

<b>Status: Guideline:</b> Offers direction and guidance on good practice, need not necessarily be strictly adhered to.	<b>Policy No: ICG 02</b> <b>Revision No: 0</b> <b>Date Approved: 01/03/11</b> <b>Review Date: 01/03/13</b>
<b>Title:</b> Guidelines for Hand Hygiene	
<b>Written by:</b> Clinical Practice Project Group	
<b>Approved by:</b> National Risk Management Committee	
<b>Cross Reference: BPO1, PO2, ICGO5</b>	

### 1.0 Purpose

The purpose of these guidelines is to provide direction on hand hygiene, which is the single most important measure for the prevention of transmission of infection. therefore, it is central to providing high quality services (SARI, 2004).

### 2.0 Scope

These guidelines refer to all Cheshire Ireland employees, service users, their relatives, carers and visitors.

### 3.0 Responsibility

- It is the responsibility of all staff to be familiar with and adhere to these guidelines.
- It is the responsibility of service managers to ensure staff are familiar with the guidelines and to monitor compliance.
- Service users and their relatives/carers/visitors are informed that they can ask staff if they have performed hand hygiene before attending to them and also request staff to practice hand hygiene.

### 4.0 Definitions

Hand hygiene is recognised internationally as the single most important preventative measure in the transmission of infection, particularly in health and social care facilities. Hand hygiene refers to the use of soap/ disinfectant and water as provided at a wash-hand basin, and also the use of alcohol hand gels which can be used to decontaminate hands if not visibly dirty or soiled. It is essential that a culture of Hand Hygiene is embedded in the service.

**4.1 Hand Hygiene:** To prevent the transfer of micro organisms it is essential to clean hands thoroughly before and after contact with a Cheshire service user. This is of particular importance **before and after aseptic procedures e.g. dressings, and after every contact with a service user's body fluids.**

**4.2 Micro-organisms:** Microscopic living structures e.g. bacteria, fungi and viruses. There are two populations of micro-organisms present on the skin/hands, the transient micro-organisms that temporarily lodge on the surface of the skin and the resident micro-organisms that normally colonise the skin.

**4.3 Transient micro-organisms:** They do not normally live on the skin but are easily acquired and transferred by touch. Hands can cause cross infection by transferring these transient micro-organisms between service users. They are amenable to removal by social hand hygiene described below.

**4.4 Resident micro-organisms:** They live in deeper skin layers, sebaceous glands and hair follicles. They are not readily transferred to other people or surfaces and are not usually harmful. Removal or reduction is required prior to invasive procedures or surgery.

## **5.0 Principles of Hand Hygiene**

Hand hygiene has a dual role, to protect both the Cheshire service user and a staff member from acquiring micro-organisms, which may cause them harm.

The efficacy of hand hygiene is improved if the following principles are adhered to:

- Keep nails short and pay attention to them when washing hands, as most microbes on the hands are harboured beneath the fingernails.
- Do not wear artificial nails or nail polish as they discourage vigorous hand washing. Nail polish can flake and itself become a source of contamination.
- All wrist or hand jewellery (except plain wedding bands) must be removed.
- Shirts should have short or turn up sleeves.
- All cuts and abrasions on the hands/wrists should be covered with a waterproof dressing.

## **6.0 Hand Hygiene**

### **6.1 Indications for Use (SARI, 2004):**

- When hands are visibly soiled with dirt, soil or organic material (Always wash hands when visibly soiled).
- At the beginning and end of a work shift.
- Before and after contact with each service user.
- After removing gloves.
- After handling soiled equipment, materials or environment.
- Before preparing or handling food.
- After personal bodily functions such as blowing nose or using the lavatory.

## 6.2 Procedure for Hand Washing:

- Stand away from the sink so that your clothes do not touch the sink.
- Wet hands under warm running water.
- Dispense liquid soap to your cupped hands. The handwash solution must come into contact with **all** of the surfaces of the hand. The hands must be **rubbed** together vigorously for a minimum of 10–15 seconds, paying particular attention to the tips of the fingers, the thumbs and the areas between the fingers.
- Hands should be rinsed thoroughly before drying with good quality paper towels.
- Turn tap off using disposable paper towel.
- Discard paper towel in a waste paper bin, using the foot pedal.
- Emollient hand cream should be applied regularly to protect skin from the drying effects of regular hand decontamination. If a particular soap, antimicrobial hand wash or alcohol product causes skin irritation, an occupational health team should be consulted.

## 7.0 Antiseptic Hand Hygiene

### 7.1 Indications for Use (SARI, 2004)

- Before and after each contact with a service user with large wounds or burns.
- Before and after entering rooms or apartments of a service user who has acquired MRSA/C.Difficile.
- When hands are inadvertently soiled with a heavy microbial load or infectious material. (Always wash hands when visibly contaminated.)
- Before and after performing invasive procedures as part of an aseptic technique.

## 8.0 Alcohol Based Hand Rub Products

- Alcohol based hand rubs with added emollients are very effective antimicrobial agents when applied to hands.
- **They must be applied to hands for a minimum of 15 seconds using an adequate volume to completely wet the hands. In addition, time must be allowed for the hands to dry completely by evaporation.**
- Alcohol based hand rubs are not good cleaning agents and are therefore not recommended for use in the presence of physical dirt (CDCP, 2002; Larson, 1995; SARI, 2004).
- Repeated use of alcohol-based products with added emollients may result in an excessive build up of emollient on the hands, and this may be reduced by periodic washing with soap and water.

### Troubleshooting:

- Dry hands thoroughly using a patting motion rather than rubbing, to reduce friction of the skin.
- Avoid prolonged use of gloves or using gloves when not required, e.g. when making beds, which are not contaminated with blood or body fluids and when washing service users.
- The use of good quality disposable paper towels and hand lotions are recommended.
- Air dryers are not recommended.

### 9.0 References

Ayliffe, G., Lobury, E., Geddes, A., & Williams, J. (1995) *Control of Hospital Infection*, 3<sup>rd</sup> Ed. Chapman & Hall.

Centres for Disease Control and Prevention (CDC), Practice Advisory Committee and the HICPAC/AIC/IDSA Hand Hygiene Task Force (2002). *Guideline for Hand Hygiene in Health Care Settings: Recommendations of the Health Care Infection Control. MMWR*, Vol 51.

Dougherty, L. & Lister, S. (Eds.) (2004) *The Royal Marsden Hospital, Manual of Clinical Nursing Procedures*, 6<sup>th</sup> Ed. Blackwell Pub, Oxford.

Larson, E.L., APIC Guidelines Committee (1995) APIC Guideline for Hand Washing and Hand Antisepsis in Health Care Settings. *American Journal of Infection Control*, Vol 23, pp 251-69.

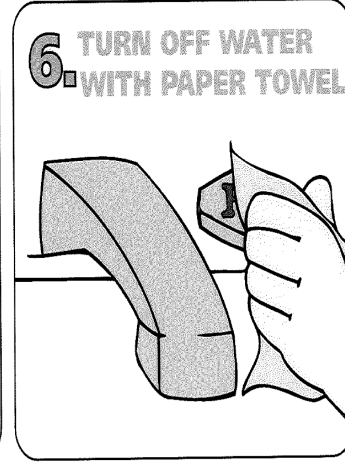
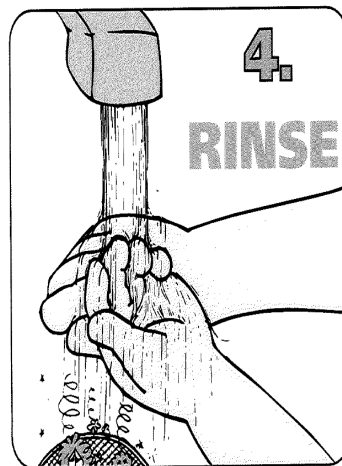
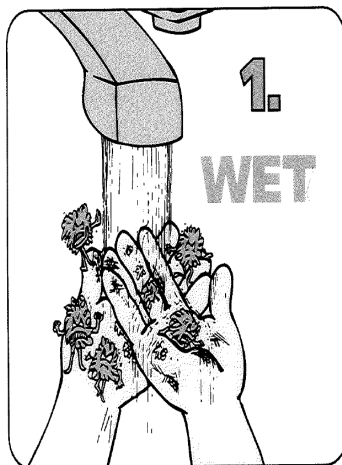
SARI - Strategy for the Control of Antimicrobial Resistance in Ireland (2004), *Guidelines for Hand Hygiene in Irish Health Care Settings*.  
[www.ndsc.ie](http://www.ndsc.ie)

*Infection Control /Communicable Disease* (2008) Dept. of Public Health, Dr Steevens Hospital.

*National Standards for the Prevention and Control of Healthcare Associated Infections*. May 2009 HIQA  
*Guidance on Prevention and Control in Healthcare Settings from CDI NHS 2009*

10.0 Appendices

 **Be A Germ-Buster**   
**WASH YOUR HANDS**



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