



Hand Hygiene Observation Training Toolkit



Reducing Healthcare Associated Infections (HAIs)

atom Alliance is a multi-state alliance for powerful change composed of three nonprofit, healthcare quality improvement consulting companies—AQAF (Alabama), IQH (Mississippi) and Qsource (Indiana, Kentucky, Tennessee).

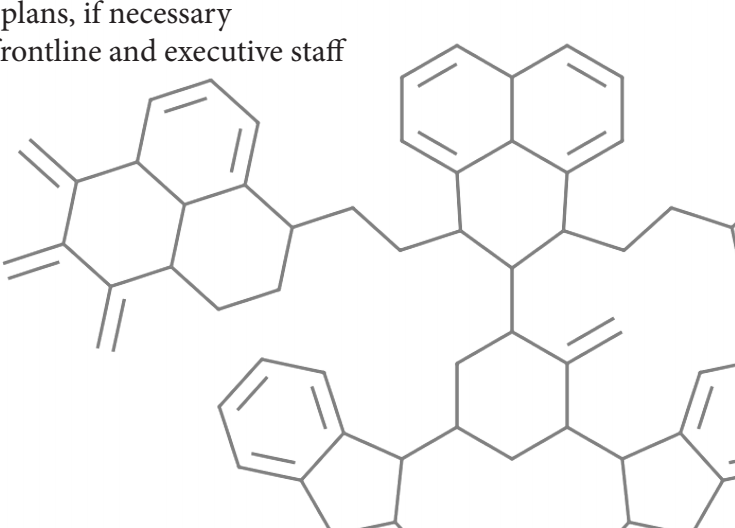
As the Quality Innovation Network-Quality Improvement Organization (QIN-QIO), we are change agents focused on three aims: better patient care, better population health and lower health care costs through improvement.

We work with hospitals to prevent the occurrence of HAIs, including Central Line-Associated Bloodstream Infection (CLABSI), Catheter-Associated Urinary Tract Infection (CAUTI), Clostridium difficile Infection (CDI) and Ventilator-Associated Event Infection (VAE), using evidence-based HAI prevention strategies.

How the QIN-QIO Will Help

- Provide Hand Hygiene (HH) toolkit and initial training for the trainers and observers for the designated project unit
- Prepare the baseline evaluation data
- Disseminate the results among key initiative players in the HH improvement program
- Determine how to present and use the results to further the project goals
- Evaluate HH rates in the designated project unit

Your Specific Actions

- Distribute assessment materials and baseline data and provide practical training at educational sessions
 - Provide strategic support for performing HH and lead by example
 - Conduct regular meetings of the team/committee to monitor progress, overcome potential obstacles, and adjust plans, if necessary
 - Ensure regular, critical data feedback to frontline and executive staff
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Hand Hygiene (HH) Observation Steps

Key Steps

Observe healthcare provider (HCP) workflow and focus on activities.

Select one HCP to observe.

Position for good visualization.

Observe activity being performed.

Determine if HH was performed appropriately based on activity being performed.

Document results on observation form.

Address HH compliance or non-compliance for transparent observation only.

Forward completed observation form to designated person/place.

Points of Clarification

Observations should be transparent.

Observations should be made during patient interactions. Each patient encounter, which may include multiple opportunities to perform HH, equals one HH observation.

“Bundle” all or none. Five Moments for HH World Health Organization (WHO)

Each patient encounter = 1 HH observation

Minimize disruption of HCP workflow. May be necessary to accompany HCP into patient room. (See Observer Scripting)

All or none. If visual contact of encounter is broken, observation is not counted.

HH Guidelines will be followed. Performance of HH must be observed. HCP rubbing hands together alone is not appropriate HH. (See HH: Why, How & When)

Have form available and document immediately after observation to ensure accuracy. Complete all information.

Appropriate HH:

- Good Job — Give praise, reinforce good work

Inappropriate HH:

- Need Some Help — Clarify non-compliance. Distribute reminder card, if applicable. (See Observer Scripting)

Recommendation: Turn in five observations weekly to data entry staff (designated person/place) for a total of 20 observations per month.

Observation

Each patient encounter may include multiple HH opportunities with a caregiver, but only count as 1 HH observation.

Key Points

- Correct HH includes washing hands with soap and water or using alcohol-based hand sanitizers (preferred if hands not visibly soiled).
- HH should be performed before and after any and all direct patient contact, even when gloves are used.
- Direct patient contact includes examination of patient, specimen collection and all procedures.
- HH should be performed before and after contact with the patient's immediate environment or medical equipment.
- HH should be performed before and after eating, using the restroom and after sneezing or coughing.

Examples of HH Observations

- Before or after physical contact with patient (e.g., taking blood pressure (BP))
- Before performing invasive procedures
- Before or after handling patient care devices or equipment
- Before or after collecting specimens
- Before preparing or serving food
- Before administering medications
- After contact with blood, body fluids or excretions, mucous membranes, non-intact skin or wound dressings
- Before and after performing any personal body function such as eating, smoking, blowing/wiping nose, using toilet or combing hair
- Before donning and after removing gloves



Observer Scripting

Each patient encounter may include multiple HH opportunities with a caregiver, but only counts as 1 HH observation.

Remember the following when approaching a co-worker or physician.

- Pay attention to your voice tone and body language. Speak in a calm, matter-of-fact manner.
- Assert interventions in a firm and respectful manner.
- Be polite and professional.
- We are trying to set an example and promote a healthy and safe environment. People are more likely to be compliant if they are approached in a compassionate manner.
- Our goal is complete compliance, not confrontation.

Positive Reinforcement Script

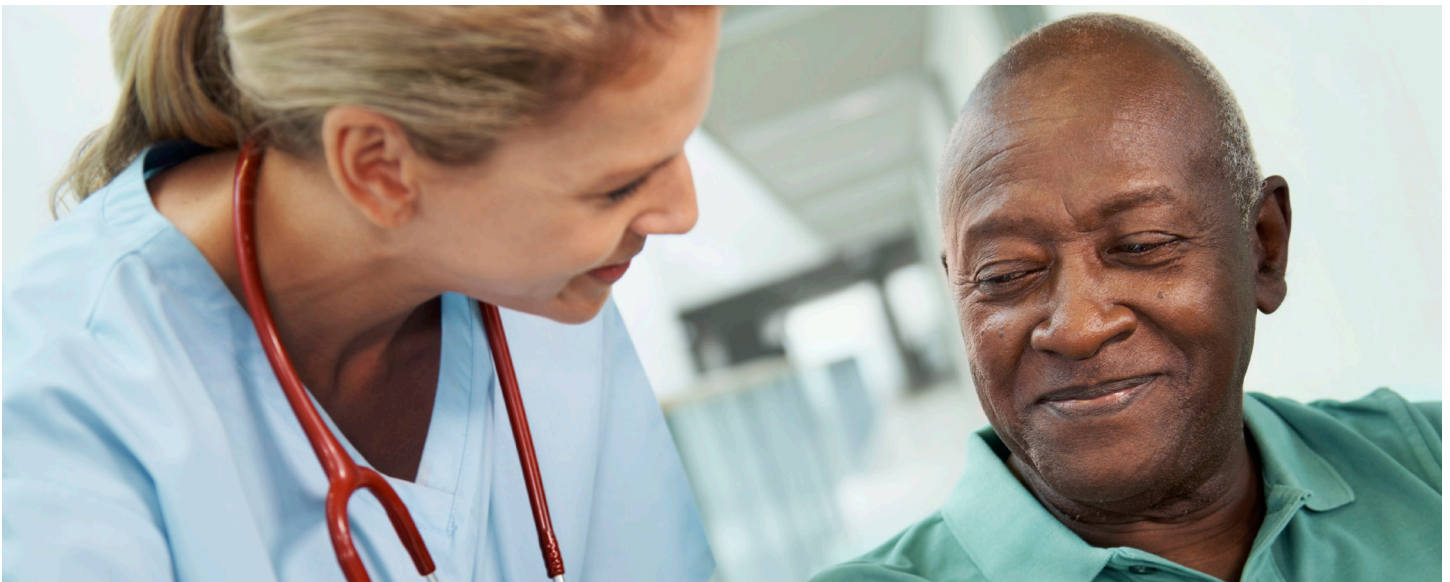
“Hi – I noticed you performed hand hygiene appropriately before/after your patient interaction. (clarify observation) Thank you for keeping our patients safe with your clean hands.”

Healthcare Provider in Front of Patient Script

Introduce yourself and your role/job (include patient). “Hi – My name is _____ and I’m a Clinical Director/Infection Preventionist/ICU Nurse. Do you mind if I come in with your healthcare provider? I’m here to observe to ensure we are providing you with the safest possible care.” This is a great opportunity to talk to the patient and/or family member to provide HH education and let them know it’s OK to ask healthcare providers if they have cleaned their hands when they enter their room.

Observed Non-compliance Intervention Script

Introduce yourself and your role/job. “Hi. I noticed you did not perform hand hygiene appropriately before/after your patient interaction. (Clarify non-compliance observed.) We are trying to provide the safest patient care in the healthiest environment. Two million people a year acquire an infection during their stay in the hospital. That’s about one infection per 20 patients.”



Transparent Observations

First/Last Name of Staff/Physician Observed:

Unit/Floor/Dept. Name
(e.g., Radiology, Cath Lab, PACU, NICU, SDS, ED)

Please choose if positive reinforcement given or intervention performed.

☐ Intervention performed?

Student (type) _____

Hand Hygiene Observation Form

Secret Observations

Date _____ Time _____ Observer _____

Facility Name _____

Unit/Floor/Dept. Name _____
(e.g., Radiology, Cath Lab, PACU, NICU, SDS, ED)

Please choose whether hand hygiene was compliant OR non-compliant.

☐ Hand hygiene was observed to be compliant.

☐ Hand hygiene was observed to be non-compliant.

Please choose if positive reinforcement given or intervention performed.

☐ Positive reinforcement given.

☐ Intervention performed.

First/Last Name of Staff/Physician Observed: _____

Staff Type Observed (circle appropriate)

Nursing

RN

LPN

MA

CRNA

Nurse Practitioner

MD/MD Staff

Physician

Other

Case Manager

Chaplain

Clinical Psychologist

EVS (Environmental)

Food Services

Lab Tech

PCT

Pharmacy

Physical Therapy

Radiology Tech

Respiratory Care

Social Worker

Transport Staff

Student (type)

Other (list)

Data Entry Tool: Hand Hygiene Observations

Transparent Observations = healthcare workers were aware hand hygiene was being observed.

EXAMPLE

	Month	Jan.	Feb.	Mar.	Apr.	May	Jun.	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.	Total
Total # of Healthcare providers observed for Compliance (Numerator)	15													
Total # of Healthcare providers observed for NON-Compliance	5													
Total observations (Denominator)	20													
Compliance Percentage	75%													

Secret Observations = healthcare workers were not aware hand hygiene was being observed.

EXAMPLE

	Month	Jan.	Feb.	Mar.	Apr.	May	Jun.	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.	Total
Total # of Healthcare providers observed for Compliance (Numerator)	15													
Total # of Healthcare providers observed for NON-Compliance	5													
Total observations (Denominator)	20													
Compliance Percentage	75%													

Reinforcements = positive and negative feedback given relating to hand hygiene.

EXAMPLE

	Month	Jan.	Feb.	Mar.	Apr.	May	Jun.	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.	Total
Total # Positive Reinforcement Given	15													
Total # Negative Reinforcement Given	5													
Total Reinforcements Given	20													

Hand Hygiene (HH) Observation Competency Assessment Form

Name _____ Facility/Unit _____

Direction for Assessment:

Complete all required competency validations and document the method of validation, date of the assessment and initials of the trainer. All competencies listed will be validated by discussion (D) and by observation (O) of 1-2 patient caregiver interactions.

Competency Statement	Method of Validation	Date/Initials of Trainer
Performs HH observation and completes Observation Form appropriately.		
Makes HH observations and is able to identify HH compliance vs. non-compliance per guidelines.		
Uses observer scripting language to communicate with patients and healthcare providers (HCP) as applicable.		
Provides observation feedback to HCP as needed in a professional manner.		
Documents complete observation results on HH Observation Form.		
Verbalizes timeframes for and process of forwarding completed forms to Infection Prevention or other designated location.		

Initials _____ Name & Title of Validator _____

Initials _____ Name & Title of Validator _____

Original Form — Send to _____ **Copy** — Send to _____
(Designated person/location) (Designated person/location)

Hand Hygiene: Why, How and When?

The World Health Organization (WHO) offers the following guidelines for HH and patient safety.

Why?

Thousands of people die every day around the world from infections acquired while receiving health care. Hands are the main pathways of germ transmission during health care. Hand hygiene is therefore the most important measure to avoid the transmission of harmful germs and prevent healthcare-associated infections.

Who?

Any healthcare worker, caregiver or person involved in direct or indirect patient care needs to be concerned about hand hygiene and should be able to perform it correctly at the right time.

How?

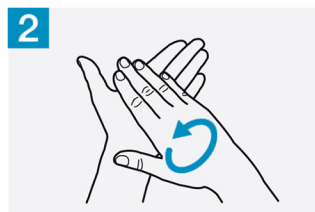
- Clean your hands by **rubbing them with alcohol-based formulation**, as the preferred mean for routine hygienic hand antisepsis if hands are not visibly soiled. It is faster, more effective and better tolerated by your hands than washing with soap and water.
- **Wash your hands with soap and water** when hands are visibly dirty or visibly soiled with blood or other body fluids or after using the toilet.
- If exposure to potential spore-forming pathogens are strongly suspected or proven, including outbreaks of *Clostridium difficile*, hand washing with soap and water is the preferred means.

How to Hand Rub

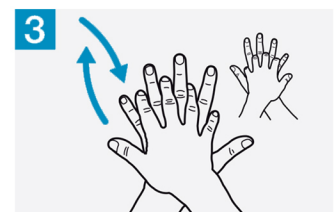
Rub hands for hand hygiene! Wash hands when visibly soiled.
Duration of the entire procedure: 20-30 seconds



1a Apply a palmful of the product in a cupped hand, covering all surfaces;



2 Rub hands palm to palm;



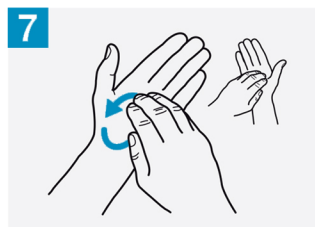
3 Right palm over left dorsum with interlaced fingers and vice versa;



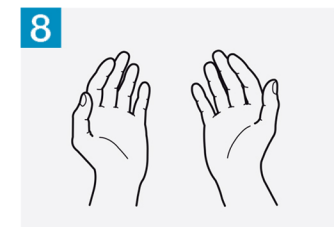
5 Backs of fingers to opposing palms with fingers interlocked;



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



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



8 Once dry, your hands are safe.

Hand Care

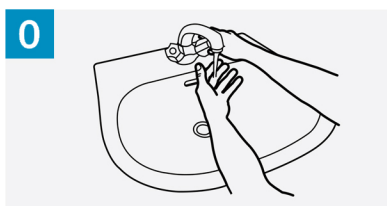
- Take care of your hands by regularly using a protective hand cream or lotion, at least daily.
- Do not routinely wash hands with soap and water immediately before or after using an alcohol-based handrub.
- Do not use hot water to rinse your hands.
- After handrubbing or handwashing, let your hands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

Please Remember

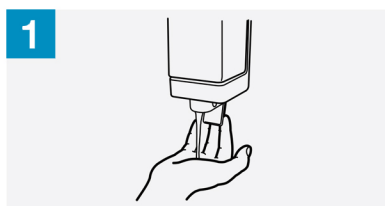
- Do not wear artificial fingernails or extenders when in direct contact with patients.
- Keep natural nails short.

How to Hand Wash

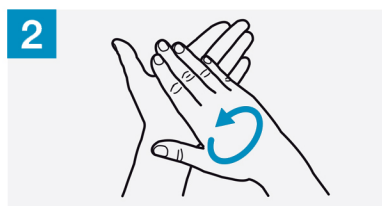
Wash hands when visibly soiled. Otherwise, use handrub.
Duration of the entire procedure: 40-60 seconds



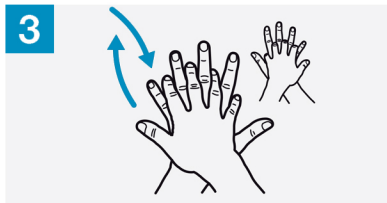
Wet hands with water;



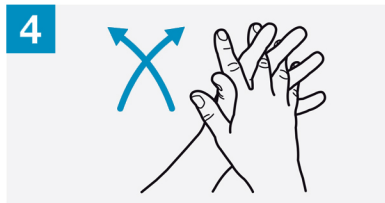
Apply enough soap to cover all hand surfaces;



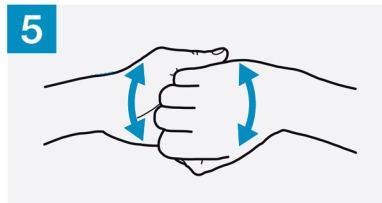
Rub hands palm to palm;



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



Palm to palm with fingers interlaced;



Backs of fingers to opposing palms with fingers interlocked;



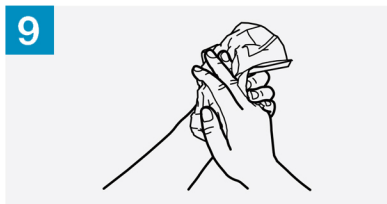
Rotational rubbing of left thumb clasped in right palm and vice versa;



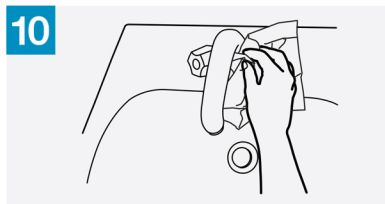
Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;



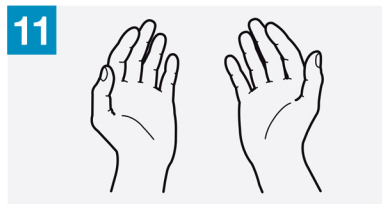
Rinse hands with water;



Dry hands thoroughly with a single use towel;



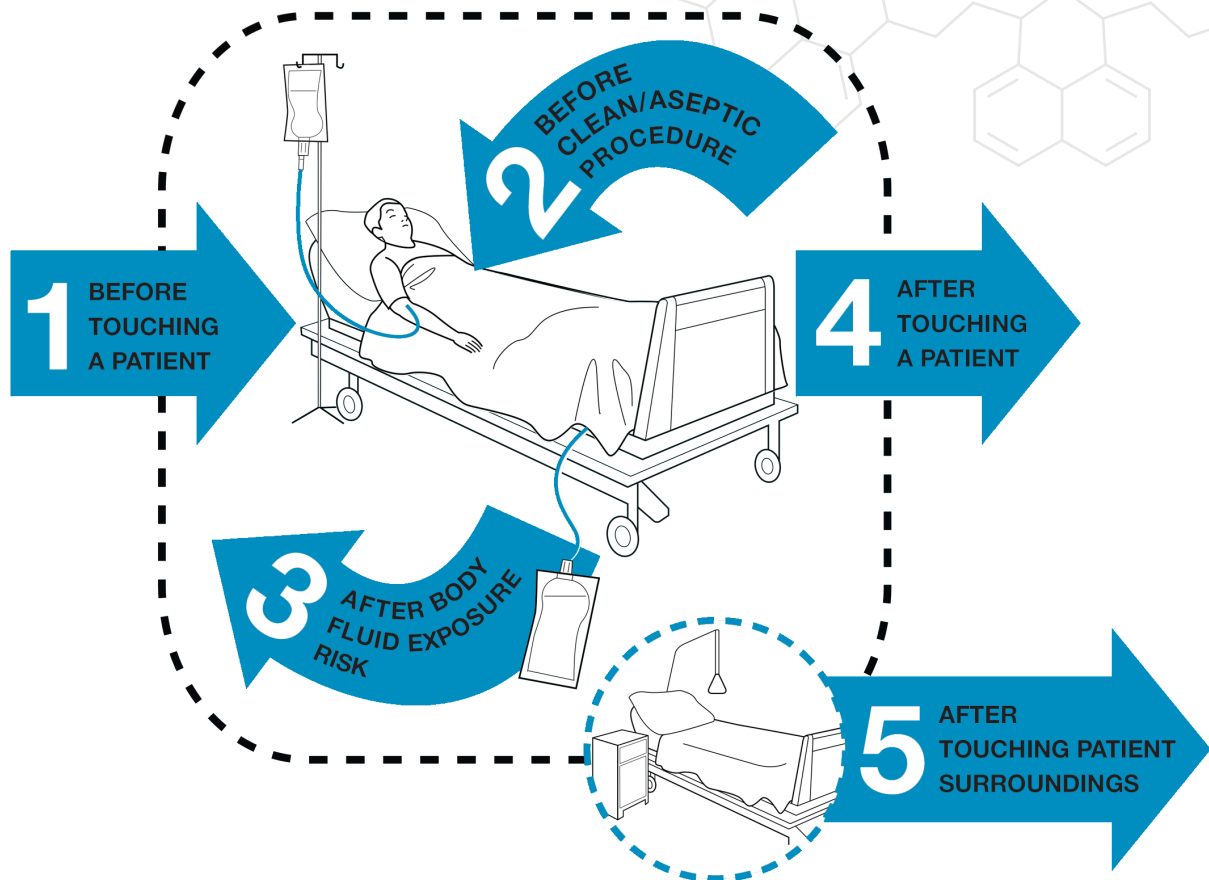
Use towel to turn off faucet;



Your hands are now safe.

Your 5 Moments For Hand Hygiene*

NOTE: Hand hygiene must be performed in all indications described regardless of whether gloves are used or not.



1	BEFORE TOUCHING A PATIENT	WHEN?	Clean your hands before touching a patient when approaching him/her.
		WHY?	To protect the patient 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 patient against harmful germs, including the patient'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 patient germs.
4	AFTER TOUCHING A PATIENT	WHEN?	Clean your hands after touching a patient and her/his immediate surroundings, when leaving the patient's side.
		WHY?	To protect yourself and the health-care environment from harmful patient germs.
5	AFTER TOUCHING PATIENT SURROUNDINGS	WHEN?	Clean your hands after touching any object or furniture in the patient's immediate surroundings, when leaving – even if the patient has not been touched.
		WHY?	To protect yourself and the health-care environment from harmful patient germs.

1 Before touching a patient

WHY? To protect the patient against colonization and, in some cases, against exogenous infection, by harmful germs carried on your hands

WHEN? Clean your hands before touching a patient when approaching him/her*

Situations when Moment 1 applies:

- a) Before shaking hands, before stroking a child's forehead
- b) Before assisting a patient in personal care activities: to move, to take a bath, to eat, to get dressed, etc
- c) Before delivering care and other non-invasive treatment: applying oxygen mask, giving a massage
- c) Before performing a physical non-invasive examination: taking pulse, blood pressure, chest auscultation, recording ECG

2 Before clean / aseptic procedure

WHY? To protect the patient against infection with harmful germs, including his/her own germs, entering his/her body

WHEN? Clean your hands immediately before accessing a critical site with infectious risk for the patient (e.g. a mucous membrane, non-intact skin, an invasive medical device)*

Situations when Moment 2 applies:

- a) Before brushing the patient's teeth, instilling eye drops, performing a digital vaginal or rectal examination, examining mouth, nose, ear with or without an instrument, inserting a suppository / pessary, suctioning mucous
- b) Before dressing a wound with or without instrument, applying ointment on vesicle, making a percutaneous injection / puncture
- c) Before inserting an invasive medical device (nasal cannula, nasogastric tube, endotracheal tube, urinary probe, percutaneous catheter, drainage), disrupting / opening any circuit of an invasive medical device (for food, medication, draining, suctioning, monitoring purposes)
- d) Before preparing food, medications, pharmaceutical products, sterile material

3 After body fluid exposure risk

WHY? To protect you from colonization or infection with patient's harmful germs and to protect the health-care environment from germ spread

WHEN? Clean your hands as soon as the task involving an exposure risk to body fluids has ended (and after glove removal)*

Situations when Moment 3 applies:

- a) When the contact with a mucous membrane and with non-intact skin ends
- b) After a percutaneous injection or puncture; after inserting an invasive medical device (vascular access, catheter, tube, drain, etc); after disrupting and opening an invasive circuit
- c) After removing an invasive medical device
- d) After removing any form of material offering protection (napkin, dressing, gauze, sanitary towel, etc)
- e) After handling a sample containing organic matter, after clearing excreta and any other body fluid, after cleaning any contaminated surface and soiled material (soiled bed linen, dentures, instruments, urinal, bedpan, lavatories, etc)

4 After touching a patient

WHY? To protect you from colonization with patient germs and to protect the health-care environment from germ spread

WHEN? Clean your hands when leaving the patient's side, after having touched the patient *

Situations when Moment 4 applies, if they correspond to the last contact with the patient before leaving him / her:

- a) After shaking hands, stroking a child's forehead
- b) After you have assisted the patient in personal care activities: to move, to bath, to eat, to dress, etc
- c) After delivering care and other non-invasive treatment: changing bed linen as the patient is in, applying oxygen mask, giving a massage
- d) After performing a physical non-invasive examination: taking pulse, blood pressure, chest auscultation, recording ECG

5 After touching patient surroundings

WHY? To protect you from colonization with patient germs that may be present on surfaces / objects in patient surroundings and to protect the health-care environment against germ spread

WHEN? Clean your hands after touching any object or furniture when living the patient surroundings, without having touched the patient*

This Moment 5 applies in the following situations if they correspond to the last contact with the patient surroundings, without having touched the patient:

- a) After an activity involving physical contact with the patients immediate environment: changing bed linen with the patient out of the bed, holding a bed trail, clearing a bedside table
- b) After a care activity: adjusting perfusion speed, clearing a monitoring alarm
- c) After other contacts with surfaces or inanimate objects (note – ideally try to avoid these unnecessary activities): leaning against a bed, leaning against a night table / bedside table

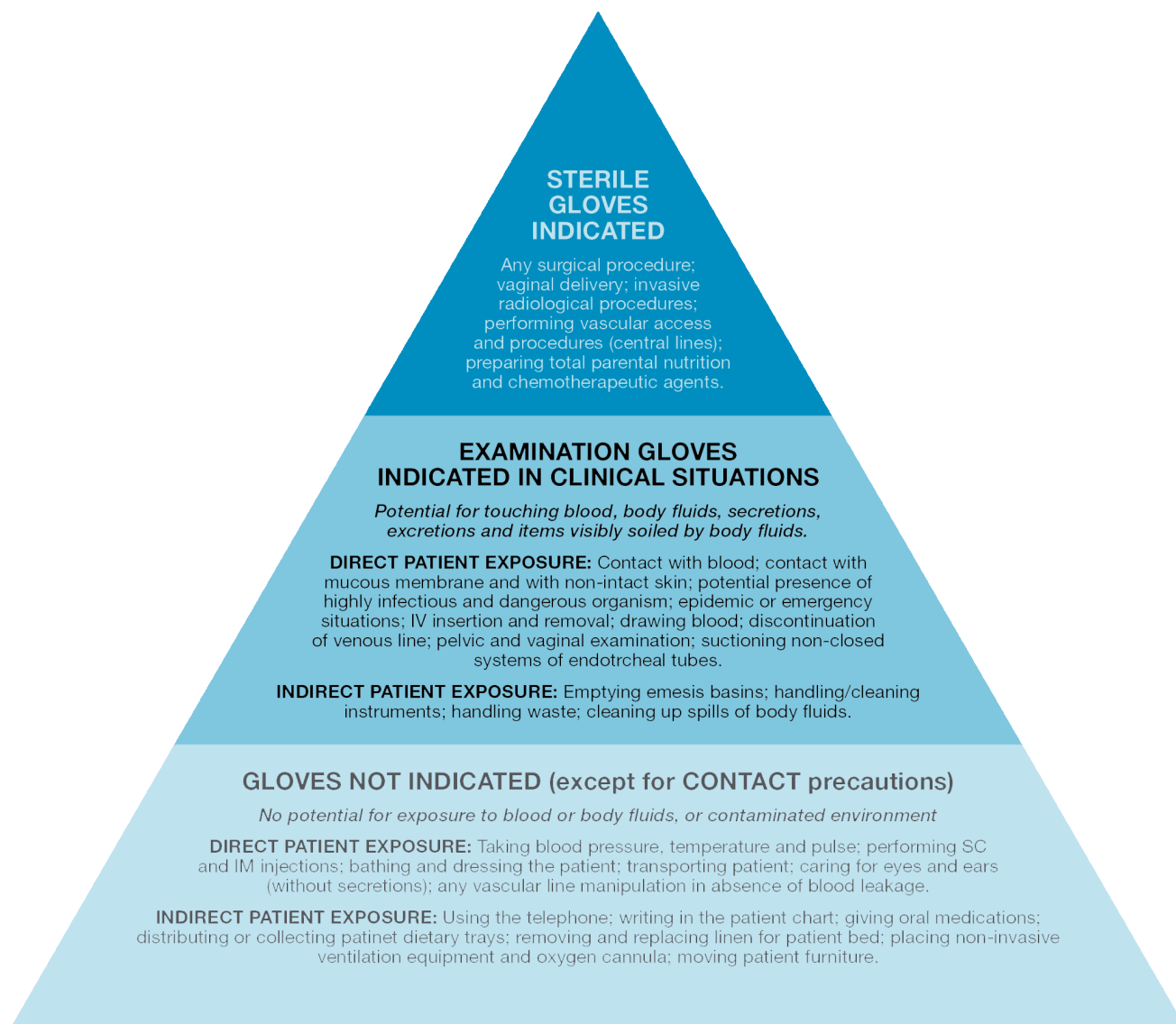
***NOTE:** Hand hygiene must be performed in all indications described regardless of whether gloves are used or not.

Hand Hygiene and Medical Glove Use

- The use of gloves does not replace the need for cleaning your hands.
- Hand hygiene must be performed when appropriate regardless of the indications for glove use.
- Remove gloves to perform hand hygiene, when an indication occurs while wearing gloves.
- Discard gloves after each task and clean your hands; gloves may carry germs.
- Wear gloves only when indicated according to Standard and Contact Precautions (see The Glove Pyramid below) - otherwise they become a major risk for germ transmission.

The Glove Pyramid: Aid for decision making

Gloves must be worn according to **STANDARD** and **CONTACT PRECAUTIONS**. The pyramid details some clinical examples in which gloves are not indicated, and others in which clean or sterile gloves are indicated. Hand hygiene should be performed when appropriate regardless of indications for glove use.



The 5 key components of the WHO Multimodal Hand Hygiene Improvement Strategy

- 1. System Change:** ensuring that the necessary infrastructure is in place to allow healthcare workers to practice HH. This includes two essential elements
 - access to safe, continuous water supply, as well as to soap and towels and
 - readily accessible alcohol-based handrub at the point of care.
- 2. Training/Education:** providing regular training on the importance of HH, based on the “My 5 Moments for Hand Hygiene” approach, and the correct procedures for handrubbing and handwashing, to all healthcare workers.
- 3. Evaluation and Feedback:** monitoring HH practices and infrastructure, along with related perceptions and knowledge among healthcare workers, while providing performance and results feedback to staff.
- 4. Reminders in the Workplace:** prompting and reminding healthcare workers about the importance of HH and about the appropriate indications and procedures for performing it.
- 5. Institutional Safety Climate:** creating an environment and the perceptions that facilitate awareness-rising about patient safety issues while guaranteeing consideration of HH improvement as a high priority at all levels, including:
 - active participation at both the institutional and individual levels;
 - awareness of individual and institutional capacity to change and improve (self-efficacy); and
 - partnership with patients and patient organizations.



Glossary

Alcohol-based formulation

An alcohol-containing preparation (liquid, gel or foam) designed for application to the hands for hygienic hand antisepsis.

Body fluids

Blood; excretions like urine, feces, vomit; meconium; lochia; secretions like saliva, tears, sperm, colostrum, milk, mucous secretions, wax, vernix; exudates and transudates like lymphatic, pleural fluid cerebrospinal fluid, ascites fluid, articular fluid, pus (except sweat); organic samples like tissues, cells, organ, bone marrow, placenta.

Clean/aseptic procedure

Any care activity that implies a direct or indirect contact with a mucous membrane, non-intact skin, an invasive medial device. During such a procedure no germs should be transmitted.

Critical site

Critical sites are associated with risk of infection. They either correspond to body sites or medical devices that have to be protected against harmful germs (called critical sites with risk of infection for the patient), or body sites or medical devices that potentially lead to hand exposure to body fluids and bloodborne pathogens (called critical sites with body fluid exposure risk).

Hand care

Actions to prevent skin irritation.

Hand hygiene

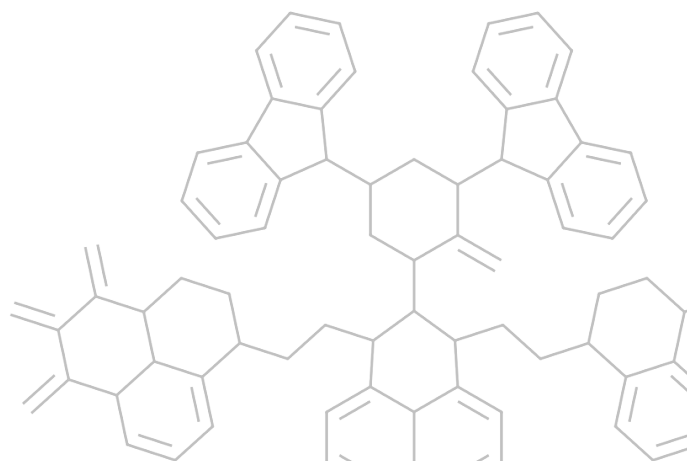
Any action of hygienic hand antisepsis in order to reduce transient microbial flora (generally performed either by handrubbing with an alcohol-based formulation or handwashing with plain or antimicrobial soap and water).

Indication for hand hygiene

Moment during healthcare when hand hygiene must be performed to prevent harmful germ transmission and/or infection.

Invasive medical device

Any medical device that enters the body either through a body opening or through a skin or mucous membrane breaking.



Developing a Peer-Enforced Hand Hygiene Culture, Infrastructure and Practices

The goal of the project is to provide tools to make it relatively simple for healthcare providers to develop a peer-enforced HH culture, infrastructure and practices. This includes creating a culture where reminding each other about HH and use of gloves is encouraged and makes compliance the social norm.

The key components of the strategy are to embed HH as an integral part of the culture in the healthcare facility and continue to evaluate and improve the reliability of HH. Baseline HH observations must occur prior to implementation.

Evaluation and Feedback

Compare baseline HH compliance along with related perceptions and knowledge among healthcare workers with baseline incidence/transmission MRSA rate for the project unit. A questionnaire can be distributed for baseline culture and knowledge assessment.

Training/Education

Implement the improvement program with onsite training on the importance of HH, based on the “My 5 Moments for Hand Hygiene” approach building the necessary knowledge and expertise to carry out activities related to the strategy.

Training for observers utilizes a “bundle” approach with competency checkoffs in the MRSA dedicated project unit. Training includes prompting and reminding healthcare workers about the importance of HH, the appropriate indications and procedures for performing HH using teamwork and transparency with interventions.

Procedures are shared for hand rubbing and hand washing with assessment of the availability of an alcohol-based hand rub at the point of patient care.

Reminders in the Workplace

Reminders in the workplace are key tools to prompt and remind healthcare workers about the importance of HH. They are also means of informing patients and their visitors of the standard of care that they should expect from their healthcare providers with respect to hand hygiene. Provide reminder signs for the project unit using their staff and physician champions. Visit www.washinghandsaveslives.org for materials.

Observation Form

To collect data on HH performance while observing healthcare providers during routine care. Observations should then be repeated regularly to monitor sustained improvement and to identify areas that need further interventions.





Safety Climate

Recommendations for creating an environment and facilitating awareness about patient safety issues with consideration of HH improvement as a high priority at all levels, including:

- Active participation at both the institutional and individual levels
- Awareness of individual and institutional capacity to change and improve HH culture
- Partnership with patients
 - Identify Hand Hygiene Coordinator for the designated unit.
 - Identify internal stakeholders, senior managers and key individuals.

Hand Hygiene Coordinator

Profile: A professional who should have an understanding of HH and infection control issues and ideally a broader experience on quality and safety; he/she should be well-respected and able to access high-level management staff within the facility.

Tasks: To propose a consistent action plan to implement the HH improvement strategy according to the World Health Organization Guidelines on Hand Hygiene in Health Care and in line with the current progress of HH promotion at the facility level; to discuss it with senior managers and to coordinate its implementation at all stages; to lead the training of trainers and observers.

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