



London Ambulance Service **NHS**
NHS Trust

Hand Hygiene and Care Policy

DOCUMENT PROFILE and CONTROL.

Purpose of the document: The aim of this policy is to set out best practice for achieving effective hand hygiene to minimise the risk of cross infection to patients, staff and all other service users, underpinned by the infection control policy and manual.

Sponsor Department: Medical Directorate

Author/Reviewer: Infection Control Co-ordinator. To be reviewed by Nov 2012.

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Amendment History			
Date	*Version	Author/Contributor	Amendment Details
29/09/2010	1.3	AOM for Infection Prevention and Control , Governance and Compliance Manager	Reference to TP056 and TNA added, minor reformatting
01/05/09	1.2	Records Manager	reformatted
18/03/09	1.1	Infection Control Co-ordinator	revised
11/08	0.1	Infection Control Co-ordinator and Head of Governance	First draft

***Version Control Note:** All documents in development are indicated by minor versions i.e. 0.1; 0.2 etc. The first version of a document to be approved for release is given major version 1.0. Upon review the first version of a revised document is given the designation 1.1, the second 1.2 etc. until the revised version is approved, whereupon it becomes version 2.0. The system continues in numerical order each time a document is reviewed and approved.

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SMG	17/11/08	1.0
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The Pulse	12/10/10	Governance Administrator	GCT
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Links to Related documents or references providing additional information		
Ref. No.	Title	Version
TP 027	Infection Control Policy (including quarterly IC audit)	
HS019	Infection Control Manual	
	Uniform Policy	
	London Ambulance Service / LSS Make Ready Manual	
	London Ambulance Service / ATOS Occupational Health Manual	

	Risk Assessment Policy	
	Health & Social Care Act 2008	
	Health Professions Council, Standard of Proficiency section 10	
	Joint Royal College Ambulance Liaison Committee (JRCALC) Clinical Practice Guidelines (2007)	
	Institute Healthcare Development (IHCD) Ambulance Service Basic Training Manual (2004)	
	IHCD Paramedic Training Manual	
	Department of Health (2007) Saving Lives: Reducing Infection, delivering clean and safe care. London: DH	
	Department of Health (2007) Uniforms and Work wear: an evidence base for developing local policy. London: DH	
	National Patient Safety Agency "cleanyourhands" campaign	
	Department of Health (2008) Ambulance Guidelines. Reducing infection through effective practice in the pre-hospital environment; Healthcare Associated Infection and Cleanliness Division. London: DH	
	National Patient Safety Agency (2008) "The national specifications for cleanliness in the NHS: A framework for setting and measuring performance outcomes.	
TP056	Core Training Policy (incl. TNA)	

Document Status: This is a controlled record as are the document(s) to which it relates. Whilst all or any part of it may be printed, the electronic version maintained in P&P-File remains the controlled master copy. Any printed copies are not controlled nor substantive.

1 Introduction

Healthcare associated infections (HCAI) are costly in both human and financial terms. Body secretions and skin surfaces of all healthcare workers can carry bacteria, viruses and fungi that are potentially infectious to them and others. Effective hand hygiene is the most important procedure for significantly reducing and preventing infection, leading to improved mortality and morbidity rates.

Current National policy relating to the control of infection in clinical settings identifies Hand Hygiene as the most important single issue in reducing the risk of cross infection. It forms a key part of the London Ambulance Service Infection Control Policy and Manual, the NHS Litigation Authority Risk Management Standards and the Health Act 2006 Code of Practice for the Prevention and Control of Healthcare Associated Infection.

The Health & Social Care Act 2008 includes a requirement that *'so far as reasonably practicable patients, staff and other persons are protected against the risks of acquiring HCAI through the provision of appropriate care in suitable facilities consistent with good clinical practice'*.

2 Scope

This policy sets out best practice for achieving effective hand hygiene to minimise the risk of cross infection to patients, staff and all other service users, underpinned by the infection control policy and manual.

3 Objectives

This policy has been developed as part of the London Ambulance Service NHS Trust's ongoing commitment to promote the highest standards of infection prevention and control throughout the organisation and in collaboration with our partners.

4 Responsibilities

- 4.1 The responsibility for ensuring that the policy is enforced lies with the Trust Board and the Chief Executive Officer. The Infection Control Coordinator is responsible for overseeing the policy on a day to day basis.
- 4.2 The Trust Board has nominated the Director of Health Promotion and Quality to have executive responsibilities as Director of Infection Prevention and Control (DIPC), combined with the Ambulance Operations Manager for Infection Prevention & Control who provides expert professional guidance on infection prevention and control.
- 4.3 The Trust will ensure that adequate resources are available to ensure effective prevention and control of healthcare associated infections.

- 4.4 The Clinical Quality Safety and Effectiveness Committee will submit an annual infection control report to the Trust Board and will devolve day to day activity to the Infection Control Steering Group.
- 4.5 All operational managers and Team Leaders are responsible for ensuring that this policy is being routinely applied by all staff and that suitable and necessary facilities for hand hygiene are readily available in all Trust settings. This includes ambulance stations and fixed satellite points.
- 4.6 Effective hand hygiene and the use of facilities remain the responsibility of all Trust employees. All staff have a responsibility to protect themselves, as well as making all reasonable efforts to safeguard the welfare of their patients and all other persons encountered in their daily duties.

5 Training

- 5.1 The approved hand hygiene technique poster will be displayed above every hand washing facility. This will be in accordance with the 'clean, safe hands' campaign guidelines. (Appendix 1)
- 5.2 All healthcare workers should receive annual training in relation to hand decontamination and hand hygiene and care as part of the Trust Infection Prevention and Control Programme as outlined in the Training Needs Analysis ((TNA) see Core Training Policy). Non clinical staff should attend regular updates in all aspects of hand hygiene and principles of infection prevention and control.
- 5.3 Section 10 of the Trusts *Core Training Policy* sets out the process for checking that all permanent staff, as identified in the TNA, complete relevant including hand hygiene training and the process for following up those who fail to attend.
- 5.4 Regular decontamination of hands can cause irritation to the skin. An emollient moisturiser can be applied to protect the skin from drying and should be available at all hand washing facilities and for personal use.

Implementation Plan

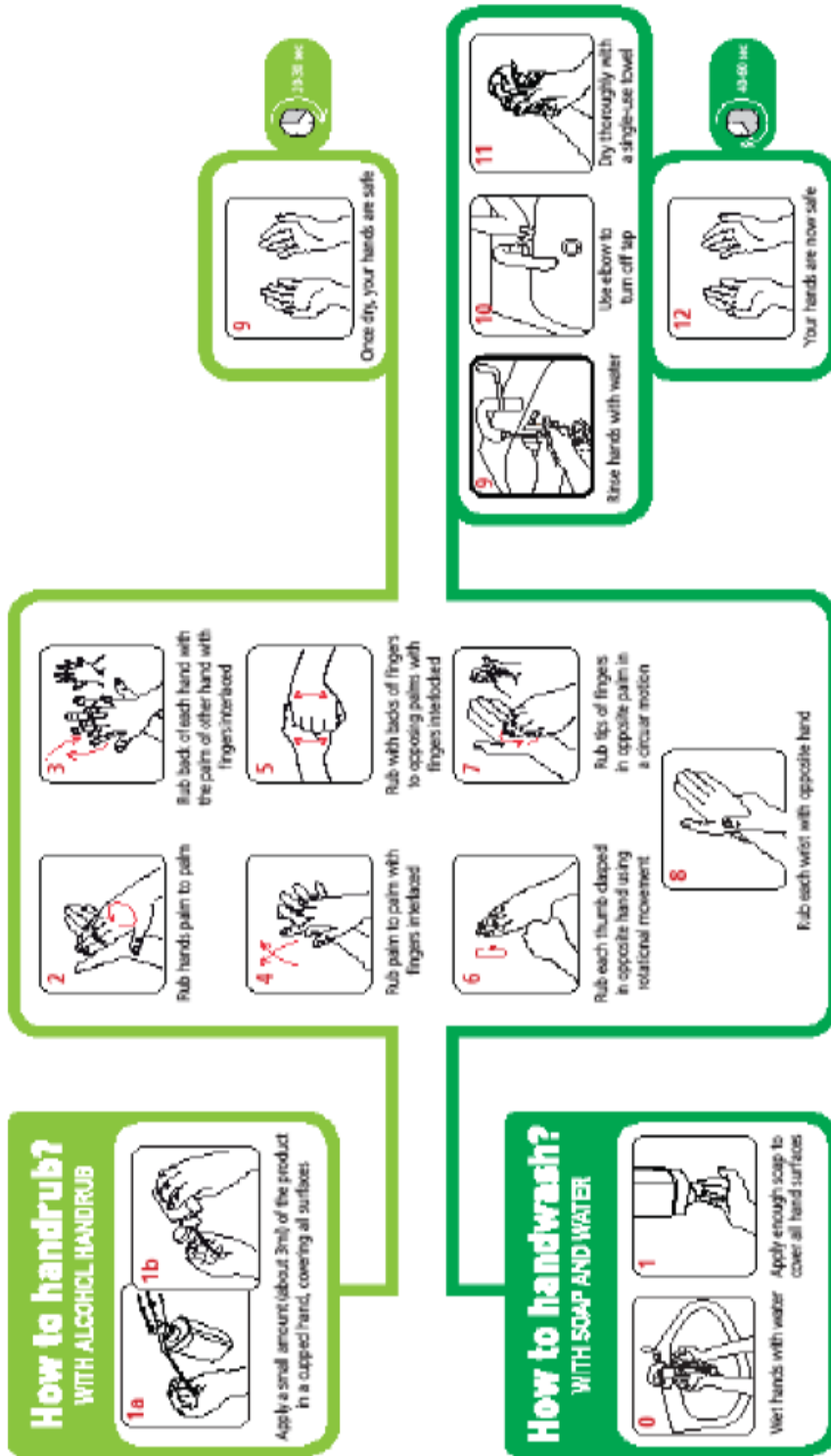
IMPLEMENTATION PLAN	
Intended Audience	For all LAS staff
Dissemination	Available to all staff on the Pulse
Communications	Revised Procedure to be announced in the RIB and a link provided to the document
Training	See sections 4.8; 5.1.2; 5.1.3; 5.1.6
Monitoring	<p>All Trust locations and vehicles will be subject to a quarterly infection control audit and inspection as detailed in the Infection Control Policy and Manual. As part of this audit and inspection the Hand Hygiene and Care Policy will be monitored to ensure it is being routinely applied by all staff and that suitable and necessary facilities for hand hygiene are readily available in all Trust settings.</p> <p>The Department of Education and Development will undertake necessary compliance assessments on hand hygiene during all relevant training and education programmes.</p> <p>Monitoring compliance on a day to day basis will be undertaken by the Complex Training Officer and Team Leaders by observing clinical skills of their staff during contact sessions and should form an element of their personal development plan and personal development review (PDR).</p> <p>Any issues highlighted during staff contact, personal development or PDR will be directed to the Department of Education and Development by the relevant clinician.</p> <p>The Infection Control Coordinator will request audits from complex trainers to maintain records of best practice being maintained by all staff.</p> <p>The Infection Control Coordinator will discuss any training needs / trends that have arisen at the Infection Control Steering Group and with the relevant Practice Learning Manager. Further safety issues will be taken to the Clinical Quality Safety and Effectiveness Committee.</p> <p>Audit and Review</p> <ul style="list-style-type: none"> • The Infection Control Steering Group will review the Infection Control Audits quarterly to ensure that recommendations and standards are adhered to. • The Infection Control Coordinator will ensure that the Hand Hygiene Policy is reviewed on an annual basis and updated as necessary. • Regular hand hygiene audits will be carried out across the whole of the London Ambulance Service, including hospital sites, to ensure that staff are performing the correct procedures and maintaining the highest possible standards. • The LAS will participate when required in all audits undertaken by partner organisations with regard to hand hygiene.

Hand hygiene should be conducted using the following technique approved and endorsed by the National Patient Safety Agency.



National Patient Safety Agency

HAND CLEANING TECHNIQUES



Adapted from WHO World Alliance for Patient Safety 2006