

Module 5, Session 1: Hand Hygiene for All



Preparation Checklist

Materials Required for this Session:

- ☐ Facility Trainer Binder - Module 5, Session 1
- ☐ Facility-specific material: Policies and procedures (P&Ps) relevant to the session, including hand hygiene training , audits, and audits results
- ☐ Copy of facility's most recently completed *CDC Infection Control Assessment and Response (ICAR) tool: Domain IX*
- ☐ *Facility Trainer Attendance Log* (provided in Session Appendix)
- ☐ *Facility Trainer Assessment Tracker* (provided in Session Appendix)
- ☐ **Participant Notebooks** with Module 5 Session 1 handouts (provided in Session Appendix):
 - *Hand Hygiene Pre-Session Assessment*
 - *Hand Hygiene Post-Session Assessment*
 - *Module 5, Session 1: Participant Resources*
 - *Session Follow-Up Task List*
- ☐ Hand-washing station, alcohol-based hand rub (ABHR), and gloves
- ☐ Flip chart/white board and markers
- ☐ Blank name tags/tents and markers
- ☐ Extra pens

Resources used for this session:

- CDC Dialysis Safety: Clinician Education - Staff Competencies
 - <http://www.cdc.gov/dialysis/clinician/index.html>
- *CDC Dialysis Collaborative Audit Tool: Hemodialysis hand hygiene observations*
 - <http://www.cdc.gov/dialysis/PDFs/collaborative/Hemodialysis-Hand-Hygiene-Observations.pdf>
- *WHO 5 Moments for Hand Hygiene in Hemodialysis poster*
 - <http://www.who.int/gpsc/5may/haemodialysis.pdf>
- *CDC slide set "Hand Hygiene in Healthcare Settings-core"*
 - http://www.cdc.gov/HandHygiene/download/hand_hygiene_core.pdf
- *CDC Dialysis Safety: Audit Tools and Checklists - Protocol for Hand Hygiene and Glove Use Observations*
 - <http://www.cdc.gov/dialysis/prevention-tools/audit-tools.html>
- *WHO – Hand Hygiene: Why, How, & When?*
 - http://www.who.int/gpsc/5may/Hand_Hygiene_Why_How_and_When_Brochure.pdf
- AHRQ Safety Program for End-Stage Renal Disease Facilities-Toolkit: Clinical Care of the Hemodialysis Patient Presentation

- <http://www.ahrq.gov/professionals/quality-patient-safety/patient-safety-resources/resources/esrd/clinicalcare.html>

Preparing for the Session:

Before the Facility Trainer begins this session, the following tasks should be completed:

- Notify participants about the session, at least two weeks prior, include the location, date, and time of the session.
- Assemble Module 5, Session 1 handouts for participants to add to their **Participant Notebook**.
- Assemble P&Ps needed for review.
- Make copies of recent ICAR Domain IX, and highlight areas with gaps in policy, to be added to the **Participant Notebook**.
- Gather demonstration equipment, including the hand-washing station, ABHR, and gloves.
- Set up the classroom with handouts and blank name tags at each participant's place.
- Have the Facility Trainer's Binder ready before beginning the session.

Tasks to be done as participants arrive:

- Ask participants to sign in using the *Facility Trainer Attendance Log*.
- Give each participant Module 5, Session 1 handouts to be inserted into their **Participant Notebook**.
- Prompt participants to complete the *Pre-Session Assessment*.

Tasks to be done after completion of the session:

- Write notes about the session on the "Notes and Homework" page. Include: which policies need to be developed or updated and any action plans that were developed and require follow-up.
- Complete the *Facility Trainer Assessment Tracker* with Pre- and Post-Session Assessment scores.
- Address areas of concerns, successes, questions, need for follow-up, staff members to check in with, etc.

Facility Trainer Brief

Learning Objectives

At the close of Module 5, Session 1 the participants will:

- Understand the facility's P&Ps related to hand hygiene, gloving, and auditing.
 - If gaps are identified, develop an action plan to update P&Ps.
- Be able to describe the CDC core interventions for infection prevention related to hand hygiene and glove use.
- Understand the facility-specific audit results and their implications.
- Be able to demonstrate proper hand washing and use of hand sanitizer.

Module 5, Session 1: Overview

Session 1 is all about hand hygiene. The staff will review Domain IX of their facility-specific ICAR assessment. The trainer will lead a discussion and educate staff on best practice including CDC core interventions. Participants will familiarize themselves with the auditing process and with the results of recent hand hygiene audits and will implement a plan to ensure timely auditing as well as improved performance based on audit results. This session will include a simulation of appropriate hand hygiene including hand washing and use of disinfecting agents. Participants will validate proficiency through return demonstration.

Module 5, Session 1 is divided into these five parts:

Part 1: Introduction (5 minutes)

Participants will take the *Pre-Session Assessment* to gauge their current level of knowledge. The Facility Trainer will introduce the session and identify the objectives of the session.

Part 2: Hand Hygiene Basics (5 minutes)

The Facility Trainer will lead participants through a discussion of the importance of hand hygiene in infection control and the "5 moments" identified by the CDC during which hand hygiene should occur. The Facility Trainer will also discuss the importance of glove use and when glove use is indicated.

Part 3: Audits and Facility Policy (10 minutes)

The Facility Trainer and participants will review the facility's most recent ICAR Domain IX and most recent hand hygiene audits. The Facility Trainer will summarize the CDC recommendations for routine auditing and participants will engage in an open discussion to identify existing gaps between the facility's practices and the CDC's recommendation for audits. Together, participants and the Facility Trainer will work on an action plan to mitigate any gaps.

Part 4: Simulation and Demonstration (30 minutes)

The Facility Trainer will demonstrate proper hand hygiene first with a hand-washing station (soap and water), then with an ABHR. Participants will then demonstrate both skills and the Facility Trainer will verify staff competency.

Part 5: Wrap-Up and To-Do List (5 minutes)

The Facility Trainer will summarize the session, reinforce the key messages, emphasize any action plans that were developed, and open the session for questions and discussion. Participants will complete a *Post-Session Assessment*.

Key messages




Following are the key messages for this session. They should be reinforced from time to time throughout this program.

- Hand hygiene is one of the most important aspects of infection control.
- Proper glove use can protect patients and staff from infection.
- Patient education and patient hand hygiene are essential to the facility's infection control.
- Evaluation and training are essential to ensure that facility staff understand and implement proper hand hygiene in practice.
- Regular audits can help facilities identify gaps in practice and guide them in determining future training needs.

Classroom Presentation

Part 1: Introduction

Estimated Time: 5 Minutes

Welcome!	Notes
<p>As participants arrive, ask them to complete a <i>Pre-Session Assessment</i> and to sign into the <i>Facility Trainer Attendance Log</i>.</p> <p>Welcome participants to the training session.</p> <p> Present: Welcome to Module 5, Session 1: <i>Hand Hygiene for All</i>, a part of the infection control program. During this session, we will discuss the importance of hand hygiene in infection control, review the CDC's recommendations, and discuss the hand hygiene auditing process. We will also engage in a demonstration and simulation of proper technique for hand hygiene – both with soap and water and also with an alcohol-based hand sanitizer, or ABHR.</p> <p> Ask participants to introduce themselves by stating their name, position in the facility, and goals for attending. Encourage participation of all attendees.</p>	
Objectives	Notes
<p> Present: Before we begin, I will highlight the key messages we will address throughout the session for you to keep in mind as you implement what you have learned into your practice:</p> <ul style="list-style-type: none">• Hand hygiene is one of the most important aspects of infection control.• Proper glove use can protect patients and staff from infection.• Patient education and patient hand hygiene are essential to the facility's infection control.• Evaluation and training are essential to ensure that staff members understand and implement proper hand hygiene in practice.• Regular audits can help facilities identify gaps in practice and guide them in determining future training needs.	



Ask: Before we move on, does anyone have any questions regarding goals of this session?



Open Responses

Part 2: Hand Hygiene Basics

Estimated Time: 5 Minutes

Why is hand hygiene so important?

Notes



Refer participants to the CDC slide set “Hand Hygiene in Healthcare Settings-core”

http://www.cdc.gov/handhygiene/download/hand_hygiene_core.pdf



Present: Although hand hygiene seems like a basic skill, the implications of improper or inadequate hand hygiene for patients, staff, and the facility are dangerous. According to CDC, hand hygiene is one of the most effective mechanisms in infection prevention. Why?

Globally, thousands of people die daily from healthcare associated infections (or HAIs). It is estimated in the USA that about 2 million patients acquire a HAI every year and about 90,000 of those die each year as a result. Contaminated hands are the number one cause of germ transmission causing HAIs and the spread of antimicrobial resistant infections. An abundance of evidence shows that hand hygiene reduces the incidence of these infections and that having clean hands is the #1 factor in preventing the spread of pathogens and antibiotic resistance. (Center for Disease Control and Prevention, 2002).

This is a skill that we, as healthcare providers, need to master. But it is also essential that we educate and encourage patients, families, and any others that are involved with both direct and indirect patient care. Together we can reduce HAIs and create a safe environment for our patients.



Ask: What can we do to improve hand hygiene among our staff and patients?



Open Responses

5 Moments for Hand Hygiene

Notes



Refer Participants to *CDC Dialysis Safety: Clinician Education - Staff Competencies*

<http://www.cdc.gov/dialysis/prevention-tools/staff-competencies.html>

WHO 5 Moments for Hand Hygiene in Hemodialysis poster

<http://www.who.int/gpsc/5may/haemodialysis.pdf>



Present: The CDC recommends that staff be trained upon hire and re-trained *at least* annually on gloving and hand hygiene. According to the World Health Organization, there are 5 moments in which hand hygiene should *always* be performed. These include:

1. Before touching a patient.
2. Before performing a clean/aseptic procedure.
3. After body fluid exposure risk.
4. After touching a patient.
5. After touching a patient's surroundings.

Notes to the Facility Trainer



Think about providing facility specific examples for each of the “5 moments”. For more guidance and details, please reference WHO – Hand Hygiene: Why, How, & When? Brochure.

http://www.who.int/gpsc/5may/Hand_Hygiene_Why_How_and_When_Brochure.pdf



Ask: What is the biggest barrier to performing hand hygiene in these instances?







Open Responses














Notes to the Facility Trainer

Use the hand-out referenced above. Some examples provided include:

- After contact with blood or body fluids

	<ul style="list-style-type: none"> • Between patient stations • After performing hand hygiene 	
Glove Use		
 <p>Refer participants to the <i>CDC Dialysis Safety: Audit Tools and Checklists - Protocol for Hand Hygiene and Glove Use Observations</i> http://www.cdc.gov/dialysis/prevention-tools/audit-tools.html</p>		
 <p>Present: The use of gloves is an adjunct with hand hygiene. Proper glove use protects staff and patients from potentially infectious contaminants. The most important part of proper glove use is understanding <i>when</i> to use gloves. The general recommendations for glove use, per CDC guidelines, include:</p> <ul style="list-style-type: none"> • Holding a glove in your hand as a protective layer, is not considered acceptable glove use. • Wearing gloves is necessary prior to patient contact at the treatment station. • Wearing gloves is necessary prior to contact with potentially contaminated surfaces. • Always change gloves between patients. • Always change gloves between clean and contaminated sites on the same patient. 		
 <p>Ask: Can you think of some specific instances gloves should be worn or changed?</p>		
 <p>Open Responses</p>		

CDC Recommendations	Notes
 <p>Refer participants to the <i>CDC Dialysis Collaborative Audit Tool: Hemodialysis hand hygiene observations</i> http://www.cdc.gov/dialysis/PDFs/collaborative/Hemodialysis-Hand-Hygiene-Observations.pdf</p> <p><i>CDC Dialysis Safety: Audit Tools and Checklists</i> - Protocol for Hand Hygiene and Glove Use Observations http://www.cdc.gov/dialysis/prevention-tools/audit-tools.html</p>  <p>Present: The CDC provides a hand hygiene audit tool and recommendations for use of the audits and observations. Hand hygiene audits should be performed every month and should include a minimum of 30 observations. The observations should reflect the “regular” facility conditions. To reflect the patient care environment most accurately, observations should be made:</p> <ul style="list-style-type: none"> • By different staff members, • On different days, • On different shifts, and • During busy times (shift change, patient turnover). <p>The facility should keep a record of all audits and audit results. The results should be shared regularly with the staff in order to provide feedback and identify areas for improvement.</p>	
Facility Practice	
 <p>Refer participants to the facility's P&Ps related to auditing, training of staff, facility ICAR Domain IX, and any recent audits.</p>  <p>Present: In order to improve infection control, we need to review the practices already in place so we can identify gaps in our audits, as compared to CDC recommendations.</p>	

	<p style="text-align: center;">Notes to the Facility Trainer</p> <p>Open the floor for a live Q&A with open responses to evaluate what is occurring at the facility and/or what needs to occur. Lead an open discussion using the questions below. The text in <i>italics</i> denotes directives and suggestions to be addressed to mitigate gaps.</p>	
	<p>Write, throughout the discussion, on a white board/flip chart/poster, noting the main points, audit results, and any gaps identified.</p>	
	<p>Ask: Are we performing monthly hand hygiene audits? Are we using the CDC tool? Do we have a record of the data collected? Who performs these audits? Who is reviewing the results?</p>	
	<p><i>If gaps are identified, develop a plan to implement monthly audits, utilize the CDC, and create a system to track data obtained from audits.</i></p>	
	<p>Open Responses</p>	
	<p>Ask: How is our performance on these audits? What did we do well? Where is there room for improvement? What are some barriers preventing optimal scores on the audits?</p>	
	<p><i>Discuss where the staff excelled and where gaps were identified. Provide data from the audits and help participants to notice trends – improvements or set-backs.</i></p>	
	<p>Open Responses</p>	
	<p style="text-align: center;">Notes to the Facility Trainer</p> <p>If action is required after the previous discussion, refer to Module 2, Session 2 and consider developing an action plan to update or create new P&Ps.</p>	

Barriers	Notes
<div data-bbox="190 306 256 380" data-label="Image"></div> <p>Refer participants to the AHRQ Safety Program for End-Stage Renal Disease Facilities-Toolkit: Clinical Care of the Hemodialysis Patient Presentation http://www.ahrq.gov/professionals/quality-patient-safety/patient-safety-resources/resources/esrd/clinicalcare.html</p> <div data-bbox="190 562 256 625" data-label="Image"></div> <p>Present: The most common reasons hand hygiene is not performed regularly at healthcare facilities include:</p> <ul style="list-style-type: none"> • Lack of education regarding proper technique, • Inadequate access to ABHR and soap and water, • Inconvenient hand-washing station locations, and • Poor time management skills and forgetfulness. <div data-bbox="190 852 256 915" data-label="Image"></div> <p>Ask: What are the barriers at our facility? What can we do to eliminate these barriers?</p> <div data-bbox="190 995 256 1058" data-label="Image"></div> <p>Open Responses</p> <div data-bbox="190 1117 256 1180" data-label="Image"></div> <p>Write responses and idea generation on the white board or flip chart. If tasks are assigned, have the assigned participants write them on their <i>Session Follow-Up Task List</i>.</p> <div data-bbox="190 1314 256 1388" data-label="Image"></div> <p>Refer participants to the facility most recent ICAR, Domain IX.</p> <div data-bbox="190 1425 256 1488" data-label="Image"></div> <p>Present: In order for hand hygiene to be performed regularly, it is necessary to not only have the appropriate supplies, but to have them located for easy access. Necessary supplies include:</p> <ul style="list-style-type: none"> • Alcohol-based hand rubs, • Handwashing sinks, • Soap, and • Paper Towels. <div data-bbox="190 1757 256 1820" data-label="Image"></div> <p>Ask: Does our facility have all the appropriate supplies? Are they available at appropriate and convenient locations?</p>	



Open Responses




Write responses and idea generation on the white board/flip chart. If tasks are assigned, have the assigned participants write them on their *Session Follow-Up Task List*.

Part 4: Demonstration and Simulation

Estimated Time: 5-30 Minutes

Alcohol-Based Hand Rubs (ABHR)

Notes

	Notes to the Facility Trainer
	<p>The time variation is due to simulation. The Facility Trainer performs a demonstration of skills and each participant must perform a return demonstration/simulation of the skills in order to verify competency.</p> <p>If the Facility Trainer chooses, the return demonstration can be held until after completion of the presentation, when the Facility Trainer can dismiss staff. Participants can be taken aside one by one to demonstrate competency of the skill. However, this must be completed immediately after the session.</p>



Refer participants to AHRQ Safety Program for End-Stage Renal Disease Facilities-Toolkit: Clinical Care of the Hemodialysis Patient Presentation
<http://www.ahrq.gov/professionals/quality-patient-safety/patient-safety-resources/resources/esrd/clinicalcare.html>



Present: Use of Alcohol-Based Hand Rubs, or ABHRs, is the preferred form of hand hygiene, but there are correct and incorrect ways to use ABHRs. Proper steps include:

1. Apply the recommended amount of ABHR (product-specific) to the palm of one hand.
2. Rub your hands together, making sure to cover all surfaces of your hands and fingers.
3. Continue to rub your hands together until dry. Hands should never be “fanned” dry.

****Demonstrate proper use of facility ABHR, and provide details regarding recommended amount per facility-specific product**



Ask participants to return demonstrate proper use of ABHR. *Pass the product around the room and observe each participant performing hand hygiene with ABHR.*



Notes to the Facility Trainer

Assist participants when needed and reinforce proper technique. Make note of any participants who will need follow-up and reinforcement.

Soap and Water



Refer participants to AHRQ Safety Program for End-Stage Renal Disease Facilities-Toolkit: Clinical Care of the Hemodialysis Patient Presentation
<http://www.ahrq.gov/professionals/quality-patient-safety/patient-safety-resources/resources/esrd/clinicalcare.html>



Present: Soap and water should be used instead of an ABHR when your hands are visibly soiled or if you have had contact with a patient with a spore-forming pathogen such as *Clostridium difficile*. While performing hand-washing, use warm water and avoid hot water as it can cause dermatitis. Proper steps for hand-washing include:

1. Wet your hands with running water.
2. Apply the recommended amount of soap (product-dependent).
3. Cover all surfaces of your hands and fingers.
4. Briskly rub your hands together for 15 seconds.
5. Rinse your hands free of soap.
6. Using a paper towel, dry your hands completely.
7. Use a paper towel to turn off the faucet.

***Demonstrate proper use of hand-washing at a facility hand-washing station, and provide details regarding recommended amount per facility-specific product*



Ask participants to return-demonstrate proper use of hand-washing. *Have participants take turns coming up to the hand-washing station. Observe their technique, make recommendations, and give reminders of the previously mentioned recommendations.*



Notes to the Facility Trainer

Assist participants when needed and reinforce proper technique. Make note of any participants who will need follow-up and reinforcement.

Part 5: Wrap up and To-Do List

Estimated Time: 5 Minutes

To-Do

Notes



Present: All facility staff need to be diligent in following proper hand hygiene procedures. This includes performing hand hygiene and wearing gloves according to best practice recommendations, and by educating and encouraging our patients to do the same. Additionally, it is important that we participate in monthly audits and share feedback with other facility staff so we can identify gaps and areas for improvement.

Today we have established a list of activities we need to follow up on and actions to take moving forward. Before closing the session we will review our “To-Do” list.



Write the to-do list on the white board/flip chart, including each task, name of the staff assigned to complete it, and the completion deadline. Ask participants to note their assigned tasks on their *Session Follow-Up Task List*. Items that may need to be addressed will vary by facility and may include any or all of the following:

- Develop P&Ps related to hand hygiene audits,
- Reporting of hand hygiene audits,
- Making supplies available to patients and staff,
- Conducting patient and family education, and/or
- Posting facility signs to remind and educate staff and patients to wash their hands.



Ask: Does anyone have any questions regarding the session content or action plan moving forward?



Open Responses

Closing	Notes
<div data-bbox="191 289 263 363" data-label="Image"></div> <p>Present and Summarize key points:</p> <ul style="list-style-type: none"> • Hand hygiene is one of the most important aspects of infection control. • Proper glove use can protect patients and staff from infection. • Patient education and follow-through on hand hygiene are essential to the facility's infection control. • Evaluation and training are essential to ensure staff members understand and implement proper hand hygiene in practice • Regular audits can help facilities identify gaps in practice and guide facilities in determining needs for future training. <div data-bbox="191 772 263 846" data-label="Image"></div> <p>Address questions or concerns.</p> <div data-bbox="191 892 263 966" data-label="Image"></div> <p>Present: Thank you all for coming and for your continuing commitment to the facility and to its infection control program. Please take the <i>Post-Session Assessment</i> before leaving.</p> <div data-bbox="191 1081 256 1155" data-label="Image"></div> <p>Refer participants to <i>Hand Hygiene for All Post-Session Assessment</i> – have each participant complete the <i>Post-Session Assessment</i> and turn it in to the Facility Trainer.</p> <p>Dismiss the group.</p>	

Session Appendix

- *Facility Trainer Attendance Log*
- *Facility Trainer Assessment Tracker*
- *Hand Hygiene for All Pre-Session Assessment*
- *Hand Hygiene for All Post-Session Assessment*
- *Module 5, Session 1: Participant Resources*
- *Session Follow-Up Task List*

Infection Control in Hemodialysis

Training Curriculum: Module 5, Session 1

Hand Hygiene Pre-Assessment

Date:	
Participant Name:	
Facility:	

1. Unsafe hand hygiene practices are the number one cause of germ transmission.
 - a. True
 - b. False
2. Important aspects of hand hygiene at the facility include: (select all that apply)
 - a. Gloving at appropriate times
 - b. Patient education
 - c. Proper use of soap and water or alcohol-based hand sanitizers
 - d. Proper use of alcohol-based hand sanitizers
3. The CDC recommends quarterly hand hygiene audits and observations to be performed at each outpatient hemodialysis center.
 - a. True
 - b. False
4. Unsafe hand hygiene practices contribute to: (select all that apply)
 - a. Decreased spread of respiratory infection
 - b. Increased healthcare-acquired infections (HAIs)
 - c. The spread of antimicrobial resistant infections
5. I understand all CDC recommendations for hand hygiene related to me, my patients, and my facility.
 - a. Strongly Disagree
 - b. Disagree
 - c. Neither disagree or agree
 - d. Agree
 - e. Strongly Agree

Infection Control in Hemodialysis

Training Curriculum: Module 5, Session 1

Hand Hygiene Post-Assessment

Date:	
Participant Name:	
Facility:	

1. Unsafe hand hygiene practices are the number one cause of germ transmission.
 - a. True
 - b. False
2. Important aspects of hand hygiene at the facility include: (select all that apply)
 - a. Gloving at appropriate times
 - b. Patient education
 - c. Proper use of soap and water or alcohol-based hand sanitizers
 - d. Proper use of alcohol-based hand sanitizers
3. The CDC recommends quarterly hand hygiene audits and observations to be performed at each outpatient hemodialysis center.
 - a. True
 - b. False
4. Unsafe hand hygiene practices contribute to: (select all that apply)
 - a. Decreased spread of respiratory infection
 - b. Increased healthcare-acquired infections (HAIs)
 - c. The spread of antimicrobial resistant infections
5. I understand all CDC recommendations for hand hygiene related to me, my patients, and my facility.
 - a. Strongly Disagree
 - b. Disagree
 - c. Neither disagree or agree
 - d. Agree
 - e. Strongly Agree

Infection Control in Hemodialysis

Training Curriculum: Module 5, Session 1

Participant Resources

Date:	
Participant Name:	
Facility:	

- CDC Dialysis Safety: Clinician Education - Staff Competencies
 - <http://www.cdc.gov/dialysis/clinician/index.html>
- *CDC Dialysis Collaborative Audit Tool: Hemodialysis hand hygiene observations*
 - <http://www.cdc.gov/dialysis/PDFs/collaborative/Hemodialysis-Hand-Hygiene-Observations.pdf>
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Infection Control in Hemodialysis

Training Curriculum: Module 5, Session 1

Session Follow- Up Task List

Date:	
Participant Name:	
Facility:	

Personal To-Do Items:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Facility-Wide To-Do Items:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Additional Comments:
