Infection Control

F880
Hand Hygiene Practices
§483.80(a)(2)(vi)

Inservice Training Program

Provided Courtesy of
## F880
### Infection Control – Hand Hygiene Practices

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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

• **Source:**
  - F880 – Infection Prevention and Control Program regulations and interpretive guidelines.
  - CDC Guideline for Hand Hygiene in Healthcare Settings.

• **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.**
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.

**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 overlooked role in hand hygiene.
- You should always wash your hands prior to beginning and upon leaving work.

- 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 2nd 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.

- 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.

- **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

- Clean your hands before touching a resident when approaching him/her.
- Hand hygiene must be performed in all indications regardless of whether gloves are used or not.

### Examples of #1 – Before Touching a Resident*

(*not an all-inclusive listing)

- Prior to touching the resident’s environment (e.g., door handle, bed, bedside table, furniture, possessions, etc.).
- Prior to shaking hands with the resident.
- Prior to assisting a resident in personal care activities (e.g., to move, to take a bath, to eat, to dress, etc.).
- Prior to taking any vital signs (e.g., temperature, pulse, blood pressure, etc.).
- Prior to touching a medical device connected to the resident.
- Prior to administering oral medications.
- Prior to putting on gloves.

- 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.

<table>
<thead>
<tr>
<th>When</th>
<th>Examples of #2 – Before Performing a Procedure* (*not an all-inclusive listing)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clean your hands immediately before performing any procedure.</td>
<td>• 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.</td>
</tr>
<tr>
<td>Once hand hygiene has been performed, nothing else in the resident's room / care area should be touched prior to starting the procedure.</td>
<td>• Before dressing a wound with or without an instrument, applying ointments, making a percutaneous injection / puncture.</td>
</tr>
<tr>
<td>Hand hygiene must be performed in all indications regardless of whether gloves are used or not.</td>
<td>• 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.).</td>
</tr>
<tr>
<td></td>
<td>• Before preparing food, medications, sterile material, etc.</td>
</tr>
</tbody>
</table>

- 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.

<table>
<thead>
<tr>
<th>When</th>
<th>Examples of #3 – After Body Fluid Risk Exposure* (*not an all-inclusive list)</th>
</tr>
</thead>
</table>
| Clean your hands as soon as the task involving an exposure risk to body fluids has ended and after glove removal. Hand hygiene must be performed in all indications regardless of whether gloves are used or not. | • After a dressing change.  
• After skin lesion care.  
• After inserting an IV.  
• After taking a specimen (e.g., urine, blood, stool).  
• After cleaning up a body fluid spill.  
• After inserting a catheter, feeding tube, etc.  
• After providing oral care.  
• After removal of a catheter, feeding tube, etc.  
• After removal of any form or material offering protection (e.g., dressing, gauze, towel, etc.).  
• After cleaning any contaminated surface. |

- 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.

<table>
<thead>
<tr>
<th>When</th>
<th>Examples of #4 – After Touching the Resident* (*not an all-inclusive list)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clean your hands after leaving the resident’s side, after having touched the resident.</td>
<td>• After you have assisted the resident in personal care activities (e.g., to move, to bath, to eat, to dress, etc.).</td>
</tr>
<tr>
<td>Hand hygiene must be performed in all indications regardless of whether gloves are used or not.</td>
<td>• After delivering care and other non-invasive treatment.</td>
</tr>
<tr>
<td></td>
<td>• After changing bed linen while the resident is in the bed.</td>
</tr>
<tr>
<td></td>
<td>• Applying oxygen mask, splints, braces, etc.</td>
</tr>
<tr>
<td></td>
<td>• After giving a massage.</td>
</tr>
<tr>
<td></td>
<td>• After taking a pulse, temperature, measuring blood pressure, etc.</td>
</tr>
<tr>
<td></td>
<td>• After shaking hands,</td>
</tr>
<tr>
<td></td>
<td>• After touching the resident upon exiting the room.</td>
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</table>

- 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.

<table>
<thead>
<tr>
<th>When</th>
<th>Examples of #5 – After Touching Resident’s Surroundings* (*not an all-inclusive listing)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clean your hands after touching any object or furniture when leaving the resident’s surroundings, without having touched the resident.</td>
<td>• After touching the resident’s surroundings (e.g., bed, bedside table, chairs, TV remote, etc.).</td>
</tr>
<tr>
<td>Hand hygiene must be performed in all indications regardless of whether gloves are used or not.</td>
<td>• 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.).</td>
</tr>
<tr>
<td></td>
<td>• After a care activity (e.g., adjusting bed, resetting a bed alarm, etc.).</td>
</tr>
<tr>
<td></td>
<td>• After touching the resident’s wheelchair, walker, cane, etc.</td>
</tr>
<tr>
<td></td>
<td>• After other contacts with surfaces or objects (e.g., leaning against a bed, leaning against a nightstand, touching door handles, etc.).</td>
</tr>
</tbody>
</table>

- 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.

• 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.

- 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).
Infection Control

F880
Hand Hygiene Practices

Part 2
In-Service Training Program
Participant Handouts

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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

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.

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.
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.

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 healthcare associated infections.
- Regular and thorough hand hygiene is always important when working in the healthcare environment.
- Having clean hands helps to protect our residents, as well as yourself and others.

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.
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.

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.

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).
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.

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.

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.
### #1 – Before Touching the Resident

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

#### When
- Clean your hands before touching a resident when approaching him/her.
- Hand hygiene must be performed in all indications regardless of whether gloves are used or not.

#### Examples of #1 – Before Touching a Resident*
(Not an all-inclusive listing)
- Prior to touching the resident's environment (e.g., door handle, bed, bedside table, furniture, possessions, etc.).
- Prior to shaking hands with the resident.
- Prior to assisting a resident in personal care activities (e.g., to move, to take a bath, to eat, to dress, etc.).
- Prior to taking any vital signs (e.g., temperature, pulse, blood pressure, etc.).
- Prior to touching a medical device connected to the resident.
- Prior to administering oral medications.
- Prior to pulling on gloves.

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

### #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
- Clean your hands immediately before performing any procedure.
- Once hand hygiene has been performed nothing else in the resident’s room / care area should be touched prior to starting the procedure.
- Hand hygiene must be performed in all indications regardless of whether gloves are used or not.

#### Examples of #2 – Before Performing a Procedure*
(Not an all-inclusive listing)
- 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 mucus, etc.
- Before dressing a wound with or without an instrument, applying ointments, making a percutaneous needle puncture.
- Before inserting an invasive medical device (e.g., nasal cannula, nasogastric tube, endotrachael 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.).
- Before preparing food, medications, sterile material, etc.

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

### #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
- Clean your hands as soon as the task involving an exposure risk to body fluids has ended and after glove removal.

#### Examples of #3 – After Body Fluid Risk Exposure*
(Not an all-inclusive list)
- After a dressing change.
- After skin lesion care.
- After inserting an IV.
- After taking a specimen (e.g., urine, blood, stool).
- After cleaning a body fluid spill.
- After inserting a catheter, feeding tube, etc.
- After providing oral care.
- After removing a catheter, feeding tube, etc.
- After removing oral care, toilet, or dressing protection (e.g., dressing, glove, towel, etc.).
- After cleaning any contaminated surfaces.
#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
- Clean your hands after leaving the resident's side, after having touched the resident.
- Hand hygiene must be performed in all indications regardless of whether gloves are used or not.

### Examples of #4 – After Touching the Resident*
(*Not an all-inclusive list)
- After you have assisted the resident in personal care activities (e.g., to move, to bathe, to eat, to dress, etc.).
- After delivering care and other non-invasive treatments.
- After changing bed linen while the resident is in the bed.
- Applying oxygen mask, splints, braces, etc.
- After giving a message.
- After taking a pulse, temperature, measuring blood pressure, etc.
- After shaking hands.
- After touching the resident upon exiting the room.

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.

---

#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
- Clean your hands after touching any object or furniture when leaving the resident’s surroundings, without having touched the resident.
- Hand hygiene must be performed in all indications regardless of whether gloves are used or not.

### Examples of #5 – After Touching Resident’s Surroundings*
(*Not an all-inclusive listing)
- After touching the resident’s surroundings (e.g., bed, bedside table, chairs, TV remote, etc.).
- 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, cleaning a bedside table, etc.).
- After a care activity (e.g., adjusting bed, resetting a bed alarm, etc.).
- After touching the resident’s wheelchair, walker, cane, etc.
- After other contacts with surfaces or objects (e.g., leaning against a bed, leaning against a nightstand, touching door handles, etc.).

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.

---

**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 towel and use towel to turn off faucet.

*Paper towel prevents hands from being re-contaminated by faucet handles.*

---

**How to Handwash?**

- Wet hands with water.
- Apply soap to palm of hand.
- Rub hands together, covering all surfaces for at least 15 seconds.
- Rinse hands with water.
- Dry hands with paper towel.
- Turn off faucet with paper towel.

---
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?

Question and Answer Session
### Our 5 Moments for Hand Hygiene

#### 1. Before Touching a Resident
- **WHEN?** Clean your hands before touching a resident when approaching him/her.
- **WHY?** To protect the resident against harmful germs carried on your hands.

#### 2. Before Clean/Aseptic Procedure
- **WHEN?** Clean your hands immediately before performing a clean/aseptic procedure.
- **WHY?** To protect the resident against harmful germs, including the resident's own, from entering his/her body.

#### 3. After Body Fluid Exposure Risk
- **WHEN?** Clean your hands immediately after an exposure risk to body fluids (and after glove removal).
- **WHY?** To protect yourself and the health-care environment from harmful resident germs.

#### 4. After Touching a Resident
- **WHEN?** Clean your hands after touching a resident and her/his immediate surroundings, when leaving the resident's side.
- **WHY?** To protect yourself and the health-care environment from harmful resident germs.

#### 5. After Touching Resident Surroundings
- **WHEN?** 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.
- **WHY?** To protect yourself and the health-care environment from harmful resident germs.

---

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Handcare

- 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.

WHO acknowledges the Hôpitaux Universitaires de Genève (HUG), in particular the members of the Infection Control Programme, for their active participation in developing this material.

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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. Rub hands palm to palm;

2. Right palm over left dorsum with interfaced fingers and vice versa;

3. Palm to palm with fingers interlaced;

4. Backs of fingers to opposing palms with fingers interlocked;

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

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

7. Once dry, your hands are safe.
Handout #5 – Handwashing Competency Validation Checklist

<table>
<thead>
<tr>
<th>#</th>
<th>Procedure Observed</th>
<th>Initial Demonstration Successful</th>
<th>Comments</th>
<th>Repeat Demonstration Successful</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Removed jewelry per facility policy.</td>
<td>Yes</td>
<td></td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Stood away from sink to prevent clothes from touching sink.</td>
<td>Yes</td>
<td></td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>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.</td>
<td>Yes</td>
<td></td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Adjusted sleeves (as appropriate) wet hands and wrists thoroughly.</td>
<td>Yes</td>
<td></td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Lathered generous amount of soap to hands.</td>
<td>Yes</td>
<td></td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Held hands with wrists lower than elbows during the hand washing procedure.</td>
<td>Yes</td>
<td></td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Cleaned under fingernails by rubbing fingers against palms or used a file or an orange stick to clean under fingernails.</td>
<td>Yes</td>
<td></td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Thoroughly rinsed all surfaces of hands and wrists while keeping hands lower than elbows.</td>
<td>Yes</td>
<td></td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Using a clean paper towel, thoroughly dried all surfaces of the hands, wrists, and fingertips without contaminating hands.</td>
<td>Yes</td>
<td></td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Discarded towel in wastebasket.</td>
<td>Yes</td>
<td></td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Turned off faucet with a clean paper towel or used a knee/foot control to turn off water. Discarded paper towel in wastebasket.</td>
<td>Yes</td>
<td></td>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>

I certify that the above-named individual successfully demonstrated competence is our facility’s established handwashing procedures on ______________, 20_____

<table>
<thead>
<tr>
<th>Name of Observer</th>
<th>Signature</th>
<th>Job Position</th>
</tr>
</thead>
</table>

© 2020 - W. H. Heaton Handout #5-Hand Hygiene Competency Validation Checklist
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.

<table>
<thead>
<tr>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Hand hygiene practices only applies to washing hands with soap and water.</td>
</tr>
<tr>
<td>2. The most common way that germs are spread and causes infection is by being carried on people’s hands.</td>
</tr>
<tr>
<td>3. Hand hygiene is considered the most important measure to prevent the spread of harmful germs and to prevent the spread of infections.</td>
</tr>
<tr>
<td>4. You should always wash your hands with soap and water if they become visibly soiled with blood or other body fluids.</td>
</tr>
<tr>
<td>5. The use of gloves eliminates the need for hand hygiene.</td>
</tr>
<tr>
<td>6. You should always wash your hands prior to beginning and upon leaving work.</td>
</tr>
<tr>
<td>7. Skin underneath rings and bracelets has more germs than the surrounding skin.</td>
</tr>
<tr>
<td>8. Hands should be completely dry before putting on gloves.</td>
</tr>
<tr>
<td>9. You only need to use gloves when residents are placed on isolation precautions.</td>
</tr>
<tr>
<td>10. You only need to wash your hands after you remove gloves.</td>
</tr>
<tr>
<td>11. You should always clean your hands before touching a resident.</td>
</tr>
<tr>
<td>12. You should always clean your hands before performing any procedure.</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>15. After you have washed your hands, it is safe to turn off the water faucet with your hands if they are completely dry.</td>
</tr>
</tbody>
</table>
## F880
### Infection Control – Hand Hygiene Practices

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<td>Record of Attendance</td>
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<tr>
<td>Participant Evaluation Form</td>
<td>3</td>
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<tr>
<td>Certificate of Completion</td>
<td>4</td>
</tr>
</tbody>
</table>
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 – Record of Attendance

**F880 – Hand Hygiene Practices**

Date Session Conducted: _____________________  
Time Started: __________ [am/pm]  
Time Ended: __________ [am/pm]  

Location: ___________________________________________________________________________________________________________

Instructor(s): ________________________________________________________________________________________________________

<table>
<thead>
<tr>
<th>Signature</th>
<th>Printed Name</th>
<th>License Number [as required]</th>
<th>Job Position</th>
<th>Shift</th>
</tr>
</thead>
<tbody>
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Use additional sheets as necessary. Be sure this document is attached to the Record of Training Session.
# In-Service Training Session – Participant Evaluation Form

**F880 – Hand Hygiene Practices**

<table>
<thead>
<tr>
<th>Date:</th>
<th>Instructor(s):</th>
</tr>
</thead>
</table>

Please indicate with a check (✓) mark your level of agreement with the following statements:

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

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

ATTENDED AND SUCCESSFULLY COMPLETED OUR FACILITY’S

F880
Hand Hygiene Practices
In-Service Training Program

On the _____ day of ______________, 20____

________________________________________
Signature/Title - Instructor