

Saint John of God Kerry Services

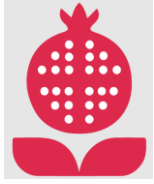
Hospitality - Compassion - Respect

39

Hand Hygiene Policy and Procedure

Saint John of God Kerry Services

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Policy and Procedure

Introduction

Hand Hygiene is recognised as the single most important measure in preventing the transmission of Healthcare Associated Infections (HCAI), particularly in health and social services. It is essential that a culture of hand hygiene is embedded at all levels and should be a quality standard in all health and social care services (Health Information and Quality Authority) **In Saint John of God Kerry Services the HSE Community Infection Prevention and Control Manual: A practical guide to implementing Standard and Transmission-Based Precautions in Community Health and Social Care Settings March 22 is the policy we adhere to for IPC guidelines. Along with The Standard operating procedure No 20SJOG.** Hand hygiene training is mandatory for all staff on induction and every 2 years thereafter.

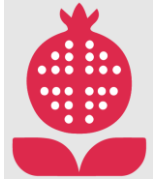
Standard Precautions – Hand Hygiene

Hand hygiene is the single most important procedure for preventing infection. Hand hygiene training is mandatory for all staff on induction and every 2 years thereafter. Please contact your supervisor for advice on how to access Hand Hygiene Training.

Hand Hygiene – the ‘5 Moments’ for Hand Hygiene Hand hygiene is one of the most effective actions to reduce the spread of pathogens and prevent infections, including the SARS-CoV-2 virus (WHO, 2021). The ‘5 moments’ for hand hygiene were developed by the World Health Organisation in 2009 as part of their “SAVE LIVES: Clean your Hands” initiative. The overarching aim of this worldwide initiative was to support healthcare workers to improve hand hygiene in health care and thus support the prevention of often life-threatening healthcare associated infection. The central core of SAVE LIVES: Clean Your Hands is that all healthcare workers should clean their hands at the right time and in the right way. The ‘My 5 moments for hand hygiene’ approach defines the key moments when healthcare workers should perform hand hygiene, and is relevant to all settings where care is delivered, for example residential care, primary care clinics, domiciliary care etc. This evidence-based, field-tested, user-centred approach is designed to be easy to learn, logical, and applicable in a wide range of settings.

How to perform Hand Hygiene

- The use of alcohol-based hand rubs (ABHRs) is considered the gold standard to decontaminate healthcare workers hands
- Use alcohol-based hand rubs that contain between 60% and 80% v/v ethanol or equivalent for all routine hand hygiene practices. Alcohol based hand rubs must meet EN 1500 standards, in line with the HPSC alcohol-based hand rub products specification which can be found at: <https://www.hpsc.ie/a-z/microbiologyantimicrobialresistance/infectioncontrolandhai/handhygiene/publications/>
- Use soap and water to clean hands that are visibly soiled



- In the presence of known or suspected *Clostridioides difficile* and viruses such as Norovirus hand hygiene must be performed as follows:
 - If gloves are worn and appear intact on removal, then alcohol-based hand rub remains the agent of choice for hand hygiene.
 - If gloves have not been worn, if gloves have been breached or if there is visible contamination of the hands despite glove use, use soap and water to facilitate the mechanical removal of spores.
 - After washing, hands should be dried thoroughly with a single-use paper towel.
- Staff should perform hand hygiene using the recommended techniques referenced in Appendix 1 and 2. (Alcohol rub technique and handwashing technique)

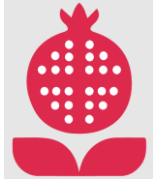
Hand Hygiene – protecting yourself and preventing the spread of infection.

- All cuts and abrasions on the hands of HCWs should be covered with a waterproof dressing
- Hand and wrist jewellery should not be worn while on duty (except for one plain metal band)
 - Wrist jewellery should not be worn. This includes wrist watches/bracelets/fitness trackers e.g. Activity trackers etc.
 - Nails should be kept clean and short. Nail polish/acrylic/gel, nail art or false nails should not be worn by HCWs while on duty.
 - A ‘Bare Below Elbows’ dress code should apply to all health and social care staff
 - Hand hygiene also includes caring for the hands to maintain intact skin. Regular use of hand lotion is recommended.
 - The use of nail brushes (unless doing a surgical scrub); cloth towels or bar soap is not recommended for health and social care staff while on duty.
- Electric hand dryers are not recommended for use in clinical areas.

Hand Hygiene – service users

- Service users should be educated on the benefits and techniques involved in hand hygiene
- Staff who visit service user’s homes must have a supply of alcohol-based hand rub to use in the course of their work. Hand hygiene facilities in the domiciliary setting vary widely.
 - If appropriate, and following discussion with service users regarding the importance of hand hygiene, healthcare workers who visit homes may request that they are provided with liquid soap and disposable paper towels (e.g. kitchen towels) to facilitate hand hygiene in the service users’ home.
 - This will not always be appropriate and staff who are concerned about their ability to perform hand hygiene in the home should discuss this with their line manager.
 - Managers will undertake an IPC risk assessments relevant to the setting.
- HCWs should assist those service users unable to perform hand hygiene independently, especially after using the toilet and before meals. Access to hand wash basins/soap/clean towels should be provided as a primary method of hand cleaning for service users. Alcohol based hand rub/hand wipes may also be used.

Hand Hygiene – equipment and supplies Each health care setting should have adequate hand hygiene facilities including if appropriate designated clinical hand wash sinks, wall mounted soap dispensers (with disposable cartridges) and paper towel dispensers, foot pedal-operated waste bins and alcohol-based hand rub dispensers. Soap should be non-coloured/non-perfumed to prevent risk of skin reactions/sensitivity. Antibacterial soap is generally not required in community settings, if it is considered essential, please discuss with IPC team



(external). In clinical areas taps should be hands-free: elbow, knee or foot pedal operated or automatic. Hand wash sinks should have mixer taps that allow mixing of hot and cold water and delivery through a single tap. Alcohol based hand rub are available in various containers and can be made available in wall mounted dispensers or carried by staff in smaller sized bottles. These portable bottles can be clipped to uniforms/ Clothes (avoid being placed in pockets). Bottles and containers should not be topped up. A local risk assessment should be carried out to determine if there are any safety issues regarding the placement of alcohol gel dispensers in residential or healthcare facilities. Avoid placing dispensers next to soap dispensers at the hand washing sinks. It may not be advisable to place alcohol gel dispensers within reach of small children or service users with alcohol dependency.

Hand Hygiene – training requirements for staff: It is mandatory that all staff who are currently in employment in health and social care complete hand hygiene training on induction and at least every two years after that. Hand hygiene updates may be provided in addition to this training as part of an IPC action plan, for example during an outbreak. Documentation relating to all IPC training undertaken by staff should be maintained. These training records should be available locally for external inspections and should include category of health care worker.

The following hand hygiene training approaches are recommended:

- Face to face learning theory and practical skills learning from an approved HSE Hand Hygiene Trainer.
- Blended approach – online e-learning theory module followed by practical skills learning from HSE approved Hand Hygiene Trainer or IPCN. The HSE's online Hand Hygiene e-learning module is available on www.hseland.ie. If you are unsure who can deliver this training to your service contact your line manager.

The Hand Hygiene Programme aims to:

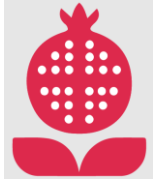
- Highlight the importance of hand hygiene in preventing the transmission of infection.
- Promote the successful implementation of hand hygiene practices by all healthcare workers, at the right time and in the right way (SARI, 2005; WHO, 2009 and 2012).
- Create a culture where service users, their relatives, carers and visitors are informed of the importance of practising hand hygiene (HIQA, 2009).

Responsibilities

1. Healthcare Workers

All Healthcare Workers are responsible for:

- Complying with and promoting hand hygiene best practice.
- Attending hand hygiene education (hseland.ie).
- Be assessed in their hand hygiene knowledge and practice every two years.
- Healthcare workers should have short, clean fingernails and not wear artificial fingernails or nail polish. Generally, healthcare workers should not wear jewellery, but a single plain band ring may be ok in many settings



2. Hand Hygiene Trainers

The Manager/Supervisor will support the hand hygiene trainer by:

- Notifying all staff of the Hand Hygiene Trainer and their role in assessing all staff in hand hygiene.
- Ensuring that each new member of staff is required to attend hand hygiene education and practice session.
- Ensuring that all staff are facilitated to participate in hand hygiene education and are reassessed every 2 years.
- Facilitating time for the assessors to carry out education.
- Facilitating the assessors to attend relevant education provided by the Infection Prevention and Control Nurses/Centres for Nurse Education.
- Facilitating HR administration of the Hand Hygiene Programme with regard to record keeping for those who have been assessed, etc.
- Formally addressing breaches in adherence to hand hygiene procedures.

The Hand Hygiene Assessors are the persons identified by the Regional Director/ Programme Manager/Supervisor/PIC to educate and assess staff hand hygiene knowledge and technique.

All Hand Hygiene Assessors / Trainers have attended the programme The National Hand Hygiene Training Programme. Thereafter all hand hygiene assessors must attend an update as required.

Hand Hygiene Assessors/ Trainers are role models to improve hand hygiene practice and are responsible for:

- Educating staff as above in Hand Hygiene using approved programme

3. Infection Prevention and Control Nurse

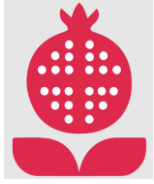
The IPCN which is available through Public Health Department from the HSE is available for onsite visits and consultations where required by the Service.

Promotion of Hand Hygiene

Suggestions:

- Encourage individuals to take a more active role and
 - 1). Include visual Hand Hygiene procedures in St John of God Kerry Services.
 - 2). As an agenda item at a Residents House Meeting / Day Service meetings.
- Provide a hand hygiene promotion day for residents, visitors and staff.
- Include Hand Hygiene as an agenda item for staff meetings/ induction
- Circulate recently published hand hygiene evidence, upcoming training, new posters and leaflets.

It is the responsibility of each supervisor /co-ordinator to be kept informed as to what assessors are available to conduct staff assessments in their respective areas.



Breaches in adherence to hand hygiene procedures

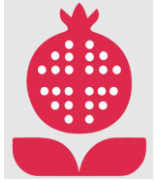
All staff have a responsibility to promote and role model hand hygiene best practice.

Breaches in hand hygiene procedures include the following but are not limited to:

- Wearing hand or wrist jewellery
- Long nails, wearing nail varnish or artificial or gel nails
- Wearing long sleeves when carrying out hand hygiene
- Not carrying out hand hygiene at the right time or in the right way
- Not adhering to hand hygiene best practice, examples include:
 - 1). Inappropriate or incorrect use of alcohol hand rubs.
 - 2). Inappropriate glove usage.

Breaches in hand hygiene procedures will be addressed:

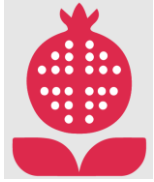
- Highlight the breach when seen and requesting the relevant personnel to take remedial action immediately.
- Inform staff member supervisor of the breach noted.
- Arrange for education and Training to be carried out again.



References:

Community Infection Prevention and Control Manual: A practical guide to implementing Standard and Transmission-Based Precautions in Community Health and Social Care Settings (2022)

Standard Operating Procedure for Infection Prevention Control in line with the HSE Community Infection Prevention and Control Manual (Intellectual Disability and Mental Health Services) SJOG 2023



Appendices

Appendix 1 and 2-

Alcohol rub technique and handwashing technique

Hand Hygiene Technique How to Hand Wash www.hpsc.ie/publications/posters/

How to Hand Rub using Alcohol Gel www.hpsc.ie/publications/posters/f.

