

	NHS GREATER GLASGOW AND CLYDE BOARD INFECTION CONTROL COMMITTEE	Effective From	December 2025
	Hand Hygiene Aide Memoire	Review Date	December 2027
		Version	1
<p>The most up-to-date version of this document can be viewed at the following web page: www.nhsggc.scot/hospitals-services/services-a-to-z/infection-prevention-and-control</p>			

Hand Hygiene Aide Memoire

Are your hands visibly clean?
 Are they free from body fluids?
 Is your patient free from D&V?

YES



NO



✓ Alcohol Based Hand Rub is appropriate -

Use Alcohol Based Hand Rub (ABHR) for 20-30 seconds utilising a Six Step technique
 Continue rubbing until dry
 No maximum times for use when ABHR is appropriate

✓ Hand Wash is appropriate -

Use plain soap and water for 20-30 seconds utilising a Six Step technique
 Wet hands before applying soap

✓ Moisturising cream -

Use only supplied or prescribed cream
 Use when required at work
 Not to be used for every patient contact or episode of Hand Hygiene

- ABHR should never be utilised on gloves or hard surfaces
- Utilise the QR code for all Hand Hygiene resources

Hand Hygiene prevents the spread of infection. Staff must clean their hands at each of the 5 Moments:

- ✓ Before patient contact
- ✓ Before clean/aseptic task
- ✓ After body fluid exposure
- ✓ After patient contact
- ✓ After patient environment contact

Hand Hygiene must take place immediately before and after use of gloves/PPE

Staff must be Bare Below the Elbows for Hand Hygiene and patient contact:

- No hand/wrist jewellery including wristwatches or fitness trackers
- A single plain metal ring may be worn. Rings with stones must not be worn.
- Religious bracelets/bangles must be moved up the forearm.
- No wristwatches/smart watches
- No long sleeves
- Nails must be kept clean and short and without nail varnish or nail treatments.



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Additional Information

Clinical settings	<ul style="list-style-type: none"> • In clinical settings there must be sufficient accessible clinical hand wash basin (CHWB) of a size to enable effective hand washing to take place. “Sufficient” is defined via the NHS building note. • CWHBs should have elbow, wrist, foot, or automatic mixer taps which have a combined pillar and no plug or overflow. Water should not be discharged directly into an outlet. • Paper towels must be available and wall mounted in a dispenser. • Plain foaming/liquid soap must be available and wall mounted in a dispenser. The dispenser must not be topped up and re-used. • Liquid antimicrobial soap should be available where a surgical scrub is anticipated. <p>N.B. bar soap must not be supplied for clinical use</p>
Hand washing facilities should:	<ul style="list-style-type: none"> • Only be used for the purpose of hand washing. • Must NOT be used for disposal of any body fluids, waste water or beverages. • ABHR must be within expiry date and available in a wall mounted or free standing dispenser. • Hands free, foot operated bins must be available for waste disposal. • 6 steps poster should be available at every CWHB. • Where ABHR is present at ward or department entrances then hand hygiene technique posters must be displayed. When admitting visitors to the area they should be instructed on how to use the ABHR.