

Hand Hygiene Forum - Wednesday 26th March 2008

10am, SOFHT HQ in Middleton, Staffs, B78 2BD

Apologies: Emma Collier/Dyson Airblade

Those present (in no particular order)

Angom Ocan – SOFHT
Amber Staynings – SOFHT
Andrew Holden – Deb
Diane Llewellyn – HSE
Alan Lacey – Sainsbury's
Adam Hardgrave – FSA
Caroline Alston – ILS
Brin Phillips – Compass
Duncan Goodwin – Cmi
Andries Otton – Safeway Hygiene Services
Gary Hilton – Byotrol

Angom Ocan chaired the day and explained the Society's aims and objectives, which are:

- To offer an opportunity for open discussion surrounding basic food hygiene methods and practices
- To gather accurate information to develop a strategy for hand hygiene standards
- To determine if the forum is a success and who is willing to commit more time in the future and for what purpose
- SOFHT remain impartial at all times

Angom invited all the delegates to introduce themselves and say what they were hoping to get out of the day, this proved a good icebreaker.

“Getting back to basics”

Guest speaker Alan Lacey, Regulatory Affairs Manager of J Sainsbury's PLC

Alan Lacey provided us with a very informative talk and raised some valid points for us to consider in our discussions.

Alan brought to light the effects bad hand hygiene can have, as well as the consumer expectations and current trends. Is good practice reality or a myth and why in 2008 are we discussing such a basic issue? (Please refer to the presentation for facts and figures).

Alan talked about a case study outlining the problems with management and leading a good example, as well as talking about Sainsbury's methods for example no gloves.

This talk helped us move forward into a good debate and remember the main factors that achieve good hand hygiene practice.

The Consumer & the Retailer

Raising awareness with the general public is vital as we are all consumers and the average person has little or no knowledge of where their food comes from or how it is made.

The FSA currently target the consumer with various campaigns focusing on concerns such as cross contamination and aiming to raise awareness across the board. However it was mentioned that many members of the public do not even know who the FSA are and therefore are the FSA doing enough to gain credibility and awareness.

The retailer, who is really the “celebrity” of the food industry, inevitably will always get blamed when the majority of cases will be self inflicted.

The retailers will be reluctant to shout about good hand hygiene practice as they will not want to openly admit that they have ever had a problem. However they are so influential to both their suppliers and to the consumer as well as receiving so much media attention that their efforts would potentially make a significant difference.

It was confirmed by Alan Lacey from Sainsbury’s how tough they are with their suppliers. Sainsbury’s will require a full HACCP system and endorse the use of nail brushes for example. A strict policy can be seen throughout all of their stores and an Occupational Hygiene Team is in place.

FACT: Research on consumer expectation shows that food safety is right at the bottom of the priority list as opposed to animal welfare which is currently the most important.

POSITIVE: The FSA are actively approaching the consumer with various advertising campaigns and the major retailers continue to put pressure on their suppliers to achieve the best possible standards.

OUTCOME: That the consumer plays a key role in improving standards, that with constant awareness the food industry can bring to a head the issues and consequences we face of poor hand hygiene.

NHS – constant bad press

Throughout the morning’s session, one organisation that was under constant criticism was the National Health Service.

It is no secret how much bad press the NHS receive. Infection is a growing concern with the lack of basic requirements such as hand washing and personal hygiene. Nurses are being trained on what is surely the “basics”.

It was noted that there are not enough hand washing stations in hospitals and if you do come across one it is very rarely equipped with the correct solutions, namely soap.

Visitors are not asked to wash their hands before entering a ward and doctors are rarely seen washing after each patient however proving negligence is extremely difficult.

Some hospitals do not have changing rooms therefore nurses are entering and leaving the hospital in their uniform.

FACT: The Health Service use mild lotion soaps and the food industry use an anti bacterial wash.

POSITIVE: Nurses are given individual sanitisers to clip onto their belts. The NHS is addressing this issue and actively seeking to improve the current standards, they have recently launched a “clean your hands campaign” and we need to apply this to food.

OUTCOME: Cost will always be an issue, you compare the NHS to private health care and the differences in hygiene standards are outstanding. Thus proving that providing the employees with the correct tools/facilities to enable them to conduct effective hand hygiene is essential.

It also became clear that good habit has a lot to do with good practice hand washing; such a basic principal should be second nature. If at an early age we are taught the importance of

washing our hands and educated in the reasons for doing so, then that will potentially stay with us throughout our lives.

Education – Good habit

Caroline Alston from ILS talked through their own campaign to get children into the “habit” of washing their hands. Caroline explained the importance of doing this and the success of the project.

Adam Hardgrave from the FSA also said that education is now their main focus, as well as raising awareness with the general population.

Schools must start taking responsibility as many children will not get the knowledge at home.

POSITIVE: Campaigns are underway to ensure children have the knowledge and incentives for good hand hygiene.

OUTCOME: Education is a very important way of ensuring effective hand hygiene, modern living means many families do not sit down to dinner anymore and therefore are not taught to wash their hands before they eat.

The 2 angles we must approach are leadership (management) and education (children)

Managers – Lead by example

Throughout the morning most of us all had a story to tell where we have seen bad hand hygiene; more often than not it was those in a position of management and leadership who had been caught out.

It is absolutely imperative that managers set a good example, that their standards are the highest possible to enable others to follow.

Cost vs. Time, for any industry, may come before reputation & standards. Managers will want to box the problem off and have one less concern therefore there may be resistance when even admitting they have a problem.

It was mentioned that there is a natural reaction against authority and peer pressure will always be a factor. However with a clear incentive, a visible threat (as apposed to an invisible threat) and a rigorous/robust protocol this should not be too difficult to achieve.

FACT: 50% of all men do not wash their hands after going to the loo and 20% of all women.

POSITIVE: With the right organisation and structure in place, getting managers to set an example should be more than viable.

OUTCOME: In the Hand Hygiene Standards should be definite protocol, with incentives to help managers; supervisors and food handlers achieve and monitor good practice.

There are also various techniques that can be used to encourage managers to step back and think about the seriousness of the situation and hand swabs are one example of how to test cleanliness on a sporadic basis (however we understand this may not be appropriate in some sectors).

Hot air dryers – Good or bad

Hot air dryers were the first product discussed and with the absence of Dyson the discussion became slightly one sided.

We all had access to the research that CCFRA undertook for the Dyson Airblade, which showed it was an effective hand dryer.

It was agreed that the main reason for choosing a hot air dryer over paper towels would be cost and ease as apposed to efficiency; however we had no evidence to support this theory.

It was understood that hot air dryers do not dry hands as effectively as paper towels and therefore, upon recommendation the majority would choose paper towels over hot air dryers.

FACT: Hands carry 90% of the infection.

POSITIVE: We are yet to hear from Dyson and will provide pros and cons for both methods of drying hands, therefore more research is needed.

OUTCOME: SOFHT will invite companies who sell paper towels and hand dryers to produce evidence and reasons for why their method is better. SOFHT will gather all this evidence and allow the manufacturer; retailer or caterer to make up their own minds based on cost, efficiency and time.

Gloves – should we shouldn't we

We know from the research CCFRA have done that gloves do not necessarily mean cleaner hands as people tend to wash them less.

It very much depends on the sector as to whether gloves would be efficient. For example in a manufacturing environment gloves may work well and we listened to a case study on why this was however in a catering environment gloves would be extremely impractical.

FACT: Wearing gloves does not mean cleaner hands

POSITIVE: More research is needed, Marigold where invited to attend today's forum but were unable to send a representative so we look forward to hearing from them.

OUTCOME: SOFHT will invite Marigold to produce methods and evidence on why they recommend wearing gloves as well as carefully studying CCFRA research to determine an outcome for the standards.

Hand Sanitiser, Alcohol based & Water

The FSA believe that soap and water cleans hands just as effectively as hand sanitiser or alcohol based solutions. It was agreed that for the average consumer this may be correct, however for extremely soiled hands, whether that be blood, oils or fats an anti bacterial may be required.

"New soap syndrome" was discussed, if the employee suspects a change of solution (especially for something cheaper) they may be insistent of an allergy to the new product. Usually after a month or two the problem disappears.

Water can be an irritant as much as an anti bacterial solution and poor skin care which includes poor rinsing and drying leads to health concerns. The HSE in particular would like to see companies encompassing better skin care.

There are guidelines with the comfort zone for water temperature however no one knows how much water is needed and for how many employees.

FACT: Research proves that the temperature of the water does not effect how efficiently your hands are cleaned.

POSITIVE: The discussions have brought to light more research is needed and in what areas. That there is no commonality or standardisation of products and that is something that is needed.

OUTCOME: SOFHT will start to gather evidence on what the differences are between water, hand sanitiser and alcohol based products and what the effectiveness of each is. SOFHT can then determine in which circumstances these differences are relevant.

Summary

Overall a valuable meeting which provided a forum for debate and a chance to voice and hear opinions from very different sources.

To summarise next actions:

- How do we start to raise awareness and how do we get the message across
- How do we incorporate the NHS to achieve a nationwide campaign
- How does the food industry start to get involved with schools
- What will make up the rigorous protocol
- What products are the most effective – more research is needed in all areas
- Who else do we invite to the next meeting – HPH was mentioned so contacts please

It was agreed/objectives

- The next meeting would take place in 6 months time – SOFHT will be in touch with an exact date
- We will wait to gather evidence from CCFRA and SOFHT own sources, before the next meeting
- SOFHT want to do the basic benchmark and act as a catalyst, working alongside other organisations
- Those present to spread the word and invite valuable contacts to the next meeting

Many thanks to all who participated and I hope these notes are of use.