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# Infection Control

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**F880**

**Hand Hygiene Practices**

**§483.80(a)(2)(vi)**

**Inservice Training Program**

Provided Courtesy of



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**F880**  
**Infection Control – Hand Hygiene Practices**

*Table of Contents*

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**Disclaimer**

Data contained in this publication has been developed from the current State Operations Manual, *Appendix PP, F880 – Infection Control and CDC Guidelines for Hand Hygiene in Healthcare Settings*. We make no warranties, express or implied, regarding errors or omissions and assume no legal liability or responsibility for loss or damage resulting from the use of this information. Information provided herein is provided as a **template only**. If you implement this training program, be sure your QAPI/QAA Committee, or other authorized facility representative, reviews and modifies the data to meet your facility’s operational needs. The services of an attorney or other healthcare professional should be sought if legal service or administrative guidance is needed or required.

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# Hand Hygiene Practices

## An In-Service Training Program

### Instructor Presentation & Notes

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- **Source:**
  - F880 – Infection Prevention and Control Program regulations and interpretive guidelines.
  - CDC Guideline for Hand Hygiene in Healthcare Settings.
  - World Health Organization (WHO) Guidelines on Hand Hygiene in Health Care.
- **Handouts:** The following handouts are located in *Part 2*. Use at your discretion.
  - ✓ [Handout #1](#) – Participant Session Outline.
  - ✓ [Handout #2](#) – Key Moments for Hand Hygiene.
  - ✓ [Handout #3](#) – Handwashing Techniques.
  - ✓ [Handout #4](#) – Alcohol-Based Handrub (ABHR) Techniques.
  - ✓ [Handout #5](#) – Handwashing Competency Validation Checklist.
  - ✓ [Handout #6](#) – Competency Evaluation Exam.
- Modify this training session to meet your facility's needs. Information is presented as a template only. **Remind** participants to **sign** the [Record of Attendance Form](#).
- **OPTIONAL:** Provide participants with [Handout #1 – Participant Session Outline](#).
- **Suggestion:** Prior to beginning the session, you may want to ask participants to complete the *Competency Evaluation Exam* ([Handout #6](#)). Use the results to identify those areas that may need strengthening. It may not be necessary to train on areas where participants exhibit competency in hand hygiene practices.

## Session Objectives

Upon completion of this training session, you should be able to:

- Define **hand hygiene practices**.
- Discuss the **importance** of hand hygiene.
- Discuss **reasons** staff give for not performing hand hygiene practices.
- Provide **examples** of when hands should be washed with soap and water.
- Discuss **why** “jewelry” should **not** be worn when providing care to residents.
- Discuss the **relationship** between gloving and hand hygiene.
- Discuss **when** gloves should be used.
- Identify and provide **examples** of the **5 moments** when hand hygiene must be performed.
- Discuss and review the facility’s Hand Hygiene Policies and Procedures.

- **Suggestion:** Prior to moving to the next slide, ask participants what hand hygiene practices mean to them. This will provide you with a sense of how knowledgeable your participants are about your facility’s hand hygiene practices.
- Tell participants that each of these objectives are discussed during the training session.

## Definitions

- ❑ **“Hand Hygiene”** is a *general* term that applies to hand washing with soap and water, or the use of a waterless alcohol-based antiseptic handrub (ABHR).
- ❑ **“Hand Washing”** is *defined* as the vigorous, brief rubbing together of all surfaces of hands with soap and water, followed by rinsing under a stream of water.
- ❑ **“Alcohol-Based Handrub (ABHR)”** is defined as rubbing the hands with an alcohol-containing preparation (liquid, gel, or foam) containing at least 60% alcohol.

- Source: SOM Appendix PP, F880, Definitions.

## Reasons Staff Gives for NOT Performing Hand Hygiene Practices

- Handwashing agents cause irritation and dryness.
- Sinks are inconveniently located.
- Lack of sinks.
- Lack of soap, hand sanitizers, paper towels.
- Too busy / not enough time.
- Resident's needs takes priority.

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- **Suggestion:** Before reviewing the reasons discussed here, ask participants to discuss reasons why they may not always perform hand hygiene practices when providing resident care.
- Compare slide content with reasons participants gave.
- Discuss as you deem necessary or appropriate to address the importance of performing hand hygiene practices.
- If the availability of equipment and/or supplies is an issue, you should provide that information to Environmental Services, or other that has the authority to investigate and resolve such issues.
- **Other reasons you may want to discuss:**
  - Culture.
  - Not washing long enough.
  - Forget to wash.

## The Importance of Hand Hygiene

- ❑ The most **common** way that germs are spread and cause infection is by being carried on people's **hands**.
- ❑ According to the *Centers for Disease Control (CDC)*, hand hygiene is the most important measure to prevent the spread of harmful germs and to prevent health care associated infections.
- ❑ Regular and **thorough** hand hygiene is always important when working in the health care environment.
- ❑ Having **clean** hands helps to protect our residents, as well as yourself and others.

- Ask participants why they think hand hygiene practices are important when providing resident care.
- Discuss as you deem necessary or appropriate to ensure participants have a working knowledge of the importance of hand hygiene not only to protect the resident, but for their own well-being and safety.

## Hand Hygiene Practices

- ❑ You **should** wash your hands with soap and water **after** using the restroom, **before** and **after** preparing or serving a meal, if **visibly** dirty, when exposed to **C. difficile**, or **when** exposed to blood or other body fluids.
- ❑ Do **not** use **hot** water to wash or rinse your hands as it can cause skin to dry and crack.
- ❑ If hands are **NOT** visibly soiled, use an alcohol-based handrub (liquid, gel, or foam), containing at **least** 60% alcohol, to routinely clean your hands.
- ❑ The use of gloves does **NOT** eliminate the need for hand hygiene.
- ❑ Fingernails and jewelry play a **key** but an **over-looked** role in hand hygiene.
- ❑ You should always wash your hands **prior** to beginning and upon **leaving** work.

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- Inform participants that the next few slides contain helpful information about **how** and **when** to perform hand hygiene practices.
- As you review each point, ask participants if they have any concerns or issues about the material discussed.
- **Note:** Research has shown that it is not the temperature of the water that kills the bacteria, but the thorough washing of the hands with soap. Be sure to lather all surfaces (back of hands, between and around all fingers, tips of fingers, wrists, and palms) for at least 15-20 seconds. (See 2<sup>nd</sup> Bullet Point).

## Hand Hygiene Practices (continued)

- ❑ While artificial nails may not spread infection, caregivers with artificial nails are **more likely** to harbor pathogens on their fingertips even after performing hand hygiene.
- ❑ Keep **natural** nails less than one-quarter (1/4) inch long.
- ❑ Chipped nail polish may support the growth of germs and bacteria.
- ❑ Skin **underneath** rings and bracelets has more germs than the surrounding skin.
- ❑ Remove jewelry **before** cleaning hands. If you want to keep your wedding band on, be sure you clean **underneath** it.

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- Ask participants if they believe wearing jewelry or having artificial fingernails cause any concerns for them during hand hygiene practices. Ask them to explain their response.
- Discuss responses as you deem necessary or appropriate to ensure participants have a working knowledge of the importance of ensuring that hands are clean.
- You may want to review your facility's policies concerning the wearing of jewelry or artificial nails to ensure participants are aware of such policies.

## Hand Hygiene Practices (continued)

- Towelettes and hand wipes should **NOT** be used in **place** of alcohol-based handrubs or soap and water.
- Frequent hand washing can cause skin irritation and dermatitis.
- Use a hand cream or lotion **daily** to help the skin better withstand frequent hand hygiene cleaning.
- Be sure your hands are **completely** dry before putting on gloves.
- After removing gloves, wash your hands.

- Ask participants about any hand care issues (e.g., cuts, wounds, cracked skin, etc.) they may be experiencing and how they may be addressing those issues.
- Ask participants if they report skin conditions they may be experiencing to their supervisor.
- Discuss as you deem necessary or appropriate to ensure that participants are following the facility's skin condition reporting protocols.

## Use of Gloves

### ❑ **Gloving is necessary:**

- **When** hands may become contaminated with blood, body fluids, excretions, or secretions, or **when** touching open wounds or mucous membranes, such as the mouth and respiratory tract.
- **When** touching items that are **likely** to be contaminated, such as urinary catheters and endotracheal tubes, and contaminated surfaces or objects.
- **When** resident care and the environment **restrictions** require it (e.g., isolation and contact precautions).

- Ask participants to provide instances when they use gloves. Do they align with the points addressed here and/or with your facility's policies?
- Discuss as you deem necessary or appropriate to ensure participants have a working knowledge of when and how to use gloves during the hand hygiene process.
- **Instructor Note:** The use of PPE is addressed in our facility's *Personal Protective Equipment (PPE) Training Program*.

## The Relationship Between Gloving and Hand Hygiene

- ❑ Hand hygiene **should** be performed when indicated, **regardless** of glove use.
- ❑ This **means** that if there is an **indication** for hand hygiene and an **indication** of glove use, hand hygiene **should** be performed **first**, and **then** gloves should be put on.
- ❑ Hand hygiene should **also** be performed **after** gloves are removed.
- ❑ Remember, gloves are **NOT** a substitute for hand hygiene.

- Discuss these points to ensure participants have a working knowledge of the importance of hand hygiene even when gloves are used.

## Correct Glove Use

- ❑ Putting on and removing gloves **appropriately** helps to protect **both** the resident and the caregiver. You should:
  - Put on **new** gloves **before** contact with non-intact skin or mucous membranes.
  - **Wear** gloves **during** contact with body fluids or contaminated items.
  - **Remove** gloves **after** caring for a resident. (Do **not** wear the **same** gloves for more than one resident.)
  - **Change** gloves when moving from a **contaminated** body site to a **clean** body site on a resident. Do **not** reuse or wash gloves.
  - According to the CDC, even **with** glove use, hand hygiene is necessary **AFTER** glove removal **because** hands can become contaminated through small defects in gloves and from the outer surface of gloves during glove removal.

- **Suggestion:** Ask two participants to volunteer to demonstrate, and/or describe how they put on and remove gloves.
- From the demonstration, or discussion, review results with slide content to ensure participants have a working knowledge of correct glove use.
- You may want to review your facility's policies governing the use of gloves to be sure they align with information presented on this slide, as well as with how participants demonstrated or described their use of gloves.
- **Instructor Note:** See also facility's *Personal Protective Equipment (PPE) Inservice Training Program*.

## 5 Key Moments of Hand Hygiene

- The World Health Organization (WHO) has identified **five (5) key moments** when hand hygiene **must** be performed. They are:
  1. **Before** touching the resident.
  2. **Before** performing a clean / aseptic procedure.
  3. **After** exposure to blood or other body fluids.
  4. **After** touching a resident.
  5. **After** touching the resident's surroundings.

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- **Suggestion:** Before reviewing this slide, ask participants if they can identify any of the five key moments of hand hygiene practices.
- The intent here is to determine **IF** participants recognize events (opportunities / key moments) when hand hygiene **MUST** be performed.
- **Optional Handout Use:** To aid in teaching the 5 Key Moments, the World Health Organization's (WHO) poster is provided in [Handout #2](#).
- Inform participants that each of these 5 key moments will be discussed during the remaining portion of this session.

## #1 – Before Touching the Resident

**Why:** To protect the resident against harmful germs carried on the hands of the caregiver.

When	Examples of #1 – Before Touching a Resident* (*not an all-inclusive listing)
<p>Clean your hands before touching a resident when approaching him/her.</p> <p>Hand hygiene must be performed in all indications regardless of whether gloves are used or not.</p>	<ul style="list-style-type: none"> <li>• Prior to touching the resident's environment (e.g., door handle, bed, bedside table, furniture, possessions, etc.).</li> <li>• Prior to shaking hands with the resident.</li> <li>• Prior to assisting a resident in personal care activities (e.g., to move, to take a bath, to eat, to dress, etc.).</li> <li>• Prior to taking any vital signs (e.g., temperature, pulse, blood pressure, etc.).</li> <li>• Prior to touching a medical device connected to the resident.</li> <li>• Prior to administering oral medications.</li> <li>• Prior to putting on gloves.</li> </ul>

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- Review the **WHY**, **WHEN**, and **Examples**. Keep in mind the listed examples are NOT all inclusive – they are provided only as examples and may not reflect your facilities practices. Modify as necessary to meet your facility's needs.
- Discuss as you deem necessary or appropriate to ensure participants have a working knowledge of hand hygiene practices that must be followed **BEFORE Touching the Resident**.

## #2 – Before Performing a Clean/Aseptic Procedure

**Why:** To protect the resident against infection with harmful germs, including the resident's own, from entering the resident's body.

When	Examples of #2 – Before Performing a Procedure* (*not an all-inclusive listing)
<p>Clean your hands immediately before performing any procedure.</p> <p>Once hand hygiene has been performed, nothing else in the resident's room / care area should be touched prior to starting the procedure.</p> <p>Hand hygiene must be performed in all indications regardless of whether gloves are used or not.</p>	<ul style="list-style-type: none"> <li>• Before brushing the resident's teeth, instilling eye drops, performing a digital vaginal or rectal examination, examining the mouth, nose, or ear with or without an instrument, inserting a suppository / pessary, suctioning mucous, etc.</li> <li>• Before dressing a wound with or without an instrument, applying ointments, making a percutaneous injection / puncture.</li> <li>• Before inserting an invasive medical device (e.g., nasal cannula, nasogastric tube, endotracheal tube, urinary probe, percutaneous catheter drainage, etc.), disrupting / opening any circuit of an invasive medical device (for food, IV medication, vaccination, drainage, suctioning, monitoring purposes, etc.).</li> <li>• Before preparing food, medications, sterile material, etc.</li> </ul>

- Review the **WHY**, **WHEN**, and **Examples**. Keep in mind the listed examples are NOT all inclusive – they are provided only as examples and may not reflect your facilities practices. Modify as necessary to meet your facility's needs.
- Discuss as you deem necessary or appropriate to ensure participants have a working knowledge of hand hygiene practices that must be followed **BEFORE Performing a Clean/Aseptic Procedure**.

### #3 – After Body Fluid Exposure Risk

**Why:** To protect the caregiver from infection with the resident's harmful germs and to protect the surrounding environment from the spread of harmful germs.

When	Examples of #3 – After Body Fluid Risk Exposure* (*not an all-inclusive list)
<p>Clean your hands as soon as the task involving an exposure risk to body fluids has ended and after glove removal.</p> <p>Hand hygiene must be performed in all indications regardless of whether gloves are used or not.</p>	<ul style="list-style-type: none"><li>• After a dressing change.</li><li>• After skin lesion care.</li><li>• After inserting an IV.</li><li>• After taking a specimen (e.g., urine, blood, stool).</li><li>• After cleaning up a body fluid spill.</li><li>• After inserting a catheter, feeding tube, etc.</li><li>• After providing oral care.</li><li>• After removal of a catheter, feeding tube, etc.</li><li>• After removal of any form or material offering protection (e.g., dressing, gauze, towel, etc.).</li><li>• After cleaning any contaminated surface.</li></ul>

- Review the **WHY**, **WHEN**, and **Examples**. Keep in mind the listed examples are NOT all inclusive – they are provided only as examples and may not reflect your facilities practices. Modify as necessary to meet your facility's needs.
- Discuss as you deem necessary or appropriate to ensure participants have a working knowledge of hand hygiene practices that must be followed **AFTER Body Fluid Exposure Risk**.

## #4 – After Touching A Resident

**Why:** To protect the caregiver from infection with the resident's harmful germs and to protect the surrounding environment from the spread of harmful germs.

When	Examples of #4 – After Touching the Resident* (*not an all-inclusive list)
<p>Clean your hands after leaving the resident's side, after having touched the resident.</p> <p>Hand hygiene must be performed in all indications regardless of whether gloves are used or not.</p>	<ul style="list-style-type: none"> <li>• After you have assisted the resident in personal care activities (e.g., to move, to bath, to eat, to dress, etc.).</li> <li>• After delivering care and other non-invasive treatment.</li> <li>• After changing bed linen while the resident is in the bed.</li> <li>• Applying oxygen mask, splints, braces, etc.</li> <li>• After giving a massage.</li> <li>• After taking a pulse, temperature, measuring blood pressure, etc.</li> <li>• After shaking hands,</li> <li>• After touching the resident upon exiting the room.</li> </ul>

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- Review the **WHY**, **WHEN**, and **Examples**. Keep in mind the listed examples are NOT all inclusive – they are provided only as examples and may not reflect your facilities practices. Modify as necessary to meet your facility's needs.
- Discuss as you deem necessary or appropriate to ensure participants have a working knowledge of hand hygiene practices that must be followed **AFTER Touching a Resident**.

## #5 – After Touching the Resident’s Surroundings

**Why:** To protect the caregiver from germs that may be present on surfaces and objects in the resident’s surroundings and to protect the facility from the spread of germs.

When	Examples of #5 – After Touching Resident's Surroundings* (*not an all-inclusive listing)
<p>Clean your hands after touching any object or furniture when leaving the resident's surroundings, without having touched the resident.</p> <p>Hand hygiene must be performed in all indications regardless of whether gloves are used or not.</p>	<ul style="list-style-type: none"> <li>• After touching the resident's surroundings (e.g., bed, bedside table, chairs, TV remote, etc.).</li> <li>• After an activity involving physical contact with the resident's immediate environment (e.g., changing bed linen while resident is out of the bed, holding a bed pan, clearing a bedside table, etc.).</li> <li>• After a care activity (e.g., adjusting bed, resetting a bed alarm, etc.).</li> <li>• After touching the resident's wheelchair, walker, cane, etc.</li> <li>• After other contacts with surfaces or objects (e.g., leaning against a bed, leaning against a nightstand, touching door handles, etc.).</li> </ul>

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- Review the **WHY**, **WHEN**, and **Examples**. Keep in mind the listed examples are NOT all inclusive – they are provided only as examples and may not reflect your facilities practices. Modify as necessary to meet your facility’s needs.
- Discuss as you deem necessary or appropriate to ensure participants have a working knowledge of hand hygiene practices that must be followed **AFTER Touching the Resident’s Surroundings**.

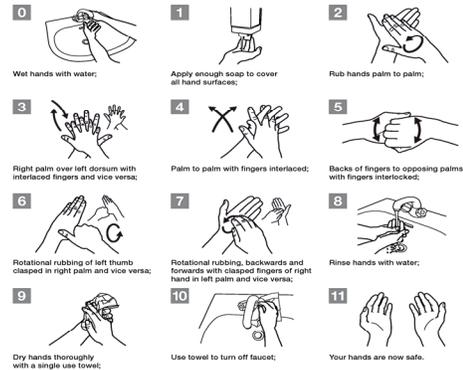
# Review of Hand Washing with Soap & Water Hand Hygiene Techniques

1. Wet hands with water.
  2. Apply soap to palm of hand.
  3. Rub hands together, covering all surfaces for at least 15-20 seconds.
  4. Rinse hands with water.
  5. Dry hands with paper towel and use towel to turn off faucet.
- Paper towel prevents hands from being re-contaminated by faucet handles.

## How to Handwash?

WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB

⌚ Duration of the entire procedure: 40-60 seconds



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- This slide is provided as a **review** of the techniques only. Instruct participants that they may **not** represent the **step-by-step** procedure your facility follows when performing hand washing.
- **Optional Handout Use:** To aid in the review of these hand washing techniques, the World Health Organization's (WHO) poster displayed on this slide is provided in [Handout #3](#).

## Review of Alcohol-Based Handrub Hand Hygiene Techniques

1. Apply hand rub to palm of hand.
2. Rub hands together, covering all surfaces.
3. Focus on thumbs, tips of fingers, and under fingernails.
4. Hands are clean when dry.
  - Usually takes about 15-20 seconds; follow manufacturer's guidance.

### How to Handrub?

RUB HANDS FOR HAND HYGIENE! WASH HANDS WHEN VISIBLY SOILED  
⌚ Duration of the entire procedure: 20-30 seconds



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- This slide is provided as a **review** of the techniques only. Instruct participants that they may **not** represent the **step-by-step** procedure your facility follows when using alcohol-based handrubs (ABHR) sanitizers.
- **Optional Handout Use:** To aid in the review of these ABHR techniques, the World Health Organization's (WHO) poster displayed on this slide is provided in [Handout #4](#).

# Question and Answer Session

- Encourage participants to ask questions to ensure they have a working understanding of how and when hand hygiene practices are to be implemented.
- Using **Handout #5**, conduct a *Hand Washing Competency Validation Checklist* for each participant to determine if they can successfully demonstrate proper handwashing practices.
- Using **Handout #6**, conduct a *Competency Evaluation Exam* for each participants to determine their knowledge and competency level concerning federal regulations and facility policies governing hand hygiene practices. **(See below for Exam Answer Key)**
- Using the **results** of the **Validation Checklist** and the **Competency Evaluation Exam**, modify your Hand Hygiene training program as necessary to address any identified issues or concerns.
- **Instructor Note:** Remind participants to sign the *Record of Attendance Form*. Be sure to complete all recordkeeping documentation. (See Part 3)
- **Exam Answer Key and Slide Location Where the Answer can be Found:**
- **1=F** (Slide #3); **2=T** (Slide #5); **3=T** (Slide #5); **4=T** (Slide #6); **5=F** (Slide #6); **6=T** (Slide #6); **7=T** (Slide #7); **8=T** (Slide #8); **9=F** (Slide #9); **10=F** (Slides #10 & #11); **11=T** (Slide #13); **12=T** (Slide #14); **13=T** (Slide #15); **14=F** (Slide #17); **15=F** (Step #12 of the Competency Validation Checklist. See Handout #5).

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# Infection Control

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## F880

### Hand Hygiene Practices

#### Part 2

#### In-Service Training Program

#### Participant Handouts

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**F880**  
**Hand Hygiene Practices – In-Service Training Program**  
**Participant Handouts – Overview**

This section contains handouts for staff participating in the Hand Hygiene Practices In-Service Training Session.

**Handout #1** is a duplicate of the instructor’s presentation materials formatted for participant note taking. If you modify the instructor’s presentation notes, be sure to incorporate those changes into Handout #1.

**Handout #2** is a copy of the World Health Organization’s (WHO) poster describing the 5-Key Moments for Hand Hygiene. Use this handout when reviewing information outlined on **Slides 12** through **17**.

**Handout #3** is a copy of the World Health Organization’s (WHO) poster describing the techniques used in washing hands with soap and water. Use this handout when reviewing information outlined on **Slide 18**.

**Handout #4** is a copy of the World Health Organization’s (WHO) poster describing the techniques for using an alcohol-based handrub (ABHR). Use this handout when reviewing information outlined on **Slide 19**.

**Handout #5** is a Hand Hygiene Competency Validation Checklist. Use this handout to conduct hand hygiene validation for each staff member.

**Handout #6** is a Competency Evaluation Exam for use in determining evaluating each staff member's knowledge and competency level concerning federal regulations and facility policies governing hand hygiene practices.

**Hand Hygiene Practices**  
An In-Service Training Program  
Instructor Presentation & Notes

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**Session Objectives**

Upon completion of this training session, you should be able to:

- Define **hand hygiene practices**.
- Discuss the **importance** of hand hygiene.
- Discuss **reasons** staff give for not performing hand hygiene practices.
- Provide **examples** of when hands should be washed with soap and water.
- Discuss **why** "jewelry" should **not** be worn when providing care to residents.
- Discuss the **relationship** between gloving and hand hygiene.
- Discuss **when** gloves should be used.
- Identify and provide **examples** of the **5 moments** when hand hygiene must be performed.
- Discuss and review the facility's Hand Hygiene Policies and Procedures.

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**Definitions**

- "**Hand Hygiene**" is a general term that applies to hand washing with soap and water, or the use of a waterless alcohol-based antiseptic handrub (ABHR).
- "**Hand Washing**" is defined as the vigorous, brief rubbing together of all surfaces of hands with soap and water, followed by rinsing under a stream of water.
- "**Alcohol-Based Handrub (ABHR)**" is defined as rubbing the hands with an alcohol-containing preparation (liquid, gel, or foam) containing at least 60% alcohol.

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### Reasons Staff Gives for NOT Performing Hand Hygiene Practices

- Handwashing agents cause irritation and dryness.
- Sinks are inconveniently located.
- Lack of sinks.
- Lack of soap, hand sanitizers, paper towels.
- Too busy / not enough time.
- Resident's needs takes priority.

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### The Importance of Hand Hygiene

- The most **common** way that germs are spread and cause infection is by being carried on people's **hands**.
- According to the *Centers for Disease Control (CDC)*, hand hygiene is the **most** important measure to **prevent** the spread of harmful germs and to prevent health care associated infections.
- Regular and **thorough** hand hygiene is **always** important when working in the health care environment.
- Having **clean** hands helps to **protect** our residents, as well as yourself and others.

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### Hand Hygiene Practices

- You **should** wash your hands with soap and water **after** using the restroom, **before and after** preparing or serving a meal, if **visibly** dirty, when exposed to **C. difficile**, or **when** exposed to blood or other body fluids.
- Do **not** use **hot** water to wash or rinse your hands as it can cause skin to dry and crack.
- If hands are **NOT** **visibly** soiled, use an alcohol-based handrub (liquid, gel, or foam), containing at **least** 60% alcohol, to routinely clean your hands.
- The **use** of gloves does **NOT** eliminate the **need** for hand hygiene.
- Fingernails and jewelry play a **key** but an **over-looked** role in hand hygiene.
- You should always wash your hands **prior** to beginning and upon **leaving** work.

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**Hand Hygiene Practices (continued)**

- ❑ While artificial nails may not spread infection, caregivers with artificial nails are **more likely** to harbor pathogens on their fingertips even after performing hand hygiene.
- ❑ Keep **natural** nails less than one-quarter (1/4) inch long.
- ❑ Chipped nail polish may support the growth of germs and bacteria.
- ❑ Skin **underneath** rings and bracelets has more germs than the surrounding skin.
- ❑ Remove jewelry **before** cleaning hands. If you want to keep your wedding band on, be sure you clean **underneath** it.

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**Hand Hygiene Practices (continued)**

- ❑ Towelettes and hand wipes should **NOT** be used in **place** of alcohol-based handrubs or soap and water.
- ❑ Frequent hand washing can cause skin irritation and dermatitis.
- ❑ Use a hand cream or lotion **daily** to help the skin better withstand frequent hand hygiene cleaning.
- ❑ Be sure your hands are **completely dry** before putting on gloves.
- ❑ After removing gloves, wash your hands.

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**Use of Gloves**

- ❑ **Gloving is necessary:**
  - **When** hands may become contaminated with blood, body fluids, excretions, or secretions, or **when** touching open wounds or mucous membranes, such as the mouth and respiratory tract.
  - **When** touching items that are **likely** to be contaminated, such as urinary catheters and endotracheal tubes, and contaminated surfaces or objects.
  - **When** resident care and the environment **restrictions** require it (e.g., isolation and contact precautions).

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**The Relationship Between Gloving and Hand Hygiene**

- ❑ Hand hygiene **should** be performed when indicated, **regardless** of glove use.
- ❑ This **means** that if there is an **indication** for hand hygiene and an **indication** of glove use, hand hygiene **should** be performed **first**, and **then** gloves should be put on.
- ❑ Hand hygiene should **also** be performed **after** gloves are removed.
- ❑ Remember, gloves are **NOT** a substitute for hand hygiene.

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**Correct Glove Use**

- ❑ Putting on and removing gloves **appropriately** helps to protect **both** the resident and the caregiver. You should:
  - Put on **new** gloves **before** contact with non-intact skin or mucous membranes.
  - **Wear** gloves **during** contact with body fluids or contaminated items.
  - **Remove** gloves **after** caring for a resident. (Do **not** wear the **same** gloves for more than one resident.)
  - **Change** gloves when moving from a **contaminated** body site to a **clean** body site on a resident. Do **not** reuse or wash gloves.
  - According to the CDC, even **with** glove use, hand hygiene is necessary **AFTER** glove removal **because** hands can become contaminated through small defects in gloves and from the outer surface of gloves during glove removal.

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**5 Key Moments of Hand Hygiene**

- ❑ The World Health Organization (WHO) has identified **five (5) key moments** when hand hygiene **must** be performed. They are:
  1. **Before** touching the resident.
  2. **Before** performing a clean / aseptic procedure.
  3. **After** exposure to blood or other body fluids.
  4. **After** touching a resident.
  5. **After** touching the resident's surroundings.

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**#1 – Before Touching the Resident**

**Why:** To protect the resident against harmful germs carried on the hands of the caregiver.

When	Examples of #1 – Before Touching a Resident* (*not an all-inclusive listing)
<p>Clean your hands before touching a resident when approaching him/her.</p> <p>Hand hygiene must be performed in all indications regardless of whether gloves are used or not.</p>	<ul style="list-style-type: none"> <li>• Prior to touching the resident's environment (e.g., door handle, bed, bedside table, furniture, possessions, etc.).</li> <li>• Prior to shaking hands with the resident.</li> <li>• Prior to assisting a resident in personal care activities (e.g., to move, to take a bath, to eat, to dress, etc.).</li> <li>• Prior to taking any vital signs (e.g., temperature, pulse, blood pressure, etc.).</li> <li>• Prior to touching a medical device connected to the resident.</li> <li>• Prior to administering oral medications.</li> <li>• Prior to putting on gloves.</li> </ul>

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**#2 – Before Performing a Clean/Aseptic Procedure**

**Why:** To protect the resident against infection with harmful germs, including the resident's own, from entering the resident's body.

When	Examples of #2 – Before Performing a Procedure* (*not an all-inclusive listing)
<p>Clean your hands immediately before performing any procedure.</p> <p>Once hand hygiene has been performed, nothing else in the resident's room / care area should be touched prior to starting the procedure.</p> <p>Hand hygiene must be performed in all indications regardless of whether gloves are used or not.</p>	<ul style="list-style-type: none"> <li>• Before brushing the resident's teeth, instilling eye drops, performing a digital vaginal or rectal examination, examining the mouth, nose, or ear with or without an instrument, inserting a suppository / pessary, suctioning mucous, etc.</li> <li>• Before dressing a wound with or without an instrument, applying ointments, making a percutaneous injection / puncture.</li> <li>• Before inserting an invasive medical device (e.g., nasal cannula, nasogastric tube, endotracheal tube, urinary probe, percutaneous catheter drainage, etc.), disrupting / opening any circuit of an invasive medical device (for food, IV medication, vaccination, drainage, suctioning, monitoring purposes, etc.).</li> <li>• Before preparing food, medications, sterile material, etc.</li> </ul>

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**#3 – After Body Fluid Exposure Risk**

**Why:** To protect the caregiver from infection with the resident's harmful germs and to protect the surrounding environment from the spread of harmful germs.

When	Examples of #3 – After Body Fluid Risk Exposure* (*not an all-inclusive list)
<p>Clean your hands as soon as the task involving an exposure risk to body fluids has ended and after glove removal.</p> <p>Hand hygiene must be performed in all indications regardless of whether gloves are used or not.</p>	<ul style="list-style-type: none"> <li>• After a dressing change.</li> <li>• After skin lesion care.</li> <li>• After inserting an IV.</li> <li>• After taking a specimen (e.g., urine, blood, stool).</li> <li>• After cleaning up a body fluid spill.</li> <li>• After inserting a catheter, feeding tube, etc.</li> <li>• After providing oral care.</li> <li>• After removal of a catheter, feeding tube, etc.</li> <li>• After removal of any form or material offering protection (e.g., dressing, gauze, towel, etc.).</li> <li>• After cleaning any contaminated surface.</li> </ul>

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**#4 – After Touching A Resident**

**Why:** To protect the caregiver from infection with the resident's harmful germs and to protect the surrounding environment from the spread of harmful germs.

When	Examples of #4 – After Touching the Resident* (*not an all-inclusive list)
<p>Clean your hands after leaving the resident's side, after having touched the resident.</p> <p>Hand hygiene must be performed in all indications regardless of whether gloves are used or not.</p>	<ul style="list-style-type: none"> <li>• After you have assisted the resident in personal care activities (e.g., to move, to bath, to eat, to dress, etc.).</li> <li>• After delivering care and other non-invasive treatment.</li> <li>• After changing bed linen while the resident is in the bed.</li> <li>• Applying oxygen mask, splints, braces, etc.</li> <li>• After giving a massage.</li> <li>• After taking a pulse, temperature, measuring blood pressure, etc.</li> <li>• After shaking hands.</li> <li>• After touching the resident upon exiting the room.</li> </ul>

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**#5 – After Touching the Resident's Surroundings**

**Why:** To protect the caregiver from germs that may be present on surfaces and objects in the resident's surroundings and to protect the facility from the spread of germs.

When	Examples of #5 – After Touching Resident's Surroundings* (*not an all-inclusive listing)
<p>Clean your hands after touching any object or furniture when leaving the resident's surroundings, without having touched the resident.</p> <p>Hand hygiene must be performed in all indications regardless of whether gloves are used or not.</p>	<ul style="list-style-type: none"> <li>• After touching the resident's surroundings (e.g., bed, bedside table, chairs, TV remote, etc.).</li> <li>• After an activity involving physical contact with the resident's immediate environment (e.g., changing bed linen while resident is out of the bed, holding a bed pan, clearing a bedside table, etc.).</li> <li>• After a care activity (e.g., adjusting bed, resetting a bed alarm, etc.).</li> <li>• After touching the resident's wheelchair, walker, cane, etc.</li> <li>• After other contacts with surfaces or objects (e.g., leaning against a bed, leaning against a nightstand, touching door handles, etc.).</li> </ul>

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**Review of Hand Washing with Soap & Water  
Hand Hygiene Techniques**

1. Wet hands with water.
2. Apply soap to palm of hand.
3. Rub hands together, covering all surfaces for at least 15-20 seconds.
4. Rinse hands with water.
5. Dry hands with paper towel and use towel to turn off faucet.
  - Paper towel prevents hands from being re-contaminated by faucet handles.

**How to Handwash?**

WORLD HEALTH ORGANIZATION COLLECTED OVERSEAS USE HANDWASHING

World Health Organization Patient Safety SAVE LIVES Don't Stop Here.

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**Review of Alcohol-Based Handrub Hand Hygiene Techniques**

1. Apply hand rub to palm of hand.
2. Rub hands together, covering all surfaces.
3. Focus on thumbs, tips of fingers, and under fingernails.
4. Hands are clean when dry.
  - Usually takes about 15-20 seconds; follow manufacturer's guidance.

**How to Handrub?**

PLEASE REMEMBER: FROM HAND TO HAND HYGIENE, WASH YOUR HANDS WHEN VIBRANTLY BOILED

1. Duration of the entire procedure: 20-30 seconds

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**Question and Answer Session**

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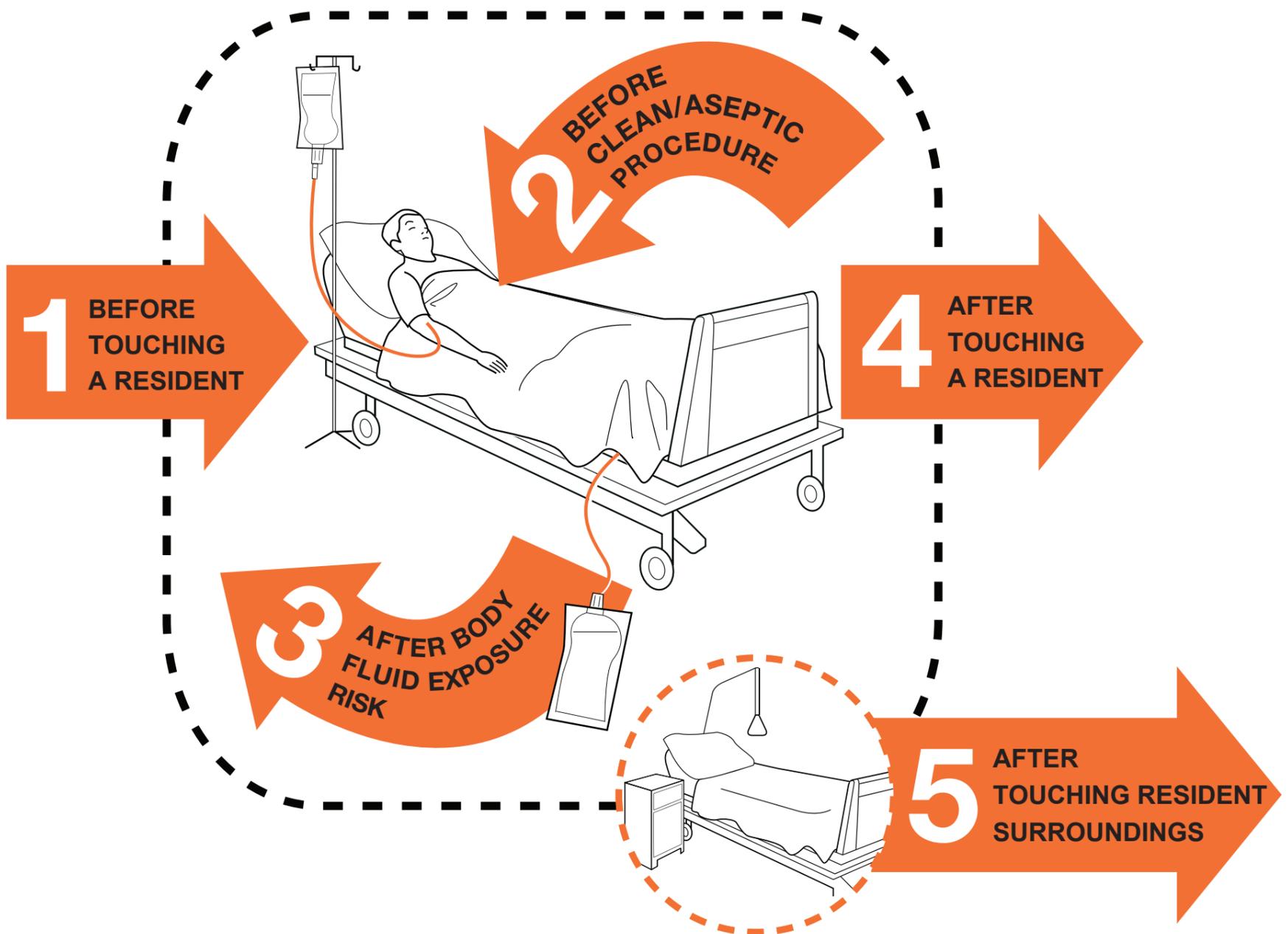
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# Your 5 Moments for Hand Hygiene



<b>1</b>	<b>BEFORE TOUCHING A RESIDENT</b>	<b>WHEN?</b>	Clean your hands before touching a resident when approaching him/her.
		<b>WHY?</b>	To protect the resident against harmful germs carried on your hands.
<b>2</b>	<b>BEFORE CLEAN/ASEPTIC PROCEDURE</b>	<b>WHEN?</b>	Clean your hands immediately before performing a clean/aseptic procedure.
		<b>WHY?</b>	To protect the resident against harmful germs, including the resident's own, from entering his/her body.
<b>3</b>	<b>AFTER BODY FLUID EXPOSURE RISK</b>	<b>WHEN?</b>	Clean your hands immediately after an exposure risk to body fluids (and after glove removal).
		<b>WHY?</b>	To protect yourself and the health-care environment from harmful resident germs.
<b>4</b>	<b>AFTER TOUCHING A RESIDENT</b>	<b>WHEN?</b>	Clean your hands after touching a resident and her/his immediate surroundings, when leaving the resident's side.
		<b>WHY?</b>	To protect yourself and the health-care environment from harmful resident germs.
<b>5</b>	<b>AFTER TOUCHING RESIDENT SURROUNDINGS</b>	<b>WHEN?</b>	Clean your hands after touching any object or furniture in the resident's immediate surroundings, when leaving – even if the resident has not been touched.
		<b>WHY?</b>	To protect yourself and the health-care environment from harmful resident germs.



**World Health Organization**

**Resident Safety**

A World Alliance for Safer Health Care

**SAVE LIVES**  
Clean Your Hands

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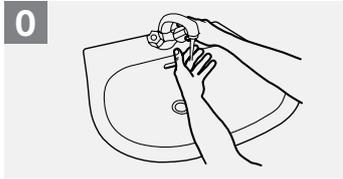


# Handout #3

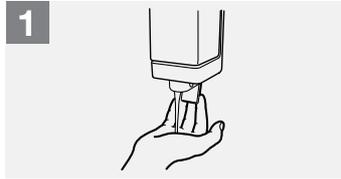
## Hand Washing With Soap and Water

### WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB

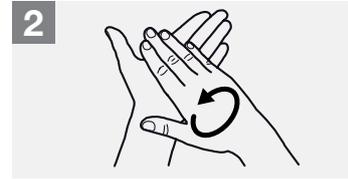
 Duration of the entire procedure: 40-60 seconds



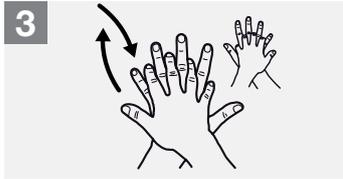
0 Wet hands with water;



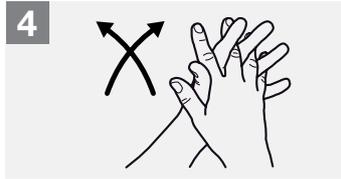
1 Apply enough soap to cover all hand surfaces;



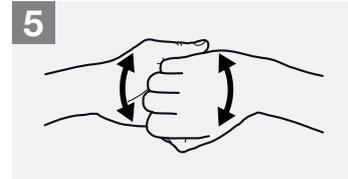
2 Rub hands palm to palm;



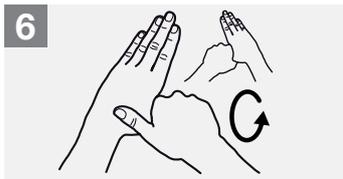
3 Right palm over left dorsum with interlaced fingers and vice versa;



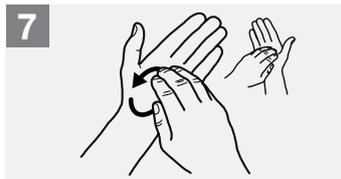
4 Palm to palm with fingers interlaced;



5 Backs of fingers to opposing palms with fingers interlocked;



6 Rotational rubbing of left thumb clasped in right palm and vice versa;



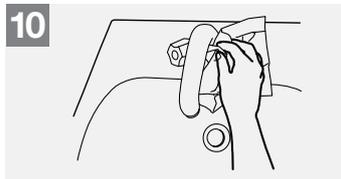
7 Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;



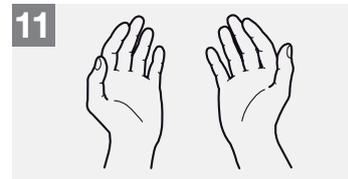
8 Rinse hands with water;



9 Dry hands thoroughly with a single use towel;



10 Use towel to turn off faucet;



11 Your hands are now safe.

### Hand care

- Take care of your hands by regularly using a protective hand cream or lotion, at least daily.
- Do not routinely wash hands with soap and water immediately before or after using an alcohol-based handrub.
- Do not use hot water to rinse your hands.
- After handrubbing or handwashing, let your hands dry completely before putting on gloves.

### Please remember

- Do not wear artificial fingernails or extenders when in direct contact with residents.
- Keep natural nails short.

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## Handout #4

# Hand Hygiene Using Alcohol-Based Handrubs (ABHR)

### RUB HANDS FOR HAND HYGIENE! WASH HANDS WHEN VISIBLY SOILED

 Duration of the entire procedure: 20-30 seconds

1a



Apply a palmful of the product in a cupped hand, covering all surfaces;

1b

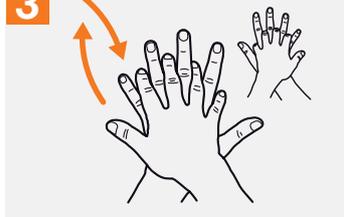


2



Rub hands palm to palm;

3



Right palm over left dorsum with interlaced fingers and vice versa;

4



Palm to palm with fingers interlaced;

5



Backs of fingers to opposing palms with fingers interlocked;

6



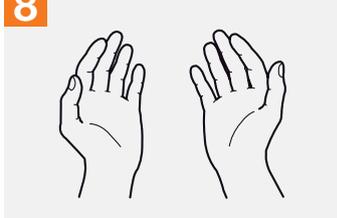
Rotational rubbing of left thumb clasped in right palm and vice versa;

7



Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;

8



Once dry, your hands are safe.

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## Handout #5 – Handwashing Competency Validation Checklist

<b>Name of Individual Observed:</b>	<b>Job Position:</b>	<b>Shift:</b>
<b>Employment Type:</b> [ ] Facility Staff [ ] Contract Staff [ ] Consultant [ ] Other:		<b>Work Location:</b>

**Purpose:** The primary purpose of this validation is to determine if the staff member can successfully demonstrate competence in our facility’s established **handwashing** procedures. This validation checklist does **not** measure the initial steps that incorporate resident rights (e.g., knocking on door, privacy, etc.), reporting findings to the nurse, or documentation, etc. The validation only measures whether or not the staff member is performing handwashing procedures correctly.

**Passing Score:** To successfully pass the validation, the staff member must perform 8 of the 12 procedures correctly. Some steps in the procedure are considered “**critical**” steps and **must** be performed with **100% accuracy**. This evaluation has been designed to permit two (2) attempts to successfully complete the tasks. *Note: Critical performance items are identified by an asterisk (\*).*

#	Procedure Observed	Initial Demonstration Successful		Comments	Repeat Demonstration Successful		Comments
		Yes	No		Yes	No	
1 *	Removed jewelry per facility policy.						
2	Stood away from sink to prevent clothes from touching sink.						
3	Using a paper towel, turned on faucet and adjusted water to a warm temperature (or used a knee/foot control to turn on water). Discarded paper towel in wastebasket.						
4	Adjusted sleeves (as appropriate) wet hands and wrists thoroughly.						
5	Applied generous amount of soap to hands.						
6 *	Lathered all surfaces (backs of hands, wrists, between fingers, tips of fingers, thumbs) for at least 15-20 seconds.						
7 *	Held hands with wrists lower than elbows during the hand washing procedure.						
8	Cleaned under fingernails by rubbing fingers against palms or used a file or an orange stick to clean under fingernails.						
9 *	Thoroughly rinsed all surfaces of hands and wrists while keeping hands lower than elbows.						
10 *	Using a clean paper towel, thoroughly dried all surfaces of the hands, wrists, and fingertips without contaminating hands.						
11	Discarded towel in wastebasket.						
12 *	Turned off faucet with a clean paper towel or used a knee/foot control to turn off water. Discarded paper towel in wastebasket.						

I certify that the above-named individual successfully demonstrated competence in our facility’s established handwashing procedures on \_\_\_\_\_, 20\_\_\_\_.

<b>Name of Observer</b>	<b>Signature</b>	<b>Job Position</b>



## Handout #6

**F880**

### Infection Control – Hand Hygiene Practices

*Competency Evaluation Exam*

The **primary purpose** of this evaluation is to measure your knowledge and competency level concerning federal regulations, CDC, and WHO guidelines governing hand hygiene practices

<b>Staff Member Name:</b>	<b>Date:</b>
<b>Assigned Shift:</b> [ ] 1 <sup>st</sup> [ ] 2 <sup>nd</sup> [ ] 3 <sup>rd</sup>	<b>Position/Department:</b>
<b>Work Location:</b>	
<b>Employment Type:</b> [ ] Facility Staff [ ] Contract Staff [ ] Consultant [ ] Other:	

Answer	Mark each Statement True (T) or False (F)
T = True F = False	
	1. Hand hygiene practices only applies to washing hands with soap and water.
	2. The most common way that germs are spread and causes infection is by being carried on people’s hands.
	3. Hand hygiene is considered the most important measure to prevent the spread of harmful germs and to prevent the spread of infections.
	4. You should always wash your hands with soap and water if they become visibly soiled with blood or other body fluids.
	5. The use of gloves eliminates the need for hand hygiene.
	6. You should always wash your hands prior to beginning and upon leaving work.
	7. Skin underneath rings and bracelets has more germs than the surrounding skin.
	8. Hands should be completely dry before putting on gloves.
	9. You only need to use gloves when residents are placed on isolation precautions.
	10. You only need to wash your hands after you remove gloves.
	11. You should always clean your hands before touching a resident.
	12. You should always clean your hands before performing any procedure.
	13. You should always clean your hands as soon as the task involving an exposure risk to body fluids has ended and after glove removal.
	14. If you wash your hands before leaving the resident’s room, it is not necessary to wash them again if you accidentally touch the room door handle upon leaving the room.
	15. After you have washed your hands, it is safe to turn off the water faucet with your hands if they are completely dry.



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# Infection Control

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## F880

### Hand Hygiene Practices

### Part 3

#### Inservice Training Program

#### Support Documentation

Provided Courtesy of



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whheaton@regsinaflash.com  
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**F880**  
**Infection Control – Hand Hygiene Practices**

*Table of Contents*

<b>Description</b>	<b>Page</b>
Record of In-Service Training Session	1
Record of Attendance	2
Participant Evaluation Form	3
Certificate of Completion	4

# Record of In-Service Training Session

## F880 – Hand Hygiene Practices

Date of Training Session: \_\_\_\_\_

Time Started: \_\_\_\_\_ (am / pm)

Instructor(s): \_\_\_\_\_

**Personnel Attending:** See Attached “*Session Attendance Record*”

**Purpose of Training Session:** To provide staff with information relative to the regulatory process and our facility specific policies governing the facility’s hand hygiene practices.

**Method of Presentation** – Provide a brief summary of how the session was presented (e.g., lecture, self-study, PowerPoint presentation, handouts provided, competency exams, etc.).

**Participant Participation** – Provide a brief summary of how participants participated. (e.g., Q & A session, review of competency evaluation exam results, corrective action/improvement plans, review of regulatory resources, facility policies, etc.):

**Critical Analysis** (List any recommendations/suggestions you believe would be beneficial for future presentation of this topic):

**Comparative Analysis** (Was there an improvement in staff’s knowledge of the regulatory requirements governing the facility’s hand hygiene practices after completing the training session? If yes, what process was used to measure staff’s improvement? (e.g., improvement in exam scores, implementation of corrective action/performance improvement plans, etc.):

**Time Adjourned:** \_\_\_\_\_ (am / pm)

**Signature of Instructor(s):** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## In-Service Training Session – Participant Evaluation Form

### *F880 – Hand Hygiene Practices*

<b>Date:</b>		<b>Instructor(s):</b>	
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*Please indicate with a check (✓) mark your level of agreement with the following statements:*

Statement	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. The objectives of the training session were clearly defined.					
2. The instructor(s) were knowledgeable about the topics.					
3. Attendee participation and interaction were encouraged.					
4. The topics covered were relevant.					
5. The content was organized and easy to follow.					
6. The materials (handouts) were helpful.					
7. The instructor(s) were well prepared.					
8. The training objectives were met.					
9. The time allotted for the session was sufficient.					
10. The meeting room was clean and comfortable.					
11. The training session will be useful in my work.					

What did you like MOST about this training session?

What did you like LEAST about this training session?

What aspects of the training session could be improved?

What information would you like to see added?

Please share additional comments or information here:

# CERTIFICATE of COMPLETION

THIS ACKNOWLEDGES THAT

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ATTENDED AND SUCCESSFULLY COMPLETED OUR FACILITY'S

**F880**

**Hand Hygiene Practices**

*In-Service Training Program*

On the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_



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*Signature/Title - Instructor*