNI hand hygiene campaign (Available at http://www.dhsspsni.gov.uk/cleanyourhands.htm)