



**Community Infection Prevention and Control
Policy for Domiciliary Care staff**

Hand hygiene

HAND HYGIENE

**Version 3.00
June 2024**

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HAND HYGIENE

1. Introduction

This Policy is one of the 'Standard infection control precautions' (SICPs) referred to by NHS England in the *National infection prevention and control manual (NIPCM) for England*.

Hands may become contaminated from direct contact with a service user, handling care equipment and contact with the general environment. Hand hygiene is one of the most important procedures for preventing the transmission of microorganisms, such as bacteria and viruses. The aim of this Policy is to promote good hand hygiene amongst staff, to protect themselves and service users from acquiring a healthcare associated infection.

It is essential that everyone takes responsibility to ensure that the care provided is carried out in a safe manner.

All staff should have training on hand hygiene, it is best practice that this is provided on a regular basis, e.g. annually.

When caring for service users in relation to any new or emerging infection, staff should refer to national infection prevention and control guidance.

2. Involving service users and their visitors in infection prevention and control

Staff should encourage the involvement of service users and the public in infection prevention and control.

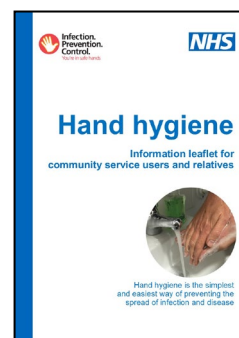
The following activities are examples of how this can be achieved:

- Service users should be encouraged to wash their hands after using the toilet and before eating and drinking
- If a service user is unable to access hand washing facilities, alcohol handrub or skin wipes can be used. Alcohol handrub should **not** be used:
 - When their hands are visibly soiled or dirty
 - When they have confirmed or suspected viral gastroenteritis
 - When they have confirmed or suspected *Clostridioides difficile* (*C. difficile*)

In these circumstances, use non-alcohol skin wipes, e.g. baby wipes

- If a service user has an infection:

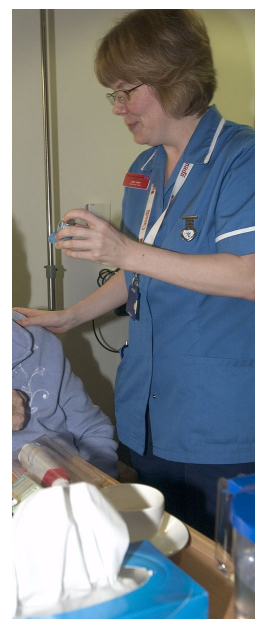
- They should use a separate towel to dry their hands and this should not be used by other people. The towel should be washed daily
- Before leaving the service user's home, visitors should wash their hands with liquid soap and warm running water, drying them thoroughly using paper towels. The use of kitchen roll is acceptable, fabric towels should only be used on an individual person basis and laundered daily
- A 'Hand hygiene: Information leaflet for community service users and relatives' is available to download at www.infectionpreventioncontrol.co.uk/resources/hand-hygiene-information-leaflet-for-community-service-users-and-relatives/



3. Good hand hygiene practice

To achieve good hand hygiene practice when delivering direct care, staff should ensure they:

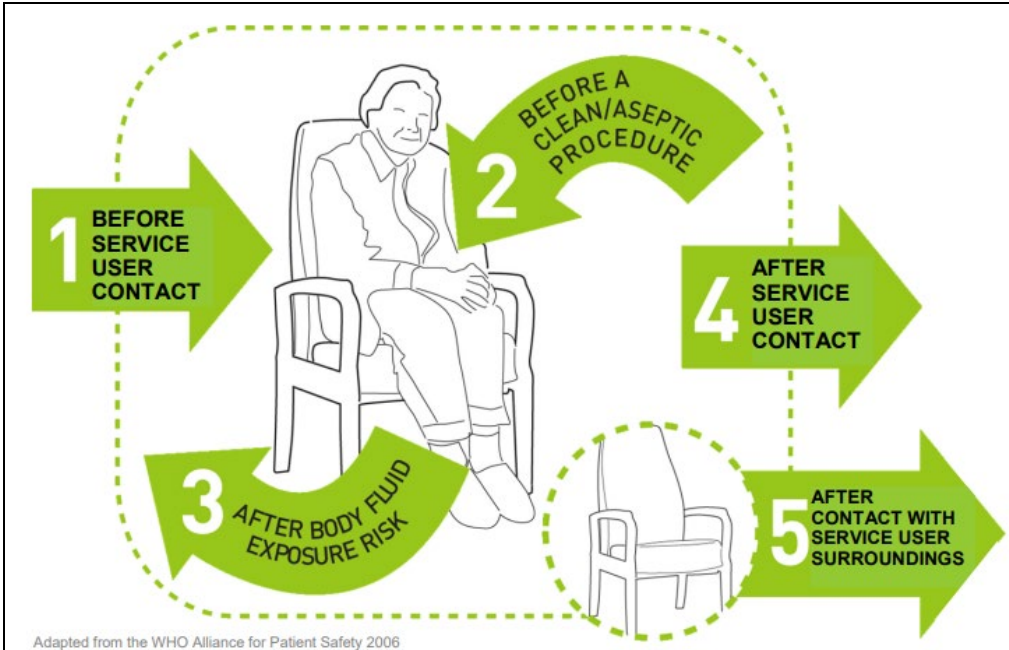
- Use liquid soap rather than a bar of soap, as bars of soap can harbour microorganisms
- Cover cuts and broken skin with a waterproof dressing
- Are 'Bare below the elbows', which includes:
 - Exposing the forearms
 - Being free from wrist and hand jewellery (other than one plain band ring)
 - Fingernails should be clean and short (finger tip length)
 - Fingernails should be free from nail varnish, artificial nails or nail products
 - Long sleeves, if worn, should be rolled or pushed up to the elbows
 - If disposable over-sleeves are worn for religious reasons, these must be removed and disposed of before performing hand hygiene, then replaced with a new pair
 - A religious bangle can be worn, but should be moved up the forearm during hand hygiene and secured during care activities
 - A plain band ring may be worn, but ensure the area under the ring is included when hands are washed or alcohol handrub applied



HAND HYGIENE

4. When to clean your hands

Your 5 moments for hand hygiene at the point of care



1 BEFORE SERVICE USER CONTACT	WHEN? Clean your hands before touching a service user when approaching him/her. WHY? To protect the service user against harmful germs carried on your hands.
2 BEFORE A CLEAN/ASEPTIC PROCEDURE	WHEN? Clean your hands immediately before any clean/aseptic procedure. WHY? To protect the service user against harmful germs, including the service user'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 health and social care environment from harmful service user germs.
4 AFTER SERVICE USER CONTACT	WHEN? Clean your hands after touching a service user and her/his immediate surroundings, when leaving the service user's side. WHY? To protect yourself and the health and social care environment from harmful service user germs.
5 AFTER CONTACT WITH SERVICE USER'S SURROUNDINGS	WHEN? Clean your hands after touching any object or furniture in the service user's immediate surroundings when leaving - even if the service user has not been touched. WHY? To protect yourself and the health and social care environment from harmful service user germs.

Other examples of when hand hygiene should be performed:

- **Whenever** hands are visibly dirty or soiled
- **Before** work and **before** you go home
- On **arrival** and **before** leaving each service user
- **Before** putting on personal protective equipment (PPE) and **after** removal of

each item of PPE, e.g. disposable or domestic gloves, apron

- **Before** preparing/serving food or assisting with eating or drinking
- **Before** and **after** having a break and using the toilet
- **After** handling used laundry, e.g. stripping beds, carrying dirty clothing
- **After** washing, dressing and toileting service users
- **After** coughing, sneezing or blowing your nose
- **After** performing cleaning tasks
- **After** emptying commodes, urine bottles, catheter bags

5. Most commonly missed areas during hand hygiene

It is important to pay particular attention to the following areas which have been shown to be those most commonly missed during handwashing, by following the hand hygiene technique shown in Appendix 1.



6. Hand hygiene products

Always wash hands with liquid soap and warm running water if:

- Hands are visibly dirty or soiled
- Caring for service users with vomiting or diarrhoeal illnesses
- Caring for a service user with confirmed or suspected *C. difficile* or viral gastroenteritis, e.g. Norovirus

In all other circumstances, an alcohol handrub can be used for hand hygiene on visibly clean hands during care. Alcohol handrub is **not** effective against viral gastroenteritis or *C. difficile*.

Antibacterial hand soaps are not required for routine hand hygiene as they dry the skin which can cause damage.

7. Hand cleaning methods

Hand hygiene is the most important method of protecting the service user, visitors and staff from infection. The technique (see Appendix 1) is more important than the product used.

Handwashing

Removes dirt, soiling and most microorganisms acquired through direct contact with a person and from the environment. Liquid soap and warm running water is adequate for this procedure.

- Ensure you are 'Bare below the elbows' (see Section 3).
- Before applying liquid soap, wet hands under warm running water to minimise the risk of damage to the skin.
- Apply liquid soap. Bar soap should not be used as it can harbour microorganisms.
- Rub all parts of the hands, using the steps 2-8 shown in Appendix 1, for at least 15 seconds, ensuring that all surfaces of the hands and wrists are covered with soap.
- Rinse hands thoroughly under warm running water to remove residual soap.
- Dry hands thoroughly using paper towels. Wet hands are more likely to transfer microorganisms than dry hands. The friction of paper towels also helps to further remove microorganisms on the hands. If paper towels are not available, the use of kitchen roll or a clean fabric towel, for use by the carer only and laundered daily, is acceptable.
- Nail brushes should not be used routinely as they can cause damage to the skin and harbour microorganisms. If nail brushes are used, they should be single use and disposed of after use.



Skin wipes

If handwashing facilities are unavailable, or a service user is unable to access hand washing facilities, skin wipes can be used.

Non-alcohol skin wipes, e.g. baby wipes, should be used if the hands are visibly dirty or soiled, or the service user has confirmed or suspected viral gastroenteritis or *C. difficile*.

- Service users using skin wipes for cleaning their hands should use steps 2-7 shown in Appendix 1, ensuring that all surfaces of the hands are rubbed.
- Staff using skin wipes for cleaning their hands and wrists should:
 - Use steps 2-8 shown in Appendix 1, ensuring that all surfaces of the hands and wrists are rubbed

- Then apply alcohol handrub, if available, using steps 2-8 shown in Appendix 1, ensuring that all surfaces of the hands and wrists are covered with the product until the solution has dried
- Wash their hands at the earliest opportunity

8. Alcohol handrub

Alcohol-based handrubs (with a minimum 60% alcohol content) offer a practical and acceptable alternative to handwashing in most situations. Pocket sized alcohol handrub can be used as appropriate.

Alcohol-based handrubs are **not** effective:

- In removing physical dirt or soiling and, therefore, must only be used on visibly clean skin
- When caring for service users with confirmed or suspected *C. difficile* or viral gastroenteritis, e.g. Norovirus. Hands must be washed with liquid soap and warm running water when caring for or in contact with the environment of service users with these infections
- Alcohol handrub may be less effective if used immediately after the application of a hand cream or lotion

Technique for using alcohol handrub

- Ensure you are 'Bare below the elbows' (see Section 3).
- Dispense manufacturer's recommended amount of alcohol product, e.g. a palmful of alcohol handrub into a cupped hand.
- Rub hands, using the steps 2-8 shown in Appendix 1, ensuring that all surfaces of the hands and wrists are covered with the product until the solution has dried (about 20 seconds).

9. Skin care

Healthy intact skin provides good protection against the spread of infection. To minimise the risk of damage to the hands:

- Wet hands under warm running water before applying liquid soap
- Rinse hands well to remove residual soap and dry thoroughly
- Always cover cuts and broken skin with a waterproof dressing
- Staff with skin problems on their hands should report this to their manager and seek advice, e.g. pharmacist, practice nurse, GP

10. Hand cream and moisturisers

The use of hand cream and moisturisers will help to prevent skin problems and irritations.

- For maximum benefit, hand cream or a moisturiser should be used at least three times daily.
- Communal pots of hand cream or moisturiser should not be used as these can become contaminated.

11. Evidence of good practice

It is recommended that, for assurance purposes, the standard of staff hand hygiene is audited on induction and annually. An audit tool is available to download at www.infectionpreventioncontrol.co.uk/resources/hand-hygiene-audit-tool-for-domiciliary-care/ and can be completed electronically). Following these audits, 'Action plans' should be drawn up and implemented to demonstrate continuous improvement.

12. Infection Prevention and Control resources, education and training

See Appendix 2 for the 'Hand hygiene: Quick reference guide'.

The Community Infection Prevention and Control (IPC) Team have produced a wide range of innovative educational and IPC resources designed to assist Domiciliary Care in achieving compliance with the *Health and Social Care Act 2008: code of practice on the prevention and control of infections and related guidance* and CQC registration requirements.

These resources are either free to download from the website or available at a minimal cost covering administration and printing:

- 24 IPC Policy documents for Domiciliary Care staff
- Preventing Infection Workbook: Guidance for Domiciliary Care staff
- IPC audit tools, posters, packs, leaflets and factsheets
- IPC Bulletin for Domiciliary Care staff

In addition, we hold educational study events in North Yorkshire.

Further information on these high quality evidence-based resources is available at www.infectionpreventioncontrol.co.uk.

13. References

Department of Health and Social Care (Updated December 2022) *Health and Social Care Act 2008: code of practice on the prevention and control of infections and related guidance*

National Institute for Health and Care Excellence (2023) *Clinical Knowledge Summary Prevention and control of healthcare associated infections*

National Patient Safety Agency (2011) *Clean Your Hands Campaign 5 Moments for hand hygiene*

NHS England (Updated 2024) *National infection prevention and control manual (NIPCM) for England*

NHS England (April 2020) *Uniforms and workwear guidance for NHS employers. Appendix B – Advice from Muslim Spiritual Care Provision (MSCP) in the NHS*

Royal Marsden NHS Foundation Trust (2020) *The Royal Marsden Hospital Manual of Clinical and Cancer Nursing Procedures 10th Edition*

WHO (2009) *WHO Guidelines on Hand Hygiene in Health Care: First Global Service User Safety Challenge. Clean Care is Safer Care.* World Health Organization, Geneva

14. Appendices

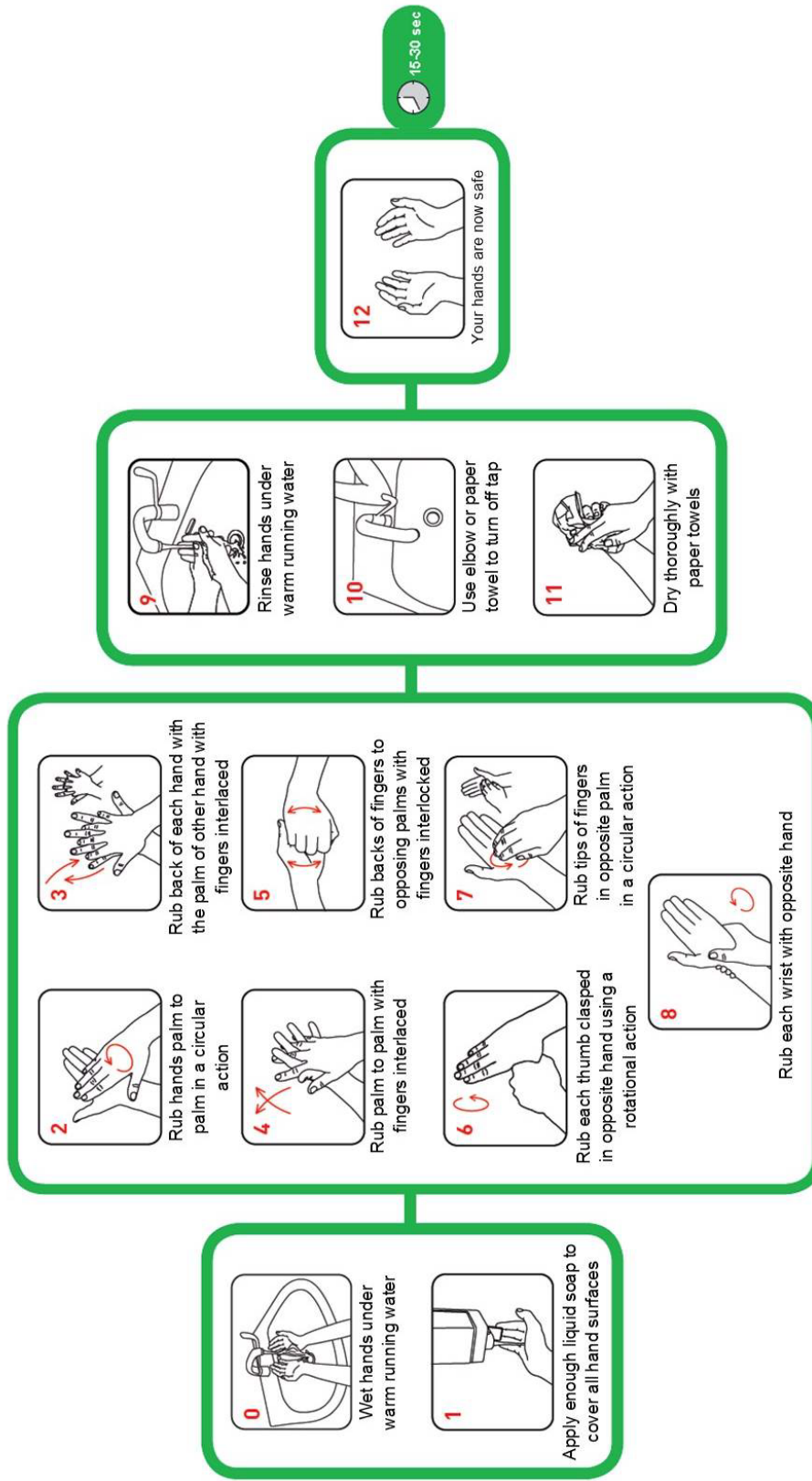
Appendix 1: Hand hygiene technique for staff

Appendix 2: Hand hygiene: Quick reference guide



Hand hygiene technique for staff

- If using liquid soap and warm water, use all steps, this should take at least 15-30 seconds.
- If using alcohol handrub, use steps 2-8, applying a plamful of the alcohol handrub into a cupped hand.



Adapted from World Health Organization Guidelines on Hand Hygiene in Health Care and National Patient Safety Agency

Harrogate and District NHS Foundation Trust, Community Infection Prevention and Control, www.infectionpreventioncontrol.co.uk August 2023



Hand hygiene: Quick reference guide for Domiciliary Care



Risk reduction
When carried out correctly,
hand hygiene prevents the spread of infection.

- Before you start work**
- Cover cuts and broken skin with waterproof dressings.
 - Make sure you are 'Bare below the elbows':
 - ◊ Short sleeves; remove wrist and hand jewellery (except one plain band ring or bangle worn for religious beliefs), clean and short nails; no false or varnished fingernails

- Involving service user in hand hygiene**
- Encourage service users to wash their hands after using the toilet and before eating and drinking.
 - Skin wipes can be used for service users.
 - If the service user has a confirmed or suspected infection, they should use a separate towel to dry their hands. This towel should be washed daily.



- Other examples of when hand hygiene should be performed**
- **Whenever** hands are dirty or soiled.
 - **Before** starting and ending your shift.
 - On **arrival** and **before** leaving each service user.
 - **Before** and **after** donning/doffing PPE.
 - **Before** and **after** breaks.
 - **After** coughing/sneezing/nose blowing.
 - **After** using the toilet.

Most commonly missed areas

It is important to pay particular attention to the following areas which have been shown to be those most commonly missed during handwashing.

<ul style="list-style-type: none"> Most frequently missed Less frequently missed Not missed 	<p style="font-size: x-small; text-align: center;">BACK FRONT</p>
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Ref: NICE, Infection Control, Prevention of healthcare associated infection in primary and community care 2003

- Which hand hygiene product?**
- Use liquid soap and warm running water for:
 - ◊ Dirty or soiled hands
 - ◊ A service user with diarrhoea and/or vomiting
 - ◊ Care of a service user with confirmed or suspected gastrointestinal infection
 - Use paper towels, kitchen roll or a clean fabric towel, for use by the carer only and launder daily.
 - Alcohol handrub can be used for routine hand hygiene on visibly clean hands.
 - Use hand moisturiser at least three times daily.

For further information, please refer to the full Policy which can be found at www.infectionpreventioncontrol.co.uk/domiciliary-care/policies/

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Community Infection Prevention and Control
www.infectionpreventioncontrol.co.uk June 2024