Hepatitis and Blood Borne Viruses

Legislation
The Health and Safety at Work Act 1974
The Management of Health and Safety at Work Regulations 1999
Control of Substances Hazardous to Health 2002
Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2014

Introduction
This document provides managers and employees with advice and guidance on Hepatitis and Blood Borne Viruses, including HIV. It also contains procedures for managers to follow to prevent the risk of Hepatitis B and C in the workplace, risk assessments and what to do in the case of an incident.

Hepatitis is a viral disease which causes liver inflammation and in some cases severe liver disease. There are three main types of the illness, Hepatitis A, B and C (detailed below).

Hepatitis, B and C are often linked to the development of HIV and AIDS due to the transmission of infected blood from one person to another most commonly through sharing of needles used for injecting drugs and/or through sexual contact with an infected person. (HIV) Human Immunodeficiency virus affects the immune system of the body, and can lead to infections and tumours causing (AIDS) Auto immunodeficiency syndrome.

Purpose and aim
Oxfordshire County Council is committed to the provision of a healthy, safe environment for its employees and visitors and put in place guidelines to reduce any risk associated with blood borne viruses.

Scope
This policy applies to all Oxfordshire County Council employees, particularly those who come into contact with body fluids during their work such as those involved in providing personal care but may also apply to other workers such as cleaners, waste handlers, library staff, staff, youth workers, social workers, maintenance workers and contractors and Oxford Fire and Rescue Service (OFRS) and others by virtue of the nature of their work which may expose them to used and/or infected needles.

Definitions
• Hep A - Hepatitis A - notifiable disease (inform the Health Protection Agency).
• Hep B - Hepatitis B - notifiable disease (inform the Health Protection Agency).
• Hep C - Hepatitis C - Hepatitis C infection (also known as Hep C or HCV) is one such virus that can cause long-lasting infection and can lead to liver disease.
• (HIV) Human Immunodeficiency Virus.
• (AIDS) Immune Deficiency Syndrome.
• Jaundice - It occurs as a symptom of various diseases, such as hepatitis, that affect the processing of bile.
How Hepatitis is transmitted and what are the risks associated with each type?

**Hep A** – occurs most often in school children and young adults and presents itself as an acute (short-term) infection. The symptoms can be unpleasant, but it is rarely serious.

It is most commonly spread from person to person by infected faeces and poor hygiene or through the contamination of food and water with faeces and is more common where there are poor sanitation and sewage disposal arrangements.

A person infected with Hep A should stay away until they feel well and for at least 7 days after the onset of jaundice.

**Hep B** - Hepatitis B is transmitted in 3 ways; by sexual contact, blood contact (e.g. sharing equipment for injecting drugs, sharing razors or toothbrushes, acupuncture and piercing) and from an infected mother to her child. The virus is present in body fluids such as blood, saliva, semen and vaginal fluid.

The Hepatitis B virus can go on to cause a chronic (long-term) illness, which follows an acute infection.

**Hep C** - is spread when infected blood is passed from one person to another through a break in the skin, most commonly through drug users sharing needles.

NB - The virus is not transmitted through normal social contact, such as coughing, sneezing, shaking hands, sharing food or kitchen utensils or via a toilet seat.

The virus can cause serious long-term liver damage.

What do managers need to do – See Annex 1 for full details.

**Occupational Health Service**

- Any employee suffering a needlestick injury must seek medical advice immediately and report to their nearest Accident and Emergency Department.
- Following initial medical attention the employee should refer to Occupational Health who will provide on-going support including confidential counselling where needed.

**Reporting**

An Occupational Health incident report form (Annex I) must be completed for each identified needlestick injury. An individual sustaining a needlestick injury should take a copy of this form with them to the Accident and Emergency Department wherever possible. A copy should remain with the Head Teacher/Manager of the school/service/setting and further copies submitted to the Health & Safety Team. In addition, all needlestick injuries must be reported on the online health and safety reporting system [http://mycases.oxfordshire.gov.uk/hscm/DB7ARWF9.nsf](http://mycases.oxfordshire.gov.uk/hscm/DB7ARWF9.nsf)

Please refer to the following annexes for further information on specifics:-
**Annex I**
What should Managers do to prevent the risk of Hepatitis B and C in the workplace, this includes:-
- Reporting under RIDDOR requirements.
- A guide to help you undertake your risk assessment of Hepatitis and Blood Borne Viruses.
- Immunisation guidance and referral to Occupational Health referral website.
- Needlestick Incident Report for use at the hospital and for Occupational Health purposes.

**Annex II**
Employee information includes:-
- Minimizing risks to my health from Hepatitis and Blood Borne viruses.
- First aid and actions to take in the event of a needlestick or sharps injury.
- Dealing with body fluid spillages including cleaning up procedure.
- Dealing with cuts, nosebleeds and bites.
- Employee sign off.
- Needlestick incident report form for use at the hospital and for Occupational Health purposes.

**Annex III**
Risk assessment considerations and possible controls

**Annex IV**
Example of safe system of work

**Annex V**
Good Hand Hygiene Practices
For further information and advice:

<table>
<thead>
<tr>
<th>Specialist</th>
<th>email and web addresses</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHS Direct</td>
<td><a href="http://www.nhsdirect.nhs.uk">www.nhsdirect.nhs.uk</a></td>
<td>0845 4647</td>
</tr>
<tr>
<td>HSE</td>
<td><a href="http://www.hse.gov.uk">www.hse.gov.uk</a></td>
<td>0151 951 4000</td>
</tr>
<tr>
<td>Occupational Health</td>
<td>email: <a href="mailto:Oxford.Clinic@people-am.com">Oxford.Clinic@people-am.com</a></td>
<td></td>
</tr>
<tr>
<td></td>
<td>web address: <a href="https://intranet.oxfordshire.gov.uk/cms/content/role-occupational-health">https://intranet.oxfordshire.gov.uk/cms/content/role-occupational-health</a></td>
<td>01865 415500</td>
</tr>
<tr>
<td>Staff Care Services</td>
<td>web address: <a href="https://intranet.oxfordshire.gov.uk/cms/content/employee-assistance-programme-0">https://intranet.oxfordshire.gov.uk/cms/content/employee-assistance-programme-0</a></td>
<td>0800 8824102</td>
</tr>
<tr>
<td>H&amp;S Training Learning &amp; Development</td>
<td>email: <a href="mailto:LandD.sharedservices@oxfordshire.gov.uk">LandD.sharedservices@oxfordshire.gov.uk</a></td>
<td>01865 797123</td>
</tr>
<tr>
<td>Health &amp; Safety Team</td>
<td>email: <a href="mailto:healthandsafetyhelp@oxfordshire.gov.uk">healthandsafetyhelp@oxfordshire.gov.uk</a></td>
<td></td>
</tr>
<tr>
<td></td>
<td>web address (non schools): <a href="http://intranet.oxfordshire.gov.uk/links/intranet/healthandsafety">http://intranet.oxfordshire.gov.uk/links/intranet/healthandsafety</a></td>
<td>Helpdesk 01865 797222</td>
</tr>
<tr>
<td></td>
<td>web address (schools): <a href="http://schools.oxfordshire.gov.uk/cms/node/499">http://schools.oxfordshire.gov.uk/cms/node/499</a></td>
<td></td>
</tr>
</tbody>
</table>
Annex I

What should Managers do to prevent the risk of Hepatitis B and C in the workplace?

Please be aware:-

• All blood and body fluids should be considered as infectious agents in your risk assessments.

• There is a legal requirement under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) to report all occupationally acquired needlestick injuries involving significant exposure to HIV positive material, to the Health and Safety Executive as a dangerous occurrence. However ALL workplace incidents involving possible exposure to blood borne viruses and needlestick injuries must be reported on the online incident reporting system.

Risk Assessment
Use Annex III as a guide to help you to undertake your risk assessment as follows:-

• Identify the hazards
• Consider who is at risk and how
• Evaluate the risk based on likelihood and severity
• Consider how risk will be controlled
• Review and monitor assessment

All employees need to be advised of the risk assessment and associated documentation which needs to be recorded.

Managers should ensure that where a risk has been identified employees have received training on:

• How the blood borne virus can be transmitted
• Personal Hygiene
• Safe use and disposal of sharps
• Use of protective equipment, safe disposal and replacement procedures
• Disposal of contaminated waste
• Safe system of work

Immunisation Guidance
Vaccination is available against the Hepatitis B virus only and should be seen as a supplement to reinforce other control measures.

The Dept of Health recommends that staff of residential or other accommodation for those with learning difficulties are immunised against Hepatitis and Blood Borne Viruses. In addition, the Dept of Health Green Book advises that it would prudent to immunise even in the absence of documented Hepatitis B transmission.

Immunisation is not strictly a control, it is more of a protective measure and it is important to note that not all recipients of the vaccine will respond. Employees are required to notify Occupational Health of their status of their Hepatitis B immunisation.
An indication of the level of risk is given below:-

- **Very low risk** - This would include blood or body fluid on intact skin, or exposure to bodily fluids such as urine, faeces, saliva, sputum, tears, sweat, and vomit which present a minimal risk of blood borne virus infection unless they are contaminated with blood.

- **Low risk** – This would include a skin injury from a dried up abandoned needle in a public place, or mucous membrane splash from an individual not at high risk of being a Blood Borne Virus carrier.

- **High Risk** – this would include a skin injury or mucous membrane exposure (eyes, nose, mouth) to blood/bodily fluids from a source with significant risk factors for a Blood Borne Virus carrier.

- If you seek Hep B immunisation for your employee, please refer the employee through the Occupational Health online referral system. There is a drop down menu for HEP B vaccination: [Occupational Health referral website](#)
**Occupational Health**  
**NEEDLESTICK INCIDENT REPORT**

### Step 1

<table>
<thead>
<tr>
<th>Employee Name:</th>
<th>Directorate:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Job Title:</td>
<td>Date of incident:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Were you injured by the needle?</th>
<th>Y/N</th>
<th>Was the needle still attached to the syringe?</th>
<th>Y/N</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Did you attend Accident &amp; Emergency Dept at your nearest hospital?</th>
<th>Y/N</th>
<th>Have you arranged for the disposal or disposed of the needle yourself?</th>
<th>Y/N</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Street name / building/location where needle was found:</th>
<th>Give any further details of location:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Post Code:</th>
</tr>
</thead>
</table>

### Step 2

Please ask A&E to document below or provide a discharge letter, outlining any advice and treatment you were given.

<table>
<thead>
<tr>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

### Step 3

Ask for an urgent referral to the Occupational Health Service, upload this form and any other information you have been given on the referral website. Also phone the office on 01865 415500 to gain an early appointment.

Occupational Health will discuss your case with the Local Health Protection Unit and your GP, providing details of your current Hepatitis B immunisation status and records of all your vaccinations.

Occupational Health and your GP will then provide on-going support where required.
Employee Information
What should employees do to minimise the risk of contracting Hepatitis and other blood borne diseases whilst at work?

Exposure can be prevented by:-

• An awareness of how these diseases are transmitted – this should form part of your training for your role.
• Suitable and sufficient risk assessments of the environment and activities undertaken will give rise to control measures to reduce any risk to you to its lowest level possible.
• Following the safe system of work for your role.
• Maintaining good hygiene, by hand washing after each client/pupil contact and contact after contact with blood or body fluids.
• Wearing of personal protective equipment as determined by the risk assessment. Single use disposable gloves should be worn whenever working with blood or body fluids.
• Single use disposable plastic aprons/impermeable gowns should be worn when splashing with blood or body fluids may occur.
• Be immunised if advised to do so, determined by risk assessment.
• Covering of cuts and wounds with a waterproof dressing before handling any sharps.
• Avoiding unnecessary handling of needles wherever possible.
• Cleaning up any blood or body fluid spillages in line with procedure for doing so.
• Raising concerns with your manager regarding any increased risks associated with your role.

Actions to take in the event of a needlestick or sharps injury

• Knowing what to do in terms of First Aid and seeking professional medical attention should you sustain a needlestick injury NB: Obtain a Hepatitis B Injection within 48 hours after the injury.

First aid treatment for needlestick and sharps injuries:-

• DO NOT SUCK THE WOUND.
• Wash well under cold running water (with liquid soap if available). Do not rub hands.
• Encourage the wound to bleed by gently squeezing it.
• Cover with a dry dressing.
• Make the sharp safe or notify someone trained to deal with sharps.
• Go to Accident and Emergency as soon as you can. Tell Accident and Emergency as much as you can about how you were injured, and why you think a needle caused the injury, show them your completed OCC Health form. Accident and Emergency may provide treatment and take blood tests after taking advice from the Local Health Protection Unit (HPU), the microbiologists at the John Radcliffe Hospital and the Infectious Disease doctors at the Churchill Hospital.
• Notify your line manager.
• Ask for the incident to be reported if it is an occupational injury.

Dealing with body fluid spills (e.g. blood, urine, faeces, vomit) safely

Personal Safety
• Ensure any cuts or abrasions are covered by waterproof dressings and/or disposable plastic gloves before dealing with any body fluid spillage.
• Any splashes of blood or body fluid on your skin should be washed off immediately with soap and water.
• Broken glass contaminated with blood or body fluids should never be picked up by hand, even if wearing gloves. A paper or plastic scoop should be used and the glass disposed of in a clinical sharps box. If this is not available place the glass in an impenetrable container, and dispose of it safely.

Cleaning Procedure
• Always wear disposable gloves and apron and ensure adequate ventilation.
• Use paper towels/disposable cloth to soak up the spill.
• Carefully clean the contaminated area with hot water and detergent/disinfectant using a disposable cloth.
• Never use mops to clear up body fluids.
• Place paper towels, single use disposable cloths, disposable gloves and apron into a yellow clinical waste bag and secure the bag with a knot.
• If there is no clinical waste disposal contract double bag and secure prior to sending it for disposal.
• Wash hands thoroughly.

Dealing with cuts and nosebleeds
• Wear disposable gloves when dealing with all wounds and when giving first aid. Intact skin provides a good barrier to infection.
• Wear waterproof dressings on any fresh wounds to protect yourself.
• Always wash hands after dealing with other people’s blood.
• Disposable gloves should be discarded immediately after use, even if they look clean.

Human Bites
If a bite does not break the skin:
1. Clean with soap and water.
2. No further action needed.

If a bite breaks the skin:
1. The wound should be allowed to bleed gently.
2. Clean immediately with soap and water.
3. Report the incident on the online reporting system.
4. Seek medical advice from the injured person’s GP or NHS Direct to assess the risk of blood borne infection and the need for any prophylaxis treatment.
Employee Sign Off
I confirm that I have read and understood the employee information provided to me (Annex II of this procedure) regarding:-

- minimizing risks to my health from Hepatitis and Blood Borne viruses.
- actions to take in the event of a needlestick or sharps injury.
- dealing with body fluid spillages.
- dealing with cuts, nosebleeds and bites.

Name .............................................................. Please print

Signature ...........................................................

Date ...............................................................  

Copy to be retained by Line Manager
## Risk Assessment Considerations and Possible Controls

*(not exhaustive)*

<table>
<thead>
<tr>
<th>Hazards to consider</th>
<th>Workers likely to be at risk of exposure to Hep B or Hep C</th>
<th>Determine level Of Risk High (H) Med (M) Low (L)</th>
<th>How might you control</th>
<th>Recording and Reporting</th>
</tr>
</thead>
<tbody>
<tr>
<td>All blood and body fluids are infectious agents</td>
<td>Those providing care in clients homes</td>
<td></td>
<td>Suitable and sufficient risk assessment, monitoring and review. Safe system of work</td>
<td>Document your findings and risk assess significant risks</td>
</tr>
<tr>
<td>Consider past incidents in your risk assessment eg worker sustained needlestick injury whilst making bed for client OR worker did not seek medical attention because she/he was not familiar with procedure</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Worker exposure to blood, body fluids, saliva, semen, vaginal fluid. Worker exposure to blood or body fluids via</td>
<td>Those who provide personal care and are exposed to body fluids such as blood, urine, vomit, saliva, semen and vaginal fluid</td>
<td></td>
<td>Provide information, instruction, training and supervision to workers in relation to the risks they may be exposed to and an awareness of how common causes of exposure occur Effective hand hygiene</td>
<td>Raise awareness of reporting and recording requirements:- Health Protection Agency Incident Contact Centre (HSE)</td>
</tr>
<tr>
<td>the mucous membranes of the eyes, insides of nose and/or mouth, or through broken skin</td>
<td>Dealing with clients who may haemorrhage blood or who have nosebleeds (eg gushing blood)</td>
<td>Spillages of blood and body fluid</td>
<td>Health, Safety and Wellbeing Team – telephone if needlestick injury occurs and report incident on the online system</td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td></td>
</tr>
<tr>
<td>Provision and wearing of Personal protective equipment eg aprons, gloves, masks as appropriate</td>
<td>Awareness of action to be taken in the event of an emergency and how to keep safe yourself</td>
<td>Eye protection may be needed if dealing with gushing blood</td>
<td>Review risk assessment annually or more frequently as appropriate eg following an incident</td>
<td></td>
</tr>
<tr>
<td>Follow appropriate procedure for dealing with spillages of this nature</td>
<td>Environment/ Settings Tasks Client capability to self inject Clients cognitive state Poor housekeeping of client setting Lack of medical assistance</td>
<td>Those supporting clients who self inject or those visiting environments where others may be injecting drug users eg youth workers, social workers</td>
<td>Ensure the setting has a sharps box which should never be overfilled Sharps disposal must happen immediately after use Ensure workers do not assist clients in the giving of injections – the client must do this themselves. If a client has cognitive impairment they may forget where to put used needles</td>
<td></td>
</tr>
<tr>
<td>Disposal</td>
<td>Increased risk of injury from sharps</td>
<td>If a client is unable to do this medical assistance must be provided</td>
<td></td>
<td></td>
</tr>
<tr>
<td>--------------------------------</td>
<td>------------------------------------</td>
<td>---------------------------------------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Workers must not dispose of the needle for the client</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Workers should not move the sharps box around unnecessarily and if necessary use the handle</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supporting children with medical conditions requiring treatment</td>
<td>Those assisting children with injections (eg insulin, epipen)</td>
<td>Needles must never be resheathed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>High Risk clients – those clients with known HBV/HIV.</td>
<td>Those supporting clients with known HBV /HIV infections</td>
<td>Seek <strong>immediate</strong> medical advice and treatment at hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Advise OCC Occupational health team immediately</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Advise Health, Safety and Wellbeing team</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Provide HBV immunisations for employees for known clients with HBV/HIV infections and for others based on reasonable likelihood that damage to health may occur under the particular conditions at work as identified by risk assessment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Categorisation</td>
<td>At Risk</td>
<td>Training/Precautions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Challenging/violent Behaviour of clients/children</td>
<td>Those who may be kicked, scratched or bitten whilst at work</td>
<td>GSA Training, Team Teach Training, Restraint Training</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Behavioural settings</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Special Schools</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Childrens Homes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Workers</td>
<td>Those with open wounds or skin conditions eg eczema/dermatitis</td>
<td>Ensure any open wounds, cuts etc are covered by waterproof plaster</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rubbish bags – waste disposal</td>
<td>Use wheelie bins if you can. Raise awareness of workers to prevent indiscriminate disposal of needles. These often end up in rubbish bags so great care is needed if handling</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Syringes that contain blood</td>
<td>Provide litter picking equipment and PPE suitable for the task eg sturdy puncture resistant gloves, disposable tongs. Provide training and safe system of work in terms of safe disposal of needles/syringes/sharps. Ensure actions on necessary First Aid Actions and the need to seek immediate medical help are understood. Avoid unblocking toilets without suitable hand protection.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Those likely to sustain sharps injuries during the course of their duties eg (blood contaminated glass/sharps)</td>
<td>Those working in roles such as grounds maintenance; those inspecting/servicing public and educational settings. Places such as derelict buildings, public toilets, playgrounds, play areas, school/nursery sandpits, alleyways etc</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Example of Safe System of Work

Preventing the spread of blood borne viruses in the workplace and needlestick injuries

- The provision of information, instruction, training and supervision to employees
- Ensure good basic personal hygiene practices are followed
- Prohibit eating, drinking, in working areas where there is a risk of contamination
- Protect the eyes and mouth as appropriate with goggles, mask etc
- Wear appropriate disposable protective clothing suitable for the task eg plastic apron
- Prevent puncture wounds, cuts and abrasions, especially in the presence of blood and body fluids
- Cover all breaks in the skin by using waterproof dressings and suitable gloves
- Wherever possible avoid the use of, or exposure to, sharps such as needles or glass
- Consider the use of devices incorporating safety features, eg a litter picker for picking up rubbish rather than a hand
- Never re-sheath a needle
- Ensure good housekeeping in the workplace setting eg clients home where they may have left used needles lying around
- Be aware of any drug users in your workplace setting
- If the use of sharps is unavoidable give advice in handling equipment and ensure correct disposal
- Immediate and safe disposal of sharps into appropriate, puncture-proof sharps bins
- Dispose of contaminated waste appropriately
- Report all incidents/accidents which involve blood or body fluids
- Never overfilling sharps box
- Reviewing your risk assessment
Annex V

Good Hand Hygiene Practices – HPA Advice on Hand Washing

Hand hygiene is the single most important method of preventing and controlling infection.

Using an alcohol rub or similar product is a useful alternative when the hands are not visibly dirty, or when adequate hand washing facilities are not available.

It is important that hand washing is carried out correctly to prevent the spread of infection.

Studies show that even health care staff frequently use poor hand washing techniques and the most commonly neglected areas are the tips of the fingers, palm of the hand, and the thumb.

**Good Practice**

- Fingernails should be kept clean and short.
- Do not wear false-nails or nail polish.
- Jewellery (including a wrist watch) should not be worn, except a plain wedding band.
- Breaks anywhere on the skin should be covered with a waterproof dressing.
- Medical advice should be sought for skin damage caused by other medical conditions e.g. eczema, psoriasis.
- Ideally skin should be ‘bare below the elbow’.

Hands should be washed:

- After visiting the toilet.
- Before handling food.
- When the hands are visibly soiled.
- Before and after procedures such as personal care, even if gloves were worn.
- Between each client.
- After coughing or sneezing into hands.
Hand Washing Technique

1. Palm to palm
2. Right palm over left dorsum and left palm over right dorsum
3. Palm to palm fingers interlaced
4. Backs of fingers to opposing palms with fingers interlocked
5. Rotational rubbing of right thumb clasped in left palm and vice versa
6. Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa