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Tús Áite do
Shábháilteacht **1** Othar
Patient Safety **1** First



National Hand Hygiene “How-to” Guide

For Infection Prevention and Control Nurses within
Community Healthcare Organisations.

Authorship:

HCAI AMR National Clinical Programme:
Hand Hygiene Subcommittee with a CHO working group
Signed off for implementation by HCAI AMR National Taskforce



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Glossary of terms:

AMR	Antimicrobial Resistance
CHO	Community Healthcare Organisations
CIPCN	Community Infection Prevention Control Nurses
HCAIs	Healthcare Associated Infection
HCW	Healthcare workers
HH	Hand Hygiene



1: Introduction:

1.1 Aim of the Hand Hygiene “How to Guide” Programme:

To deliver a standardised Hand Hygiene (HH) training programme and resources for all health care workers (HCW) in Primary Care, Mental Health, Social Care and Health & Well Being divisions. The programme is evidence based and aims to comply with national and international Hand hygiene guidelines (SARI 2005; WHO, 2009 & 2012, and RCPI/ HPSC, 2015) 2015 reviewed Hand Hygiene Guidance

1.2 Background:

Hand Hygiene is recognised as the single most important measure in preventing the transmission of healthcare associated infections (HCAIs) particularly in health and social services (WHO, 2009 page 9). Compliance by HCWs with recommended hand hygiene frequencies and techniques has been reported as variable to suboptimal. One of the key objectives of the National HCAI Antimicrobial Resistance (AMR) Clinical Programme and Clinical Advisory Group (CAG) is to introduce initiatives that will reduce HCAI and AMR including improvements in hand hygiene. This has been supported by the following:

- The WHO 2009 Multimodal Hand Hygiene Strategy, The ‘My 5 moments of Hand Hygiene’ model
- In 2009 HIQA introduces Standards for Infection Prevention and Control (IPC). Standard 6. Is wholly dedicated to hand hygiene
- In 2010 the Irish National hand hygiene guidelines were developed and were updated in 2015
- By June 2011 Public acute hospitals were undertaking HSE National Hand Hygiene Observational Audits twice a year. With results being published to document the status of hand hygiene compliance within the Irish acute hospital sector
- The Introduction of WHO “Clean Hands Saves Lives” campaign 2012

1.3 Acute Hospitals

Over the last number of years there has been improved compliance by HCW reported. Please see a report from 2016 on the Health Protection Surveillance Centre website Period 10

A number of initiatives contributed to this:

- Introduction of mandatory hand hygiene education on induction and every 2 years
- Introduction of alcohol gels
- Observational audits
- Feedback and local promotion activities

1.4 CHOs

The standard achievable for hand hygiene compliance within CHO settings remains the same as to what is required within the acute care sector. However, hand hygiene training and the ability to ensure that all staff in CHOs receives hand hygiene training is significantly different. This has been attributed to by:

- Current deficits in the availability of IPC resources across the geographical spread.
- Lack of effective governance structures to implement and monitor training.
- Unlike the acute care sector, many of the services and facilities where healthcare and social care is delivered are more diverse and complex such as patient’s own homes, residential care settings and primary care/outpatient facilities.

Mandatory hand hygiene education of all healthcare workers was introduced by the HSE which has been supported by face to face training and an e-learning module. Although the HSE e-learning module is available to staff in CHOs, anecdotal reports suggest that there are limitations in staff gaining access to and completing the e-learning.



Face – to – face training is recognised as an effective option to support mandatory education of staff within the diverse healthcare settings previously described.

1.5 What is the “How to Guide” for Hand Hygiene in Non-Acute -Settings?

A suite of standardised educational hand hygiene materials have been developed to ensure consistency in the standard of education being delivered which includes:

- Supporting governance protocol to ensure appropriate corporate implementation of hand hygiene education throughout non acute settings nationally
- Contractual agreement
- Standardised materials for a **‘Train the Trainer’** education day for delivery by IPCNs to nominated trainers who are supported by the CHO and the lead of their facility or service
- Standardised **‘Train the healthcare worker’** presentation to be delivered by power point or manually by the hand hygiene trainer to HCWs in their workplace. The presentation will include training and education materials on:
 - Importance of Hand Hygiene
 - How and when to perform hand hygiene using the 5 moments for Hand Hygiene (WHO 2009 and 2012)
 - Hand washing – preparation, products, indications, glove use and technique
 - Use of alcohol based hand rubs (ABHRs) – preparation, products, indications and technique
 - Hand washing – preparation, products, indications, glove use and technique
 - Skin care
- A checklist of the essential hand hygiene requirements in the health care setting
- Knowledge questionnaires

1.6 What is a “Train the trainer” Hand Hygiene programme?

It is a quality improvement initiative developed in conjunction with a sub -committee of the HCAI AMR Clinical Programme and a representative group of CIPCNs. A train the trainer approach with a how to guide has been developed to bridge the gap in education of hand hygiene in non -acute settings.

This approach was adopted based on the success of two programmes which were developed independently in Cork/ Kerry and Donegal by local IPCNs and with support from their local Centre for Nursing and Midwifery Education Centres (CNMEs).

Governance has been identified as a key factor in supporting the train the trainer approach. Appropriate governance will ensure that all healthcare workers receive mandatory hand hygiene training, particularly in areas where e-learning modules are not widely accessible.



2. Governance and Implementation of Hand Hygiene Training Programme in CHOs:

2.1 Who will deliver the Hand Hygiene training programme to the trainers?

Following implementation of the governance protocol for hand hygiene across each CHO, the CIPCNs in each CHO will undertake delivery and co-ordination of the hand hygiene 'Train the trainer' programme. This CIPCN will have an acute awareness and understanding of the complexities of non-acute health and social care settings.

2.2 Who will the programmes be available to?

Hand Hygiene 'Train the Trainer'

To become a trainer for Hand hygiene in the non acute setting the following is the eligibility criteria:

- Worked as a HCW for approx 3 years
- Experience in providing formal/informal education or influence in making healthcare improvement
- Nominated with agreed support from service/facility manager
- Some prerequisites include:
 - Interested in educating peers in hand hygiene and becoming a champion in the workplace
 - Complete HSE and E-learning module on hand hygiene
 - Complete HSE and E-learning module on Standard Precautions, "Breaking the Chain of Infection"
 - Complete the 'Train the Trainer' education programme delivered by the IPCN

Hand Hygiene 'Train the Health care worker':

- Trainers who have undertaken the steps above will deliver hand hygiene training to HCWs in their healthcare facility/ area of service who are required to undertake mandatory hand hygiene education on induction and every two years

2.3 Roles and Responsibilities:

2.3.1 HCAI AMR Clinical Programme

- Development and updating of 'hand hygiene How to guide' in association with a subgroup of IPCNs working across CHOs
- Support and advisory role to HCAI AMR taskforce on content and implementation across CHOs
- Advisory role to CHO HCAI AMR committees on monitoring measures for hand hygiene
- Editorial responsibility to review and update content of the How to guide at least every 2 years or more often as emerging evidence requires.
- Promote awareness of the How to Guide

2.3.2 Responsibility of National HCAI/ AMR Task force

It is the responsibility of the National HCAI/ AMR Task force to;

- Ratify the train the trainer governance protocol and toolkit as one that can be used by all IPCNs working in primary and community care within CHOs
- Ensure that within all CHOs, responsibility for oversight of this initiative will be supported from executive level as a priority national quality improvement for HCAI and AMR
- Monitor progress with mandatory hand hygiene training in CHO areas e.g.
 - Number of Trainers trained at CHO level
 - Number of HCWs who have received hand hygiene training



2.3.3 Responsibility of Chief Officers

It is the responsibility of each Chief Officer to;

- Ensure that a HCAI/ AMR committee is in place with an identified co-ordinator who will oversee that each health care facility/service within their area will provide a nominated HCW to undertake a train the trainer programme in hand hygiene:
- Have in place within each CHO, records of nominated trainers for each facility/service. The list will include the name(s) of the CIPCNs where present in a CHO area
- Ensure that each facility/service make provision to release staff for training as Trainers, and facilitate release of all staff to attend training, when required.
- Ensure that CIPCNs are available within the CHO to deliver the train the trainer programme. In the absence of a CIPCN this may involve sourcing a locum IPCN service where IPCN resources are not currently available within the CHO
- Ensure that there is a robust system in place whereby the training records of each trained 'hand hygiene trainer' can be recorded and kept up-to-date on whatever systems are required within each CHO Area, such as PPARRs, service manager staff databases, facility training data bases, the trainers log etc. Administrative support is a necessary component of the process. It is vital to ensure that the Lead CIPCN and the local group of hand hygiene trainers have access to administrative support which will record hand hygiene training as per each CHO areas requirements
- Agree local hand hygiene monitoring measures appropriate to the service/facility in conjunction with CIPCN advice.

2.3.4 Infection Prevention Control Nurse:

2.3.5 It is the responsibility of the CIPCN to;

- Provide the 'Train the Trainer' Hand Hygiene programme to the nominated trainers from facilities/services within their remit in CHO areas. This may be supported in conjunction with Centres of Nursing/ Midwifery Education (CNE/ CNMEs) Review 'Train the trainer' delivery checklist in advance of the programme being delivered
- Provide hand hygiene support locally on request where possible
- Support hand hygiene Trainers by:
 - Providing up- to- date information on products and facilities etc
 - Providing resources and support to promote HCWs undertaking self evaluation/self appraisal of hand hygiene technique (Section 5) along with other tools e.g hand hygiene inspection cabinet

2.3.6 Health Care Facility Manager/ Head of Service

It is the responsibility of the Health Care Facility Manager/Head of Service to;

- To recruit a HCW to undertake the train the trainer programme and complete contractual agreement (Section 3)
- To provide protected time for a nominated trainer from their facility to undertake the train the trainer programme provided by the CIPCN, prepare and deliver training to all healthcare workers
- To notify all staff of the role of the trainer
- To ensure all HCWs are released to attend the training
- To ensure that all new HCWs receive hand hygiene education by informing the trainer when new employees are due to commence duty
- To ensure availability of training resources including laptop projector where relevant and access to a hand hygiene inspection cabinet
- To facilitate administration of the hand hygiene training programme
 - Administration of programme includes record keeping for those who have received training, and issuing reminders to HCWs when hand hygiene education is required. This is currently 2 years These records are currently required during HIQA unannounced inspections of acute hospitals against IPC standards which are intended to commence in the non- acute healthcare settings



- To address non-compliance in line with national Hand Hygiene Guidelines. Local arrangements should be in place and the following are a guide:
 - Highlight the noncompliance with hand hygiene when observed
 - Initial response at local level – ward or unit
 - Arrange education and reassessment to be carried out
 - Further action required – e.g. report to senior management
 - These non-compliance issues include:
- Ensures compliance with ‘The 5 moments of Hand Hygiene’ as it applies in the individual health and social care setting:
 - Ensuring that no wrist or hand jewellery or are worn in clinical settings with the exception of a plain band ring
 - Long nails, nail varnish or artificial nails
 - Ensure compliance with “bare below the elbow/baring wrists” during all clinical and personal care activities (e.g. Short sleeved tops or rolled up sleeves prior to commencing suce care activities))

2.3.7 Hand Hygiene Trainer:

It is the responsibility of the Hand Hygiene trainer to:

- To undertake the ‘Train the Trainer’ hand hygiene programme
- To deliver the hand hygiene training to HCW in their service area/healthcare facility (using standardised materials section 6)
- To attend a hand hygiene update every 4 yrs and relevant training as required
- To promote and be a champion in their service area/healthcare facility e.g. feedback using the hand hygiene environmental checklist (Section 4)
- Provide information to patients, residents, families and carers about the need for hand hygiene and how to keep their hands clean

Note: This role should be supported with approved professional development enhancements such as ‘Nursing and Midwifery Board of Ireland (NMBI/ An Bord Altranais) approved credits or Continuing Education Units (CEUs) points.

2.3.8 Healthcare worker:

It is the responsibility of each HCW to:

- Complete mandatory hand hygiene education on induction and every 2 years thereafter, either face-to-face or online
- Comply with, act as a role model and promote with hand hygiene best practice at all times
- Provide information to patients, residents, families and carers about the need for hand hygiene and how to keep their hands clean

Note: The ‘How to guide for hand hygiene’ in CHO settings has been developed to support CHOs in providing mandatory hand hygiene education for HCWs. It is recognised that there are currently a small number of areas within particular geographic locations of CHOs where successful sustained ‘hand hygiene Train-the-Trainer programme’ or equivalent is already in place and delivered by the IPCN service. In these circumstances there should be no obligation for existing programmes to be replaced at the discretion of the IPCN.

References

1. Health Information and Quality Authority. National Standards for the Prevention and Control of Healthcare Associated Infections. Dublin: Health Information and Quality Authority; 2009
2. World Health Organization. A Guide to the Implementation of the WHO Multimodal Hand Hygiene Improvement Strategy. Revised August 2009.
3. Guidelines for Hand Hygiene in Irish Healthcare Settings <https://www.hpsc.ie/InfectionControlandHAI/Guidelines>



3: Hand Hygiene Trainer Contractual Agreement

Head of Service/Head of Facility and nominated Hand Hygiene Trainer to complete in advance of Hand Hygiene Trainer the Trainer Training Day

CHO Area Number

Mental Health

Social Care Service

Primary care Service

Name and Location of Service/ Facility

Name and Designation of Person in Charge of Service/Facility:

Head of Service/Facility

I have read and understand the requirements in the Hand Hygiene Governance Protocol. I have discussed and agreed the outlined supports required with the healthcare worker nominated within the facility to undertake the Train the Trainer role

Name of Healthcare worker Undertaking Hand Hygiene Trainer Programme:

I agree that becoming a Hand Hygiene Trainer :

I will commit to attending the training on _____ In advance of attending the training I will :

- *Have read and understood the Hand Hygiene Train The Trainer requirements outlined in the Governance Protocol*
- *Have undertaken Hand Hygiene and Breaking the Chain of Infection training on HSELand.*
- *Attend a Refresher Training Programme where required.*

Date:

Signed:

Participant

Head of Service/Head of Facility



4: Getting Started Checklist

Tips for IPCNs in getting started with implementing Hand Hygiene Train The Trainer Programme

Based on feedback and experience of 4 Train the Trainer Programme Pilots in CHO areas

1. Identify support through the HCAI Committee from CHO Management, Head of Service /Facility and CNME to run the training programme.
2. Communicate to the community and primary care service availability of training programme date, time and venue with attachment of governance protocol and contractual agreement for completion.
3. Having a pre meeting/teleconference with key people involved is beneficial in planning the training .
4. Identify a suitable training facility for number of trainers (suggest 12 per one IPCN and maximum of 20 where 2 IPCNs are running the programme) with provision of adjacent hand wash facilities and hand hygiene inspection cabinets
5. Prepare PowerPoint slides, Knowledge assessment forms, Governance protocol, Environmental audit tool, evaluation forms and any other documents you wish to use for trainer packs on the day.
6. Presentation folders for Trainers to use following completion of training may be located through HCAI AMR Programme as available.
7. Organise the use of 2 hand hygiene inspection cabinets (if possible)for the training
8. Arrange NMBI credits with the support of the CNME locally (The HCAI AMR Programme are currently looking at the feasibility of getting these credits processed nationally)
9. It is important that evaluations are completed by everyone following the training. Forward the feedback evaluations for summarising electronically to mary.mckenna@hse.ie

For any queries you may have in relation to the previous experiences of IPCNs who have tested the Train the Trainer programme, the following contacts may be useful

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5: HCAI&AMR National Hand Hygiene Training Programme for Community and Primary Care Settings

Hand Hygiene Train The Trainer Programme Agenda

8.45-9.00	Registration
9-9.15	MCQ
9.15-9.45	Overview of Train the Trainer role
9.45-10.15	When do we clean our hands?
10.20- 10.40	Break
10.40-11.20	Getting to grips with the 5 moments for hand hygiene
11.20-12.00	Practical Workshop : indications for hand hygiene
12-12.45	Demonstration of hand hygiene technique and self assessment
12.45-1.30	Lunch
1.30-2.30	Glove use and challenges in hand hygiene
2.30-3.30	Train the trainer presentation explained
3.30-4.00	Review of next steps as the Hand Hygiene Trainer and Hand Hygiene Environmental checklist
4.00-4.15	Completion of MCQ part 2
4.15-4.30	Evaluation of the Train the Trainer Programme



6: Hand Hygiene Knowledge Assessment

National Quality Improvement Initiative Hand Hygiene (HH)
Knowledge assessment:

Part One:

To be completed by participants prior to receiving training:

All questions are applicable:

- | | |
|---|-------|
| 1. Artificial nails, nail polish or long nails can be worn at work | T / F |
| 2. When carrying out hand hygiene it is acceptable to wear one flat ring | T / F |
| 3. Rings with stones and long sleeved tops can be worn when providing care | T / F |
| 4. Any cut or graze on hands should be covered with a waterproof dressing | T / F |
| 5. Nailbrushes should be routinely used for handwashing | T / F |
| 6. Alcohol hand rub should only be used on visibly clean hands | T / F |
| 7. After using an alcohol hand rub hands must be allowed to dry completely | T / F |
| 8. Alcohol hand rub alone is sufficient to clean hands after caring for a patient who has diarrhoea | T / F |
| 9. Gloves should be worn for all care activities | |
| 10. Gloves must always be worn when in contact with body fluids | T / F |
| 11. Gloves should be worn when handling used bed linen | T / F |
| 12. Hand hygiene must always be carried out after removing disposable gloves | T / F |
| 13. Antiseptic hand hygiene is achieved using alcohol hand rub on visibly clean hands for duration of 30 secs | T / F |
| 14. Antiseptic hand hygiene is required before invasive procedures of aseptic technique | T / F |

List the five moments/indications for performing hand hygiene:

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____

Thank you for completion



Part Two:

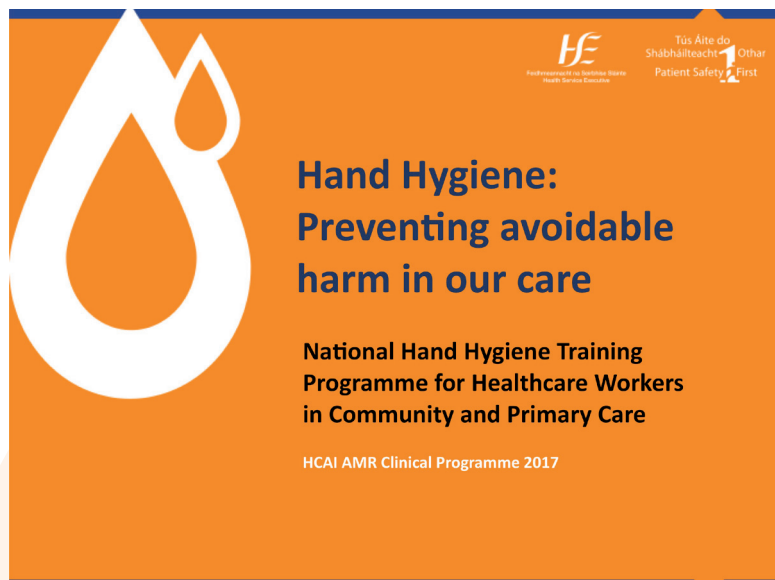
To be completed by participants when training has been completed:

All questions are applicable and more than one answer may apply in some questions

Question	Answer
<p>1. Which of the following is moment 2 of 5 moments of hand hygiene?</p> <ul style="list-style-type: none"> a. After body fluid exposure b. After touching a patient's surroundings c. Before touching a patient d. Before a clean/aseptic procedure 	
<p>2. In which of the following situations is the use of alcohol hand rub most appropriate?</p> <ul style="list-style-type: none"> a. Before a clean/aseptic procedure b. When hands are visibly soiled with body fluid c. After caring for a patient with known or suspected <i>Clostridium Difficile</i> d. When hands are visibly soiled with dust 	
<p>3. Why is hand hygiene recommended before touching a patient (Moment 1)?</p> <ul style="list-style-type: none"> a. To protect the healthcare worker from the patient's microbial flora b. To protect the patient from micro-organisms present on the healthcare workers hands c. To prevent contamination of environment from the patient's microbial flora d. To prevent contamination of equipment and surfaces 	
<p>4. In which of the following situations should hand hygiene always be performed?</p> <ul style="list-style-type: none"> a. before a clean/aseptic procedure b. After removing gloves c. Before answering the phone d. after touching a patient surroundings 	
<p>5. Healthcare associated infections (HAIs) refers to:</p> <ul style="list-style-type: none"> a. Infection acquired after receiving care in primary and community care settings b. Infection acquired in a restaurant c. Infection acquired after receiving healthcare in an acute setting d. Infection acquired by healthcare 	
<p>6. Hand hygiene refers to:</p> <ul style="list-style-type: none"> a. Hand washing b. Cleaning hands c. Shaking hands d. Hand decontamination 	
<p>7. Which of the following helps to protect your skin?</p> <ul style="list-style-type: none"> a. Drying your hands thoroughly after hand washing b. Always wearing gloves when touching a patient c. Use an alcohol hand rub with added emollient d. Regularly using a hand moisturiser approved for use in healthcare settings 	
<p>8. Which of the following is moment 5 of the 5 moments of hand hygiene?</p> <ul style="list-style-type: none"> a. After body fluid exposure risk b. After touching a patient's surroundings c. Before touching a patient d. Before a clean/Aseptic procedure 	
<p>9. Which of the following should you undertake if your hands are visibly soiled?</p> <ul style="list-style-type: none"> a. Put on gloves b. Undertake hand hygiene using alcohol hand rub c. Use a paper towel to wipe your hands d. Undertake hand hygiene using liquid soap and water 	
<p>10. Which of the following is not used for hand hygiene in healthcare settings?</p> <ul style="list-style-type: none"> a. Alcohol hand rub b. Liquid soap c. Bleach d. Antiseptic soap 	



7: List of Training Presentations



Presentation 1
Healthcare worker training presentation



Presentation 2
Train the trainer



8: Programme Evaluation

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Comments
Topics and content were well organised and interesting						
Format including activities and presentation style was appropriate to the needs of the group						
Participant questions and concerns were addressed, the responses provided for further learning						
I can relate the concepts to my role and apply what I have learned as hand a hygiene trainer						
The content was well administered						
Overall I am very satisfied with the Hand Hygiene train the Trainer Programme						

What worked well with the Hand Hygiene Train the Trainer Programme?

How could future training could be improved?

How do you propose to deliver Train the Healthcare worker training?

Powerpoint with computer/laptop

Using a Flip Chart with presentation

Additional Comments or information



10: Hand Hygiene Facility Checklist

Hand Hygiene Facility Checklist			
CHO Area No.	Name of Healthcare Facility/Service:	Completed by:	
Date	Results reported to :		
	Question	Answer Y/N	Comment
1	HCWs have received training in hand hygiene procedures within the last 2 years. (Ask HCWs on duty / check training records)		
2	HCWs nails are short and clean and free from nail polish (including gel nails//enhancements)		
3	No wrist watches, stoned rings or other wrist jewellery are worn on duty by HCWs on duty (A single plain band ring only)		
4	HCWs are observed to have bare wrists when delivering care (e.g. Short sleeved top or rolled up sleeves)		
5	Dedicated clinical hand wash sink with hot water, soap and paper towel is available where care is provided with unobstructed access		
6	Alcohol handrub is available for use at the point of care e.g. wall mounted/ bottles and are accessible when providing care		
7	Posters demonstrating technique are prominently displayed		
8	Pump operated or wall mounted hand lotions / cream is available and in date for staff and they are aware of the location		







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