Hand Hygiene Policy

V2.1

October 2017
Summary.

Effective hand hygiene is shown to significantly reduce the carriage of potential pathogens and decrease the risk and occurrence of healthcare associated infections.

Each individual has a clinical and ethical responsibility to:
- Carry out effective Infection prevention and control procedures
- Act in a way which minimises risks to the patient.
- Ensure they attend annual infection prevention and control mandatory training including hand hygiene.

Staff working at RCHT are expected to comply with being bare below the elbows while in a clinical area.

My 5 Moments for Hand Hygiene’ approach (WHO 2009) defines the key moments when health care workers should perform hand hygiene.

Alcohol hand rub offers a practical and acceptable alternative to hand washing provided hands are not dirty or in cases of diarrhoea and vomiting.

Patients should be offered hand hygiene facilities. Soap and a bowl of water or hand cleansing wipes, must be offered to patients who are unable to access hand washing facilities independently.

Patients should be provided with a hand hygiene leaflet on admission or prior to admission if an elective case.

Visitors are invited to use the hand gel located at the entrance to the ward/department or in the patient bed space area, if they wish.
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1. **Introduction**

1.1. Hand decontamination is the single most important means of preventing the spread of infection. Effective hand hygiene is shown to significantly reduce the carriage of potential pathogens and decrease the risk and occurrence of healthcare associated infections.

1.2. Epidemiological evidence indicates that hand-mediated transmission is a major contributing factor in the acquisition and spread of infection in hospitals (epic 3, Loveday et al 2014). Current national and international guidance has consistently identified that effective hand decontamination results in significant reductions in the carriage of potential pathogens on the hands and it is therefore logical that the incidence of preventable healthcare associated infection (HCAI) is decreased, leading to a reduction in patient morbidity and mortality (epic 3, 2014). Effective hand hygiene also prevents staff from acquiring micro-organisms that may cause infection.

1.3. To be effective, high levels of compliance must be achieved by all healthcare staff involved in patient care. Achieving high levels of appropriate hand hygiene compliance can be difficult. Continuous commitment is therefore required throughout The Royal Cornwall Hospitals NHS Trust championed by senior management and by clinicians at Board level and in each division.

2. **Purpose of this Policy/Procedure**

2.1. To highlight the importance of adhering to hand hygiene procedures in order to help reduce incidences of healthcare associated infections.

2.2. To demonstrate that the Trust has a strong commitment to effective hand hygiene.

3. **Scope**

3.1. This policy applies to all employees and contracted staff working at Royal Cornwall Hospitals NHS Trust.

4. **Definitions / Glossary**

   - **Hand hygiene** – Removal or destruction of microorganisms on the hands. Hand hygiene is an overarching term for hand washing with soap and water, hand disinfection using alcohol hand rub and surgical hand washing using an antiseptic detergent.

5. **Ownership and Responsibilities**

   5.1. **Role of the Chief Executive**

   The Chief Executive has overall responsibility and is accountable for providing a safe working environment for patients, visitors and staff and for ensuring the adoption of safe working practices.
5.2. Role of Ward Sisters/Charge Nurses and Heads of Departments
Ward Sisters/Charge Nurses and Heads of Department are responsible for:
- Ensuring that all staff are aware of this guidance and that the guidance is implemented.
- Ensuring that any staff that develop eczema, dermatitis or any other skin condition are referred to the Occupational Health Department.
- All Staff undertake annual mandatory Infection Prevention and Control Training including hand hygiene
- Hand Hygiene audits are carried out on a monthly basis
- Ensuring daily checks are conducted to ensure alcohol gel is available at the point of care

5.3. Role of Divisional Management Teams
Divisional Management Teams are responsible for ensuring that resources are available for health care workers to undertake effective hand hygiene.

5.4. Role of Individual Staff
Each individual has a clinical and ethical responsibility to:
- Carry out effective Infection prevention and control procedures
- Act in a way which minimises risks to the patient.
- Ensure they attend annual infection prevention and control mandatory training including hand hygiene.

5.5. Role of the Hospital Infection Prevention and Control Committee
The Hospital Infection Prevention and Control Committee is responsible for:
- Approving this Policy
- Monitoring progress on actions identified by the Divisions to ensure compliance with this policy

5.6. Role of the Infection Prevention and Control Team
The Infection Prevention / Control Team are responsible for
- Ensuring that this policy is up dated as necessary
- To provide on-going education regarding hand hygiene.
- To undertake monthly hand hygiene audits
- Provide specialist advice on hand hygiene practice and facilities.

5.7. Role of the Directors of Infection Prevention and Control
- To oversee the implementation and impact of this policy and make recommendations for change.
- Challenge poor hand hygiene standards.

5.8. Role of the Occupational Health Department
The Occupational Health Department are responsible for advising staff who develop allergy or intolerance to specific hand hygiene products on the alternatives available, in cooperation with the infection prevention and control department.
6. Standards and Practice

6.1. Hand Hygiene

Hands are the principle route by which cross infection occurs in health care settings. Hand hygiene is, therefore, the single most important means of reducing the spread of infection. All healthcare workers are required to comply with this policy.

6.1.1. Background Information

Microbes on the hands can be classified as either transient or resident:

Transient micro-organisms are found on the surface of the skin. Direct contact with other people or equipment can result in the transfer of 'transients' to or from the hands with ease. As such they are an important cause of cross infection. However, they are also easily removed by routine hand hygiene practice.

Resident micro-organisms are more deeply seated in the epidermis. As a result they are difficult to remove and are not usually implicated in cross infection. However, during surgery and other major invasive procedures they may enter deep tissues and cause infection. Thus there is a need for more extensive hand hygiene prior to such procedures.

6.2. Hand Decontamination

- The aim of routine hand decontamination is to remove transient micro-organisms acquired on the hands before they can be transferred. This activity is “social” hand decontamination when soap is used. Hands that are visibly soiled with dirt or organic material, or potentially contaminated with micro-organisms should be washed using liquid soap and water, also with patients with diarrhoea and vomiting.
- Alcohol hand rub offers a practical and acceptable alternative to hand washing provided hands are not dirty or in cases of diarrhoea and vomiting.
- It must be remembered that gloves can fail and it is therefore most important that hands are washed thoroughly and dried before putting on gloves and after removing them (cross reference RCHT Glove Policy).
- On removal of gloves hands must be washed with soap and water to minimise the risk of cross / self-contamination (epic 3, Loveday et al 2014) and also prevent an allergy developing if the gloves used contain latex.
- Antiseptic hand wash solutions used with water will both remove and destroy microorganisms on the hands. This process is referred to as chemical removal of microorganisms.
- Hand disinfection will reduce counts of colonizing resident flora as well as removing or destroying transient micro-organisms contaminating the hands. Some antiseptic agents have a residual activity so provide continual anti-microbial activity. This on-going activity is of benefit during surgical procedures and helps to minimize the risk of contaminating the surgical field if glove punctures occur.
6.3. When to Decontaminate Hands

6.3.1. ‘My 5 Moments for Hand Hygiene’ approach (WHO 2009) defines the key moments when health care workers should perform hand hygiene. This evidenced-based, field tested, user centred approach is designed to be easy to learn, logical and applicable in a wide range of settings.

This approach recommends health care workers to clean their hands
- Before touching a patient
- Before clean/aseptic procedures.
- After body fluid exposure/risk.
- After touching a patient and
- After touching the patient’s surroundings.

WHO—My 5 Moments for Hand Hygiene

6.3.2. Hand Decontamination Technique (Appendix 3)
A good technique covering all surfaces of the hands at the right time is more important than the agent used or the length of time taken to perform it.

The ideal technique should be quick, reduce hand contamination to the lowest possible level and be free from notable side-effects to the skin (Pittet and Boyce 2001).

All staff regardless of their role should be bare below the elbow in clinical areas.
6.4. Preparation of hands prior to decontamination

The efficacy of hand decontamination is improved if the following principles are adhered to:

6.4.1. **Bare below the elbows** (cross reference RCHT Dress Code and Uniform Policy)

- In accordance with DH (2010) guidance on uniforms and work-wear, long sleeved white coats must not be worn for patient care. Clinical staff must ensure that jackets are removed and either shirt sleeves rolled up or, preferably short sleeved shirts/tops worn when in clinical areas.
- Staff must remove rings (other than a plain band), bracelets and wristwatches prior to clinical patient contact to facilitate effective hand washing. Staff who have on-going clinical contact e.g. doctors, nurses, physiotherapists must remove such jewellery at the start of their shift as it is impractical to do this prior to every patient contact.
- Although a plain band ring is permitted during most clinical practice, it should be removed prior to surgical procedures.
- Finger nails must be kept clean and short i.e. not visible beyond the finger tip, when viewed from the palm side. Nail varnish and false finger nails/tips must not be worn.
- The definition of a clinical area is any department or ward area where patients are seen. The clinical area starts at the door and includes all rooms within it.

6.4.2. **Skin Care**

- Bacterial counts increase when the skin is damaged therefore care must be taken to maintain skin integrity:-
  - Always wet hands thoroughly prior to application of liquid soap or antiseptic detergent.
  - Rinse hands thoroughly to remove soap or antiseptic detergent.
  - Dry hands carefully.
  - Apply good quality Trust approved hand cream for example at the beginning, and end of a shift and whenever a break is taken (communal pots of hand cream should be avoided).
- Skin damage and dryness often results from frequent use of harsh soap products, application of soap to dry hands, or inadequate rinsing of soap from the hands. It is therefore essential that only approved liquid soap products are used, and that staff carefully follow correct hand hygiene techniques.
- All clinical areas should ensure adequate supplies of wall-mounted moisturiser are available for staff use. This is more cost-effective than sickness-absence due to damaged skin.
- Any staff that develop eczema, dermatitis or any other skin condition must seek advice from the Occupational Health Department as soon as possible. This should be Datixed and reported through RIDDOR.
- Any member of staff unable to use the recommended hand cleansing agents due to a skin condition/allergy must seek advice from the Occupational Health Department.
- Cuts and abrasions must be covered with a waterproof dressing. Staff dealing with food must use a blue waterproof plaster.
- Always wash hands with soap and water after removing gloves.
6.5. Routine Hand Decontamination Using Soap and Water

The correct technique for routine hand washing involves:

- Wetting the hands under running water
- Applying the liquid soap and covering all surfaces of the hands.
- Vigorously rubbing all surfaces of lathered hands for 30 seconds
- Rinsing hands under running water to remove residual soap
- Thoroughly dry hands.
- The World Health Organisation have issued guidance on the appropriate technique for hand washing (appendix 3) that can be used to ensure that all parts of the hands are covered. Each step consists of five strokes forward and five strokes backwards.

Key areas of focus during hand hygiene technique:
1. palm to palm
2. backs of hands
3. inter digital spaces
4. finger tips
5. thumbs
6. nails
7. wrists

6.6. Routine Hand Decontamination Using Alcohol Hand Gel

6.6.1. Generally, alcohol hand-rub is an effective alternative to routine hand washing if the hands are visibly clean. It is useful when hand washing facilities are not readily available and/or when speed is of the essence. It facilitates timely hand hygiene i.e. immediately before and after direct patient contact and, therefore, must be readily available in dispensers at the bedside or carried by staff. However, there are some microbes that are resistant to alcohol e.g. *Clostridium difficile* spores and *Norovirus*. It is essential to wash hands with soap and water when dealing with patients known or suspected to have these infections. As the diagnosis is not always obvious, a pragmatic approach is to use soap and water whenever dealing with a patient with diarrhoea.

6.6.2. When decontaminating hands using an alcohol hand rub, hands should be free of dirt and organic material. The hand rub solution must come into contact with all surfaces of the hand. The hands must be rubbed together vigorously using the 6 stage technique, paying particular attention to the tips of the fingers, the thumbs and the areas between the fingers, and until the solution has evaporated and the hands are dry.

6.7. Hand Hygiene Training

- All new members of staff are required by the Trust to attend a corporate induction before commencing employment. The corporate induction programme contains a session on infection prevention and control which includes guidance pertaining to correct hand hygiene technique. Attendance at Corporate induction is monitored by the Education and Training Department and any failure to attend is notified to the employing manager and may result in the member of staff concerned being prevented from commencing employment with the Trust.
- All staff in continuous employment who are employed directly by the Trust are required to undertake an annual mandatory education session in infection prevention and control including correct hand hygiene technique. Records of
attendance at mandatory training sessions are monitored by the education and training department at RCHT and non-compliance rates are notified to the Executive Management Team for further action (cross reference Core Training Policy). All trainee medical staff (e.g., F1/F2, medical students) working within the Trust are required to undertake a taught session on infection prevention and control including correct hand hygiene technique as part of their induction programme.

- Additional hand hygiene training sessions are delivered by the infection prevention and control team on an ad hoc basis and hand hygiene training is also reinforced to infection control link practitioners for cascading within local clinical teams.

6.8. Compliance

6.8.1. Compliance will be encouraged by:

- Ensuring easy access to appropriate hand hygiene products at the point of care, (wherever this is safe to do so)
- Increasing awareness of the importance of hand hygiene amongst healthcare workers using a variety of strategies such as training, posters and positive role modelling
- Wearing uniforms and other clothing worn for direct contact with patients or the clinical environment that are short sleeved, leaving the arm bare below the elbow.
- Providing information for patients about the importance of hand hygiene
- Inviting patients to prompt staff to clean their hands if they think they have forgotten.

6.8.2. Compliance will be monitored through regular (monthly) audit of hand hygiene practice in clinical areas using a validated audit tool. Audits will be undertaken by any member of staff trained to use the tool. Feedback to clinical staff will be provided in the form of verbal feedback immediately after the audit and written results will be forwarded to the relevant departmental manager.

6.8.3. Persistent or intentional failure to comply with this policy means that staff may be subject to a disciplinary procedure. See Appendix 1 for a flowchart on the management of non-compliance.

6.9. Patient and Visitor Hand Hygiene Awareness

Patients should be offered hand hygiene facilities and encouraged to wash their hands particularly after using toilet/commode/bedpan and prior to meals. Either soap and a bowl of water or hand cleansing wipes, must be offered to patients who are unable to access hand washing facilities independently.

Patients should be provided with a hand hygiene leaflet on admission or prior to admission if an elective case.

Visitors are invited to use the hand gel located at the entrance to the ward/department or in the patient bed space area, if they wish.
7. Dissemination and Implementation
This policy will be implemented via the following routes:
- Information regarding the policy will be included in the Infection Prevention and Control newsletter.
- The policy will be included in the Trust’s Document Library
- The policy will be circulated to all Link Practitioners, Ward Sisters, Departmental leads and Matrons

8. Monitoring compliance and effectiveness

<table>
<thead>
<tr>
<th>Element to be monitored</th>
<th>Compliance with the 5 moments of hand hygiene</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lead</td>
<td>Louise Dickinson, Consultant Nurse/Joint DIPC</td>
</tr>
<tr>
<td>Tool</td>
<td>Hand Hygiene audit tool</td>
</tr>
<tr>
<td>Frequency</td>
<td>This will be monitored in each ward area monthly</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reporting arrangements</th>
<th>Progress on the actions identified in the audit will be monitored via the Infection Prevention and Control Committee via the Divisional Report. This will be recorded in the minutes of the committee meeting.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acting on recommendations and Lead(s)</td>
<td>This infection prevention and control team will make initial recommendations at the time of audit. If following the Divisional response to the audit at the HICC, it is deemed necessary to make further recommendations, the Committee will be responsible for this and will determine the specified time scale.</td>
</tr>
<tr>
<td>Change in practice and lessons to be shared</td>
<td>Required changes to practice will be identified and actioned within a month. A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders</td>
</tr>
</tbody>
</table>

9. Updating and Review
9.1. This policy will be reviewed within 3 years

10. Equality and Diversity
10.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the 'Equality, Diversity & Human Rights Policy' or the Equality and Diversity website.

10.2. Equality Impact Assessment

10.3. The Initial Equality Impact Assessment Screening Form is at Appendix 2.
Appendix 1. Governance Information

<table>
<thead>
<tr>
<th>Document Title</th>
<th>Hand Hygiene Policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Issued/Approved:</td>
<td>17 November 2017</td>
</tr>
<tr>
<td>Date Valid From:</td>
<td>22 November 2017</td>
</tr>
<tr>
<td>Date Valid To:</td>
<td>21 November 2020</td>
</tr>
<tr>
<td>Directorate / Department responsible (author/owner):</td>
<td>Louise Dickinson, Consultant Nurse/Joint DIPC</td>
</tr>
<tr>
<td>Contact details:</td>
<td>01872 254969</td>
</tr>
<tr>
<td>Brief summary of contents</td>
<td>This policy provides guidance to ensure that the purchase, selection and usage of gloves comply with all relevant legislative requirements and follows available expert guidance.</td>
</tr>
<tr>
<td>Suggested Keywords:</td>
<td>Gloves</td>
</tr>
<tr>
<td>Target Audience</td>
<td>RCHT</td>
</tr>
<tr>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Executive Director responsible for Policy:</td>
<td>Chief Nurse</td>
</tr>
<tr>
<td>Date revised:</td>
<td></td>
</tr>
<tr>
<td>This document replaces (exact title of previous version):</td>
<td>Hand Hygiene Policy V1</td>
</tr>
<tr>
<td>Approval route (names of committees)/consultation:</td>
<td>Hospital Infection Prevention &amp; Control Committee Meeting</td>
</tr>
<tr>
<td>Divisional Manager confirming approval processes</td>
<td>Louise Dickinson, Consultant Nurse/Joint DIPC</td>
</tr>
<tr>
<td>Name and Post Title of additional signatories</td>
<td>Not Required</td>
</tr>
<tr>
<td>Name and Signature of Divisional/Directorate Governance Lead confirming approval by specialty and divisional management meetings</td>
<td>{Original Copy Signed}</td>
</tr>
<tr>
<td>Name:</td>
<td></td>
</tr>
<tr>
<td>Signature of Executive Director giving approval</td>
<td>{Original Copy Signed}</td>
</tr>
<tr>
<td>Publication Location (refer to Policy on Policies – Approvals and Ratification):</td>
<td>Internet &amp; Intranet</td>
</tr>
</tbody>
</table>
### Document Library Folder/Sub Folder
Clinical / Infection Prevention & Control

### Links to key external standards
Regulation 12

### Related Documents:
- Royal Cornwall Hospital NHS Trust (2016) Glove Policy

### Training Need Identified?
No

### Version Control Table

<table>
<thead>
<tr>
<th>Date</th>
<th>Version No</th>
<th>Summary of Changes</th>
<th>Changes Made by (Name and Job Title)</th>
</tr>
</thead>
<tbody>
<tr>
<td>02 Oct 15</td>
<td>V1</td>
<td>Initial Issue</td>
<td>Louise Dickinson Consultant Nurse/ Joint DIPC</td>
</tr>
<tr>
<td>23.05.17</td>
<td>V2</td>
<td>Inserted Summary flow chart</td>
<td>Jean James IPAC CNS</td>
</tr>
<tr>
<td>25.10.17</td>
<td>V2.1</td>
<td>Addition to section 6.2, aligning information to the Glove policy and Standard Precaution Policy. Updated the Related Document list</td>
<td>Jean James IPAC Clinical Nurse Specialist</td>
</tr>
</tbody>
</table>

### All or part of this document can be released under the Freedom of Information Act 2000

### This document is to be retained for 10 years from the date of expiry.

### This document is only valid on the day of printing

### Controlled Document
This document has been created following the Royal Cornwall Hospitals NHS Trust Policy on Document Production. It should not be altered in any way without the express permission of the author or their Line Manager.
## Appendix 2. Initial Equality Impact Assessment Form

<table>
<thead>
<tr>
<th>Name of the strategy / policy / proposal / service function to be assessed (hereafter referred to as policy) (Provide brief description): <strong>Hand Hygiene Policy</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Directorate and service area:</strong> Corporate – Infection Prevention &amp; Control</td>
</tr>
<tr>
<td><strong>Is this a new or existing Policy?</strong> Existing</td>
</tr>
<tr>
<td>Name of individual completing assessment: <strong>Louise Dickinson</strong></td>
</tr>
<tr>
<td>Telephone: <strong>01872 254969</strong></td>
</tr>
<tr>
<td><strong>1. Policy Aim</strong></td>
</tr>
<tr>
<td>Who is the strategy / policy / proposal / service function aimed at?</td>
</tr>
<tr>
<td>To protect staff and patients from cross infection.</td>
</tr>
<tr>
<td><strong>2. Policy Objectives</strong></td>
</tr>
<tr>
<td>This policy provides guidance to ensure that staff are aware of when and how to decontaminate their hands effectively.</td>
</tr>
<tr>
<td><strong>3. Policy – intended Outcomes</strong></td>
</tr>
<tr>
<td>Prevention of Cross infection</td>
</tr>
<tr>
<td>*<em>4. <em>How will you measure the outcome?</em></em></td>
</tr>
<tr>
<td>Via monthly hand hygiene audits</td>
</tr>
<tr>
<td><strong>5. Who is intended to benefit from the policy?</strong></td>
</tr>
<tr>
<td>Patients and Staff</td>
</tr>
<tr>
<td><strong>6a) Is consultation required with the workforce, equality groups, local interest groups etc. around this policy?</strong></td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td>*<em>b) If yes, have these <em>groups been consulted?</em></em></td>
</tr>
<tr>
<td><strong>C). Please list any groups who have been consulted about this procedure.</strong></td>
</tr>
<tr>
<td>Hospital Infection Prevention and Control Committee</td>
</tr>
</tbody>
</table>
7. The Impact
Please complete the following table.

Are there concerns that the policy **could** have differential impact on:

<table>
<thead>
<tr>
<th>Equality Strands:</th>
<th>Yes</th>
<th>No</th>
<th>Rationale for Assessment / Existing Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td></td>
<td>√</td>
<td></td>
</tr>
<tr>
<td>Sex (male, female, transgender / gender reassignment)</td>
<td></td>
<td>√</td>
<td></td>
</tr>
<tr>
<td>Race / Ethnic communities /groups</td>
<td></td>
<td>√</td>
<td></td>
</tr>
<tr>
<td>Disability - Learning disability, physical disability, sensory impairment and mental health problems</td>
<td></td>
<td>√</td>
<td></td>
</tr>
<tr>
<td>Religion / other beliefs</td>
<td></td>
<td>√</td>
<td></td>
</tr>
<tr>
<td>Marriage and civil partnership</td>
<td></td>
<td>√</td>
<td></td>
</tr>
<tr>
<td>Pregnancy and maternity</td>
<td></td>
<td>√</td>
<td></td>
</tr>
<tr>
<td>Sexual Orientation, Bisexual, Gay, heterosexual, Lesbian</td>
<td></td>
<td>√</td>
<td></td>
</tr>
</tbody>
</table>

You will need to continue to a full Equality Impact Assessment if the following have been highlighted:
- You have ticked “Yes” in any column above and
- No consultation or evidence of there being consultation- this excludes any policies which have been identified as not requiring consultation. or
- Major service redesign or development

8. Please indicate if a full equality analysis is recommended. No

9. If you are not recommending a Full Impact assessment please explain why.

None of the equality strands have been identified in the initial impact assessment

<table>
<thead>
<tr>
<th>Signature of policy developer / lead manager / director</th>
<th>Date of completion and submission</th>
</tr>
</thead>
<tbody>
<tr>
<td>Louise Dickinson</td>
<td>8th May 2017</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Names and signatures of members carrying out the Screening Assessment</th>
<th>1. Louise Dickinson</th>
</tr>
</thead>
</table>

Keep one copy and send a copy to the Human Rights, Equality and Inclusion Lead, c/o Royal Cornwall Hospitals NHS Trust, Human Resources Department, Knowledge Spa, Truro, Cornwall, TR1 3HD

A summary of the results will be published on the Trust’s web site.

Signed L. Dickinson Date 8th May 2017

Hand Hygiene Policy
Appendix 3. Hand Washing Technique Using Soap and Water

Hand-washing technique with soap and water

1. Wet hands with water
2. Apply enough soap to cover all hand surfaces
3. Rub hands palm to palm
4. Rub back of each hand with palm of other hand with fingers interlaced
5. Rub palm to palm with fingers interlaced
6. Rub with back of fingers to opposing palms with fingers interlocked
7. Rub each thumb clasped in opposite hand using a rotational movement
8. Rub tips of fingers in opposite palm in a circular motion
9. Rub each wrist with opposite hand
10. Rinse hands with water
11. Use elbow to turn off tap
12. Dry thoroughly with a single-use towel
Appendix 4. Management of Staff who are Non-Compliant

Member of staff observed as being non-compliant either through audit or practice.

Is the member of staff who is observing non-compliance able to address the issue with non-compliant staff?

Yes

Is this the first time non-compliance has been observed?

Yes

Ascertain reason for non-compliance eg lack of knowledge, inadequate equipment and rectify.

Situation rectified no further action.

No

Further non-compliance

Non-compliance continues

Consider whether behaviour constitutes misconduct and if so, take appropriate action.

No

Report to Matron, Head of department as appropriate

Report to Associate Director of Nursing or Clinical Director who will deal with in accordance with disciplinary procedures

Situation rectified. No further action.