

The Newcastle upon Tyne Hospitals NHS Foundation Trust

Hand Hygiene Standard

Effective: June 2008

Review: June 2009

1. Introduction

The most simple and effective way to prevent Healthcare Acquired Infections (HCAs) is by undertaking effective hand hygiene. The Trust [Hand Hygiene Policy](#) has been in place since June 2007. The Hand Hygiene Standard compliments the policy by clarifying its purpose and expectations of performance.

2. Purpose

This policy is intended to ensure that all members of clinical and non clinical staff including students working within the Newcastle upon Tyne Hospitals NHS Foundation Trust (NuTH) adhere to and practice good hand hygiene technique. This is necessary to ensure a safe environment for patients, carers, public and other staff in the interests of preventing and controlling the spread of infection.

The key principles and aims of the policy are:

- Ensuring a safe environment for patients, staff, carers and public in NuTH
- Prevention of Health Care Acquired Infection.
- Achieving and sustaining a minimum 95% compliance with hand hygiene audit
- Ensuring that all staff receive hand hygiene training as part of the mandatory infection prevention and control training.

3. Responsibilities

All staff are responsible for ensuring their own practice complies with this policy, and for encouraging others to do so.

All staff are also required to adhere to the [Trust Dress and Appearance Policy](#), which includes direction for Clinical Staff to ensure compliance with “Bare Below the Elbow”.

4. Training

Training in hand hygiene is mandatory on an annual basis as part of infection prevention and control training for all staff working in NuTH.

Training in hand hygiene will be provided as follows:

- First day generic awareness information (delivered at corporate induction)
- Annual update for all Trust staff delivered in the following 3 ways:
 - By accessing, completing and passing the e-learning infection control level 1 programme
 - By attendance at any of the NuTH hand hygiene drop in sessions run by the infection control team or an infection control link person who has been trained to deliver the session

5. Audit

Adherence to this Standard and Policy will be monitored by hand hygiene audits. Hand Hygiene audits are required weekly in all wards/departments across the Trust.

Hand Hygiene audits are to be undertaken using a system of peer review. This is coordinated by the Matrons/Heads of department.

Trust policy focuses on the NPSA guide to hand hygiene and the “5 moments for hand hygiene” adapted from the World Health Organisation.

Audit should therefore focus on clinical care-

- Before patient contact
- Before an aseptic task
- After body fluid exposure risk
- After patient contact
- After contact with patients surroundings.

6. Performance Management

Achievement of 95% compliance, or above, is required in all Hand Hygiene Audits. When 95% compliance is sustained the frequency of audit will be reviewed by the Director for Infection Prevention and Control and the Nursing and Patient Services Director. If 95% compliance is not achieved the following action will occur.

Week one: Review by Infection Control Nurse to ensure correct audit process in place. Matron required to remind all staff of and hygiene standard/policy.

Week two: Review by Infection Control site lead, Head of Nursing/Matron with follow up of individuals where possible. Additional training provided in clinical setting by Infection Control Nurses and Link Nurses.

Week three: Indepth investigation and review by Nurse Consultant Infection Control and Assistant Director of Quality, followed by review meeting with the Directorate Management Team, The DIPC, Medical Director and the Nursing and Patient Services Director. Where the investigation identifies a system failure support and guidance will be given to the Directorate. Where reckless behaviour/misconduct is identified the Trust disciplinary policy will be invoked.

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