



Local Managers should communicate these key IPC messages to their staff at handovers, staff meetings, huddles etc.

**Introduction:** Hand hygiene is the single most important, simplest, and most cost effective means of reducing the prevalence of Healthcare Associated Infections (HAIs) and the spread of antimicrobial resistance. It has a role to protect both the public and members of staff from acquiring micro-organisms (germs) which may cause them harm. Up to 50% of all HAIs could be prevented if people cleaned their hands. In Scotland, approximately 1 in 22 acute adult inpatients had at least 1 HAI as recorded in the 2016 Point Prevalence Survey. Patients suffer harm because members of staff neglect to carry out hand hygiene or do it properly. This can lead to infection and in some cases, Sepsis. This is a severe reaction to infection affecting 200,000 people in the UK annually and leading to 1,400 fatalities every day across the globe.

### Key information:

**When? - WHO 5 Moments for Hand Hygiene** are the times hand hygiene is mandatory, to prevent the spread of infection.

1. before touching a patient
2. before clean/aseptic procedures
3. after body fluid exposure risk
4. after touching a patient
5. after touching patient surroundings

**What? - Alcohol Based Hand Rub (ABHR)** should be used when hands are visibly clean; no skin contact with body fluids and patient has no gastro-intestinal issues. No maximum times ABHR can be used before hand washing is necessary. Soap and water should be used when hands are visibly dirty, contact with body fluids or the patient has loose stools or vomiting, known or suspected *Clostridioides Difficile* or Norovirus. Recontamination can occur when touching taps or bin lids.

### Bare below the elbows -

- Uniforms/clothing sleeves should be at elbow level during patient or environment contact and episodes of hand hygiene.
- Nails should be cut short with no nail polish (clear or otherwise) or false nail products
- Remove all hand and wrist jewellery including watches, Fitbits, Garmins and other tech devices. One plain band ring may be worn.

**Technique and Time** – The 6 Step technique should be utilised for all hand hygiene, lasting between 20-30 seconds for technique alone. ABHR should continue to be rubbed in till dry.

**Your 5 moments for HAND HYGIENE**

- 1 **BEFORE PATIENT CONTACT**
- 2 **BEFORE ASEPTIC TASK**
- 3 **AFTER BODY FLUID EXPOSURE RISK**
- 4 **AFTER PATIENT CONTACT**
- 5 **AFTER CONTACT WITH PATIENT SURROUNDINGS**

**6 Step Hand Hygiene Technique**

- 1 Pains to palm.
- 2 Right palm over left dorsum and left palm over right dorsum.
- 3 Pains to palm, fingers interlaced.
- 4 Backs of fingers to opposing palms with fingers interlocked.
- 5 Rotational rubbing of right thumb clasped in left palm, then vice versa.
- 6 Rotational rubbing, backwards and forwards with clasped fingers of hand to left palm then vice versa.

Germes. Wash your hands of them.

**Skin Health** – Emollient creams are provided to help counter act the drying effects of hand hygiene. It can be used throughout your working day for this purpose. Line management should be informed of any chronic skin issues and if required a referral or self referral to Occupational Health can be made.

**Products** – Only use products as supplied by **NHSGGC**. Other soaps, ABHRs and creams may not be tested for efficacy and can destroy gloves when used.

For further information, guidance and resources, visit the NHS GGC Infection Prevention and Control web page or contact your local IPCT