

Reference Number: UHB 200 Version Number: 2	Date of Next Review: 26 Jun 2020 Previous Trust/LHB Reference Number: UHB T/140
HAND HYGIENE INFECTION CONTROL PROCEDURE	
Introduction and Aim <p>The hands of health professionals are considered to be the primary source of cross infection in the health care setting.</p> <p>Effective hand hygiene can significantly reduce the number of microorganisms on the hands and decrease the spread of hospital acquired infections.</p> <p>The aim of this procedure is to provide appropriate advice to staff regarding the practice of effective hand hygiene across all UHB locations.</p>	
Objectives <ul style="list-style-type: none"> • To provide advice on when hand hygiene is indicated. • To provide advice on the technique of hand hygiene appropriate to the procedure that the member of staff wishes to carry out or has just completed. • To provide advice on the use of hygiene agents in relevant UHB areas. • To provide advice on hand care. 	
Scope <p>This procedure applies to all staff in all locations including those with honorary contracts and students on placement at Cardiff and Vale UHB.</p> <p>Cardiff and Vale University Health Board accepts its responsibility under the Health and Safety at Work Act etc. 1974 and the Control of Substances Hazardous to Health Regulations 2002, to take all reasonable precautions to prevent exposure to an infectious disease in patients, staff and other persons working for or using its premises.</p> <p>In order to prevent the possible spread of infectious agents amongst patients and staff it is recognised that the UHB requires a procedural document on hand hygiene to ensure effective management of infection.</p>	
Equality Impact Assessment	<i>An Equality Impact Assessment has been completed. The Equality Impact Assessment completed for the procedure found there to be limited impact, for which Risk Assessments will be undertaken.</i>

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Documents to read alongside this Procedure	<i>IP&C Infectious Incidents & Outbreaks Procedure</i>
Approved by	<i>Committee/Group</i>

Accountable Executive or Clinical Board Director	<i>Ruth Walker, Executive Nurse Director</i>
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Disclaimer
If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the [Governance Directorate](#).

Summary of reviews/amendments			
Version Number	Date of Review Approved	Date Published	Summary of Amendments
1	12/09/13	20/11/13	To update and replace previous version
2	26.06.17	26/06/17	Revised document Change of title from Hand Decontamination to Hand Hygiene Addition of Bare Below the Elbows. Revision of one plain band instead of one plain wedding ring can be worn.

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1. SUMMARY

- 1.1 The hands of health professionals are considered to be the primary source of cross infection in the health care setting.
- 1.2 Effective hand hygiene can significantly reduce the number of microorganisms on the hands and decrease the spread of hospital acquired infections.
- 1.3 Hand hygiene refers to hand washing with soap and water and/or use of alcohol gel.
- 1.4 All staff present in a clinical environment MUST adhere to the following principles of Bare Below the Elbows to enable effective hand hygiene:
 - Wear short sleeves (rolled up sleeves are acceptable), or elbow length sleeves.
 - No wrist watches or bracelets to be worn.
 - Keep nails short and clean.
 - Artificial nails and nail varnish must not be worn.
 - One plain band ring can be worn.
 - Any cuts and abrasions on hands and arms should be covered with a non-permeable dressing.
- 1.5 Alcohol gel is an effective hand decontaminating agent on physically clean hands except in the case of patients with diarrhoea caused by Norovirus and *Clostridium difficile*. After any contact with a patient who has known diarrhoea hands should be washed with liquid soap and water.
- 1.6 Hands must be wet before applying soap and thoroughly rinsed and dried after washing.
- 1.7 The key time for general hand hygiene is at the point of care applying the 5 Moments for Hand Hygiene.
- 1.8 A surgical hand scrub is essential prior to all surgical procedures. It involves applying an antiseptic agent to the hands, wrists and forearms. The procedure takes longer and eliminates a greater number of resident bacteria.
- 1.9 Failure to comply with the Hand Hygiene procedure including failure to be “Bare Below the Elbows” when present in clinical areas is a breach of Cardiff and Vale UHB policies and procedures and may result in a staff member being subject to disciplinary procedures.

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2. INTRODUCTION

- 2.1 This procedure applies to all staff within Cardiff and Vale UHB.
- 2.2 The hands of health professionals are considered to be the primary source of cross infection in the health care setting.
- 2.3 Effective hand hygiene can significantly reduce the number of microorganisms on the hands and decrease the spread of hospital acquired infections.
- 2.4 If a staff member experiences any skin reactions to the hand hygiene products, they should seek advice from Occupational Health Department.
- 2.5 Microorganisms found on the skin are grouped into two categories: transient and resident. These microorganisms are part of the body's normal flora and natural defence mechanism and rarely cause infection in the healthy body unless they enter the body through an invasive procedure or surgery.
- 2.6 Hand hygiene refers to hand washing with soap and water and/or use of alcohol gel. For staff working in community settings where hand hygiene facilities are unavailable the use of detergent / sanitising wipes have been agreed for use (see appendix 1).

3. ROLES AND RESPONSIBILITIES

- 3.1 The Infection Prevention and Control Group is responsible for the approval of the Infection Prevention and Control Procedure for Hand Hygiene.
- 3.2 Clinical Board Directors and their management team will be responsible for the implementation and monitoring of compliance with this procedure.
- 3.3 Distribution of the procedure will be through the Health Board intranet site.

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4. BACKGROUND INFORMATION

4.1 All staff present in a clinical environment MUST adhere to the following principles of Bare Below The Elbows to enable effective hand hygiene:

- Wear short sleeves (rolled up sleeves are acceptable), or elbow length sleeves.
- No wrist watches or bracelets to be worn
- Keep nails short and clean
- Artificial nails and nail varnish must not be worn.
- One plain band only to be worn.
- Any cuts and abrasions on hands and arms should be covered with a non-permeable dressing.

4.2 Alcohol gel

Alcohol gel is an effective hand decontaminating agent on physically clean hands except in the case of patients with diarrhoea caused by Norovirus and *Clostridium difficile*. After any contact with a patient who has known diarrhoea or in the instance of an infectious incident/outbreak involving diarrhoea, hands should be washed with liquid soap and water. This will ensure the 'mechanical removal' of spores as the alcohol gel alone will not remove or kill them. In non diarrhoeal situations, alcohol gel is ideal to use in between patients/activities as long as the hands are physically clean. Alcohol gel should be made available at the point-of-patient contact after a local risk assessment has been carried out, with the exception of paediatrics and mental health.

4.3 Skin Care

4.3.1 When skin is damaged bacterial counts increase. Microorganisms can harbour and multiply in any broken skin leading to a risk of infection to you and to others. Any broken skin must be covered with a non-permeable waterproof dressing.

4.3.2 Hands must be wet before applying soap and thoroughly rinsed and dried after washing. This lessens the chance of contact dermatitis developing. Contact dermatitis is an inflammation of the skin that results from direct contact with certain substances, such as soap. The

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resulting red, itchy rash is not contagious or life-threatening, but it can be very uncomfortable and can increase bacterial carriage.

4.3.3 The application of hand cream can help protect the hands from damage but communal jars/tubes of hand cream must not be used.

4.3.4 If a member of staff experiences any skin reactions to the hand hygiene products, they should seek advice from the Occupational Health Department.

4.4 Transient and Resident Microorganisms

4.4.1 Transient

These are superficial microorganisms that survive for less than 24 hours on skin and are not part of the normal body flora. They are termed transient because direct contact with other people (colonized or infected), equipment or the environment can result in the transfer of such organisms to and from the hands but effective hand hygiene can easily remove them.

4.4.2 Resident

These microorganisms are mostly located in superficial skin layers but 10 – 20% are found in deeper epidermis layers. These microorganisms are part of the body's normal flora and natural defence mechanism and rarely cause infection in the healthy body unless they enter the body through an invasive procedure or surgery. They will not cause infections in the fit and healthy but unwell patients are susceptible. Plain soap or detergents will not remove all resident microorganisms, only hand hygiene with appropriate antimicrobials can kill or inhibit organisms.

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5. LEVELS OF HAND HYGIENE

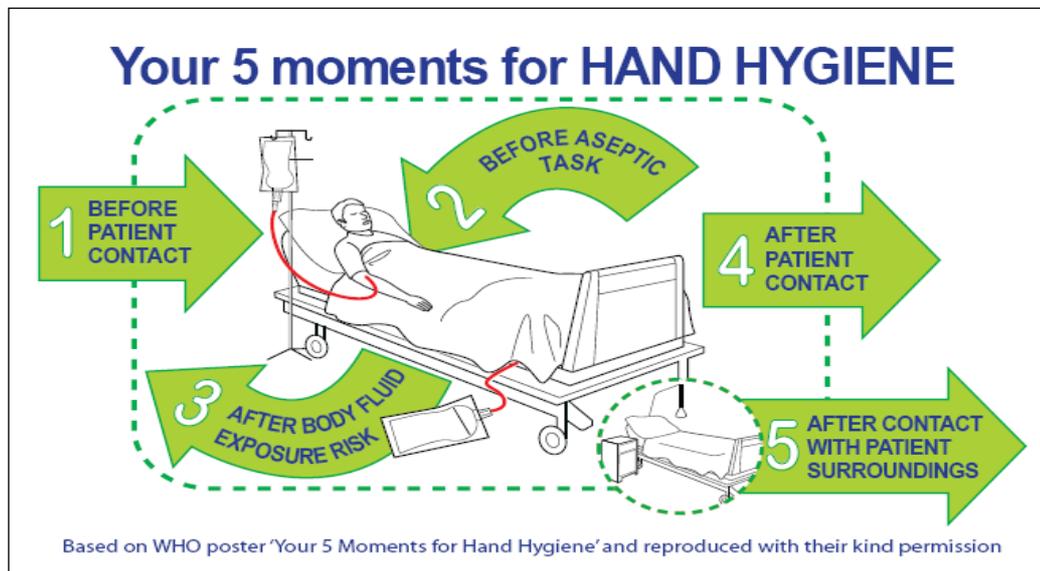
5.1 Hand hygiene is determined by actions; those completed and those intended to be performed.

5.2 General hand hygiene (See pages 10-11 for technique)

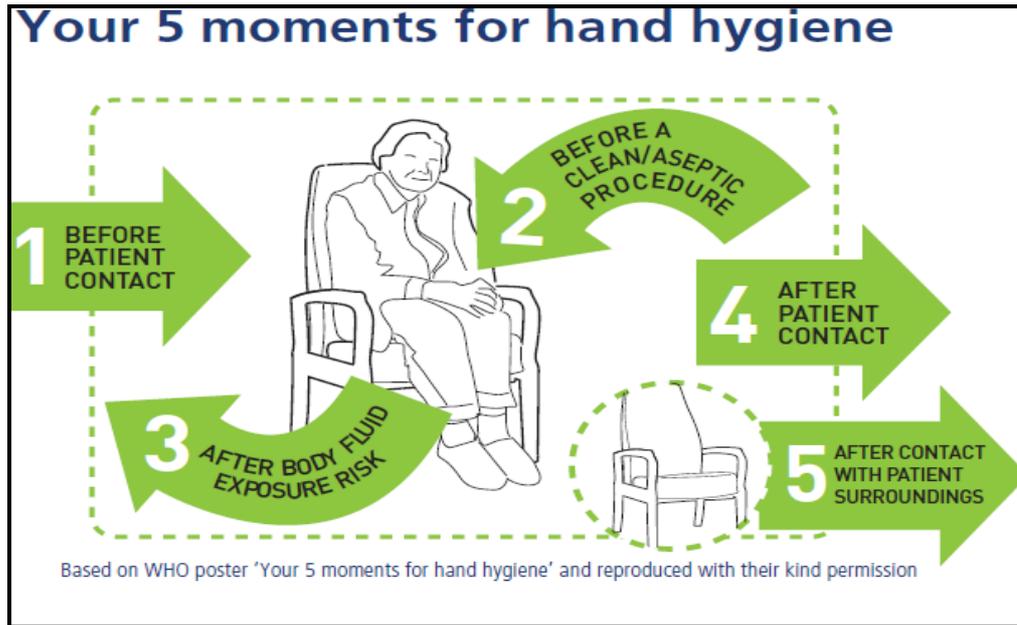
5.2.1 The key time for general hand hygiene is at the point of care applying the 5 moments for hand hygiene:

- Before patient contact (and before entering an isolation room)
- Before a clean / aseptic task is undertaken.
- After body fluid exposure risk
- After patient contact
- After contact with the patient environment (and before leaving an isolation room)

Your 5 moments for hand hygiene can be applied to all care settings and not just acute hospital wards see diagrams from the NPSA.



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5.2.2 It is also important to decontaminate hands at other times, for example:

- Before starting and leaving work.
- Before preparing, handling or eating food.
- Before entering/leaving laboratory area.
- After handling contaminated waste or laundry.
- After removing gloves.
- After decontamination of equipment/environment.
- After visiting the toilet.
- Between tasks on the same patient if there is risk of contamination from one site to another.
- Following handling of patient notes or equipment.

5.2.3 General hand hygiene consists of using liquid soap and an effective washing technique, and alcohol gel when indicated.

The sole use of alcohol gel must not be used if:

- Hands are visibly soiled
- The patient is experiencing vomiting and/or diarrhoea
- There is direct hand contact with any body fluids i.e. if gloves have not been worn.
- There is an outbreak of Norovirus, *Clostridium difficile* or other diarrhoeal illnesses (confirmed or suspected).

5.2.4 Patients also need to be encouraged to use general hand hygiene before eating meals and after using the toilet (especially if having diarrhoea and vomiting).

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5.2.5 Staff must ensure that hand washing equipment is provided at the bedside e.g. bowl of water, soap and hand towels if patients are unable to access a sink.

5.3 Surgical Decontamination (See page 11 for technique)

5.3.1 A surgical hand scrub is essential prior to all surgical procedures. It is a longer procedure than general hand hygiene with the aim to eliminate more residency bacteria.

6. TECHNIQUE FOR GENERAL HAND HYGIENE

6.1 Technique (see flow chart – page 11)

- If a ring is worn, either remove it or ensure that the area underneath is washed.
- Turn on taps. Adjust water temperature and flow to desired settings
- Wet hands under running water.
- Apply soap to hands Utilise the technique illustrated on the hand washing posters and shown on page 11.
- Ensure all areas of the hands are covered, including the wrists and forearms if applicable.
- Pay particular attention to fingertips, nails, thumbs and the area between the fingers.
- All areas of the hands and wrists should be vigorously rubbed. Rinse hands under running water.
- Dry hands with disposable paper towels. Use a used or new paper towel to turn off the running water then discard.
- Dispose of the paper towels using the foot pedal on the bin, ensuring that hands are not re-contaminated in the process.

Then

- If indicated apply alcohol gel (for example on certain units additional hand hygiene with alcohol is required at all times).
- Utilise the technique illustrated on the hand washing posters and shown on page 11.
- Ensure it is rubbed into all area of the hands.
- Pay particular attention to fingertips, nails, thumbs and the area between the fingers.

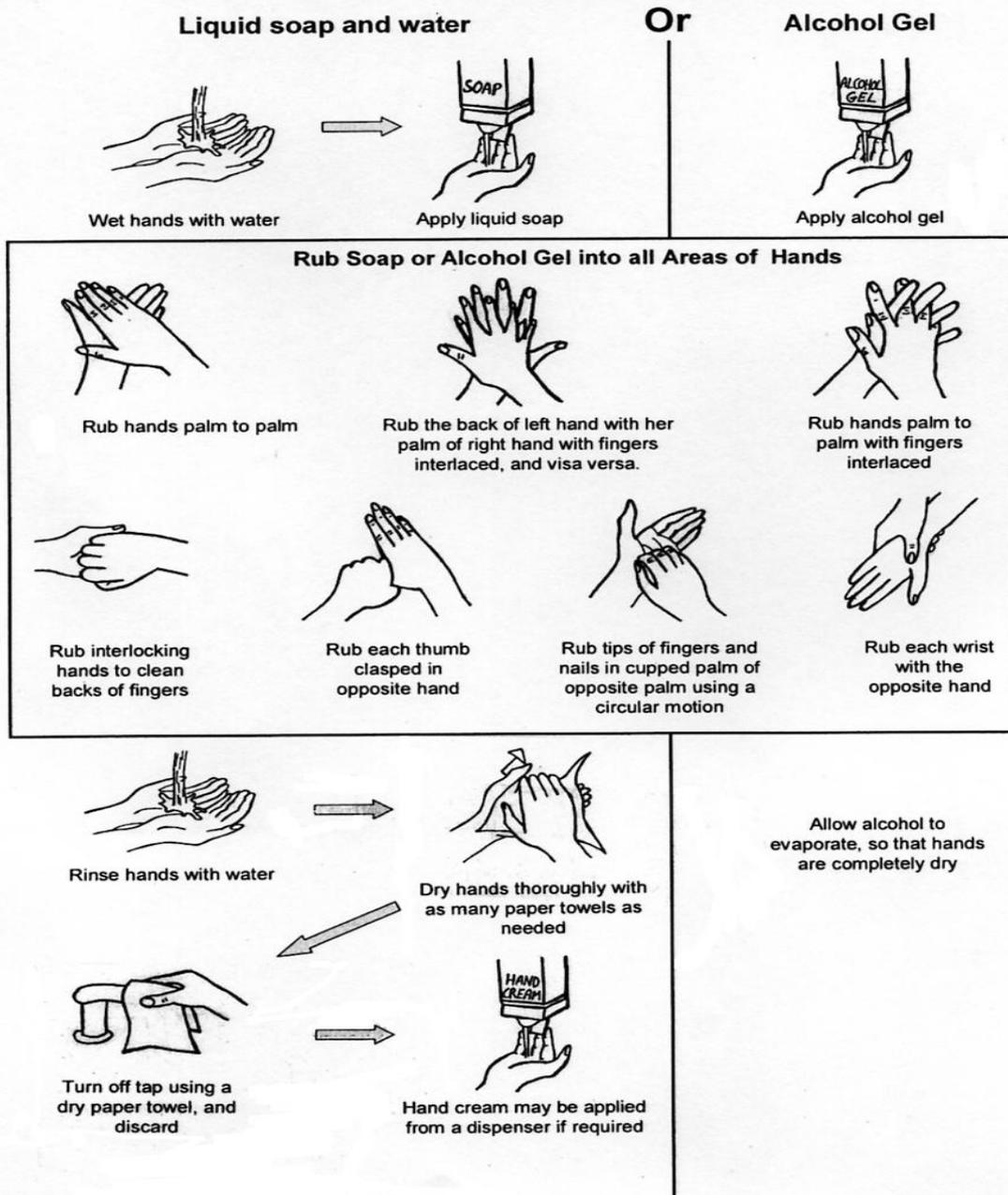
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- Allow alcohol to evaporate fully so that hands are completely dry.

7. SURGICAL DECONTAMINATION

TECHNIQUE/FLOW CHART

General Hand Decontamination Technique



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7.1 Reproduced from main theatres policy, Cardiff and Vale UHB

- Turn on taps. Adjust water temperature and flow to desired settings
- Wet hands and arms to the elbow
- Dispense at least 5ml of selected solution onto hand (once you have selected a solution you must continue to use the same one throughout the scrub, and subsequent scrubs during the same session)
- Lather arms and hands, down to elbows with selected solution for one minute - social wash. Keep hands upright and arms away from the body.
- Rinse off lather thoroughly keeping hands above elbow level at all times to allow water to run from hands to elbow.
- Using elbow, dispense fresh solution and re-lather hands and arms for a further one minute.
Leaving solution on arms, obtain a sterile disposable nail brush and scrub fingernails only for one minute.
- Brushes are single use only and must be discarded in an appropriate container.
- Rinse hands and arms thoroughly keeping arms upright.
- Dispense further solution onto hands, lather and wash hands and only three quarters of the way down the arm for one minute.
- Rinse hands only, allowing solution on arms to remain undisturbed
- Take fresh solution and re-lather hands only (do not touch arms) for one minute.
- Rinse hands and arms thoroughly.
- Turn off taps using elbows, and holding hands up and away from clothing move to gown trolley.
- Pick up a sterile towel from the trolley, using one towel to dry each arm, dry each finger individually and thoroughly using a circular movement. Continue the circular movement from hand to elbow ensuring bare hand does not touch arm.
- On reaching elbow towel must be discarded straight into bin without being handled.
- If you have used a soap solution (rather than an antimicrobial) you must dispense sufficient alcohol gel onto the hand and rub into arms and hands ensuring no areas are missed. Allow alcohol gel to evaporate prior to donning gloves and gown.

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8. RESOURCES

- 8.1 The necessary resources for the management, training, risk assessments, monitoring and auditing of hand hygiene are already in place and the implementation of this procedure will not entail additional expenditure.

9. TRAINING

- 9.1 Mandatory Infection and Prevention and Control training updated every three years. Available at:
http://nww.cardiffandvale.wales.nhs.uk/portal/page?_pageid=253,31387131,253_31506477&_dad=portal&_schema=PORTAL
- 9.2 Further departmental based training as identified by training needs analysis.

10. IMPLEMENTATION

- 10.1 The document will be available on the UHB intranet site and the Infection Prevention and Control clinical portal. Individual Directorates will be responsible for the implementation of the procedure document in clinical areas.
- 10.2 Failure to comply with the Hand Hygiene procedure including failure to be “bare below the elbows” when present in clinical areas is a breach of Cardiff and Vale UHB policies and procedures and may result in a staff member being subject to disciplinary procedures.

11. FURTHER INFORMATION

- 11.1 Infection Control page on the UHB Intranet site at:
http://nww.cardiffandvale.wales.nhs.uk/portal/page?_pageid=253,839075,253_839076&_dad=portal&_schema=PORTAL

12. EQUALITY

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- 12.1 This procedure has had an equality impact assessment and has shown there has been no adverse effect or discrimination made on any particular or individual group.

13. AUDIT

- 13.1 Audit of compliance with this procedure, will be carried out by the local ward staff supported by the Infection Prevention and Control Department, as part of their procedure audit programme.

14. REVIEW

- 14.1 This procedure will be reviewed every three years or sooner if any new guidelines are published.

15. REFERENCES

- 15.1 All Wales NHS Dress Code, Welsh Government. Crown Copyright October 2010.
<http://www.wales.nhs.uk/sitesplus/documents/862/Attachment%20-%20NHS%20Dress%20Code.pdf>
- 15.2 Welsh Healthcare Associated Infection Programme, National Model Policies for Infection Prevention and Control. Part 1: Standard Infection Control Precautions. August 2014. Available at:
[http://www2.nphs.wales.nhs.uk:8080/WHAIPDocs.nsf/3dc04669c9e1eaa880257062003b246b/24cf7af1a131dd6f80257abd0048f3a1/\\$FILE/SICPS_FinalV2_Aug_14.pdf](http://www2.nphs.wales.nhs.uk:8080/WHAIPDocs.nsf/3dc04669c9e1eaa880257062003b246b/24cf7af1a131dd6f80257abd0048f3a1/$FILE/SICPS_FinalV2_Aug_14.pdf)
- 15.3 R. J Pratt, C. M. Pellowe, J. A. Wilson *et al.* (2007) epic2: National evidence based guidelines for preventing healthcare associated infections in NHS hospitals in England. *Journal of Hospital Infection* 65S; S1-S64.

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APPENDIX 1:

PROCEDURE TO FOLLOW WHEN APPROPRIATE HAND HYGIENE FACILITIES ARE NOT AVAILABLE

1. Ensure you are bare below the elbow.
2. Use detergent wipes provided by the Health Board to clean your hands according to the 5 moments of Hand hygiene.
3. Ensure all areas of the hands are wiped with the wipe including the wrists.
4. Once the hands are dry, use alcohol gel ensuring all areas of the hands and wrists are covered.

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Equality & Health Impact Assessment for

Hand Hygiene Procedure

Please note:

- The completed Equality & Health Impact Assessment (EHIA) must be
 - Included as an appendix with the cover report when the strategy, policy, plan, procedure and/or service change is submitted for approval
 - Published on the UHB intranet and internet pages as part of the consultation (if applicable) and once agreed.
- Formal consultation must be undertaken, as required¹
- Appendices 1-3 must be deleted prior to submission for approval

Please answer all questions:-

1.	For service change, provide the title of the Project Outline Document or Business Case and Reference Number	Infection Prevention and Control Procedure for Hand hygiene.
2.	Name of Clinical Board / Corporate Directorate and title of lead member of staff, including contact details	Corporate Directorate Faye Mortlock CNS for IP&C Extension 26261
3.	Objectives of strategy/ policy/ plan/ procedure/ service	The procedure describes and demonstrates how and when hand hygiene should be carried out in the clinical environment to prevent the spread of infection. Aims/Objectives: To describe the actions required to ensure appropriate hand

¹http://www.cardiffandvale.wales.nhs.uk/portal/page?_pageid=253,73860407,253_73860411&dad=portal&schema=PORTAL

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		<p>hygiene is carried out in the clinical area.</p> <p>To provide an understanding of the importance of appropriate hand hygiene.</p> <p>To outline the Five Moments of Hand Hygiene and how it ensures hand hygiene in the clinical area.</p> <p>To describe the principles of Bare Below the Elbows and the actions that must be taken to ensure that it is adhered to.</p>
4.	<p>Evidence and background information considered. For example</p> <ul style="list-style-type: none"> • population data • staff and service users data, as applicable • needs assessment • engagement and involvement findings • research • good practice guidelines • participant knowledge • list of stakeholders and how stakeholders have engaged in the development stages • comments from those involved in the designing and development stages <p>Population pyramids are</p>	<p>Cardiff and Vale University Health Board accepts its responsibility under the Health and Safety at Work Act 1974 and the Control of Substances Hazardous to Health Regulations 2002, to take all reasonable precautions to prevent exposure to an infectious disease in patients, staff and other persons working at or using its premises.</p> <p>In order to prevent the possible spread of infection amongst patients and staff it is recognised that the UHB requires procedural documents to ensure effective management of infection.</p> <p>The procedure is supported by the UHB's 'Framework for the Management and Reduction of Healthcare Associated Infections and Antimicrobial Resistance' (September 2015).</p> <p>Please be advised that all the below lists and links are not an exhaustive list of the available evidence and information but provides an indicative summary of the evidence and information applicable to this policy.</p> <p>An internet search was conducted on 17/01/17 using the following search terms in combination "Hand Hygiene", "Hand Decontamination", "Procedure", "Policy" and "Equality Impact". The search revealed several equality impact assessments. Examples can be found by following the links below:</p> <p>Royal Cornwall Hospital 'Hand Hygiene Policy' (2015) http://www.rcht.nhs.uk/DocumentsLibrary/RoyalCornwallHospitalTrust/Clinical/InfectionPreventionAndControl/HandHygienePolicy.pdf</p> <p>Hertfordshire Partnership NHS Foundation Trust 'Hand Hygiene Policy' (2011) http://www.hpft.nhs.uk/uploads/documents/the-trust/freedom-of-info/disclosure/hand-hygiene-policy.pdf</p> <p>Nottingham University Hospital NHS Trust 'Hand Hygiene Policy' (2011)</p>

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	<p>available from Public Health Wales Observatory² and the UHB's 'Shaping Our Future Wellbeing' Strategy provides an overview of health need³.</p>	<p>https://www.nuh.nhs.uk/handlers/downloads.ashx?id=39342</p> <p>York Teaching Hospital NHS foundation Trust 'Infection Prevention Policy for Effective Hand Hygiene' (2011) https://www.yorkhospitals.nhs.uk/document.php?o=122</p> <p>St George's Healthcare NHS Trust 'Hand Hygiene Policy' (2011) https://www.stgeorges.nhs.uk/wp-content/uploads/2013/09/Clin_2_0_AppD_Prot06.pdf</p> <p>Southampton University NHS Trust 'Hand Hygiene Policy' (2015) http://www.uhs.nhs.uk/Media/Controlleddocuments/Infectioncontrol/Handhygienepolicy.pdf</p>
5.	<p>Who will be affected by the strategy/ policy/ plan/ procedure/ service</p>	<p>This procedure applies to all staff in all locations including those with honorary contracts and students on placement at Cardiff and Vale UHB.</p> <p>Patients, their visitors and UHB staff will benefit from compliance with the policy in that the risk of transmission of infection will be reduced by ensuring they carry out hand hygiene in the clinical environment where necessary. The UHB will benefit organisationally and financially from reducing the impact and cost of the transmission of infection.</p>

6. EQIA / How will the strategy, policy, plan, procedure and/or service impact on people?

Questions in this section relate to the impact on people on the basis of their 'protected characteristics'. Specific alignment with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 is included against the relevant sections.

² <http://nww2.nphs.wales.nhs.uk:8080/PubHObservatoryProjDocs.nsf>

³ <http://www.cardiffandvaleuhb.wales.nhs.uk/the-challenges-we-face>

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
6.1 Age For most purposes, the main categories are: <ul style="list-style-type: none"> • under 18; • between 18 and 65; and • over 65 	No evidence to suggest that there would be any impact, positive or negative, on any age group.		
6.2 Persons with a disability as defined in the Equality Act 2010 Those with physical impairments, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes	For instances of staff requiring lymphodema sleeves, splints or other temporary but potentially long term arm/wrist support there could be an impact identified because adequate hand hygiene could be hindered or the compliance with bare below the elbows could be prevented.	Individual risk assessments will be carried out.	For IP&C to be made aware. For referral to Occupational Health. For an individual risk assessment to be undertaken.
6.3 People of different genders: Consider men, women, people undergoing gender reassignment	No evidence to suggest that there would be any impact, positive or negative, on either gender group.		
6.4 People who are married or who have a	No evidence to suggest that there		

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
civil partner.	would be any impact, positive or negative, on anyone who is married/civil partnership. The wearing of a single, plain ring/ band is permitted in accordance with bare below the elbows.		
6.5 Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding.	No evidence to suggest that there would be any impact, positive or negative, on anyone is pregnant, had a baby or who are breastfeeding.		
6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers	No evidence to suggest that there would be any impact, positive or negative, on any different race, nationality, colour, culture or ethnic origin.		

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
6.7 People with a religion or belief or with no religion or belief.	There will be no impact for Sikhs as an individual Kara band is permitted (as long as it regularly cleaned and decontaminated), As long sleeves are not permitted as it is not in line with bare below the elbows, Muslims, for example could be affected by the procedure of they are required to cover their forearms.	To discuss with IP&C.	To discuss with IP&C.
6.8 People who are attracted to other people of: <ul style="list-style-type: none"> • the opposite sex (heterosexual); • the same sex (lesbian or gay); • both sexes (bisexual) 	No evidence to suggest that there would be any impact, positive or negative, on heterosexuals, lesbian/gay or bisexuals.		
6.9 People who communicate using the Welsh language in terms of correspondence, information leaflets, or service plans and	The format of this policy is in the English language only.	To consider the UHB procedures bilingually online.	For consideration at the IPCG/UHB.

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
design			
6.10 People according to their income related group:	No evidence to suggest that there would be any impact, positive or negative, depending on their income status.		
6.11 People according to where they live:	No evidence to suggest that there would be any impact, positive or negative, depending on where they live.		
6.12 Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service	No evidence to suggest that further groups will be impacted, positively or negatively.		

7. HIA / How will the strategy, policy, plan, procedure and/or service impact on the health and well-being of our population and help address inequalities in health?

Questions in this section relate to the impact on the overall health of individual people and on the impact on our population. Specific alignment with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 is included against the relevant sections.

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
7.1 People being able to access the service offered:	No evidence to suggest that there would be any impact, positive or negative, depending on where they live or experiencing health inequalities.		
7.2 People being able to improve /maintain healthy lifestyles:	Appropriate hand hygiene and the compliance of bare below the elbows would go towards the prevention of Hospital Acquired Infections amongst the service users (patients).	Ensuring full compliance with the 'five moments of hand hygiene' and bare below the elbows as per procedure.	Ensure that all staff across clinical boards are fully compliant.
7.3 People in terms of their income and employment status:	No evidence to suggest that there would be any impact, positive or negative, depending on income or employment status.		
7.4 People in terms of their use of the physical environment:	No evidence to suggest that there would be any impact, positive or negative, depending on where		

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
	the use of the physical environment.		
7.5 People in terms of social and community influences on their health:	No evidence to suggest that there would be any impact, positive or negative, depending social and community influences on health.		
7.6 People in terms of macro-economic, environmental and sustainability factors:	No evidence to suggest that there would be any impact, positive or negative, depending on macro-economic, environmental and sustainability factors.		

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Please answer question 8.1 following the completion of the EHIA and complete the action plan

<p>8.1 Please summarise the potential positive and/or negative impacts of the strategy, policy, plan or service</p>	<p>The Hand Hygiene Procedure will ensure that hand hygiene in the clinical area is correctly adhered to; for example, providing staff with a comprehensive guide to the five moments of hand hygiene and the correct implementation of bare below the elbows. The procedure also supports other infection prevention and control policies and procedures. The positive impact that the procedure will have is to support the aim of the UHB to reduce Healthcare Acquired Infections.</p>
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Action Plan for Mitigation / Improvement and Implementation

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
<p>8.2 What are the key actions identified as a result of completing the EHIA?</p>	<p>Key actions identified: for IP&C/Occ Health to be made aware of any long term splints, cuffs or sleeves that need to be worn by staff in terms of a long term health problem/disability.</p> <p>If a staff member wishes to wear long sleeves for religious reasons, IP&C to be informed and a discussion to take place.</p>	<p>Faye Mortlock</p>	<p>Ongoing</p>	<p>To ensure that IP&C and Occ Health are made aware of any instances of splints, cuffs or sleeves being required for a staff member.</p>

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	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
8.3 Is a more comprehensive Equalities Impact Assessment or Health Impact Assessment required?	Limited impact identified so a further EQIA will not be required.			
8.4 What are the next steps?	This procedure will be reviewed in three years time and a further EQIA completed.	Faye Mortlock	3 years	To ensure that comments for the updated hand hygiene procedure are given as guided when out for consultation. To alert IP&C to any issues that could have an impact on compliance with the procedure.