



**Learning, Culture and Children's Services**



**North Yorkshire and York  
Community and Mental Health Services**

# **Local Authority Guidance on the Management of Continence Development**

## **CONTENTS**

1. Aim of guidelines
2. Rationale
3. Context
4. Children with continence difficulties
5. Background
  - 5.1 Equality Act 2010
  - 5.2 Roles and Responsibilities under the Health and Safety at Work Act, 1974
  - 5.3 Manual Handling Operations Regulations 1992
6. General Principles
7. Personal Care Plan *pro forma* and Record of Personal Care

## **Appendices**

1. What is meant by invasive and personal care?
2. NUT guidance: Contenance and Toilet Issues in Schools (March 2009)
3. Basic hygiene precautions to be taken when dealing with personal care of pupils with bladder and bowel problems
4. Resources and information
5. Preventing Healthcare Associated Infection: Handwashing

# Management of Continence Development

This document aims to provide guidelines for the management of continence development in schools and settings. This includes early years settings, extended schools, mainstream schools (primary and secondary) and special schools or resourced bases. The term 'setting' refers to all of these contexts, while the term 'children' refers to young people up to the age of 19. 'Carer' is used to refer to a teaching assistant or early years assistant, as distinct from a parent/carer.

This guidance has been drawn up by representatives from City of York Local Authority in liaison with colleagues in local health services, Community Infection Control and City of York's Safeguarding Children Board.

The guidance is subject to regular review.

## 1. Aim of guidelines

- to highlight the importance of continence in the development of independence
- to establish good practice guidelines within the authority for mainstream and special schools, early years and extended schools settings, concerning the management of children with continence problems
- to ensure that children are treated with dignity and respect by carers who are aware of the importance of helping them to develop this life skill
- to safeguard the interests of children, parent/carers and educational settings
- to establish good practice guidelines for joint working between agencies for the benefit of children and their parents.

## 2. Rationale

The guidelines aim to offer support to settings, children and parents, by establishing clear procedures to help protect children's dignity and safety, while also providing an agreed framework for staff involved in continence care.

The guidelines recommend the drawing up of a continence care plan for individual children which will establish the way in which care will be carried out and by whom. The care plan is to be agreed by staff, parents and health professionals, and should alleviate anxieties regarding child protection for all concerned.

The guidelines do not relate specifically to children who have the occasional wetting or soiling 'accident', although the advice may be relevant to those situations.

Continence management is normally included in the job description for care staff/teaching assistants. Individual members of staff (ie care staff/teaching assistants) will be consulted about their willingness to undertake continence care for any child for whom a continence care plan is written.

Teachers' pay and conditions do not include continence care.

### **3. Context**

Most children achieve continence before starting full-time school. With the development of increased early years provision and the drive towards inclusion, however, there are many more children in mainstream educational establishments who are not fully independent. Some individuals remain dependent on long-term support for personal care, while others progress slowly towards independence.

The achievement of continence can be seen as the most important single self-help skill, improving the person's quality of life, independence and self-esteem. The stigma associated with wetting and soiling accidents can cause enormous stress and embarrassment to the children and families concerned. Difficulties with continence severely inhibit an individual's inclusion in school and the community. Children with toileting problems who receive support and understanding from those who act *in loco parentis* are more likely to achieve their full potential.

### **4. Children with continence difficulties**

Children with continence problems are a very diverse group. It is not possible to make broad generalisations about their needs, nor is it possible to distinguish clearly between the needs of children in early years settings and those of children in school. Each child needs to be seen as an individual. However, broadly speaking, children with continence problems can be divided into the following groups:

- |   |   |
|---|---|
| 1. Late developers                        | The child may be developing normally but at a slower pace.  |
| 2. Children with some developmental delay | Many more of these children are now in early years and mainstream settings.                         |
| 3. Children with physical disabilities    | eg cerebral palsy, spina bifida. Long-term continence development / management plans may be needed. |
| 4. Children with behavioural difficulties | Delayed toilet training may be part of more general emotional / behavioural difficulties.           |

## 5. Background

LA guidelines draw on the following government legislation / guidance:

1. Equality Act 2010
2. Health and Safety at Work Act 1974
3. Manual Handling Operations Regulations (1992)
4. Department of Health (2001) Good Practice in Continence Services (6.1-6.6)
5. Department of Health (1999) Working Together to Safeguard Children (6.27-8)
6. QCA / Department for Education and Employment 2000 / EYFS 2008

### 5.1 Equality Act 2010

Educational settings and service providers have a duty

1. *not to treat disabled pupils less favourably; and*
2. *to take reasonable steps to avoid putting disabled pupils at a substantial disadvantage. This is known as the reasonable adjustments duty.*

*A disabled person is someone who has a physical or mental impairment which has an effect on his or her ability to carry out normal day-to-day activities. The effect must be:*

1. *substantial (that is, more than minor or trivial); and*
2. *long-term (that is, has lasted or is likely to last for at least 12 months or for the rest of the life of the person affected); and*
3. *adverse.*

Continence is defined in the Act as an impairment which may affect normal day-to-day activities. Although most children are not affected in this way, some may be restricted by lack of continence, and may therefore be defined as disabled. Responsibilities for children with a disability are clearly defined under the Equality Act 2010, and parents may appeal to the Special Educational Needs and Disability Tribunal (SENDIST) if they believe their child has been discriminated against.

Responsibilities for children who do not have a disability as defined by law are less clear. Some children have their needs met under the SEN framework. Some children are simply late developers, while others may not have had sufficient opportunity to develop independence. Developing good continence management practice is important for the emotional and social well-being of the child. For this reason settings should take responsibility for developing a flexible and informed response to the needs of these children.

### 5.2 Roles and Responsibilities under the Health and Safety at Work Act, 1974

1. Employers have a duty to ensure as far as is reasonably practicable, the health, safety and welfare at work of all employees.
2. The employee has a duty while at work to take reasonable care of the health and safety of himself and other people who may be affected by his acts or

omissions (in other words, actions he chooses to do, or chooses not to do).

Employees must cooperate with the employer, to allow him to comply with his Health and Safety duties.

3. Employers also have a duty to carry out risk assessments where the risks at work are significant to employees or others. Where there are more than five employees, the risk assessments must be written down. The first step in carrying out a risk assessment is to follow the best practice guidance available.
4. Whilst the ultimate responsibility for Health and Safety lies with the employer, the management of Health and Safety and the carrying out of task specific risk assessments will be delegated locally to managers and supervisors.

### **5.3 Manual Handling Operations Regulations 1992**

These Regulations identify responsibilities for employers and employees, including situations where a person moves or transfers a child while carrying out personal care, either with or without lifting equipment.

## **6. General Principles**

- 6.1 Every effort should be made to encourage independence before a child starts at school.
- 6.2 Some children achieve independence relatively easily while others may never achieve full independence. Children should not be excluded from everyday activities solely because of a manageable condition.
- 6.3 Settings should plan for the development of independence skills, particularly for children who are highly dependent upon adult support for personal care.
- 6.4 Children should be treated with dignity and respect by carers who are aware of the importance of helping them to develop as far as possible towards independence in personal care.
- 6.5 There are wide variations in the facilities available in settings for carrying out personal care. However, as far as is reasonably practicable, settings should aim to ensure that staff are able to handle children's care needs safely and with dignity.
- 6.6 Each child's case should be considered individually. Policies which state that no child may be admitted unless they are continent are likely to be in breach of the law.
- 6.7 Asking parents to come in and change a child is likely to be a direct contravention of the Equality Act and leaving a child in a soiled nappy for any length of time pending return of a parent is a form of abuse ('Including Me' (2005): 74<sup>1</sup>). Settings

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<sup>1</sup> *Including Me: Managing complex health needs in schools and early years settings*, Jeanne Carline (2005) Council for Disabled Children / DfES

should therefore aim to develop their ability to cope with the needs of children who have bladder and bowel problems. They should indicate the ways in which they plan to meet the needs of these children as far as is reasonably practicable, in line with the Equality Act 2010.

- 6.8 Information should be available for parents about facilities, staffing issues and access for children with disabilities.
- 6.9 Schools and settings should have admission procedures which include questions relating to personal care needs.
- 6.10 Before admitting a child who has a continence problem, schools and settings should draw up a personal care plan agreed by the school or setting, parent/carer and colleagues from health. The child should also be consulted, if appropriate, as well as the staff involved in carrying out the care. The plan should include information about when and where the child will be cared for, and the practices to be used if necessary. It should specify the people who will be carrying out the care duties. Parents should be informed if there is a change of staff. It should include reference to a personal care record sheet / diary if the setting decides that this is needed. The personal care plan should be signed by all involved in drawing it up, and must include parental consent and a review date. See *pro forma* below.
- 6.11 In some circumstances it may be appropriate for more than one person to be present to safeguard the interests of both the child and carer (see Appendix 1).
- 6.12 Staff carrying out care responsibilities are required to follow the procedures specified in the *Basic hygiene precautions to be taken when dealing with pupils with bladder and bowel problems* (Appendix 3).
- 6.13 Any moving and handling that is necessary should be carried out in accordance with LA policy and guidance. Examples of situations in which there may be a risk of injury include:
- helping a child to use an adult sized toilet
  - twisting or bending while cleaning a child
  - helping a child to get on to a changing bench
  - using hoisting equipment to transfer a child on to a changing bench.
- Further information about moving and handling training is available from the Physical and Medical Needs Specialist Teaching Team, tel 01904 554332. It is the setting's responsibility to ensure that moving and handling training takes place if needed.
- 6.14 Settings should ensure that staff have appropriate information and training, including regular review of procedure and practice.

## 7. Personal Care Plan

This personal care plan pro forma should be used in consultation with colleagues from Health (the School Nurse or Continence specialist nurse).

Information will be held securely and confidentially and will only be shared with those who have a role or responsibility in managing the personal care of your child.

**Name of school or setting**.....

**Date**.....

Name:..... Date of Birth.....	
Address:..... .....	
Name of parent/carer and contact number	
Name of staff who will carry out the personal care	
Where the personal care will be carried out	

Brief outline of required personal care	<ul style="list-style-type: none"> <li>• Description of care:</li> <li>• Name of designated staff:</li> <li>• Resources required and provider:</li> <li>• Frequency/times when care required:</li> </ul>
Procedure to follow - identify training requirements and provider if appropriate. (Attach additional information as necessary.)	



Level of self help skills: What can the child/young person do for themselves?	
Assistance required to enable mobility and/or transfer - is a moving and handling risk assessment required?	
Management of wet/soiled clothing and disposal of waste	
Any additional relevant information? eg communication needs	
Review date	
<b>Has the child/young person (where able/appropriate) been actively involved in drawing up this Plan?</b>	
<b>Yes/No</b>	

<p><b>Signature of parent/carer and child (where able/appropriate)</b></p> <p>.....</p> <p><b>Signature of School nurse / Contenance specialist nurse</b></p> <p>.....</p> <p><b>Signature of School Staff</b></p> <p>..... Date.....</p>
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**Review of Personal Care Plan**

Date of review	Is the plan still appropriate?	Is a new plan required?	Parent signature	Signature of school's/setting's named person

## Record of Personal Care

A record of personal care may be used, as follows:

Date	Child	Staff	Time and duration	Comment	Staff signature

## Appendix 1

### What is meant by invasive and personal care?

This advice has been drawn up in consultation with York Safeguarding Children Board and the local NHS Continence Advisory Service. It aims to clarify the difference between invasive ('intimate') care and personal care, and to provide guidance to cover these different situations.

#### 1. Invasive care

Invasive care in schools and settings is very rare. Invasive procedures include the administration of rectal preparations or intermittent catheterisation. Individual Health Care Plans for these medical procedures are developed in accordance with LA guidance *Managing Medicines in York Schools, Early Years and out of School Settings*. These are drawn up following discussion between health staff, parents/carers and the setting. The Individual Health Care Plan specifies the way in which staff carry out the procedure.

#### 2. Personal Care

Some children require regular personal care to help them with bladder and bowel functions. Personal care plans are recommended for these situations, specifying the way in which help will be given. For most situations only one member of staff is needed.

#### 3. How many adults should be present?

The City of York Local Authority, whilst recognising that there may be occasions when two adults may be required for continence management, asserts the need to maintain the child's dignity, and this can often be compromised by the use of two members of staff. Consequently, it is recommended that, subject to the safeguards outlined below, two staff should only be used when there is a specific identified need.

The City of York Local Authority advises the following as reasonable steps to safeguard children and to maintain the child's dignity whilst acknowledging professionals' fear about allegations of abuse:

- Inform a colleague when a child needs to be taken to the toilet.
- Make a record of each occasion, including time and duration.
- Consideration should be given to providing personal care to children of the opposite sex. In considering this issue, attention should be paid to the age of the child, his/her wishes and feelings, any expressed parental directions along with the wishes and feelings of the member of staff concerned.

Children who have been sexually abused can have continence problems as a result of physical damage or as an emotional response. Such children may be particularly vulnerable due to their (sometimes) sexualised behaviour, or staff may be vulnerable due to the way the child interprets the care given.

Additionally, sexually abused children may be particularly sensitive to personal care.

There is no specific government guidance on continence management.

Local teaching union representatives have been unable to agree with the Local Authority on the advice given above and believe that two adults should be present when carrying out personal care. In order to protect the dignity of the child, the second adult could merely be in the vicinity and not involved in personal care.

The National Union of Teachers advice (March 2009) states

*there is no legal requirement for 2 adults to be present in such circumstances and such a requirement might in any case be impractical*

(See Appendix 2: Continence and Toilet Issues in Schools: Advice to NUT Members, School Representatives and Health and Safety Representatives)

## Appendix 2



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### **CONTINENCE AND TOILET ISSUES IN SCHOOLS:**

#### **ADVICE TO NUT MEMBERS, SCHOOL REPRESENTATIVES AND HEALTH AND SAFETY REPRESENTATIVES**

**MARCH 2009**

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All schools need to be prepared to deal with pupils who have wet or soiled themselves. Many young children will have an occasional 'accident', perhaps because over-excitement has meant that they have left it too late. Others may be late developers or there may be an underlying physiological or psychological causes for the wetting or soiling. Schools may find that these issues become more prevalent because of the extension of Early Years provision due to both the increase in the number of hours children may attend nursery and the trend towards early admittance to Reception.

The purpose of this guidance is to:

- help teachers to understand their role in this area;
- suggest ways in which schools can adopt policies and practices which will minimise the likelihood of 'accidents' occurring; and
- ensure that when they do happen, they are dealt with in an appropriate way.

It is not the role of schools to toilet train children entering nursery. It is reasonable to expect that this process should have begun by the time the child is admitted, even if in most cases the child may not be fully toilet trained. Under the terms of the Disability Discrimination Act 2005 (the DDA), however, schools must not refuse admission to a child who is not toilet-trained because of a disability.

All schools should have a continence policy setting out how wetting or soiling incidents will be dealt with. The policy should also set out how vomiting incidents will be dealt with. When children become ill at school, vomiting and soiling are often the unfortunate end result. The NUT publishes separate guidance 'Hygiene Control in Schools' which sets out the procedures which should be followed by schools to minimise the risk of infection. This is available from the health and safety section of the NUT website at [www.teachers.org.uk](http://www.teachers.org.uk).

## **What Should be Included In a School Contenance Policy?**

**The most important issue to cover is that it is not part of a teacher's professional duties to clean up children.** Such a responsibility cannot, therefore, be added to a teacher's job description. Quite apart from the fact that such a task is not making good use of a teacher's skills and time, there are practical issues too. Teachers cannot simply abandon their class to attend to a child who needs this kind of assistance. Members of the support staff are better placed to undertake this role and some may have such responsibilities included in their job description.

Although the vast majority of teachers would assist in an emergency situation, as no child should be left in wet or soiled clothing, it is important that there is no expectation that routine and predictable incidents are dealt with by teachers.

Others areas to be covered in a continence policy are described below:

- the importance of building a supportive and sensitive relationship with the parent/carer and including the class teacher, SENCO and school nurse.
- the need for spare clothes to be provided by parents where regular wetting/soiling occurs.
- where children will be taken to be cleaned up. The area chosen should be private and easy to clean.
- the procedure to be followed when incidents occur. Parents should be informed how their child will be dealt with, taking into account the age of the child and the extent of the soiling.
- that there is no legal requirement for 2 adults to be present in such circumstances and such a requirement might in any case be impractical.

It is acknowledged that mainstream schools can learn a great deal from special schools in this area. Nevertheless, the principle that teachers should not be expected to be involved in cleaning up children is one which applies across both sectors.

## **What Can Schools do to Minimise the Likelihood of 'Accidents' Occurring?**

Notwithstanding the fact that some children will have underlying problems that need to be addressed with the support of medical professionals, there are steps which schools can take to reduce the likelihood of children wetting and soiling themselves.

For children to stay healthy they need to drink water regularly throughout the day. They also need to empty their bladder and bowels regularly and fully when the need arises.

Having set times for access to the toilet can cause "I'll go just in case" practices which mean the bladder doesn't get used to holding on until it's full. Over time, the bladder capacity can reduce, increasing the need to visit the toilet more

frequently. At the same time, the amount of fluid a child can drink before needing to go to the toilet is reduced. This results in a vicious circle. A child may consciously or unconsciously ration their fluid intake, or avoid drinking altogether, if they fear not being able to go to the toilet when they need to.

It is of course recognised that allowing children access to toilets at all times can be disruptive. Some children will abuse such a policy. Also, there are good reasons for encouraging all children to go to the toilet before embarking on a school visit. It is worthwhile, however, for schools to consider how to maintain order and discipline in this area, whilst at the same time considering possible long-term health effects for children.

Some children may attempt to reduce their liquid intake to reduce the need to visit the toilet because of concerns about a lack of privacy, unpleasant toilet conditions or not enough time to visit the toilet. These issues are dealt with in more detail below.

### **Privacy**

Privacy is a major issue for children of all ages. Adequate locks that are easy to operate and that other pupils cannot open from the outside are essential, as are doors/partitions that are high/low enough so that other children cannot look over/under the door.

### **Dirty Toilets**

Smelly toilets are a deterrent to many children who may 'hold on' until they get home in order to avoid using unpleasant facilities. Apart from partial or total refurbishments which may be a long term solution, the best way of eradicating bad smells is the establishment of a programme of regular cleaning – at least twice a day.

Toilets deteriorate over time. The worse state they are in, the less carefully pupils look after them and so they deteriorate further. Toilets need to be well maintained, promptly repaired and cleaned adequately (which in most schools will mean at least twice a day) and then pupils need to be encouraged to take responsibility for, and ownership of, them in order to keep them in a reasonable state. Peer pressure may be more successful than staff pressure as pupils may be more likely to listen to each other than to teachers in this respect.

## Appendix 3

### **BASIC HYGIENE PRECAUTIONS TO BE TAKEN WHEN DEALING WITH PERSONAL CARE OF PUPILS WITH BLADDER AND BOWEL PROBLEMS**

#### **STATEMENT**

**Standards of hygiene are closely associated with infection prevention and control. Infection occurs in individuals when microbes gain entry into the body, multiply and cause damage to body tissue. Prevention the spread of infection between individuals and be achieved by ensuring a high standard of personal hygiene and adhering to the recommended guidelines.**

#### **AIM**

This protocol describes the practices required to protect staff, pupils, parents and visitors from infections transmitted via body substances.

#### **Basic hygiene Precautions to be taken to Prevent the Spread of Infection**

Hand washing is the single most effective means of preventing the spread of infection.

#### **Hands should be washed:**

- When starting work
- After assisting children with toileting
- After changing nappies
- After touching blood or body fluids from children
- After handling clinical waste
- After removing gloves
- Before eating or preparing food (training in food hygiene is desirable)
- Before leaving work
- Before manipulating invasive devices
- Before care procedures.

#### **Hand care is important and the following points should be remembered:**

- Check your hands and nails before work for cuts and abrasions.
- Cover cuts and abrasions with a waterproof plaster.
- Avoid cracked skin which is vulnerable to infection by applying hand cream.
- Your skin works as a barrier only if intact. Wear latex non-sterile disposable gloves when in contact with body fluids. Synthetic (eg Nitrile) gloves should be available for use if the child or carer has a known sensitivity to Latex.



- If you have a skin complaint affecting your hands, such as eczema, avoid contact with body fluids, food handling, and always wear gloves.

## **Gloves**

Whilst the risk of infection can be minimised by thorough hand washing, the wearing of gloves in certain circumstances can give added protection. However, it should be remembered that wearing gloves does not replace the need for hand washing and the hands **MUST** be washed when gloves are removed.

Gloves should be worn when hands are likely to become contaminated by the following body fluids:

- Blood
- Faeces
- Urine
- Secretions
- Vomit
- Saliva

Gloves should be low protein, powder free latex gloves unless allergic to latex or dealing with a child who has latex allergy, when a synthetic alternative eg Nitrile should be used.

## **Plastic aprons**

It is likely that body fluids will soil the clothing of staff; plastic aprons should be worn.

Plastic aprons afford greater protection to clothing than gowns, as they are water repellent and impervious to microbial contamination. They are single use items, ie use once and discard.

Plastic aprons should be worn for all care procedures and when wet contamination of the front of the body is anticipated in the following circumstances:

- Changing nappies
- Bathing children
- Emptying catheter bags
- Emptying stoma bags

**Eye Protection:** This should be worn if there is a risk of splashing.

**Disposal of waste:** Seal waste in plastic bags and dispose of carefully. Soiled nappies/pads can be put into domestic refuse collection. If in doubt contact the local council environmental health department.

**Personal Health:** All staff can help to protect the spread of infection by following a few basic guidelines to protect themselves, their colleagues, the children and their parents.

If you are sick due to vomiting, diarrhoea or infectious disease, seek advice about coming to work from the Occupational Health Department for NHS staff of your GP for Education

Department staff. Generally you should be free of gastroenteritis symptoms for 48 hours before returning to work and possibly longer if a food handler.

Always wear protective clothing when recommended in the protocol.

Any contamination with body fluids should be washed off with plenty of water as soon as possible. If blood stained body fluids contaminate the carer's mucous membranes (eg eyes) it should be reported and appropriate advice sought.

Clean up any spillages as soon as they occur, using the proper equipment and personal protective clothing. Disinfect the area with a chlorine based disinfectant at the right strength ie

- body fluid (except urine)  
1,000 ppm chlorine for body fluid (except urine) spills (eg Milton 2% using 1 part Milton to 20 parts water)
- blood spills  
10,000 ppm chlorine for blood spills (eg Milton 2% using 1 part Milton to 2 parts water).

Chlorine should not be used on

- urine spills, as it will give off noxious fumes if mixed with urine
- carpets or soft furnishings as it will bleach the fibres.

Therefore urine spills should be cleaned with a solution of hand hot water and detergent.

## **REMEMBER**

Some of our children are **more** susceptible to infection and require high standards of care. The faecal-oral route of spread of infection is common – **break the chain of infection with good hygiene.**

Changing areas or mats should be kept free of body fluid contamination. Always wash the area/mat after changing a child with a solution of hand hot water and detergent or detergent wipe. If contaminated with faeces /faecal fluid disinfect the area using a bleach solution 1,000 ppm chlorine, as above.

## Appendix 4

### Resources and information

1. School nurses and Health Visitors may be able to advise about continence issues.
2. Some children may be referred to the community nurse service by their paediatrician.
3. Promocon

Managing Bowel and Bladder Problems in Schools and Early Years

Available to download:

[www.disabledliving.co.uk/Promocon/Children/Promoting-Continence-in-Schools](http://www.disabledliving.co.uk/Promocon/Children/Promoting-Continence-in-Schools)

#### 4. ERIC

Enuresis Resource Information Centre offers information and advice to children, their parents and professionals.

[www.eric.org.uk](http://www.eric.org.uk)

It is important to pay particular attention to the following areas which have been shown to be those most commonly missed following handwashing.

- Most frequently missed
- Less frequently missed
- Not missed



Ref: NICE, *Infection Control, Prevention of healthcare associated infection in primary and community care 2009*

**Good hand hygiene can prevent the spread of infection**

North Yorkshire and York   
Primary Care Trust  
Infection Prevention and Control Nursing Service  
Station Road Business Park, Station Road  
Thirsk, North Yorkshire YO7 1PZ  
Tel: 01845 573869 Fax: 01845 573806  
[www.nvyvpc.t.nhs.uk](http://www.nvyvpc.t.nhs.uk)

If you need this leaflet in another format or language please contact 01423 859618

Large Print   
Audio tape 

NYInfCon 21-01/08



North Yorkshire and York   
Primary Care Trust

**Preventing Healthcare  
Associated Infection**

# Handwashing

**Information leaflet for patients,  
relatives and carers**

Handwashing is the simplest and easiest way of preventing the spread of infection and disease

## Why should I wash my hands?

Hands may look clean but invisible micro-organisms (germs) are always present, some harmful, some not. Removal of micro-organisms is important to prevent them from being transferred to other people

**Handwashing is the simplest and easiest way of preventing the spread of infection and disease!**

## When should I wash my hands?

- Before entering and leaving a hospital or care home.
- Before entering a ward or isolation area.
- Before and after preparing food.
- Before meal times.
- After visiting the toilet or changing nappies.
- Whenever hands are visibly dirty.
- Before and after carrying out physical care, e.g. handling body fluids, emptying a urinary catheter bag, dressing a wound or wearing medical gloves.

## General hand care

- Keep nails short, to prevent bacteria (germs) growing under nails.
- Dry hands well to prevent chapping.
- Cover cuts and abrasions with a waterproof dressing.
- Use hand cream to protect hands from chapping.

## How do I wash my hands?

Ideally remove all wrist and hand jewellery (if you wear a wedding ring it is important that you wash underneath it). Wet hands under running water, apply soap and rub vigorously for approximately 10-15 seconds covering all surfaces of the hands, rinse under running water and dry thoroughly.

## Handwashing technique

The following six steps describe the best way to effectively wash your hands and should take about 10-15 seconds:



Palm to palm



Rub backs of both hands



Palm to palm, fingers interlaced



Rub backs of fingers (interlocked)



Rotational rubbing of both thumbs



Rub both palms with finger tips

- If you are visiting a hospital or care home establishment you may be asked to use an alcohol handrub.
- This is a practical and acceptable alternative to handwashing with soap and water.
- The solution should be applied to all areas of the hands using the 6 steps above until the solution dries (approx. 15 seconds).