APPENDIX

Hand Hygiene Observation Tool (Suggest one observation session by one observer)

Date of Observation	Time Observed

Person Observed	Opportunity Assessed	Adequacy of Hand	Break in Compliance if Observed
(RN, RT, NNP, MD, Surgeon, OT/PT,	A. Before patient care	Hygiene	1. Initial Scrub 2. Using Phone 3. Using
etc.)	B. During patient care	A. Adequate (10-15 sec)	beeper 4. Diaper change 5. Chart use
	C. After patient care	B. Inadequate (<10-15 sec)	6. Computer use 7. Scale use 8. One touch 9.
		C. Noncompliant (not done)	Use of supplies 10. Touch glasses 11. Touch face 12. Touch hair 13. Other
			lace 12. Touch half 13. Other

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The following audit tool is shared by Oakland Children's Hospital

Employee Category	w/ soap = > 10 sec.	w/ soap < 10 sec.	water only	waterless gel	did not wash	Comments
MD HO RN RT SW Rad. Lab. EVS Other			-			
MD HO RN RT SW Rad. Lab. EVS Other						
MD HO RN RT SW Rad. Lab. EVS Other						
MD HO RN RT SW Rad. Lab. EVS Other						
MD HO RN RT SW Rad. Lab. EVS Other						
MD HO RN RT SW Rad. Lab. EVS Other						
MD HO RN RT SW Rad. Lab. EVS Other						
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MD HO RN RT SW Rad. Lab. EVS Other						
MD HO RN RT SW Rad. Lab. EVS Other						
MD HO RN RT SW Rad. Lab. EVS Other						
MD HO RN RT SW Rad. Lab. EVS Other						
MD HO RN RT SW Rad. Lab. EVS Other						
MD HO RN RT SW Rad. Lab. EVS Other						

The following competency validation tool is shared from VON NICQ 2000 Nosocomial Infection Focus Group..

NICU Handwashing Competency Validation Tool

Name Employee #			_	
Department Title		Job		
After successful completion of this evaluation verbalize and demonstrate appropriate hands Intensive Care Nursery.	-		-	0
Skill		Learning Resources/ Methods Used	Date Done	Initials
Information Pamphlet and Test				
1. Reads Handwashing Guidelines Pamphlet and copamphlet with score of 100% correct.	empletes test in	1,2,A		
Handwashing Observations				
2. Performs at least 10 observations of staff in regar timeliness and adequacy of handwashing/ antisep the following situations:		A		
• Initial hand wash				
Handwashing before and after patient care				
• Handwashing after touching potentially				
contaminated objects	8			
Glo Germ Assessment				
Completes "Glo Germ " assessment of handwas adequacy.		A		
Evaluated by:		Initials Initials Initials		
Learning Resources LegendNumberHospital Standard or Policy1		Method Legend A. Testing		

B. Direct Observation

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Educational Pamphlet

POST TEST

- All of the following must do an initial wash before handling neonates for the first time
- a. Neonatologist
- b. NICU/Nursery Nurse
- c. Parents
- d. Residents
- e. Everyone
- 2. Each of the following is recommended by the new handwashing policy and procedure to decrease the nosocomial infections
- a. Gloves must be worn at all times
- b. Fingernails must be kept short and clean
- Jewelry on the fingers and arms is not allowed, except a simple wedding band
- d. Artificial nails are not allowed
- e. B.C.D
- f. All of the above
- 3. Utilizing an alcohol gel product
- a. replaces an initial wash
- b. doesn't require rubbing
- c. is to be used after an initial handwashing and to be used between infants
- d. None of the above

- 4. Washing hands in between patients is required? TRUE/FALSE
- 5. Parents visiting their infant, who have followed the initial handwashing, step out of the unit to speak to another family member and then reenter the unit do not have to wash their hands again before touching their infant again.

TRUE/FALSE

- 6. It is a Team Effort in managing the nosocomial infection in the NICU.

 TRUE/FALSE
- All hand care products used in the NICU will be supplied by the organization.

TRUE/FALSE

NAME	 	
SIGNATURE_		
_		

Take the above post test

TITLE

- Please write your name, title and sign
- Return the Post Test section to your Department Administrator
- All Post Test MUST to be submitted by_____

"CLEAN TOUCH"

HANDWASHING ANTISEPSIS

GUIDELINES

1999/2000

AN
EDUCATIONAL PAMPHLET
FOR STAFF

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3

FACTS

Skin is a major potential source of microbial contamination in the nurseries. The purpose of handwashing/antisepsis is to remove debris and transient microorganism from the hands, nails and forearms; and reduce the resident microbial count

POLICY

NURSERY nurses, physicians and others who will have direct and prolonged contact with an infant must complete an initial handwashing.

An Initial handwashing is a 10-15 second washing of hands, all sides of arm up to elbow and include the fingernails (and under nails if dirty).

After the initial handwashing, staff can utilize handwashing or an alcohol gel product in between touching infants.

HANDS

Hands, cuticles and forearms must be free of infections. Fingernails should be kept clean and short. Artificial nails are not allowed. Nail polish must be kept intact, no chips or cracks. No Jewelry will be worn on the fingers or arms (including watch) except a simple wedding band without stones. Jewelry will be pinned to uniform or placed in a secure place.

ALCOHOL GEL

Alcohol gel is a hand antiseptic, which contains 70 % alcohol. Washing hands with any alcohol gel products require no drying, when hands are dry wash is completed.

WHEN REQUIRED

- Each time, before and after handling neonate
- After touching objects or surfaces likely to be contaminated (e.g. hair, face, phone, equipment, charts, etc.)
- If hands are heavily contaminated or soiled handwashing may be needed.

Remember the principal action of handwashing is mechanical: vigorous rubbing produces friction, which removes dirt and transient microorganisms.

Table 8. Strategies for Successful Promotion of Hand Hygiene in Hospitals.

Strategy	Tool for Change*	Selected references
1. Education	E (M, S)	73, 254, 264, 284, 337
2. Routine observation and feedback	S (E, M)	73, 253, 264, 284, 337
3. Engineering control		
Make hand hygiene possible; easy;	S	73, 241, 284, 337
convenient		
Make alcohol-based handrub available	S	73
(at least in high-demand situations)	S	73, 243, 270
4. Patient education	S (M)	243, 338
5. Reminders in the workplace	S	73, 339
6. Administrative sanction/rewarding	S	12, 275
7. Change in hand hygiene agent	S (E)	11, 66, 70, 243, 270
8. Promote/facilitate skin care for HCW hands	S (E)	66, 73, 234, 235
9. Obtain active participation and individual and	E, M, S	73, 74, 275
institution level		
10. Improve institutional safety climate	S (M)	73, 74, 275
11. Enhance individual and institutional self-	S (E, M)	73, 74, 275
efficacy		
12. Avoid overcrowding, understaffing,	S	11, 73, 77, 256, 340
excessive workload		
13. Combine several of above strategies	E, M, S	73, 74, 254, 264, 275, 284

^{*}The dynamic of behavioral change is complex and involves a combination of education (E), motivation (M), and system change (S).

Only selected references have been listed; readers should refer to more extensive reviews for exhaustive reference list. ^{1, 8, 275, 281, 341}

Source: CDC/HICPAC. (2001) Draft Guideline for hand hygiene in healthcare settings. P. 1-56.

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Table 9. Elements of Healthcare Worker Educational and Motivational Programs

Rationale for hand hygiene, including:

- a. potential risks for transmission of microorganisms to patients
- b. potential risks of healthcare worker colonization or infection caused by organisms acquired from the patient
- c. morbidity, mortality, and costs associated with healthcare-acquired infections

Indications for hand hygiene, including those patient contacts for which potential contamination is not readily apparent to the healthcare worker, such as:

- a. contact with a patient's intact skin (e.g., taking a pulse or blood pressure, performing physical examinations, lifting the patient in bed) ^{25, 26, 45, 48, 51, 53}
- b. contact with environmental surfaces in the immediate vicinity of patients 46, 51, 53, 54
- c. following glove removal

Techniques for hand hygiene, including:

- a. amount of hand hygiene solution
- b. duration of hand hygiene solution
- c. selection of hand hygiene agents
 - 1. alcohol-based handrubs are the most efficacious agents for reducing the number of bacterial on the hands of personnel. Antiseptic soaps and detergents are the next most effective, and non-antimicrobial soaps are the least effective. 1, 158
 - 2. soap and water are recommended for visibly soiled hands
 - 3. waterless antiseptic agents are recommended for routine decontamination of hands for all clinical indications (except when hands are visibly soiled) and as one of the options for surgical hand hygiene.

Methods to maintain hand skin health:

- a. lotions and creams can prevent or minimize skin dryness and irritation due to irritant contact dermatitis
- b. acceptable lotions or creams to use
- c. recommended schedule for applying lotions or creams

Expectations of patient care managers/administrators as evidenced by:

- a. written statements regarding the value of, and support for, adherence to recommended hand hygiene practices
- b. role models demonstrating adherence to recommended hand hygiene practices ³⁴²

Indications for, and **limitations** of, glove use:

- a. hand contamination may occur as a result of small, undetected holes in examination gloves $^{279,\,317}$
- b. contamination may occur during glove removal ⁵⁰
- c. wearing gloves does not replace the need for hand hygiene ⁵⁷
- d. failure to remove gloves after caring for a patient may lead to
- e. transmission of microorganisms from one patient to another ³²⁸

Source: CDC/HICPAC. (2001) Draft Guideline for hand hygiene in healthcare settings. P. 1-56.

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