

# ‘Bare Below the Elbow’

## Supplementary Policy for Hand Hygiene

2.2

### **EQUALITY IMPACT**

The Trust strives to ensure equality of opportunity for all, both as a major employer and as a provider of health care. This Policy has therefore been equality impact assessed by the Infection Prevention Committee to ensure fairness and consistency for all those covered by it regardless of their individual differences.

<b>Version:</b>	<b>2.2</b>
<b>Authorised by:</b>	<b>Infection Prevention Committee</b>
<b>Date authorised:</b>	<b>February 2020</b>
<b>Next review date:</b>	<b>February 2022</b>
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## VERSION CONTROL SCHEDULE

### Bare Below the Elbow Policy

**Version: 2.2**

Version Number	Issue Date	Revisions from previous issue
1.0 – First Issue	June 2014	None – supplement to the Hand Hygiene Policy
2.0	June 2016	Review in line with SFT community teams joining the Trust
2.1	February 2018	Reviewed and scope expanded to include the wider community settings.
2.2	February 2020	Review minor addition to wording related to the patient environment

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## INTRODUCTION

The transmission of infection can occur directly via hands, or indirectly via an environmental source (e.g. commode). Evidence indicates that hand mediated transmission is a major contributing factor in the acquisition and spread of infection in healthcare. Hands can only be decontaminated effectively by ensuring that the correct technique is used which encompasses the wrists and therefore it is imperative that staff comply with 'Bare Below the Elbow' in order to facilitate this.

## HCAI Performance

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 therefore it is logical that the incidence of preventable Healthcare Associated Infection is decreased (Epic 3).

One of the corporate objectives is to ensure all patients and service users receive harm free care through the delivery of the Trust's patient and service user safety programme across all hospital and community services. The Trust will reduce the number of Whole Health Economy (WHE) Healthcare associated infections (and preventable hospital infections). To assist in achieving this objective staff must be compliant with effective hand decontamination and bare below the elbows.

## PURPOSE

This policy provides clear and unequivocal direction for all staff to ensure that 'Bare Below the Elbow' is used appropriately in consideration of the potential risks associated with activities in a healthcare setting.

## SCOPE

This policy applies to all staff employed by or contracted to the Trust and who work in or have occasion to visit clinical areas.

The Policy also applies to staff employed by other organisations but who are on Trust Hospital premises (clinical areas) for work purposes.

The policy also applies to community staff on Trust premises in the patient environment and community setting such as, care homes, community hospitals, clinics and the patient's own home.

## DEFINITIONS

### Health Care Worker:

Any person whose duties concern the provision of treatment, accommodation or related services to patients and who has access to patients or the patient environment during the course of their work. This includes clinical, ancillary, administrative, clerical and technical staff.

### **Hand Hygiene:**

The practice of physically decontaminating the hands using the most appropriate method and product as determined by assessment of risk.

### **Hand Decontamination:**

The practice of physically decontaminating the hands using the most appropriate method and product as determined by assessment of risk.

### **'Bare Below the Elbow':**

Hands and arms up to the elbow / mid forearm are exposed and free from clothing / jewellery.

### **Direct Patient Care:**

Activity involving direct contact with patients and their close environment. This includes examining patients, wound care, collecting samples for testing and having contact with the patient's immediate surroundings including bed table / locker / charts etc.

## **DUTIES**

### **All staff**

All staff have a responsibility to comply with this policy.

### **Directors/Lead Clinicians/Senior Managers**

All Directors, Lead Clinicians and Senior Managers have a delegated responsibility for ensuring that this policy is known to all staff and that its requirements are followed by all staff within their Directorate/Division/Department.

### **Department Heads/Service Managers/Clinical Leads**

Department Heads /Service Managers/Clinical Leads are responsible for ensuring that all staff are trained and competent, that appropriate facilities are provided to enable effective hand hygiene and that all staff within their authority understand and fulfil their responsibilities in relation to hand hygiene and the prevention of infection.

### **The Infection Prevention Team**

The infection prevention team are responsible for the promotion of good practice, the provision of effective hand hygiene training and for monitoring compliance with this policy.

## POLICY STATEMENT

Hand hygiene remains the single, most effective means of preventing the transmission of healthcare associated infections. The Trust will ensure that the 'Bare Below the Elbow' Policy is clearly defined and is widely available to all staff, at all levels and in all disciplines. Staff must make effective hand hygiene possible by ensuring full compliance with the bare below the elbows dress code.

## THE POLICY

### Bare below the elbows / mid forearm

Uniforms and work wear must not impede effective hand hygiene, and should not come into contact with patients during direct patient care activity. All staff will adopt the 'bare below the elbows' dress code whenever they are engaged in a direct patient care activity **or when likely to touch the immediate patient environment.**

Key requirements for the Trust in relation to uniform and work wear:

A 'bare below the elbows' approach will be adopted at all times by all staff in the clinical area and the community setting when delivering care.

This includes nurses, doctors, professionals allied to medicine and administration staff who work in a clinical area and community setting.

Any staff that do not wear uniform but have patient contact must adhere to the 'bare below the elbows' initiative for the facilitation of hand decontamination.

Clothing worn by all staff must be clean and fit for purpose and hands decontaminated before and after each patient contact.

Coats etc. can either be left in ward 'rest room' or carried with you as long as they are removed whilst hand decontamination takes place.

Please see the Department of Health Guidance on uniform and work wear policies for NHS employees.

The Trusts Dress Code Policy does not define clinical area. However this policy makes clear that bare below the elbow in "clinical areas" means that from the door that provides direct access to a ward or department where patients are seen or treated or in any facility where personal care is being provided all staff must comply with the following :-

- Nails should be short and clean – no nail polish or extensions.
- Wrist watches must not be worn.
- No other jewellery should be worn around the wrist. Alert bracelets must be removed and attached around lanyard or pinned to uniform.

- No rings with stones should be worn – one plain band is permitted.
- Sleeves must be short or rolled securely up to the elbow in order to allow access to the wrist for good hand wash technique.
- Ties should not be worn or, if worn, should be tucked in.

Where there is no facility for leaving coats, bags etc. outside the 'clinical area' or community setting these should be removed and secured immediately on entering the area where patients are treated or seen.

Although policies only exist for the clinical professions, Senior Management Team has endorsed the proposal, that **all** staff including managers, social care staff, pharmacy and support staff visiting clinical areas and community settings must also be compliant.

Senior Managers on leadership walk rounds must lead by example and adhere to these requirements.

## **IMPLEMENTATION**

This policy will be implemented throughout the Trust using existing management, link nurse and hand hygiene champion structures. The policy will be available for reference on the trusts intranet and all staff will be notified of this via an all acute users Email.

## **MONITORING of Non-Adherence**

Peer review hand hygiene audits are completed on a monthly basis and include observation of compliance to 'Bare below the elbows'. In addition managers, or clinical staff who observe breaches of bare below the elbow/hand hygiene policy should use the sample memo attached at Appendix 1 to report the name(s) of the non-compliant individual(s) to the Governance Department. The Governance Department will then ask the relevant line manager to send a copy of the sample letter attached as Appendix 2 to the non-compliant individual(s) with a copy to the relevant Director. The numbers of episodes of non-compliance and the actions taken will be closely monitored at Accountability meetings and reported via the Infection Prevention Committee.

Evidence of Improved Adherence:

- Reduction in numbers of breaches reported
- Monthly peer review hand hygiene audits reporting fewer breaches

Please note that this policy is evidenced based and has the full support of the Senior Management Team.

## **Responsibilities**

Responsibility is delegated to Heads of Nursing and Clinical Directors who are required to satisfy themselves that this policy and associated procedures are implemented within their areas.

Other related policies to cross reference:

- Hand Hygiene Policy
- Dress Code Policy

- Infection Prevention / Control Policy

Please note copies of these policies are available on the Trust Intranet.

## **EQUALITY and DIVERSITY**

There may be circumstances where being 'Bare Below the Elbow' may cause difficulties to individual members of staff on the grounds of disability, religious beliefs or other personal reasons. This should be discussed with the member of staff's line manager who should seek advice from Infection prevention staff if necessary. The Trust will endeavour to accommodate individual requirements without compromising control of infection issues.

## **REFERENCES**

Health & Social Care Act (2012) – Code of Practice on the prevention and control of infections and related guidance. Department of Health.

Epic 3: National Evidence-Based Guidelines for Preventing Healthcare-Associated Infections in NHS Hospitals in England. Journal of Hospital Infection (2014).



**Appendix 1**

**TO:** Patient Safety Leads

**FROM:**

**DATE:**

**SUBJECT;** Adherence to 'Bare below the elbow' and Hand Hygiene

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The following staff were observed to be non-compliant with the 'Bare below the elbow'/Hand Hygiene Policy in a clinical area.

Name	Designation	Date observed	Clinical area	Comment on how policy was breached

Yours sincerely

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c.c. Clinical Director

## Appendix 2

To:

From: Line Manager

Re: **Adherence to 'Bare Below the elbow and Hand Hygiene Policy**

I have learned that on \_\_\_\_\_ you were observed to be non-adherent to the Trusts' Bare Below the Elbow / Hand Hygiene Policy in \_\_\_\_\_ (Clinical area)

Compliance with this policy is an important safety matter and I trust that you will be particularly careful that you comply with the requirements of the policy in the future.

These requirements are:-

- Nails should be short and clean – no nail polish or extensions.
- Wrist watches must not be worn.
- No other jewellery should be worn around the wrist.
- No rings with stones should be worn – one plain band is permitted.
- Sleeves must be short or rolled securely up to the elbow.
- Ties should not be worn or, if worn, should be tucked in.

You will be aware that failure to comply with these requirements may result in disciplinary action.

Yours sincerely

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c.c. Clinical Director

## Appendix 3

**Equality Impact Assessment Tool**

		Yes/No	Comments
<b>1.</b>	<b>Does the policy/guidance affect one group less or more favourably than another on the basis of:</b>		
	• Race	No	
	• Ethnic origins (including gypsies and travellers)	No	
	• Nationality	No	
	• Gender	No	
	• Culture	No	
	• Religion or belief	No	
	• Sexual orientation including lesbian, gay and bisexual people	No	
	• Age	No	
	• Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No	
<b>2.</b>	<b>Is there any evidence that some groups are affected differently?</b>	No	
<b>3.</b>	<b>If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?</b>	No	There is no discrimination in this guidance
<b>4.</b>	<b>Is the impact of the policy/guidance likely to be negative?</b>	No	
<b>5.</b>	<b>If so can the impact be avoided?</b>	N/a	
<b>6.</b>	<b>What alternatives are there to achieving the policy/guidance without the impact?</b>	N/a	
<b>7.</b>	<b>Can we reduce the impact by taking different action?</b>	N/a	

**REVIEW**

This policy will be formally reviewed in February 2022, or earlier depending on the results of monitoring.