

HAND HYGIENE POLICY

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Directorate/Department responsible for Policy:	Infection Control, Diagnostics
Contact details:	Ext. 2355
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Please *specify* standard/criterion numbers and tick ✓ other boxes as appropriate

The Strategic Directions 2007-2012 were agreed by the Board of Directors in October 2007 to support the Trust's vision "Respond, Deliver, Enable". The Key Milestones below will ensure there is a shared understanding about what needs to be delivered.

Monitoring Information		Strategic Directions – Key Milestones	
Patient Experience		Waiting	
Assurance Framework		Privacy and Dignity	
Monitor/Finance/Performance		Efficiency and Effectiveness	
Care Quality Commission Outcomes:	8	Delivery of Care Closer to Home	
		Infection Control	✓
NHSLA Risk Management Standards for Acute Trusts			
NHSLA CNST Maternity Clinical Risk Management Standards:			
Other (<i>please specify</i>):			
Note: This policy has been assessed for any equality, diversity or human rights implications			

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1. INTRODUCTION

- 1.1 Effective hand hygiene is a critical component of infection prevention and control, and when used as part of a bundle of measures, correctly implemented, will minimise the spread of infectious organisms and reduce healthcare acquired infection.
- 1.2 To be effective high levels of compliance must be achieved by all healthcare staff involved in patient care. Experience shows that achieving high levels of appropriate hand hygiene compliance can be difficult. Continuous commitment is required throughout the Royal Devon and Exeter NHS Foundation Trust (hereafter referred to as the Trust), championed by senior management and by clinicians at Board level and in each directorate.
- 1.3 The aims of this policy are:
- To demonstrate that the Trust has a strong commitment to effective hand hygiene
 - To provide a framework through which a high level of hand hygiene compliance is achieved (minimum of 85% using a validated observational audit tool).

2. SCOPE OF POLICY

This policy will apply to

- all Trust staff, including bank staff, wherever they are working
- visiting clinical staff and employees of other organisations working on Trust premises
- patients of the Trust and visitors on Trust premises
- all clinical agency /locum staff
- volunteers

3. DUTIES

3.1 Corporate responsibility

The Trust has a responsibility to promote a high level of compliance with best practice in hand hygiene. The Trust will support and encourage compliance by:

- Adopting the practice of routine hand decontamination as set out in Section 1 of the Trust guidance document “Standard Infection Control Precautions”, especially:
 - complying with the WHO 5 moments for hand hygiene (WHO, 2009)
 - using correct technique
 - using alcohol hand gel or hand washing with soap and water as defined in the guidance
- Doing all 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.
- Regarding lapses in hand hygiene practice as a serious clinical issue.
- Supporting mandatory hand hygiene education at induction for all staff and appropriate updates for staff involved in direct patient contact.
- Ensuring all new Trust employees are provided with written information on hand hygiene on employment.

- Ensuring all necessary facilities and products are provided throughout the Trust, e.g. suitable hand wash basins, soaps, quality paper towels and conveniently sited alcohol hand gel.
- Involving the Infection Control Team in the planning process for new construction and refurbishment work so that advice can be given on appropriate hand hygiene facilities as emphasised by Infection Control in the Built Environment (NHS Estates, 2002) and the Health and Social Care Act 2008.

3.2 Directorate responsibilities

Each directorate has a responsibility to actively encourage compliance with the Hand Hygiene Policy by all staff groups.

- Senior staff, e.g. Consultants and Matrons within each directorate must act as 'role models' of good hand hygiene practice and encourage better compliance by example.
- Managers will be responsible for ensuring that all relevant staff, including junior medical staff, undertake and complete an infection control training and annual updates (see Appendix 1).
- Managers have a responsibility to monitor hand hygiene and take appropriate action when non compliance occurs (see Appendix 2).
- Each directorate must ensure audits of compliance with the hand hygiene policy are undertaken by appropriate staff, such as infection control link practitioners, who have been trained to use the audit tool and are able to provide feedback and challenge colleagues about poor practice.
- Results of audits must be widely disseminated, and displayed in clinical areas
- Ensure the facilities and equipment for hand hygiene are in place so that staff have convenient access.
- Managers must ensure the provision of hand hygiene training and the release of staff to attend.

3.3 Occupational Health Department

- The Occupational Health Department are responsible for advising staff who develop allergy or intolerance to specific hand hygiene products on the alternatives available, in cooperation with the infection prevention and control department.

3.4 Infection Prevention and Control Team responsibilities

An important element in the role of the Infection Prevention and Control Team (IPCT) is to promote good hand hygiene practice in all staff but particularly for those involved in delivering direct patient care. The IPCT will:

- Advise the Trust on current best practice.
- Advise the Trust on current best practice in planning hand hygiene facilities for new construction and refurbishment work.
- Plan and facilitate delivery of a programme of hand hygiene education to be included in
 - All induction sessions
 - A programme of annual updates.
 - On other occasions both formal and informal
- Support the directorates in delivering hand hygiene audit by developing a system of ward/department specific audits carried out by link nurses at monthly intervals

throughout the year. The IPCT will assist with audit design, collation of results and feedback to wards/departments.

- Audit results to be presented to the Infection Control Committee and included in the Infection Control Annual Report.
- Monitor compliance with Hand Hygiene Policy through infection control audit and routine observation of practice.
- Ensure the implementation of effective national campaigns and innovations, e.g. *CleanyourHands* campaign (NPSA).
- Promote patient empowerment in respect to hand hygiene practice through information leaflets, PPI forums, and other media.
- Provide results of hand hygiene audits for inclusion in the ward to board reports.

3.6 Individual responsibility

Timely, effective hand hygiene is the personal responsibility of all individuals involved in the provision of healthcare. All staff have a personal and corporate obligation to comply with best practice in the prevention of infection and follow this policy and the hand hygiene guidelines provided in Section 1 of Standard Infection Control Precautions.

4. TRAINING

- 4.1 All staff working within the Trust must be trained in hand hygiene procedures. This will be delivered to all staff and volunteers, both clinical and non-clinical as part of induction training in accordance with the Corporate and Departmental/Local Induction Policy (2010).
- 4.2 All staff who have direct or indirect contact with patients and/or blood and other body fluids will must receive an annual update in accordance with the Staff Development Policy (2010).
- 4.3 Attendance at infection control training will be monitored through the Infection Control Committee. The committee will bring areas of concern to the attention of the Governance Committee.
- 4.4 Clinical Directorate Infection Control Leads and Heads of Department in the Facilities, Diagnostics and Professional Services Directorates are responsible for reporting attendance rates to the committee and are also responsible for ensuring that any staff who fail to attend training are contacted and alternative training dates planned.
- 4.5 All ward areas have located within them staff hand hygiene leaflets and it is the responsibility of the manager in each area to highlight this to any temporary staff undertaking work in that area.
- 4.6 **Training Needs Analysis**
- Identification of staff groups that require training can be found on the Learning and Development Service (LDS) electronic Training Needs Analysis on IaN and at Appendix 1.
- 4.7 The detail relating to training provided is available through the e-training prospectus held on LDS pages of IaN.

5. HAND HYGIENE AWARENESS FOR PATIENTS AND VISITORS

- 5.1 Hand hygiene leaflets for patients and visitors will be available in ward and department leaflet racks, and the Health Information Centre.

6. MONITORING THE EFFECTIVENESS OF THE POLICY

- 6.1 Compliance with this policy will be audited as part of the standing audit programme as detailed in the Annual Infection Control Programme using a validated hand hygiene audit tool.
- 6.2 The audits will be undertaken by the infection control link nurse or other auditor trained to use the tool.
- 6.3 Feedback to staff will be provided at the time by the auditor and the result entered on the ward/dept 'Spotlight' poster.
- 6.4 Results of audits will be included in Ward to Board Reports and reviewed through the Infection Control Committee structure under regular assurance reports cycle.
- 6.5 The target compliance rate will be reviewed at least annually through the Infection Control Committee structure.
- 6.5 Persistent or intentional failure to comply with this policy means that staff may be subject to a disciplinary procedure. See Appendix 1 for a flowchart on the management of non-compliance.
- 6.6 LDS will report on Trust wide training activity in relation to infection control (including hand hygiene) at Human Resource quarterly review process.

7. REFERENCES

NHS Estates (2002) Health Facilities Note 30 Infection Control in the Built Environment Available at: < <http://www.spaceforhealth.nhs.uk/> >

Standard Infection Control Precautions
<<http://ian.exe.nhs.uk/welcome/directorates/diagnostics-professional-services/diagnostic-services/infection-control/policies--guidelines/>>

The Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance
<http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_122604>

Corporate and Departmental Induction Policy

Staff Development Policy

E- Training Needs Analysis

E- prospectus

WHO (2009) WHO Guidelines on Hand Hygiene in Health Care
<http://whqlibdoc.who.int/publications/2009/9789241597906_eng.pdf>

APPENDIX 1

INFECTION CONTROL (INCLUDING HAND HYGIENE) TRAINING NEEDS ANALYSIS

Staff group	Induction		Update/Ongoing		
	Mandatory learning events/opportunities/evidence	Method of delivery	Mandatory/Essential learning events/opportunities/evidence	Method of delivery	Frequency
Medical staff					
Consultants	Attendance at corporate Induction	Specialist led session	Completion of e-learning Infection Control – Registered Healthcare Professionals	E-learning accessed via IaN	Annual
			Or attendance at Directorate/dept arranged infection control update	Specialist led session	Annual
SpRs and Specialty training doctors	Doctors induction or corporate induction	Specialist led session	Completion of e-learning Infection Control – Registered Healthcare Professionals	E-learning accessed via IaN	Annual
	Completion of Infection Control Update for Medical Staff within a week of induction	Completion of e-learning Infection Control – Registered Healthcare Professionals via IaN			
Foundation doctors	Doctors induction Completion of Infection Control Update for Medical Staff within a week of induction	Specialist led session Completion of e-learning Infection Control – Registered Healthcare Professionals via IaN	Completion of e-learning Infection Control – Registered Healthcare Professionals	E-learning accessed via IaN	Annual

Staff group	Induction		Update/Ongoing		
	Mandatory learning events/opportunities/evidence	Method of delivery	Mandatory/Essential learning events/opportunities/evidence	Method of delivery	Frequency

Nursing and Operating Dept staff					
Registered Nurses	Attendance at corporate induction	Specialist led session	Attendance at Directorate/dept arranged essential training day/session Or attendance on 'Infection Control for Registered Nurses' study day Or attendance on other infection control study days. Or completion of e-learning Infection Control – Registered Healthcare Professionals	Specialist led sessions E-learning accessed via IaN	Annual
Non Registered Nurses	Attendance at corporate induction. Demonstration of practical hand hygiene technique as part of local induction	Provided by RN in the workplace	Attendance at Directorate/dept arranged essential training Or attendance at 'It's a bugs life' study day Or completion of Infection Control – Unregistered clinical staff	Specialist led sessions E-learning accessed via IaN	Annual
Operating department practitioners (ODPs and ODAs)	Attendance at corporate induction. Demonstration of practical hand hygiene technique as part of local induction	Specialist led session Provided by qualified ODP or RN	Attendance at Directorate/dept arranged essential training Or completion of Infection Control – Unregistered clinical staff	Specialist led session E-learning accessed via IaN	Annual

Staff group	Induction		Update/Ongoing		
	Mandatory learning events/opportunities/evidence	Method of delivery	Mandatory/Essential learning events/opportunities/evidence	Method of delivery	Frequency

Nursing and Operating Staff continued

Bank Staff - Nursing	Attendance at corporate induction	Specialist led session	Completion of e-learning Infection Control – Registered Healthcare Professionals	E-learning accessed via IaN	Annual
Infection Control Link Nurses	Attendance at 'link the chain' link nurse course	Specialist led session	Attendance of link nurse updates	Specialist led session	Quarterly

Professional Services

Allied Health Professionals (AHPs)	Attendance at corporate induction	Specialist led session	Completion of e-learning Infection Control – Registered Healthcare Professionals	E-learning accessed via IaN	Annual
Clinical support workers to AHPs	Attendance at corporate induction Demonstration of practical hand hygiene technique as part of local induction	Specialist led session Provided by registered AHP in workplace	Completion of Infection Control – Unregistered clinical staff	E-learning accessed via IaN	Annual

Staff group	Induction		Update/Ongoing		
	Mandatory learning events/opportunities/evidence	Method of delivery	Mandatory/Essential learning events/opportunities/evidence	Method of delivery	Frequency
Diagnostics, Medical Physics and Radiotherapy					
Clinical staff in Radiology, Medical physics, radiotherapy and similar.	Attendance at corporate induction	Specialist led session	Completion of e-learning Infection Control – Registered Healthcare Professionals	E-learning accessed via laN	Annual
Biomedical scientists (BMS)	Attendance at corporate induction	Specialist led session	Completion of Infection Control Update for Biomedical Scientists	E-learning accessed via laN	Annual
Point of care testing BMS	Attendance at corporate induction	Specialist led session	Completion of Infection Control – Unregistered clinical staff	E-learning via laN	Annual
Facilities					
Porters and Housekeepers and Linen Services staff	Attendance at corporate induction	Specialist led session	Attendance at department infection control training	Specialist led session	Annual
Estates	Attendance at corporate induction	Specialist led session	Attendance at department infection control training	Specialist led session	Annual
Others					
Ward clerks/ ward administrators	Attendance at corporate induction	Specialist led session	Attendance at infection control update for ward clerks	Specialist led session	Annual
Trust Board	Attendance at corporate induction	Specialist led session	Receive DIPC Annual Report and presentation to the Board	DIPC led session	Annual
Directorate and Service Managers	Attendance at corporate induction	Specialist led session	Updates from Directorate Infection Control Leads at Directorate Governance Groups	Directorate IC Lead or Specialist led session	Annual

Staff group	Induction		Update/Ongoing		
	Mandatory learning events/ opportunities/evidence	Method of delivery	Mandatory/Essential learning events/ opportunities/evidence	Method of delivery	Frequency
Volunteers	Attendance at corporate induction	Specialist led session	Read Infection Control Update for Volunteers	Information leaflet	Annual

APPENDIX 2

MANAGEMENT OF ALL STAFF WHO ARE NON COMPLIANT WITH INFECTION CONTROL PRECAUTIONS

