### Hand Hygiene procedure

<table>
<thead>
<tr>
<th><strong>Statement of Intent</strong></th>
<th>To provide clear guidelines on hand decontamination in order to reduce the risks of transmission of infection within the healthcare setting.</th>
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<tr>
<td><strong>Document number</strong></td>
<td>IPC15</td>
</tr>
<tr>
<td><strong>Issue number</strong></td>
<td>3.0</td>
</tr>
<tr>
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<tr>
<td><strong>Approved by</strong></td>
<td>Infection Control Team</td>
</tr>
<tr>
<td><strong>Date approved</strong></td>
<td>June 2016</td>
</tr>
<tr>
<td><strong>Ratified by</strong></td>
<td>CSMT</td>
</tr>
<tr>
<td><strong>Date ratified</strong></td>
<td>28/06/2016</td>
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**Applies to**

SBC Children, Families and Community Health Service staff

**Care Quality Commission Fundamental Standards**

Regulation 12: Cleanliness and Infection Control

**Equality & Diversity**

SBC is committed to promoting equality in all its responsibilities - as a provider of services, as a partner in the local economy and as an employer. This policy will contribute to ensuring that all clients, potential clients and employees are treated fairly and respectfully with regard to the protected characteristics of age, disability, gender reassignment, marriage or civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.
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1.0 GLOSSARY/DEFINITIONS

Hand decontamination is defined as the removal, or killing, of micro-organisms acquired on the hands before they can be transferred.

The following acronyms are used within the document

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Definition</th>
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<tr>
<td>CVC</td>
<td>Central Venous Catheter</td>
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<tr>
<td>HCAI</td>
<td>Health Care Associated Infection</td>
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<tr>
<td>NPSA</td>
<td>National Patient Safety Agency</td>
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<td>PEAT</td>
<td>Patient Environment Action Team</td>
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<tr>
<td>SLA</td>
<td>Service Level Agreement</td>
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2.0 Why decontaminate your hands?

It is universally accepted that hand decontamination is the single most important measure for preventing the transmission of infection.

Many clinical activities expose patients to an increased risk of infection, which can occur when micro-organisms on the hands are introduced directly into a susceptible site such as a wound or vascular catheter, or they colonise the patient’s skin and subsequently cause infection. Therefore, hand decontamination has a dual role to protect both the service user and the healthcare worker from acquiring micro-organisms.

Healthcare associated infection (HCAI) has a direct effect on the quality of patient care and is therefore a major issue in the context of clinical governance. Although HCAI rates have fallen in England a National Prevalence Survey on Healthcare Associated Infections in England (2011) showed 6.4% of patients acquire an infection during their stay in hospital.

It is essential, therefore, that hands are decontaminated as per the 5 moments of hand hygiene (Appendix 4)

1. Before patient contact
2. Before an aseptic/clean task
3. After potential exposure to body fluids
4. After patient contact
5. After contact with the patient’s surroundings

It is also important in the following situations

- Before and after handling food/drink
- After handling clinical waste and used laundry
- After removing gloves
- After every visit to the toilet
- On entry and exit to wards/departments

Hand washing must be carried out using running water at a comfortable temperature. Clinical hand washbasins should be provided wherever clinical care is being given. A clinical hand washbasin consists of lever-operated mixer taps, with no plug and no overflow.
Liquid soap should be used for hand washing. This should be provided in wall-mounted dispensers with disposable cartridges or disposable pump action bottles. Re-fillable cartridges are not recommended. Dispensers must be kept clean and replenished.

Disposable paper towels must also be available at all hand wash basins in clinical settings, including toilets and kitchens. Communal (e.g. cotton) towels are not acceptable in clinical settings.

Foot-operated waste bins must be used for disposal of paper towels. Don’t use hands to raise the lid.

In clients’ own homes the hand hygiene facilities may not be ideal. Staff visiting clients at home should carry a supply of alcohol free skin cleansing wipes and alcohol hand rub/gel. These products may be used instead of hand washing if facilities are inadequate. Alcohol hand rub/gel should be used on visibly clean hands and when hand disinfection is needed.

2.1 Preparation of hands prior to decontamination:

To ensure the efficacy of hand decontamination the following principles must be observed.

Bare below the elbow

- The wearing of stoned rings; wristwatches, and bracelets is not permitted as they prevent effective hand decontamination and provide opportunities for bacterial colonisation, as total bacteria counts, particularly of gram negative bacteria, are higher when rings are worn. One plain wedding band poses the highest acceptable risk and may be worn. Long sleeves must not be worn or be securely rolled up.

- Nail varnish, artificial nails or nail extensions must not be worn as this prevents effective hand decontamination. Nails should be kept short. Pay attention to nails when washing hands as most microbes on the hands come from beneath the fingernails.

2.2 When to decontaminate your hands:

RISK ASSESSMENT

There is no set frequency for hand decontamination as it is determined by clinical activity (see WHO 5 moments - appendix 3). A risk assessment of the activity intended or performed will determine the appropriate decontamination process and the choice of agent e.g. alcohol, soap or antiseptic preparation. Patients are put at risk of developing an HCAI when a health care practitioner caring for them has contaminated hands.

In deciding when it is necessary to decontaminate hands, four key risk factors need to be considered:

- The level of the anticipated contact with patients or objects.
• The extent of the contamination that may occur with that contact.

• The patient care actively being performed.

• The susceptibility of the patient

2.3 Levels of hand decontamination:

There are three main levels of hand decontamination: Routine, Disinfection and Surgical. The level of decontamination is determined according to the risk (see chart in Appendix 1).

Routine hand decontamination:

The aim of routine hand decontamination is to remove transient micro-organisms and can be achieved by:

• Rubbing socially clean hands systematically with alcohol hand rub or equivalent, covering all surfaces until the solution dries (approximately 15 seconds).

• Washing hands systematically with soap and water for 20-30 seconds, covering all surfaces.

NB Routine hand decontamination is sufficient for most regular daily activities. Must precede hand disinfection - i.e. you cannot disinfect dirty hands.

Hand Disinfection:

The need for a higher level of decontamination is required in some clinical situations, i.e. hand disinfection (e.g. using antiseptic solutions). Hands that are visibly soiled or potentially grossly contaminated with dirt or organic material must always be washed with liquid soap and warm water, prior to hand disinfection.

For example: caring for service users with severe neutropenia, before insertion of an indwelling urinary catheter and prior to aseptic technique. (See appendix 1 for further details)

Hand disinfection can be achieved by:

• Washing hands systematically with soap and warm water, drying hands, followed by an application of alcohol hand rub or equivalent (most commonly used method).

• Washing hands systematically with antiseptic solution e.g. Hibiscrub.

Hand wipes should be available for use in situations where adequate hand hygiene facilities are not available.

Surgical hand decontamination:

Surgical hand decontamination is used prior to donning sterile gloves for a surgical or other highly invasive procedures (e.g. insertion of CVC) where extra care must be taken to prevent micro-organisms on the hands being introduced into tissues should gloves be damaged.
Surgical hand decontamination aims to substantially reduce resident micro-organisms and to remove or destroy transient micro-organisms. This process is achieved by using an antiseptic hand cleansing preparation.

NB Persons undertaking any surgical intervention should use a technique suitable for surgical scrubbing and don sterile gown and gloves

Preparations available:

Alcohol Hand Rubs or equivalent:

Alcohol based hand rub is an effective hand decontamination agent for routine hand decontamination, on hands that are not visibly dirty. Using the alcohol hand rub on hands will kill the transient organisms acquired from contact with service users. Alcohol hand rub is convenient for rapid use and between service users and procedures. (See appendix 2 for decontamination technique)

- Apply alcohol gel into cupped hand, use sufficient to cover all surfaces of the hands.
- Rub hands together for a minimum of 10-15 seconds as per appendix 2

It must be remembered, however, that alcohol hand rub is not a cleaning agent and is not effective in the presence of physical dirt or organic material i.e. blood/body fluids, some viruses and Clostridium difficile spores.

Liquid Soap:

Soap assists in the physical removal of transient micro-organisms from the skin. These organisms are acquired through direct contact with other people or equipment and are readily transferred to and from the hands. (See appendix 2 for technique)

Antiseptic Soaps:

These are soap solutions with an antiseptic added (for example Hibiscrub). They will reduce the number of resident micro-organisms that normally live on the skin as well as the removal of transient ones. Antiseptic soaps may be inactivated if used in conjunction with ordinary hand soaps.

3.0 Responsibilities for hand decontamination:

- All new SBC employees must undergo hand hygiene training as part of Induction. All SBC employees working clinically will have a mandatory annual update for hand hygiene, non-clinical employees based in clinical environments update every two years with remain employees requiring hand hygiene updates every three years. This will be provided by an Infection Control Link Nurse (ICLN), a member of the IP&C Team or other appropriate person and can be accessed within scheduled clinical skills courses, ICLN workshops, department training sessions and ad hoc presentations. The appraisal process is used to follow up employees who fail to receive education

- All staff are reminded to wash their hands with soap and water after every visit to the toilet as alcohol gel alone is not sufficient.
- It is the service manager’s responsibility to ensure adequate supplies of the preparations listed above are always available and replenished.

- All staff are asked to remind all visitors to their clinical area that hands must be decontaminated on entry and exit.

4.0 Hand Decontamination Procedure

How to wash your hands:

Handwashing, when performed correctly, is an infection control practice with clearly demonstrated efficacy. The towels should be sterile if used prior to a surgical procedure. (For technique see appendix 2)

- Wet hands under running water
- Apply liquid soap, (do not use bars of soap), use enough to ensure hands are well lathered
- Cover all surfaces of the hands, rubbing together for minimum 10-15. Rinse hands well under running water
- Use elbow or paper hand towel to turn off tap
- Dry hands thoroughly using single use paper towel.
- Dispose of paper towels into domestic waste bin.

AREAS MOST COMMONLY MISSED DURING HAND DECONTAMINATION

- Most frequently missed
- Less frequently missed
- Not missed
5 moments (NPSA cleanyourhands): (See Appendix 3 for larger version)

These have been produced as reminders for important times for health and social care staff to decontaminate their hands.

Listed below are the 5 moments and the rationale for their use

<table>
<thead>
<tr>
<th></th>
<th>WHEN?</th>
<th>WHY?</th>
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<tbody>
<tr>
<td>1</td>
<td>Before Patient Contact</td>
<td>Clean your hands before touching a patient when approaching him/her to protect the patient against harmful germs carried on your hands</td>
</tr>
<tr>
<td>2</td>
<td>Before a Clean/Aseptic Procedure</td>
<td>Clean your hands immediately before any clean/aseptic procedure to protect the patient against harmful germs, including the patient’s own, from entering his/her body</td>
</tr>
<tr>
<td>3</td>
<td>After Body Fluid Exposure Risk</td>
<td>Clean your hands immediately after an exposure risk to body fluids and after glove removal to protect yourself and the healthcare environment from harmful patient germs</td>
</tr>
<tr>
<td>4</td>
<td>After Patient Contact</td>
<td>Clean your hands after touching a patient and his/his immediate surroundings when leaving the patient’s side to protect yourself and the healthcare environment from harmful patient germs</td>
</tr>
<tr>
<td>5</td>
<td>After Contact with Patient Surroundings</td>
<td>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 to protect yourself and the healthcare environment from harmful patient germs</td>
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5.0 Gloves:

Gloves are not always a complete impermeable barrier; however, they do reduce the transfer of micro-organisms to and from the wearer’s hands.

- The right glove should be used for the procedure to be carried out (see Glove Selection Guidelines and Chart within the Latex Policy). Refer to standard precautions procedure for when to use gloves.

- Gloved hands should not be washed or cleaned with alcohol hand rubs, gels or wipes. Gloves should not be worn for multiple tasks where there is a risk of cross infection. Gloves should be removed, hands washed and a clean pair of gloves reapplied if necessary.
6.0 General Hand Care:

It is important to take particular care of your hands and nails at all times. Ensure your nails are natural, clean and short and cover any cuts in your skin with a waterproof dressing. You should ensure your skin is well moisturised. Hand cream should be provided in department areas where clinical services are delivered. Hand creams should also be available for use in community settings. This protects particularly vulnerable areas like nail beds. **Communal hand creams should not be used.** (For further advice refer to Occupational Health’s skin information protocol.)

Any health worker who suffers any allergic reactions due to hand decontamination or has any areas of broken skin e.g. rashes, eczema, psoriasis on their hands or forearms should report to the Occupational Health Department where further advice may be obtained.

7.0 SERVICE USER HAND CARE

Service users should be offered the opportunity to decontaminate their hands before meals and after going to the toilet, using a commode or a bed pan. Service users must be offered a suitable hand wipe if unable to access a hand wash sink.

If service users choose to use the alcohol hand rub then staff should show them how to use the dispenser and apply the gel.

In the community setting service users and relatives should be provided with information about the need for hand hygiene and how to keep their own hands clean. A copy of “HAND HYGIENE for those receiving care or self-caring at home” should be given to reinforce verbal information.

8.0 AUDIT

Observation and audit of compliance with the procedure is the joint responsibility of all relevant service users and the IP&C Team. Managers and IP&C leads will undertake regular observations using the current hand hygiene audit tool (appendix 4) and community services will undertake observation review of hand hygiene practice through the Essential Steps tools.

References


NPSA cleanyourhands campaign - [http://www.npsa.nhs.uk/cleanyourhands](http://www.npsa.nhs.uk/cleanyourhands)
RCN Good Practice in Infection Control ‘Wipe it out’ campaign.


WHO (2009) Guidelines on Hand Hygiene in Health Care. Available at:

https://www.google.co.uk/search?q=nice+cg139&oq=nice+cg139&aqs=chrome..69i57j0j69i64j5.3041j0j7&sourceid=chrome&espv=210&es_sm=93&ie=UTF-8


Consultation and Review

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<th>Outcome</th>
<th>Date</th>
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<td>Infection Control Nurse Specialist</td>
<td>Written and approved</td>
<td>2012</td>
</tr>
<tr>
<td>2.0</td>
<td>Infection Control Nurse Specialist</td>
<td>Reviewed and updated</td>
<td>Jan 2014</td>
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<tr>
<td>3.0</td>
<td>Infection Control Nurse Specialist</td>
<td>Reviewed and updated</td>
<td>June 2016</td>
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## Hand Decontamination Process

<table>
<thead>
<tr>
<th>Risk Group</th>
<th>Routine clean</th>
<th>Disinfection</th>
<th>Surgical (ie high level disinfection)</th>
<th>Method</th>
</tr>
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<td><strong>HIGH RISK</strong></td>
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<td></td>
<td></td>
<td>Surgical hand decontamination</td>
</tr>
<tr>
<td>Before donning sterile gown and gloves</td>
<td></td>
<td></td>
<td></td>
<td>Full surgical scrubbing</td>
</tr>
<tr>
<td>• All surgical procedures</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Insertion of CVC</td>
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| **MEDIUM RISK**     |               |              |                                     | Hand disinfection             |
| Choice of sterile or non sterile gloves made following risk assessment and as per ANTT policy. |               |              |                                     |                               |
| • Before donning gloves, prior to manipulation of an IV or CVC. |               |              |                                     |                               |
| • Prior to peripheral venous cannulation |               |              |                                     |                               |
| • Before caring for patients with severe neutropenia |               |              |                                     |                               |
| • After providing care to a patient with a highly transmissible organism |               |              |                                     |                               |
| • When removing or changing a wound dressing |               |              |                                     |                               |
| • Before insertion of urinary catheter. |               |              |                                     |                               |
| • Washing hands with soap and warm water, followed by application of alcohol hand rub |               |              |                                     |                               |
| • Washing hands with antiseptic cleansing solution e.g Hibiscrub |               |              |                                     |                               |

| **LOW RISK**        |               |              |                                     | Routine hand decontamination   |
| Gloves not required |               |              |                                     |                               |
| • Taking routine observations - TPR |               |              |                                     |                               |
| • Bed making        |               |              |                                     |                               |
| • On entry or exit of ward/department |               |              |                                     |                               |
| • Application of alcohol hand gel to visibly clean hands |               |              |                                     |                               |
| • Routine hand washing with soap and warm water |               |              |                                     |                               |
HAND CLEANING TECHNIQUES

How to handrub?
WITH ALCOHOL HANDBRUB

1a Apply a small amount (about 3ml) of the product in a cupped hand, covering all surfaces
1b

2 Rub hands palm to palm

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

4 Rub palm to palm with fingers interlaced

5 Rub with backs of fingers to opposing palms 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 Once dry, your hands are safe

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

Appendix 2
How to handwash?
WITH SOAP AND WATER

1. Wet hands with water
2. Rub hands palm to palm
3. Rub back of each hand with the palm of other hand with fingers interlaced
4. Rub palm to palm with fingers interlaced
5. Rub with backs of fingers to opposing palms 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
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 his/her 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

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Based on WHO poster 'Your 5 moments for hand hygiene' and reproduced with their kind permission.
Appendix 4

5 Moments Hand Hygiene Observation Tool

The 5 moments hand hygiene observation tool has been developed as a simple way to record if healthcare workers decontaminate their hands at the key moments during patient care within SBC settings. This tool aims to measure hand hygiene compliance against the ‘my 5 moments of hand hygiene’ model (WHO 2006). The underlying principle is that the 5 moments approach defines the key moments when healthcare workers should clean their hands.

The approach recommends health care workers clean their hands at the following moments:

**Moment 1**
Before any patient contact, including when the healthcare worker enters the patients immediate surroundings to make contact with him or her e.g. personal care activities, non invasive observations, non invasive treatments, preparation and administration of medications, oral care and feeding, before touching any medical device connected to a patient. Contact with the patients surroundings during any of the above.

**Moment 2**
Before a clean/aseptic procedure when there is a direct risk of introducing a disease causing organism into the patients body e.g. wound dressing, catheter insertion and care, skin lesion care, opening vascular access system or draining system.

**Moment 3**
After any procedure or any potential or actual body fluid exposure risk – this applies at the conclusion of the procedure or after actual or potential exposure of the hands to a body fluid e.g. after a moment 2 contact, contact with a used urinary bottle/bedpan, with sputum either directly or indirectly via a pot or tissue, contact with specimens, cleaning dentures, cleaning spills of faeces vomit or urine from patient surroundings, or touching the outside of a drain.

**Moment 4**
After touching a patient, this applies after a healthcare worker has touched a patient e.g. personal care activities, non invasive treatments, preparation and administration of oral medications, oral care and feeding, contact with patient surroundings during any of the above

**Moment 5**
After touching the patient’s immediate surroundings when the patient has not been touched. This indication applies when the healthcare worker leaves the immediate patient surroundings after having touched any objects. Patients’ surroundings include beds, bed rails, linen, table, bedside chart, bedside locker, call bell, TV, light switches, personal belongings (including books, mobility aids) and chair. This list is by no means exhaustive.

**Instructions**

1. Choose a clinical area to observe hand decontamination practice and position yourself so you do not cause obstruction
2. Observe for all opportunities to carry out hand decontamination about 15- 20 minutes
3. Using the observation sheet mark an I for a hand hygiene opportunity and a O around it for an observation of hand hygiene actually taking place, (see key)
4. Observe if the correct product/technique is used for hand decontamination and healthcare worker is bare below the elbow and put a stroke / through the I and O if not.
5. If you observe unsafe practice immediately intervene
6. When you have completed the observation -give feedback to the staff immediately. When you give verbal feedback try to stress positive findings first and if you give negative feedback give examples and suggestions for improvement.
7. The observation tool compares the 5 key moments with observed hand hygiene. Compliance can then be expressed as a percentage i.e.
   
   \[
   \text{Hand hygiene opportunities} \times 100 = \text{compliance}
   \]

\[\text{observed acceptable hand decontamination}\]