

Hand Hygiene Station Implementation Tips

1. Set-Up

- a. Best if two competency validators work at the station
- b. Gather all:
 - a. Supplies- sink with running water, hand soap, paper towels, 60% alcohol-based hand rub/hand sanitizer, trash can
 - b. Teaching materials- PPT presentation(s), handouts, pocket cards, competency checklists, quiz copies
- c. Optional - enough fluorescent marker and batteries for blacklight

2. Education and Competency Validation

- a. Provide a short overview of why hand hygiene is important and when and how it should be performed
- b. Divide staff waiting for competency check-off into two groups- hand washing and ABHR with one competency checker assigned to each group
- c. Demonstrate hand hygiene technique using soap and water and alcohol-based hand rub (that contains at least 60% alcohol base)
- d. Perform competency validation with each staff member and document results on a competency checklist.
 - i. If using fluorescent markers, shine blacklight on hands after hand hygiene completed to show staff areas on their hands in which marker lights up representing areas that were not cleaned properly and where germs may remain.
- e. If staff member did not successfully complete hand washing and/or use of ABHR competencies:
 - i. Provide and document remedial education
 - ii. Repeat competency validation and document results
- f. Administer hand hygiene quiz-keep completed quizzes in education file

Handwashing Competency Checklist

Handwashing Competency Checklist

Skill/Procedure	Return Demonstration Completed	
	Team Member	Evaluator
Team member is able to state 6-8 times when they would wash hands: Beginning and end of shift; before and after using restroom; coughing, sneezing, or blowing nose; before and after breaks; before and after client contact; after removal of gloves; anytime hands are soiled; before and after handling food; and before and after handling soiled articles.		
1. Turn on water.		
2. Holding fingertips down, wet hands and wrists.		
3. Apply soap and work into lather.		
4. Rub all surfaces of the hands, between fingers, under nails and at least two (2) inches above the wrist continuously for at least 20 seconds.		
5. Without touching the sink or faucet, rinse hands under running water holding the fingertips upward.		
6. Without touching the paper towel dispenser, obtain paper towels.		
7. Dry hands and wrists well, being careful not to go from upper wrist back down to hands again.		
8. Dispose of those paper towels. Obtain another paper towel.		
9. Using this paper towel, turn off water faucet, and place towel into the nearest waste container.		
Hand Gel Skill		
1. Apply a small amount of hand gel about the size of a quarter into the palm of hand.		
2. Rub hands briskly (similar to washing hands) up to two (2) inches above the wrists.		
3. Verbalizes that after three (3) hand gel uses, wash hands with soap and water.		
4. Verbalizes that if hands are visibly soiled, wash with soap and water.		
5. Verbalizes that if working with C-diff individuals, must wash with soap and water and not use hand gel.		

Team Member Signature _____ Date _____

The evaluator has verified that the team member has demonstrated knowledge of the handwashing competencies listed above.

Evaluator Signature _____ Date _____

Hand Hygiene Job Aid

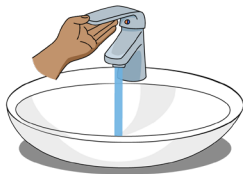
When you wear disposable gloves, you must still clean your hands for proper hygiene. When performing testing, you should change gloves after each patient. You should also wash your hands or clean them with alcohol-based sanitizers after each patient.

There are two ways to clean your hands for proper hygiene: washing with water and using alcohol-based sanitizer.

Hand Washing Steps

If a hand washing sink is available, follow the steps below:

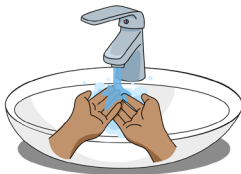
1. Wet your hands with warm running water.



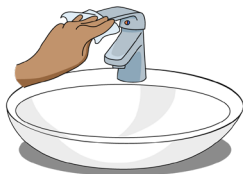
2. Apply the soap and spread it to all of your hands and fingers. Rub your hands together for at least 20 seconds.



3. Rinse your hands thoroughly and dry them with disposable towels.



4. Use a disposable towel to turn off the faucet. Discard towels in the regular trash.



Hand Sanitizing Steps

If a hand washing sink is not available, follow these steps:

1. Find an alcohol-based hand sanitizer. The alcohol content should be at least 60 percent.



2. Read the manufacturer's instructions to see how much hand sanitizer to use.



3. Apply the sanitizer to one palm. Rub your hands together to cover all surfaces of your hands and fingers. Stop when hands are dry.



4. Wash your hands with soap and water as soon as possible.



Quiz: Hand Hygiene

Name_____

1. When performing handwashing, how long should you scrub your hands?
 - A. 10 seconds
 - B. 20 seconds
 - C. 30 seconds
 - D. None of the above
2. What area(s) are most often missed by healthcare providers when using alcohol-based hand sanitizer: (Select all that apply)
 - A. Thumbs
 - B. Between fingers
 - C. Back of hands
 - D. Fingertips
3. Which hand hygiene technique does the CDC recommend for most clinical situations?
 - A. Hand washing
 - B. Alcohol-based hand rub
4. True or False: Healthcare workers may use any hand lotion after using alcohol-based hand rub?
5. If the task you are performing requires glove use, perform hand hygiene:
 - A. Before donning gloves
 - B. After removal of gloves
 - C. There is no need to perform hand hygiene when using gloves
 - D. A and C
 - E. B and C
 - F. A and B

Quiz Answer Key: Hand Hygiene

Answer Key:

1-B

2- A, B, D

3- B

4- false

5- F

COUNT

Step 4: Go directly to patient or resident without putting hands back into pockets or touching anything else.

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**Clean your hands properly
when using individual pocket-
sized alcohol-based hand
sanitizer containers.**



www.cdc.gov/handhygiene
This material was developed by CDC. The Clean Hands
Count Campaign is made possible by a partnership
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WHEN DO YOU CLEAN YOUR HANDS?

- 1 Always before touching a resident/patient or their immediate environment.
- 2 Before and immediately after removing gloves.
- 3 After touching bed rails, bedside tables, remote controls or a phone (alcohol-based hand sanitizer is acceptable).
- 4 Before performing an aseptic task (e.g., placing an indwelling device), handling invasive medical devices or after contact with blood, body fluids or contaminated surfaces.
- 5 Before touching your eyes, nose or mouth (alcohol-based hand sanitizer is acceptable).
- 6 Before and after changing bandages.
- 7 After blowing your nose, coughing, sneezing or using the restroom (use soap and water).
- 8 Before consuming food (use soap and water).

This material was prepared by Health Quality Innovators (HQI), a Quality Innovation Network-Quality Improvement Organization (QIN-QIO) under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS. 1250W/HQI/QIN-QIO-0362-11/17/22

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HAND HYGIENE

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WHEN DO YOU CLEAN YOUR HANDS?

WHEN SHOULD YOU USE ALCOHOL-BASED GEL?

- Alcohol-based hand rub is preferred for decontaminating your hands, except when hands are visibly soiled (e.g., dirt, blood, body fluids) or after caring for patients with known or suspected infections, in which case soap and water should be used.
- Even if gloves will be worn, perform hand hygiene before and after glove removal.
- Use enough alcohol-based hand sanitizer to cover all surfaces of your hands. Rub your hands together until they are dry. Your hands should stay wet for around 20 seconds if you used the right amount.

HOW TO USE HAND SANITIZER



APPLY SANITIZER
TO PALM



RUB PALMS,
HANDS AND
FINGERNAILS



RUB UNTIL DRY



Clean Hands Count Materials | CDC



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Infection Control Assessment and Response (ICAR) Tool for General Infection Prevention and Control (IPC) Across Settings

Section 3: Observation Form - Hand Hygiene

Hand Hygiene: This form is intended to guide hand hygiene-based facility and healthcare personnel observations.

Additional information and resources for hand hygiene in healthcare settings are available at: [Hand Hygiene in Healthcare Settings | CDC](#)

Hand Hygiene ICAR Interview Questions (Section 2 Module 2) and Observation Forms for other IPC topics (Section 3) are available on the ICAR web page: <https://www.cdc.gov/healthcare-associated-infections/php/toolkit/icar.html>

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Health and Human Services**
Centers for Disease
Control and Prevention

Hand Hygiene Environment of Care Observations

Note: The following elements evaluating hand hygiene stations should be made in at least 3 units/rooms and common care areas. Hand hygiene observations are also incorporated into other procedure-specific audit tools.

Elements to be assessed	Notes/Areas for Improvement
1. Alcohol-based hand sanitizer (ABHS) used in the facility contains 60%-95% alcohol. Yes No ABHS is not used by the facility	
2. Alcohol-impregnated wipes are stored in a manner that prevents evaporation. Yes No Alcohol-impregnated wipes are not used by the facility	
3. How is ABHS dispensed? <i>(select all that apply)</i> Wall-mounted dispensers Free-standing dispensers Individual pocket-sized containers Other <i>(specify)</i> : _____	
4. Individual pocket-sized dispensers of ABHS remain in the control of HCP (i.e., patients/residents are unable to access these dispensers) Yes No Individual pocket-sized containers are not used by the facility	

Observe the location and accessibility of hand hygiene supplies on multiple units or rooms and common areas according to scope of assessment.

Specify unit of observation	Unit/Room #1:	Unit/Room #2:	Unit/Room #3:
Easily accessible outside patient/resident room	Sink ABHS dispenser Not available	Sink ABHS dispenser Not available	Sink ABHS dispenser Not available
Inside room at threshold	Sink ABHS dispenser Not available	Sink ABHS dispenser Not available	Sink ABHS dispenser Not available
Inside room near the bed(s)	Sink ABHS dispenser Not available	Sink ABHS dispenser Not available	Sink ABHS dispenser Not available
Inside patient/resident restroom	Sink ABHS dispenser Not available	Sink ABHS dispenser Not available	Sink ABHS dispenser Not available

Notes

Common Areas (e.g., facility entrances, radiology, phlebotomy room)

Specify unit of observation	Location
Area #1 (specify):	Sink ABHS dispenser Not available
Area #2 (specify):	Sink ABHS dispenser Not available
Area # 3 (specify):	Sink ABHS dispenser Not available
Area #4 (specify):	Sink ABHS dispenser Not available

Audit of Alcohol-Based Hand Sanitizer Dispensers -

Assess at least 3 different ABHS dispensers, including at least 1 in patient/resident/exam room

Location/Unit/Room	Ready to dispense (i.e., not empty)	Dispenses adequate volume*
	Yes No	Yes No
	Yes No	Yes No
	Yes No	Yes No

*A single activation dispenses a volume that covers all surfaces of the hands and that requires a minimum of 20 seconds to rub before drying.

Audit of Hand Hygiene Sinks -

Assess at least 3 different sinks, including at least 1 in patient/resident/exam room

Location/Unit/Room	Soap available	Paper towels available	Does the sink drain? (no evidence of back-up)	Sink basin free from clutter	Clean supplies are not stored within the splash zone
	Yes No	Yes No	Yes No	Yes No	Yes No
	Yes No	Yes No	Yes No	Yes No	Yes No
	Yes No	Yes No	Yes No	Yes No	Yes No

Notes

Hand Hygiene Adherence Observations

Complete as many observations as possible during the visit. If observed, note hand conditions that increase risk of colonization with pathogens (e.g., dermatitis, use of artificial nails) in comments.

Location/Unit	Staff type	Type of opportunity	HH performed?	Comments
		Room entry Room exit Before patient/resident contact* Before clean/aseptic procedure After patient/resident contact* After glove removal Other (specify):	ABHS Hand Wash No hand hygiene done	
		Room entry Room exit Before patient/resident contact* Before clean/aseptic procedure After patient/resident contact* After glove removal Other (specify):	ABHS Hand Wash No hand hygiene done	
		Room entry Room exit Before patient/resident contact* Before clean/aseptic procedure After patient/resident contact* After glove removal Other (specify):	ABHS Hand Wash No hand hygiene done	
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*In semi-private rooms observe hand hygiene adherence when moving between residents/patients

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Notes

Hand Hygiene Toolkit

Germs are everywhere! They can get onto hands and items we touch during daily activities, including resident care. Cleaning your hands reduces both the spread of potentially deadly germs to residents and the risk of healthcare provider colonization (meaning, having the germ in or on the body without causing infection) or infection caused by germs acquired from the resident.¹

Each year between 1 and 3 million residents of nursing homes or skilled nursing facilities develop healthcare acquired infections and as many as 380,000 people die of these infections.²

Hand hygiene is a critically important infection prevention measure in long-term care facilities. Hand hygiene means cleaning your hands by using either handwashing (washing hands with soap and water), antiseptic hand wash, antiseptic hand rub (i.e., alcohol-based hand sanitizer including foam or gel), or surgical hand antisepsis.²

The scientific evidence overwhelmingly demonstrates that appropriate hand hygiene is the single most effective action to stop the spread of infection, while integrated with other critical measures. Appropriate hand hygiene prevents up to 50% of avoidable infections acquired during health care delivery, including those affecting the health work force.³ Studies show that some healthcare providers practice hand hygiene less than half of the times they should.⁴

Investing in hand hygiene yields huge returns. Implementation of hand hygiene policies can generate economic savings averaging 16 times the cost of their implementation.³

CDC recommended practices for hand hygiene²

- Hand washing
 - Wash hands with soap and water whenever they are visibly dirty, before eating, and after using the restroom.
 - During Routine Resident Care:
 - When hands are visibly soiled
 - After caring for a resident with known or suspected infectious diarrhea (i.e., Norovirus)
 - After known or suspected exposure to spores (i.e., C difficile)
- Alcohol-Based Hand Rub
 - An alcohol-based hand sanitizer (at least 60% alcohol content) is the preferred method for cleaning hands when they are not visibly dirty. Use it:
 - Immediately before touching a resident
 - Before performing an aseptic task (e.g., placing an indwelling device) or handling invasive medical devices
 - Before moving from work on a soiled body site to a clean body site on the same resident
 - After touching a resident or the resident's immediate environment
 - After contact with blood, body fluids or contaminated surfaces
 - Immediately after glove removal
 - Technique matters, use the right amount of alcohol-based hand sanitizer product to clean your hands (see manufacturer's instructions)

Hand Hygiene Toolkit

- How well the alcohol-based hand sanitizer works depends on the amount applied to the hands
 - Always check the expiration date of the product prior to using
 - These areas are most often missed by healthcare providers when using alcohol-based hand sanitizer:
 - Thumbs
 - Fingertips
 - Between fingers
- It is important to maintain the health of your skin
 - Lotions and creams can prevent and decrease skin dryness that happens from cleaning your hands
 - Use only hand lotions approved by your healthcare facility because they won't interfere with hand sanitizing products
- Fingernails
 - Germs can live under artificial fingernails both before and after using an alcohol-based hand sanitizer and handwashing
 - Keep natural nail tips less than ¼ inch long
 - Some studies have shown that skin underneath rings contains more germs than comparable areas of skin on fingers without rings
 - Further studies are needed to determine if wearing rings results in an increased spread of potentially deadly germs
- Wearing gloves is never a substitute for hand hygiene
 - If a task requires gloves, perform hand hygiene prior to donning gloves, before touching the resident or the resident environment.
 - Perform hand hygiene immediately after removing gloves
 - Carefully remove gloves to prevent hand contamination

References

1. CDC Hand Sanitizer Use Out and About, Last reviewed: June 3, 2021

<https://www.cdc.gov/handwashing/pdf/HandSanitizer-p.pdf> , Accessed 2-3-24

2. CDC Hand Hygiene in Healthcare Settings, Healthcare Providers, Last Reviewed: January 8, 2021, <https://www.cdc.gov/handhygiene/providers/index.html> , Accessed 2-3-24

3. World Health Organization, Key Facts and Figures, World Hand Hygiene Day 2021,

<https://www.who.int/campaigns/world-hand-hygiene-day/2021/key-facts-and-figures>

Accessed 2-4-24

4. CDC Hand Hygiene in Healthcare Settings, Show Me the Science, Last Reviewed: November 21, 2023, <https://www.cdc.gov/handhygiene/science/index.html> , Accessed 2-3-2024

Communication & promotional materials

Hand Hygiene Programs involve all areas and staff of the facility. It is important to communicate the expectations regarding hand hygiene. The first video in the [CDC's Hand Hygiene in Healthcare Settings Video Series is ENGAGE](#) [Video: 5:44].¹ This video will share ideas on how the facility can engage staff in the program to reach established goals.

The CDC provides promotional materials that can be utilized to communicate the need for hand hygiene and encourage compliance.²

- [My Clean Hands Count For My Patients](#)-Poster
- [Long Term Care Facilities, Clean Hands Count Brochure \(print only\)](#)
- [Clean Hands Count Fact Sheet](#)
- [Clean Hands Count Provider Fact Sheet \(print only\)](#) – Spanish
- [Clean Hands Count Provider Brochure \(print only\)](#) - Spanish

The promotional materials can be reviewed and discussed during meetings with staff, unit huddles, and if available, shared with staff through email or text messages. During any communication with staff, time should be allotted for answering questions and discussing any concerns or barriers.

Talking points with staff should include:

- What is hand hygiene and why is it important
- When and how hand hygiene should be performed
- A demonstration and return demonstration for competency – be sure to document
- How to speak with their residents and any families or visitors about hand hygiene.

Talking points with residents/families or visitors should include:

- Why performing hand hygiene is important
- When hand hygiene should be performed
- If time allows, demonstrating how to use alcohol-based hand rub or perform hand washing
- Letting residents and others know it is ok to ask staff about hand hygiene and even request staff to perform hand hygiene²

Residents should be encouraged to participate in the Hand Hygiene Program. Some promotional materials to engage residents include:

- World Health Organization – Hand Hygiene Promotion in Healthcare – [Tips for Patients](#)
- World Health Organization – [Hand Hygiene and Antibiotic Resistance](#)
- World Health Organization - [Tips for implementing a successful patient participation programme](#)

Hand Hygiene Toolkit

As with any initiative, facility leadership support is critical for success. The World Health Organization has a [template letter](#) that can be sent to leadership explaining the hand hygiene initiative and to gain their support.

References:

1. CDC Hand Hygiene in Healthcare Settings Video Series, Last Reviewed: May 1, 2023
<https://www.cdc.gov/handhygiene/providers/training/index.html> , Accessed 2-3-24
2. CDC Hand Hygiene in Healthcare Settings, Promotional Materials, Last reviewed June 26, 2019
https://www.cdc.gov/handhygiene/campaign/promotional.html#anchor_1555101709, Accessed 2-3-24

Assessment

When beginning a hand hygiene program or developing a performance improvement plan, it is important to understand current hand hygiene practices in the facility.

Infection Preventionists can evaluate current facility practices through a variety of methods.

- Rounding – walking through the nursing units, kitchen, laundry and other areas of the facility and observing staff infection prevention and control activities. Based on the findings, the IP can provide just-in-time training to the staff.
- Use of shift coaches - shift coaches are usually a member of the nursing staff that have an interest in infection prevention and control and want to help improve resident care. Shift coaches are trained by and meet regularly with the IP to discuss what they are seeing and how to make improvements. If interested in the shift coach program (ICAN), visit the website: sites.brown.edu/ican
- Secret Shoppers-can be anyone in the facility, including volunteers. Secret shoppers are trained by the IP on how to perform and document infection control observations. By utilizing others in the facility, rather than just the IP to make observations, a more well-rounded picture of staff compliance can be made.
- Use of tools – tools help to ensure the data is collected in the same way each time and provide for a more efficient method of documentation.
 - The CDC provides [an Infection Control Assessment and Response \(ICAR\) Tool for General Infection Prevention and Control \(IPC\) Across Settings-hand hygiene tool](#).¹ This tool will aid in the review of a healthcare facility's hand hygiene practices and policies and environmental and healthcare personnel observations.

References

Hand Hygiene Toolkit

1. CDC Infection Control Assessment and Response (ICAR) Tool for General Infection Prevention and Control (IPC) Across Settings- Module 2: Hand Hygiene Facilitator Guide, Last Reviewed 11/15/2022

<https://www.cdc.gov/infectioncontrol/pdf/icar/IPC-mod2-hand-hygiene-508.pdf> Accessed 2-3-24

Planning

When planning a hand hygiene program, think holistically about what needs to be considered. For example:

- Who needs to be informed about the practice-all departments, residents, families/responsible parties, consultants, medical providers, students
- Supplies – current inventory of alcohol-based hand rub (ABHR) and ABHR dispensers, soap and soap dispensers, paper towels, and hand lotions that are compatible with soap and ABHR. Will any additional supplies need to be ordered?
- Location of ABHR and soap dispensers and sinks, and paper towels
- Who can act as a champion for hand hygiene in the facility? The champion(s) encourage and work with staff to help make hand hygiene a standard practice. Any staff member that is interested and willing to work with others in the facility can be considered.
- What are the current barriers to staff performance of hand hygiene?

Utilizing your facility's QAPI committee can be very beneficial when planning to implement a hand hygiene program. Working with the full committee, or a sub-committee, will help to gather input from other team members across disciplines on preparing for, implementing, and evaluating the program in the facility. The CMS QAPI tools² below can assist your committee in organizing and developing the implementation plan.

- Worksheet to Create a PIP Charter- clearly establishes the goals, scope, timing, milestones, and team roles and responsibilities for an Improvement Project (PIP).
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- Plan-Do-Study-Act (PDSA) Cycle Template- used to plan and document your progress with tests of change conducted as part of the performance improvement project.
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Training & Coaching or Transfer of Learning (TOL) approaches & tools

Hand hygiene training will not be a one-time occurrence. The team must plan for initial and refresher training. A variety of teaching techniques can be applied, such as:

- Just-in-time, On-the-job
- On unit training sessions – training content can be broken into multiple sessions
- Accessible information when needed (i.e., posters on hand washing and use of alcohol-based hand rub (ABHR) techniques)
- Mobile training – carts, iPad for video viewing
- Active – return demonstration

When training on hand hygiene, the following key points should be included:

- Define hand hygiene
- Explain why performing hand hygiene is important

Hand Hygiene Toolkit

- Discuss when hand washing should be performed and when ABHR should be utilized
- Provide active demonstration of both techniques and have staff perform return demonstrations for competency – be sure to document

Luckily, when it comes to educating staff on hand hygiene, there is no need to reinvent the wheel. The training resources below can be utilized by the team to train staff.

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- [https://cdn.who.int/media/docs/default-source/integrated-health-services-\(ihs\)/infection-prevention-and-control/your-5-moments-for-hand-hygiene-poster.pdf?sfvrsn=83e2fb0e_16](https://cdn.who.int/media/docs/default-source/integrated-health-services-(ihs)/infection-prevention-and-control/your-5-moments-for-hand-hygiene-poster.pdf?sfvrsn=83e2fb0e_16)

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- Developing and managing quality initiatives
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1. CDC Hand Hygiene in Healthcare Settings Video Series, Last Reviewed: May 1, 2023
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3. The Society for Post-Acute and Long-Term Care Medicine, *THE NURSING HOME MEDICAL DIRECTOR: LEADER & MANAGER*, March 1, 2011.

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One tool that can assist with evaluation of the program is the CDC's EVALUATE [Video: 4:27] Using Hand Hygiene Data for Action¹ which describes using data for continuous quality improvement in hand hygiene programs.

Another valuable evaluation tool is the Agency for Healthcare Research and Quality (AHRQ) Resource: Hand Hygiene Tracking Tool and User Guide.¹ This pre-programmed Excel workbook compiles hand hygiene observational data by individual, shift, position, location, and department to help staff regularly review opportunities for hand hygiene performance improvement. The user guide gives nursing home staff detailed step-by-step instructions with visuals to record, analyze, and review observational audit data using the tracking tool itself.

References

Hand Hygiene Toolkit

1. CDC Hand Hygiene in Healthcare Settings Video Series, Last Reviewed: May 1, 2023

<https://www.cdc.gov/handhygiene/providers/training/index.html> , Accessed 2-3-24

2. Agency for Healthcare Research and Quality (AHRQ) Resource: Hand Hygiene Tracking Tool and User Guide, Last Reviewed July 1, 2021

<https://www.ahrq.gov/nursing-home/resources/hand-hygiene-tracking-tool.html> Accessed 2-3-24

Policy and Procedures

CMS requires nursing homes to have written standards, policies, and procedures for the Infection Prevention and Control Program (IPCP). Policies and procedures should incorporate current standards of practice based on nationally recognized, evidence-based guidelines.¹

When creating a policy and procedure for Enhanced Barrier Precautions, here are some guidelines to follow:

- Have an appropriate title
- Include the date of last revision or review
- State the date that the policy or procedure takes effect
- List name and signature of the individual or committee responsible for review or approval (i.e.: IPC Committee). Policies and procedures should be reviewed annually and revised when needed (e.g., when services or products change).
- All guidelines, standards, or other resources used to develop the policy and/or procedure should be identified and referenced.
- When applicable, key terms used in the policy and procedure should be defined. This can be accomplished at the time they are used or by including a glossary at the start or end of the document.²

Sample Hand Hygiene Policy and Procedure

- Washington State Department of Health – Hand Hygiene Policy and Procedure
 - <https://doh.wa.gov/sites/default/files/legacy/Documents/Pubs//505144.pdf>

References

1. CMS State Operations Manual Appendix PP - Guidance to Surveyors for Long Term Care Facilities (Rev. 211, 02-03-23) – §483.80 Infection Control

Hand Hygiene Toolkit

<https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/downloads/appendix-pp-state-operations-manual.pdf> Accessed 2-4-24

2. Centers for Disease Control and Prevention (CDC). Nursing Home Infection Preventionist Training Course. CE Number: WB4448. Origination Date: October 1, 2021. October 1, 2023. Module 1 Infection Prevention and Control Program. https://www.train.org/cdctrain/training_plan/3814. Accessed 1-26-24.

Regulations

- CMS State Operations Manual Appendix PP - Guidance to Surveyors for Long Term Care Facilities (Rev. 211, 02-03-23) – §483.80 Infection Control
<https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/downloads/appendix-pp-state-operations-manual.pdf> Accessed 2-4-24
- OSHA - Occupational Exposure to Bloodborne Pathogens, 29 CFR 1910.1030, sections (d)(2)(iii) through (d)(2) (vi) discuss employer and employee responsibilities in relation to hand hygiene
 - <https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.1030>

1) Reporting requirements

- a. When and how to report to local, state or federal agencies

There are no reporting requirements related to hand hygiene

Hand Hygiene Toolkit

Germs are everywhere! They can get onto hands and items we touch during daily activities, including resident care. Cleaning your hands reduces both the spread of potentially deadly germs to residents and the risk of healthcare provider colonization (meaning, having the germ in or on the body without causing infection) or infection caused by germs acquired from the resident.¹

Each year between 1 and 3 million residents of nursing homes or skilled nursing facilities develop healthcare acquired infections and as many as 380,000 people die of these infections.²

Hand hygiene is a critically important infection prevention measure in long-term care facilities. Hand hygiene means cleaning your hands by using either handwashing (washing hands with soap and water), antiseptic hand wash, antiseptic hand rub (i.e., alcohol-based hand sanitizer including foam or gel), or surgical hand antisepsis.²

The scientific evidence overwhelmingly demonstrates that appropriate hand hygiene is the single most effective action to stop the spread of infection, while integrated with other critical measures. Appropriate hand hygiene prevents up to 50% of avoidable infections acquired during health care delivery, including those affecting the health work force.³ Studies show that some healthcare providers practice hand hygiene less than half of the times they should.⁴

Investing in hand hygiene yields huge returns. Implementation of hand hygiene policies can generate economic savings averaging 16 times the cost of their implementation.³

CDC recommended practices for hand hygiene²

- Hand washing
 - Wash hands with soap and water whenever they are visibly dirty, before eating, and after using the restroom.
 - During Routine Resident Care:
 - When hands are visibly soiled
 - After caring for a resident with known or suspected infectious diarrhea (i.e., Norovirus)
 - After known or suspected exposure to spores (i.e., C difficile)
- Alcohol-Based Hand Rub
 - An alcohol-based hand sanitizer (at least 60% alcohol content) is the preferred method for cleaning hands when they are not visibly dirty. Use it:
 - Immediately before touching a resident
 - Before performing an aseptic task (e.g., placing an indwelling device) or handling invasive medical devices
 - Before moving from work on a soiled body site to a clean body site on the same resident
 - After touching a resident or the resident's immediate environment
 - After contact with blood, body fluids or contaminated surfaces
 - Immediately after glove removal
 - Technique matters, use the right amount of alcohol-based hand sanitizer product to clean your hands (see manufacturer's instructions)

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- How well the alcohol-based hand sanitizer works depends on the amount applied to the hands
 - Always check the expiration date of the product prior to using
 - These areas are most often missed by healthcare providers when using alcohol-based hand sanitizer:
 - Thumbs
 - Fingertips
 - Between fingers
- It is important to maintain the health of your skin
 - Lotions and creams can prevent and decrease skin dryness that happens from cleaning your hands
 - Use only hand lotions approved by your healthcare facility because they won't interfere with hand sanitizing products
- Fingernails
 - Germs can live under artificial fingernails both before and after using an alcohol-based hand sanitizer and handwashing
 - Keep natural nail tips less than ¼ inch long
 - Some studies have shown that skin underneath rings contains more germs than comparable areas of skin on fingers without rings
 - Further studies are needed to determine if wearing rings results in an increased spread of potentially deadly germs
- Wearing gloves is never a substitute for hand hygiene
 - If a task requires gloves, perform hand hygiene prior to donning gloves, before touching the resident or the resident environment.
 - Perform hand hygiene immediately after removing gloves
 - Carefully remove gloves to prevent hand contamination

References

1. CDC Hand Sanitizer Use Out and About, Last reviewed: June 3, 2021

<https://www.cdc.gov/handwashing/pdf/HandSanitizer-p.pdf> , Accessed 2-3-24

2. CDC Hand Hygiene in Healthcare Settings, Healthcare Providers, Last Reviewed: January 8, 2021, <https://www.cdc.gov/handhygiene/providers/index.html> , Accessed 2-3-24

3. World Health Organization, Key Facts and Figures, World Hand Hygiene Day 2021,

<https://www.who.int/campaigns/world-hand-hygiene-day/2021/key-facts-and-figures>

Accessed 2-4-24

4. CDC Hand Hygiene in Healthcare Settings, Show Me the Science, Last Reviewed: November 21, 2023, <https://www.cdc.gov/handhygiene/science/index.html> , Accessed 2-3-2024

Communication & promotional materials

Hand Hygiene Programs involve all areas and staff of the facility. It is important to communicate the expectations regarding hand hygiene. The first video in the [CDC's Hand Hygiene in Healthcare Settings Video Series is ENGAGE](#) [Video: 5:44].¹ This video will share ideas on how the facility can engage staff in the program to reach established goals.

The CDC provides promotional materials that can be utilized to communicate the need for hand hygiene and encourage compliance.²

- [My Clean Hands Count For My Patients](#)-Poster
- [Long Term Care Facilities, Clean Hands Count Brochure \(print only\)](#)
- [Clean Hands Count Fact Sheet](#)
- [Clean Hands Count Provider Fact Sheet \(print only\)](#) – Spanish
- [Clean Hands Count Provider Brochure \(print only\)](#) - Spanish

The promotional materials can be reviewed and discussed during meetings with staff, unit huddles, and if available, shared with staff through email or text messages. During any communication with staff, time should be allotted for answering questions and discussing any concerns or barriers.

Talking points with staff should include:

- What is hand hygiene and why is it important
- When and how hand hygiene should be performed
- A demonstration and return demonstration for competency – be sure to document
- How to speak with their residents and any families or visitors about hand hygiene.

Talking points with residents/families or visitors should include:

- Why performing hand hygiene is important
- When hand hygiene should be performed
- If time allows, demonstrating how to use alcohol-based hand rub or perform hand washing
- Letting residents and others know it is ok to ask staff about hand hygiene and even request staff to perform hand hygiene²

Residents should be encouraged to participate in the Hand Hygiene Program. Some promotional materials to engage residents include:

- World Health Organization – Hand Hygiene Promotion in Healthcare – [Tips for Patients](#)
- World Health Organization – [Hand Hygiene and Antibiotic Resistance](#)
- World Health Organization - [Tips for implementing a successful patient participation programme](#)

Hand Hygiene Toolkit

As with any initiative, facility leadership support is critical for success. The World Health Organization has a [template letter](#) that can be sent to leadership explaining the hand hygiene initiative and to gain their support.

References:

1. CDC Hand Hygiene in Healthcare Settings Video Series, Last Reviewed: May 1, 2023
<https://www.cdc.gov/handhygiene/providers/training/index.html> , Accessed 2-3-24
2. CDC Hand Hygiene in Healthcare Settings, Promotional Materials, Last reviewed June 26, 2019
https://www.cdc.gov/handhygiene/campaign/promotional.html#anchor_1555101709, Accessed 2-3-24

Assessment

When beginning a hand hygiene program or developing a performance improvement plan, it is important to understand current hand hygiene practices in the facility.

Infection Preventionists can evaluate current facility practices through a variety of methods.

- Rounding – walking through the nursing units, kitchen, laundry and other areas of the facility and observing staff infection prevention and control activities. Based on the findings, the IP can provide just-in-time training to the staff.
- Use of shift coaches - shift coaches are usually a member of the nursing staff that have an interest in infection prevention and control and want to help improve resident care. Shift coaches are trained by and meet regularly with the IP to discuss what they are seeing and how to make improvements. If interested in the shift coach program (ICAN), visit the website: sites.brown.edu/ican
- Secret Shoppers-can be anyone in the facility, including volunteers. Secret shoppers are trained by the IP on how to perform and document infection control observations. By utilizing others in the facility, rather than just the IP to make observations, a more well-rounded picture of staff compliance can be made.
- Use of tools – tools help to ensure the data is collected in the same way each time and provide for a more efficient method of documentation.
 - The CDC provides [an Infection Control Assessment and Response \(ICAR\) Tool for General Infection Prevention and Control \(IPC\) Across Settings-hand hygiene tool](#).¹ This tool will aid in the review of a healthcare facility's hand hygiene practices and policies and environmental and healthcare personnel observations.

References

Hand Hygiene Toolkit

1. CDC Infection Control Assessment and Response (ICAR) Tool for General Infection Prevention and Control (IPC) Across Settings- Module 2: Hand Hygiene Facilitator Guide, Last Reviewed 11/15/2022

<https://www.cdc.gov/infectioncontrol/pdf/icar/IPC-mod2-hand-hygiene-508.pdf> Accessed 2-3-24

Planning

When planning a hand hygiene program, think holistically about what needs to be considered. For example:

- Who needs to be informed about the practice-all departments, residents, families/responsible parties, consultants, medical providers, students
- Supplies – current inventory of alcohol-based hand rub (ABHR) and ABHR dispensers, soap and soap dispensers, paper towels, and hand lotions that are compatible with soap and ABHR. Will any additional supplies need to be ordered?
- Location of ABHR and soap dispensers and sinks, and paper towels
- Who can act as a champion for hand hygiene in the facility? The champion(s) encourage and work with staff to help make hand hygiene a standard practice. Any staff member that is interested and willing to work with others in the facility can be considered.
- What are the current barriers to staff performance of hand hygiene?

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Be sure the method of data collection is consistent. For example, utilize the same data collection tools and conduct the same number of observations each time. Ensure that the person(s) collecting the data are competent in the practices being observed and fully understand what to observe and how to use the data collection tools.

As with any data collected, to be useful, it must be analyzed and then acted upon as necessary. Look for trends in the data. Is the data showing improvement in compliance, no change, or a decrease. Are there certain disciplines, a time of day or tasks that seem to score the lowest? Consult with staff to determine the barriers to successful practice. Are the barriers operational – missing inadequate supplies (soap, ABHR, paper towels), inappropriate location of supplies, or educational-staff have a true lack or misunderstanding of hand hygiene. The resulting information should be shared with administrative and frontline staff and the QAPI Committee. The QAPI Committee can provide feedback on the information provided and assist in development of the corrective action plan. Be sure to document your data, analysis, and any action plan(s).

One tool that can assist with evaluation of the program is the CDC's EVALUATE [Video: 4:27] Using Hand Hygiene Data for Action¹ which describes using data for continuous quality improvement in hand hygiene programs.

Another valuable evaluation tool is the Agency for Healthcare Research and Quality (AHRQ) Resource: Hand Hygiene Tracking Tool and User Guide.¹ This pre-programmed Excel workbook compiles hand hygiene observational data by individual, shift, position, location, and department to help staff regularly review opportunities for hand hygiene performance improvement. The user guide gives nursing home staff detailed step-by-step instructions with visuals to record, analyze, and review observational audit data using the tracking tool itself.

References

Hand Hygiene Toolkit

1. CDC Hand Hygiene in Healthcare Settings Video Series, Last Reviewed: May 1, 2023

<https://www.cdc.gov/handhygiene/providers/training/index.html> , Accessed 2-3-24

2. Agency for Healthcare Research and Quality (AHRQ) Resource: Hand Hygiene Tracking Tool and User Guide, Last Reviewed July 1, 2021

<https://www.ahrq.gov/nursing-home/resources/hand-hygiene-tracking-tool.html> Accessed 2-3-24

Policy and Procedures

CMS requires nursing homes to have written standards, policies, and procedures for the Infection Prevention and Control Program (IPCP). Policies and procedures should incorporate current standards of practice based on nationally recognized, evidence-based guidelines.¹

When creating a policy and procedure for Enhanced Barrier Precautions, here are some guidelines to follow:

- Have an appropriate title
- Include the date of last revision or review
- State the date that the policy or procedure takes effect
- List name and signature of the individual or committee responsible for review or approval (i.e.: IPC Committee). Policies and procedures should be reviewed annually and revised when needed (e.g., when services or products change).
- All guidelines, standards, or other resources used to develop the policy and/or procedure should be identified and referenced.
- When applicable, key terms used in the policy and procedure should be defined. This can be accomplished at the time they are used or by including a glossary at the start or end of the document.²

Sample Hand Hygiene Policy and Procedure

- Washington State Department of Health – Hand Hygiene Policy and Procedure
 - <https://doh.wa.gov/sites/default/files/legacy/Documents/Pubs//505144.pdf>

References

1. CMS State Operations Manual Appendix PP - Guidance to Surveyors for Long Term Care Facilities (Rev. 211, 02-03-23) – §483.80 Infection Control

Hand Hygiene Toolkit

<https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/downloads/appendix-pp-state-operations-manual.pdf> Accessed 2-4-24

2. Centers for Disease Control and Prevention (CDC). Nursing Home Infection Preventionist Training Course. CE Number: WB4448. Origination Date: October 1, 2021. October 1, 2023. Module 1 Infection Prevention and Control Program. https://www.train.org/cdctrain/training_plan/3814. Accessed 1-26-24.

Regulations

- CMS State Operations Manual Appendix PP - Guidance to Surveyors for Long Term Care Facilities (Rev. 211, 02-03-23) – §483.80 Infection Control
<https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/downloads/appendix-pp-state-operations-manual.pdf> Accessed 2-4-24
- OSHA - Occupational Exposure to Bloodborne Pathogens, 29 CFR 1910.1030, sections (d)(2)(iii) through (d)(2) (vi) discuss employer and employee responsibilities in relation to hand hygiene
 - <https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.1030>

1) Reporting requirements

- a. When and how to report to local, state or federal agencies

There are no reporting requirements related to hand hygiene

Video Links for Hand Hygiene

NC SPICE Hand Rub Technique Video: <https://vimeo.com/showcase/6122546/video/333411377>

NC SPICE Hand Washing Technique Video:

<https://vimeo.com/showcase/6122546/video/333411398>