HAND HYGIENE POLICY
(to be read in conjunction with all other Somerset Partnership Infection Prevention and Control Policies, and the Healthcare (Clinical) Waste Policy)

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**DOCUMENT CONTROL**

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**Amendments**  Routine 3 yearly update

**Document Summary:** To provide all staff with clear instructions for the efficient management of hand hygiene to reduce potential risk.

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1. **INTRODUCTION**

1.1 Hands are the most common way in which microorganisms, particularly bacteria, have the potential to be transported and subsequently cause infection, especially in those who are most susceptible to infection. In order to prevent the spread of any microorganism to those who might develop serious infections through this route while receiving care, hand hygiene must be performed efficiently and effectively. This is considered to be the single most important practice in reducing the transmission of infectious agents, including Healthcare Associated Infections (HAI), during delivery of care.

1.2 The choice of hand hygiene procedure used should be informed by the potential/actual hazards that have or might be encountered, the subsequent potential/actual contamination of hands, and any risks that may present as a result. The nature of the work - patient/client interaction with the healthcare worker will often determine this along with the vulnerability and susceptibility of the individual receiving care.

1.3 It must however, always be assumed that every person encountered could be carrying potentially harmful microorganisms that might be transmitted and cause harm to others. For this reason, hand hygiene is one precaution which must be applied as standard.

2. **PURPOSE AND RATIONALE**

2.1 Healthcare workers (HCW) who have direct contact with patients are most likely to transmit infection if they do not carry out consistent and effective hand hygiene. A ‘Bare below the Elbow’ approach is recommended by the Department of Health and is policy in Somerset Partnership NHS Foundation Trust.

2.2 A zero tolerance approach to non-compliance with hand hygiene policy across all Somerset Partnership NHS Foundation Trust managed areas is a core element of the Infection Prevention and Control Hand Hygiene Annual Plan of work. Enforcing zero tolerance relies on strategic leadership and strong governance.

2.3 All of the steps detailed in this policy aid the process of ensuring hands are free from contamination and are therefore should not be a factor in contributing to the spread of infection.

2.4 The term hand hygiene used in this document refers to all of the processes, including hand washing and hand decontamination achieved using other solutions, e.g. alcohol based hand rub.

2.5 **5 Moments of hand hygiene (see Appendix B)**
Somerset Partnership NHS Foundation Trust has implemented the World Health Organisation’s ‘5 moments for hand hygiene’. This is aimed to improve the hand hygiene of Health Care Workers to stop the spread of infection. The 5 moments for hand hygiene was designed to education and informed HCW’s about why, when and how to clean their hands. The ‘5 moments for hand hygiene’ are:-

1. Before patient contact
2. Before an aseptic or clean task
3. After risk of body fluids
4. After patient contact
5. After contact with the patient surroundings

These ‘5 moments’ form the audit tool used by Somerset Partnership NHS Foundation Trust to audit staff compliance in all areas of patient care including, inpatients units, mental health, Minor injury units, District Nurse teams and other specialist community teams

3. DUTIES AND RESPONSIBILITIES

3.1 The Trust Board, via the Chief Executive will:

- Ensure there are effective and adequately resourced arrangements for hand decontamination within the Trust.
- Identify a Board level lead for infection prevention and control.
- Ensure that the role and functions of the Director of Infection Prevention and Control are satisfactorily fulfilled by appropriate and competent persons as defined by Health and Social Care Act (DH 2008) (revised in 2012)

3.2 Director of Infection Prevention and Control (DIPC) will:

- The DIPC will oversee the local control of and the implementation of the Hand Hygiene policy.

3.3 The Infection, Prevention and Control Assurance Group will:

- Ensure that Hand Hygiene procedures are continually reviewed and improved within the Trust.

3.4 The Head of Infection Prevention and Control will:

- Be the author of this document and responsible for ensuring the Hand Hygiene Policy is reviewed at least every three years or sooner and will ensure the policy, training and audit is in line with national guidance.

3.5 All Somerset Partnership NHS Foundation Trust Managers will:

- Ensure that staff are aware of this policy and requirements for Infection Prevention and control Mandatory training which includes hand hygiene training. Managers will ensure that individual staff and teams’
training needs are met through appraisal and in line with Mandatory Staff Training through the Learning and Development learning Zone available via the Trust intranet.

- Ensure that adequate resources are in place to allow for the recommended infection prevention and control measures such as hand hygiene to be implemented. This includes liaison with the estates/maintenance staff in relation to hand hygiene facilities such as sinks;

- Ensure areas participate in surveillance and audit programmes at a local level including auditing as part of the Infection Prevention and Control audit programme and actively support any measures implemented to improve hand hygiene compliance results;

- Ensure any staff with health concerns, including any skin irritation related to occupational hand hygiene, or those who have become ill due to occupational exposure are referred to the relevant person e.g. Staff Occupational Health Service;

- Ensure that hand hygiene posters are displayed in relevant prominent areas;

3.6 **Staff with local Infection Prevention and Control responsibilities will:**

- Provide education for staff and management on this policy and will ensure attendance records signed by each participant are forwarded to the Learning and Development Department;
- Act as a resource for guidance and support when advice on hand hygiene is required;
- Provide advice on individual risk assessments for performing hand hygiene;
- Support the monitoring of compliance results;
- Assist where required with non-compliance of staff.

3.7 **The Learning and Development Team is:**

- responsible for entering all data relating to Mandatory and Non-Mandatory training attendance onto the Electronic Staff Record (ESR) system and reporting non-attendance to Team Managers.

3.8 **All healthcare staff** providing direct care in a health or social care setting including a patient’s/client’s own home will:

- Adhere to the policies, guidelines and procedures pertaining to Hand Hygiene which provide a framework for safe and best practice;
- Apply the principles of standard infection prevention and control precautions. All staff have a responsibility to ensure that they undertake adequate hand hygiene and encourage others delivering care to do so;
• Ensure all other staff/agencies apply the principles of standard infection control precautions;
• Offer reassurance to patients/clients and visitors/carers on precautions being taken;
• Advise the patients/clients, carers or visitors of any infection prevention and control requirements such as hand hygiene;
• Ensure supplies of hand hygiene solutions and other materials, such as disposable paper towels are readily available for all to use, including for visitors;
• Ensure posters featuring when to perform hand hygiene and the steps included in the hand hygiene process etc. are displayed in relevant, prominent areas to support infection prevention and control. Support for this can be sought through the Infection Prevention and Control Team;
• Report to line managers any deficits in knowledge or other factors in relation to standard infection control precautions and hand hygiene in particular including facilities/equipment or incidents that may have resulted in cross contamination;
• Report to line managers of any HCW who is persistently non-compliant with Hand Hygiene;
• Attend any mandatory or update infection prevention and control education sessions;
• Report any incidents where failures in hand hygiene have occurred or where there are product/facilities issues that affect adequate hand hygiene, and in turn, health and safety using the web-based DATIX form accessible to all staff on the Trust Intranet.

3.9 All staff whatever their grade, role or status, permanent, temporary, full-time, part-time staff and locums, bank and agency staff, volunteers, trainees and students are responsible for booking themselves onto initial and update mandatory training and for attending mandatory training. Staff should keep an up-to-date record of Personal Training using the Electronic staff record (ESR) via the learning and development section via the Trust Intranet.

3.10 The Trust has a responsibility to advise visitors:

• Of appropriate hand hygiene to be carried out, at least before and after visiting;
• To contact the person in charge before visiting if they are unsure of the infectious status of the person they are visiting;
• To display appropriate signage advising visitors of appropriate Hand Hygiene.

4. DEFINITIONS

• The Trust – Somerset Partnership NHS Foundation Trust.
• Hand decontamination – A process which removes and/or destroys transient micro organisms from the hands by washing with soap and water or disinfection with an alcohol hand rub.
• **Alcohol hand rub** – An alcohol based hand decontamination preparation that encompasses agents that are either rinses or gels.
• **HCW** - Health Care Worker.
• **HCAI** – Healthcare Associated Infections.
• **PPE** – Personal Protective Equipment.
• **Tottle** – Personally held supply of hand hygiene gel.
• **Community Hand Hygiene Pack** – this should consist of hand held sizes of the Trust approved alcohol gel, soap and moisturiser that can be carried on domiciliary visits. These may be as prefilled packs provided by the manufacturer but are more usually assembled within individual teams.

5. **GENERAL PRINCIPLES**

5.1 The Somerset Partnership NHS Foundation Trust Hand Hygiene Policy applies to all HCW, including medical staff, allied health professionals, support workers and nursing staff.

5.2 Hand decontamination advice will be provided to all Somerset Partnership NHS Foundation Trust staff during annual mandatory Infection Prevention and Control training. All clinical staff should have the opportunity to use the Glow-Box Hand Hygiene training tool.

5.3 Audit of compliance with the hand washing policy will be undertaken by the Somerset Partnership NHS Foundation Trust Infection Prevention and Control Link Practitioners/Hand Wash Champions on a monthly basis, and outcome actions will be supported by the Infection Prevention and Control Team. Please see section 9 for further details.

5.4 There is no set frequency for hand washing – it is determined by actions and the level of risk these actions potentially pose. Hands should be decontaminated in line with the ‘5 moments for Hand Hygiene’ (see Appendix B).

5.5 There are three separate levels of hand hygiene, details of which can be found at Appendix A.

5.6 Even if gloves have been worn (see Personal Protective Equipment Policy), hand hygiene must be performed as per the ‘5 moments for Hand Hygiene’ as hands may still be contaminated beneath gloves and may pose a risk for transmitting microorganisms. It should also be noted that hand hygiene may be indicated between tasks on the same patient.

6. **HANDWASHING AGENTS**

6.1 Liquid soap in pump dispensers are to be used on all Somerset Partnership NHS Foundation Trust Community Services premises. These have disposable cartridges to reduce the risk of contamination. The outlet nozzle must be regularly cleaned to avoid risk of infection from build up of any residual soap drips.
6.2 Anti-bacterial soap is not necessary in clinical areas. Bars of soap are not to be used by healthcare staff as they can cause cross contamination. Bars of soap left by patients must be disposed of immediately.

6.3 Nail brushes are only to be used within the theatre environment, where they will be single use and disposable.

6.4 Chlorhexidine Gluconate (Hibiscrub), Povidine Iodine (Betadine) or Sterillium hand disinfectant are to be used for pre-surgical hand scrubs. They should not be used routinely out of the theatre environment as they will dry/damage skin.

7. HAND WASHING TECHNIQUE: How to perform adequate hand hygiene

Facilities

7.1 Why consider the correct hand hygiene facilities?

7.1.1 Access to appropriate hand hygiene facilities, and associated supplies, is essential to ensure adequate hand hygiene can be performed.

7.1.2 It has been shown that inadequate facilities will lead to poor hand hygiene performance. This not only includes the type and number of facilities, but also where they are situated in relation to where work/care is carried out and access to hand washing products.

7.2 What factors should I look for in the hand hygiene facilities?

7.2.1 The use of ‘hands free’ tap systems is crucial in preventing re-contamination of hands following hand hygiene performance at a sink and should be available as far as possible, particularly where personal care is delivered in clinical or communal settings. These can include:

7.2.2 Wrist, elbow or foot taps. Elbow taps are currently most commonly used in clinical or communal care areas and, if used properly (e.g. turning taps off utilising the elbows), are acceptable.

7.2.3 Motion sensor controlled taps (e.g. those that turn on and off when hands are waved in front of a sensor light area, no touching of the sink/tap system required). It is essential, however, that these systems provide users with adequate time to wet their hands prior to performing hand hygiene and that users are not put off by any delay in water delivery.

7.2.4 If ‘hands free taps’ are not available, the tap should be turned off using a clean paper towel so as not to contaminate hands, this paper towel should be disposed of immediately in line with the Trust waste disposal policy and fresh towels used to dry hands.

7.2.5 It is essential that there are no plugs in hand wash basins in order to avoid filling sinks with water as this is not an adequate way to perform hand hygiene, particularly in clinical or communal care areas.
7.2.6 Mixer taps or thermostatic mixer valves are preferred to provide the correct temperature of water for performing hand hygiene as this is an important step in the process.

7.2.7 The tap should not directly expel/drain water straight down the drain. It should be sited appropriately to ensure water hits the sink basin as it flows out, otherwise aerosol from the drainage system can splash back on to the user.

7.2.8 Hand wash basins should not have an overflow.

7.3 **Availability of supplies for hand hygiene is essential, including:**

7.3.1 Hand hygiene solutions (soap, antiseptic hand wash solution and alcohol based hand rub), preferably wall mounted in easy to use, and easy to clean, holder systems that contain single use, disposable cartridge sets, particularly in clinical or communal care areas. Nozzles of solution bottles/containers should always be clean and free of any congealed product (bottles should not be reused, ‘topped up’). Those working in the community where hand hygiene facilities may not be of an adequate standard will need to carry their own hand hygiene solutions (Community Hand hygiene Pack – this should consist of hand held sizes of the Trust approved alcohol gel, soap and moisturiser that can be carried on domiciliary visits).

7.3.2 In areas that are assessed as too high risk to provide wall mounted hand hygiene solutions (particularly alcohol based hand rubs) personal ‘tottles’ must be used, these should be in good working order, clean and free of congealed product (tottles should not be reused or ‘topped up’).

7.3.3 In areas assessed as high risk, wall mounted dispensers (including paper towel dispensers) must not be screwed directly to walls where patients may be unsupervised, sticky pads should be used or the dispenser mounted using a magnetic plate.

7.3.4 Soft disposable paper towels for hand drying, preferably stored in wall mounted, easy to use and clean holders. (Those working in the community where hand hygiene facilities may not be of an adequate standard will need to carry their own disposable hand towels).

7.3.5 Hands free, i.e. pedal operated, waste receptacles, close at hand (see Safe Disposal of Waste Policy).

7.3.6 Supplies of paper towels and other hand hygiene supplies should always be stored in a clean dry area prior to use.

7.3.7 Poorly maintained hand hygiene facilities, e.g. chipped/cracked enamel, should be reported/reppaired. Hand wash basins must conform to standards as uneven damaged surfaces may harbour microorganisms.
NB Estates/maintenance staff are important partners in ensuring that hand hygiene facilities are adequate and that supplies are mounted appropriately.

7.4 Hands should be washed using a systematic method ensuring no areas are missed (see Appendix C)

- wet hands thoroughly under running warm water;
- dispense one measure of soap into palm of the hand;
- cover all surfaces of the hands and wash for 30 seconds;
- ensure that you include wrists and forearms;
- rinse well under running water;
- dry thoroughly using a disposable paper towel. Linen/terry towels are not to be used as they encourage spread of infection;
- dispose of paper towels into a foot operated waste bin.

7.5 Remember routine areas missed in hand washing are thumbs, finger tips and in between fingers.

7.6 If hands have patient/client contact before or during a procedure, but are not soiled with any body fluids and, therefore, do not require re-hand washing with soap or an antiseptic hand cleanser, alcohol based hand rub can be used, using the same technique/duration.

7.7 Any organic matter can inactivate the activity of alcohol and, therefore, re-hand washing in these circumstances is essential.

7.8 Where infection with a spore forming organism e.g. *Clostridium difficile* is suspected/proven it is recommended that hand hygiene is carried out with liquid soap and water.

7.9 Where infection with a viral gastroenteritis e.g. Norovirus is suspected / proven it is important that hand hygiene is carried out with liquid soap and water. In Mental Health inpatient areas where the availability of hand washing basins is limited or where access to hand washing facilities is difficult, staff should take advice from the Infection Prevention and Control Team.

7.10 In clinical and communal care settings in particular, it is recommended that solutions be stored within a wall mounted dispenser that can be easily cleaned, have single use, disposable cartridge sets within the dispenser, and have easy-to-use dispensing systems (e.g. a large lever).

7.11 Bar soap should not be used in a clinical setting. Staff working in areas such as patient's/clients own homes may have to carry their own supplies of solutions (Community Hand hygiene pack).

7.12 Solutions used may vary in local settings. The physical actions of performing hand hygiene, however, should always be the same and are essential in ensuring hands are adequately decontaminated.
‘Topping up’ of bottles that contain solutions should never occur as the inside of bottles, even those containing antiseptic solutions, can become a breeding ground for bacteria over time.

The use of antimicrobial impregnated wipes has been considered for use in the hand hygiene process, however, it has been shown that such wipes are not as effective as hand washing or the use of alcohol based hand rub, therefore these are not considered a substitute for staff hand decontamination. For further advice contact the Infection Prevention and Control team.

**How long should it take to perform hand hygiene?**

Washing for longer than these times is not recommended as this may damage the skin leading to increased shedding of skin scales or increased harbouring of microorganisms.

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<th>LEVEL 1</th>
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<th>LEVEL 3</th>
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<tr>
<td>Social Hand Hygiene</td>
<td>Hygienic Hand Hygiene</td>
<td>Surgical scrub</td>
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<tr>
<td>At least 30 seconds</td>
<td>At least 30 seconds</td>
<td>Carry out hygienic hand hygiene process for 2-3 minutes, ensuring all areas of hands and forearms are covered</td>
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**Why consider hand drying in the hand hygiene (washing) process?**

- Hand drying has been shown to be a critical factor in the hand hygiene process, in particular removing any remaining residual moisture that may facilitate transmission of microorganisms;

- Hands that are not dried properly can become dry and cracked, leading to an increased risk of harbouring microorganisms on the hands that might be transmitted to other

**How do I dry my hands adequately?**

- Once the taps have been turned off using a ‘hands-free’ technique, use disposable paper towels to dry each area of the hand thoroughly. This should be done by drying each part of the hand remembering all of the steps included in the hand washing process;

- The use of soft disposable paper towels are preferable to encourage compliance with the hand hygiene process;

- Drying following surgical scrub is recommended using a motion from the hands to the elbow;
- Disposable paper towels should be placed immediately into appropriate waste receptacles, avoiding recontamination of hands, e.g. foot-operated bins (see Safe Disposal of Waste Policy). Recontamination of hands immediately following the hand hygiene process must be avoided, eg by not touching any contaminated areas in the environment or touching own hair or face;

- Disposable paper towels should always be used in clinical settings;

- Communal towels for hand drying should be avoided.

8. ALCOHOL HAND GEL: Performing hand hygiene using alcohol based hand rub

8.1 Why use alcohol based hand rub for hand hygiene?

- Alcohol based hand rubs with a concentration of 70% are generally used as they are effective, cause less skin drying dermatitis and are less costly. Products that also contain emollients can be used to ensure the drying effects of alcohol based hand rubs are minimized.

- It has been shown that alcohol based hand rub used for the hand hygiene process can inhibit microorganisms on hands by filling the crevices in hands and evaporating as it spreads over all areas.

8.2 When should I use alcohol based hand rub for hand hygiene?

- These products can be useful for performing hand hygiene when sinks are not readily available for hand washing or when hands may be contaminated, but no soilage is present e.g. entering or leaving a ward/clinical/patient area.

- Alcohol based hand rub can also be used following hand washing, eg when performing aseptic techniques, to provide a further cleansing and residual effect.

8.3 When should I not use alcohol based hand rub for hand hygiene?

- Where infection with a spore forming organism e.g. Clostridium difficile is suspected/proven it is recommended that hand hygiene is carried out with liquid soap and water.

- Where infection with a viral gastroenteritis e.g. Norovirus is suspected / proven it is important that hand hygiene is carried out with liquid soap and water.

- In Mental Health inpatient areas where the availability of hand washing basins is limited or where access to hand washing facilities is difficult, staff should take advice from the Infection Prevention and Control Team.
8.4 **How should I use alcohol based hand rub to perform hand hygiene?**

- The amount/volume used to provide adequate coverage of the hands should be indicated in the manufacturers’ instructions. This is normally around 3 mls.

- The steps to perform hand hygiene using alcohol based hand rub are the same as when performing hand washing (see Appendix C).

- The time taken to perform hand hygiene using alcohol based hand rub should be the same as when performing hand washing, e.g. at least 30 seconds is recommended (15-30 seconds is adequate).

- Manufacturers’ instructions can be followed (a number of these recommend rubbing for 30 seconds).

- If the solution has not dried by the end of this process allow hands to dry fully before any patient/client procedures are undertaken (do not use towels to do this).

8.5 **Good Practice Points**

- No scientific evidence is currently available to advise as to the maximum number of applications of alcohol based hand rub before hand washing is then required (i.e. when hands have not been soiled). Individuals are, therefore, required to use their own judgement or follow local guidance or manufacturers’ instructions (particularly regarding build up of products on hands).

- If hands begin to feel ‘sticky’ it is a sign that product build up is occurring and hand washing should be undertaken.

- Caution must be taken when using alcohol based hand rub in relation to flammability and ingestion. Local risk assessments should be undertaken to address each of these issues.

- Caution should also be taken to avoid drips or spills of solutions for health and safety reasons (e.g. slips or falls).

- Those working in areas such as patients’/clients’ own homes should carry their own supplies of solutions.

9. **GENERAL HAND CARE**

9.1 **Hand care: Why consider hand care in the hand hygiene process?**

- To protect the skin on hands from drying and cracking, where bacteria, in particular, may harbour and to protect broken areas from becoming contaminated, particularly when exposed to blood and body fluids.
9.2 How to care for hands?

- Cover all cuts and abrasions with a waterproof dressing.
- Hand creams can be applied to care for the skin on hands, however, only individual tubes of hand cream should be used or hand cream from wall mounted dispensers.
- Creams used should not affect the action of hand cleaning solutions being used or the integrity of gloves.
- Communal tubs, in particular, should be avoided as these may contain bacteria over time.
- Perfumed soaps, or other solutions, might cause skin problems for some if used frequently, therefore, this should be discussed with Occupational Health services and alternatives sought and made available.
- Report any skin problems to your line manager, Occupational Health or General Practitioner in order that appropriate skin care can be undertaken and the risks of harbouring microorganisms while providing care for others can be avoided.

9.3 Care of fingernails

- It has been shown that nails, including chipped nail polish, can harbour potentially harmful bacteria. Caring for nails helps prevent the harbouring of microorganisms, which could then be transmitted to those who are receiving care.

9.4 How to care for fingernails

- Nails must be kept short and clean.
- Nail polish should not be worn.
- Artificial fingernails/extensions/overlays including Gel nail polish or gel overlays must not be worn when providing care.
- Nail brushes should not be used other than for surgical scrubs.
- The steps included in the hand hygiene process must be followed in order to ensure nail areas are cleaned properly (see Appendix C).

9.5 Hand hygiene and jewellery (Please refer to Dress Code/Uniform Policy)

- It has been shown that contamination of jewellery with microorganisms, particularly rings with stones and/or jewellery of intricate detail, can occur and should be avoided.
9.6 What to do with jewellery when performing hand hygiene?

- Wrist and hand jewellery should be removed before care is provided. Where there will be close personal contact with patients/clients this is essential. Most staff providing care must therefore, remove these at the start of the working day.

- It is acceptable to wear one plain band, for example wedding band.

9.7 Hand hygiene and work clothing

- In order to ensure hands can be easily decontaminated work clothing must not extend past the elbow during clinical contact. Jackets and coats should be removed and long sleeves if worn rolled up, allowing for wrists and forearms to be exposed.

- Fleeces and cardigans may be worn but not in clinical areas or whilst direct care is being delivered.

10. PATIENTS / CLIENTS AND VISITORS

10.1 Alcohol gel dispensers are located at the point of patient care within the clinical setting and can be available for visitors or members of the public to use.

10.2 Patients/clients need to be advised of their role in preventing spread of infection and the necessity for regular hand washing. (See Appendix B). Adequate facilities must be provided by the Somerset Partnership NHS Foundation Trust to encourage social hand washing/decontamination.

10.3 Social hand washing must be offered to patients when needed ie after using the toilet or commode, before meals etc.

10.4 Patients/clients are to be encouraged to ask healthcare workers if their hands are clean before they provide any personal care.

10.5 Posters will be located by sinks or gel stations advising of their use.

10.6 Patients’ carers must follow hand hygiene guidelines before caring for patients/clients.

11. GLOVES: USE OF PERSONAL PROTECTIVE EQUIPMENT (PPE)

11.1 The decision to wear disposable gloves should be based on the degree of risk of transmitting organisms between the patient and the healthcare worker.

11.2 There are two main indications for wearing gloves:
• To protect hands from contamination with organic matter and microorganisms;
• To reduce the risks of transmission of microorganisms to both patients and health care workers.

11.3 Gloves should be worn for:
• invasive procedures;
• contact with sterile sites and non intact skin or mucous membranes;
• all activities that have been assessed as carrying a risk of exposure to blood, body fluids, secretions or excretions, or sharp or contaminated instruments.

11.4 Gloves should be treated as single-use items. They should be:
• put on immediately before patient contact or treatment;
• removed as soon as the intervention is completed;
• changed between different care activities;
• changed between contacts with different patients.

11.5 Gloves should be disposed of as clinical waste and the hands decontaminated appropriately once the gloves have been removed.

12. SOMERSET PARTNERSHIP NHS FOUNDATION TRUST INFECTION PREVENTION AND CONTROL AUDIT OF COMPLIANCE

12.1 Somerset Partnership NHS Foundation Trust has adopted a zero tolerance approach to non compliance with this Hand Hygiene policy. It is therefore imperative that all healthcare staff, involved in direct patient care, are compliant with the requirements of the policy, and as part of local surveillance arrangements; hand hygiene audits are undertaken on a monthly basis across all Somerset Partnership NHS Foundation Trust managed Community Hospitals. A copy of the audit tool can be viewed at Appendix D.

12.2 The Somerset Partnership NHS Foundation Trust Infection Prevention and Control Link Practitioners/Hand Wash Champions will audit compliance against this policy on a monthly basis as per the audit tool at Appendix D. A review of these results will be undertaken quarterly by the Infection Prevention and Control Team.

12.3 The infection Prevention and Control team will validate the compliance scores submitted from the staff teams on a quarterly basis. Commercial partners may also be involved in validation of audit results and compliance.

12.4 Somerset Partnership NHS Foundation Trust employees will be subject to the following.
Non compliance with the Hand Hygiene Policy will result in local escalation (as per Appendix E/F) as follows;

- **FIRST INCIDENT**: Staff member noted to be non compliant. Link Practitioners/Hand Wash Champions will enquire rational for non compliance. If staff member able to provide risk/evidence based rational for non compliance then nil further action. If Link Practitioners/Hand Wash Champions satisfied that patient safety has been compromised, staff member’s name and role will be taken and information forwarded to nurse in charge;

- **SECOND INCIDENT**: Staff member again noted to be non compliant. Link Practitioners/Hand Wash Champions will enquire rational for non compliance. If staff member able to provide risk/evidence based rational for non compliance then nil further action. If Link Practitioners/Hand Wash Champions satisfied that patient safety has been compromised, staff member’s name and role will be taken and information forwarded to Matron. Letter as per Appendix E to be forwarded to staff member;

- **THIRD INCIDENT**: Staff member again noted to be non-compliant Link Practitioners/Hand Wash Champions will enquire rational for non compliance. If staff member able to provide risk/evidence based rational for noncompliance then nil further action. Link Practitioners/Hand Wash Champions satisfied that patient safety has been compromised, staff member’s name and role will be taken and information forwarded to Matron. Letter as per Appendix F to be forwarded to staff member.

- Disciplinary process to commence.

12.5 Enforcing zero tolerance relies on strategic leadership and strong governance. All Heads of Service, Divisional/Service/Ward/Team Managers, Matrons, Ward Sisters, supported by the Somerset Partnership NHS Foundation Trust Infection Control Team (including Link Practitioners/Hand Wash Champions), have lead roles and responsibilities for implementation of infection control policies and best practice guidance in general at local level.

12.6 Compliance results are reported on a monthly basis as part of the Somerset Partnership NHS Foundation Trust Performance Balanced Scorecard which is reported monthly to the Senior Manager’s Operational Group and quarterly to the Somerset Partnership NHS Foundation Trust Infection Prevention and Control Assurance Group. These results are also reported quarterly to the Somerset Infection Prevention and Control and Antimicrobial Assurance Group (SIPAAC).

13. **TRAINING REQUIREMENTS**

13.1 The Trust will work towards all staff being appropriately trained in line with the organisation’s Staff Mandatory Training. All training documents referred
14. **MONITORING COMPLIANCE AND EFFECTIVENESS**

14.1 **Monitoring arrangements for compliance and effectiveness**

Overall monitoring will be by the Quality Assurance Group. The Infection Prevention and Control Implementation Group is accountable to and will provide a quarterly report to the Quality Assurance Group.

14.2 **Responsibilities for conducting the monitoring**

The Infection Prevention and Control Assurance Group will monitor procedural document compliance and effectiveness where they relate to clinical areas.

14.3 **Methodology to be used for monitoring**

- random sampling of staff and validation audits;
- internal audits;
- incident reporting and monitoring;
- monthly Hand Hygiene Audits;

14.4 **Frequency of monitoring**

- quarterly reports to the Infection Prevention and Control Assurance Group;
- annual reports to the Trust Board;
- quarterly reports to the Quality Assurance Group.

14.5 **Process for reviewing results and ensuring improvements in performance occur.**

Audit results will be presented to the Infection Prevention and Control Assurance Group for consideration, identifying good practice, any shortfalls, action points and lessons learnt. This Group will be responsible for ensuring improvements, where necessary, are implemented.

15. **REFERENCES, ACKNOWLEDGEMENTS AND ASSOCIATED DOCUMENTS**

15.1 **References**


15.2 **Relevant National Requirements**

Health Act 2008.

National Patient Safety Agency – Clean your hands campaign.


15.3 **Cross reference to other procedural documents**

Cleaning of Equipment and Decontamination Policy
Healthcare (Clinical) Waste Policy
Infection Prevention and Control Policy
Learning Development and Mandatory Training Policy
Record Keeping and Records Management Policy
Risk Management Policy and Procedure
Staff Appraisal and Managerial Supervision Policy
Learning Development and Mandatory training policy
Uniform CH Policy
Uniform MH Policy
Untoward Event Reporting Policy and Procedure

All current policies and procedures are accessible in the policy section of the public website (on the home page, click on ‘Policies and Procedures’). Trust Guidance is accessible to staff on the Trust Intranet.

15.4 **Relevant Objective within Trust Strategy**

Five year Integrated Business Plan.

16. **APPENDICES**

16.1 For the avoidance of any doubt the appendices in this policy are to constitute part of the body of this policy and shall be treated as such.
APPENDIX A

The 3 Levels of Hand Hygiene

<table>
<thead>
<tr>
<th>LEVEL 1</th>
<th>LEVEL 2</th>
<th>LEVEL 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Hand Hygiene</td>
<td>Hygienic Hand Hygiene</td>
<td>Surgical scrub</td>
</tr>
</tbody>
</table>

Hand Hygiene Policy
V8

December 2018
## When to perform hand hygiene?

<table>
<thead>
<tr>
<th>BEFORE</th>
<th>BEFORE/BETWEEN</th>
<th>BEFORE</th>
</tr>
</thead>
</table>
| 1. commencing/leaving work  
2. using computer keyboard (in a clinical area)  
3. eating/handling of food/drinks (whether own or patient/clients)  
4. preparing/giving medications  
5. patient/client contact  
6. entering/leaving clinical areas | 1. aseptic procedures  
2. contact with immunocompromised patients/clients | 1. surgical/invasive procedures |
| **AFTER** | 1. contact with patients/clients being cared for in isolation or having additional (Transmission Based) precautions applied due to the potential for spread of infection to others  
2. being in wards/departments/units during outbreaks of infection  
3. surgical/invasive procedures | **AFTER** | 1. patient/client contact  
2. becoming visibly soiled  
3. visiting the toilet  
4. using computer keyboard (in a clinical area)  
5. handling laundry/equipment/waste  
6. blowing/wiping/touching nose  
7. any contact with inanimate objects (e.g. equipment, items around the patient/client) and the patient/client environment  
8. removing gloves | 1. contact with patients/clients being cared for in isolation or having additional (Transmission Based) precautions applied due to the potential for spread of infection to others  
2. being in wards/departments/units during outbreaks of infection  
3. surgical/invasive procedures |
When to Perform Hand Hygiene

Hands should be cleaned at a range of times however in order to prevent HAI at the most fundamental times during care delivery and daily routines, when caring for those sick and vulnerable the 'Your 5 moments for Hand Hygiene' should be followed.

Your 5 moments for hand hygiene at the point of care

1. BEFORE PATIENT CONTACT
   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 A CLEAN/ASEPTIC PROCEDURE
   WHEN? Clean your hands immediately before any 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 healthcare environment from harmful patient germs

4. AFTER PATIENT CONTACT
   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 healthcare environment from harmful patient germs

5. AFTER CONTACT WITH 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 healthcare environment from harmful patient germs

Based on WHO poster 'Your 5 moments for hand hygiene' and reproduced with their kind permission
Your 5 moments for hand hygiene at the point of care

1. **Before Patient Contact**
   - **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 a Clean/Aseptic Procedure**
   - **WHEN?** Clean your hands immediately before any 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 healthcare environment from harmful patient germs

4. **After Patient Contact**
   - **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 healthcare environment from harmful patient germs

5. **After Contact with 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 healthcare environment from harmful patient germs

*Based on WHO poster ‘Your 5 moments for hand hygiene’ and reproduced with their kind permission*
|   | BEFORE PATIENT CONTACT | WHEN? | Clean your hands before touching a patient when approaching him or her.  
|   |                       | WHY?  | To protect the patient against harmful germs carried on your hands.  
| 2 | BEFORE AN ASEPTIC TASK| WHEN? | Clean your hands immediately before any aseptic task.  
|   |                       | WHY?  | To protect the patient against harmful germs, including the patient’s own germs, entering his or 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 PATIENT CONTACT | WHEN? | Clean your hands after touching a patient and his or her immediate surroundings when leaving.  
|   |                       | WHY?  | To protect yourself and the health-care environment from harmful patient germs.  
| 5 | AFTER CONTACT WITH PATIENT SURROUNDINGS | WHEN? | Clean your hands after touching any object or furniture in the patient’s immediate surroundings, when leaving - even without touching the patient.  
|   |                       | WHY?  | To protect yourself and the health-care environment from harmful patient germs.  

Hand Hygiene Policy  
V8  
- 25 -  
December 2018
How to Wash Hands Correctly and Reduce Infection

HAND CLEANING TECHNIQUES

How to handwash?
WITH SOAP AND WATER

1. Apply enough soap to cover all hand surfaces.
2. Rub hands palm to palm.
3. Rub back of each hand with the palm of either hand with fingers interlaced.
4. Rub palm to palm with fingers interlaced.
5. Rub with backs of fingers on opposing palm with fingers interlaced.
6. Rub each thumb clasped in opposite hand using rotational movement.
7. Rub tips of fingers in opposite palm in a circular motion.
8. Rub each wrist with opposite hand.
9. Rinse hands with water.
10. Use elbow to turn off tap.
11. Dry thoroughly with a single-use towel.
12. Your hands are now safe.

www.npsa.nhs.uk/cleanyourhands
Adapted from World Health Organization Guidelines on Hand Hygiene in Health Care - 2009

Hand Hygiene Policy
V8 - 26 - December 2018
How to handrub?

RUB HANDS FOR HAND HYGIENE! WASH HANDS ONLY WHEN VISIBLY SOILED!

Duration of the entire procedure: 20-30 sec.

1a
Apply a palmful of the product in a cupped hand and cover all surfaces.

1b

2
Rub hands palm to palm

3
right palm over left dorsum with interlaced fingers and vice versa

4
palm to palm with fingers interlaced

5
backs of fingers to opposing palms with fingers interlocked

6
rotational rubbing of left thumb clasped in right palm and vice versa

7
rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa

8
...once dry, your hands are safe.

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.
# Hand Hygiene Observational Audit Tool

**Microorganisms Spread Infection - and the easiest way to pass on microorganisms is with your hands!**

**Hand Hygiene Policy**

V8 - 28 - December 2018

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**Hand Hygiene Observational Audit Tool**

<table>
<thead>
<tr>
<th>Observation number</th>
<th>Staff Category</th>
<th>Auditor Actions</th>
<th>False/long Nails</th>
<th>Nail Varnish</th>
<th>Jewellery</th>
<th>Tottle (MH only)</th>
<th>Bare Below Elbows</th>
<th>Compliance</th>
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<tr>
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<td>Nil</td>
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<td>N</td>
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<td>T</td>
<td>B</td>
<td>Y</td>
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</tbody>
</table>

**Observe the first 10 people you see attending to a patient once your observation time has commenced. Do not include visitors but include any members of staff, partner organisations or volunteers/Helpers. Please record names of failures.**

Record whether the person followed the hand hygiene procedure during the above potential 5 'moments'.

**Each ‘moment’ should have a tick in either a ‘Yes’, ‘No’, or ‘N/A’ box:**

- Yes = They washed their hands or used alcohol gel at this stage
- No = They did not wash their hands or use alcohol gel at this stage
- N/A = This stage was not applicable to this patient on this occasion

---

**Once completed, please return this form to:**

HandHygieneAudits@sompar.nhs.uk

Or

IPC Team Administrator
Mallard Court
Bridgwater, TA6 4RN
**COMMUNITY NURSE HAND HYGIENE AUDIT**

<table>
<thead>
<tr>
<th>STAFF CATEGORY</th>
<th>AUDITOR ACTIONS</th>
<th>COMPLIANCE RECORD ONLY IF NON COMPLIANT WITH TRUST POLICY</th>
<th>MOMENT 1</th>
<th>MOMENT 2</th>
<th>MOMENT 3</th>
<th>MOMENT 4</th>
<th>MOMENT 5</th>
</tr>
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<tbody>
<tr>
<td>SN - Staff Nurse</td>
<td>Nil -N</td>
<td>False/long nails - F Nail polish - N Jewellery - J Bare below elbows - B Gel Tottle - GT</td>
<td>Did you decontaminate your hands before patient contact?</td>
<td>(a) Did you carry out an aseptic/clean technique? (b) If yes did you decontaminate your hands?</td>
<td>(a) Did you have any contact with bodily fluids? (b) If yes did you decontaminate your hands?</td>
<td>Did you decontaminate your hands after patient contact?</td>
<td>Did you gel your hands on leaving the patients home?</td>
</tr>
<tr>
<td>HCA - health care assistant</td>
<td>Discussed with staff member- D</td>
<td></td>
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<tr>
<td>Other – Please state</td>
<td>Referred to Manager -R Training -T</td>
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Thinking about your last patient visit please complete the audit, noting that not all of the five moments of hand hygiene may have been used.

Please be honest as this audit is only as accurate as the information given. Thank you

Please email your results to [HandHygieneAudits@sompar.nhs.uk](mailto:HandHygieneAudits@sompar.nhs.uk)

---

**Hand Hygiene Policy**

V8 - 29 - December 2018
HAND WASHING COMPLIANCE

It has been brought to my attention that on ................., during a hand wash observational audit assessment, you were observed failing to undertake hand hygiene in accordance with the Trust Policy.

Somerset Partnership NHS Foundation Trust is fully committed to the prevention of Health Care Associated Infections (HCAI’s) and to ensuring compliance with the Hygiene Code of Practice (DH 2006 updated 2008), and will therefore take appropriate action with regards to any staff member who fails to comply with hand wash requirements.

There is extensive evidence to support the practice of hand washing within all healthcare services, and Somerset Healthcare staff should be aware of that:

- Approximately 6.4% of hospitalised patients acquire an infection during their hospital stay
- The cost to the NHS is approximately £1 billion per year
- It is estimated that healthcare associated infections (HAI) cause more than 5000 deaths each year
- It is recognised that HAI could be significantly reduced if Healthcare Workers complied with hand hygiene guidance.

I would therefore like to meet with you on the ............to discuss this with you and to agree any further actions that may be required to ensure your full compliance.

If you wish to discuss this further please do not hesitate to contact me.
If you are interested in community health, mental health or learning disability services or issues and would like to become a member of our Trust, please contact the NHS Foundation Trust Office on 01278 432073 or visit our website on www.sompar.nhs.uk

Chairman: Stephen Ladyman    Chief Executive: Peter Lewis
Dear <Name>

HAND WASHING COMPLIANCE

Further to your meeting with......................... on the ................. date of our meeting with staff member, I am writing to confirm that the investigation into your alleged breach of the hand washing procedure has now been completed.

The investigation has identified evidence to the effect that you failed to wash your hands in accordance with the Trust’s policy on............................... on.............. (date)............................... despite the fact that you have previously been notified of the requirement to do so both verbally on...............................(date) by ................................(name) and following a second breach, in writing on......................

Such persistent failures are considered to be acts of negligence which place at risk the health, safety and welfare of our patient’s staff and constitute Serious Misconduct under the Trust’s Disciplinary Procedure. As a result therefore, we have no option than to convene a hearing under the Somerset Partnership NHS Foundation Trust Disciplinary Procedure.

The purpose of the hearing will be to consider your response to the Investigation Report and to decide what action, if any, should be taken. A copy of the Investigation Report together with the Disciplinary Procedure for Somerset Partnership NHS Foundation Trust Disciplinary Procedure is enclosed with this letter. Please note, action at this stage could result in a formal warning being issued.

The hearing will be held as follows:
Date: 
Time: 
Location: 
Panel:

---

A health and social care organisation, in partnership with Somerset County Council
Chairman: Stephen Ladyman  Chief Executive: Peter Lewis
In addition the following staff will be attending as witness:

You are entitled to be accompanied to the hearing by a colleague or Trade Union representative, should you so wish.

Please confirm by return your attendance at the hearing and the name of your representative, if applicable.

Yours Sincerely,

NAME
Job Title

Enc: Investigation Report
Disciplinary Procedure