

Hand Hygiene Policy V2.4

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Purpose:	This policy aims to ensure that all staff are aware of their responsibilities in relation to hand hygiene. It should be read in conjunction with the Procedure for Hand Decontamination .
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Relevant External Standards/ Legislation	Care Quality Commission – Regulation 12 Outcome 8 NHS Litigation Authority – 2.8
Target Audience:	All staff employed by and/or working within the Trust
Further information:	Infection Prevention and Control Team

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Version No.	Date of Release	Document Author	Ratified by	Date Ratified
2.1	July 2010	Infection Control Team and Safety and Governance		
2.2	July 13	IPCT - New 5 moments audit noted		
2.3	Jan 15	IPCT		
2.4	29/08/17	IPCT - New Trust layout	CEG	22/08/17

Summary of changes from last version:

- **Reformat of new Trust Layout**
- **General update**

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1 Policy Statement

This policy covers roles and responsibilities of all staff employed by and working within the Trust with regard to hand hygiene. Employing effective hand hygiene techniques reduces the spread on infection and ensures that patient safety is maintained and assured. This document should be read in conjunction with the Procedure for Hand Decontamination which can be found [under Infection Control Procedures](#).

2 Scope

The document applies to and should be read by all staff employed by and /or working within the Trust. This includes contractors, volunteers and visiting professional and clinical staff.

3 Definitions

IPCT - refers to the Trust Infection Prevention and Control Team

DIPC - refers to the Trust Director of Infection Prevention and Control

4 Policy Framework

4.1 Aims and Objectives

- Ensure all staff are aware of their responsibilities in relation to Hand Hygiene
- Outline the principles behind Hand Hygiene.

4.2 The Hand Hygiene campaign.

Continuation of this campaign includes

- Hand gels at the point of patient care (gel should be within arms reach when staff are caring for a patient).
- Patient and public involvement
- Staff empowerment of patients to enable them to feel confident to ask about hand hygiene.
- Encouraging hand hygiene by patients and visitors.

4.3 Training Requirements

The Trust provides specific training on hand hygiene which is included in the trust induction programme for clinical staff, and in the infection control mandatory update. Training is based on current understanding of best practice.

All relevant staff must attend mandatory infection prevention and control training every two years. Additional training is provided on a risk assessed basis only. Risk assessments can be completed by senior clinical staff and/or a member of the infection prevention and control team in response to infection control incidents or issues including audit results and outbreaks.

Hand hygiene training is delivered as part of the mandatory infection prevention and control session, cascade training from infection control link workers, or use of trust e-learning facilities. It is the responsibility of the line manager and individual to rebook missed training and attend on a future date.

Attendance information for the Infection Control element of mandatory training is contained in registers for Corporate Induction/Corporate Mandatory Study days. Following completion of the training session, the registers are forwarded to Learner Registry for inputting on to the Trust-wide training database (OLM). The registers are stored within the offices of Learner Registry. Link Nurses retain records of attendance at cascade training.

The OLM reports mandatory training attendance data on a quarterly basis to all managers and alerts managers of non-attendance by their staff. It is the responsibility of the line manager to ensure that their staff attend mandatory training.

The process for following up those who fail to attend relevant training is via the escalation process - which is detailed in the Mandatory Training Policy – which ensures that staff who fail to attend are followed up. This is monitored by the Trust Mandatory Training Group and Human Resources Group. Further detail is included in the Trust Mandatory Training policy.

5 Responsibilities

5.1 Individual Responsibilities

5.1.1 All Staff

- Attending mandatory infection control training, which includes hand hygiene training and can be also be accessed through 'Moodle'.
- Ensuring that all clinical staff members adhere to the Trust uniform policy of bare below the elbows to facilitate effective hand hygiene.
- Ensuring that patient's relatives and visitors are made aware of the hand hygiene campaign and information is freely available in clinical areas.

- Ensuring that empty liquid soap/paper towel/hand gel dispensers are promptly reported to the domestic contractor and replenished (occasionally this may mean the member of staff refilling the container themselves).
- Prompt reporting of damaged liquid soap/hand gels and paper towel dispensers to the estates department, commercial representatives or the Infection Prevention and Control Team as appropriate
- Maintaining good hand hygiene practice; this includes following the World Health Organisation 5 moments for hand hygiene at the point of care.
- Challenging the poor practice of others.
- Ensuring that gloves are not worn as a replacement for hand hygiene

5.1.2 Patients and Visitors

- Patients must be advised and encouraged to decontaminate their hands after toileting, before consumption of food or drink and before and after contact with susceptible sites (e.g. Hickman lines, wounds or urinary catheters).
- Relatives and visitors are encouraged to decontaminate their hands when entering and leaving a ward or department. This can be done by using the hand gel at the entrance to wards and departments or by washing their hands at the nearest most convenient hand wash basin.
- Visitors must be advised of the need to decontaminate their hands before and after contact with patients.
- Soap and water to be used for hand hygiene by all visitors when visiting isolated patients.

5.1.3 Managers of clinical and non-clinical staff

- Ensuring dissemination of this policy
- Enforcing this policy in their areas
- Participating in the trusts hand hygiene audit programme on a monthly basis
- Carrying out recommendations following audit of hand hygiene practice
- Facilitating the delivery of education provided by the IPCT
- Ensuring hand hygiene is included in ward/departmental based induction programmes.
- Responsible for hand gel replenishment within the ward/department/corridors and outpatient departments.
- Reporting to the IPCT if gel dispensers malfunction

5.1.4 Domestic Contractor/Domestic Services

- At least daily checking and refilling of liquid soap/paper towel dispensers as appropriate

- Prompt response to requests to replenish spent liquid soap/paper towel/hand gel dispensers
- Ensuring that hand hygiene facilities are clean and fit for purpose

5.1.5 Estates Department

- Ensure that during refurbishment or new build programmes hand hygiene facilities are considered and given high priority to ensure the most appropriate facilities and numbers of wash basins are adequate for the facility.
- If gel dispensers malfunction this is to be reported to the IPCT

5.1.6 Purchasing and Supplies Department

- Liaison with the companies supplying hand hygiene products in the event of supply problems.
- Provide the ongoing supply of appropriate hand hygiene products to ensure hand hygiene can occur.

5.1.7 Infection Prevention and Control Team

- Providing hand hygiene training as part of mandatory training programme in line with training needs analysis.
- Ensuring the hand hygiene policy is reviewed in line with new evidence or at least once every two years
- Advising on the positioning and prioritisation of hand hygiene facilities during redevelopment or the development of new clinical areas
- Supporting the monthly audit programme carried out by the trust nursing managerial structure, and supporting staff and teams where audit performance is poor, falling below agreed benchmarks within the audit programme.
- Advising on the efficiency and suitability of products for hand hygiene
- Liaise with the companies supplying hand hygiene products in the event of a clinical problem

5.2 Ratifying Board and Group Responsibilities

5.2.1 Trust Infection Prevention Group (TIPG)

- The purpose of the Trust Infection Prevention Group (TIPG) is to ensure continuous improvement and reduction in rates of healthcare associated infection while providing a Trust wide operations facilitation forum for control of infection. The group consists of a membership including Nursing, Infection Control and Hotel Services. TIPG is responsible for Hand Hygiene for the

Trust is carried out in accordance to current best practice guidance.
Mandatory Training Group

5.2.2 The Mandatory Training Group

- Monitor attendance at infection control training as part of the mandatory training programme and follow up those who fail to attend.

6 Monitoring and Compliance

Criteria	Monitoring Mechanism	Responsible	Frequency	Responsible Group
Hand Hygiene Training – process for checking relevant staff attend	OLM	Managers of clinical and non-clinical staff working in clinical areas and departments	Monthly	Mandatory Training Group

All clinical areas will be audited monthly using the either the Infection Prevention Society 5 moments audit tool or the community/outpatients hand hygiene audit tool. The Supervisory Ward Sister or equivalent department manager or delegated link worker undertakes the audits and inputs these onto a centrally held database monitored by the Trust Infection Prevention Committee.

The cycle of audit offers a mechanism by which staff training can be targeted to teams and individuals where support is needed and policy non-compliance can be detected.