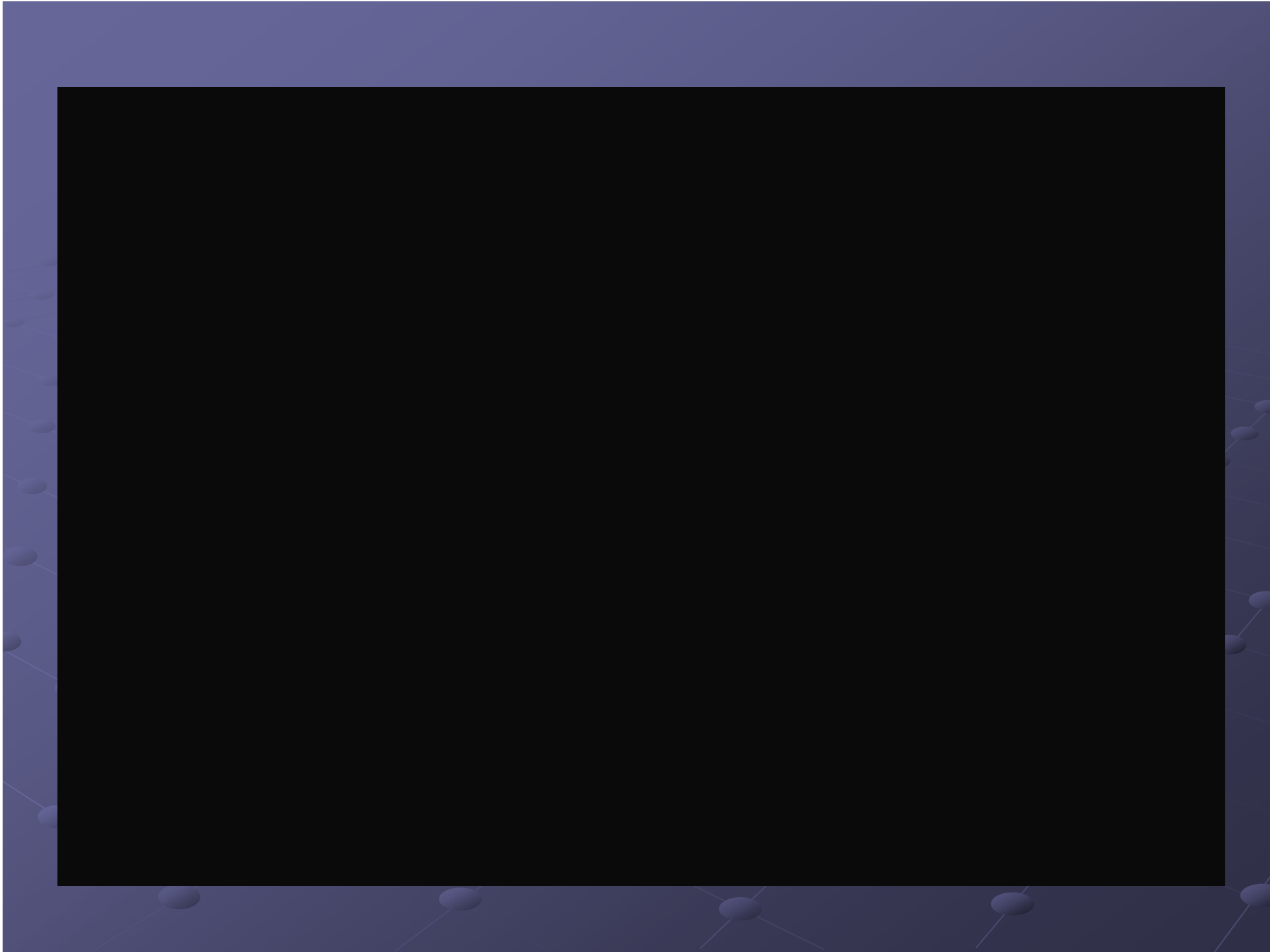


# HAND DECONTAMINATION ACTION AND ACCOUNTABILITY

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NHS Halton and St Helens



# What do we know

- **POINT OF CARE IS CRUTIAL**
- **ALCOHOL HAND RUBS ARE PROVEN TO BE THE MOST EFFECTIVE AND ACCEPTABLE FOR HAND DECONTAMINATION**
- **PROMOTING HAND HYGIENE AMONG PATIENTS AND VISITORS MAY RAISE THE PROFILE OF HYGIENE GENERALLY BUT IT IS UNLIKELY TO REDUCE THE TRANSMISSION OF ORGANISMS THAT CAUSE HCAI'S.**

## Your 5 moments for hand hygiene at the point of care

# WHEN ?



<b>1</b>	<b>BEFORE PATIENT CONTACT</b>	<b>WHEN?</b> Clean your hands before touching a patient when approaching him/her <b>WHY?</b> To protect the patient against harmful germs carried on your hands
<b>2</b>	<b>BEFORE AN ASEPTIC TASK</b>	<b>WHEN?</b> Clean your hands immediately before any aseptic task <b>WHY?</b> To protect the patient against harmful germs, including the patient's own, from entering his/her body
<b>3</b>	<b>AFTER BODY FLUID EXPOSURE RISK</b>	<b>WHEN?</b> Clean your hands immediately after an exposure risk to body fluids (and after glove removal) <b>WHY?</b> To protect yourself and the healthcare environment from harmful patient germs
<b>4</b>	<b>AFTER PATIENT CONTACT</b>	<b>WHEN?</b> Clean your hands after touching a patient and her/his immediate surroundings when leaving the patient's side <b>WHY?</b> To protect yourself and the healthcare environment from harmful patient germs
<b>5</b>	<b>AFTER CONTACT WITH PATIENT SURROUNDINGS</b>	<b>WHEN?</b> 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 <b>WHY?</b> To protect yourself and the healthcare environment from harmful patient germs

Adapted from WHO World Alliance for Patient Safety 2006

# The WHO 5 Moments



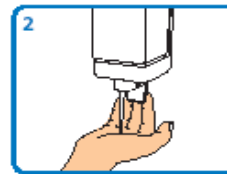
# HOW ?



## Hand-washing technique with soap and water



Wet hands with water



Apply enough soap to cover all hand surfaces



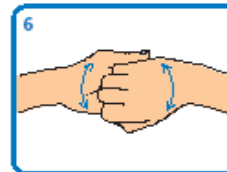
Rub hands palm to palm



Rub back of each hand with palm of other hand with fingers interlaced



Rub palm to palm with fingers interlaced



Rub with back of fingers to opposing palms with fingers interlocked



Rub each thumb clasped in opposite hand using a rotational movement



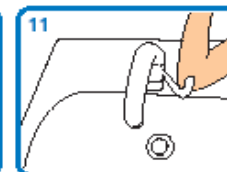
Rub tips of fingers in opposite palm in a circular motion



Rub each wrist with opposite hand



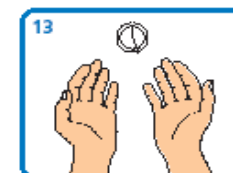
Rinse hands with water



Use elbow to turn off tap



Dry thoroughly with a single-use towel



Hand washing should take 15-30 seconds



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





Wet

NHS



Soap



Wash



Rinse



Dry

Stop germs spreading.  
The power is in your hands.

Have you washed your germs away? Wash your hands.

# WITH WHAT ?

- Soap and water

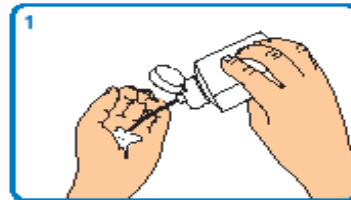


- Alcohol hand rubs





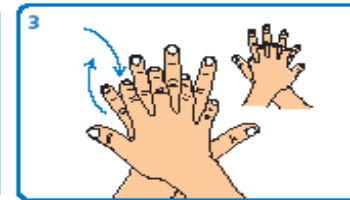
# Alcohol handrub hand hygiene technique – for visibly clean hands



1 Apply a small amount (about 3 ml) of the product in a cupped hand



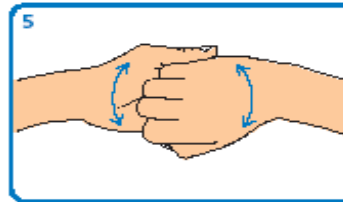
2 Rub hands together palm to palm, spreading the handrub over the hands



3 Rub back of each hand with palm of other hand with fingers interlaced



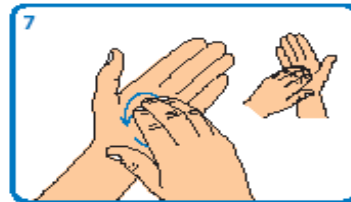
4 Rub palm to palm with fingers interlaced



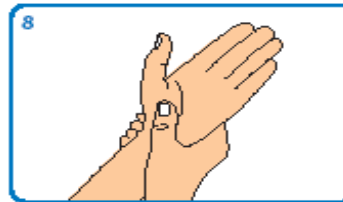
5 Rub back of fingers to opposing palms with fingers interlocked



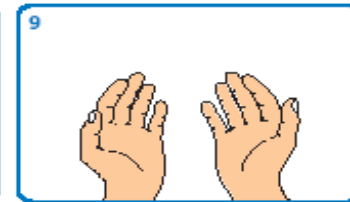
6 Rub each thumb clasped in opposite hand using a rotational movement



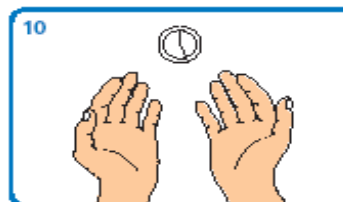
7 Rub tips of fingers in opposite palm in a circular motion



8 Rub each wrist with opposite hand



9 Wait until product has evaporated and hands are dry (do not use paper towels)



10 The process should take 15–30 seconds

- Handrubbing is:
  - Rapid (fast acting)
  - More efficacious
  - Causes less damage to the skin
  - Major advantage: immediately accessible at the point of care.
  - Bypasses the time constraint – one of the most critical barriers to hand hygiene in health care

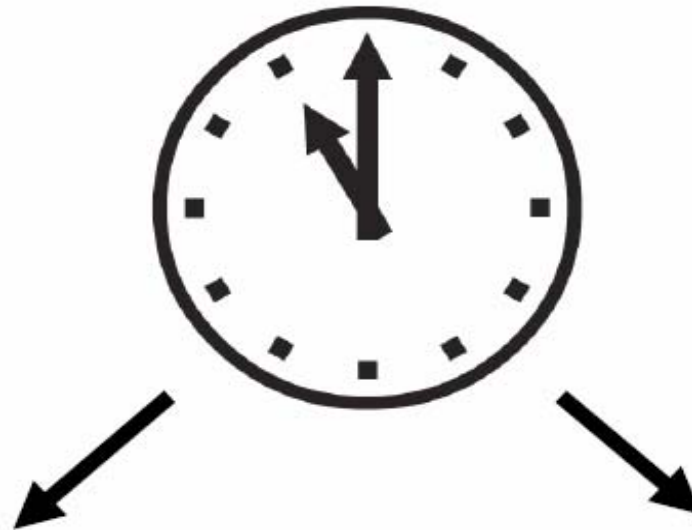
# So what's the problem ?

- Requires additional effort and time to the main task (tools inaccessible)
- Not easy to integrate within a sequence of care or treatment
- Not easy to perform on adrenalin
- Not valued
- Perceived to impact negatively on the skin

- Some microbes can survive on hands for hours if hands are not cleaned.
- Hands look clean.
- The healthcare worker does not feel "dirty"



# Time constraints



**Washing:**  
**1 – 1.5 minutes**

**Rubbing:**  
**15 – 20 seconds**

# To be effective hand hygiene has to be performed :-

- Using an effective product
- Applying the correct technique
- At precise moments in time

- Hand hygiene should be performed at the very place where care or treatment involving physical contact between a HCW and a patient / equipment / environment takes place



- Products should be available without leaving the patient environment



**EASY !!!!!!!**

**RIGHT ACTION**

**RIGHT MOMENT**



# RESPONSIBILITIES AND ACCOUNTABILITIES

- Duty of Care
- Patients
- Local authority contract holder
- PCT funded beds/ commissioning accountability
- CSCI / Care Quality Commission registration requirements
- Code of Practice for the reduction of healthcare associated infection

# Patients perspective



## Care Quality Commission launched

1 April 2009

**CQC will put the public and users of services first.**

"CQC will join up the regulation of health and adult social care across the public and independent sectors for the first time. The public wants good quality of care wherever it is provided and wants care that is joined up. Particularly as the population ages, the care people receive spans sectors and they should have assurance that, no matter where their care is delivered, the services are operating to the same essential common quality standards."

"We will put people's rights to good quality and safe care right at the heart of what we do. We will work hard to ensure that users of services and their carers and families are fully involved in shaping our work and the driving up of quality.

"We'll be a modern, proportionate and responsive regulator. We will work with the providers and commissioners of services to encourage improvement. That doesn't mean we'll be an easy touch. We will have a range of tough new enforcement powers and we won't be afraid to use them when it is appropriate. But our first aim will be to prevent problems through encouraging improvement.

# THE CODE OF PRACTICE FOR THE PREVENTION AND CONTROL OF HEALTHCARE ASSOCIATED INFECTION

This Code of Practice applies to NHS bodies carrying on a regulated activity in 2009/10. For 2010/11, a revised version of the Code covering independent healthcare and social care will be prepared.



## The Health and Social Care Act 2008

*Code of Practice for the NHS on the prevention and control of healthcare associated infections and related guidance*



# Purpose of Code of Practice

- To help NHS bodies plan and implement how they can prevent and control Healthcare Associated Infection
- Provides criteria for managers of NHS organisations to ensure patients are cared for in a clean environment
- Under the code PCT's must ensure that contracted services reduce the risk of HCAI's as far as is reasonably practicable

### **Part 3: Code of Practice for the prevention and control of healthcare associated infections**

Compliance by a provider with the statutory requirement set out in Part 2 will be judged against the following criteria and the Annex.

Compliance criteria                      What a service provider will need to demonstrate

1 Have in place and operate effective management systems for the prevention and control of HCAI which are informed by risk assessments and analysis of infection incidents.

**2 Provide and maintain a clean and appropriate environment which facilitates the prevention and control of HCAI. Adequate provision of suitable hand washing facilities and antibacterial handrubs**

3 Provide suitable and sufficient information on HCAI to the patient, the public and other service providers when patients move to the care of another healthcare or social care provider.

4 Ensure that patients presenting with an infection or who acquire an infection during their care are identified promptly and receive appropriate management and treatment to reduce the risk of transmission.

5 Gain the co-operation of staff, contractors and others involved in the provision of healthcare in preventing and controlling infection.

6 Provide or secure adequate isolation facilities.

7 Secure adequate access to laboratory support.

8 Have and adhere to appropriate policies and protocols for the prevention and control of HCAI.

9 Ensure, so far as is reasonably practicable, that healthcare workers are free of and are protected from exposure to communicable infections during the course of their work.

What will the improvement Foundation Programme do for you ?

More importantly what will it do for your patients ?

It will ensure compliance with all the requirements of National Guidance and the Care Quality commission.

It will give your home a Quality Mark

Your patients will receive care that prevents and controls Health Care Associated Infection

# In conclusion

The regulatory framework of the CQC contains all the relevant elements of decontamination in association with Hands, instruments and equipment.

The scope of regulation widens from 2010.

it's probably safe to say  
.....An Inspector will  
call !

