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pennsylvania

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## **Request a PA PFL Training**

PA PFL provides free in-person or virtual training on various IPC topics for all types of healthcare facilities and frontline healthcare personnel (HCP).

#### FEATURED: Escape Room Training



The escape room is a live, interactive training where teams of 4-5 people will work together for 30

minutes to navigate Clutterbug's clever traps and help unite with Captain Germ-B-Gone to proclaim victory. Four stations cover hand hygiene, source control, cleaning and disinfection, and personal protective equipment (PPE) and reinforce specific IPC objectives. **Check out list of training topics and request training for your facility:** 

Access form here OR Scan the QR code below.



## Hand Hygiene in Healthcare: Firstline Defense in IPC



**Hand hygiene** is the act of cleaning your hands by using an alcohol-based hand rub (ABHR) or washing them with soap and water or surgical hand antisepsis.

- Hands are the main pathway of germ spread in healthcare facilities.<sup>1</sup>
- When performed correctly, hand hygiene decreases microorganisms present on the hands, which can help prevent healthcare-associated infections.<sup>1</sup>
- It is estimated that HCP might need to clean their hands as many as 100 times per 12-hour shift, depending on the number of patients and intensity of care.<sup>1</sup>
- HCP perform hand hygiene less than half of the necessary times.<sup>1</sup>
- Implementation of hand hygiene improvement programs within healthcare facilities can result in a decrease of germ spread by ≥50%.<sup>2</sup>
- Technique matters for hand hygiene:
  - Perform hand hygiene for 15-20 seconds.
  - Use the right amount of product to clean your hands (follow manufacturer's instruction).
  - Remember to clean your thumbs, fingertips, and in between the fingers.

# Hand Hygiene: Training and Resources



#### Webinars (TRAIN PA):

- <u>Strategies to Prevent Healthcare-</u> <u>Associated Infections Through</u> <u>Hand Hygiene</u>
- <u>The Basics of Hand Hygiene for</u> <u>Healthcare Settings</u>
- <u>Tips & Tricks for Surveying Hand</u> <u>Hygiene Compliance</u>

#### Hand Hygiene Audit Toolkit:

- <u>Alcohol-Based Hand Rub Memo</u>
- Hand Hygiene Audit Guidance
- Hand Hygiene Audit Tracking
- Hand Hygiene Audit Tool

Additional Resources:

- <u>Hand Hygiene in Healthcare</u> <u>Settings</u>
- <u>The 4 E's of an Effective Hand</u> <u>Hygiene Program</u>

## Perform hand hygiene in these key moments:

## MAKE YOUR INTENTION PREVENTION Clean Hands Stop the Spread



## **Two Methods for Cleaning Your Hands**



- ABHR is the preferred method for hand hygiene in healthcare facilities in most clinical situations.
- Use soap and water when hands are visibly dirty, before eating, and after using the restroom.
- During routine patient care, use soap and water for hand hygiene when you are caring for a person with known or suspected infectious diarrhea and/or after known or suspected exposure to spores during an outbreak (e.g., *Clostridioides difficile*, *Bacillus anthracis* or other spore-forming germs).
- ABHR is more effective and less drying than using soap and water.

## **Contact Us**

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#### References:

- Hand Hygiene in Healthcare Settings. (2023, April 28). Centers for Disease Control and Prevention. <u>Healthcare</u> Providers | Hand Hygiene | CDC
- 2. Hand hygiene guidelines and evidence. (2010, April 29). World Health Organization. <u>Guidelines and evidence</u> (who.int)

## Hand Hygiene and Fingernail Care



Germs can survive beneath artificial fingernails and nail extensions, even if hand hygiene has been performed. To protect patients, the Centers for Disease Control and Prevention (CDC) recommends HCP follow these guidelines:

- Natural nails should be kept to a ¼ inch.<sup>1</sup>
- Artificial nails or extensions should not be worn when having direct contact with patients at high risk (e.g., those in intensive-care units or operating rooms).<sup>1</sup>

## Hand Hygiene and Glove Use

- Gloves do not replace the need for hand hygiene.
- If a task requires gloves, clean your hands before donning gloves, before touching the patient or the patient's environment, and upon doffing gloves.
- Gloves must be worn according to standard precautions when there is an anticipated contact with blood or other potentially infectious materials, mucous membranes, non-intact skin, or potentially contaminated skin or equipment.
- Change or remove gloves during patient care when transitioning from a contaminated body site to another body site and when moving from one patient to another.