Aging Services Risk, Quality, and Safety Guidance

Hand Hygiene Training Program

Executive Summary
The Centers for Disease Control and Prevention (CDC) offers a voluntary guideline recommending that healthcare workers use alcohol-based hand rub before and after most instances of resident contact. CDC advocates use of alcohol-based hand rubs as a strategy to improve compliance with hand hygiene practices—which research has shown to be consistently inadequate.

However, as CDC notes, simply providing healthcare workers with alcohol rub and other handwashing products will not promote better hand hygiene practices. The effort must be accompanied by education, training, and support. Continuing Care Risk Management (CCRM) has developed this training program to educate healthcare workers on proper hand hygiene techniques and to emphasize the importance of hand hygiene as the most effective defense against healthcare-associated infections.

This training packet includes the following:

- A pretraining quiz to identify the need for training
- Guidance on preparing for hand hygiene training
- A hand hygiene teaching plan
- Reproducible visuals for use during training and as handouts
- A posttraining quiz to identify areas of misunderstanding or a need for additional training

Feel free to copy, modify, or adapt any of the above materials for use within your facility to meet your needs.

Preparing for Hand Hygiene Training
An effective hand hygiene training program requires initial planning and assessment of the facility’s current hand hygiene culture. This training program provides tips on steps to take during the planning process. Trainers can also refer to Hand Hygiene for additional information on the topics discussed in this training program.

Assess Your Facility’s Hand Hygiene Culture
Commitment to hand hygiene compliance should be evident and highly visible throughout the facility:

- Are signs about handwashing posted in all resident care areas?
- Are sinks and alcohol rub dispensers conveniently placed?
- Is healthcare worker input solicited regarding hand hygiene products?
- Are policies in place that incorporate CDC’s hand hygiene recommendations?
- Are residents engaged in asking staff about their handwashing practices?

For hand hygiene training to produce successful results, trainers and healthcare facility leaders should work together to create and strengthen a culture that supports good hand hygiene habits.

Communicate the Importance of Hand Hygiene Training
Because leadership buy-in has been identified as a key component of increasing hand hygiene compliance, preparation for hand hygiene training should include ensuring that organization leaders demonstrate a commitment to the importance of hand hygiene. Advise leaders and executive staff that their commitment is vital...
to successfully improving hand hygiene compliance and thus reducing rates of infection—and associated costs.

CCRM suggests asking a facility executive or other senior leader or clinician to briefly address healthcare workers at the outset of training, either in person or via recorded message. The trainer can provide leaders with the following talking points:

- Providing high-quality care and keeping our residents and staff safe is a core mission of this organization. Making sure that every staff member practices good hand hygiene is a cornerstone of this effort because it is the number one defense against the spread of infections. We thank you for participating in today's program and ask that you consistently incorporate good hand hygiene into your everyday practice.

- I and other facility leaders firmly believe that good hand hygiene practices will help protect our residents and workers from infectious outbreaks.

- This training program is part of our overall effort to promote good hand hygiene practices and, ultimately, to reduce healthcare-associated infections at this organization and increase resident and staff safety.

Consider Using Demonstration Materials
Interactive training tools are available to visually demonstrate how improper hand hygiene techniques leave areas of the hands contaminated with microorganisms. These training kits typically include an oil with particles that simulate germs, fluorescent dye to add to alcohol-based hand rubs, and an ultraviolet (UV) light. Healthcare workers first rub the oil and “germs” on their hands and then cleanse with the alcohol-based hand rub and fluorescent dye. Afterward, missed areas are exposed when illuminated under the UV light, helping healthcare workers to identify and remember problem areas when next performing hand hygiene. Using culture plates of a healthcare worker’s hands before and after cleansing, while providing delayed feedback, will also vividly illustrate the value of hand hygiene.

Adapt Training to Your Audience
The training program should be modified to fit the needs of various trainees. For example, research has shown that the hand hygiene habits of physicians and senior clinicians influence those of nurses and aides. Therefore, hand hygiene training for physicians and senior clinicians should emphasize this fact and encourage them to embrace their duty as role models.

Check any available data to identify units with particularly high infection rates—it could be that staff on these units need more intensive hand hygiene training. Similarly, monitor the volume of hand hygiene products used on each unit to determine whether staff on units that use less volume (but have resident loads comparable to other units) may need additional training.

Evaluate the Training Program
A pretest should be administered to staff before the hand hygiene training program is conducted (one is included with this program). The results of the pretests will help document the need for training and determine the content that should be included in the training program. The test should be distributed in a manner that allows trainers to distinguish which groups of staff have returned their tests, which have not, and how well each group performed. For instance, staff in one level of care may have their pretests reproduced on pink paper and staff in another level of care may have theirs reproduced on blue. If the facility trains according to job description, tests for nursing assistants may be reproduced on a different color paper than tests for registered nurses, for example. The number of tests administered and returned should be tracked. This system will also allow trainers to better track compliance and determine whether a specific unit or group needs more training than others.

This assessment of your staff’s knowledge of hand hygiene will be useful if you are applying for continuing education credits from various licensing and accrediting bodies. Results from the pretest will indicate that a gap analysis has been conducted, and the results of the test will indicate that the training program has adequately addressed the learning objectives.

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