Family Nursing & Home Care

Hand Hygiene and the use of Personal Protective Equipment Policy and Procedures

August 2023

Document Profile

Document Registration	Added following ratification
Type	Policy and Procedures
Title	Hand Hygiene and the use of Personal Protective Equipment Policy and Procedures
Author	Mo de Gruchy, Governance team
Category	Clinical
Description	Hand Hygiene and the use of Personal Protective Equipment Policy and Procedures
Approval Route	Organisational Governance Approval Group and Chief Executive Officer
Approved by	Organisational Governance Approval Group (OGAG) and Chief Executive Officer (CEO)
Date approved	OGAG 2/08/23 CEO 2/08/23
Review date	3 years from approval
Document Status	This is a controlled document. Whilst this document may be printed, the electronic version posted on the intranet is the controlled copy. Any printed copies of this document are not controlled. As a controlled document, this document should not be saved onto local or network drives but should always be accessed from the intranet.

Version control / changes made

Date	Version	Summary of changes made	Author
June 2023	3	Previous policy moved to new template. Whole document review. Minor revision of role titles and responsibilities. Hyperlink function removed from referred-to policies/Standard Operating Procedures (SOPs). Reference list checked and updated as necessary	Mo de Gruchy

CONTENTS

1. INTRODUCTION

1.1 Rationale

Preventing infections requires a range of methods including the adoption of 'standard precautions'. Standard Precautions underpin routine safe practice, protecting both staff and clients from infection (RCN 2017). They should be applied by all healthcare workers to all patients/clients in their care. Whilst a lot of emphasis in infection prevention and control focuses on achieving optimum hand hygiene, another principle of 'standard precautions' focuses on the use of Personal Protective Equipment (PPE).

Infection prevention and control is a top priority at Family Nursing & Home Care (FNHC) and this policy and procedures aim to ensure that all staff are aware of best practice in hand hygiene and the appropriate use of personal protective equipment. In addition to this, it also acknowledges that as staff may be at risk of harm from contact with substances hazardous to health, the use of PPE is necessary to manage this risk.

This policy draws upon relevant nationally recognised best practice guidance from organisations such as the National Institute of Clinical Excellence (NICE) and the Royal College of Nursing (RCN).

1.2 Scope

This policy and procedures apply to all staff including students and those seconded to FNHC or co-located from other areas. It is to be implemented where there is a risk of infection being transmitted and where staff may come into contact with harmful substances which necessitate the use of personal protective equipment to manage risk. The procurement process for appropriate protective clothing/equipment is not within the scope of this policy.

1.3 Role and Responsibilities

Chief Executive Officer

The Chief Executive Officer has overall responsibility for ensuring that:

- the requirements of this policy and procedures are met and that adequate resources are made available to meet the requirements of the policy
- the personal protective equipment available for use by staff adheres to current legislation
- systems are in place for monitoring this policy and procedures

Director of Governance and Care

The Director of Governance and Care has overall responsibility for:

- monitoring the effectiveness of policies, systems and procedures regarding medicines management
- monitoring medication incidents recorded through the incident reporting system (Assure) and report monthly figures at the Operational Governance Meetings
- providing post-incident support when required
- providing reports and trend analysis regarding incidents involving medication
- ensuring that training is delivered and monitored with records of attendance continually updated

- reporting levels of non-compliance at the Operational Governance meetings

Head of Quality and Safety

The Head of Quality and Safety has a responsibility to:

- lead on infection prevention and control practice including the auditing of infection prevention and control practice across the organisation
- update this policy/procedures
- work with others to promote best practice in infection prevention and control
- monitor incident trends across all areas and bring developing themes to the attention of the Quality and Governance Lead

Operational Leads/Line Managers

Operational Leads/Line Managers have a responsibility to:

- provide leadership and foster a culture of best practice in infection prevention and control
- promote adherence to this policy and procedures
- provide good role modelling and supervision for high standards in infection prevention and control
- undertake risk assessments and formulate risk management plans where there are issues regarding infection prevention and control and review regularly
- encourage reporting of all incidents of relating to infection prevention and control
- facilitate staff access to infection prevention and control training
- monitor staff compliance with mandatory infection prevention and control training
- take appropriate steps when staff report skin problems
- provide post incident support when required

All staff

Staff have a responsibility to:

- adhere to this policy and procedures and any other guidance and updates for good infection prevention and control practice
- ensure that personal protective equipment is worn correctly and appropriately
- ensure their own safety and that of others
- undertake mandatory infection prevention and control training
- report all infection prevention and control incidents to their line manager and through the incident reporting system (Assure)
- advise their line manager of any skin problems

2. POLICY

2.1 Hand Hygiene

"Hand hygiene is the term used to describe processes that render the hands of health care workers safe (having reduced the number of micro-organisms present that are acquired through activities involve touching patients, equipment or the environment in the workplace)" (RCN 2017, p.9). It includes hand washing and the use of alcohol gel.

The term 'hand decontamination' is sometimes used interchangeably with hand hygiene. "Hand hygiene is widely acknowledged to be the single most important activity that reduces the spread of infection" (BHTA 2018, p.1)

There are four stages to quality hand hygiene:

1. hand cleansing – a good hand washing technique is seen as a fundamental step and is regarded as best practice
2. hand sanitising – used when access to soap and water are not available – reduces the bacterial count on visibly clean hands
3. hand drying – after washing some bacteria remain on the hands and are more easily spread via wet hands than dry hands
4. hand moisturising/rebalancing – an important step in maintaining healthy skin condition

(BHTA 2018)

2.2 Personal Protective Equipment

Personal Protective Equipment (PPE), in the context of this policy, includes items such as gloves, aprons, masks and goggles or visors. Their selection and use should be based "on an assessment of the risk of transmission of micro-organisms to the patient and the risk of contamination of the healthcare practitioner's clothing and skin by patients' blood, body fluids, secretions or excretions" (NICE 2012, updated 2017).

Protective clothing is worn for the task intended/episode of care then removed. If gloves are required, a disposable plastic apron should also be worn.

When protective equipment is removed it should be disposed of via the appropriate waste stream and hands should be decontaminated.

FNHC Stores will maintain adequate supplies of protective equipment.

3. PROCEDURE

3.1 Hand Cleansing

3.1.1 When to clean your hands

Hands should be decontaminated in all of the following circumstances:

- immediately before every episode of direct patient contact or care, including aseptic procedures
- immediately after every episode of direct patient contact or care
- immediately after any exposure to body fluids
- immediately after any other activity or contact with a patient's surroundings that could potentially result in hands becoming contaminated

- immediately after removal of gloves

(NICE 2012 updated 2017 p.14)

There are '5 moments' for hand hygiene at the point of care (appendix 1) and these are:

- Before Patient Contact
- Before Aseptic Task
- After Body Fluid Exposure Risk
- After Patient Contact
- After contact with Patient Surroundings

(WHO 2009a)

3.1.2 Preparation

All clinic premises used by FNHC staff should have adequate hand hygiene facilities available which include, alcohol hand-rub, liquid soap (single use cartridge in a wall mounted dispenser, disposable paper towels and a foot operated bin for their disposal.

All patients receiving clinical care at home by FNHC staff should be asked, at their first visit, to provide liquid soap and kitchen roll or a clean hand towel for the sole use of clinical staff.

All wrist and hand jewellery should be removed. A plain wedding band is acceptable but should ideally be moved or removed when hand hygiene is being performed.

Cuts and abrasions should be covered with waterproof dressings.

If long sleeves are worn these should be rolled up prior to hand hygiene taking place and arms should remain bare below the elbows during care activities.

Fingernails should be kept short, clean and free from nail polish. Artificial fingernails/nail extensions should not be worn when providing patient care as they have been identified as sources of infection.

3.1.3 Hand Washing Technique

Hands that are visibly soiled, or potentially grossly contaminated with dirt or organic material, should be washed with liquid soap and water.

Hands should be made wet under tepid running water before applying liquid soap or an antimicrobial preparation.

The hand-wash solution should come into contact with all of the surfaces of the hand.

The hands should be rubbed together vigorously for a minimum of 10-15 seconds, paying particular attention to the tips of the fingers, the thumbs and the areas between the fingers.

The steps advocated by WHO (2009b) should be followed (appendix 2).

Nail brushes should not be used.

Hands should be rinsed thoroughly and dried using good quality paper towels, kitchen roll or a clean hand towel.

3.1.4 Decontamination using Alcohol Hand Rub

Hands should be free from dirt and organic material. Hands that are visibly soiled, or potentially grossly contaminated with dirt or organic material, should be washed with liquid soap and water.

The hand-rub solution should come into contact with of all surfaces of the hand.

The hands should be rubbed together vigorously, paying particular attention to the tips of the fingers, the thumbs and the areas between the fingers, until the solution has evaporated and the hands are dry.

The steps advocated by WHO (2009b) should be followed (appendix 3).

NICE (2012 updated 2017) recommend to "decontaminate hands preferably with a hand rub (conforming to current British standards)…", providing the hands aren't visibly soiled or contaminated with body fluids. However, when caring for patients with *Clostridium difficile* diarrhoea or a viral gastroenteritis such as *Norovirus,* alcohol hand rub is not recommended for hand hygiene. In these situations hands should be washed with liquid soap and water.

3.2 Hand Skin Care

An emollient hand cream should be applied regularly to protect skin from the drying effects of regular hand decontamination (NICE 2012, updated 2017). They should be used regularly, for example when off duty or going for breaks. All of the hands should be covered by the hand cream including the back of the hand and between the fingers (HPS 2016a)

Hand creams should not affect the efficacy of hand hygiene products (e.g. antiseptic agents) nor the integrity of gloves (HPS 2016a). There is potential for oil based products to damage gloves.

Do not use communal tubs of hand cream as there is potential for contamination (RCN 2017).

3.2.1 Occupationally Acquired Dermatitis

The ability to perform effective hand hygiene is reduced when staff have skin conditions such as dermatitis on their hands (RCN 2017). This places both the staff member and the patient at risk of infection.

According to the Health and Safety Executive (date unknown), health care workers are at a high risk of work-related skin disease. Historically, the use of gloves has focused on preventing contact with blood/body fluid, however, hands are also at risk from the use of chemicals.

Damaged skin poses risk to both staff and patients. This may be because the healthcare worker cannot carry out effective hand hygiene or through the damaged skin becoming infected.

Hand hygiene is important for good infection prevention and control practice, therefore if a particular soap, antimicrobial hand wash or alcohol product causes skin irritation, this should be reported.

Staff presenting with the signs and symptoms of work related dermatitis, from any cause, should report this to their Line Manager and via the Assure incident reporting system. Also refer to FNHC Staff Hand Skin Health Surveillance Policy.

An assessment of the risk of dermatitis from work activity should be undertaken (RCN 2017). Control measures might include a skin surveillance programme undertaken every few months by suitably trained personnel and an annual questionnaire (RCN 2022).

A referral should be made to Occupational Health where staff are experiencing skin problems (NICE, 2012 updated 2017).

Cases of work-related dermatitis and trends in skin surveillance results should be monitored by the organisation (RCN 2022).

3.3 Gloves

Gloves are not a substitute for handwashing. Hand hygiene should always be performed prior to gloves being put on and after their removal.

Gloves used for health care are disposable, single-use items and may be either sterile or non-sterile depending upon their intended use.

As exposure to micro-organisms and chemicals cannot be fully removed, FNHC will provide gloves for staff to manage this risk.

3.3.1 When to wear gloves

"Gloves should only be used if a risk assessment identifies them as necessary" (RCN 2017)

Gloves should be worn for:

- all activities assessed as carrying a risk of exposure to blood, body fluids, secretions or excretions
- invasive procedures e.g. urinary catheterisation
- contact with sterile sites
- contact with non-intact skin or mucous membranes
- all activities assessed as carrying a risk of exposure to sharp or contaminated instruments
- cleaning activities which involve the use of products which come under COSHH (Control of Substances Hazardous to Health) regulations

(NICE, 2012 updated 2017; RCN 2017)

Gloves should also be worn when patients are known to have an infection e.g. MRSA which could be passed on through the following type of contact:

- domestic cleaning
- making beds
- handling laundry
- changing patient's clothing

Gloves should be put on immediately before performing a task and removed as soon as the task is completed (RCN 2017).

Gloves should not be worn unnecessarily as prolonged or indiscriminate use may cause adverse reactions and skin sensitivity and an undermining of good hand hygiene practice (RCN 2017).

Gloves are single use items and therefore must never be reused.

3.3.2 Gloves and food handling

It is not a legal requirement for food handlers to wear gloves (Safe Workers 2023). If, following an assessment of risk, gloves are worn for food handling this should only be for a single task.

Hand hygiene should be performed before putting gloves on and after taking them off.

If a staff member who handles food has a cut on their hand, the cut should be covered with a brightly coloured waterproof dressing and a glove applied.

3.3.3 Choosing the correct gloves

Gloves should be appropriate for use and fit for purpose. Gloves used for direct patient care should conform to current EU legislation and should be appropriate for the task (NICE 2012, updated 2017).

Sterile gloves should be used where clinically indicated. Also see FNHC Aseptic Non Touch Technique Policy.

Gloves should be "…well-fitting to avoid interference with dexterity, friction, excessive sweating and finger and hand muscle fatigue" (RCN 2022 p.21). It is important, therefore, to choose the correct size of glove.

Neither powdered gloves nor polythene gloves should be used in clinical activities.

3.3.4 Supply and storage of gloves

Staff working in clinics or patients' homes should ensure that they have adequate supplies of the correct size and type of gloves.

Gloves are obtained from the Stores Department on receipt of the appropriate documentation. Staff are supplied with a plastic lidded box for their car in which their supply of gloves can be stored. It should be kept out of direct sunlight.

Ideally non-sterile gloves should not normally be decanted from the original box to ensure the expiry date is known and the integrity maintained. However, it is not always practical for staff to carry a box of gloves in their bag. In this situation they should decant sufficient gloves for the day into a sealable plastic bag to carry in their nursing/work bag for taking into patients' homes. Hands should be decontaminated before transferring gloves from the original box.

3.3.5 Changing, removal and disposal of gloves

"Gloves should be changed between caring for different patients and different care or treatment activities for the same patient" (NICE, 2012 updated 2017, p.16).

Hand hygiene should never be performed whilst wearing gloves and alcohol hand products should never be used to clean gloves.

Gloves should be disposed in the appropriate waste stream – in the home setting they should be double-bagged and placed in the client's household refuse container.

Hands should always be decontaminated after gloves have been removed.

For removal of gloves technique see appendix 4.

3.3.6 Natural Rubber Latex (NRL) Sensitivity

Sensitivity to natural rubber latex in patients, carers and healthcare personnel should be documented and alternatives to NRL gloves should be made available (NICE 2012 updated 2017).

Latex free gloves should be the gloves of choice supplied to staff by FNHC wherever this is practicable/appropriate.

Healthcare personnel with suspected sensitivity to NRL gloves should refer to the FNHC Latex Allergy Staff Policy and Procedure.

Where a patient has a known or suspected sensitivity to NRL this should be clearly documented in their community nursing record(s) with reference made to this on every care plan which involves the use of gloves or other latex products e.g. urinary catheters.

3.4 Disposable Plastic Aprons

3.4.1 When to wear a disposable plastic apron

- for direct contact with a patient when providing personal or clinical care
- for the preparation and serving of food and drinks
- for cleaning activities and bed-making

As a general rule of thumb, an apron should be worn any time gloves are required.

3.4.2 Colour of disposable plastic apron

The disposable plastic apron colour of choice for Family Nursing & Home Care staff carrying out domestic, personal and clinical care is blue. A white apron should be worn when preparing/serving food.

However, where there may be only one colour of disposable apron available, staff must use a clean disposable apron before preparing/serving food.

3.4.3 Changing, discarding and disposing of aprons

Plastic aprons should be worn as single-use items for one procedure or episode of patient care and then discarded and disposed of in the appropriate waste stream (NICE 2012 updated 2017).

See appendix 4 for how to put on and take off an apron correctly.

3.4.4 Supply and storage of aprons

Staff should ensure that they have an adequate supply of aprons which are obtained from the Stores Department on receipt of the appropriate documentation. Staff should collect their supply of aprons and store them in a plastic lidded box in the car which should be kept out of direct sunlight. Staff should decant an appropriate amount of aprons into a plastic bag to carry in their nursing/work bag for taking into patients' homes on each visit. Hands should be decontaminated before transferring aprons from the main supply.

Disposable plastic aprons should also be available in clinic rooms, ideally on a wall mounted dispenser.

3.5 Water Impermeable Gowns

3.5.1 When to wear a water impermeable gown

A water impermeable gown should be worn for procedures likely to cause extensive splashing of body substances onto the health care worker.

3.5.2 Putting on and taking off a water impermeable gown

See appendix 5 for correct procedure.

3.5.3 Disposal

Water impermeable gowns are single use items and should be disposed of in the appropriate waste stream.

3.6 Facial Protection

3.6.1 Masks

Where there is a suspected or confirmed infection that may be spread by an airborne route, a mask may be necessary.

A risk assessment should be used to determine the appropriate type of mask to use.

Masks should always be fitted correctly and handled as little as possible. They should be changed at the required time interval as per the manufacturer's recommendations (RCN 2017). If a mask becomes contaminated with body fluids, it should be changed immediately.

Surgical face masks should never be carried around in pockets nor worn around the neck. See appendix 5 for how to put on and take off a surgical face mask.

N.B "surgical masks are not PPE as defined under the European Directive 89/686" (RCN 2017 p.15).

3.6.2 Respiratory Protective Equipment (RPE)

Respiratory Protective Equipment e.g. FFP3 masks are not routinely used but will be made available should they be required. Advice regarding their use should be sought from the Infection Control Team. These masks should be considered for use when caring for a patient with "a known or suspected infectious disease spread wholly or partly by an airborne route" (HCS 2022b p.7). Examples of significant respiratory pathogens include, (but are not limited to) influenza, respiratory syncytial virus (RSV); tuberculosis, diphtheria, adenovirus and multi-resistant organisms.

Aerosol generating procedures (AGPs) are medical procedures that can result in the release of aerosols from the respiratory tract. The criteria for an AGP are a high risk of aerosol generation and increased risk of transmission (from patients with a known or suspected respiratory infection) (HCS 2022b p.8).

Aerosolisation is produced by procedures such as:

- Respiratory tract suctioning (beyond the oro-pharynx only)
- Tracheostomy procedures (insertion or removal)
- Induction of sputum

Note - This list is not exhaustive and does not include relevant procedures that would be performed in a hospital setting.

Staff should be “trained in the use and maintenance of PPE / RPE and have passed a Face-fit test (FIT) test with a competent person before it is used” (HCS 2022a, p.8). Also see FNHC Fit Mask Testing SOPs.

3.6.3 Eye Protection

Eye protection should be considered when there is a risk of contamination of the eyes by splashes and droplets, for example by blood, body fluids, secretions or excretions.

An individual risk assessment should be undertaken at the time of providing care to determine if eye protection is required.

Disposable, single-use eye protection is recommended.

See appendix 5 for how to put on and take off eye protection. Disposal of eye protection should be via the appropriate waste stream.

3.7 Education and Training

Relevant training will be provided for all staff in response to service need and audit outcomes.

4. CONSULTATION PROCESS

Name	Title	Date
Justine Le Bon Bell	Head of Education and Development	04.07.2023
Clare Stewart	Operational Lead RRRT	04.07.2023
Louise Hamilton	Team Lead RRRT	04.07.2023
Tia Hall	Operational Lead Adult Services	04.07.2023
Jo Champion	Team Lead DN Services	04.07.2023
Michelle Margetts	Team Lead DN Services	04.07.2023

5. IMPLEMENTATION PLAN

Action	Responsible Person	Planned timeline
Upload onto Procedural Document Library (PDL)	Secretary / Administration Assistant (Quality and Governance Team)	Within two weeks of ratification
Upload to Virtual College (VC)	Head of Education and Development	Within two weeks of ratification

Communication regarding updated policy on PDL and VC	Secretary / Administration Assistant (Quality and Governance Team)	Once uploaded onto PDL and VC

6. MONITORING COMPLIANCE

Clinical audit of infection prevention and control measures will be included in the organisation's Audit Programme.

7. EQUALITY IMPACT STATEMENT

Family Nursing & Home Care is committed to ensuring that, as far as is reasonably practicable, the way services are provided to the public and the way staff are treated reflects their individual needs and does not discriminate against individuals or groups on any grounds.

This policy document forms part of a commitment to create a positive culture of respect for all individuals including staff, patients, their families and carers as well as community partners. The intention is to identify, remove or minimise discriminatory practice in the areas of race, disability, gender, sexual orientation, age and 'religion, belief, faith and spirituality' as well as to promote positive practice and value the diversity of all individuals and communities.

The Family Nursing & Home Care values underpin everything done in the name of the organisation. They are manifest in the behaviours employees display. The organisation is committed to promoting a culture founded on these values.

Always:

- ✓ Putting patients first
- ✓ Keeping people safe
- ✓ Have courage and commitment to do the right thing
- ✓ Be accountable, take responsibility and own your actions
- ✓ Listen actively
- ✓ Check for understanding when you communicate
- ✓ Be respectful and treat people with dignity
- ✓ Work as a team

This policy should be read and implemented with the Organisational Values in mind at all times.

8. GLOSSARY OF TERMS

None

9. REFERENCES

British Healthcare Trades Association (2018) *Get Wise to Hand Hygiene* available at Decontamination & Infection Prevention – British Healthcare Trades Association (bhta.com) (last accessed 03.07.2023)

Health and Community Services (2022a) *Health and Safety Personal Protective Equipment (PPE) Policy.* Available at: Policy template HCS (last accessed 04.07.2023)

Health and Community Services (2022b) *Infection Prevention and Control Guidelines for Hospital and HCS Settings.* Available at P IPaC - Infection Prevention and Control Guidelines for Hospital and HCS Settings.pdf (last accessed 03.07.2023)

Health and Safety Executive (date unknown) *Work-related contact dermatitis in the health services* available at http://www.hse.gov.uk/skin/employ/highrisk/healthcare.htm (last accessed 03.07.2023)

Health Protection Scotland (2016a) *Standard Infection Control Precautions (SICPs) Literature Review: Hand Hygiene (Skin Care)* available at https://hpspubsrepo.blob.core.windows.net/hps-website/nss/2598/documents/1_sicp-lr-skincare-v3.0.pdf (last accessed 03.07.2023)

Health Protection Scotland (2016b) *Standard Infection Control Precautions Literature Review: Personal Protective Equipment (PPE) Gloves* available at https://hpspubsrepo.blob.core.windows.net/hps-website/nss/2607/documents/1_sicp-lr-gloves-v3.0.pdf (last accessed 03.07.2023)

Health Protection Scotland (2020) *Standard Infection Control Precautions (SICPs) Literature Review: Hand Hygiene Products* available at Control of the Environment Policy and Procedure (scot.nhs.uk) (last accessed 03.07.2023)

National Institute of Clinical Excellence (2012 updated 2017) *Healthcare-associated infections: prevention and control in primary and community care.* https://www.nice.org.uk/guidance/cg139 (last accessed 03.07.2023)

NHS National Patient Safety Agency (2008) Patient Safety Alert, second edition http://www.npsa.nhs.uk/nrls/alerts-and-directives/alerts/clean-hands-save-lives/ (last accessed 14/12/18)

Nursing and Midwifery Council (2018) *The Code: Professional standards of practice and behaviour for nurses and midwives* available at https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/nmc-code.pdf (last accessed 03.07.2023)

Royal College of Nursing (2017) Essential Practice for Infection Prevention and Control, Guidance for nursing staff, available at Essential Practice for Infection Prevention and Control| Royal College of Nursing (rcn.org.uk) (last accessed 03.07.2023)

Royal College of Nursing (2022) *Tools of the Trade guidance for health care staff on glove use and the prevention of contact dermatitis.* Available at Tools of the Trade | Publications | Royal College of Nursing (rcn.org.uk) (last accessed 03.07.2023)

Safe Workers (2023) *Which Gloves to Wear When Serving Food? Handling Guide UK. Available at* Which Gloves to Wear When Serving Food? Handling Guide UK (safeworkers.co.uk) (last accessed 03.07.2023)

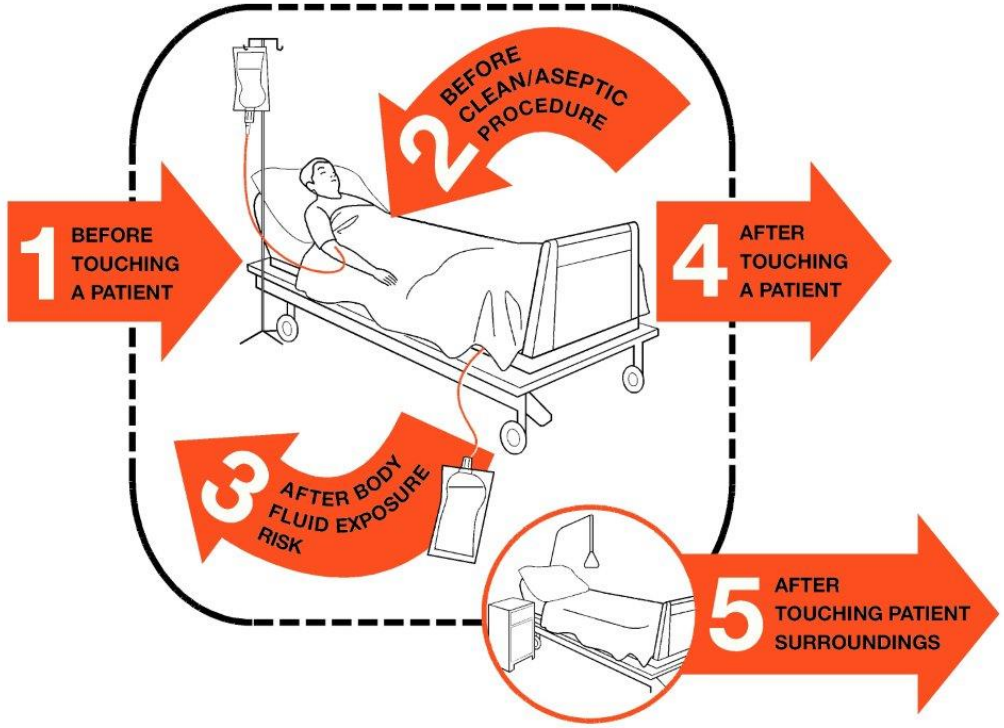
World Health Organisation (2009a) *Five moments for hand hygiene.* Available at WHO 5 moments of hand hygiene poster - Bing images (last accessed 03.07.2023)

World Health Organisation (2009b) *WHO guidelines on hand hygiene in health care.* Available at WHO guidelines on hand hygiene in health care (last accessed 03.07.2023)

10. APPENDICES

Appendix 1 WHO 5 Moments of Hand Hygiene

Your 5 Moments for Hand Hygiene



1	BEFORE TOUCHING A PATIENT	WHEN?	Clean your hands before touching a patient when approaching him/her.
		WHY?	To protect the patient against harmful germs carried on your hands.
2	BEFORE CLEAN/ ASEPTIC PROCEDURE	WHEN?	Clean your hands immediately before performing a clean/aseptic procedure.
		WHY?	To protect the patient against harmful germs, including the patient'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 health-care environment from harmful patient germs.
4	AFTER TOUCHING A PATIENT	WHEN?	Clean your hands after touching a patient and her/his immediate surroundings, when leaving the patient's side.
		WHY?	To protect yourself and the health-care environment from harmful patient germs.
5	AFTER TOUCHING PATIENT SURROUNDINGS	WHEN?	Clean your hands after touching any object or furniture in the patient's immediate surroundings, when leaving – even if the patient has not been touched.
		WHY?	To protect yourself and the health-care environment from harmful patient germs.

World Health Organization | Patient Safety — A World Alliance for Safer Health Care | SAVE LIVES Clean Your Hands

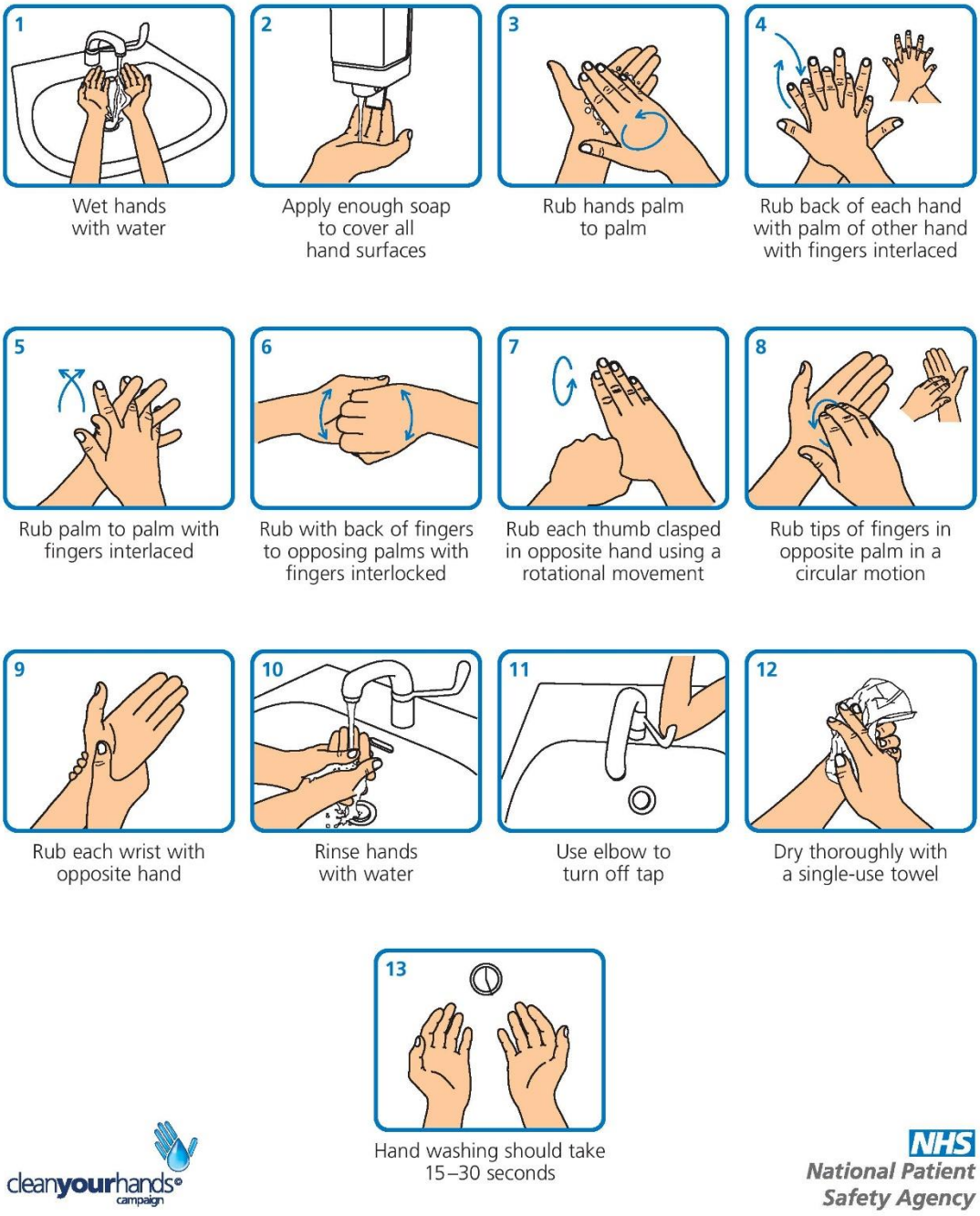
WHO acknowledges the Hôpitaux Universitaires de Genève (HUG), in particular the members of the Infection Control Programme, for their active participation in developing this material.

May 2009

Appendix 2 Handwashing technique soap and water

NHS

Hand-washing technique with soap and water



cleanyourhands campaign

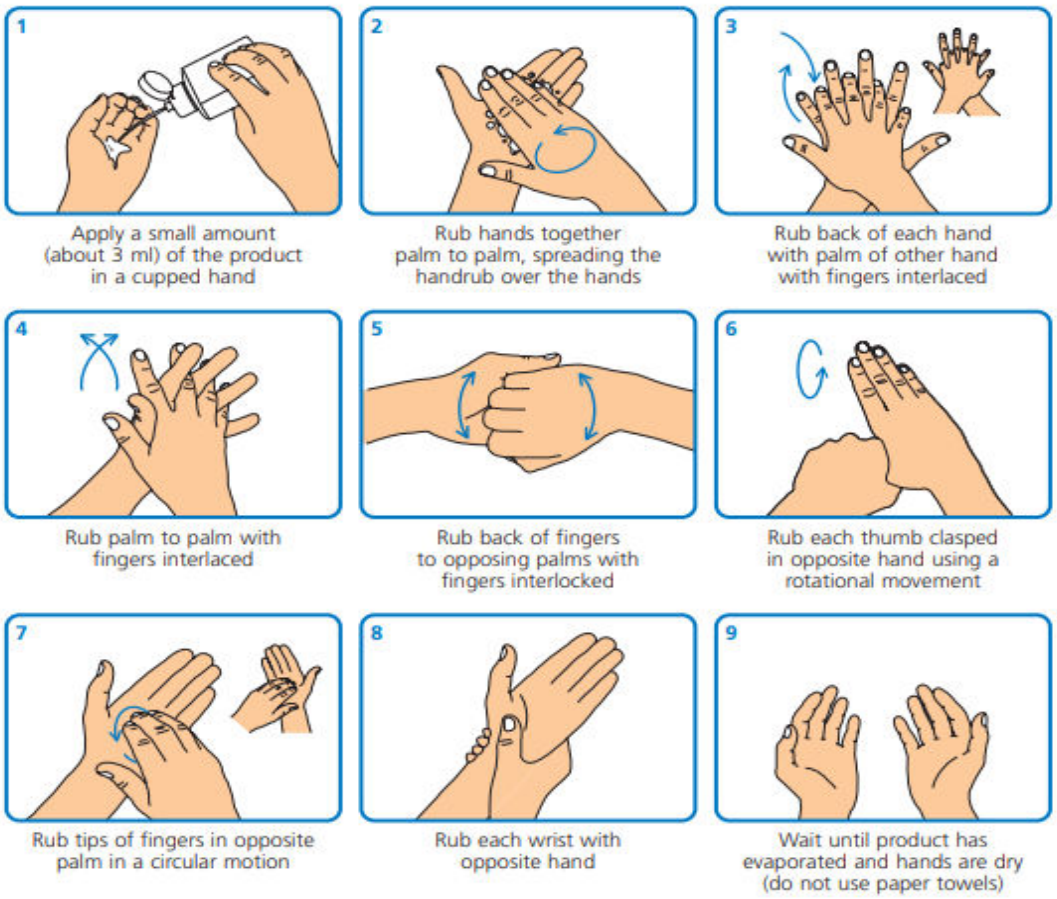
NHS National Patient Safety Agency

Adapted from World Health Organization *Guidelines on Hand Hygiene in Health Care*

Appendix 3 Alcohol handrub hand hygiene technique

NHS

Alcohol handrub hand hygiene technique – for visibly clean hands



cleanyourhands campaign

NHS National Patient Safety Agency

Adapted from World Health Organization *Guidelines on Hand Hygiene in Health Care*

Appendix 4 Donning and Doffing Standard PPE

Public Health England

Guide to donning and doffing standard Personal Protective Equipment (PPE)

for health and social care settings

Donning or putting on PPE

Before putting on the PPE, perform hand hygiene. Use alcohol handrub or gel or soap and water. Make sure you are hydrated and are not wearing any jewellery, bracelets, watches or stoned rings.

1. Put on your plastic apron, making sure it is tied securely at the back.

2. Put on your surgical face mask, if tied, make sure securely tied at crown and nape of neck. Once it covers the nose, make sure it is extended to cover your mouth and chin.

3. Put on your eye protection if there is a risk of splashing.

4. Put on non-sterile nitrile gloves.

5. You are now ready to enter the patient area.

Doffing or taking off PPE

Surgical masks are single session use, gloves and apron should be changed between patients.

1. Remove gloves, grasp the outside of the cuff of the glove and peel off, holding the glove in the gloved hand, insert the finger underneath and peel off second glove.

2. Perform hand hygiene using alcohol hand gel or rub, or soap and water.

3. Snap or unfasten apron ties the neck and allow to fall forward.

Snap waste ties and fold apron in on itself, not handling the outside as it is contaminated, and put into clinical waste.

4. Once outside the patient room. Remove eye protection.

5. Perform hand hygiene using alcohol hand gel or rub, or soap and water.

6. Remove surgical mask.

7. Now wash your hands with soap and water.

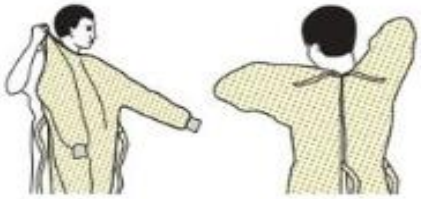
Appendix 5 Donning and Doffing Enhanced PPE

SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

1. GOWN

- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
- Fasten in back of neck and waist



2. MASK OR RESPIRATOR

- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit-check respirator

3. GOGGLES OR FACE SHIELD

- Place over face and eyes and adjust to fit

4. GLOVES

- Extend to cover wrist of isolation gown

USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene

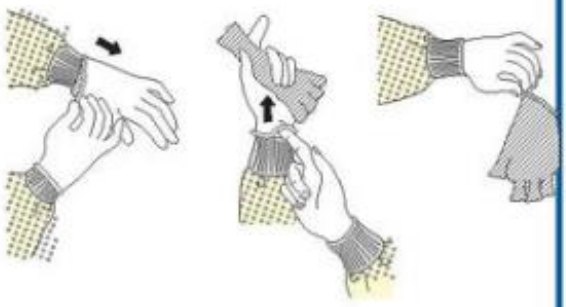
CDC

SEQUENCE FOR REMOVING PERSONAL PROTECTIVE EQUIPMENT (PPE)

Except for respirator, remove PPE at doorway or in anteroom. Remove respirator after leaving patient room and closing door.

1. GLOVES

- Outside of gloves is contaminated!
- Grasp outside of glove with opposite gloved hand; peel off
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist
- Peel glove off over first glovet
- Discard gloves in waste container



2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield is contaminated!
- To remove, handle by head band or ear pieces
- Place in designated receptacle for reprocessing or in waste container

3. GOWN

- Gown front and sleeves are contaminated!
- Unfasten ties
- Pull away from neck and shoulders, touching inside of gown only
- Turn gown inside out
- Fold or roll into a bundle and discard

4. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- Grasp bottom, then top ties or elastics and remove
- Discard in waste container

PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE

Appendix 6 Equality Impact Screening Tool

Stage 1 - Screening			
Title of Procedural Document: Hand Hygiene and the use of Personal Protective Equipment Policy and Procedures			
Date of Assessment	July 2023	Responsible Department	Governance
Name of person completing assessment	Mo de Gruchy	Job Title	Quality and Performance Development Nurse

Does the policy/function affect one group less or more favourably than another on the basis of :

	Yes/No	**Comments**
• Age	No	
• Disability Learning disability; physical disability; sensory impairment and/or mental health problems e.g. dementia	No	
• Ethnic Origin (including hard to reach groups)	No	
• Gender reassignment	No	
• Pregnancy or Maternity	No	
• Race	No	
• Sex	No	
• Religion and Belief	No	
• Sexual Orientation	No	

If the answer to all of the above questions is NO, the EIA is complete. If YES, a full impact assessment is required: go on to stage 2

Stage 2 – Full Impact Assessment			
What is the impact	**Level of Impact**	**Mitigating Actions** (what needs to be done to minimise / remove the impact)	**Responsible Officer**

Monitoring of Actions
The monitoring of actions to mitigate any impact will be undertaken at the appropriate level