# Your Role in Infection Prevention The Chain of Infection Hand Hygiene

Jennifer Spivey MSN, RN, CNOR, CIC, FAPIC

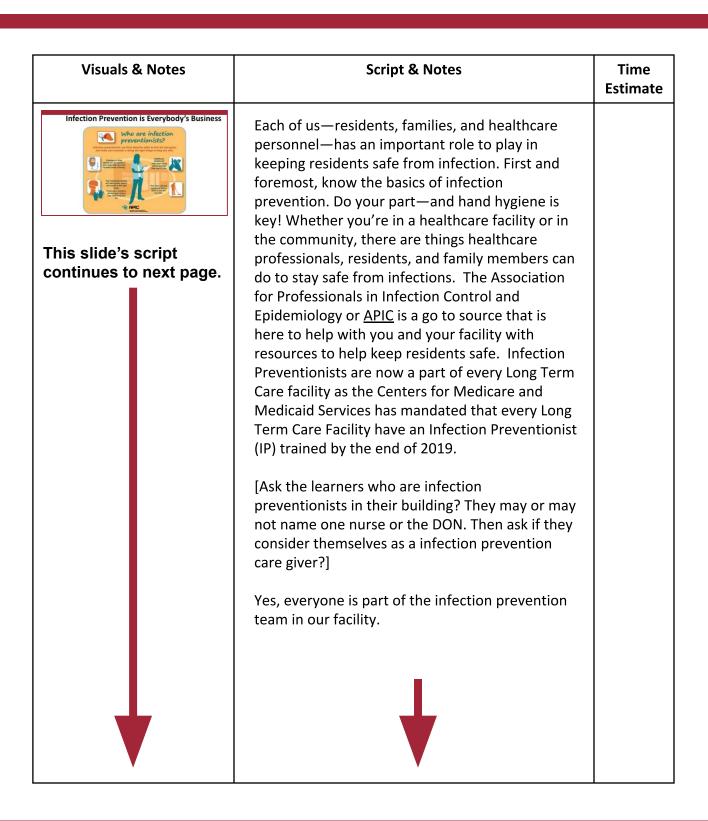


### Leader's Guide – Before You Begin

This training session includes videos that require internet access to access and play videos and access resources.

## Leader's Guide – Opening The Session

Visuals	Outline & Script	Time
Your Role in Infection Prevention/ The Chain of Infection/Hand Hygiene  by  Jennifer Spivey MSN, RN, CNOR, CIC, FAPIC  Leading State Leading S	<ul> <li>Introduction</li> <li>Welcome</li> <li>Set expectations</li> <li>Go through 6 month overview</li> <li>Logistics/FAQ</li> </ul>	15 min 11:00 - 11:15 AM
Discribe the different roles (advocate, educator, surveillance, immunization) in infection prevention and how they work together. Discuss their role (CNA, bouskeeping, detary, therapy in infection prevention and the impact on residents and staff. Believe that infection prevention is everyone's responsibility Define the chain of infection and how to break the chain of infection. Discuss how their actions can sustain or break the chain of infection. Describe why it is appropriate to perform hand hygiene. Describe when it is appropriate to perform hand hygiene.  Demonstrate the appropriate way to perform hand hygiene.	<ul> <li>Let's take a look at what you can expect to get out of this training session.</li> <li>Describe the different roles (advocate, educator, surveillance, immunization) in infection prevention and how they work together.</li> <li>Discuss their role (CNA, housekeeping, dietary, therapy) in infection prevention and the impact on residents and staff.</li> <li>Believe that infection prevention is everyone's responsibility</li> <li>Define the chain of infection and how to break the chain of infection.</li> <li>Discuss how their actions can sustain or break the chain of infection.</li> <li>Describe why it is appropriate to perform hand hygiene.</li> <li>Demonstrate the appropriate way to perform hand hygiene.</li> <li>Demonstrate the appropriate way to perform hand hygiene.</li> </ul>	



#### **Visuals & Notes Script & Notes** Time **Estimate** Infection Prevention is Everybody's Business You are a vital part of infection prevention and can assist in being the residents advocate, or person who champions infection prevention with using standard precautions and hand hygiene as recommended by evidence based practices. (We will discuss this later in the training ) You are an infection preventionist when you assist in education to the resident on staying hydrated, staying mobile, performing daily bathing, peri care, oral care, and the list goes on. Every thing that you do whether it is being a nursing assistant, dietary worker, or environmental services worker impacts the resident's general healthy state and is part of infection prevention. Another key way to keep the resident safe is by not coming to work when you ill or incubating the flu or a cold. IF you get ill at work, use of a face mask, and respiratory cough etiquette (cover your cough) and performing hand hygiene after you touch your nose or mouth is vital to prevent the spread of infections. You are most contagious when you have a fever, which is usually a few days before your illness is full blown. Residents can get the flu from you and it can quickly turn into bronchitis or pneumonia that can lead to death. You also can prevent infections of residents by getting vaccinated for seasonal influenza and pneumonia, should your age warrant this prevention.

Visuals & Notes	Script & Notes	Time Estimate
The many roles of the Infection Preventionist  Constitute Nature Disparation  Robot Nature State	[You may read this slide to share what the role of the IP in the building is responsible for championing. First and foremost, the IP is responsible for the Infection Control Program in the building. He or she can not be the eyes and ears for the entire building with so many multiple roles. They depend on communication from you and your team to assure that residents have safe quality centered care.]	

Visuals & Notes	Script & Notes	Time Estimate
Download the Break the Chain of Infection infographic.	What is the role of the IP?  There are many different germs and infections inside and outside of the healthcare setting.  Despite the variety of viruses and bacteria, germs spread from person to person through a common series of events. Therefore, to prevent germs from infecting more people, we must break the chain of infection. No matter the germ, there are six points at which the chain can be broken and a germ can be stopped from infecting another person. The six links include: the infectious agent, reservoir, portal of exit, mode of transmission, portal of entry, and susceptible host.  Infectious agent is the pathogen (germ) that causes diseases  Reservoir includes places in the environment where the pathogen lives (this includes people, animals and insects, medical equipment, and soil and water)  Portal of exit is the way the infectious agent leaves the reservoir (through open wounds, aerosols, and splatter of body fluids including	
	coughing, sneezing, and saliva)	

Visuals & Notes	Script & Notes	Time Estimate
Breaking the Chain  Download the Break the	Mode of transmission is the way the infectious agent can be passed on (through direct or indirect contact, ingestion, or inhalation)  Portal of entry is the way the infectious agent can enter a new host (through broken skin, the respiratory tract, mucous membranes, and catheters and tubes)	
Chain of Infection infographic.  Download the Learn 10 Ways To Protect Patients infographic. (Resource links are located below	Susceptible host can be any person (the most vulnerable of whom are receiving healthcare, are immunocompromised, or have invasive medical devices including lines, devices, and airways)  The way to stop germs from spreading is by interrupting this chain at any link. Break the chain by cleaning your hands frequently, staying up to date on your vaccines (including the flu shot), covering coughs and sneezes and staying home when sick, following the rules for standard and contact isolation, using personal protective equipment the right way, cleaning and disinfecting the environment, sterilizing medical instruments and equipment, following safe injection practices, and using antibiotics wisely to	
the image on the page)	prevent antibiotic resistance. Learn 10 ways to protect patients.	

Visuals & Notes	Script & Notes	Time Estimate
	As a paraprofessional, your role in breaking the chain of infection is vital. You may spend more time with the resident than any other professional staff. Whether you are cleaning the resident's room, cooking or helping them in the dining room, or getting them ready for the day or night time routine, YOU are the MOST important HCW in this puzzle!!! You interact with the resident multiple times per day!!  Let's recap~  [Ask the team to give examples of what they do in their role to break the chain of infection. Keep the slide open for them to use for helping come up with their examples]  [Repeat] What YOU do is the MOST important part of the puzzle for breaking the chain of infection.	

Visuals & Notes	Script & Notes	Time Estimate
The Chain of Infection	Remember, as health care professionals we can not provide health care services without some exposure to potentially infectious materials, but we can prevent the transmission in many cases. Health care workers can prevent infection by breaking the chain.  The caregiver must follow certain principles and procedures to prevent the infection and control its spread.  As an important part of the infection prevention team you can do this by using IP strategies to break that Chain of Infection.	Estimate
	BE THE LIGHT IN THE CHAIN ABOVE!	

Visuals & Notes	Script & Notes	Time Estimate
Implementing Breaking the Chain!  Case Study:  - Tou see Mr. Fall at the end of the long hallway and it appears that he as wheelchair.  - Discuss how you break the chain of Infection?  - If you are a CNA?  - If you are a CNA?  - If you are dectary and are passing trays?  - If the fall has just left therapy?	[Facilitate open discussion on use of standard precautions, proper PPE, cleaning and disinfection practices, and hand hygiene in assisting Mr. Fall.  Discuss their role (CNA, housekeeping, dietary, therapy) in infection prevention and the impact on residents and staff.]	Estimate

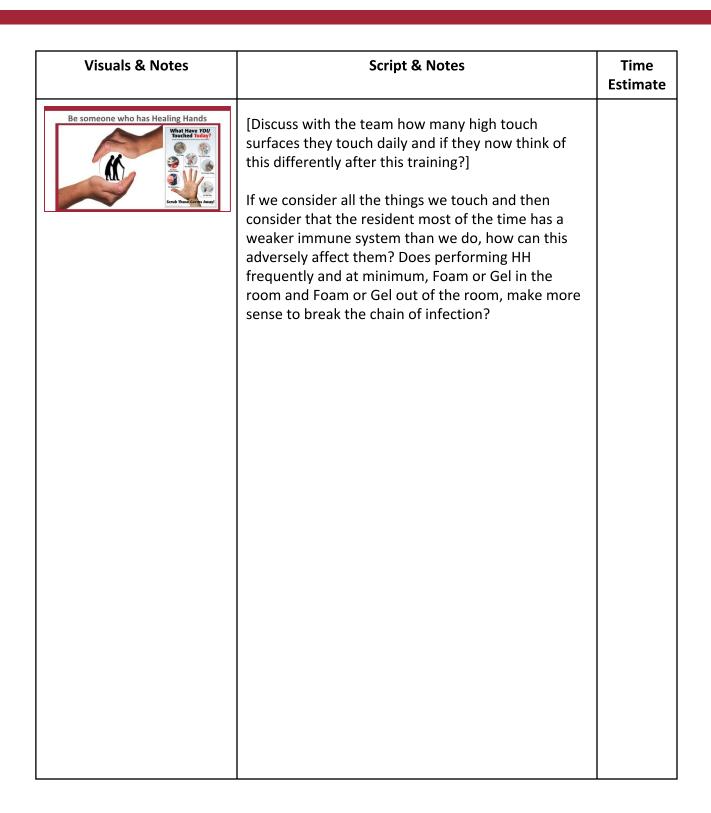
Visuals & Notes	Script & Notes	Time Estimate
This slide's script continues to next page.	Lets take a look at Hand Hygiene across the board in our society.  [Discuss this slide and read the bubbles]  Hand hygiene has been the cornerstone of infection prevention for over 150 years. Hands of health care workers (HCWs) have been implicated in infection transmission in all health care settings.  Despite efforts to increase hand hygiene practices, compliance remains poor. Smith, Carson, and Loeb reported a hand hygiene compliance rate of 14.7% in one nursing home observational study.  The Centers for Medicare and Medicaid Services (CMS) conducts annual inspections of skilled nursing facilities. From 2000-2009 almost 9% of all nursing homes in the United States received a deficiency citation for hand hygiene during their annual inspection. Most hand hygiene deficiencies (66.3%) were cited at a level "D", which was an infraction that had the potential for more than minimal harm and was infrequently observed. Do these rates alarm you?	Estimate

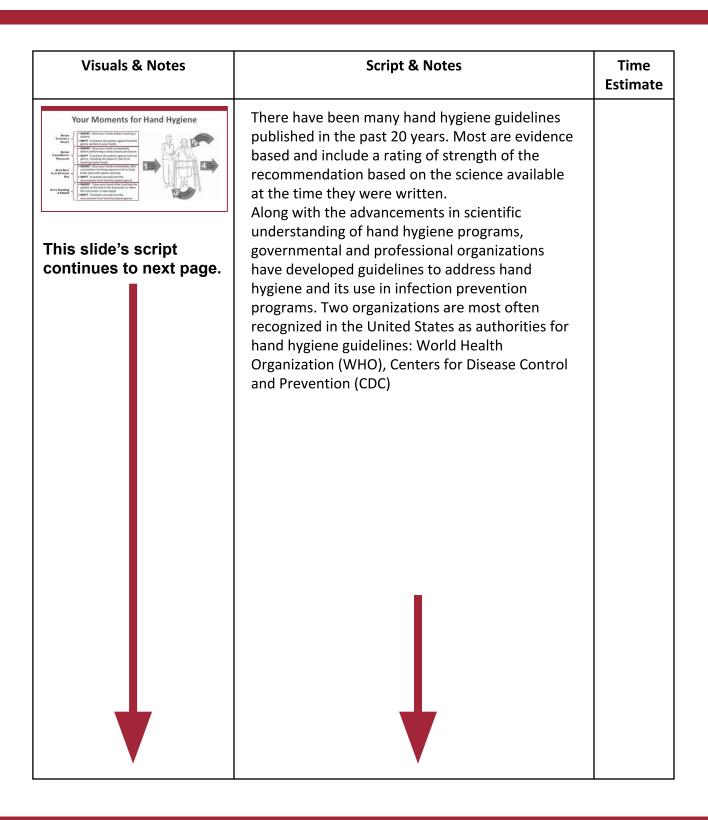
Visuals & Notes	Script & Notes	Time Estimate
AMERICANS' HAND HAND AND AND AND AND AND AND AND AND AND	Did you know that healthcare workers perform hand hygiene only 40-50% of the times they should in an 8 hour shift in acute care hospitals??? Also, as the shift goes on, it drops quickly to below 40%.	
	Does this stop the chain of infection? Does this keep residents and healthcare workers safe?	
	Maybe you are asking "What Is Hand Hygiene"?  Hand hygiene refers to the act of cleansing hands with water or liquids and includes the use of water, soaps, antiseptics, or other substances, including alcohol-based hand rubs.	

#### **Visuals & Notes Script & Notes** Time **Estimate** You are a very important part of the resident's clinical team. Together our hands are a healing instrument. They can also be deadly. Did you know that 80% of all infectious diseases are transmitted by touch? We should continue to strive for improvements in hand hygiene areas of healthcare to protect our residents and be healing. Evidence shows that hand hygiene (HH) continues to be the single most important strategy in preventing health care associated infections (HAIs) . Healthcare-associated infections and antibiotic-resistant organisms are two major drivers of the need for widely adopted and effective hand hygiene programs. Although HH is not the only infection prevention strategy in your role to break the chain of infection for the resident, it is the cornerstone for ALL care giving that goes on daily in your role for the residents care. Whether you are preparing food for the resident or assisting in feeding, cleaning the resident's room or changing linens, assisting in bedtime routines or taking the resident in a wheelchair down the hallway to therapy, every step of the way there are multiple HH opportunities to keep the resident free from the risk of infections.

Infection Prevention Speaking Up!  • Does Hand Hygiene Really Matter?  • minute Institute for Health Partnering to Heal Video Intro / Institute for Health Partnering to Heal Video Intro	Visuals & Notes	Script & Notes	Time Estimate
This 6 minute video is valuable to show you how just one action by many healthcare workers could have made the difference in one life!  [Watch 6 min video and discuss barriers to performing HH appropriately in your facility!]	Does Hand Hygiene Really Matter?  6 minute Institute for Health Partnering to Heal Video http://health.gov/hos/training/partnering-to-heal/index.html  11  Link to access video http://health.gov/hcq/trainings/partnering-to-heal/index.	each year nearly 2 million patients/residents in the United States get an infection in healthcare facilities, and about 100,000 of these patients/residents die as a result of their infection. 40 % of these infections could be prevented if we just performed hand hygiene BEFORE we touch the patient/resident!  This 6 minute video is valuable to show you how just one action by many healthcare workers could have made the difference in one life!  [Watch 6 min video and discuss barriers to	

#### **Visuals & Notes Script & Notes** Time **Estimate** Why is it appropriate to perform hand hygiene? Healthcare-associated infections and antibiotic-resistant organisms are two major drivers of the need for widely adopted and effective hand Good hand hygiene keeps residents from developing infections. hygiene programs. The CDC writes that care providers must clean their hands after eating and after having direct contact with a resident's skin or bodily fluids. Additionally, they must practice good hand hygiene after operating medical equipment, removing gloves and using the restroom. Good hand hygiene keeps residents from developing infections, illnesses and suffering from other complications. This is especially vital if older residents are dealing with suppressed immune systems due to an ongoing illness, which makes them more susceptible to developing an infection. Even if you are wearing gloves, you must perform hand hygiene EVERY time you remove gloves. Multiple studies have shown that gloves alone do not protect the healthcare worker 100%. The hand print is from a health care worker who did not perform HH after working for just a few hours of their shift. Let's break the chain and educate our residents to perform hand hygiene with us when we deliver care.



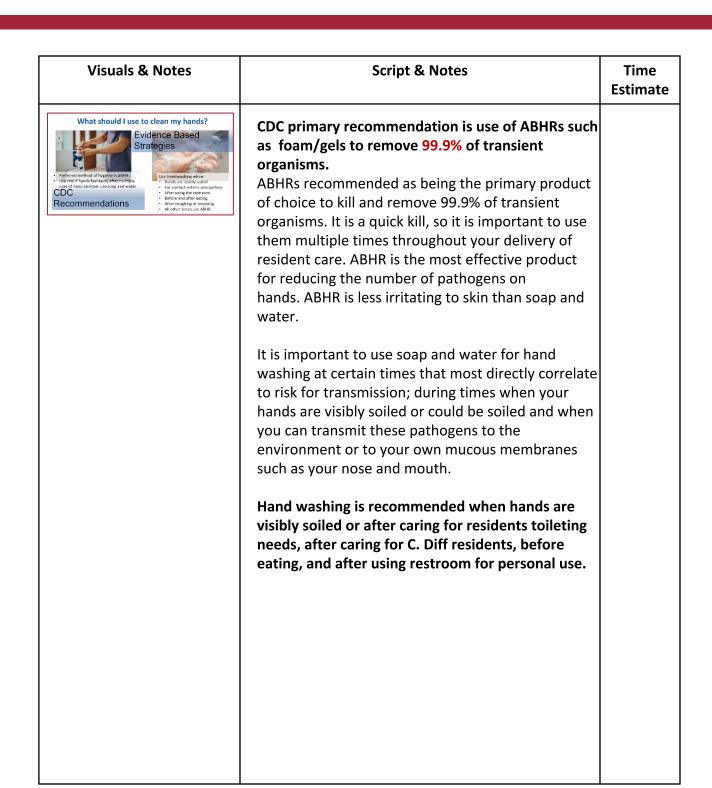


Visuals & Notes	Script & Notes	Time Estimate
Your Moments for Hand Hygiene  There's Transact Annual Price State of the Conference	This is the WHO 4 Moments for Residential Care: When to perform hand hygiene with ABHR unless hands are visibly soiled then perform Hand Washing with soap and water!  1. Before Touching the Resident- FOAM or GEL In when entering the room every time!	
Link to WHO handout	2. Before Clean/Aseptic procedures- Activities of Daily living – bathing, bedding down, assisting with dentures, brushing teeth.  3. After body fluid exposure risk- Toileting, changing briefs, peri care.  4. After touching the resident or the resident's environment- FOAM or GEL OUT of the room every time!  [Hand out the WHO How, When, Why handout https://www.who.int/gpsc/5may/Hand_Hygien e_Why_How_and_When_Brochure.pdf Review in groups the recommendations on the slide as noted.]	

Visuals & Notes	Script & Notes	Time Estimate
World Health Organization (WHO) 5 Moments  To a memoratic for band bygiene  It's all about the "zone"  It's all about the "zone"  Indicates zone————————————————————————————————————	[Activity Suggestion] Ask the group to recite the Five Moments before showing the slide  1. Upon entry into the resident zone/room, before touching the resident 2. Before clear or aseptic procedures (i.e. removing or applying a dressing, giving a medication, inserting an invasive device, examining a body cavity) 3. After body fluid exposure 4. Upon exit of resident zone, but not the roomsome of the time it is the room! 5. Upon exit from resident room  Remember that GLOVES DO NOT take the place of Hand Hygiene	

Visuals & Notes	Script & Notes	Time Estimate
5 Moments for Any Setting	It does not matter if you are in the resident's room or in the hallway in a wheelchair, the 5 moments for hand hygiene apply in all health care settings.  • Before touching a resident • Before clean / aseptic procedure • After body fluid exposure risk • After touching a resident • After touching resident surroundings  Remember: You should also perform HH before and after removing gloves	

Visuals & Notes	Script & Notes	Time Estimate
Perform Hand Hygiene = Glove Hygiene Change Gloves!  Note the first distribution of distribution and performing the Change glove * hard hygiene # distribution of distribution	[Activity Suggestion]  Have a discussion before or after reviewing this slide to build on the list.  Ask what prevents us from making these glove changes?  What can we do to get better at this?	



Visuals & Notes	Script & Notes	Time Estimate
What is the appropriate way to perform hand hygiene: Soap and Water or Alcohol Based Hand rub (ABHR) ???  Evidence Based Strategies  CDC Recommendations	General rule of thumb, use these 5 moments to use soap and water!  1. At the beginning of your shift and just prior to going home each day. 2. When hands are visibly dirty or contaminated with material or are visibly soiled with blood or other body fluids use antimicrobial soaps instead of alcohol rubs. 3. Before and after eating- for you and your resident. 4. Before personal hygiene and after using restroom or caring for any residents toileting needs — ALWAYS with C Diff or Diarrhea of residents. 5. After sneezing, coughing or blowing your nose and touching your T zone, face or hair- for you and your resident.	

#### **Visuals & Notes Script & Notes** Time **Estimate** Let's talk about a case study before we review why **Fingernails Matter** your fingernails matter. More likely to harbor gram-negative pathogens on finger tips than with native nails, before and after hand washing My grandfather is 91 years old and has a urinary tudy of microflora on the hands of 30 health care workers Hedderwick et al. 2000) tract infection. Is this a much more serious infection acilli with artificial nails 47% vs. native nails 17% artificial nails 50% vs. native nails 13% due to his age? Could it cause a brain dysfunction of There are active links for some sort? this slide and the following slide Urinary tract infections are very common in the elderly. Some of the risk factors for UTIs include **Everything you need to** living in a nursing home, Foley catheter use (a tube know about UTIs passed into the bladder), bowel incontinence, dehydration, and lack of physical activity. Go with me here as we look at common organisms that cause UTIs. E. coli is a common organism that This slide's script you encounter daily when assisting the elderly with continues to next page. their toileting and perineal care. Hand Hygiene is critical and the first line of defense for stopping the spread of these organisms. The threat posed to an elderly person by any given UTI varies widely — some are very mild, while others can be life threatening. Yes, UTIs can cause Sepsis in the elderly. You raise the question of whether your grandfather's UTI is causing brain dysfunction?

Visuals & Notes	Script & Notes	Time
		Estimate
Fingernails Matter Infection Transmission & Artificial Nails  Research tells us  — Colony count of bacteria/ fungl is greater than on native nails  — More likely to harbor gram-negative pathogens on finger tips than with native nails, lactor and after hard washing  — Study of microflora on the hands of 30 health care workers (Hedderwick et al. 2000)  — Ginneg local with artificial rails 475 vs. native nails 17%  — Yeast with artificial rails 505 vs. native nails 13%	Confusion in the elderly is often attributed to UTIs, although without high fever or sepsis (meaning the infection has moved into the bloodstream), urinary tract infections typically don't cause serious brain dysfunction.	
There are active links for this slide and the previous slide	However, infections in general can deplete an older individual, especially someone as old as your grandfather, of energy and quality of life.	
What is Sepsis?	Bottom line, wouldn't you want to be able to provide best evidence care by sanitizing your hands properly and protect yourself and your family by removing all E. coli pathogens from your hands and fingernails???	

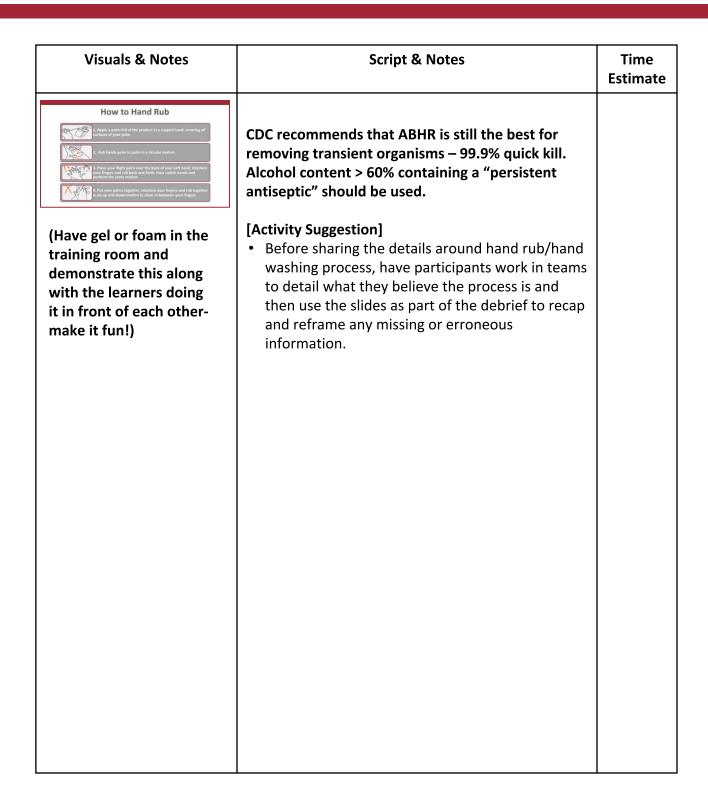
Visuals & Notes	Script & Notes	Time Estimate
The Do's and Don'ts of fingernals.  Artificial fingernals, gel nails or extenders should not be worn. Natural nails should not be longer than 0.635 cm or % inch long. Nail polish should be removed when chipped. Avoid wearing hand jewelry.	Germs can live under artificial fingernails both before and after using an alcohol-based hand sanitizer and hand washing  It is recommended that healthcare providers do not wear artificial fingernails or extensions (check your facility policy) including gel nail polish and nail art. These enhancements can not be removed during working hours when they become chipped and therefore are not recommended. IF you can not remove it easily in the break room with nail polish remover then you should not wear it at work.  Keep natural nail tips less than ¼ inch long (CDC guidelines).  Some studies have shown that skin underneath rings contains more germs than comparable areas of skin on fingers without rings (check your facility policy). If worn, remember to remove them and perform hand washing when hands are visibly soiled.	

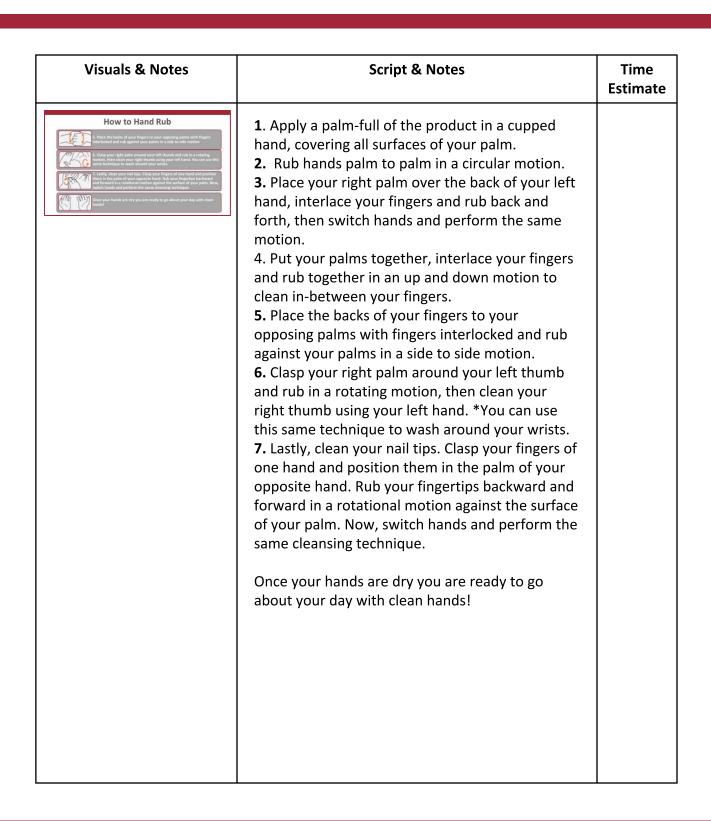
#### **Visuals & Notes Script & Notes** Time **Estimate Evidence Supporting the Claim** The evidence based outbreaks noted on this slide are real. They can happen in your facility and to any health care worker. To protect both you and your resident, following hand hygiene guidelines emodialysis related Bactereamia Casuality – 5 hemodialysis patients found to have bactereamic sepsis Cause – Growth of Serattia Marcescens found in the long fingernalis of HI involved. HCW admitted to not washing their hands and having long nails during detaching lid from heparin vial. that include nail care can prevent you from harboring pathogens on your hands that can affect your health and the residents. There has been transmission linked to poor hand washing (fear of damaging the nail/polish) also documented in the literature reviews. There are also more glove tears, which increase the risk of transmission of pathogens across this crucial barrier. Remember, hand hygiene also includes nail care, and nail enhancements, gels, acrylics, polish - it is recommended to not have artificial nails, acrylics, and nail polish. If worn, they should not be chipped (usually happens within 4 days). Keeping nails short, ¼ in or less is the CDC recommendation to prevent puncture of gloves. HH also includes keeping your hands free from irritation of frequent sanitation and washing with soaps that can harm the outer layer of your skin. Keep your hands safe by using lotions and not using too cold or too hot water, which can strip your hands of natural protective oils.

Visuals & Notes	Script & Notes	Time Estimate
What's the harm with long nails, artificial nails or nail gaint variable?  I halbidis good hand hygiene  Nay reduce your gire or speed while deing various manipulations  Nay tear or puncture gives  Can become caught to bushless, decisings and even machinery  The companions and funging on the abreeding ground for various disease-causing micro organisms and fungi	Research tells us  Colony count of bacteria/ fungi is greater than on native nails  More likely to harbor gram-negative pathogens on finger tips than with native nails, before and after hand washing  Study of microflora on the hands of 30 health care workers (Hedderwick et al. 2000)  Gm neg bacilli with artificial nails 47% vs. native nails 17%  Yeast with artificial nails 50%	

Visuals & Notes	Script & Notes	Time Estimate
How to Hand Wash  How to wash and dry hands with liquid soap and water with	<ol> <li>Turn on water and adjust temp to warm.</li> <li>Apply enough soap to cover all hand surfaces</li> <li>Follow same hand hygiene rubbing techniques as when using hand rub, then rinse with warm water.</li> <li>Dry thoroughly with paper towel</li> <li>Use towel to turn off faucet</li> <li>Your hands are now safe! Or as I like to say "Healing Hands"!</li> </ol>	

Visuals & Notes	Script & Notes	Time Estimate
Sing Happy Birthday twice!  Six steps to clean hards  Was step to clean		





Visuals & Notes	Script & Notes	Time Estimate
Serious Business  The second of the second o	Remember to look at evidence when performing hand hygiene and remember the thumbs, tips and fronts of hands!	

Visuals & Notes	Script & Notes	Time Estimate
Resident Hand Hygiene Education  Tell residents not to be afraid to ask anyone.  Part of the second to the second to the contaminate of colonized by potentially harmful bacteria?  Part of the contamination of the contamination of the contamination of the contamination of the control florar florar resident care when they can see your Sends neckage to them that said hands are clean.	To keep residents safe, we must remember to assist them to perform hand hygiene. Some facilities have packaged HH wipes, while others may not. You can always offer a soap and water wash cloth for bed ridden residents who are not able to use the sink for hand hygiene before meals, after the restroom and when hands are visibly soiled. Remember to ask them, most will want to perform hand hygiene for their wellness.  [Activity Suggestion]  • Ask participants to share suggestions they have used for resident education.	

Visuals & Notes	Script & Notes	Time Estimate
Visitor Hand Hygiene Education  Hands can be contaminated or colonised by potentially harmful bacteria  Can transmit infectious bacteria to resident and contaminate the environment instruction to wash hands before eating, after using restroom, and after cough or sneering.  It yar of the resident's care in keeping them and their environments ade	Visitors are a key part of every residents well being both mentally and physically. They assist the care team to keep the resident safe, or they can cause the residents illness if not informed about how their actions can promote infection risk. Visitors are an integral part of the care team, and if we empower them, they can be the best defense to break the chain of infection.	
	[Activity Suggestion-Ask participants to share suggestions they have used for visitor education, Discuss Respiratory Cough Etiquette- mask, tissue, HH gel stations at entrances to building and also in hallway upon entry to room!]	

Visuals & Notes	Script & Notes	Time Estimate
Any Questions?	Any questions?	