Standard Operating Procedure for Handwashing audits for Hosts

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# Introduction

BrisDoc is firmly committed to its values and in keeping with them, deliver the highest possible standard of Infection Prevention Control (IPC) that is both safe and clinically effective to all our patients, staff, and community.

Patients, Clinicians and Operations staff are put at potential risk of developing a healthcare-associated infection with contaminated hands. Hand hygiene is considered a primary measure for reducing the risk of transmitting infection among patients and health care personnel. It is the simple but most effective way of preventing infection and the spread of disease.

The purpose of hand hygiene is to remove or destroy any pathogenic microorganism. This prevents microorganisms being transferred to other people and protecting individual clinicians. A good hand washing technique is more important than the kind of product used.

This SOP will enable Operations and Clinical staff to have increased awareness about the importance of correct techniques of handwashing, the importance of good hand hygiene as well as record each encounter of handwashing and monitor the data to ensure the organisation is delivering on its goals of hand washing.

# Definitions

**Hand hygiene:** Hand hygiene is a way of cleaning one's hands that substantially reduces potential pathogens (harmful microorganisms) on the hands.

**Infection prevention and control:** Infection prevention and control (IPC) is a practical, evidence-based approach preventing patients and health workers from being harmed by avoidable infections.

# Roles and responsibilities

**Team manager**: Identify all clinicians working at a base each month requiring audit and add to 'Handwashing Awareness tracker' for hosts which can be found on RADAR.

**Hosts**: Infection Prevention and control training non-clinical (statutory/legal) should be completed every three years accessed via online. Hosts are expected to perform the handwashing awareness with each clinician at a base and record this using the Handwashing Awareness Form which can be found on RADAR.

**Clinicians:** Infection Prevention and Control Training should be completed every three years. Clinicians are expected to follow the IPC guidelines when they are undertaking clinical work and to fully cooperate with hosts for hand washing awareness exercise as part of the IPC audit.

**IPC Lead:** IPC lead is expected to guide and support hosts and clinicians to follow IPC guidelines and be responsible for maintaining the IPC standards in each base. This includes:

* Base visit every month to support the handwashing and environmental audits
* Monitor hand washing audits at the end of each month and report to governance by completing the IPC spreadsheet.
* Keep up to date with new developments or changes in IPC and disseminate information to ensure that Brisdoc follows the national IPC guidelines.
* Promote training and education for IPC within the organization through the Clinical Newsletter or Operations Communications.

# Objectives of the Procedure

* Increase the awareness about the importance of hand hygiene within the organisation.
* Improve hand washing techniques among the clinicians.
* Encourage more clinicians to take part in the hand washing exercise by improving the accessibility of the service.
* Increase the awareness about the bare below culture in the clinical setting.
* Report and monitor hand washing data as per organisation’s goals.

# The Standard Operating Procedure

**5.1 Before performing hand hygiene:**

* expose forearms (bare below the elbow).
* if disposable over-sleeves are worn for religious reasons, these must be removed and disposed of before performing hand hygiene, then replaced with a new pair​.
* remove all hand and wrist jewellery. The wearing of a single, plain metal finger ring, eg a wedding band, is permitted but should be removed (or moved up) during hand hygiene.
* A religious bangle can be worn but should be moved up the forearm during hand hygiene and secured during patient care activities.
* ensure fingernails are clean and short, and do not wear artificial nails or nails products.
* cover all cuts or abrasions with a waterproof dressing.

**5.2 Using handwashing training kits for the audits:**

**** **GlitteryBug Potion and UV torch.**

Hand hygiene training kits are provided for each base which contains the essentials to demonstrate correct hand washing as shown in the picture above.

**How effective a clinician’s hand washing is can be demonstrated using the GlitterBug Potion.**

**This is a simple 3 step process:**

1. Ask the clinician to rub the Potion on their hands. Use the UV torch to show the glitters in the hands (acting as bugs!!!)
2. The clinician washes and dries their hands as normal. Please see the link below for the correct handwashing techniques that should be followed by the clinicians. <https://www.england.nhs.uk/wp-content/uploads/2022/09/nipc-manual-appendix-1-handwashing.pdf>
3. When placed under the UV torch any areas not washed properly will have glitters. It is the areas that are not washed properly where germs could survive the hand washing process and it is these areas the clinician needs to concentrate on to improve their hand cleaning.

Please watch the video below for more information on how to perform the hand washing exercise

# General rules about hand hygiene

**Wash hands with non-antimicrobial liquid soap and water if:**

* hands are visibly soiled or dirty.
* caring for patients with vomiting or diarrhoeal illnesses
* caring for a patient with a suspected or known gastrointestinal infection, eg norovirus or a spore-forming organism such as clostridium difficile.
* in all other circumstances, use alcohol-based handrubs (ABHRs) for routine hand hygiene during care.
* ABHRs must be available for staff as near to the point of care as possible.
* Where this is not practical, personal ABHR dispensers should be used, eg within the community, domiciliary care, mental health units etc.
* Where running water is unavailable or hand hygiene facilities are lacking, staff may use hand wipes followed by ABHR and should wash their hands at the first opportunity.

**Perform hand hygiene:**

* before touching a patient.
* before clean or aseptic procedures.
* after body fluid exposure risk
* after touching a patient; and
* after touching a patient’s immediate surroundings

# Recording

All Hosts will record the audit by completing the Handwashing Awareness Form (on RADAR) for every clinician they observe doing hand washing as per SOP and have an awareness raising conversation.

The data will be collated by the IPC Lead and reported monthly to the Quality meeting.

# Frequency of Auditing and Reporting

1. Handwashing exercise in each base should be done once every week.
2. This will be reviewed by the IPC lead end of every month.
3. The Hosts will endeavour to carry out a handwashing exercise for every clinician at least once a year.
4. IPC is everyone’s business, so please take the opportunity to do handwashing exercise for non-clinical staff too whenever possible.

### Appendix one - Handwashing Awareness

**Handwashing Awareness Steps**

|  |  |  |
| --- | --- | --- |
| Clinicians name | | |
| Host Name | | |
| Date | Base | |
| **Steps** | | **Tick when complete** |
| ***Handwash preparation:*** | | |
| Bare below the elbows | |  |
| Remove all jewellery | |  |
| Reminder: fingernails should be clean, short and free from any nail products | |  |
| Clinician to apply Glitter bug spray all over front, back of hands and wrists | |  |
| Host shines UV light on clinicians' hands to show where bugs may sit. This will show up as glittery patches under the light. | |  |
| ***Handwashing steps:*** | | |
| Wet hands thoroughly with water | |  |
| Apply enough soap to cover all hand surfaces | |  |
| Rub hands palm to palm | |  |
| Right palm over the back of the other hand with interlaced fingers and vice versa | |  |
| Rub palm to palm with fingers interlaced. | |  |
| Back of fingers to opposing palms with fingers interlocked | |  |
| Rotational rubbing of left thumb clasped in right palm and vice versa | |  |
| Rotational rubbing, backwards and forwards with clasped fingers of right hand in the left palm and vice versa | |  |
| Rub each wrist with opposite hand | |  |
| Rinse hands with water | |  |
| Close tap by using elbow | |  |
| Dry thoroughly with paper towels | |  |
| Paper towels are disposed of without touching the waste bin lid | |  |
| ***Repeat hand check:*** | | |
| Shine UV light on clean hands and if no white marks show then hands have been cleaned thoroughly | |  |
| ***Recording the audit:*** | | |
| Host to log results on Handwashing Awareness for on Radar | |  |

### Appendix two - Handwashing Awareness Flowchart