<table>
<thead>
<tr>
<th>Approved By:</th>
<th>Policy and Guidelines Committee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Approved:</td>
<td>August 2003 – Infection Control Committee</td>
</tr>
<tr>
<td>Trust Reference:</td>
<td>B32/2003</td>
</tr>
<tr>
<td>Version:</td>
<td>2015</td>
</tr>
<tr>
<td>Supersedes:</td>
<td>22 July 2011</td>
</tr>
<tr>
<td></td>
<td>25 June 2010</td>
</tr>
<tr>
<td></td>
<td>12 November 2007</td>
</tr>
<tr>
<td>Author / Originator(s):</td>
<td>Matthew Hull Infection Prevention Nurse Specialist</td>
</tr>
<tr>
<td></td>
<td>Islwyn Jones Senior Nurse Infection prevention</td>
</tr>
<tr>
<td>Name of Responsible Committee/Individual:</td>
<td>Infection Prevention Committee</td>
</tr>
<tr>
<td>Latest Review Date:</td>
<td>20 November 2015 – Policy &amp; Guideline Committee</td>
</tr>
<tr>
<td>Next Review Date:</td>
<td>November 2018</td>
</tr>
</tbody>
</table>
**Contents**

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1  Introduction</td>
<td>3</td>
</tr>
<tr>
<td>2  Policy Aims</td>
<td>3</td>
</tr>
<tr>
<td>3  Policy Scope</td>
<td>3</td>
</tr>
<tr>
<td>4  Definitions</td>
<td>3</td>
</tr>
<tr>
<td>5  Roles and Responsibilities</td>
<td>4</td>
</tr>
<tr>
<td>6  Policy Statements, Standards, Procedures, Processes and Associated Documents</td>
<td>5-10</td>
</tr>
<tr>
<td>7  Education and Training Requirements</td>
<td>10</td>
</tr>
<tr>
<td>8  Process for Monitoring Compliance</td>
<td>11</td>
</tr>
<tr>
<td>9  Equality Impact Assessment</td>
<td>12</td>
</tr>
<tr>
<td>10 Legal Liability</td>
<td>12</td>
</tr>
<tr>
<td>11 Supporting References, Evidence Base and Related Policies</td>
<td>13</td>
</tr>
</tbody>
</table>

**Appendices**

<table>
<thead>
<tr>
<th>Appendix</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1  Procedure for cleaning hands with soap and water</td>
<td>14-15</td>
</tr>
<tr>
<td>2  Procedure for cleaning hands with alcohol Hand sanitiser</td>
<td>16-17</td>
</tr>
<tr>
<td>3  Management of all staff who are non-compliant with Infection Prevention Precautions</td>
<td>18</td>
</tr>
</tbody>
</table>

**Review dates and details of changes made during the review**

- Jewellery must not be worn when undertaking clinical practice or handling medicines (dispensaries, treatment rooms etc.) September 2015
- All staff who have patient contact or handling medicines (dispensaries, treatment rooms etc): will be bare below the elbow. September 2015
- Section 6.2.5 Glove use September 2015
- How to wash hands page 14-17 September 2015
- Management of staff who are non-compliant with infection Prevention precautions P18.

**Key Words**

Hand Hygiene, Hand washing, Cleaning hands, Hand Decontamination
Hand Cleansing, Alcohol Hand Rub, Alcohol Sanitiser, Alcohol Gel
1 Introduction

1.1 This document sets out the University Hospitals of Leicester (UHL) NHS Trust's Policy and Procedures for Hand Hygiene. Effective Hand Hygiene is crucial to the prevention of healthcare associated infections (HCAI) (EPIC 3 2013). To be effective, high levels of hand hygiene must be achieved by all healthcare staff involved in patient care. Evidence shows that achieving high levels of appropriate hand hygiene compliance can be difficult. Continuous commitment is required throughout University Hospitals of Leicester NHS Trust (UHL).

2 Policy Aims

2.1 The aim of this policy is to provide anyone entering University Hospitals of Leicester NHS Trust premises with evidence-based information on effective hand decontamination to reduce/eliminate healthcare acquired infection which resulted from poor hand hygiene. The aim of the policy is to also provide a framework through which to achieve a high level of hand hygiene compliance (target rate 90% using an approved UHL audit tool).

3 Policy Scope

3.1 This policy details the responsibilities of staff groups or departments towards facilitating best hand hygiene practice in the trust. It will describe the products that are available for use within UHL for hand hygiene; the different methods of hand hygiene and circumstances to use each method and elements of good practice used to prevent the spread of infection via contact transmission.

3.1.1 This policy is not intended to address in detail the uniform or dress policy for the Trust but will provide guidelines on aspects that affect hand hygiene practice.

3.1.2 The policy and attached guidelines are intended for use by anyone employed within UHL delivering health care, either on a permanent or temporary contract, volunteers and anyone in a training capacity.

4 Definitions

Point of Care refers to the patient’s immediate environment (zone) in which healthcare staff-to-patient contact or treatment is taking place. In the hospital environment it is usually at the patient’s bed, but in other contexts it could be a treatment room, cot, chair, ambulance or a patient’s home, for example.

Patient Zone is the area in the immediate vicinity of the patient where care is provided. The zone can differ according to where the patient is being treated and needs to be agreed by the staff working within that environment. Staff need to be aware of the 5 moments for hand hygiene when entering and leaving the patient zone.

Commensals - Micro-organisms that live on or in the body that do not cause harm to the individual.

Cross Infection - Cross infection is the transfer of harmful micro-organisms e.g. Bacteria and viruses from one person to another.

Micro-organisms - Micro-organisms are very tiny living things. They are so small that you need a microscope to see them. Micro-organisms are all around us, in the air, in our bodies and in water. Some microorganisms are harmful to us, but others are helpful to us. There are three types of microorganism viruses, bacteria and fungi.

Transient Skin Flora - Micro-organisms acquired on the surface of the skin through contact with other people, objects or the environment. These organisms are more likely to be removed by routine hand hygiene.

Resident Micro-organisms - Consists of microorganisms residing under the superficial cells of the stratum corneum and can also be found on the surface of the skin. These organisms are less likely to be associated with infections.
5 ROLES AND RESPONSIBILITIES

5.1 All Staff
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 hygiene and should act as an advocate for all their patients/clients and others to ensure that everyone decontaminates their hands appropriately. Timely, effective hand hygiene is the personal responsibility of all individuals involved in the provision of healthcare. Staff must inform the Infection Prevention team and facilities if hand hygiene facilities are inadequate or absent.

5.2 FACILITIES

5.2.1 Adequate facilities must be provided by the Trust to encourage staff to clean their hands regularly and appropriately. This includes accessible hand wash basins, soap, alcohol hand rubs, and disposable paper towels.

5.2.2 Agents for surgical scrub procedure must be available in operating departments and other clinical areas where invasive procedures are performed.

5.2.3 All clinical areas hand wash basins should be fitted with lever operated or sensor taps and be installed with thermal mixer valves.

5.2.4 Facilities are responsible for the provision of and maintenance of hand washing facilities.

5.3 PATIENTS AND VISITORS

5.3.1 The general public must be allowed access to appropriate facilities for cleaning their hands.

5.3.2 Patients must be offered appropriate methods of cleaning their hands in line with their abilities.

5.3.3 Ensuring that staff have access to hand hygiene products at the point of care is perhaps the most critical factor in improving the hand hygiene of healthcare workers.

5.4 CLINICAL MANAGEMENT GROUP STRUCTURE

5.4.1 Directors, Managers and Heads of Nursing are responsible for ensuring compliance with the hand hygiene policy within the Clinical management Group.

5.4.2 The clinical management group medical leads, lead nurses or midwife and department managers are responsible for ensuring compliance with the policy within their respective departments.

5.5 MATRONs

5.5.1 Matrons have a particular role in ensuring that hand hygiene meets expected standards. They are responsible at a local level for leading and driving a culture of adherence to good hand hygiene practice in clinical areas and for monitoring, recording and reporting compliance with standards. This will be completed by auditing monthly using the Trust standard audit tool and implementing an action plan if deficiencies are noted.
5.6 WARD SISTER/CHARGE NURSE OR DEPARTMENT MANAGER

5.6.1 The Ward Sister/Charge Nurse/Departmental Manager is accountable for the standards of infection prevention within the clinical area managed. The Ward Sister/Charge Nurse/Departmental Manager is expected to audit, observe and report compliance with infection control policies and guidelines and to personally demonstrate and promote compliance within their ward/department.

5.6.2 The Ward Sister/Charge Nurse/Departmental Manager is expected to challenge and correct poor practice when observed and identifying through appraisal and observational training to develop the needs of team members making the appropriate arrangements to have these training needs met in co-operation with the Infection Prevention and Control Service.

5.7 PROCUREMENT

5.7.1 Procurement and purchasing are responsible for securing appropriate hand hygiene products.

5.8 INFECTION PREVENTION TEAM

5.8.1 Infection Prevention Team is responsible for educating and training staff relating to hand hygiene practice.

5.8.2 The Infection Prevention Team on behalf of the Trust will ensure that new developments in hand hygiene or new initiatives are communicated to staff, visitors and patients with the support of the clinical management group.

5.8.3 The Infection Prevention Team will also ensure that information such as leaflets and posters are available for the clinical management group to use.

5.9 CORPORATE RESPONSIBILITY

The executive lead for this area is the Director of Infection Prevention and Control. The Trust will support and encourage compliance by:
Adopting the practice of routine hand decontamination as set out in section 5.2 and 5.4.3 of the Trust guidelines ‘Preventing Transmission of Infective Agents Policy and Isolation Guidelines’, especially:

-Complying with the WHO 5 moments for Hand Hygiene
-Using the correct technique
-Using alcohol hand sanitiser or hand washing with soap and water.

Doing all that is possible to embed routine hand hygiene as an integral part of Trust ‘culture’, i.e. something that is expected of all staff who work within the Trust as a matter of clinical governance. Lapses in hand hygiene are a serious clinical issue and persistent or intentional failure to comply with this policy will be subject to the Trusts disciplinary procedure. See appendix 3 for a flowchart on the management of non-compliance.
6.0 POLICY STATEMENTS

6.1 INDICATIONS FOR HAND HYGIENE

6.1.1 When to decontaminate hands

• Before starting and at the end of each shift/work period.
• Before and after each ‘hands on’ patient contact at the point of care.
• Before and after carrying out each aseptic procedure.
• After contact with any body fluid or secretion.
• After handling soiled or contaminated equipment or linen.
• Before and after drug administration.
• Whenever skin is visibly soiled.
• Before and after glove use.
• Before performing or assisting at operative procedures, a surgical scrub for hand decontamination should be performed.
• After using the toilet.
• Before eating, drinking or handling food.
• After contact with the patients surroundings.

This list is not exhaustive and we expect all staff to use the W.H.O five moments for hand hygiene when within the patient zone and their clinical judgement. The 5 moments can be found in section 6.2.
6.2 Your 5 moments for Hand Hygiene

Hands should be cleaned at a range of times however in order to prevent HCAI at the most fundamental times during care delivery and daily routines, when caring for patients the 'Your 5 moments for Hand Hygiene' should be followed.

Your 5 moments for hand hygiene at the point of care

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
</tr>
</thead>
</table>
| 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 A CLEAN/ASEPTIC PROCEDURE | WHEN? Clean your hands immediately before any clean/aseptic procedure  
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 |
6.3 **Type of Agent**

6.3.1 **Soap** must be a liquid soap in sealed units. The dispensing nozzle must be integral with the reservoir and the whole unit changed when empty. Soap and water have a key place in hand hygiene and staff will always need to use a sink and soap for hand washing in certain situations. These are:-

- If hands are visibly dirty or visibly soiled with blood or bodily fluids
- If the hands have been in contact with blood or bodily fluids
- If the person they are caring for is having diarrhoea and/or vomiting
- Before leaving a patient in source/strict isolation (this is then followed by using alcohol hand sanitizer on the outside of the room)
- Before preparing food/eating

6.3.2 **Alcohol Hand Sanitizer** enables staff to clean their hands at the point of care. Alcohol hand sanitiser can be used in place of soap and water, except for those situations listed above. It is effective at destroying 99.9% of transient skin flora from hands when using the correct technique. It must be in sealed units. The dispensing nozzle must be integral with the reservoir and the whole unit changed when empty.

6.3.3 Hand sanitiser is especially useful in situations where hand washing and drying facilities are inadequate, or where there is frequent need for hands to be washed. Ensuring that staff can clean their hands in the right way at the right time depends not only on sanitiser dispensers being where they are needed, when they are needed – but also on the dispensers being full and functional. Most importantly, if the alcohol hand sanitiser is not at the point of care then a crucial opportunity for hand hygiene is lost. Hand sanitiser within a ward area should be placed at the end of each patient’s bed unless the patient is at risk of harm. Within other clinical areas within UHL the hand sanitiser should be easily accessible to staff.

6.3.4 The use of hand sanitiser containing synthetic alcohol does not fall within the Muslim prohibition against natural alcohol (from fermented fruit or grain) therefore there should be no concerns regarding their use on religious grounds.

6.3.5 **Surgical Scrubs** are used in situations where a reduction in the resident flora is necessary, such as in operating theatres or similar departments.

6.3.6 The choice of scrub allows staff to avoid the use of agents to which they may be sensitised.

**Note:** *All materials are supplied ready for use and must not be diluted*

**Chlorhexidine Gluconate 4% Surgical Scrub** – e.g ‘Hibiscrub’ (500ML)

This is an antiseptic skin cleansing solution for **pre-operative hand disinfection**. Chlorhexidine is active against Gram-positive organisms, and less active against Gram-negative organisms. It is inactivated by soaps and anionic agents.

**Povidone-Iodine 7.5% Surgical Scrub** e.g ‘Betadine’ (500ML)

Used for **pre-operative hand disinfection**. It may have a slightly wider spectrum of activity than alternative products.

**Triclosan 2% Surgical Scrub** (500ML)

Used for **pre-operative hand disinfection**. The spectrum of activity is very comparable to that of Chlorhexidine.
7.0 MAINTAINING GOOD PRACTICE IN HAND HYGIENE

7.1 Hand Care
The skin should be maintained in good condition to discourage the accumulation of microorganisms. This may require the regular application of hand creams, which should be preferably water-based and contain an effective preservative, dispensed from sealed units, and should not be refilled. If it is not dispensed from an appropriate dispenser it should be for individual staff use.

Any member of staff who is unable to use the appropriate hand hygiene agents due to the development of a skin condition/allergy must seek advice from the Occupational Health Department.

Cuts and abrasions must be covered with an occlusive, waterproof dressing.

7.1.1 Finger Nails
Staff working within a clinical area or handling medicines (dispensaries, treatment rooms etc): Fingernails must be kept clean, short and smooth; long nails are harder to keep clean. When hands are viewed from palm side, no nail should be visible beyond the fingertip. Nail varnish or false nails must not be worn; false nails harbour micro-organisms and can reduce compliance with hand hygiene.

7.1.2 Jewellery
Jewellery must not be worn when undertaking clinical practice or handling medicines (dispensaries, treatment rooms etc): wearing jewellery can harbour micro-organisms and reduce compliance with hand hygiene. This includes Stoned rings, wristwatches, friendship bracelets, charity bracelets and Rakhi bracelets as bacteria and Viruses can live on watchstraps, plastic bracelets and fabric threads. EPIC 3 (2013). The exceptions to this rule are a plain wedding band without stones and a smooth metal Kara.

7.1.3 Clothing
All staff who have patient contact or handling medicines (dispensaries, treatment rooms etc): will be bare below the elbow. Clothing must have short sleeves or long sleeves rolled up as cuffs can become heavily contaminated with micro-organisms and are more likely to come into contact with patients. All staff should be prepared to challenge their colleagues if they are not complying with being bare below the elbow.

7.1.4 Glove use
Gloves must be used as single use items. They must be put on immediately before an episode of patient contact or treatment and removed as soon as the activity is completed. Gloves must be changed between caring for different patients, and between different care or treatment activities. Glove use does not replace the need for hand hygiene and hands must be cleaned before putting on gloves. Gloves must not be cleaned with alcohol hand sanitiser between patient contact (unless specifically instructed to do so by Infection Prevention) as they are single use. NICE (2013).
8. PROCEDURES

This policy is supported by the following procedures / standards found in the associated documents as detailed below, which must be used in conjunction with this policy:

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Appendix</th>
</tr>
</thead>
<tbody>
<tr>
<td>Procedure for cleaning hands with soap and water</td>
<td>1</td>
</tr>
<tr>
<td>Procedure for cleaning hands with alcohol Hand sanitiser</td>
<td>2</td>
</tr>
</tbody>
</table>

9. EDUCATION AND TRAINING REQUIREMENTS

9.1 The Health and Social Care Act (2008) states that all staff should have training on hand hygiene.

9.2 Hand hygiene training forms part of the infection prevention mandatory on line (euhl) training. Compliance with infection prevention mandatory training will be monitored through the ward manager and presented at the monthly CMG infection prevention meeting. In addition to routine training the infection prevention team provide face to face infection prevention training involving practical demonstrations. It is the responsibility of the CMG to utilise and facilitate additional training.

9.3 All department areas should have access to staff hand hygiene leaflets/5 moment hand hygiene cards. It is the responsibility of the line manager in each area to highlight this to any temporary staff undertaking work in that area.
## 10. Policy Monitoring Table

<table>
<thead>
<tr>
<th>Element to be monitored</th>
<th>Lead</th>
<th>Tool</th>
<th>Frequency</th>
<th>Reporting arrangements</th>
<th>Lead(s) for acting on recommendations</th>
<th>Change in practice and lessons to be shared</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hand Hygiene</td>
<td>Heads of Nursing/Department manager</td>
<td>5 Moments for Hand Hygiene Audit Form</td>
<td>Monthly</td>
<td>CMG Infection Prevention Meetings and the Trust Infection Prevention Committee</td>
<td>The Matron and ward Sister for the ward / area concerned will undertake action plans within reasonable time frames.</td>
<td>The CMG Infection Prevention meeting will share lessons learnt. The ward/department manager will share lessons learnt and share them within the area.</td>
</tr>
<tr>
<td>Hand Hygiene of inpatient ward areas</td>
<td>Infection Prevention Team</td>
<td>5 Moments for Hand Hygiene Audit Form</td>
<td>Six Monthly</td>
<td>CMG Infection Prevention Meetings &amp; The Trust Infection Prevention Committee</td>
<td>The Infection Prevention team will advise that action plans are produced in a timely manner and feedback given to the ward/department area from Ward Sisters /Charge Nurses</td>
<td>The CMG Infection Prevention meeting will share lessons learnt. The ward/department manager will share lessons learnt within the ward/department concerned.</td>
</tr>
</tbody>
</table>
11 EQUALITY IMPACT ASSESSMENT

11.1 The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs.

11.1.2 As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

12 LEGAL LIABILITY

12.1 The Trust will generally assume vicarious liability for the acts of its staff, including those on honorary contract. However, it is incumbent on staff to ensure that they:

- Have undergone any suitable training identified as necessary under the terms of this policy or otherwise.
- Have been fully authorised by their line manager and their CMG to undertake the activity.
- Fully comply with the terms of any relevant Trust policies and/or procedures at all times.
- Only depart from any relevant Trust guidelines providing always that such departure is confined to the specific needs of individual circumstances. In healthcare delivery such departure shall only be undertaken where, in the judgement of the responsible clinician it is fully appropriate and justifiable - such decision to be fully recorded in the patient’s notes.

12.2 It is recommended that staff have Professional Indemnity Insurance cover in place for their own protection in respect of those circumstances where the Trust does not automatically assume vicarious liability and where Trust support is not generally available. Such circumstances will include Samaritan acts and criminal investigations against the staff member concerned.

12.3 Suitable Professional Indemnity Insurance Cover is generally available from the various Royal Colleges and Professional Institutions and Bodies.

For advice please contact: Assistant Director - Head of Legal Services on Ext 8585


Healthcare associated infections- A guide for healthcare professionals A publication from the BMA Science and Education Department and the Board of Science feb 2006 P1-35 ISBN: 1-905545-02-9


Infection prevention and control uniform and dress guidance: East Midlands Strategic Health Authority December 2007


Current UHL 5 Moments for Hand Hygiene Audit available  http://insite.xuhl-tr.nhs.uk/homepage/clinical/infection-prevention/audit--tools

WHO (2009) *Guidelines on Hand Hygiene in Health Care*
*First Global Patient Safety Challenge - Clean Care is Safer Care* 2009 P1-262
Soap and water must be used.
  • If hands are visibly dirty or visibly soiled with blood or bodily fluids
  • If the person they are caring for is having diarrhoea and vomiting
  • Before leaving a patient in source/strict isolation (this is then followed by using alcohol hand sanitizer on leaving the room)
  • Before preparing food
  • After using the toilet

When soap is mixed with water using friction, lather is created. Micro-organisms are suspended in the lather and physically removed from the skin when rinsed with clean water. It is essential to ensure that all surfaces of the hands are covered by lather. The wrists and arms can also be washed as necessary following an assessment of the task to be commenced or completed.

A 15 - 30 second hand wash will remove the majority of transient micro-organisms. Wet hands prior to applying cleansing agent and ensure all surfaces of hands (and arms up to elbows if necessary as per training programme) are in contact with the agent and then rinsed thoroughly using running water and dried.

Towels used for drying are single-use and disposable. The soap and hand towels should be of a quality acceptable to users so as not to deter handwashing. Towels must be disposed into ‘hands free’ waste bins.
How to wash hands?

WITH SOAP AND WATER

1. Wet hands with water
2. Apply one shot of soap
3. Rub hands palm to palm
4. Rub back of each hand with the palm of other hand with fingers interlaced
5. Rub palm to palm with fingers interlaced
6. Rub backs of fingers to opposing palms with fingers interlocked
7. Rub each thumb clasped in opposite hand using rotational movement
8. Rub tips of fingers in opposite palm in a circular motion
9. Rub each wrist with opposite hand
10. Rinse hands with water
11. Use elbow to turn off tap
12. Dry thoroughly with a single-use towel

40-60 secs
Handrubbing with alcohol hand rub/sanitiser is the gold standard technique to perform hand hygiene on all occasions except for those described for hand washing with soap and water, i.e. handrubbing is the action recommended for health-care workers for the routine, day-to-day decontamination of hands (WHO 2009)

Alcohol Hand Sanitiser alone cannot be used:

- If hands are visibly dirty or visibly soiled with blood or bodily fluids
- After using the toilet
- If the person they are caring for is having diarrhoea and/or vomiting
- Before leaving a patient in source/strict isolation (Hand washing is then followed by using alcohol hand sanitiser on leaving the room)
- Before preparing food hands must be cleaned with soap and water first

Press pump once to apply the sanitiser and apply one to three shots depending on size of hands. Rub in well covering all surfaces of the hands for at least 20-30 seconds ensuring hands are dry before commencing activity.
How to sanitise hands?

WITH ALCOHOL SANITISER

20-30 secs

1a Apply one shot of the product in a cupped hand

1b Rub hands palm to palm

2

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

4 Rub palm to palm with fingers interlaced

5 Rub backs of fingers to opposing palms with fingers interlocked

6 Rub each thumb clasped in opposite hand using rotational movement

7 Rub tips of fingers in opposite palm in a circular motion

8 Rub each wrist with opposite hand
Management of all staff who are non-compliant with infection control precautions

Appendix 3: Hand Hygiene Policy

Member of staff observed as being non-compliant either through audit and/or practice

Is the member of staff who is observing non-compliance able to address the issue with non-compliant member of staff?

Yes

No

Is this the first time non-compliance has been observed?

Yes

Report to Heads of Nursing
Head of Department as appropriate

No

Ascertain reason for non-compliance e.g. lack of knowledge, inadequate equipment and rectify

Situation Rectified

Further non-compliance

Report to Head of Nursing or Clinical Director who will deal with in accordance with disciplinary procedures

Non-compliance continues

Situation rectified

Consider whether behaviour constitutes professional misconduct and, if so, take appropriate action