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Lincolnshire Partnership NHS Foundation Trust (LPFT)

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**This policy/procedure outlines recommendations concerning hand hygiene practices aimed at reducing the risk of infection to patients, staff and visitors.**

**The principles are underpinned by epic3: National Evidence-Based Guidelines for Preventing Healthcare-Associated Infections in NHS Hospitals in England**

## ISSUE 1

### LINCOLNSHIRE PARTNERSHIP FOUNDATION TRUST

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## **HAND HYGIENE POLICY AND PROCEDURE**

### **1.0 POLICY STATEMENT**

1.1 Lincolnshire Partnership Foundation Trust recognises its duty of ensuring an effective system is in place to prevent and control healthcare associated infections (HCAIs). The business of the Trust will be conducted in such a way as to ensure that patients, their relatives, contractors, voluntary workers, visitors and members of the public, who may be affected by the activities of the Trust, are not exposed to avoidable risk.

1.2 The Trust also accepts that in order to prevent and control HCAIs there may be funding implications, which will need resourcing.

1.3 The Trust recognises that successful risk management is brought about through good management and effective communication with staff. The Trust considers that high quality management processes will greatly assist in preventing and controlling HCAIs.

### **2.0 INTRODUCTION**

2.1 Under the terms of the Health and Social Care Act 2008, Code of Practice on the prevention and control of infections and related guidance (revised July 2015), Lincolnshire Partnership Foundation Trust has a duty to ensure that the risk of HCAI is kept as low as possible. The National Patient Safety Agency (NPSA) recognises that improving hand hygiene of health care workers at the point of care is the single most effective measure to reduce HCAIs. Not all infections are preventable but evidence shows that good hand hygiene contributes significantly to the reduction of HCAIs.

2.2 The Winning Ways report reinforces the importance of good hand hygiene stating that “hand washing by healthcare staff is vitally important in the control of infection” and that “each clinical team should demonstrate consistently high levels of compliance with hand washing and hand disinfection protocols” (DH 2003)

2.3. This policy has been written for all healthcare staff within LPFT in order to:

- Promote the evidenced best techniques for decontaminating hands,
- Help staff to understand when the optimal moments for hand hygiene are and why,
- Protect patients, visitors and staff from the possibility of infection and therefore contribute to reducing levels of HCAI.

### **3.0 AIM OF THE POLICY AND PROCEDURE**

3.1 The aim of this policy and procedure is to outline recommendations concerning hand hygiene practices aimed at reducing the risk of infection to patients, staff and visitors. The principles are underpinned by epic3: National Evidence-Based Guidelines for Preventing Healthcare-Associated Infections in NHS Hospitals in England

## **4.0 DUTIES**

4.1 The Trust has a responsibility to provide adequate and appropriate hand hygiene facilities. This extends to ensuring that this provision is provided in all capital projects, and opportunities for including hand hygiene provision are explored in any routine maintenance works.

4.2 It is the responsibility of each employee of the Trust to maintain the highest standard of hand hygiene by continually challenging their own and their colleague's hand washing practice, and encourage and facilitate patient hand hygiene.

4.3 All of the professional regulatory bodies include as part of their core standards a requirement for individual practitioners to be aware that there is a potential risk to patients, and to take all necessary steps to ensure that their practice is such that it minimises these risks.

4.4 It is the responsibility of those staff in managerial and leadership positions, in conjunction with the Infection Prevention and Control (IPC) Team to promote and facilitate good hand hygiene practice, as well as leading by example in the workplace. This aspect shall also be included in the local workplace induction.

4.5 It is the responsibility of all staff to promote and maintain good hygiene practice.

## **5.0 HAND WASHING**

### **5.1 Micro Organisms**

5.1.1 Microorganisms on the skin can be classified into two groups-resident and transient

- Resident microorganisms are part of the normal human flora and fauna and generally live deeply seated within the epidermis. They are part of the defensive mechanisms of the body and often protect skin from invasion from more harmful organisms. They do not easily cause infections and are not easily removed
- Transient microorganisms are located on the surface of the skin. They are easily transferred to and from other people, equipment and the general environment via the hands. They have the potential to cause infections particularly if they are allowed to enter the body. They can be easily removed or destroyed by good hand hygiene practices.

### **5.2 Routine Hand Hygiene**

- This is achieved using liquid soap and running water following the NPSA hand washing technique (Appendix 2). If practiced according to the technique, and at appropriate times in the delivery of patient care, WHO 5 moments for Hand Hygiene (Appendix 1) this should be sufficient to remove most visible contamination and

transient microorganisms without damaging the balance of resident microorganisms on the skin

- Effective hand washing technique involves three stages: preparation, washing and rinsing, and drying.
  - Preparation: wet hands under tepid running water before applying the recommended amount of liquid soap or an antimicrobial preparation if necessary.
  - Washing: the hand wash solution must come into contact with all of the surfaces of the hand. The hands should 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.
  - Drying: use good-quality, single use paper towels to dry the hands thoroughly
- Visibly clean hands can be decontaminated with an application of an alcohol based hand gel using the WHO recommended technique. (Appendix 4).
- When decontaminating hands using an alcohol-based hand rub, hands should be free of dirt and organic material, and:
  - hand rub solution must come into contact with all surfaces of the hand; and
  - hands should 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.

### 5.3 Aseptic (non-touch technique) Hand Hygiene

- This should be carried out before any aseptic (non-touch) procedure
- This is achieved by using the Routine Hand Hygiene technique (5.2). Subsequent hand decontamination during the procedure as described in the policy for Aseptic non Touch technique can be achieved by the application of an alcohol based hand gel using the NPSA technique as long as hands have not been contaminated with blood or bodily fluids during the procedure.

### 5.4 Indications for hand hygiene;

- All healthcare workers have an individual and professional responsibility to continually assess the need for hand hygiene at the point of care in their daily practice. The point of care refers to the patient's immediate environment in which face to face contact, personal care or treatment is occurring(NPSA 2008)
- There are 5 recognised crucial points (Appendix 1) for hand hygiene representing the time and place at which there is the highest likelihood of transmission of infection via the hands of healthcare workers while delivering care. (WHO 2006)
  - Before patient contact
  - Before and aseptic task
  - After bodily fluid exposure risk
  - After patient contact

- After contact with patient surroundings
- Hand hygiene must also be performed
  - After using the toilet
  - Before and after handling food or eating
  - After handling waste materials even when bagged
  - At any other time when it is possible the hands have become contaminated
  - Following the use of gloves or any other personal protective equipment
  - Regularly and routinely throughout the day.

5.5 Patient hand washing should not be forgotten. Ambulant patients should be reminded about good hand hygiene practices and offered the opportunity to clean their hands before and after meals; after using the toilet, commode or bedpan/urinal; and at other times as appropriate. Help should be offered if their physical or mental condition makes it difficult for them to participate. Non-ambulant patients must be offered means of decontaminating their hands in the same circumstances. Products available should be tailored to patient needs and may include alcohol-based hand rub, hand wipes and access to hand wash basins.

5.6 Visitors to Trust clinical areas will be encouraged to wash their hands on entering clinical areas if the facilities are available or if not, to use wall mounted alcohol based hand gel dispensers if safe to have them in the particular clinical areas. (See risk assessments, Appendix 6 and 7).

5.7 This strategy is supported by the use of up to date information prominently displayed in public areas of the clinical environment or IPC display boards, Trust websites and social media pages. Patients and carers will be encouraged to have involvement in campaigns focussing on hand hygiene or to become Hand Hygiene champions.

5.8 As per the recommendations of the Clean Your Hands campaign, patients and carers are encouraged to ask staff if they have cleaned their hands prior to delivering clinical treatments or personal care. LPFT and the IPC lead will support all clinical areas in empowering patients and carers in this area.

## **6.0 HAND WASHING PRODUCTS**

6.1 All clinical areas should provide adequate facilities for the performing of hand hygiene with designated wash hand basins as well as liquid soap, paper towels, alcohol based hand gels and emollient hand creams.

6.2 Alcohol based hand gels, where available can be used before and after every contact when hands are visibly clean and where there is no possibility of being able to wash hands.

6.3 It must be remembered that alcohol-based products are flammable, and care must be taken when storing reserve stock, and if planning to install the hand rub into new areas. (see NHS Estates alert NHSE (2005) 07 16th June 2005 Gateway Ref:5084).

6.4 Only wall mounted dispensers should be placed in patient areas following a thorough risk assessment, (Appendix 6) because of the risk of patients ingesting the alcohol gel. Hand gels can be removed for a period of time if a particular patient or group of patients have been deemed to be at risk where the gel is concerned. A poster will be provided and a time frame identified for replacement.(Appendix 5).

6.5 Nursing staff will perform the initial assessment either on admission of risks are known or following further mental state examination if the risk picture changes at any time during admission. The risk assessment form will be scanned onto the electronic patient record and an entry made in the ward diary to document the decision made to remove hand gels. Hotel Services staff will enquire on a daily basis regarding the review of the decision to remove until a review is completed and the decision to remove hand gel has been reversed.

6.6 Within some areas of Specialist Services, personal pocket sized bottles of gel with clips or elastic straps to attach to clothing or a belt should not be used. The straps are potential ligatures, and again patients may ingest the gel.

6.7 When decontaminating hands using alcohol based hand gels, hands should be free of visible dirt and organic material. The gel must come into contact with all surfaces of the hands paying particular attention to the tips of the fingers, thumbs and areas between the fingers. Staff should use enough gel such that it takes around 20-30 seconds for the hands to become dry using the WHO recommended technique. (Appendix 4)

6.8 Alcohol based hand gels are highly flammable and use of any source of ignition immediately following hand decontamination, while there is still gel residue or the possibility of fumes from the gel, should be avoided.

6.9 Alcohol based hand gels are not effective against the bacteria causing *Clostridium Difficile* and Norovirus and should be removed from use in areas where a case or outbreak of these illnesses is suspected or proved, until the case has recovered or the outbreak has ended and a poster displayed publically. (Appendix 5)

6.10 Wet surfaces transfer micro-organisms more effectively and so hand drying is a crucial stage in the use of the recommended technique for hand washing. Good quality, single use paper towels should always be available and within easy reach of the sink beyond splash contamination.

6.11 Staff are encouraged to use an emollient hand cream regularly to protect the integrity of the skin from the drying effect of routine and regular hand hygiene. Staff should use the creams provided as these have been designed to work in harmony with soaps and hand gels supplied. If any products supplied cause skin irritation, advice should be sought from Occupational Health and recommendations made as to alternatives.

6.12 Staff are discouraged from bringing in their own hand hygiene materials as the products supplied by the Trust have been chosen for their ability to perform the function necessary based on assessment of need and risk and work in conjunction with all products supplied.

## **7.0 BARE BELOW THE ELBOWS**

7.1 Hands and wrists need to be fully exposed to the hand hygiene product and therefore should be free from jewellery and long-sleeved clothing. A number of small-scale observational studies have demonstrated that wearing rings and false nails is associated with increased carriage of microorganisms and, in some cases, linked to the carriage of outbreak strains.

Department of Health guidance on uniforms and work wear, and NICE guidelines indicate that healthcare workers should remove rings and wrist jewellery and wear short-sleeved clothing whilst delivering patient care.

7.2 The Trust endorses the Bare below the Elbows initiative for all staff delivering clinical interventions or personal care:

- Short sleeves must be worn at the point of care or long sleeves rolled up while performing hand hygiene and the clinical intervention.
- Outdoor clothing should be removed and kept away from the work area where the clinical intervention or personal care is to be carried out.
- Any hand or wrist jewellery must be removed prior to the delivery of any clinical interventions or personal care.
- Ties or badge lanyards, if worn, should be removed or tucked into clothing.
- Nails should be short, clean and free from polish or any nail adornments.
- False nails should not be worn when undertaking any physical or personal care interventions, as these pose a real risk of cross infection and can compromise the integrity of any personal protective equipment.
- Cuts and abrasions should be covered with a clean waterproof dressing.

**The effectiveness of any hand hygiene technique will be affected by failing to adhere to these recommendations**

## **8.0 DOMICILLARY VISITS**

8.1 This policy and the Trust recognise that some facilities outside of the Trust controlled premises, and patients own homes, may not have the facilities to be able to conduct effective hand hygiene. The Infection Control Committee recommend that community staff have access to portable hand hygiene kits which contain as a minimum, liquid soap, alcohol based hand gel, good quality paper towels, gloves and emollient hand creams. Where a healthcare worker assesses that they will be unable to conduct adequate hand washing for whatever reason, then hands can be decontaminated using alcohol based hand gels. The healthcare worker should subsequently perform hand washing at their earliest opportunity when they are able to use adequate facilities.

## **9.0 TRAINING**

9.1 In order to effectively prevent and control infection the Trust will give high priority to ensuring that adequate information is disseminated and robust systems of training are in place which are tailored to the assessed needs of the clinical areas in which they practice, and the roles they perform. The Trust is committed to making available the resources needed to support delivering the training requirements of all employees in hand hygiene and the prevention and control of infection.

9.2 The Divisions in conjunction with the Learning and Development department are responsible for reviewing training needs analyses annually and renewing the plan for delivery of suitable training to meet the individual needs of its staff.

9.3 Hand Hygiene and IPC forms an integral part of the induction and subsequent annual mandatory training updates. This is currently delivered through an e learning package to be completed on joining the Trust and subsequently through yearly updates. The IPC Link Practitioner network, will augment the e learning with bespoke face to face sessions within their own teams following Train the Trainer sessions. Records will be submitted to the Learning and Development department for monitoring and measuring against performance targets for the Trust through the annual IPC Plan. Success against these targets will inform the training strategy for the subsequent year's plans.

9.4 Glow and Tell machines are available in clinical areas to support delivery of the training strategy.

9.5 IPC Link practioners will assess individuals in their teams monthly against a recognised hand hygiene audit tool to measure compliance with the 5 moments recommendations, and with hand hygiene techniques and submit these audits monthly to the IPC lead for reporting to the DIPC and other stakeholders. Non achievement of these targets will be assessed and used to monitor the effectiveness of the strategy and inform training plans.

9.6 IPC link practioners will also, if requested, offer hand hygiene training sessions to patients, their carers and visitors in order to encourage an inclusive approach to hand hygiene. This will be a particular focus in the event of an infection incident or an outbreak

## **10.0 TARGET AUDIENCE**

10.1 The target audience for this policy is all employees, patients and visitors of the Trust

## **11.0 CONSULTATION**

11.1 Trust Infection Prevention and Control Committee  
IPC Link practitioners  
Nurse Executive members  
Public Health England

## **12.0 LEGISLATION COMPLIANCE**

12.1 This Policy has been considered in the context of the following legislation:

- The Health & Safety at Work etc. Act 1974
- The Food Standards Act 1999
- Department of Health DOH 01 Getting Ahead of the Curve – A strategy for combating infectious diseases.
- Department of Health DOH 03 Winning Ways – working together to reduce health association infection in England.

## **13.0 REVIEW DATE**

13.1 This policy will be reviewed in 3 years or in light of organisational or legislative changes.

## **14.0 IMPLEMENTATION**

14.1 Responsibility for assessing the implications of this policy for staff rests with the manager responsible for each individual or group of staff, for example Teams. They will be required to identify and carry out such preparation as is necessary to confirm that staff understand the expectations on them and that they are both competent and confident to discharge these.

## **15.0 RELEVANT TRUST POLICIES**

- 7a. Infection Prevention and Control
- 7c. Outbreaks of Infection
- 7d. Meticillin-Resistant Staphylococcus Aureus (MRSA)
- 7e. Management of Clostridium Difficile Infection
- 7f. Isolation
- 7g. Decontamination
- 7k Aseptic Non Touch Technique

## **16.0 MONITORING COMPLIANCE**

16.1 The Trust Infection Control Nurses will undertake random compliance audits to report to the Trust Infection Control Committee.

16.2 A report will be submitted to the DIPC and subsequently disseminated to the General managers and Service managers. Working with their local governance processes they will develop action plans as necessary and monitor the implications of these.

16.3 Records of personnel trained by other staff members to be kept centrally by the Learning and Development Department.

16.4 Monthly training statistics are reported to the Risk department for inclusion on the heat map. This will be discussed through Operational Governance and disseminated to the teams who will review the results and take action as necessary.

16.5 Twice yearly statistics are reported to the Quality Committee through the IPC report

## **17.0 EQUALITY ANALYSIS.**

17.1 This policy has been assessed using the Equality Analysis Form (see Appendix 8). The assessment concluded that the policy would have no adverse impact on, or result in the positive discrimination of, any of the diverse groups detailed. These include the strands of disability, gender, race, age, gender reassignment, sexual orientation, religion and belief, pregnancy and maternity and marriage and civil partnerships.

## **18.0 CHAMPION AND EXPERT WRITER**

18.1 The Champion for the document is Anna Marie Olphert Director for Nursing and Quality. DIPC

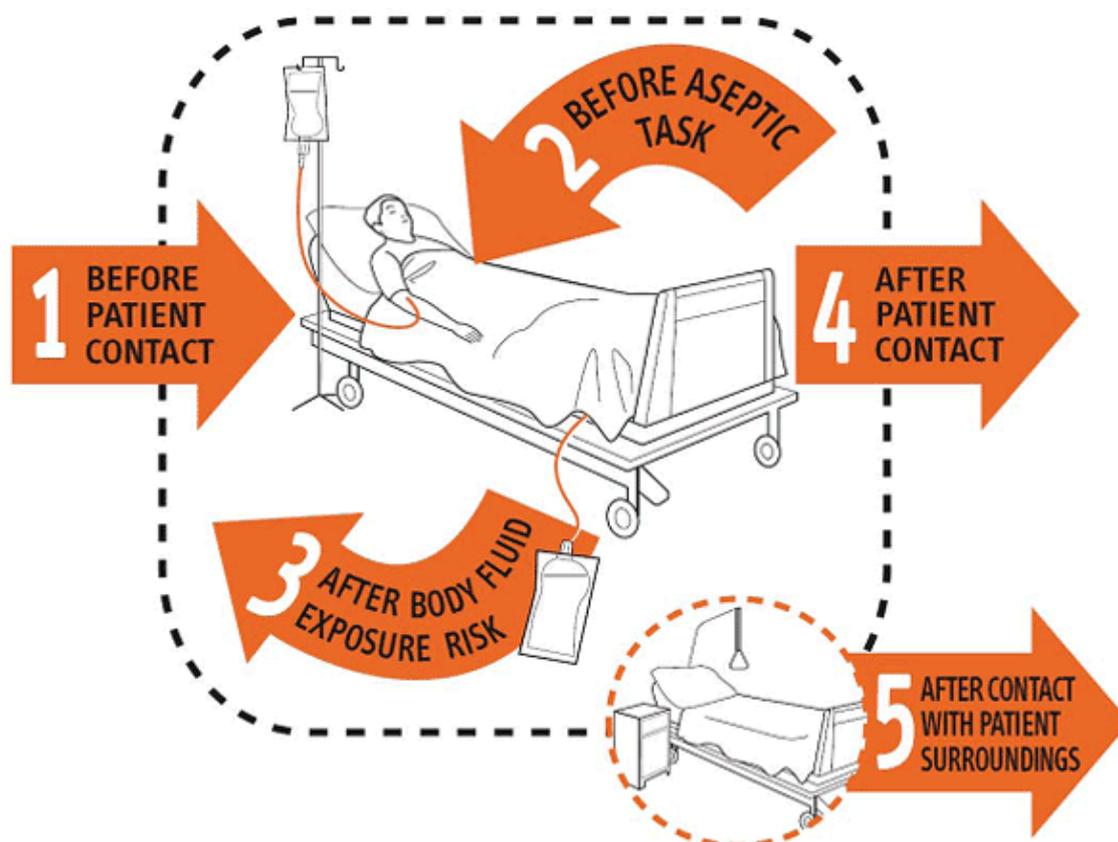
The Expert Writer is the Associate Matron and Infection Control Lead.

## **19.0 SOURCE DOCUMENTS**

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- epic3: National Evidence-Based Guidelines for Preventing Healthcare-Associated Infections in NHS Hospitals in England.

APPENDIX 1  
POLICY/PROCEDURE FOR: HAND HYGIENE

# Your 5 moments for HAND HYGIENE



|  |  |
|--|--|
| <b>1</b> BEFORE PATIENT CONTACT                  | <b>WHEN?</b> Clean your hands before touching a patient when approaching him or her<br><b>WHY?</b> To protect the patient against harmful germs carried on your hands  |
| <b>2</b> BEFORE AN ASEPTIC TASK                  | <b>WHEN?</b> Clean your hands immediately before any aseptic task<br><b>WHY?</b> To protect the patient against harmful germs, including the patient's own germs, entering his or her body   |
| <b>3</b> AFTER BODY FLUID EXPOSURE RISK          | <b>WHEN?</b> Clean your hands immediately after an exposure risk to body fluids (and after glove removal)<br><b>WHY?</b> To protect yourself and the health-care environment from harmful patient germs  |
| <b>4</b> AFTER PATIENT CONTACT                   | <b>WHEN?</b> Clean your hands after touching a patient and his or her immediate surroundings when leaving<br><b>WHY?</b> To protect yourself and the health-care environment from harmful patient germs  |
| <b>5</b> AFTER CONTACT WITH PATIENT SURROUNDINGS | <b>WHEN?</b> Clean your hands after touching any object or furniture in the patient's immediate surroundings, when leaving - even without touching the patient<br><b>WHY?</b> To protect yourself and the health-care environment from harmful patient germs |



WHO acknowledges the Hôpitaux Universitaires de Genève (HUG), in particular the members of the Infection Control Programme, for their active participation in developing this material.



October 2006, version 1.

APPENDIX 2



# Hand-washing technique with soap and water



© Crown copyright 2007 283373 1p 1k Sep07  
Adapted from World Health Organization Guidelines on Hand Hygiene in Health Care



Appendix 3

# How to Handwash?

WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB

**0** Duration of the handwash (steps 2-7): 15-20 seconds

**0** Duration of the entire procedure: 40-60 seconds



Wet hands with water;



Apply enough soap to cover all hand surfaces;



Rub hands palm to palm;



Right palm over left dorsum with interlaced fingers and vice versa;



Palm to palm with fingers interlaced;



Backs of fingers to opposing palms with fingers interlocked;



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



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



Rinse hands with water;



Dry hands thoroughly with a single use towel;



Use towel to turn off faucet;



Your hands are now safe.

World Health Organization | Patient Safety | SAVE LIVES Clean Your Hands

**Appendix 4**

**How to Handrub. (WHO 2007)**



**1a** Apply a palmful of the product in a cupped hand, covering all surfaces;

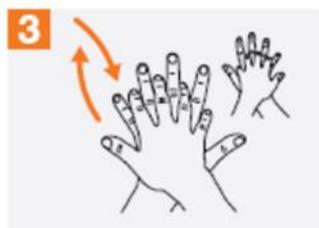


**1b**



**2**

Rub hands palm to palm;



**3**

Right palm over left dorsum with interlaced fingers and vice versa;



**4**

Palm to palm with fingers interlaced;



**5**

Backs of fingers to opposing palms with fingers interlocked;



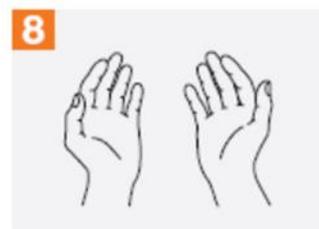
**6**

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



**7**

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



**8**

Once dry, your hands are safe.

Appendix 5

Lincolnshire Partnership   
NHS Foundation Trust

**For safety reasons, hand gels have been removed temporarily from use**

Please see nursing staff for alternatives.

We aim to have hand gel available by:

We apologise for any inconvenience.

## Appendix 6

**Risk Assessment for the placing of Alcohol based hand gel at ward entrance:**

|                        |  |                           |  |   |  |
|------------------------|--|---------------------------|--|---|--|
| Location:              |  | Assessment undertaken by: |  | Assessment verified by (responsible manager): |  |
| Area being assessed:   |  | Name:                     |  | Name:   |  |
|                        |  | Designation:              |  | Designation:                                  |  |
|                        |  | Signed:                   |  | Signed:                                       |  |
|                        |  | Date:                     |  | Date:   |  |
| Reason for assessment: |  |                           |  |   |  |
| Patient Name:          |  | Patient Date of Birth:    |  |   |  |
| Risk presented:        |  |                           |  |   |  |
| Poster in place:       |  | Date:                     |  |   |  |
| Review:                |  |                           |  |   |  |
| Review conducted by:   |  | Outcome of review:        |  |   |  |
| Name:                  |  |                           |  |   |  |
| Designation:           |  |                           |  |   |  |
| Signed:                |  |                           |  |   |  |
| Date:                  |  |                           |  |   |  |

- Risk Assessment to be completed by Nurse in Charge upon identification of potential risk.
- Completed form to be scanned to Patient Electronic Record Assessment folder
- An entry to be made in the Ward diary to review the decision to remove gel to be made daily
- Poster to be placed next to empty dispenser.
- Patients and Visitors to be directed to nearest amenities to perform Hand Hygiene if requested.
- Hotel Services staff to request daily review of risk prior to replacing hand gel when appropriate.

|                   |                         |                         |  |
|-------------------|-------------------------|-------------------------|--|
| Name of Assessor: | Jane Lord               | Post Held/ Designation: | Associate Matron and Infection Prevention and Control Lead |
| Department:       | Quality and Safety team | Date of Assessment:     | 07/03/2016   |

Improving hand hygiene among healthcare workers (HCW) is currently the single most effective intervention to reduce the risk of hospital-acquired Infections.

There are a number of risks to patients and staff associated with the use of alcohol hand rub, **however the benefits in terms of its use far outweigh the risks.** Risk assessment should be undertaken and a management plan put in place. This particularly applies to clinical areas managing patients with alcohol use disorder and patients at risk of deliberate self-harm.

**Subject of Assessment:** i.e. hazard, task, equipment, location, people.

Use of alcohol based Hand gel on Mental Health Inpatient Wards.

**Description of Risk:**

Describe the work that causes exposure to the hazard, and the relevant circumstances. Who is at risk? Highlight significant factors: what makes the risk more or less serious – e.g.: the time taken, how often the work is done, who does it, the work environment, anything else relevant.

Inpatient staff utilise Alcohol-Based Hand Gel as part of their Hand Hygiene routine in order to minimise the risk of Healthcare Acquired Infections.

The following risks have been associated with the placement & use of Alcohol-Based Hand Gel at wards entrances/ bedsides within Mental Health Inpatient Ward. Staff also carry 50ml bottles attached to belts and waistbands by clips with retractable nylon cords for ease of use:

- Risk of patients swallowing / inhaling alcohol-based hand gel due to nature of illness or cognitive impairment.
- Risk of Fire regarding the potential for ignition by smokers' materials etc. and deliberate fire raising amongst patients due to mental state.
- Potential for Slips / Trips / Falls within Health Centre premises if spillage of alcohol-based hand gel occurs and residue is not immediately cleaned.
- Potential for the misuse of nylon cords on belt clips to be used for self-ligating if patients are able to gain access to the clips.
- Potential for splash injury to eyes

**Existing precautions:**

- |   |   |
|---|---|
| Existing precautions:   |   |
| <ul style="list-style-type: none"> <li>• Risk of patients swallowing / inhaling alcohol-based hand gel due to nature of illness or cognitive impairment.</li> </ul> | <ul style="list-style-type: none"> <li>• Design of hand dispensers minimises the risk of accidental ingestion.</li> <li>• Careful consideration for placement of ABHG in mental health facilities, and alcohol</li> </ul> |

|  |  |
|--|--|
|  | <p>withdrawal units.</p> <ul style="list-style-type: none"> <li>• Instead of ABHG being mounted in rooms, staff could be issued personal pocket bottles instead.</li> <li>• Also consider: <ul style="list-style-type: none"> <li>○ Lockable dispenser holders</li> <li>○ Metered dose bottles</li> <li>○ Labelling dispensers to make the alcohol content less clear at a casual glance</li> <li>○ Adding a warning label against consumption</li> <li>○ Inclusion of an additive in the product formula to make it unpalatable</li> <li>○ Appropriate dispenser locations, (i.e. dispensers can be mounted on walls out of the reach of children or in supervised locations.</li> </ul> </li> <li>• Educate staff on correct use/handling of ABHG.</li> <li>• Ensure all ABHG containers are appropriately labelled.</li> <li>• Ensure that robust individual risk assessment is carried out for each patient who may be identified as posing a risk.</li> </ul>   |
| <ul style="list-style-type: none"> <li>• Risk of Fire regarding the potential for ignition by smokers' materials etc. and deliberate fire raising amongst patients due to mental state.</li> </ul> | <ul style="list-style-type: none"> <li>• Ensure appropriate dispenser locations, (i.e. dispensers should be mounted on walls out of the reach of children, in supervised locations, and in areas fitted with working sprinklers)</li> <li>• Do not store or use hand rubs near open flames or ignition sources. No smoking should be permitted in these areas.</li> <li>• Smoking materials or ignition sources should not be handled immediately after using ABHG</li> <li>• Ensure appropriate emergency procedures are in place and communicated to all staff.</li> <li>• Educate staff on correct use/handling ABHG– to rub hands together until alcohol has evaporated and hands are dry before moving on to another activity. (i.e. not to smoke immediately after decontaminating hands.)</li> <li>• Ensure appropriate safety (fire fighting) equipment is in use (i.e. smoke alarms, sprinkler systems. extinguishers etc.</li> <li>• Ensure that robust individual risk assessment is carried out for each patient who may be</li> </ul> |

|  |  |
|--|--|
|  | identified as posing a risk.   |
| <ul style="list-style-type: none"> <li>Potential for Slips / Trips / Falls within Health Centre premises if spillage of alcohol-based hand gel occurs and residue is not immediately cleaned.</li> </ul> | <ul style="list-style-type: none"> <li>Design of hand dispensers minimises the risk of spillage by having a drip tray underneath</li> <li>Ensuring staff use both hands to dispense ABHG, and that spills are cleaned up immediately.</li> <li>Educate staff that 1-2 pumps from dispenser will release an appropriate amount of ABHG, and that excessive pumping is not required.</li> </ul>  |
| <ul style="list-style-type: none"> <li>Potential for the misuse of nylon cords on belt clips to be used for self-ligating if patients are able to gain access to the clips.</li> </ul>                   | <ul style="list-style-type: none"> <li>Ensure that robust risk assessments are in place and reviewed regularly to identify and address individual risks</li> <li>If necessary, suspend the use of belt clips temporarily until risk is no longer identified</li> <li>Careful consideration for use of individual bottles and belt clips in some inpatient areas.</li> </ul>  |
| <ul style="list-style-type: none"> <li>Potential for splash injury to eyes</li> </ul>  | <ul style="list-style-type: none"> <li>Design and placement of hand dispensers minimises the risk of a splash incident.<br/>Consider: <ul style="list-style-type: none"> <li>Metered dose dispenser</li> <li>Splash/drip tray</li> <li>Appropriate dispenser locations, (i.e. dispensers can be mounted on walls out of the reach of children or in supervised locations.</li> <li>Avoid placing at eye level</li> <li>Maximum bottle size of 500mL, no decanting of bottles is allowed</li> </ul> </li> </ul> |

**Appendix 8**  
**Equality Analysis Form**

|   |   |          |   |   |   |
|---|---|----------|---|---|---|
| Name of Policy/ project/ service  | Revised Hand Hygiene Policy and Procedure         |          |   |   |   |
| Aims of policy/ project/ service  | Update policy and guidance for hand hygiene       |          |   |   |   |
| Is this new or existing?  | Existing  |          |   |   |   |
| Person(s) responsible   | Jane Lord   |          |   |   |   |
| Key people involved   | Angela Billings. Infection Control Committee      |          |   |   |   |
| Who does it affect?   | Service users <input checked="" type="checkbox"/> |          | Staff <input checked="" type="checkbox"/> |   | Wider Community <input type="checkbox"/>                                  |
| Is the policy/ project/ service likely to have an effect on any of the protected characteristic groups? (please tick) |   |          |   |   |   |
|   | Positive  | Negative | None                                      | Is action possible to mitigate any negative impact? | Details of action planned (including dates or why action is not possible) |
| Age   | <input checked="" type="checkbox"/>               |          |   |   |   |
| Disability  | <input checked="" type="checkbox"/>               |          |   |   |   |
| Sex   | <input checked="" type="checkbox"/>               |          |   |   |   |
| Gender Reassignment   | <input checked="" type="checkbox"/>               |          |   |   |   |
| Sexual Orientation  | <input checked="" type="checkbox"/>               |          |   |   |   |
| Race  | <input checked="" type="checkbox"/>               |          |   |   |   |
| Religion and Belief   | <input checked="" type="checkbox"/>               |          |   |   |   |
| Marriage and Civil Partnership  | <input checked="" type="checkbox"/>               |          |   |   |   |
| Pregnancy and Maternity   | <input checked="" type="checkbox"/>               |          |   |   |   |

Hand Hygiene 7b

|        |   |  |  |  |  |
|--------|---|--|--|--|--|
| Carers | √ |  |  |  |  |
|--------|---|--|--|--|--|

Any other information that is relevant to the equality impact of the policy/ project/ service?

None

Detail any positive outcomes for any of the protected groups listed above

N/A

**Result of Equality Analysis**

Based on the information above- what is the outcome of the Equality analysis?

|  |   |  |
|--|---|--|
| a) No change <input checked="" type="checkbox"/> | b) Adjust the activity <input type="checkbox"/> | c) Stop/remove the activity <input type="checkbox"/> |
|--|---|--|

Detail any adjustments that are to be made and how these will be monitored

|  |                                 |
|--|---------------------------------|
| Person who carried out this assessment       | Jane Lord                       |
| Date assessment completed                    | 07/03/2016                      |
| Name of responsible Director/General Manager | Director of Nursing and Quality |
| Date assessment was signed                   |                                 |
| Date of next review                          | 07/03/2019                      |

