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Infection Prevention Model Policy/Procedure 2

Hand Hygiene Policy and Procedure

(An element of Standard Infection Control Precautions)

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1.0 Executive Summary/Key Points

- Hand hygiene is considered the single most important infection control activity in all clinical or care settings, and can help reduce the spread of healthcare associated infection (HCAI)
- Hand hygiene must be applied as standard practice
- All staff have a responsibility to ensure that they undertake adequate hand hygiene and encourage others delivering care to do so
- There are three levels of hand hygiene, level 1 – social, level 2 – hygienic, level 3 - surgical scrub
- Hands should be decontaminated at a range of times in order to prevent HCAI. The times during care delivery and daily routines when this should occur are described in 'Your 5 moments for Hand Hygiene' (section 5)
- Hand hygiene must be performed after removal of gloves
- Hand hygiene may have to be performed between tasks on the same patient
- The point of care is the crucial moment for hand hygiene. The point of care represents the time and place at which there is highest likelihood of transmission microorganisms from the hands of healthcare workers to patients/clients/residents
- Access to appropriate hand hygiene facilities, and associated supplies, is essential to ensure adequate hand hygiene can be performed
- Availability of supplies of liquid soap and soft paper towels for hand hygiene is essential
- Where infection with a spore forming organism e.g. *Clostridium difficile* or with a gastroenteritis virus e.g. Norovirus is suspected/proven, hand hygiene must be carried out with liquid soap and water although it can be followed by alcohol-based hand rub
- Hand hygiene should be performed for between 15 seconds and 3 minutes depending on the level of hand hygiene being performed
- The use of soft user-friendly, disposable paper towels is preferable to encourage compliance with hand drying
- In some care settings (e.g. hospital wards) the appropriate placement of alcohol-based hand rub products within the patient's immediate environment can support hand hygiene compliance
- Caution must be taken when using alcohol- based hand rubs in relation to flammability and ingestion. Local risk assessments should be undertaken to address each of these issues
- Caution should be taken to avoid drips or spills of solutions for health and safety reasons (e.g. slips or falls)

Infection Prevention Model Policy/Procedure –Hand Hygiene

- Those working in areas such as patients'/clients' own homes may need to carry their own supplies of hand hygiene products and paper towels
- Nails must be short and clean, and nail polish should not be worn. Artificial fingernails/extensions and wrist/ hand jewellery should not be worn when providing care

2.0 Introduction

Hands are the most common way in which microorganisms, particularly bacteria, can be transmitted and subsequently cause infection, especially in those who are most susceptible. In order to prevent the spread of microorganisms to those who are at risk of developing infections, hand hygiene must be performed properly at the correct times. Hand hygiene is considered to be the **single most important practice** in reducing the transmission of infectious agents and preventing subsequent development of HCAI.

Before selecting the appropriate hand hygiene procedure, consideration should be given to the potential/actual hazards that have or might be encountered, the subsequent potential/actual contamination of hands, and any risks that may present as a result. The nature of the work, the interaction with the patient/client/resident and the vulnerability of individuals will often determine this.

It must always be assumed that every person encountered could be carrying potentially harmful microorganisms that might be transmitted. Hand hygiene is one of the nine elements of Standard Infection Control Precautions (SICPs) and undertaking them is an essential element to ensure everyone's safety.

All of the steps detailed in this policy/procedure aid the process of ensuring hands are free from contamination and are therefore not a factor in causing infection.

The term hand hygiene used in this document refers to all of the processes, including hand washing and hand decontamination achieved using other products, e.g. alcohol-based hand rub.

3.0 Responsibilities

Managers/Clinical Directors must:

- Ensure that all staff receives instruction/education on the principles of hand hygiene and SICPs.
- Ensure that an up-to-date, evidence-based hand hygiene policy is easily available to all staff.
- Ensure that adequate resources are in place to allow for the recommended infection control measures such as hand hygiene to be implemented. This includes liaison with the estates/maintenance staff, GP partners and Care Home owners in relation to hand hygiene facilities such as sinks.
- Ensure participation in surveillance and audit programmes at a national or local level and provide active support for presentation and improvement of hand hygiene compliance results.
- Undertake a risk assessment to optimise patient/client/residents and staff safety, consulting expert infection prevention and control guidance if/as required.
- Support staff in any corrective action or interventions if an incident occurs that may have resulted in transmission of infection.
- Ensure any staff with health concerns, including any skin irritation related to occupational hand hygiene, or those who have become ill due to occupational exposure are appropriately referred e.g., General Practitioner or Occupational Health.

All staff – (providing direct care in a health or social care setting including a patient's/client's own home) must:

- Apply the principles of SICPs. All staff have a responsibility to ensure that they undertake adequate hand hygiene and encourage others who have patient contact to do so.
- Ensure all other staff/agencies apply the principles of SICPs.
- Explain to patients/clients/residents, carers and visitors any infection control requirements such as hand hygiene.
- Encourage patients/clients/residents to question lack of hand hygiene by carers.
- Ensure supplies of hand hygiene products and other materials, such as paper towels are readily available for all to use, including for visitors.
- Ensure standardised posters (e.g. NPSA) featuring when and how to perform hand hygiene are displayed in relevant, prominent areas.
- Report to line managers any deficits in knowledge or other factors in relation to SICPs and hand hygiene in particular, including facilities/equipment or incidents, that may have resulted in cross contamination.
- Attend mandatory or update infection prevention and control education sessions.
- Report any illness which may be as a result of occupational exposure, to the line manager and the Occupational Health Department (if applicable).
- Not provide direct patient/client/resident care while infectious as this could cause harm. If in any doubt consult with your manager, General Practitioner, Occupational Health Department or the local Infection Prevention and Control/Health Protection Team.
- Consider the elements of SICPs such as hand hygiene as an objective within staff continuing professional development ensuring continuous updating of knowledge and skills.
- Be aware of hand hygiene campaigns.

Staff with infection prevention and control/health protection responsibilities must:

- Provide education for staff and management on this policy.
- Act as a resource for guidance and support when advice on hand hygiene is required.
- Provide advice on individual risk assessments for performing hand hygiene.
- Support the monitoring of compliance and present compliance results.

Visitors should be advised by staff:

- Of appropriate hand hygiene to be carried out.
- To contact the person in charge before visiting if they are unsure of the infectious status of the person they are visiting.

Incident Reporting:

- Any incidents where failures in hand hygiene have occurred or where there are product/facilities issues that affect adequate hand hygiene and in turn health and safety should be reported as per local incident reporting procedures.

General good practice:

- Effective communication between all members of the health and social care team is imperative for patient safety.
- Health and safety issues, related to staff, patients/clients and visitors should also be considered in relation to products used for hand hygiene, e.g. drips or spillages from alcohol-based hand rub and any risks of slips, falls or ingestion of products. Risk assessments should be carried out locally to highlight/manage relevant issues.
- Control of Substances Hazardous to Health (COSHH) and product data sheets should be referred to in order to ensure safe use of/exposure to products being used for hand hygiene.
- Hand hygiene is an important part of **respiratory hygiene/cough etiquette**. Advice which can be given on this is to:
 - Cover nose and mouth with disposable single-use tissues when sneezing, coughing, wiping and blowing noses
 - Dispose of used tissues in the nearest waste bin
 - Wash hands after coughing, sneezing, using tissues, or after contact with respiratory secretions and objects contaminated with them
 - Keep hands away from the mucous membranes of the eyes and nose. Certain patient/clients (e.g. the elderly, children) may need assistance with containment of respiratory secretions; those who are immobile will need a receptacle (e.g. a plastic bag) readily at hand for the immediate disposal of used tissues and offered assistance with hand hygiene
- Patients unable to wash their hands should be offered assistance to do so, especially after toileting and before eating.

4.0 Levels of hand hygiene

	LEVEL 1 Social Hand Hygiene	LEVEL 2 Hygienic (aseptic) Hand	LEVEL 3 Surgical scrub
Why perform hand hygiene?	To render the hands physically clean and to remove microorganisms picked up during activities considered 'social' activities (transient microorganisms)	To remove or destroy transient microorganisms. Also, to provide residual effect during times when hygiene is particularly important in protecting yourself and others (reduces those resident microorganisms which normally live on the skin)	To remove or destroy transient microorganisms and to substantially reduce resident microorganisms during times when surgical procedures are being carried out

5.0 When to perform hand Hygiene

Hands should be decontaminated at a range of times in order to prevent HCAI. The most important times during care delivery and daily routines when this should occur are described in **'Your 5 moments for Hand Hygiene'**.

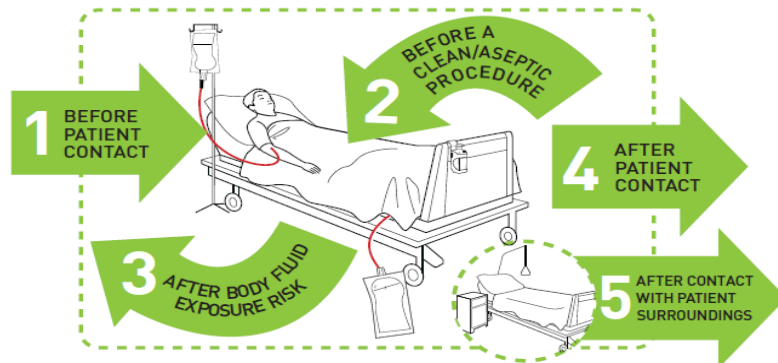
Even if gloves have been worn, hand hygiene **must** be performed. Hands can still become contaminated whilst wearing or on removal of gloves, and so must be cleaned appropriately.

It should also be noted that hand hygiene will have to be performed **between tasks on the same patient**.

The point of care is the crucial moment for hand hygiene. The point of care represents the time and place at which there is the highest likelihood of transmission of microorganisms from the hands of healthcare workers to patients/clients/residents.

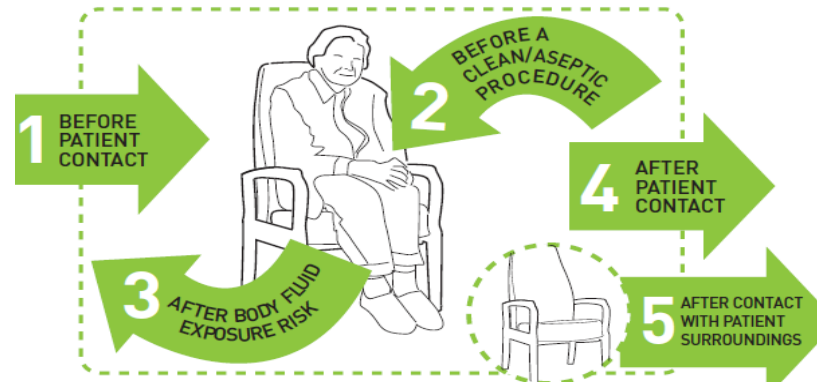
The descriptions of points of care given in the “Your 5 moments for hand hygiene “can be applied to all care settings and not just acute hospital wards (diagrams from the NPSA).

Your 5 moments for hand hygiene



Based on WHO poster 'Your 5 moments for hand hygiene' and reproduced with their kind permission

Your 5 moments for hand hygiene



Based on WHO poster 'Your 5 moments for hand hygiene' and reproduced with their kind permission

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
Before an clean/aseptic task	When? Clean your hands immediately before any clean/aseptic task Why? To protect the patient against harmful germs, including the patient's own, from entering his/her body
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
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
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 has not been touched Why? To protect yourself and the healthcare environment from harmful patient germs

Hand hygiene is important at many times including on entering and leaving any care environment (e.g. ward or department), and as described below:

	LEVEL 1 Social Hand Hygiene	LEVEL 2 Hygienic (aseptic) Hand Hygiene	LEVEL 3 Surgical scrub
When to perform hand hygiene?	<p>BEFORE</p> <ol style="list-style-type: none"> 1. commencing/leaving work 2. using computer keyboard (in a clinical area) 3. eating/handling of food/drinks (whether own or patient/clients) 4. preparing/giving oral medications 5. patient/client contact 6. entering/leaving clinical areas <p>AFTER</p> <ol style="list-style-type: none"> 1. patient/client contact 2. becoming visibly soiled 3. visiting the toilet 4. using computer keyboard (in a clinical area) 5. handling laundry/equipment/waste 6. blowing/wiping/touching nose 7 any contact with inanimate objects (e.g. equipment, items around the patient/client) and the patient/client environment 8. removing gloves 9. pet therapy 	<p>BEFORE/BETWEEN</p> <ol style="list-style-type: none"> 1. aseptic procedures 2. contact with immunocompromised patients/clients <p>AFTER</p> <ol style="list-style-type: none"> 1. contact with patients/clients being cared for in isolation or having additional (Transmission Based) precautions applied due to the potential for spread of infection to others 2. being in wards/departments/units during outbreaks of infection 3. preparing and administering intravenous drugs 4. When hands are contaminated with blood or body fluids 5. surgical/invasive procedures 	<p>BEFORE</p> <ol style="list-style-type: none"> 1. surgical/invasive procedures <p>NB Specific policies and procedures on surgical preparation should be available at local level</p>

6.0 Hand hygiene - Facilities

Access to appropriate hand hygiene facilities, and associated supplies is essential. Inadequate hand hygiene facilities will lead to poor hand hygiene performance. This includes the type and number of facilities, and their situation in relation to where work/care is carried out.

Guidance relating to provision of hand wash sinks is available (NHS Estates 2002. Infection Control in the built environment. Design and planning). The advice on clinical sinks suggests a minimum of one sink per single room/small ward areas, the provision of one sink between four patients in acute, elderly and long term care settings, one sink between six patients in low-dependency settings and one hand wash basin at each bed space in critical care and isolation facilities.

- The use of 'hands free' tap systems is crucial in preventing re-contamination of hands following hand hygiene performance at a sink and should be available if possible, particularly where personal care is delivered in clinical or communal settings. These can include:
 - Wrist, elbow or foot taps. Elbow taps are currently most commonly used in clinical or communal care areas and, if used properly (e.g. turning taps off using the elbows), are acceptable.
 - Motion sensor controlled taps (e.g. turn on and off when hands are waved in front of a sensor light area allowing no touching of the sink/tap system). It is essential that these systems provide users with adequate time to wet their hands prior to performing hand hygiene and that users are not put off by any delay in water delivery. It is preferable that such systems are mains operated to avoid battery failure.
- It is preferred that there are no plugs in hand wash sinks in order to avoid them filling with water, as this is not an adequate way to perform hand hygiene, particularly in clinical or communal care areas.
- Mixer taps or thermostatic mixer valves are preferred to provide the correct temperature of water for performing hand hygiene.
- The tap should not directly expel/drain water straight down the plug hole. It should be sited appropriately to ensure water hits the sink basin as it flows out, otherwise aerosols from the drainage system can splash back onto the user.
- Hand wash sinks should not have an overflow.
- Equipment sinks must not be used for hand washing.
- Poorly maintained hand hygiene facilities, e.g. chipped/cracked enamel, should be reported/repared. Hand wash sinks must conform to standards as uneven damaged surfaces may harbour microorganisms.
- Hands free (i.e. pedal operated) waste receptacles should be close at hand.

6.1 Hand hygiene supplies

The availability of supplies for hand hygiene is essential.

Hand hygiene products (e.g. liquid soap, antiseptic hand wash solution and alcohol-based hand rub), should preferably be wall mounted in easy to use, and easy to clean, holder systems that contain single use, disposable cartridge sets, particularly in clinical or communal care areas. In some non-acute community care settings free standing bottles of liquid soap are acceptable.

- Nozzles of solution bottles/containers should always be clean and free of any congealed product. Bottles should not be reused and the ‘topping up’ of bottles that contain solutions should never occur as the inside of these bottles, even those containing antiseptic solutions, can become a breeding ground for bacteria over time.

Soft, user friendly disposable paper towels for hand drying, preferably stored in wall mounted, easy to use and clean holders.

Supplies of paper towels and other hand hygiene supplies should always be stored in a clean dry area prior to use.

It is recommended that those working in community settings, such as patients own home, where hand hygiene facilities may not be of an adequate standard, carry their own hand hygiene products and disposable single use paper towels.

Estates/maintenance staff are important partners in ensuring that hand hygiene facilities are adequate and that supplies are mounted appropriately.

7.0 Hand hygiene (hand washing) procedures

Hand hygiene should be performed for between 15 seconds and 3 minutes depending on the level of hand hygiene being performed. Washing for longer than these times is not recommended as this may damage the skin leading to increased shedding of skin scales and increased harbouring of microorganisms.

LEVEL 1 Social Hand Hygiene	LEVEL 2 Hygienic Hand Hygiene	LEVEL 3 Surgical scrub
At least 15 seconds	At least 15 seconds	Carry out hygienic hand hygiene process for 2-3 minutes, ensuring all areas of hands and forearms are covered

Preparation:

- Gather all relevant equipment. Ensure that everything which is needed to perform hand hygiene is at present
- Ensure the sink area is free from extraneous items, e.g. medicine cups, utensils
- Ensure jackets/coats are removed, and wrists and forearms are exposed
- Jewellery must be removed
- Ensure nails are short (False nails must not be worn)

Procedure:

- The tap should first be turned on and the temperature of the water checked. Water should be warm
- Hands should be wet before applying the chosen solution
- Apply solution
- Manufacturers' instructions for the solution being used should give guidance as to the volume to be applied (this is usually in the region of 3mls)
- A good lather is required to perform adequate hand hygiene
- All areas of the hands should be covered (see Appendix 1). The hand washing steps should take at least 15 seconds
- For surgical scrub, an additional step of cleaning the forearms is required
- Hands (and forearms where applicable) should be rinsed well under running water with the hands uppermost so that the water runs off the elbow
- The physical action of washing and rinsing hands is essential as different solutions will have different activity against microorganisms
- Taps should be turned off using a 'hands-free' technique, e.g. elbows. Where 'hands-free' tap systems are not in place, paper towels used first to dry hands can then be used for turning taps off
- Hands should be adequately dried
- Dispose of the paper towels without re-contaminating your hands e.g. use the foot pedal. Do not touch bin lids with hands

NB (1) It is recommended that nailbrushes are not used to perform social or hygienic hand hygiene as scrubbing can break the skin, leading to an increased risk of harbouring microorganisms or dispersing skin scales. Where nailbrushes are used for surgical scrub they should be fit for purpose and single use.

NB (2) Where running water is not available, for example during water failure or communities without water, the use of other products such as alcohol-based hand rub should be explored. Local infection prevention and control/health protection teams should be contacted for advice.

8.0 Hand hygiene Products

LEVEL 1 Social Hand Hygiene	LEVEL 2 Hygienic Hand Hygiene	LEVEL 3 Surgical scrub
<p>Plain liquid soap</p> <p>70% alcohol- based hand rub can also be used for social hand hygiene for ease of use (providing hands are visibly clean i.e. not soiled)</p>	<p>An approved antiseptic hand cleanser, e.g. 2-4% chlorhexidine, 5-7.5% povidone-iodine, 1% triclosan, or antimicrobial soap from a dispenser</p> <p>70% alcohol-based hand rub can also be used following hand washing e.g. when performing aseptic techniques, to provide further cleansing</p>	<p>An approved antiseptic hand cleanser, e.g. 2-4% chlorhexidine, 5-7.5% povidone-iodine, 1% triclosan from a dispenser</p> <p>Persons sensitive to antiseptic cleansers can wash with an approved non-medicated liquid soap followed by 2 applications of alcohol-based hand rub. Skin problems should be reported to and discussed with General Practitioner/Occupational Health, and local procedure should be followed</p>

- If hands have patient/client contact before or during a procedure, but are not soiled with any body fluids and, therefore, do not require re-hand washing with soap or an antiseptic hand cleanser, alcohol-based hand rub can be used.
- Any soilage/organic matter can inactivate the activity of alcohol and, therefore, hand washing in these circumstances is essential.
- Where infection with a spore forming organism (e.g. *Clostridium difficile*) or with a gastroenteritis virus (e.g. Norovirus) is suspected/proven, hand hygiene **must** be carried out with liquid soap and water, although it can be followed by alcohol-based hand rub.
- Bar soap should not be used by staff for hand hygiene in a clinical/care setting. It is acceptable for a patient's own use but not for sharing between patients.
- Solutions used may vary in local settings. The physical actions of performing hand hygiene, however, should always be the same and are essential in ensuring hands are adequately decontaminated.

9.0 Hand Drying

Adequate hand drying plays a critical step in the hand hygiene procedure by removing any remaining residual moisture that may facilitate transmission of microorganisms. Hands that are not dried properly can become dry and cracked, leading to an increased risk of harbouring microorganisms.

Once the taps have been turned off using a 'hands-free' technique, clean disposable paper towels should be used to thoroughly dry all areas of the hands. This should be done by drying each part of the hand following the steps recommended for hand washing (see Appendix 1). The use of soft user-friendly, disposable paper towels are preferable to encourage compliance.

Drying following surgical scrub is recommended using a motion from the hands to the elbow.

Disposable paper towels should be placed immediately into appropriate waste receptacles, avoiding recontamination of hands, e.g. foot-operated bins. Recontamination of hands must be avoided, e.g. by not touching any contaminated areas in the environment or touching own hair or face.

Disposable paper towels should always be used in clinical settings. Communal towels for hand drying must be avoided.

10.0 Hand hygiene using alcohol-based hand rub

In some care settings (e.g. hospital wards), the appropriate placement of alcohol-based hand rub products within the patients immediate environment can support hand hygiene compliance. Placement can be at the foot of the bed or on a patients' locker. In other care settings the dispenser can be attached to the internal wall of an ambulance, a patient's chair or be carried by the healthcare worker (particularly in areas involving children or in mental health settings).

Alcohol-based hand rubs with a concentration of 70% alcohol are generally used as they are effective, cause less skin drying dermatitis and are less costly. Products that also contain emollients can be used to ensure the drying effects of alcohol-based hand rubs are minimised.

These products are useful for performing hand hygiene when sinks are not readily available for hand washing or when hands may be contaminated, but are not visibly soiled e.g. entering or leaving a ward/clinical/patient area. Alcohol-based hand rub can also be used following hand washing, e.g. when performing aseptic techniques, to provide a further cleansing and residual effect.

Alcohol-based hand rubs are **not effective** against spore-forming organisms (e.g. *Clostridium difficile*) or norovirus.

10.1 Procedure for alcohol-based hand rub

The amount/volume used to provide adequate coverage of the hands should be indicated in the manufacturers' instructions. This is normally around 3 mls. The steps to perform hand hygiene using alcohol-based hand rub are the same as when performing hand washing (see Appendix 1).

The time taken to perform hand hygiene using alcohol-based hand rub should be the same as when performing hand washing, e.g. at least 15 seconds is recommended (15-30 seconds is adequate). Manufacturers' instructions can be followed (a number of these recommend rubbing for 30 seconds).

If the solution has not dried by the end of this process allow hands to dry fully before any patient/client procedures are undertaken (do not use towels to do this) and re-assess if the correct volume is being used.

No scientific evidence is currently available to advise as to the maximum number of applications of alcohol-based hand rub before hand washing is then required (i.e. when hands have not been soiled). Individuals are, therefore, required to use their own judgment or follow local guidance or manufacturers' instructions (particularly regarding build up of products on hands).

11.0 Care of fingernails

- It has been shown that nails, including chipped nail polish, can harbour potentially harmful bacteria. Caring for nails helps prevent the harbouring of microorganisms, which could then be transferred to those who are receiving care.
- Nails must be kept short and clean.
- Nail polish should not be worn.
- Artificial fingernails/extensions should not be worn when providing care.
- Nail brushes should not be used in care settings. Single use disposable nail brushes may be used in theatre.
- The steps included in the hand hygiene process must be followed in order to ensure nail areas are cleaned properly.

12.0 Hand hygiene and jewellery

- It has been shown that contamination of jewellery, particularly rings with stones and/or jewellery of intricate detail, can occur. Jewellery must be removed when working in clinical care settings to prevent the spread of microorganisms by contact with contaminated jewellery.
- Most staff providing care must remove jewellery at the start of the working day.
- It is acceptable to wear plain wedding bands however these must be moved/removed when hand hygiene is being performed in order to reach the bacteria which can harbour underneath them.

13.0 Hand hygiene and work clothing

In order to ensure hands can be easily decontaminated it is helpful to wear work clothing that does not go past the elbow. Jackets and coats should be removed and long sleeves if worn rolled up, allowing for wrists and forearms to be exposed

14.0 Hand care

- Hand care is important to protect the skin from drying and cracking. Cracked skin may harbor microorganisms and broken areas can become contaminated, particularly when exposed to blood and body fluids.
- Hand creams can be applied to care for the skin on hands. However, only individual tubes of hand cream for single person use or hand cream from wall mounted dispensers should be used. Communal tubs must be avoided as these may contain bacteria over time, and lead to contamination of hands.
- Creams used should not affect the action of hand hygiene products or the integrity of gloves.
- Cover all cuts and abrasions with a waterproof dressing.
- Report any skin problems to your Manager, Occupational Health or General Practitioner in order that appropriate skin care can be undertaken and the risks of harbouring microorganisms while providing care for others can be avoided.

15.0 Monitoring of Hand Hygiene

Regular monitoring of hand hygiene practice with timely feedback to healthcare workers is required to ensure standards of hand hygiene are developed and maintained. The NPSA hand hygiene observational tool is available and this tool can be amended to suit local needs. Hand hygiene compliance rates should be clearly and appropriately displayed within the clinical setting.

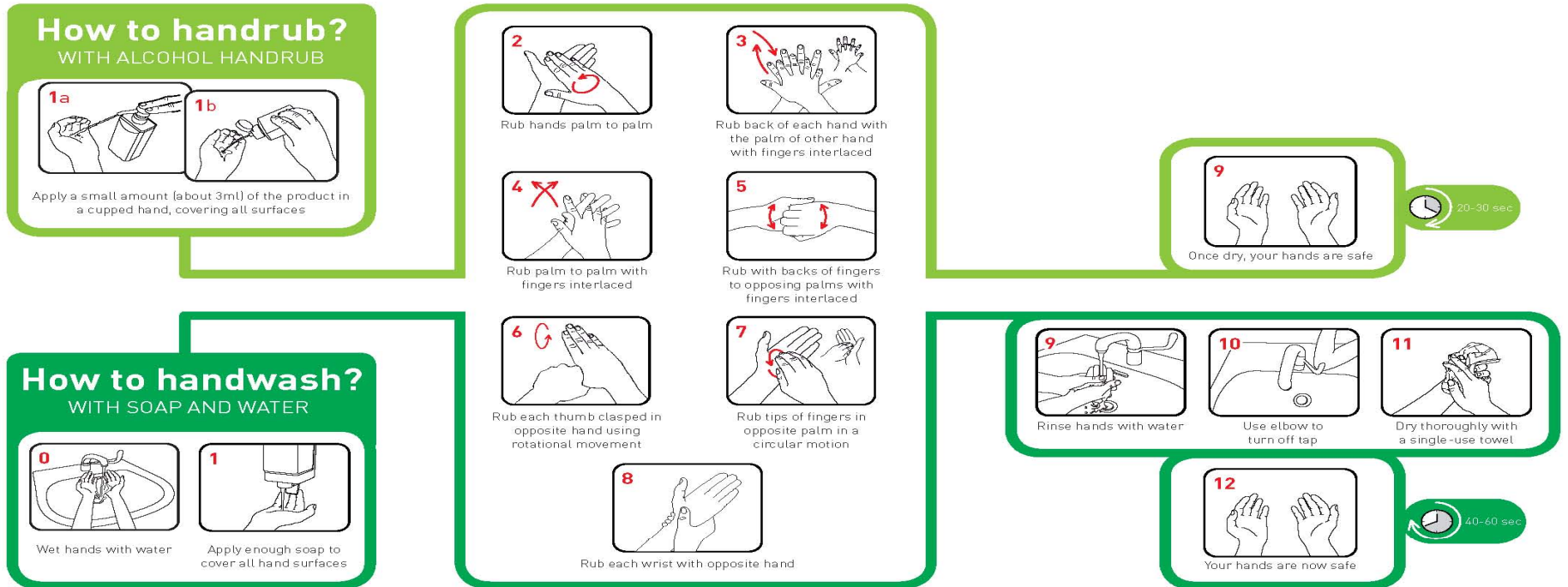
16.0 References/literature

This policy/procedure is supported by a full review of literature with references.

This work is based on the Model Infection Control Policies developed by Health Protection Scotland, with thanks.

Appendix 1.

HAND CLEANING TECHNIQUES



www.npsa.nhs.uk/cleanyourhands

Adapted from World Health Organization *Guidelines on Hand Hygiene in Health Care*

