

# Hand Hygiene Policy including Bare Below the Elbows

This policy describes the processes and procedures for hand hygiene for all staff working within Leicestershire Partnership NHS Trust.

**Key words:** Infection Prevention and Control, Hand Hygiene, Bare Below the Elbows (BBE).

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**Approved by:** Infection Prevention & Control Assurance Group/Quality Forum

**Ratified By:** Quality & Safety Group

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## Contents

1.0 Quick look summary.....	4
1.1 Version control and summary of changes.....	4
1.2 Key individuals involved in developing and consulting on the document.....	5
1.3 Governance.....	5
1.4 Equality Statement.....	5
1.5 Due Regard.....	5
1.6 Definitions that apply to this policy.....	6
2.0 Purpose and Introduction/Why we need this policy.....	6
2.1 Purpose of his policy.....	6
2.2 Introduction.....	7
3.0 Policy Requirements.....	8
3.1 Indication for hand hygiene.....	7
3.2 Microbiology of the hands.....	8
3.3 Skin care.....	8
3.4 Types of cleansing agents and indications for use.....	9
3.5 Hand hygiene techniques.....	9
3.6 Promoting hand hygiene.....	11
4.0 Healthcare workers with direct patient care contact BBE.....	11
5.0 Duties within the Organisation.....	13
6.0 Consent.....	13
7.0 Monitoring Compliance and Effectiveness.....	14
8.0 Refrences and bilibliography.....	13
9.0 Fraud Bribery and corruption considerations.....	15
Appendix 1 5 moments of hand hygiene.....	16
Appendix 2 Process for formally assessed Hand hygiene audits.....	17
Appendix 3 Skin checks for dermatitis.....	18
Appendix 4 Flow chart and Rationale BBE.....	19
Appendix 5 Hand washing techniques-soap and water.....	20
Appendix 6 Alcohol rub Hand hygiene techniques.....	21
Appendix 7 Training Needs Analysi.....	22
Appendix 8 The NHS Constitution.....	24
Appendix 9 Due Regard Screening Template.....	25
Appendix 10 Data Privacy Impact Assessment Screening.....	27

## Policy On a Page

### SUMMARY & AIM

This policy has been developed to give clear guidance to staff in relation to the procedures for hand hygiene. The purpose of this policy is to provide all staff employed by LPT with a clear and robust process for hand hygiene.

Hand hygiene is one of the simplest, most cost-efficient ways of reducing healthcare acquired infections and reducing the risk of cross infection from person-person. It is a mandatory requirement that all staff are aware of the hand hygiene policy and adhere to the correct procedures for hand hygiene at all times. Hand hygiene forms part of the mandatory training requirements for all clinical staff and should be updated every two years.

### KEY REQUIREMENTS

This policy has been developed to give clear guidance to staff in relation to the procedures for hand hygiene set by Leicestershire Partnership Trust (LPT).

Direction for staff is given on the following:

- >Indications for the hand hygiene
- >Types of cleansing agents and indications for use
- >Hand hygiene technique
- >Promotion of hand hygiene
- >Healthcare workers with patient contact
- >Bare Below the elbows (BBE) guidance
- >Failure in regard to formally assessed hand hygiene practice (Auditing).

### TARGET AUDIENCE:

This policy applies to all permanent employees working within LPT including medical staff and any members of staff working on the bank, agency, or honorary contract.

### TRAINING

Completion of Infection Prevention and Control level 1 and 2 U-learn packages.

## 1.0 Quick look summary

This policy has been developed to give clear guidance to staff in relation to the procedures for hand hygiene. The purpose of this policy is to provide all staff employed by LPT with a clear and robust process for hand hygiene.

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## 1.1 Version control and summary of changes

Version number	Date	Comments (description change and amendments)
Version 1.0	August 2007	Reviewed national guidelines relevant to policy
Version 2.0	September 2009	Replaces K027 V1 & K028 Version 1
Version 3.0	October 2009	Reviewed by A. Howell, changed from guidelines to policy and incorporated associated CQC requirement changes and requirements from the NHS LA standards.
Version 4.0	August 2011	Harmonised in line with LCRCHS, LCCHS.LPT (Historical organisations)
Version 5.0	December 2014	Reviewed in line with policy review date
Version 6.0	June 2015	Review of policy against current legislation
Version 7.0	October 2017	Further review of policy by Antonia Garfoot encompassing Bare Below the Elbows flow chart, standards and rationale.
Version 8.0	January 2019	Reviewed in line with current practice and guidelines. Clarity made with regards to the requirements for staff to adhere to national hand hygiene policy. The flow chart for Bare Below the Elbows has been modified to remove the allowance to attend a shift not BBE but to remove when delivering direct patient care. This was removed to eliminate any ambiguity in practice.

Version number	Date	Comments (description change and amendments)
Version 9.0	April 2022	Reviewed in line with current practice and guidelines. Clarity added in relation to definitions of plain rings/Kara bracelet.
Version 10.0	April 2024	Reviewed in line with current practice and guidelines.

For Further Information Contact: Infection Prevention & Control team on 01162952320

## 1.2 Key individuals involved in developing and consulting on the document.

- Accountable Director- Dr Anne Scott Director of Nursing, AHPS & Quality, Emma Wallis Deputy Director of Nursing & Quality
- Implementation Lead-Amanda Hemsley Head of Infection Prevention & Control
- Author(s)- Reviewed by Claire King Infection Prevention & Control Nurse
- Core policy reviewer Group- Infection Prevention & Control Assurance Group
- Wider Consultation-Infection Prevention & Control Assurance Group Members

### Trust Policy experts

- Corporate Governance Lead with a responsibility for policies
- Head of Quality Governance and Quality Improvement
- Deputy Head of Nursing
- Equality and Diversity Lead
- Patient Safety Lead
- Patient Experience and Engagement Lead
- HR representative
- Health and Safety Representative
- Clinical Safety Officer
- Infection Control Representative
- Trust Secretary
- Head of Training and Development

## 1.3 Governance

**Level 2 or 3 approving delivery group** – Infection Prevention & Control Assurance Group

**Level 1 Committee to ratify policy** – Quality & Safety Group

## 1.4 Equality Statement

Leicestershire Partnership NHS Trust (LPT) aims to design and implement policy documents that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. It takes into account the provisions of the Equality Act 2010 and promotes equal opportunities for all. This document has been assessed to ensure that no one receives less favourable treatment on the protected characteristics of their age, disability, sex (gender), gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy and maternity.

If you would like a copy of this document in any other format, please contact [lpt.corporateaffairs@nhs.net](mailto:lpt.corporateaffairs@nhs.net)

## 1.5 Due Regard

LPT will ensure that due regard for equality is taken and as such will undertake an analysis of equality (assessment of impact) on existing and new policies in line with the Equality Act 2010. This process will help to ensure that:

- Strategies, policies and procedures and services are free from discrimination.
- LPT complies with current equality legislation.
- Due regard is given to equality in decision making and subsequent processes.
- Opportunities for promoting equality are identified.

Please refer to due regard assessment (Appendix 4) of this policy

## 1.6 Definitions that apply to this policy.

**Consent:** a patient's agreement for a health professional to provide care. Patients may indicate consent non-verbally (for example by presenting their arm for their pulse to be taken), orally, or in writing. For the consent to be valid, the patient must:

- be competent to take the particular decision.
- have received sufficient information to take it and not be acting under duress.

**Due Regard:** Having due regard for advancing equality involves:

- Removing or minimising disadvantages suffered by people due to their protected characteristics.
- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people. Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.

**Disinfection:** A process used to remove harmful organisms with alcohol/or other chemicals

**Decontamination:** Process of cleaning to remove contamination

**Hand Hygiene:** The act of cleaning hands for the purpose of removing soil, dirt and microorganisms.

**Infections:** An organism which is present at a site and causes an inflammatory response or where the organism is present in a normally sterile site.

**Organisms:** Defined as any living thing in medical terms we refer to bacteria and viruses as organisms.

## 2.0 Purpose and Introduction/Why we need this policy.

### 2.1 Purpose of this policy

This policy has been developed to give clear guidance to staff in relation to the procedures for hand hygiene. The purpose of this policy is to provide all staff employed by LPT with a clear and robust process for hand hygiene.

Hand hygiene is one of the simplest, most cost-efficient ways of reducing healthcare acquired infections and reducing the risk of cross infection from person-person. It is a mandatory requirement

that all staff are aware of the hand hygiene policy and adhere to the correct procedures for hand hygiene at all times. Hand hygiene forms part of the mandatory training requirements for all clinical staff and should be updated every two years.

This policy has been developed to give clear guidance to staff in relation to the procedures for hand hygiene set by Leicestershire Partnership Trust (LPT).

Direction for staff is given on the following:

- >Indications for the hand hygiene
- >Types of cleansing agents and indications for use
- >Hand hygiene technique
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- >Healthcare workers with patient contact
- >Bare Below the elbows (BBE) guidance
- >Failure in regard to formally assessed hand hygiene practice (Auditing).

## **2.2 Introduction**

Hand hygiene is considered to be the single most important factor in the control of infection (Weston, 2013). It is an essential practice for maintaining patient safety and should be carried out by all staff, visitors, and patients.

Healthcare associated infections (HAI) are the most frequent adverse event during care delivery and continues to be a global problem for patient safety. The prevention and management of the risk of HAI'S is an essential part of maintaining patient safety and is fundamental in any healthcare setting (WHO 2011).

Staff compliance with guidance for hand hygiene has been recognised as often being poor (Boscart et al 2012) and the reasons why staff do not wash their hands include:

- Lack of available hand hygiene products
- Lack of time
- Personal belief that they will not spread infection.

The national Patient Safety Agency chose hand hygiene as their first national priority for action and implemented a national program to improve staff hygiene compliance in 2004 & 2008 (NPSA 2008), this focus still remains ever present.

All staff should have training on hand hygiene, and it is best practice that this is provided at least annually. This practice should minimise the risk of poor hand hygiene and ensure that process is in place to prevent from occurring. It is essential that everyone takes responsibility to ensure that the care provided is carried out in a safe manner.

The transfer of organisms between humans can occur directly vis hand or indirectly by via an environmental source e.g., clinical equipment, furniture, toys, or sinks (Loveday et al 2014).

The World Health Organisation (WHO) first global patient safety challenge 'Clean Care is Safer Care' expanded on the tools originally developed for this strategy and the concept of 'My 5 Moments for hand hygiene' was developed (Sax et al 2007).

### 3.0 Policy Requirements

#### 3.1 Indications for hand hygiene

Good hand hygiene at the point of care has been shown to reduce the spread of healthcare associated infections. Hands must be decontaminated immediately before each and every episode of patient contact or care and after any activity or contact that potentially results in hands being contaminated.

The World Health Organisation developed evidence-based recommendations for when hand decontamination should be carried out, this is known as the 'Five moments for hand hygiene' (WHO 2012) and are numbered accordingly to a natural sequence of workflow (See appendix 1)

Where there is contact with a patient who is receiving source isolation precautions hands must be decontaminated first with liquid soap and water followed by alcohol sanitiser.

**\*Alcohol sanitiser is not effective against viruses or protozoa such as clostridium difficile spores which can cause diarrhoea and therefore hands should only be decontaminated with soap and water\*.**

#### 3.2 Microbiology of the hands

The skin on our hands harbour two types of microorganisms, transient microorganisms (Transient Flora) and Resident Microorganisms (Resident flora)

**Transient microorganisms**-This includes bacteria and fungi and are located on the superficial layers of the skin and is moved more easily by routine hand hygiene. They are termed 'transient as they do not stay long' however they are easily transferred to other people for example contact with a patient wound, care equipment and the environment. Transient Microorganisms can be easily transmitted from the hands of staff to vulnerable patient sites. Transient flora is often acquired by Health Care Workers (HCW) during direct contact with patients or their environment and is an organism that is frequently associated with HCAs.

**Resident Microorganisms**-This type of flora forms part of the bodies normal defence mechanism and has 2 main functions:

- Maintaining an environment that inhibits colonisation with potential pathogenic organisms.
- Helping the provision of nutrients for the skin

Resident Microorganisms are rarely associated with infections; however, it can cause infections if they enter the body through broken skin or the person is immunocompromised. Unlike transient Microorganisms they are not easily removed with routine handwashing alone and handwashing should be followed by an application of alcohol handrub.

#### 3.3 Skin care



Hands should be maintained in a good condition to discourage the accumulation of Microorganisms. This includes regular application of hand moisturiser which should be perfume free, preferably water based and contain an effective preservative and be one that is provided by the organisation. Moisturisers should only be dispensed from sealed units and should not be refilled. If hand moisturiser supplied via occupational health for a particular member of staff and therefore is not dispensed from a sealed unit, it should be clearly identified for individual staff use.

**\*Staff should not provide their own moisturisers\*.**

Any member of staff who is unable to use the available hand hygiene products due to the development of or existing skin condition/allergy, must seek advice from occupational health and/or their general practitioner and report to their line manager. Staff can be referred to occupational health by their manager or can self-refer.

Cuts and abrasions must be covered with an occlusive waterproof dressing which should be changed as frequently as is necessary (Is soiled or damaged).

Hand must be decontaminated immediately after before each and every episode of contact /care and after any activity or contact that may potentially result in hands becoming contaminated, this includes when entering a clinical area.

A clinical area is 'Anywhere a patient is receiving care and so would include inpatient areas, clinics, outpatient areas and also patients home where a HCW is entering as part of their duties whilst employed by LPT. The HCW does not actually have to be delivering hands on care for the area to be classed as a clinical area.

Where there is contact with a patient who is receiving source isolation precautions hands must be decontaminated first with liquid soap and water followed by alcohol hand sanitiser.

**\*Alcohol sanitiser is not effective against viruses or protons such as clostridium difficile spores which can cause diarrhoea and therefore hands should only be decontaminated with soap and water\*.**

Hand hygiene audits are carried out within LPT to monitor staff's adherence to the hand hygiene policy. These audits are recorded on the Audit Management & Tracking (AMAT) system and are reviewed by the infection prevention and control (IPC) group. **Should any staff member fail the hand hygiene audit being undertaken then here is a formal process that should be followed (see appendix 2)**

Hand hygiene audit expectations for inpatient settings are decided from bed base and staffing levels within the ward/area. If you are unsure of the audit expectations within your area, please contact your ward manager or the IPC team.

The current expectation is that each member of staff in the community are audited on their hand hygiene at least once per year. It is the responsibility of the line manager to ensure that all team members are audited within the year. Community teams should spread their audits out across the year, they should not be completed in bulk at the year end.

If for any reason, an inpatient or community ward/team are unable to input their hand hygiene audits, they should record this as 'no submission' with reason on AMAT so that it does not affect compliance scores.

Audit expectations for inpatient and community settings will be reviewed annually with directorate leads and the IPC team.

### **3.4 Types of cleansing agents and indications for use**

#### **Liquid soap and water**

For hand washing, liquid soap, and running water must be used, soap must not be decanted from one container to another and must be carried out:

- Before and after contact with a patient
- When hands are visibly dirty or soiled
- After dealing with a patient who has a known infection

Hands must then be thoroughly dried thoroughly with paper towels.

#### **Alcohol sanitiser**

Alcohol sanitiser will not remove dirt and organic matter and can therefore only be used on hands that are visibly clean.

It should not be used prior to handling medical gas cylinders due to the risk of ignition.

Alcohol sanitiser is useful in situations when hand washing and drying facilities are unavailable or inadequate, or where there is frequent need for hands to be cleaned i.e., in between bed making, during the drug round or in patients own homes.

Staff who experience skin problems when using any hand hygiene products should be assessed by occupational health. Referral to occupational health can be made by the staff members manager or via the self-referral route. One of the most common skin problems reported is skin dermatitis, early signs of skin dermatitis can include dryness, itching and reddening of the skin. If left untreated this can then develop into flaking, scaling, cracks, swelling and blistering of the skin (Please see appendix 3).

### **3.5 Hand hygiene techniques**

A good technique which is performed at the correct time, which covers all the surfaces of the hands is as important as the cleanser used or the length of time of hand washing. However, research suggests that hands need to be washed for at least 15-30 seconds (Jensen et al 2012) and many countries and global organisations recommend that optimal time for washing hands to be 20 seconds, with an additional 20-30 seconds added for drying hands effectively (Who 2009).

However, the duration of washing needs to be as long required to ensure that all areas of the hands have been covered, Hands should be systematically rubbed, ensuring that all parts of the hands and wrists are included, taking particular care to include the areas of the hand which are most frequently missed.

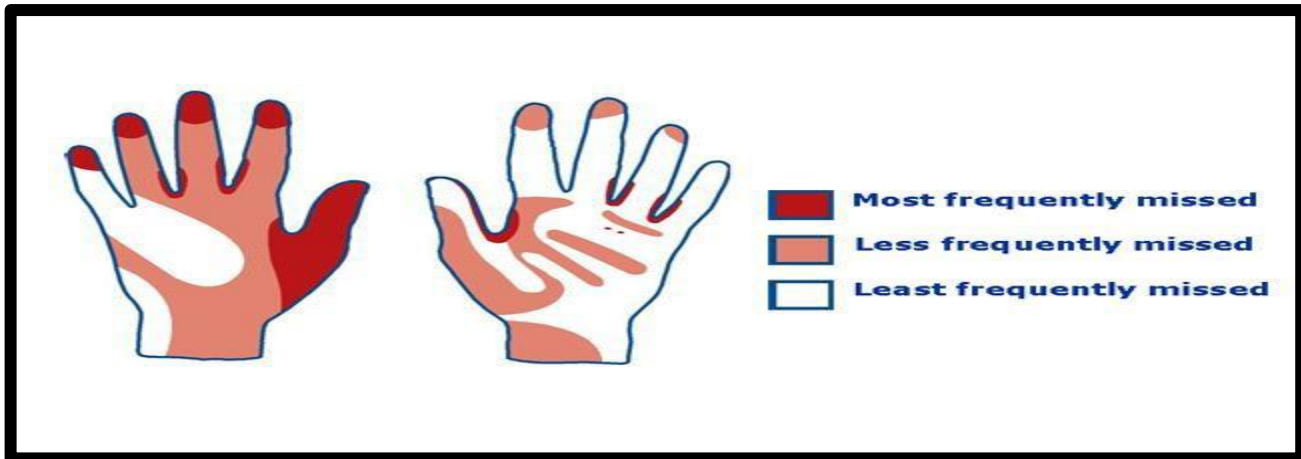
Hands must be washed using a sink with elbow or wrist operated taps or alternatively automatic taps. If elbow or wrist operated taps are not available, then taps must be turned off with a clean paper towel which is then disposed of.

Contact time and friction appear to be more important than the temperature of the water, though for staff comfort water should be warm. Clean running water should be used as hands can become re-contaminated if a basin of standing water is used (Palit A et al 2012). The surfactants in soap remove dirt and microorganisms from the skin and it has been shown that people will scrub their hands more thoroughly when using soap than when using water alone (Burton et al 2011).

Hands should be rubbed together, ensuring that all areas of the hand and wrists are covered, including underneath the plain wedding band if worn. Lathering and scrubbing hands has been shown to create friction, which helps in the removal of dirt and microbes which are present on all areas of the hands including the nails, which is why they must be kept short (Gordin et al 2007).

Dry hands thoroughly with single use paper towels-discard after use (wet hands are more likely to become damaged and also harbour more microorganisms).

Bar soap **must not be used** as it poses a cross infection risk, only liquid soap must be used.



### Areas frequently missed during hand hygiene.

### 3.6 Promoting hand hygiene.

Adequate facilities should be provided in a healthcare environment complying to HTM 64 to encourage staff to clean their hands appropriately when indicated, this includes:

- Dedicated hand wash basins that are clean and accessible
- Liquid soap in wall mounted easy to use and easy to clean holder systems that contain single use disposable cartridge sets,
- Wall mounted disposable paper towel dispensers containing soft absorbent disposable towels.
- Plugs **must not** be used in hand wash basins.
- Nail brushes **must not** be used.
- All hand wash basins in healthcare settings wherever possible should be fitted with elbow operated or hands-free mixer taps.
- Foot operated lidded pedal bins if used must be also positioned near to the wash basin (Note it may not be appropriate for foot operated lidded pedal bins to be used in some healthcare areas within LPT.

In areas where facilities are either unavailable or do not fit LPT standards (Such as patients' homes) then alternative provisions should be made/sought. Healthcare professionals working within primary care environments should be provided by the organisation with a personal supply of liquid soap, alcohol sanitiser and hand cream. A supply of disposable paper towel/kitchen towels for hand drying will also need to be provided.

#### **4.0 Healthcare workers with direct patient care contact and Bare Below the Elbows**

The department of health has confirmed its commitment to the implementation of '**Bare Below the Elbows**' (BBE) to be carried out by all NHS trusts (Johnson 2007). This is based on research that hand and wrist jewellery can harbour microorganisms and reduce compliance with hand hygiene.

**All staff must** comply with BBE when entering the patient environment, therefore staff must be BBE whenever they are in a clinical area (A clinical area is any area /location within LPT premises or off site which includes the patient's own home where face to face consultation takes place and/or direct hands-on care is undertaken by staff).

Sleeves can easily become contaminated and are more likely to come into contact with patients, wrist watches **must not** be worn in clinical areas as they can hinder the thorough and effective washing of hands.

#### **Fingernails**

Fingernails must be kept clean, short, smooth, and natural, when nails are viewed from palm side, no nail should be visible beyond the fingertip, nail varnish, false nails, gel or infills should **never** be worn.

False nails encourage the growth of bacteria and fungi around the nail bed, this is because they can limit the effectiveness of hand washing. The nail bed is often scuffed to facilitate the attachment of the false nail and the fixative can sometimes give rise to nail bed damage. These issues may result in infection particularly fungal infection for the wearer and will certainly present a risk of cross infection for the patient (Walasek et al 2018).

#### **Hand and wrist jewellery**

Stoned rings (Including engagement rings and stoned wedding rings and stoned wedding and eternity rings), wrist watches, bangles, friendship bands, fitness trackers and charity bracelets **must not** be worn when working in the clinical environment or undertaking clinical activity.

**One** wedding ring or steel Kara bracelet is permitted, staff who need to wear an 'Alert bracelet' **should** ensure that their manager is notified and also the occupational health team. The alert bracelet will also need to be a non-fabric bracelet (Or necklace) and be moveable to ensure that effective hand hygiene practice can be carried out, it should also be regularly cleaned to remove any potential microorganisms.

For religious requirements some staff may also wish to cover their forearms, in this instance disposable sleeves from elbow to wrist must be made available. These are **single use only** and should be treated as any other PPE (Please refer to the LPT Personal Protective Equipment (PPE) for use in healthcare policy).

#### **Wedding band/civil partnership band**

- Should be plain in design (Not decorated or elaborated) simple and basic in design.

- Should be smooth-having even regular surfaces and be free from perceptible projections, lumps, grooves, or indentations.
- Must be able to be moved up the arm to allow cleaning underneath.
- Must not contain any stones.

### **Religious bracelet (Kara)**

- Must be plain (Not decorated or elaborated) simple and basic in design.
- Should be smooth-having even regular surfaces and be free from perceptible projections, lumps, grooves, or indentations.
- Must be able to be moved up the arm to allow cleaning underneath.
- Must be made of steel.

\*No fabric or other religious bracelets are permitted to be worn on the wrist as these can prevent effective hand hygiene being carried out\*

Any member of staff wearing such items which do not meet the above standards will be failed on the hand hygiene audits which are carried out.

Please refer to appendix 4 for the flow chart and rationale for Bare Below the Elbows.

Please refer to the LPT workwear and uniform policy for further guidance on BBE and workwear/uniform.

## **4.0 Duties within the Organisation**

Duties in regard to this policy can be located in the LPT infection Prevention and Control Assurance policy.

## **5.0 Consent**

Clinical staff must ensure that consent has been sought and obtained before any care, intervention or treatment described in this policy is delivered. Consent can be given orally and/ or in writing. Someone could also give non-verbal consent if they understand the treatment or care about to take place. Consent must be voluntary and informed, and the person consenting must have the capacity to make the decision.

In the event that the patient's capacity to consent is in doubt, clinical staff must ensure that a mental capacity assessment is completed and recorded. Someone with an impairment of or a disturbance in the functioning of the mind or brain is thought to lack the mental capacity to give informed consent if they cannot do one of the following:

- Understand information about the decision.
- Remember that information.
- Use the information to make the decision.
- Communicate the decision.

## 6.0 Monitoring Compliance and Effectiveness

Compliance with policy is outlined in the LPT Infection Prevention and Control Assurance Policy.

## 7.0 References and Bibliography

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## **8.0 Fraud, Bribery and Corruption consideration**

The Trust has a zero-tolerance approach to fraud, bribery and corruption in all areas of our work and it is important that this is reflected through all policies and procedures to mitigate these risks.

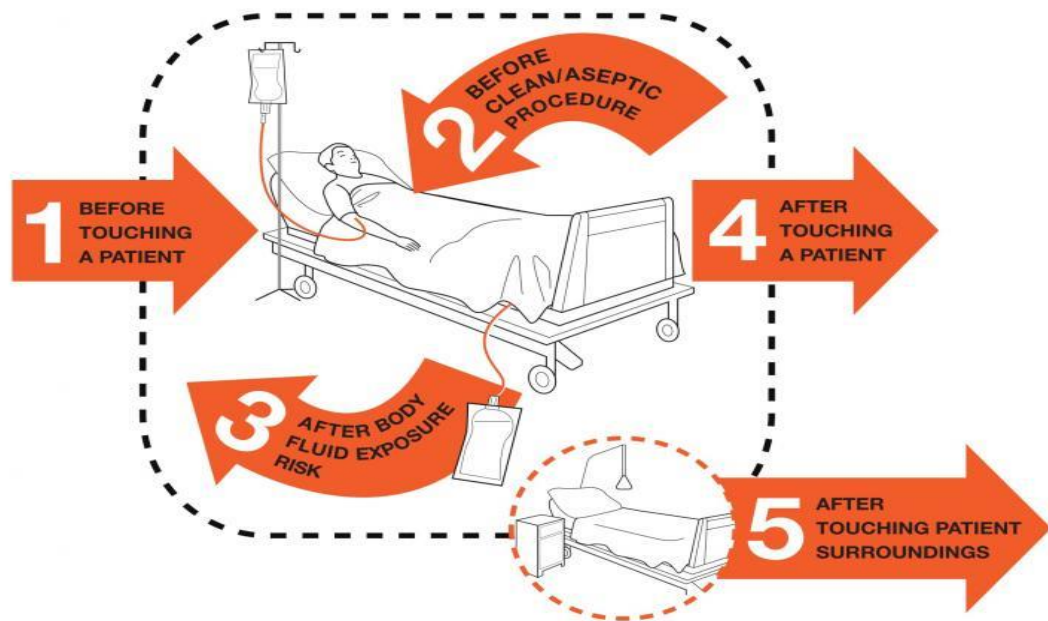
Fraud relates to a dishonest representation, failure to disclose information or abuse of position in order to make a gain or cause a loss. Bribery involves the giving or receiving of gifts or money in return for improper performance. Corruption relates to dishonest or fraudulent conduct by those in power.

Any procedure incurring costs or fees or involving the procurement or provision of goods or service, may be susceptible to fraud, bribery, or corruption so provision should be made within the policy to safeguard against these.

If there is a potential that the policy being written, amended or updated controls a procedure for which there is a potential of fraud, bribery, or corruption to occur you should contact the Trusts Local Counter Fraud Specialist (LCFS) for assistance.



# Your 5 Moments for Hand Hygiene



<b>1</b> BEFORE TOUCHING A PATIENT	<b>WHEN?</b> Clean your hands before touching a patient when approaching him/her. <b>WHY?</b> To protect the patient against harmful germs carried on your hands.
<b>2</b> BEFORE CLEAN/ASEPTIC PROCEDURE	<b>WHEN?</b> Clean your hands immediately before performing a clean/aseptic procedure. <b>WHY?</b> To protect the patient against harmful germs, including the patient's own, from entering his/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). <b>WHY?</b> To protect yourself and the health-care environment from harmful patient germs.
<b>4</b> AFTER TOUCHING A PATIENT	<b>WHEN?</b> Clean your hands after touching a patient and her/his immediate surroundings, when leaving the patient's side. <b>WHY?</b> To protect yourself and the health-care environment from harmful patient germs.
<b>5</b> AFTER TOUCHING PATIENT SURROUNDINGS	<b>WHEN?</b> 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. <b>WHY?</b> To protect yourself and the health-care environment from harmful patient germs.



World Health Organization

Patient Safety

A World Alliance for Safer Health Care

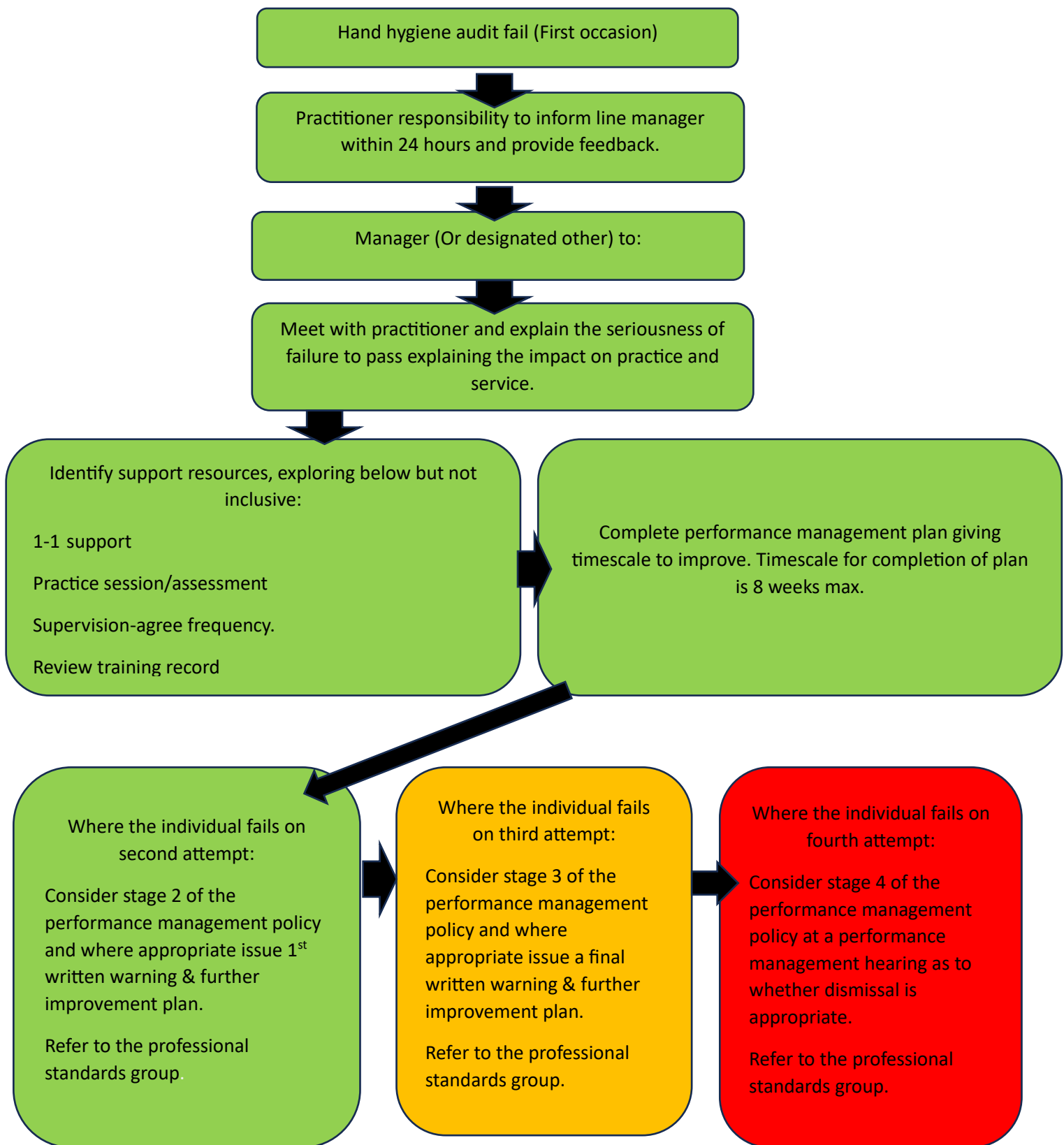
SAVE LIVES

Clean Your Hands


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May 2009

## Appendix 2 Process for failure of formally assessed hand hygiene audit.




## Appendix 3 skin checks for dermatitis



Health and Safety Executive

# Skin checks for dermatitis

Regularly check your skin for early signs of dermatitis




Look for...

## Dryness Itching Redness

...which can develop into  
**flaking** , **scaling**  
**cracks** , **swelling**  
and **blisters**

If you think you may have dermatitis, report it to your employer  
Contact name

Your employer may need to refer you to an Occupational Health Doctor or Nurse

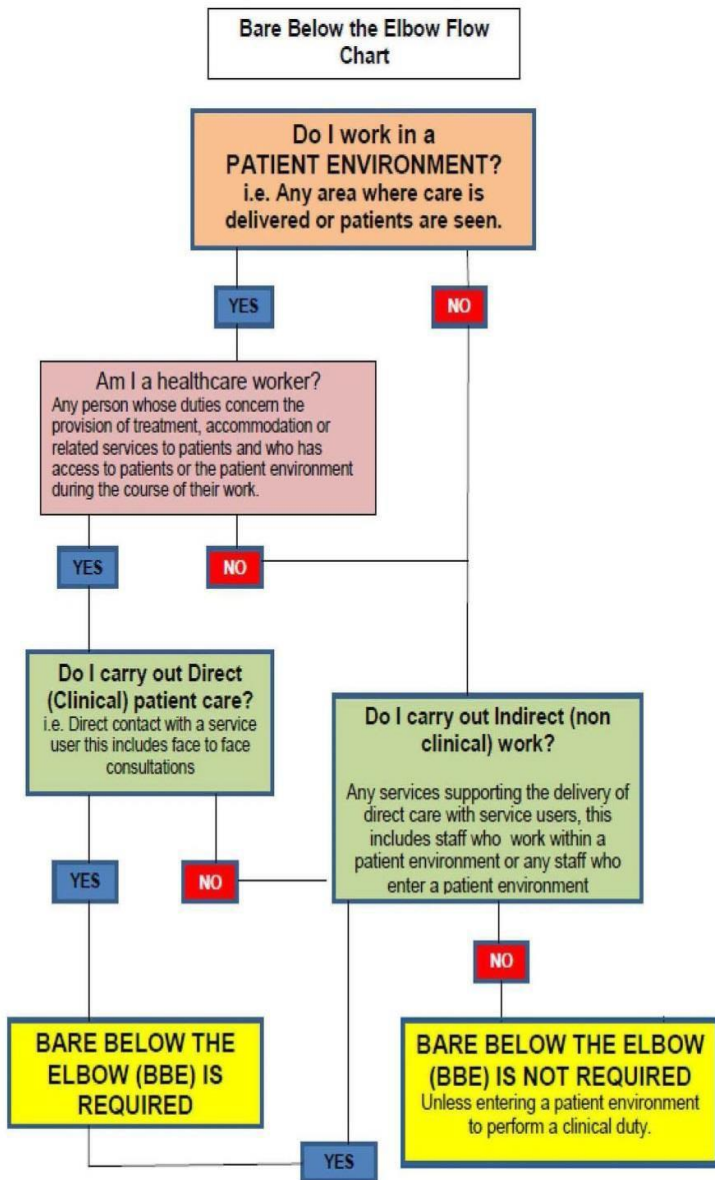


[www.hse.gov.uk](http://www.hse.gov.uk)

## Appendix 4 Flow chart and rationale for Bare Below the Elbows



Leicestershire Partnership  
NHS Trust



Bare Below the Elbow Standards & Rationale	
Standard	Rationale
Keep finger nails short and clean	Microbes can thrive beneath finger nails
Do not wear false nails or nail polish	False nails and nail polish discourage thorough hand washing
Do not wear wrist watches, bracelets and rings with stones and ridges. One plain band is permitted.	Micro-organisms thrive in nail glue and in cracked nail polish
Sleeves must be short or rolled up to facilitate effective hand decontamination.	High numbers of bacteria can be found on skin under rings, wrist watches and bracelets. Wearing these discourages effective hand washing.
Cardigans may be worn outside, but not in the clinical area or during any care activity that involves direct patient contact.	Hand decontamination cannot effectively take place, putting patients at risk
Any breached skin - cuts, dermatitis or abrasions - must be covered with a waterproof dressing.	To reduce the risk of cross contamination
<b>Permissible Jewellery</b>	<b>Unacceptable Jewellery</b>
Plain wedding band	Rings other than a plain band <ul style="list-style-type: none"> <li>Engagement rings</li> <li>Eternity rings</li> </ul> Ridges, stones or grooves harbour higher levels of micro-organisms & could potentially damage the integrity of a patient's skin
Kara bracelet  A steel bracelet (usually worn on the right wrist) by members of the Sikh faith	Bracelets other than a Kara <ul style="list-style-type: none"> <li>Charity bracelets</li> <li>Friendship bands</li> <li>Silks loosely tied around the wrists by Hindus are not acceptable and must be removed.</li> <li>Woven silk or cotton bracelets such as the Rakhis worn by Hindus and Jains for the festival of Raksha Bandhan will need to be removed for compliance with this policy.</li> </ul>
Medic-Alert Bracelets- May be worn after consultation with Occupational Health. These must be non-fabric.	Wrist watches/ Fitness Trackers

Adapted from Central and Northwest London NHS Trust Hand Hygiene Policy (2017)

## Appendix 5 Handwashing technique with soap and water

**NHS**

### Hand-washing technique with soap and water



- 1** Wet hands with water
- 2** Apply enough soap to cover all hand surfaces
- 3** Rub hands palm to palm
- 4** Rub back of each hand with palm of other hand with fingers interlaced
- 5** Rub palm to palm with fingers interlaced
- 6** Rub with back of fingers to opposing palms with fingers interlocked
- 7** Rub each thumb clasped in opposite hand using a 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
- 13** Hand washing should take 15–30 seconds

**cleanyourhands** campaign

**NHS**  
National Patient Safety Agency

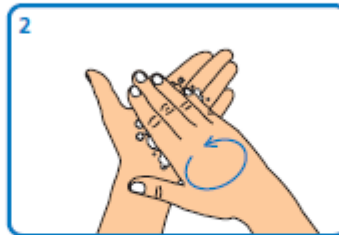
© Crown copyright 2007 263373 1p 1k Sep07  
Adapted from World Health Organization Guidelines on Hand Hygiene in Health Care



# Alcohol handrub hand hygiene technique – for visibly clean hands



1 Apply a small amount (about 3 ml) of the product in a cupped hand



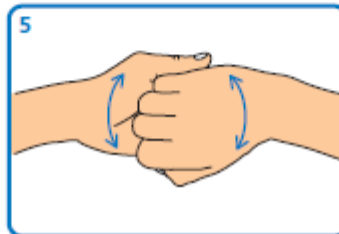
2 Rub hands together palm to palm, spreading the handrub over the hands



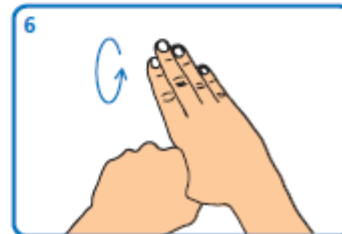
3 Rub back of each hand with palm of other hand with fingers interlaced



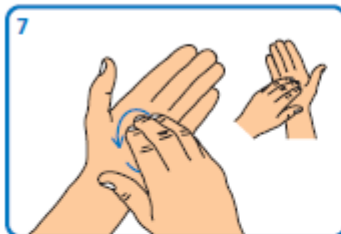
4 Rub palm to palm with fingers interlaced



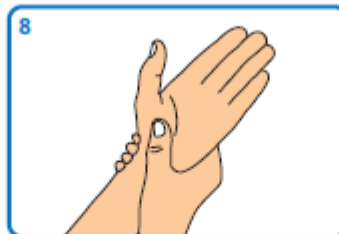
5 Rub back of fingers to opposing palms with fingers interlocked



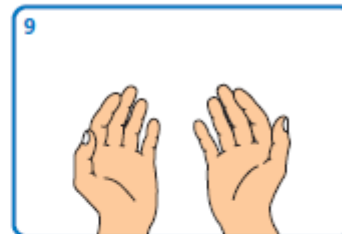
6 Rub each thumb clasped in opposite hand using a rotational movement



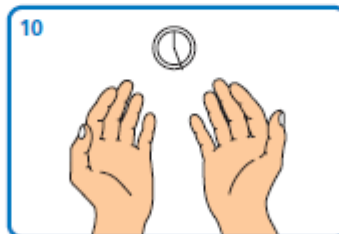
7 Rub tips of fingers in opposite palm in a circular motion



8 Rub each wrist with opposite hand



9 Wait until product has evaporated and hands are dry (do not use paper towels)



10 The process should take 15–30 seconds



## Appendix 7. Training Needs Analysis

<b>Training topic:</b>	Infection Prevention and control hand hygiene training	
Type of training: (see study leave policy)	Mandatory (must be on mandatory training register)	
Directorate to which the training is applicable:	Adult Mental Health Community Health Services Enabling Services Families Young People Children / Learning Disability/ Autism Services Hosted Services	
Staff groups who require the training:	All Clinical staff groups	
Regularity of Update requirement:	Infection prevention and control training level 1 3 yearly Infection prevention and control training level 2 2 yearly Practical assessment Yearly	
Who is responsible for delivery of this training?	Infection prevention and control team	
Have resources been identified?	yes	
Has a training plan been agreed?	yes	
Where will completion of this training be recorded?	ULearn * Face-Face at point of induction	
How is this training going to be monitored?	Reviewed at IPC assurance group meetings	
<b>Signed by Learning and Development Approval name and date</b>	Claire King	Date: April 2024

## **Appendix 8 The NHS Constitution**

- The NHS will provide a universal service for all based on clinical need, not ability to pay.
- The NHS will provide a comprehensive range of services.

**Shape its services around the needs and preferences of individual patients, their families and their carers Answer yes/no to all.**

**Respond to different needs of different sectors of the population yes.**

**Work continuously to improve quality services and to minimise errors yes.**

**Support and value its staff yes**

**Work together with others to ensure a seamless service for patients yes.**

**Help keep people healthy and work to reduce health inequalities yes.**

**Respect the confidentiality of individual patients and provide open access to information about services, treatment, and performance yes**



## Appendix 9 Due Regard Screening Template

Section 1	
Name of activity/proposal	Infection prevention & control Hand hygiene including Bare Below the Elbows
Date Screening commenced	03-05-2024
Directorate / Service carrying out the assessment	Enabling-Infection Prevention & Control Team
Name and role of person undertaking this Due Regard (Equality Analysis)	Claire King Infection Prevention and Control nurse
Give an overview of the aims, objectives, and purpose of the proposal:	
<p><b>AIMS:</b> The Aim of this policy has been developed to give clear guidance to staff in relation to the procedures for hand hygiene. The purpose of this policy is to provide all staff employed by LPT with a clear and robust process for hand hygiene.</p>	
<p><b>OBJECTIVES:</b> The objective of this policy is to ensure that staff have clear guidance in relation to the procedures for hand hygiene set by Leicestershire Partnership Trust (LPT). Direction for staff is given on the following: &gt;Indications for the hand hygiene &gt;Types of cleansing agents and indications for use &gt;Hand hygiene technique &gt;Promotion of hand hygiene &gt;Healthcare workers with patient contact &gt;Bare Below the elbows (BBE) guidance &gt;Failure in regard to formally assessed hand hygiene practice (Auditing).</p>	
Section 2	
Protected Characteristic	If the proposal/s have a positive or negative impact, please give brief details
Age	None identified
Disability	None identified
Gender reassignment	None identified
Marriage & Civil Partnership	None identified
Pregnancy & Maternity	Some staff who are pregnant may require wearing bracelets to help reduce the symptoms of nausea which are currently not permitted in line with current guidance for hand hygiene.
Race	None identified
Religion and Belief	Some staff of differing religions may wish to wear items of jewellery which have a religious meaning which are not currently permitted in line with current guidance for hand hygiene
Sex	None identified
Sexual Orientation	None identified
Other equality groups?	None identified.
Section 3	
Does this activity propose major changes in terms of scale or significance for LPT? For example, is there a clear indication that, although the proposal is minor it is likely to have a major affect for people from an equality group/s? Please tick appropriate box below.	
	<b>No</b>

High risk: Complete a full EIA starting click <a href="#">here</a> to proceed to Part B	Low risk: Go to Section 4.		
Section 4			
If this proposal is low risk, please give evidence or justification for how you reached this decision:			
Though it has been identified that hand hygiene guidance may have an impact on the characteristics of some of our LPT staffing groups the overall impact would remain low. In these circumstances where impact has been identified then further risk assessment would need to be undertaken and further advice and guidance sought from the IPC team on additional measures that may need to be put in place.			
Signed by reviewer/assessor	Claire King Infection prevention and control nurse	Date	03-05-2024
<i>Sign off that this proposal is low risk and does not require a full Equality Analysis</i>			
Head of Service Signed	Emma Wallis	Date	May 2024

## Appendix 10 Data Privacy Impact Assessment Screening

<p>Data Privacy impact assessment (DPIAs) are a tool which can help organisations identify the most effective way to comply with their data protection obligations and meet Individual's expectations of privacy.</p> <p>The following screening questions will help the Trust determine if there are any privacy issues associated with the implementation of the Policy. Answering 'yes' to any of these questions is an indication that a DPIA may be a useful exercise. An explanation for the answers will assist with the determination as to whether a full DPIA is required which will require senior management support, at this stage the Head of Data Privacy must be involved.</p>		
<b>Name of Document:</b>	<b>Hand Hygiene policy including Bare Below the Elbows Policy.</b>	
<b>Completed by:</b>	<b>Claire King</b>	
<b>Job title</b>	<b>Infection Prevention &amp; Control Nurse</b>	<b>Date 03-05-2024</b>
<b>Screening Questions</b>	<b>Yes / No</b>	<b>Explanatory Note</b>
<b>1.</b> Will the process described in the document involve the collection of new information about individuals? This is information in excess of what is required to carry out the process described within the document.	N	
<b>2.</b> Will the process described in the document compel individuals to provide information about them? This is information in excess of what is required to carry out the process described within the document.	N	
<b>3.</b> Will information about individuals be disclosed to organisations or people who have not previously had routine access to the information as part of the process described in this document?	N	
<b>4.</b> Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used?	N	
<b>5.</b> Does the process outlined in this document involve the use of new technology which might be perceived as being privacy intrusive? For example, the use of biometrics.	N	
<b>6.</b> Will the process outlined in this document result in decisions being made or action taken against individuals in ways which can have a significant impact on them?	N	
<b>7.</b> As part of the process outlined in this document, is the information about individuals of a kind particularly likely to raise privacy concerns or expectations? For examples, health records, criminal records, or other information that people would consider to be particularly private.	N	
<b>8.</b> Will the process require you to contact individuals in ways which they may find intrusive?	N	

If the answer to any of these questions is 'Yes' please contact the Data Privacy Team via [Lpt-dataprivacy@leicspart.secure.nhs.uk](mailto:Lpt-dataprivacy@leicspart.secure.nhs.uk)  
In this case, ratification of a procedural document will not take place until review by the Head of Data Privacy.

Data Privacy approval name:	N/A
Date of approval	

Acknowledgement: This is based on the work of Princess Alexandra Hospital NHS Trust