Hand Hygiene Policy
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<tr>
<td>Owner:</td>
<td>Infection Prevention and Control Team</td>
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<td>ECCH Hand Hygiene Policy 2012.doc</td>
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<td>04 May 2012</td>
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<tr>
<td>Synopsis and outcomes of consultation undertaken:</td>
<td>IPACC Reference to key guidance documents</td>
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<td>Synopsis and outcomes of Equality and Diversity Impact Assessment:</td>
<td>No specific issues. National EIA gives more details on measures to reduce HCAI's</td>
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<tr>
<td>Approved by (Committee):</td>
<td>IPACC May 2012</td>
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<tr>
<td>Copyholders:</td>
<td>Infection Prevention and Control Team</td>
</tr>
<tr>
<td>Next review due:</td>
<td>May 2014</td>
</tr>
<tr>
<td>Enquiries to:</td>
<td><a href="mailto:gyw-pct.infectionprevention@nhs.net">gyw-pct.infectionprevention@nhs.net</a></td>
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### Revision History

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<td>21/06/2010</td>
<td>Change Hand Hygiene technique from 6 to 7 step. Revised Hand Hygiene Audit tool</td>
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<td>04/05/2012</td>
<td>Revision of Hand Hygiene audit tool. Updated references</td>
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### Approvals

This document requires the following approvals either individual(s), group(s) or board.

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<td>17. Author</td>
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1. Introduction
Hand hygiene is one important component in the battle against cross-infection. Minimising risks of infection to patients depends on a range of factors. However, just by increasing hand hygiene alone you can dramatically reduce the risk of a patient acquiring an infection. Scientific evidence demonstrates that the bacteria that cause healthcare associated infections (HCAI) are most frequently spread from one patient to another on the hands of healthcare workers. Health Act 2006 (2008), The Health and Social Care Act 2008 (2010), Essential Steps to Safe, Clean Care (2007), Cleanyourhands (2008). Therefore hand hygiene carried out immediately before and after contact with patients i.e. at point of care, is the best way to prevent HCAIs.

Hand hygiene procedures do not only relate to clinical staff, all staff must wash their hands correctly and at the appropriate time, see WHO ‘your 5 moments for hand hygiene’.

2. Purpose and scope
To ensure correct hand washing practice. This document applies to all staff either employed or contracted by East Coast Community Healthcare (ECCH). These staff may work within our premises, patients own homes, or care settings owned by other agencies.

3. Guidance Statement
This guidance will be implemented to ensure adherence to safe practice.

4. Responsibilities
It is the responsibility of all staff to ensure that they adhere to evidence based best practice. All staff must take responsibility for their own hand decontamination and should act as an advocate for all their clients and others to ensure that everyone decontaminates their hands appropriately.

5. Monitoring
It is the responsibility of all department heads/professional leads to ensure that staff they manage adhere to this guidance. All managers are required to audit their delegated staff.

The target for correct and complete hand hygiene is set at 100% and should be monitored through monthly audits.

An investigative analysis will be enacted should an area fall below 80% on 2 consecutive months.

The IPAC Team will set the number of hand hygiene audits to be carried out in each area depending on staff numbers and whole time equivalents. The audit should be carried out using the appropriate form found in this document. This should be returned monthly to the IPAC Team.

These results are reported to the Infection Prevention and Control Committee on a quarterly basis. They are included in the Infection Control Quarterly and Annual reports which are submitted to the board and provide part of the assurance required by ECCH to the Care Quality Commission of adherence to the Health and Social Care Act 2008 (DH 2009).

The Infection Prevention and Control Team will carry out induction and yearly mandatory infection control training for clinical staff and 3 yearly for non-clinical staff. It is the responsibility of all ECCH staff to maintain their compliance with Infection Prevention and Control training.
The IPAC Team will also observe hand hygiene technique and opportunities during the regular community hospital visits and during audits.

6. Review
This guidance will be reviewed every two years by the Infection Prevention and Control Team, unless a substantive change occurs before this date.

7. The Importance of Hand Hygiene
Thorough hand washing is undoubtedly one of the simplest and most effective ways of preventing the person-to-person transmission of infective agents in clinical practice.

Hand decontamination has a dual role in protecting both the patient and the healthcare worker. Hands readily pick up and transfer micro-organisms and must be decontaminated between all activities that will result in even superficial contact with patient surroundings.

There is no set frequency for hand decontamination as it is determined by clinical actions, but there are guidelines from WHO and the National Patient Safety Agency on ‘your 5 moments for hand hygiene at the point of care’ (see 14 & 15). A risk assessment of the activity intended to be performed, will determine the appropriate decontamination process and the choice of cleansing agent.

There should be an appropriate use of ‘single use non sterile gloves’ and ‘sterile gloves’ within ECCH. Hands should be washed before and after the use of gloves. Gloves should not be cleaned with hand sanitizer/rub they should be changed between each patient contact or episode of care.

The principles of hand decontamination apply equally to healthcare provided in hospitals as they do to care provided in the community, but may need to be adapted to suit local circumstances.

8. The Microbiology of the hand
There are two populations of microbes present on the hands.

Transient micro-organisms – these superficially present on the skin and are:
- Easily removed by routine hand washing
- Easily acquired by touch
- Readily transferred to the next person or surface touched
- The usual source of cross infection

Resident micro-organisms – these are deep seated within the skin:
- They are difficult to remove
- Are not readily transferred to other people or surfaces
- Can enter tissues and establish infection during highly invasive procedures such as surgery
- Play an important part in protecting skin from other harmful organisms
9. Routine hand decontamination

The aim of this is to remove transient microorganisms before they can be transferred. Hands that are visibly soiled with dirt or organic material, or potentially contaminated with microorganisms should be washed using liquid soap and water using the seven step technique taking 15-30 seconds, then rinsed and dried thoroughly. Antiseptic hand cleansing solutions/soap are not routinely recommended as they kill off the resident micro-organisms, the ones which help protect the skin, as well as the transient ones.

If hands are potentially contaminated, but visibly clean they may be decontaminated at point of care, using an alcohol based preparation, and the seven step technique taking 15-30 seconds, until both hands are dry. There are three makes of hand sanitizer which are approved for use within ECCH, they are Gojo Purell, Braun Softalind or Ecolab Spirigel.

9.1. Requirements

Estates and Facilities.

Sinks specifically designated to facilitate effective hand decontamination should be provided in all clinical areas, with elbow or non-touch taps and which conform to current recommendations, a supply of warm water, liquid soap in a wall mounted dispenser, disposable paper towels also in a wall mounted container, and a foot operated disposal bin for household waste. It is preferable to use products available via the approved supply chain when purchasing soap/paper towels/hand cream/hand rub/hand gel.

Hand sanitizer should be available at the point of care, preferably wall or bed/locker mounted at strategic points within clinical areas e.g. on notes trolley for during ward rounds. It is the responsibility of members of staff who finish the end of a bottle/container to replenish with fresh stock. Hotel Services will be responsible for daily cleaning, maintenance and reporting faulty hand hygiene products/stations. It is the responsibility of the ward to keep check list of cleaning and maintenance.

Hand sanitizer does not replace the need for conveniently located and dedicated facilities for hand washing in clinical areas, and where possible extra sinks will be fitted which conform to current recommendations.

Single use patient hand wipes must be available for those patients who are unable to access liquid soap and water for hand washing e.g. before meals, after using the toilet.

There should be hand sanitizer/bottles of liquid soap/hand wipes carried as individual dispensers for special cases areas or special circumstances e.g. community, paediatrics, domiciliary visits. Dispensers must not be refilled.

In areas where it is considered unsafe to have hand sanitizer easily available, a risk assessment must be carried out and submitted.

At the entrance to all in patient healthcare facilities there should be signs explaining the importance of hand hygiene and the ECCH’s commitment to improving hand hygiene. All hand hygiene stations whether sinks or hand sanitizer, should have easily visible, clear signage which should encourage staff, patients and visitors to comply with hand hygiene measures.
9.2 Preparation of hands:

Intact skin is an effective barrier to prevent micro-organisms entering the body. Thus all cuts, abrasions and other skin lesions on the hands (and other exposed areas of skin) of health care workers should be covered with an occlusive waterproof dressing.

Good practice in hand hygiene consists of keeping the fingernails short and clean, (when holding the hand up, palm facing you, you should not be able to see the white of the nails). The prior removal of jewellery, (please also refer to the Uniform Policy, and Bare Below the Elbows in Clean, Safe Care. DH (2008).) including nail jewellery, nail polish and artificial finger nails, the use of running water, a liquid soap and the availability of disposable paper towels.

Hand creams should be regularly applied to the hands to protect the skin from the drying effects of regular hand decontamination. Communal jars of hand cream are not advisable as the contents may themselves become contaminated and therefore become a source of cross infection. Wall mounted pump dispensers and hand cream are available through stores.

Nail brushes are not recommended for routine use as they can damage the skin. Where nail brushes are used they should be sterile and single use only.

9.3 When to decontaminate hands:

Hands should always be cleaned:

- Before starting and at the end of, each work period.
- Before and after each ‘hands on’ patient contact at point of care.
- Before and after carrying out each aseptic procedure.
- After any contact with body fluids or secretions.
- After handling soiled or contaminated equipment or linen.
- Before and after administering drugs.
- Whenever skin is visibly soiled.
- Before and after use of gloves.
- Before performing or assisting at operative procedures, a surgical scrub for hand decontamination should be performed.
- After using the lavatory.
- Before eating, drinking or handling food.
- After contact with patient surroundings.

This list is not exhaustive and we expect all staff to use the 5 moments for hand hygiene charts and their clinical judgement to decide appropriateness.
9.4 Cleansing agents

- Plain soap and water is sufficient for most routine daily activities. The seven step procedure for cleaning hands should be used. Hand washing with soap and water suspends the micro-organisms in solution and allows them to be rinsed off – this is referred to as *mechanical removal* of micro-organisms. Liquid soap is preferred for clinical settings, and enough soap applied to ensure the hands are well lathered all over. The dispenser should be wall mounted and regularly maintained, with individual replacement cartridges that are discarded when empty. There should be nominated staff to be responsible for this, enough to allow for holiday/sickness cover.

- Hand sanitizers are a practical and acceptable alternative to hand washing, provided that hands are not visibly soiled or dirty. It is not a cleansing agent and visible contaminants must be removed with soap and water. It should be applied using an evidence based technique, we recommend the seven step procedure for cleaning hands, and about a 3ml dose dispensed (approx 1-2 metered doses of a 800 or 1000ml pump container) should be used until both hands are dry. **Hand sanitizer should not be used when there is diarrhoea or vomiting as it is less effective against some organisms than washing with soap and water.** Hand sanitizer can be used consecutively until the hands start to feel tacky when they should be washed with soap and water.

- Staff experiencing problems with skin irritation, or with concerns should contact the relevant Occupational Health Department – Abermed 01493 660700.

10. Surgical hand decontamination

The aim of this is to substantially reduce resident micro-organisms and remove or destroy transient micro-organisms.

Used prior to surgical or other highly invasive procedures where extra care must be taken to prevent micro-organisms on the hands being introduced into tissues should gloves become damaged.

This process is achieved by using an antiseptic hand cleansing preparation.

- Antiseptic hand washing solutions used with water will remove and destroy micro-organisms by the *chemical removal* of micro-organisms.

- Hand disinfection carried out in this way will reduce counts of colonising resident flora as well as removing or destroying transient micro-organisms. Some have a residual activity providing continued anti-microbial activity, which is of benefit during surgical procedures. Examples of aqueous antiseptic solutions are: chlorhexidine, iodophors and triclosan.

11. Hand washing technique

Research has shown that the technique is as important as the time taken and the agent used. The following 7 step technique chart shows how best practice can be achieved.
HAND CLEANING TECHNIQUES

How to handwash?
WITH SOAP AND WATER

Wet hands with water
Apply enough soap to cover all hand surfaces
Rub hands palm to palm
Rub palm to palm with fingers interlaced
Rub each thumb clasped in opposite hand using rotational movement
Rub each wrist with opposite hand
Rub back of each hand with the palm of other hand with fingers interlaced
Rub with backs of fingers to opposing palms with fingers interlaced
Rub tips of fingers in opposite palm in a circular motion
Rinse hands with water
Use elbow to turn off tap
Dry thoroughly with a single-use towel
Your hands are now safe

www.npsa.nhs.uk/cleanyourhands
Adapted from World Health Organization Guidelines on Hand Hygiene in Health Care
TW1/09

National Patient Safety Agency

cleanyourhands campaign
10

HAND CLEANING TECHNIQUES

How to handrub?
WITH ALCOHOL HANDRUB

1a 1b
Apply a small amount [about 3ml] of the product in a cupped hand, covering all surfaces

2 3
Rub hands palm to palm
Rub back of each hand with the palm of other hand with fingers interlaced

4 5
Rub palm to palm with fingers interlaced
Rub with backs of fingers to opposing palms with fingers interlaced

6 7
Rub each thumb clasped in opposite hand using rotational movement
Rub tips of fingers in opposite palm in a circular motion

8
Rub each wrist with opposite hand

9
Once dry, your hands are safe

www.npsa.nhs.uk/cleanyourhands

Adapted from World Health Organization Guidelines on Hand Hygiene in Health Care TW2/09
Observation Form – Primary Care Observation of the 5 Moments

Facility: [ ]

Date: (dd/mm/yy) / / Page N°: [ ]

Service/Department: [ ] Observer: (initials) [ ]

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* Optional: to be used if appropriate, according to the local needs and regulations.

Adapted from the WHO guidelines Hand Hygiene in Out Patients, Home-Based care and Long Term Care Facilities 2012
General Recommendations
(refer to the Hand Hygiene Technical Reference Manual)

1. In the context of open and direct observations, the observer introduces him/herself to the health-care worker and to the patient when appropriate, explains his/her task and proposes immediate informal feedback.

2. The health-care worker, belonging to one of the main four following professional categories (see below), is observed during the delivery of health-care activities to patients.

3. Detected and observed data should be recorded with a pencil in order to be immediately corrected if needed.

4. The top of the form (header) is completed before starting data collection.

5. In situations where the density of opportunity is low, the number of health-care workers is limited, or the care activities are focused on the same task, only the date and the session number should be recorded.

6. The observer may observe up to three health-care workers simultaneously, if the density of hand hygiene opportunities permits.

7. Each column of the grid to record hand hygiene practices is intended to be dedicated to a specific professional category. Therefore numerous health-care workers may be sequentially included during one session in the column dedicated to their category.

8. As soon as you detect an indication for hand hygiene, count an opportunity in the appropriate column and cross the square corresponding to the indication(s) you detected. Then complete all the indications that apply and the related hand hygiene actions observed or missed.

9. Each opportunity refers to one line in each column; each line is independent from one column to another.

10. Cross items in squares (several may apply for one opportunity) or circles (only a single item may apply at one moment).

11. When several indications fall in one opportunity, each one must be recorded by crossing the squares.

12. Performed or missed actions must always be registered within the context of an opportunity.

13. Glove use may be recorded only when the hand hygiene action is missed while the health-care worker is wearing gloves.

Short description of items

<table>
<thead>
<tr>
<th>Facility:</th>
<th>to complete according to the local nomenclature</th>
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<tbody>
<tr>
<td>Service/Department</td>
<td>to complete according to the local nomenclature</td>
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<tr>
<td>Date:</td>
<td>day (dd) / month (mm) / year (yy)</td>
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<tr>
<td>Observer:</td>
<td>observer’s initials (the observer is responsible for the data collection and for checking their accuracy before submitting the form for analysis.</td>
</tr>
<tr>
<td>Page N°:</td>
<td>to write only when more than one form is used for one session.</td>
</tr>
<tr>
<td>Prof.cat:</td>
<td>according to the following classification:</td>
</tr>
<tr>
<td></td>
<td>1. nurse / midwife</td>
</tr>
<tr>
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<td>2. medical doctor</td>
</tr>
<tr>
<td></td>
<td>3. other health-care worker</td>
</tr>
<tr>
<td>Number:</td>
<td>number of observed health-care workers belonging to the same professional category (same code) as they enter the field of observation and you detect opportunities.</td>
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<td>Opp(ortunity):</td>
<td>defined by one indication at least</td>
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<tr>
<td>Indication:</td>
<td>reason(s) that motivate(s) hand hygiene action; all indications that apply at one moment must be recorded</td>
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<td>bef.pat:</td>
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<tr>
<td>aft.b.f:</td>
<td>after body fluid exposure risk</td>
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<tr>
<td>bef.asept:</td>
<td>before clean/aseptic procedure</td>
</tr>
<tr>
<td>aft.pat:</td>
<td>after touching a patient</td>
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<tr>
<td>aft.p.surr:</td>
<td>after touching patient surroundings</td>
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<tr>
<td>HH action:</td>
<td>response to the hand hygiene indication(s); it can be either a positive action by performing handrub or handwash, or a negative action by missing handrub or handwash</td>
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<tr>
<td>HR: hand hygiene action by handrubbing with an alcohol-based formula</td>
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<td>HW: hand hygiene action by handwashing with soap and water</td>
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<tr>
<td>Missed: no hand hygiene action performed</td>
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13. Hand Hygiene Disciplinary Framework

Nominated member of staff completes Daily/weekly/monthly observation

Audit data results are submitted to line manager the day of the audit

Line Manager submits data to Infection Control

Infection prevention control team produce anonymised hand hygiene report for discussion at Clinical Governance Meeting

Members of staff who were challenged will be spoken to by the matron and they will inform either AHP Leads or Clinical Service Lead if a member of their staff

The matron will issue a formal oral warning in accordance with Trust procedure* to the non compliant person and keep a record of the issue

AHP leads will issue a formal oral warning in accordance with the Trust procedure* to the non compliant person and keep a record of the issue

Clinical Service Lead will issue a formal oral warning in accordance with the Trust procedure* to the non compliant person and keep a record of the issue

Matron, AHP Leads, Clinical Service Lead and Service Manager discuss the number of non compliances at the relevant directorate governance meeting

If the person remains non compliant the matron must raise this with the service manager and clinical lead. The AHP Lead or Clinical Service Lead and the matron will then continue to follow the Trust’s performance management process

*The employee has a right to representation if a formal oral warning is issued

Adapted from CHUFT 08
Your 5 moments for hand hygiene at the point of care

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 has not been touched
   - **Why?** To protect yourself and the healthcare environment from harmful patient germs

Adapted from WHO World Alliance for Patient Safety 2006
Your 5 moments for hand hygiene at the point of care

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 has not been touched
   - **WHY?** To protect yourself and the healthcare environment from harmful patient germs

Adapted from WHO World Alliance for Patient Safety 2006
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