



HAND HYGIENE POLICY

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Evidence shows that improving hand hygiene contributes significantly to the reduction of healthcare associated infections.

It is important to recognise that hands of health care staff will always carry bacteria be it their own bacteria or those that have attached as a result of activity (handling equipment, touching surfaces or patients).

The number of bacteria can be reduced significantly through good hand hygiene practice. To support hand hygiene health care workers should adhere to the following standards while working:

- Keep nails short, clean and polish free
- Avoid wearing wrist watches and jewellery
- Avoid wearing rings with ridges or stones. A plain wedding band is acceptable.
- Do not wear artificial nails or nail extensions
- Cover any cuts and abrasions with a waterproof dressing
- Wear short sleeves or roll up sleeves prior to hand hygiene

Hands should be decontaminated:

- before and after every episode of direct patient contact
- after removal of personal protective equipment, e.g. gloves and apron
- after any activity or contact that could potentially result in the hands becoming contaminated

Products

Liquid Soap – hands should be washed with liquid soap and water when they are visibly soiled and after dealing with a patient with a known or suspected infection.

Alcohol Hand Rub – when decontaminating hands using an alcohol hand rub, hands should be free from dirt and organic material. The hand rub solution must come into contact with all surfaces of the hands. The hands must be rubbed together vigorously, paying particular attention to the tips of the fingers, the thumbs and the areas between the fingers, until the solution has evaporated and the hands are dry.

Hand Cream – it is recommended that a hand cream is applied regularly to protect skin from the drying effects of regular hand decontamination.

Facilities

Clinical hand wash basins, with elbow taps and no plus, are available where clinical care takes place and equipment will not obstruct access to it. The following must be available at the clinical hand wash basin:

- Liquid Soap in a wall mounted dispenser
- Paper towels in a wall mounted dispenser
- Foot operated waste bin for disposal of paper towels

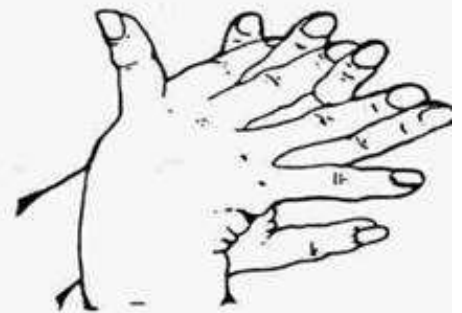
Technique

The following techniques should be followed:

- Wet hands under running water
- Dispense soap into cupped hand
- Wash hands for 10 to 15 seconds vigorously and thoroughly
- Ensure contact with all surfaces of each hand
- Rinse hands thoroughly under running water
- Dry hands with a soft disposable paper towel and dispose into a foot operated bin. Drying is important, bacteria thrive in moisture.



1. Palm to palm



2. Right palm over left dorsum and left palm over right dorsum



3. Palm to palm fingers interlaced



4. Backs of fingers to opposing palms with fingers interlocked



5. Rotational rubbing of right thumb clasped in left palm and vice versa



6. Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa

Occupationally Acquired Dermatitis

Nurses and Health Care Assistants are recognised as being at risk of developing work-related dermatitis which can be caused by an allergic reaction (sensitisation) or an irritant reaction. It usually affects the hands but can affect any other part of the body which has contact with the allergen or irritant.

The signs and symptoms of work-related dermatitis can range from dry, red, itchy skin to painful blistering, cracking and weeping of the skin. Risk factors include prolonged glove use, use of soaps and skin care products, exposure to chemicals and repeated hand washing.

Staff are encouraged to report any signs and symptoms to the Practice Manager and Occupational Health Department.