

# Ready, steady, go!

The full guide to implementing the  
cleanyourhands campaign in your trust

## Foreword by the Chair

Our organisation is tasked with improving patient safety, and addressing the problems of healthcare associated infection (HCAI) is a top priority.

Anyone involved in healthcare will know the statistics well but they bear repeating: HCAs cost the NHS an estimated £1 billion pounds a year and cause at least 5000 deaths. We know that some of these infections are avoidable. The present situation is obviously unacceptable in a twenty first century health service.

The National Patient Safety Agency has undertaken a major body of work to tackle healthcare associated infection in the shape of the clean**your**hands campaign. This implementation guide, together with the detailed pilot evaluation: *Achieving our aims*; and *The economic case*, is designed to help NHS organisations improve hand hygiene and reduce the spread of infections.

This has been a truly collaborative venture, with the NPSA working closely with fellow NHS agencies, NHS trusts and patients, the public and experts in the field both here and internationally. We could not have developed the solutions detailed in this guide without their assistance. To ensure that real benefit accrues from this work, all in the NHS will now have to work as a team to improve hand hygiene and reduce the incidence of healthcare associated infection.

As one patient involved in the pilot so aptly put it, "Let's work together."



**Lord Hunt of King's Heath, OBE**  
Chair  
National Patient Safety Agency

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## Who this document is for

This document is intended to be a working document for the clean**your**hands co-ordinator. The checklist at the end of the document will help them make sure the appropriate people in their trust have completed each task before implementation begins.

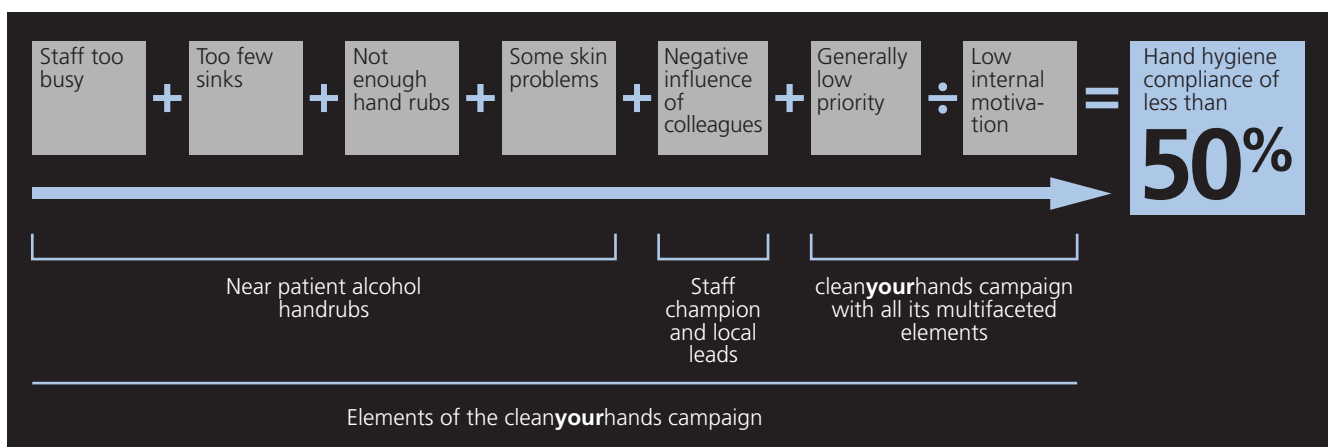
## Background

Low compliance with hand hygiene is a patient safety problem, contributing to current levels of infection acquired by patients in hospital. It can be described as a routine violation<sup>1</sup> – a regularly performed shortcut between patient care activities, which has, over time, become accepted within healthcare by both front-line staff and managers. Such violations can be due to the system, procedure or task being poorly described or designed.

The clean**your**hands campaign, if implemented, will improve the quality of clinical care. It offers NHS organisations an opportunity to address both the system and the behavioural factors which contribute to low compliance with hand hygiene.

More detailed information on the campaign is available from our clean**your**hands resource area at [www.npsa.nhs.uk/cyhresources](http://www.npsa.nhs.uk/cyhresources). This resource area is also referred to throughout this guide, where further information, tools and links can be accessed. Links to the resource area are numbered for ease of reference.

The diagram below highlights some of the factors behind low compliance and illustrates how the campaign targets these:



## Areas not included in the campaign

The clean**your**hands campaign is about improving hand hygiene compliance in the wards and departments which provide clinical care for patients.

It does not address surgical scrubbing, nor specifically is it aimed at improving hand hygiene amongst patients or hand hygiene in the context of food hygiene – all important subjects in their own right. The campaign may focus attention on these issues and you might wish to address these locally.

<sup>1</sup> Reason, J (2000). Human error: models and management. *British Medical Journal*. 320 768-70

## cleanyourhands campaign: project summary

The cleanyourhands campaign has been informed by a pilot project, held between July 2003 and January 2004. Evidence shows that poor hand hygiene spreads those microbes which can cause infection, including *Methicillin Resistant Staphylococcus Aureus* (MRSA) and it is estimated that healthcare associated infections (HCAI) cost the NHS around £1 billion a year.

Better application of infection control policies, including improved adherence to local and national hand hygiene guidelines, has been shown to reduce the spread of HCAI.

The cleanyourhands pilot project involved six NHS trusts and aimed to develop solutions to improve hand hygiene compliance. It built on studies on increased accessibility of alcohol handrubs and patient involvement undertaken in Oxford, Lewisham, Geneva and Pennsylvania.

The campaign was focused both at staff (to raise awareness and facilitate hand hygiene practice) and patients (to similarly raise awareness and encourage them to ask staff if they had washed their hands before treatment).

As part of the campaign the NPSA developed a toolkit for trusts to use to make hand hygiene an integral part of day-to-day healthcare. Key elements of the toolkit were:

- Alcohol handrubs. These were placed in easy-to-access locations, e.g. on beds, lockers or carried by staff.
- Promotional posters (based on the Geneva<sup>2</sup> study's 'Talking Walls') that changed every two weeks.
- User-friendly materials designed to encourage patients to become involved in their own healthcare. These included posters and leaflets that raised awareness of hand hygiene and encouraged patients to feel comfortable in asking staff if they had washed their hands. The campaign slogan: 'It's OK to ask', was placed on posters, staff badges and aprons to reinforce this message.
- An implementation guide, issued to hand hygiene leads. The guide detailed roles and responsibilities and provided advice on the day-to-day running of the campaign.

The pilot's purpose was to evaluate: the effectiveness of the campaign in changing behaviour (of staff and patients); improvements in hand hygiene compliance; and the suitability of each component of the project for inclusion in a national campaign. The evaluation consisted of staff and patient surveys, onsite diaries, records of hand hygiene working group meetings and the observation of hand hygiene and use of associated products (i.e. alcohol rubs). The pilot and evaluation have led to improvements to the toolkit prior to national implementation.

The NHS acute trusts involved in the cleanyourhands campaign reported that the pilot had exceeded their initial expectations and had changed both practice and behaviour of stakeholders across, and sometimes beyond, the pilot wards. The changes described were overwhelmingly positive. There were also quantifiable improvements in, for example, the increase in use of alcohol rubs and an average increase in staff hand cleaning between each patient contact from 28% to 76% of the time.

The full project evaluation is available from the resource document 1.

## cleanyourhands campaign: economic summary

The NPSA commissioned an economic evaluation of the cleanyourhands campaign to help NHS organisations in estimating the likely local costs and benefits of successful implementation.

The results of the economic evaluation suggest that successful implementation of the toolkit of solutions, and associated increases in hand hygiene compliance, might release cash savings to the NHS of around £140million per year and save 450 lives once target compliance rates have been reached.

For a trust with 500 beds and 20,000 inpatient admissions, this would mean a net cash saving of around £460,000 or reduction in 1,540 bed days by year five of implementation. Initial start-up costs associated with implementing the solution would, for a 500-bed acute trust, be around £3,000 (to put alcohol rub at each bedside). The evaluation suggests, however, that this will deliver net savings from the outset. Even if financial savings were not to be realised, the likely patient benefits in terms of lives saved and relatively modest costs mean that the intervention would still be highly cost effective compared to many other NHS activities. For the purpose of the evaluation we have worked on the assumption that adherence to the project reduces HCAI by 9% (a conservative base case-reduction, based upon the available literature). Using sensitivity analysis we estimate that the project will result in an overall cost saving even if the reduction in healthcare associated infection rates were as low as 0.1%.

The full economic evaluation is available from the cleanyourhands resource documents 2a, b and c.

### Overview of the three month campaign preparation period

Ready (Month 1)	Steady (Month 2)	Go (Month 3)
Commitment of managers	Promote patient involvement	Countdown to <b>Go Live</b> day
Communicate with staff	Prepare for poster display and changes	Complete final checklist
Identify lead staff	Prepare for near-patient alcohol	Go live and launch campaign
Communicate costs	Prepare to receive other materials Establish current compliance rates Review additional supporting materials	

2 Pittet et al (2000) Effectiveness of a hospital wide programme to improve compliance with hand hygiene The Lancet 356: 1307-1312

# Ready

## Securing commitment and communicating

The campaign provides your trust with a range of tools for improving hand hygiene. This section of the guide and those that follow will help you to successfully prepare for implementation. An inability to address the recommended actions listed throughout the chapters of this guide will result in a high risk of failure.

This guide provides detailed guidance on how to implement the campaign, which will allow for some adaptation to reflect local circumstances.

The clean**your**hands campaign gives you a unique opportunity to change the culture around hand hygiene in your NHS organisation. This undoubtedly is just one part of a whole systems approach to culture change in relation to patient safety – see our patient safety guide, *Seven steps to patient safety* at [www.npsa.nhs.uk/sevensteps](http://www.npsa.nhs.uk/sevensteps). It requires an initial amount of work in order to lead to long-term change.

The NPSA's own Patient Safety Managers will be available over the next three months to offer support to implementer sites.

Because you have been accepted as an implementer site, you will already have done some initial preparation work. The next three months are about consolidating the work undertaken so far and ensuring the ongoing support and commitment of staff across your organisation.

### Lessons learned so far

It is important before you embark on the campaign that you learn not only from the national campaign pilot but also from your own experiences in hand hygiene improvement. In particular you need to reflect on the following:

- What have you undertaken in the past to improve hand hygiene?
- What measures do you already have in place?
- How effective have they been – have you evaluated them?
- How might staff perceive this compared to what's gone before?
- What channels were used previously to engage staff?
- Have you tried to work with patients before on hand hygiene improvement? If so, how did it go?

Once you have considered these questions, and are satisfied with how the learning from previous experiences will enhance your commitment to the campaign, you should move on to the *Ready, Steady, Go* checklist below.

## Preparation checklist:

### 1 Identifying lead members of staff

If not already done so, you need to identify a local clean**your**hands co-ordinator who will liaise with the NPSA. The local co-ordinator will probably be the director of infection prevention and control (DIPC). Some trusts may decide that their local Patient Safety Champion (as recommended by NPSA as part of the *Seven steps to patient safety*) will be the clean**your**hands co-ordinator. The local co-ordinator will be provided with an overview of the campaign, the evaluation report and their anticipated role – see resource documents 3a,b and c.

- **Action:** Identify local clean**your**hands co-ordinator.
- **Action:** Find out who is your local patient safety champion and inform them of the campaign.

The clean**your**hands co-ordinator will be the main champion of the campaign on a day-to-day basis and choosing someone with influence is essential.

### 2 Securing top level management commitment (the organisational level)

Securing senior management commitment, both politically and financially, to the campaign is essential. Without the support and commitment of senior managers, the clean**your**hands campaign will not succeed. Integrating the clean**your**hands campaign with your organisation's goals can help.

The NPSA's patient safety guide, *Seven steps to patient safety* (available at [www.npsa.nhs.uk/sevensteps](http://www.npsa.nhs.uk/sevensteps)), recommends that patient safety is a top leadership priority. You should consider how this is being addressed in your organisation, e.g. can the clean**your**hands campaign implementation be integrated into this?

- **Action:** Write to all board members with an overview of the campaign, the reason for your participation and how this will help your organisation (using the NPSA prepared script if required) – see resource document 4a.
- **Action:** Ensure there is agreement for the campaign to be discussed within a regular meeting at which key managers and decision makers are present. Agree on the forum and ensure the campaign becomes a regular agenda item. This could be the Risk Management Committee or Clinical Governance Committee.
- **Action:** Use the NPSA script for the top management team in your organisation to facilitate the marrying of clean**your**hands and organisational goals – see resource document 4b. This will help to ensure that all managers can see the connection between the campaign and the goals of the organisation, and national priorities

### 3 Securing ward level commitment (the group level)

It is essential that there is a designated named member of staff on each ward within the organisation who will take responsibility for local ward-based implementation. Securing a named individual will significantly enhance the success of the campaign – change will be ongoing.

The importance of ward teams and groups of staff who work on wards should not be underestimated. Ward staff of all disciplines are the people who have contact with patients on a daily basis.

The role of the modern matron in hand hygiene improvement is of extreme importance. If modern matrons within each directorate or department actively champion the campaign it will be more likely to succeed.



- **Action:** Advise directorates/departments of the need to regularly discuss the campaign at their routine meetings (use the NPSA preparation material during the three months lead-in period to prepare the group for the campaign – see resource document 5).
- **Action:** Contact ward and department managers and modern matrons/head nurses to secure their support and agreement to the campaign (use the template for letters/ emails contained within resource document 6a).
- **Action:** Inform all ward managers and modern matrons/head nurses of their role – see resource document 6a.
- **Action:** Identify staff champions within each clinical area or ward area before any local rollout (this may or may not be the designated lead for that area). See resource document 7 for role of champions.
- **Action:** Staff champions should agree to feature on promotional materials in support of hand hygiene (e.g. champion posters). This can be managed in a way that engages staff in a light-hearted way. Samples will be provided from other organisations. For a description of what being on the champion poster entails, see resource document 7.

#### 4 Securing commitment from all staff (the individual level)

It is equally important to engage individuals, groups and management staff across all levels of the organisation.

- **Action:** Contact your head of communications – their support will be vital. Work with your local communications team to generate interest across the organisation. Use the NPSA prepared media kit and its letter and email templates as a guide (see resource document 8). Set up communication (email or letters) to key people in your organisation (see previous resource documents 4a, b, c and d).
- **Action:** Make a list of the key people to be targeted. The list below is not exhaustive:
  - link personnel (link nurses/link workers)
  - supplies managers
  - clinical procurement leads (where in post)
  - facilities staff
  - ward housekeepers
  - domestic staff
  - healthcare assistants
  - PALS managers/CHC/patient representatives
  - catering managers
  - allied health professional service managers
  - phlebotomy service managers
  - head of pharmacy
- **Action:** The medical director or the chief executive should write to all consultants outlining the campaign and the role they will play in hand hygiene improvement. Use the NPSA script – see resource document 4c.
- **Action:** The chief nurse or the chief executive should write to all senior nurses and nurse consultants outlining the campaign and the role they will play in hand hygiene improvement. Modern matrons in particular should be emphasised as playing an important and special role. Use the NPSA script – see resource document 4d.

- **Action:** Where infection control link personnel exist they should support and reinforce the operational aspects of the campaign at a local level. For details of their role and a template for communicating to them see resource document 9.
- **Action:** A named person (ward housekeeper where this role exists) should be identified on each ward to attend to hand hygiene products (in particular the near-patient alcohol rub) and poster placement. More detail is provided later under the near-patient alcohol and poster sections.
- **Action:** Use NPSA training materials to engage and prepare staff (see resource document 10a for PowerPoint Presentation and 10b for one page summary of campaign ). Ensure information is available for housekeeping and domestic staff in relation to their key role in making the campaign work.
- **Action:** You should begin working to ensure that hand hygiene (and infection control practice per se) is mentioned in key staff members' job descriptions. Your trust should commit to ensure that **cleanyourhands**, as a core component of basic infection control, will form part of the development plans of all staff (as indicated in *Winning Ways*<sup>3</sup>).

## 5 Costs

There will be an initial financial impact to some organisations associated with one aspect of implementing the campaign. If you have already implemented near-patient alcohol handrubs across your organisation you will already have convinced finance and other managers of the need to do so. However, if you have not, the economic toolkit allows you to enter your local data and will estimate costs for you over a five- year period (see resource documents 2a, b, c and d). The economic tool also presents a case for investing in hand hygiene and the alcohol rubs, both in financial terms and in terms of patients' quality of life.

- **Action:** Send or show the economic toolkit to key managers (e.g. finance, business managers, chief nurse; medical director; head of governance; chief executive; head of supplies).

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<sup>3</sup> Chief Medical Officer (England): *Winning Ways*: Department of Health (2003)

## Steady

### More preparation, patients and observation

#### 6 Promoting patient involvement

One of the most important aspects of preparation relates to patient involvement and empowerment – staff and patients must be adequately prepared for this. Consequently, the need for commitment to support this aspect of the campaign is critical to its success. Methods for involving patients and overcoming some of the common concerns can be found in the accompanying document on making patient involvement happen (see resource document 11).

The NPSA will liaise with you over the distribution of patient materials to your organisation.

- **Action:** Secure commitment to involve patients in hand hygiene improvement by approaching relevant committees (clinical governance; risk management; patient and public involvement) see resource document 11.
- **Action:** Determine whether you can use the free channel on Patient Line (or equivalent) to encourage patients to ask staff about hand cleaning (see resource document 11).
- **Action:** Determine whether you can promote patient involvement via hospital radio (see resource document 11).
- **Action:** Ask all ward managers for their commitment to display leaflets and posters at ward level using the prepared NPSA text in resource document 6a and 6b.
- **Action:** Ensure leaflets are available at central PALS/CHC areas for use by the public. Liaise with PALS managers/CHCs using the prepared script, which also prepares PALS teams/CHCs generally to handle enquiries from patients and the public about the campaign (see resource document 11).

#### 7 Posters

Posters – and in particular the frequent changing of the core campaign posters – are one of the main elements of the campaign. Posters will be delivered to individual requisition points in each organisation. Requisition points can vary in organisations and in some cases there is one requisition point per ward, but more often one requisition point covers a number of wards. If you have more than one ward covered by a requisition point it is important to ensure that stocks of posters and other materials get from this point to each ward served by it. Assigning responsibility to an individual will ensure this happens.

In some NHS organisations there may be a reluctance to put posters up in ward areas and the NPSA is aware of some organisations that have banned all but *essential* posters. The requirements of the Patient Environment Action Teams (PEAT) were cited as one reason for such bans.

There are two responses to this. Firstly, the campaign posters are an essential component of the campaign, which works because of its multiple components. As such, if you are implementing the campaign, the posters must be displayed in areas where staff have contact with patients. Secondly, NHS Estates has made it clear that well-produced educational posters with a limited life but an important message should not be subject to criticism or be removed.

The NPSA will liaise with you over the distribution dates and routes for posters.

- **Action:** Ward/department managers will identify a member of staff who will be responsible for putting up the posters at the launch of the campaign, and changing the core posters monthly (see

resource document 6b). The same member of staff should undertake a weekly check on the posters to ensure they are in place, not defaced and in good condition. Ward housekeepers are ideally suited to this role. Some NHS organisations have used volunteers for this task.

- **Action:** Ward managers will identify a member of staff in each ward who will be responsible for ensuring champions are identified, photographed and displayed on the staff champion posters (see resource document 6b).
- **Action:** The medical director and directorate leads should work together to ensure all consultants are prepared to be photographed for the staff champion posters (see resource document 4c).

## 8 Near-patient alcohol

How you purchase the alcohol handrub and how it is distributed to wards is important for the campaign's success. Ensuring that alcohol is available at the point of care is perhaps the most critical factor in the success of the campaign.

In order to guarantee you will receive data on the usage of alcohol handrubs at no effort to your organisation, it is recommended that you use the NHS Logistics Authority (NHSLA) route by ordering alcohol rubs from the logistics catalogue available on every ward. If not already purchasing through this route you should consider this option in discussion with your supplies manager, head of pharmacy and clinical procurement lead (where in post). Using the NHSLA has a range of benefits including the quality of the available alcohol product range in terms of efficacy and user acceptability and cost benefits. The NPSA will discuss this in more detail with you during the preparation phase. It also overcomes the need for large-scale storage of alcohol and therefore minimises fire risks.

You should take a local decision on whether to encourage patients and visitors to use handrubs. You should be aware, however, that if they do so this will affect the alcohol rub usage data.

- **Action:** A named member of staff must be given responsibility for checking on alcohol rub (a deputy should also be nominated to cover absence) – see resource document 6b. This could be:
  - ward housekeeper (if in post)
  - health care assistant
  - member of the domestic team
  - other appropriate member of staff

The named individual will ensure:

- alcohol rub is at bedsides
- dispensers are replenished
- dispensers are working
- dispensers are clean
- **Action:** Ward managers must ensure that staff with responsibility for checking alcohol handrubs communicate at regular intervals with staff responsible for ordering the rubs (see resource document 6b.)
- **Action:** Ward managers must ensure that (if not already in place) there is enough stock of alcohol ordered for the implementation date.

## 9 Other promotional material (badges/stickers)

The pilot project highlighted a positive response to enamel campaign badges. Stickers with the messages to patients 'Its okay to ask' had a limited life but worked well at initial launch.

- **Action:** Through the directorate or department managers, ensure each directorate puts in place a mechanism for distributing the campaign badges to all staff (see resource document 5).

## 10 Current compliance with hand cleaning

In order to determine the extent of compliance before implementing the campaign we suggest that you monitor current hand hygiene practice.

Compliance has been defined as an action (hand washing using plain soap and water, or alcohol rub) undertaken according to a predetermined indication or opportunity. These indications or opportunities will be laid down in your local policies. The national evidence-based guidelines for hand hygiene explain that hands must be decontaminated *immediately before each and every episode of direct patient contact/care and after any activity or contact that potentially results in hands becoming contaminated.*

Working out whether all staff who touch patients and their immediate environment are cleaning their hands often enough is an important part of raising the profile of hand hygiene and in effecting long-term improvements.

Feeding back this information has been shown to be equally as important.

- **Action:** Each ward manager should identify one member of staff to undertake the observations. This member of staff will use the tool provided by NPSA for checking whether staff are cleaning their hands as much as they should. The observations should occur at least once prior to the **Go live** date and then are recommended twice yearly, although they can occur more frequently (see resource document 6c).
- **Action:** Ward and directorate managers should ensure that results of the observations are fed back at a formal forum (ward meetings and directorate meetings at the very least). The NPSA is working to develop a computerised tool which staff can use to input information and which will work out compliance rates.

## 11 Additional support material

We have compiled a list of key references (resource 12) which lists important pieces of work undertaken on hand hygiene.

It is likely that attempts to implement the campaign will raise issues on a frequent basis. The **questions and answers** document (see resource document 13) answers some of the more common questions that have been encountered in other campaigns and in the pilot.

The NPSA website and clean**your**hands resource area will also provide additional help, advice and support.

# Go!

## Final checks

### 12 Final checks:

As you approach the implementation date you will have:

- identified key members of staff;
- secured high level management support;
- secured ward level commitment;
- secured individual commitment;
- resolved funding issues;
- ensured patient involvement;
- prepared methods to ensure the posters work;
- prepared staff champions to appear on the staff posters;
- distributed alcohol dispensers to all points of patient care or have mechanisms in place to do so by the **Go live** date;
- explored other forms of promotional material;
- investigated the current level of compliance;
- familiarise yourselves with the support and background information.

You will be able to demonstrate that your organisation has all of the prerequisites in place ready for the launch and roll-out of the campaign.

As you approach the **Go live** date, the NPSA will be in contact with you to firm up delivery dates for campaign materials.

You are recommended to run a final check by completing the list below which summarises all of the action points referred to in this guide:

Action	Resource area	Tick when completed
Identify local cleanyourhands co-ordinator.	3c	<input type="checkbox"/>
Find out who is your local patient safety champion and inform them of the campaign.	Not applicable: information on NPSA website	<input type="checkbox"/>
Write to all board members.	4a	<input type="checkbox"/>
Ensure there is agreement for the campaign to be discussed within a regular meeting at which key managers and decision makers are present.	Not applicable	<input type="checkbox"/>
Use the NPSA script for the top management team in your organisation to facilitate the marrying of cleanyourhands and organisational goals.	4b	<input type="checkbox"/>
Advise directorates/departments of the need to regularly discuss the campaign at their routine meetings.	5	<input type="checkbox"/>
Identify and gain agreement from ward managers and modern matrons	6a	<input type="checkbox"/>
Inform all ward managers and modern matrons/head nurses of the expectations of their role	6a	<input type="checkbox"/>
Identify staff champions within each clinical area or ward area.	5	<input type="checkbox"/>
Staff champions must agree to feature on promotional materials in support of hand hygiene (e.g. champion posters).	7	<input type="checkbox"/>
Contact your head of communications. Work with your local communications team to generate interest across the organisation.	8	<input type="checkbox"/>
Make a list of the key people to be targeted.	Not applicable	<input type="checkbox"/>
The medical director or the chief executive writes to all consultants, outlining the campaign and the role they play in hand hygiene improvement.	4c	<input type="checkbox"/>
The chief nurse or the chief executive writes to all senior nurses and nurse consultants outlining the campaign and the role they.	4d	<input type="checkbox"/>
Where infection control link personnel exist they should support and reinforce the operational aspects of the campaign.	9	<input type="checkbox"/>
A named person (ward housekeeper where this role exists) should be identified on each ward to attend to hand hygiene products (in particular the near patient alcohol rub) and poster placement.	6b	<input type="checkbox"/>
Use NPSA training materials to engage and prepare staff. Ensure Information is available for housekeeping and domestic staff in relation to their key role in making the campaign work.	10a, 10b,	<input type="checkbox"/>
You should begin working to ensure that hand hygiene (and infection control practice per se) is mentioned in key staff members' job descriptions.	Not applicable	<input type="checkbox"/>

Action	Resource area	Tick when completed
Send or show the economic toolkit to key managers (e.g. finance, business managers, chief nurse; medical director; head of governance; chief executive; head of supplies).	2a, b, c	<input type="checkbox"/>
Secure commitment to involve patients in hand hygiene improvement by approaching relevant committees (clinical governance; risk management; patient and public involvement).	11	<input type="checkbox"/>
Use the NPSA's campaign tools to facilitate patient involvement.	11	<input type="checkbox"/>
Determine whether you can use the free channel on Patient Line (or equivalent) to encourage patients to ask staff about hand washing.	11	<input type="checkbox"/>
Determine whether you can promote patient involvement via hospital radio.	11	<input type="checkbox"/>
Ask all ward managers for their commitment to display leaflets and posters at ward level.	6b	<input type="checkbox"/>
Ensure leaflets are available at central PALS/CHC areas for use by the public. Liaise with PALS managers/CHCs using the prepared script which also prepares PALS teams/CHCs generally to handle enquiries from patients and the public about the campaign.	11	<input type="checkbox"/>
Ward managers will identify a member of staff who will be responsible for putting up the posters at the launch of the campaign, and changing the core posters monthly.	6b	<input type="checkbox"/>
Ward managers will identify a member of staff in each ward who will be responsible for ensuring champions are identified, photographed and displayed on the staff champion posters.	6b	<input type="checkbox"/>
The medical director and directorate leads will work together to ensure all consultants are prepared to be photographed for the staff champion posters.	4c	<input type="checkbox"/>
A named member of staff must be given responsibility for checking on alcohol rub (a deputy should also be nominated to cover absence).	6b	<input type="checkbox"/>
Ward managers will ensure that the members of staff with responsibility for checking alcohol handrubs communicate at regular intervals with the member of staff responsible for ordering the rubs.	6b	<input type="checkbox"/>
Ward managers will ensure that (if not already in place) there is enough stock of alcohol ordered for the Go live date.	6b	<input type="checkbox"/>
Through the directorate or department managers, ensure each directorate puts in place a mechanism for distributing the campaign badges to all staff.	5	<input type="checkbox"/>
Each ward manager should identify one member of staff to undertake the observations. The observations should occur at least once prior to the Go live date and then are recommended every month, although they can occur more frequently	6c	<input type="checkbox"/>
Ward and directorate managers should ensure that results of the observations should be fed back at a formal forum (ward meetings and directorate meetings at the very least).	Not applicable	<input type="checkbox"/>



You should also be reminded that to launch the campaign in your organisation does require an initial time commitment. The preparation time will be time well spent once the campaign is launched since it will essentially be self-sustaining. But is important not to underestimate the time needed now to make sure the campaign has the best chance of long-term success.

The pilot of the campaign required a high level of input from pilot leads and local project staff largely because the NPSA required detailed evaluation material. Once the campaign started, a large number of the leads said that the campaign ran itself because ward staff took on the necessary roles (poster changes; alcohol replenishment; facilitating patient involvement).

This illustrates the key point that the campaign will only work if all staff take ownership of it. By working together we can improve hand hygiene and the safety of patient care.

You are now ready for the clean**your**hands campaign to **Go live**.

## Glossary of healthcare associated infection terms

### **Alcohol based handrub**

A hand cleaning substance containing alcohol designed to reduce the number of micro organisms on the hands.

### **Compliance**

Compliance is an action undertaken according to a predetermined indication or opportunity. For the purpose of this document, compliance with hand hygiene is either washing the hands with soap and water or rubbing the hands with an alcohol based handrub.

### **Decontaminate hands**

Reduce the bacterial count on hands by cleaning with plain soap and water or an alcohol based handrub.

### **Hand hygiene**

A general term that applies to hand washing, antiseptic handwash, antiseptic handrub or surgical hand antisepsis.

### **Hand washing**

Washing the hands with an unmedicated detergent and water (or water alone), to remove dirt and loose transient flora in order to prevent cross-infection.

### **Healthcare associated infection**

An infection that was neither present nor incubating at the time of a patient's admission to hospital (an infection that normally manifests itself more than three nights after the patient's admission to hospital).

### **Micro organism/microbial**

An organism too small to be seen with the naked eye. The term includes bacteria, fungi, protozoa, viruses and some algae.

### **Plain soap**

A detergent that does not contain antimicrobial agents.

### **Risk assessment**

The weighing-up of factors associated with a procedure to determine the level of protection required.

### **Surgical scrub**

A preparation (handwash) containing antiseptic that substantially reduces the number of micro organisms on skin prior to a surgical procedure.

## Resource area contents

The following resources can be found at [www.npsa.nhs.uk/cleanyourhands](http://www.npsa.nhs.uk/cleanyourhands)

Resource	Number
<b>Project evaluation</b> .....	<b>1</b>
<b>Economic evaluation Toolkit</b> .....	<b>2</b>
Economic Report: summary .....	2a
Full Economic Report and User Guide .....	2b
Spreadsheet for local cost data .....	2c
<b>cleanyourhands preparation resources</b> .....	<b>3</b>
Campaign overview .....	3a
Campaign summary evaluation .....	3b
Lead role description .....	3c
<b>Scripts</b> .....	<b>4</b>
NPSA script for board members (why participate?) .....	4a
NPSA script for senior managers (organisational goals) .....	4b
NPSA script for chief executive/medical director (consultants' role) .....	4c
NPSA script for chief executive/director of nursing (senior nurses' role) .....	4d
<b>Three-month preparation materials</b> .....	<b>5</b>
<b>Ward manager resources</b> .....	<b>6</b>
Letter and email templates with role outlines .....	6a
Key ward responsibilities .....	6b
Observational tools for ward managers .....	6c
<b>Role of staff champions</b> .....	<b>7</b>
<b>NPSA media kit</b> .....	<b>8</b>
<b>Infection control link personnel role and communications template</b> .....	<b>9</b>
<b>NPSA staff training materials</b> .....	<b>10</b>
PowerPoint presentation .....	10a
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<b>Making patient involvement happen</b> .....	<b>11</b>
<b>References and sources of further information</b> .....	<b>12</b>
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## **The National Patient Safety Agency**

We recognise that healthcare will always involve risks. But these risks can be reduced by analysing and tackling the root causes of patient safety incidents. We are working with NHS staff and organisations to promote an open and fair culture, to encourage staff to inform their local organisations and the NPSA when things have gone wrong and to develop practical solutions to the problems that we identify. In this way, we can build a better picture of the patient safety issues that need to be addressed.



**cleanyourhands**  
campaign

### **Cleanyourhands campaign**

The NPSA has developed a multi-faceted campaign to improve hand hygiene. The campaign uniquely involves both healthcare staff and patients in preventing healthcare associated infections. Implementation is initially focused on acute NHS settings, and forms one part of the national drive to tackle infection rates.

For more information, visit the campaign microsite [www.npsa.nhs.uk/cleanyourhands](http://www.npsa.nhs.uk/cleanyourhands)

### **Seven steps to patient safety**

We have set out the seven steps that NHS organisations should take to improve patient safety.

The steps provide a simple checklist to help you plan your activity and measure your performance in patient safety. Following these steps will help ensure that the care you provide is as safe as possible, and that when things do go wrong the right action is taken. They will also help your organisation meet its current clinical governance, risk management and controls assurance targets.

## **The National Patient Safety Agency**

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