

Hand hygiene

LCC IPC Guidance

Next Review October 2025

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Developed by:	The IPC Team on behalf of the Lancashire County Council
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Hand hygiene (hand decontamination)

What is hand hygiene?

Hand hygiene is the foundation of good infection prevention and control.

The following general guidelines for hand care should be followed when decontaminating hands with soap and water or an alcohol-based hand rub.

- Staff who deliver 'hands on' care should be 'bare below the elbows'.
- Short sleeves should be worn to allow access to the wrist to ensure good hand washing technique.
- Keep nails short, no nail varnish, artificial extensions, or gel etc.
- No wrist watches or jewellery should be worn around the wrist.
- Only one plain ring with no stones should be worn.
- Cover all cuts/abrasions with a waterproof dressing that completely covers the wound.
- Ensure liquid soap and disposable paper towels are of good quality.
- Use alcohol hand rub where appropriate, e.g. in the absence of the ability to wash hands with soap and water.
- Hand cream can be applied to protect skin from drying.
- Staff with skin conditions such as dermatitis should seek expert advice for treatment and management (Occupational Health)
- Advice should be sought from Occupational Health if a potential reaction to soap/hand cream is suspected.

Hands must be decontaminated:

- Before touching a service user.
- Before a clean/aseptic procedure.
- After body fluid exposure risk.
- After touching a service user.
- After touching the service user surroundings.

When to wash your hands with soap and water

Use the nine-stagehand washing technique (appendix 1) when hands are visibly soiled or potentially contaminated with dirt or organic material. Effective hand washing with a non-medicated liquid soap will remove transient micro-organisms and is adequate hand decontamination for everyday clinical practice.

- Before and following any activity that may soil your hands, e.g. after going to the toilet.
- Before direct hands-on contact with a client.
- After direct hands-on contact with a client.
- After handling any body fluids or waste or soiled items.
- After handling specimens (i.e. urine sample).
- Before preparing, handling, or eating food.
- Before putting on gloves.
- After removing gloves.
- Before commencing work and leaving a work area.
- Before performing invasive care (for example catheter care, wound dressing, handling gastrostomy tubes, P.E.G. feeds).
- Following disposal of any waste.
- Following environmental cleaning.

How to wash your hands

- Roll up long sleeves.
- Wet hands under warm running water.
- · Apply soap.
- Rub hands using the technique described in the diagram shown in appendix 1
- Dry hands thoroughly

Alcohol based hand rub

Alcohol based hand preparations offer an acceptable alternative to hand washing when the hands are not grossly soiled, as they do not remove dirt and organic material.

- If decontaminating hands with an alcohol-based hand rub, hands must be free from dirt and organic material.
- Ensure all surfaces of the hand are covered in the solution.
- Rub hands together vigorously until the solution has evaporated and hands are dry.
- Alcohol based hand rub should <u>not</u> be used in cases of diarrhoea and vomiting where handwashing should always be carried out.

Hand drying

- Wet surfaces transfer micro-organisms more effectively than dry ones.
- Ensure your hands are dry using paper towels as available, or a hand dryer.
- Inadequately dried hands are susceptible to skin damage.
- Regular use of a moisturising hand cream will help prevent skin damage.

Follow the WHO 5 moments for hand hygiene (appendix 1)

Appendix 1

Hand hygiene Audit tool

Key Points

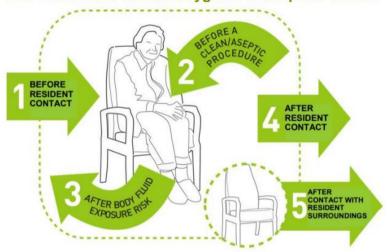
- The purpose of the audit tool is to ensure staff are observed undertaking the correct hand hygiene technique, and that all staff are compliant with the BBE (bare below the elbow) policy.
- All columns should be completed.
- In the event of non-compliance, action plans should be produced and reviewed regularly.
- Completed audit tools should be kept locally for good practice assurance and as evidence for CQC inspections.
- During clinical situations, where possible, staff should be observed undertaking 'Key Moments'

Staff should be 'Bare Below the Elbows' (BBE) when delivering direct care to residents. BBE is being free from long sleeved clothing, wrist, and hand jewellery (other than one plain band ring). Long sleeves, if worn, should be rolled, or pushed up to the elbows. Fingernails should be short and clean, no nail varnish, false or acrylic nails, nail extensions or nail jewellery.

Auditor:		Unit/Location:			Date:	
Observation	Staff member being observed	Key Moments	Staff BBE including no nail varnish, acrylic nails, or Jewellery	Any opens wounds covered with a dressing	The correct hand hygiene technique was used	Paper towels are disposed of without touching lidded bin
No. 1		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
No. 2		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
No. 3		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
No. 4		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
No. 5		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
No. 6		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
No. 7		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
No. 8		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
No. 9		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
No. 10		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

KEY MOMENTS FOR HAND HYGIENE

Your 5 moments for hand hygiene at the point of care



1	BEFORE RESIDENT CONTACT	WHEN? Clean your hands before touching a resident when approaching him/her. WHY? To protect the resident against harmful germs carried on your hands.
2	BEFORE A CLEAN/ASEPTIC PROCEDURE	WHEN? Clean your hands immediately before any clean/aseptic procedure. WHY? To protect the resident against harmful germs, including the resident's own, from entering his/her body.
3	AFTER BODY FLUID EXPOSURE RISK	WHEN? Clean your hands immediately after an exposure risk to body fluids (and after glove removal). WHY? To protect yourself and the healthcare environment from harmful resident germs.
4	AFTER RESIDENT CONTACT	WHEN? Clean your hands after touching a resident and her/his immediate surroundings, when leaving the resident's side. WHY? To protect yourself and the healthcare environment from harmful resident germs.
5	AFTER CONTACT WITH RESIDENT SURROUNDINGS	WHEN? Clean your hands after touching any object or furniture in the resident's immediate surroundings when leaving—even if the resident has not been touched. WHY? To protect yourself and the healthcare environment from

PLEASE WASH YOUR HANDS



8) Rinse hands under running water