Hand Hygiene
Presentation for Hand Hygiene Assessors

Slides prepared by IPCNS for use by staff who have attended the Teaching and Assessing Hand Hygiene Programme and can be used with training notes and information provided during the programme

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What we will cover

• The Hand Hygiene Programme
• What is hand hygiene
• Why we clean our hands
• When must hand hygiene be carried out?
• What do you need for hand hygiene?
• Preparation for Hand Hygiene
• Hand Hygiene Technique
• Skin Care & Hand Hygiene
• Glove use & Hand Hygiene
• Practical
Hand Hygiene Programme

• As part of the hand hygiene programme each person should
  – Receive the “Hand Hygiene for Staff” HSE Leaflet for Long Term Care and Community Services 2014
  – Complete the knowledge assessment & competency form
  – Have their hand washing technique and use of alcohol hand rub products assessed
  – Be updated & reassessed every 2 years (minimum)
What is Hand Hygiene?

• Using alcohol hand rubs to kill germs (microorganisms) on our hands

• Cleaning your hands by washing with soap and water to remove dirty, dead skin cells and germs
Why we clean our hands

- To protect service users from harmful germs on your hand
- To protect yourself from harmful germs
- To provide safe care

Failure to carry out hand hygiene may lead to

- Transmission of infectious diseases i.e. gastroenteritis
- Healthcare Associated Infection (HCAIs) by not carrying out hand hygiene before attending to catheter care
- Spread of bugs which are resistant to antibiotics i.e. MRSA
Microbiology - What are your hands carrying?

Resident Microorganisms

• Deep seated – in sweat glands, beneath finger nails
• Difficult to remove
• Part of the body's natural defences
• Can be associated with infection following surgery or invasive procedures

Transient Microorganisms

• Superficial
• Transferred with ease to and from hands
• Easily removed with good hand hygiene
• Can be an important source of cross infection
The impact of Health care Associated Infection (HCAI)

- 1 in 10 patients in an acute hospital acquire an infection
- 1 in 20 residents in long term care facilities in Ireland acquire infection
  - That could be your clients, your family or yourself
  - Estimated cost €234 million annually in Ireland
- Estimated that up to one third or 1 in 3 of HCAIs can be reduced through effective infection prevention and control practices
• Many actions will assist in preventing and controlling infection.

• Hand Hygiene is the single most important thing individuals can do to prevent infection.
When must we clean our hands?

Examples of Indications for hand hygiene in any setting

Before
• Commencing work
• Handling/preparing food.
• Eating or assisting a person to eat

After
• Using the bathroom or assisting a person in the bathroom.
• Nose blowing
• Handling items likely to be contaminated i.e. raw food, bins, cleaning equipment.
• Handling pets, cleaning pets cages or handling cages feeding utensils.
• Outside activities
• Smoking
• When hands are visibly dirty.
Specific indications for hand hygiene when providing healthcare

Your Moments for Hand Hygiene
Health care in a residential home

1. Before touching a patient
2. Before clean/aseptic procedure
3. After body fluid exposure risk
4. After touching a patient

Slides for Hand Hygiene Assessors
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Moment 1 - Before Touching the Resident

When - clean the hands before touching the resident/client

Why - to protect the resident/client from harmful micro-organisms carried on the HCW hands

Examples
- Helping a resident/client to get washed or dressed
- Prior to changing incontinence wear
- Taking pulse, blood pressure, examination of skin, abdominal palpation
Moment 2 - Before a Clean/Aseptic Procedure

**When**- clean the hands immediately before performing an aseptic or clean procedure.

**Why**- to protect the resident/client from harmful micro-organisms, including the resident/client’s own, from entering his/her body.

**Examples**
- Oral care, giving eye drops, suctioning
- Skin lesion care, wound dressing, subcutaneous injection
- Urinary catheter care & insertion
- Accessing, commencing enteral feeding system
- Preparation of medication, or dressing
- Taking samples, blood, urine
Moment 3 - After Body Fluid Exposure Risk

When - clean the hands immediately after an exposure risk to bodily fluids (and after glove removal)

Why - to protect the HCW and the healthcare environment from harmful micro-organisms

Examples
- clearing up urine, faeces, vomit, handling waste (dressings, tissues, incontinence pads),
- cleaning of contaminated and visibly soiled material or areas (bathroom, commodes)
- oral care, giving eye drops, suctioning
- skin lesion care, wound dressings, subcutaneous injection
- taking blood, CSU, handling emptying urinary catheters,
Moment 4 - After Touching the Resident

**When** - clean the hands after touching the resident/client when leaving their side.

**Why** - to protect the HCW and the healthcare environment from harmful micro-organisms.

**Examples**
- After helping a resident get washed, get dressed,
- After taking pulse, blood pressure,
Moment 5 - After Touching the Residents Surroundings

**When** - Clean hands after touching any object or furniture in the resident/client's immediate surroundings when leaving even if the resident/client has not been touched.

**Why** - To protect the HCW and the healthcare environment from harmful micro-organisms.

**Examples**
- After clearing the bedside table
- After bed making

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- After touching a resident environment
Moments 2 & 3 involve Critical Sites & Higher Risk. Therefore Essential Moments for Hand Hygiene.
Making this work in Long Term Care Facilities

• Where residents are cared for in a dedicated space with dedicated equipment
  – 5 moments apply

• Where residents are semi-autonomous they have their own room or shared room but they also move within the facility
  – 4 moments apply to where healthcare is delivered

• 4 and 5 moments approach to hand hygiene do not cover any social contacts with or among LTCF residents unrelated to healthcare - shaking hands
Social Settings within Long Term Care Facilities

• In shared activities areas e.g. dining room, day room etc, direct care or clinical procedure do not routinely take place.

• In common areas where residents gather, the environment is shared by many people.

• To reduce spread of organisms, staff and residents should clean their hands before beginning an activity i.e. before dining.

• If staff provide any healthcare where shared activities occur, the 4 moments for Hand Hygiene are to be followed.
Hand Hygiene Facilities In Healthcare settings

- Clinical wash hand basins dedicated for staff hand washing of correct standard
- Good quality paper towels in wall mounted containers
- Plain liquid soap in wall mounted containers
- Hands free pedal operated bins
- Alcohol Hand gels/rubs at the point where care is delivered
Hand Hygiene Facilities in all settings

• Conveniently located sinks, deep enough to avoid splashing.
• Liquid soap- non perfumed, with emollients, in disposable containers.
• Hot and cold running water – elbow or wrist mixer taps to control water temperature and to avoid contaminating clean hands.

Remember paper towel can be used to turn off regular taps

• Hand drying.
  – Paper towels for staff hand hygiene & in communal areas
  – Air dryers- public areas, not suitable in domestic, clinical, or food prep areas.
  – For clients - individual use cloth towels
Preparation

Are you hand hygiene ready?
Before providing care...

- **Remove nail polish**
  It can harbour micro-organisms

- **Do not wear artificial nails**
  They have been linked to fungal infections

- **Remove rings**
  They may tear gloves and harbour micro-organisms

- **Remove wrist jewellery**
  Bare the wrists, wear a short sleeved top or rolled up sleeves

- **Keep nails short**
  They are easier to clean and less likely to tear gloves.
  Tips less than 0.5cm

- **Pay attention to washing under the nails**
  The majority of micro-organisms are found here

- **Wash under your rings**
  Guidance permits a simple plain band

- **Do not use nailbrushes**
  They can lead to abrasions: a potential site for infection
Two Ways to Clean Hands

Alcohol-based hand rub is the preferred method for cleaning hands in healthcare settings when hands are not visibly soiled.

Handwashing with soap and water must be carried out when

- hands are visibly soiled
- caring for persons with diarrhoea
- *C. difficile* infection (which causes diarrhoea) is suspected
Handwashing Technique

- Remove jewellery and roll up sleeves.
- Wet hands under running water
- Apply one shot of soap work up a lather
- Cover all surfaces using six step technique
- Rinse hands under running water
- Pat hands dry with paper towel
Alcohol based hand rubs.
When using Alcohol Hand Rubs

 ✓ Use on visibly clean hands
 ✓ Apply an adequate amount to cover the hands
 ✓ Cover all surfaces **once** using the 6 step technique, then
 ✓ Continue rubbing using the technique until hands are completely dry
 ✓ Duration 20-30 secs
Alcohol Hand Rub

**Do not**

❌ Use AHR if hands are physically dirty

❌ Use AHR after caring for a person with diarrhoea.

❌ Place AHR dispensers adjacent to electrical fittings or direct heat

❌ Store AHR near sources of high temperatures as AHR is flammable.

Remember to avoid using AHR after hand washing.
Time Management

Hand washing up to 1 ½ minutes for entire procedure

Alcohol hand rubs 20-30 secs, can be done on the move.
Skin is the main barrier to infection therefore it is important to care for your hands by

- Covering all cuts and abrasions.
- Using a moisturiser regularly.
- Avoiding prolonged or inappropriate use of gloves.
- Rinse off all soap & dry hands thoroughly after hand washing.
- Report skin problems and seek advice.
Hand Hygiene & Gloves
Gloves

• Gloves are recommended when
  – Contact with blood/body fluids, broken skin, mucous membranes, contaminated equipment can be reasonably anticipated
  – During aseptic technique (sterile gloves may be indicated)

• Gloves are not indicated
  – Where there is not a risk of coming in contact with blood/body fluids, broken skin, mucous membranes, contaminated equipment

• Correct type of glove needed
  – Single use, powder free, latex or nitrile gloves for potential contact with blood/body fluids
  – Sterile gloves for aseptic procedures
  – Household gloves for household duties
Gloves

- Protect you from contamination but are not a substitute for hand hygiene
- Must be changed between each person or between different care activities for the same person.
- Should be worn only when indicated
- Remember
  - Moment 2 - hand hygiene before applying gloves when needed for clean or aseptic procedures
  - Moment 3 - hand hygiene on removal of gloves after contact with body fluids
- Used incorrectly or inappropriately gloves can contribute to the spread of infection and lead you to missing opportunities to carry out hand hygiene
How to put on gloves (1)

I. HOW TO DON GLOVES:

1. Take out a glove from its original box
2. Touch only a restricted surface of the glove corresponding to the wrist (at the top edge of the cuff)
3. Don the first glove
How to put on gloves (2)

4. Take the second glove with the bare hand and touch only a restricted surface of glove corresponding to the wrist.

5. To avoid touching the skin of the forearm with the gloved hand, turn the external surface of the glove to be donned on the folded fingers of the gloved hand, thus permitting to glove the second hand.

6. Once gloved, hands should not touch anything else that is not defined by indications and conditions for glove use.
How to Remove Gloves (1)

OUTSIDE OF GLOVES IS CONTAMINATED

1. Grasp outside edge near wrist
2. Peel away from hand, turning glove inside-out
3. Hold in opposite gloved hand
How to Remove Gloves (2)

• Slide ungloved finger under the wrist of the remaining glove
• Peel off from inside, creating a bag for both gloves
• Discard
Review

• Any questions
• Review the Knowledge Assessment & Competency Form
• Agree a time for form to be completed and assessment carried out
• Thank you
How to run the practical session

Hand washing
• Demonstrate technique at the sink
• Apply glow germ and let learner demonstrate
• Use cabinet to check technique

Gloves Test
• Don gloves, apply glow germ and remove gloves
• Use cabinet to assess if hands became contaminated during removal