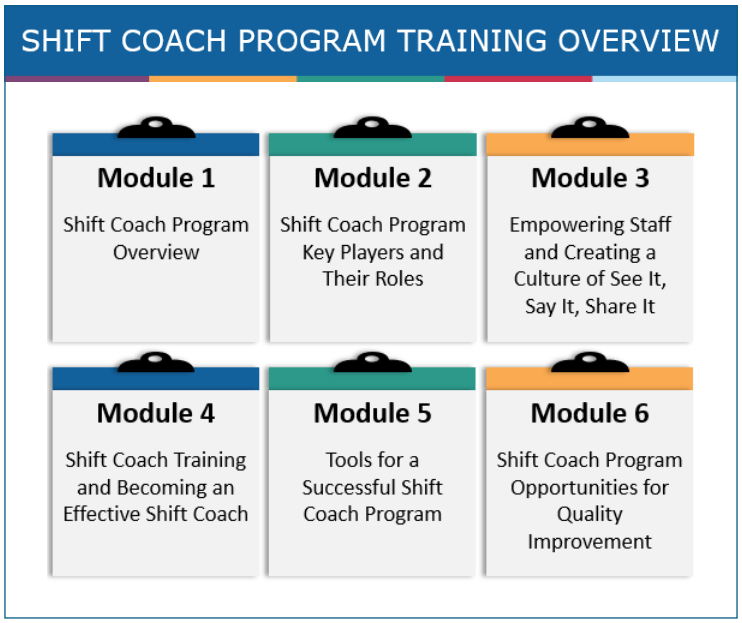
AHCA/NCAL Clinical Scenarios

Hand Hygiene

Claire is the Staff Development nurse and the Infection Preventionist (IP), in a 95-bed long-term care facility. They have 80 beds designated as long-term care, however, due to their proximity to the small-town hospital, they also have a 15-bed short stay unit, that quickly moves residents in/out, depending on their reason for admission.

She is preparing her orientation for the following week. Looking at the surveillance from her last month's infection control record, she notes that they have seen an increase in the number of infections and colonization especially in Methicillin-resistant *Staphylococcus aureus* (MRSA). There are no trends or patterns per se, however, the long-term care side has had an increase in overall infections. She looks at what may be a root cause, and she wonders if it could be due to inappropriate hand hygiene since she has observed staff forgetting to use alcohol-based hand rubs before or after caring for residents or after taking off their gloves.

Claire utilizes The Shift Coach Program that develops staff to be an extension of the infection prevention program. In this program, designated staff on each unit on each shift help observe and provide non-penalizing guidance to their co-workers. They meet with the IP for short regular huddles to report their observations as well as challenges they are finding to the IP and discuss potential solutions.



During a huddle, one shift coach on the rehab unit described an observation of one of the nurses — Amy. Amy is an LPN and has worked in the facility for five years. She is very skilled, knowledgeable and just as importantly, loved by all the residents. The shift coach watched Amy pass medications to several residents. She notes that prior to setting up the medication, Amy uses the alcohol-based hand sanitizer to clean her hands. She dispenses the product onto her hands and rubs all areas of hand surfaces together until they are dry. Claire timed Amy and noted that it took her 10 seconds to do this. She dispensed the medication into the medication cup, and again, used the hand sanitizer rubbing until it was dry. She did not touch anything in the resident's environment, as she brought a glass of juice with her for residents to take the pills with. After administering the medications, she returns to the cart, and before signing off on them, uses the hand sanitizer one more time to clean her hands for about five seconds. She does this for all five residents.

1. What was the error that the shift coach observed the LPN making?

a. The LPN should have washed her hands with soap and water.

b. She should have worn gloves to carry the water glass.

c. 11 seconds is not sufficient time to clean hands with ABHR.

d. None of the above

Hand hygiene with ABHR requires at least 20 seconds to be effective. Neither the time before nor after medication administration was sufficient to minimize the risk of bacteria spread. The shift coach, who is not a nurse, felt uncomfortable approaching Amy, a nurse who had worked at the facility for a long time and was respected by everyone. Amy shared that hand rubbing for an insufficient amount of time could be due to dispenser malfunction or to intentionally dispensing small amounts of ABHS. During the huddle, the IP and other shift coaches discuss how to evaluate the source of this type of error and what they may say when speaking up.

In the kitchen, the IP, Claire, went to observe the young culinary staff in the kitchen. She observes the culinary aid prepping food for the next meal. Dietary gloves, that are free of latex are being utilized when she first preps the meat. Once the meat is prepped, she puts it in a bowl and then goes to the refrigerator to get out the vegetables to prep. Claire stops her before she touches the refrigerator.

2. Why did Claire intervene and stop the culinary staff before opening the refrigerator?

a. The culinary staff could have cross contaminated by not changing gloves and performing hand hygiene before touching the refrigerator handle.

b. Gloves are not indicated in dietary.

c. Vegetables cannot carry bacteria when washed so it doesn't matter.

d. None of the above

Hand hygiene is a key issue in culinary staff. Frequent hand washing is indicated, especially after handling raw meat. While gloves were worn, they needed to be discarded, and hand washing performed before touching the refrigerator or vegetables.

One of the shift coaches on the memory care unit reports that they observed a housekeeper coming out of a resident's room after cleaning it. She came out with a trash bag tied off; took off her gloves after putting the trash bag in the utility cart. She then proceeded to push the cart to the next room. She put on a new pair of gloves and entered the room.

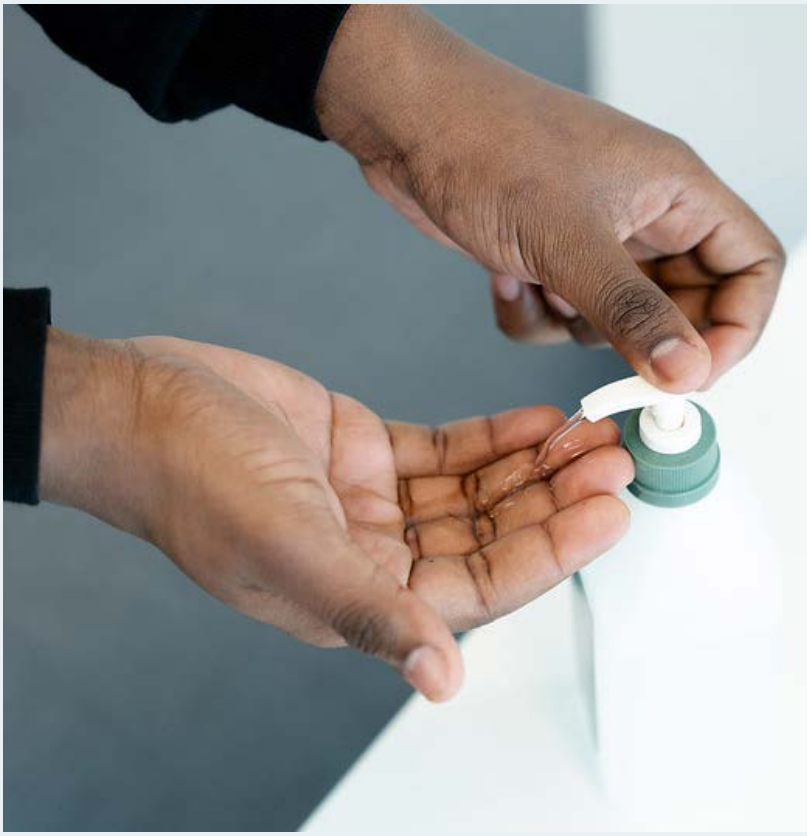
3. What was the problem with the housekeeper's actions that were identified by the shift coach?

a. She did not clean the room long enough.

b. She failed to use hand sanitizer or hand washing after removing her gloves.

c. She does not need to use gloves when cleaning a resident's room.

d. None of the above



Glove use does not negate hand hygiene. Hand sanitizer should be used before donning gloves as well as after their removal since the process of removing gloves could have led to hand contamination which then would have potentially transferred to the cart handles. During the huddle where this was discussed, the other shift coaches commented that they had not been looking for this practice on their units but will start to see if this incorrect practice is more widespread among housekeeping.

Finally, a third shift coach from the long-term care unit reported observing the nursing assistants during a meal service while the IP took a short break in the common room where meals were being served. The shift coach notes that she offered the residents the ability to wash their hands prior to meal service from a covered bin with warm washcloths in it. She also notes that in between tray deliveries, the nursing assistant uses alcohol-based hand sanitizer. As the nursing assistant passed a tray to a resident that requires assistance with eating, she set the tray down, used the alcohol-based hand sanitizer one more time, and then proceeded to help the resident with their meal. The shift coach notes the nursing assistant offered to wash the resident's hands, as there are times the resident would reach out and pick up some food items from the plate to feed themselves. While with the resident, the nursing assistant only spoke with the resident and kept them engaged and on task throughout the meal service. Once she was done assisting the resident, she got a washcloth from the bin to wash the residents' hands, then used the alcohol-based sanitizer to rub her own hands before removing the resident from the dining room to the activity area.

4. What errors did the shift coach observe?

a. She used ABHR too often.

b. She should have used ABHR for the resident's hands.

c. There was no need for as much ABHR use in this scenario.

d. None of the above.

The nursing assistant here used appropriate hand hygiene before and after helping the residents clean their hands, assisting with feeding and taking the resident to the next activity.

Scenario Review

Clean hands are essential to safe resident care and hand hygiene is the cornerstone of most infection prevention and control (IPC) programs. Unfortunately, observational studies of adherence to recommended hand cleaning varies widely. Incorrect hand hygiene is cited in nearly all F880 deficiency citations.

Some of the reasons for incorrect hand hygiene include:

- Lack of knowledge and inability to recognize infection control risk and need for hand hygiene
- The increased demands with less time
- Irritated and dry hands
- Lack of access to ABHS, sinks with water, soap, and paper towels
- A belief that wearing gloves replaces hand cleaning
- General forgetfulness
- Skepticism about the value of ABHS or hand washing
- Lack of role models
- Lack of administrative priority for hand hygiene
- Lack of administrative sanctions.

As healthcare workers, we know that not everyone shares the same level of knowledge but sometimes the reason for not doing something is not due to lack of knowledge. Regardless of specialty it is impossible to provide safe care with contaminated hands. A strong education program about cleaning hands should be accompanied by continual assessment of operational barriers to adherence.

Hand Hygiene Program

Each year, 1.5 million infections occur annually in nursing homes or skilled nursing facilities. As many as 380,000 people die of these infections. Appropriate hand hygiene can prevent up to 50% of avoidable infections acquired during healthcare delivery, including those affecting the health workforce.

A hand hygiene program is a systematic and coordinated approach designed to optimize the use of hand hygiene practices in the healthcare setting. The primary goals are to improve resident outcomes, ensure resident safety, and reduce healthcare-acquired infections. Developing and implementing hand hygiene programs is a core component of the IPC and part of the IP's role in long-term care.

One of the most effective strategies to increase consistent and correct hand hygiene is through programs that audit and feedback the observations to staff. There are a number of different ways to accomplish this audit and feedback. The shift coach program relies on peers to provide just in time feedback and work collectively to remind staff about lapses in their hand hygiene practices, This is done in a collaborative manner that helps build team comradery and expands the observations across all units and all shifts, something not possible with audit and feedback done by managers or leadership (e.g., IP or DON).

CDC Recommendations for Hand Hygiene

Although this sounds quite simple, it isn't always easy to know when to clean your hands. Hands are frequently contaminated even when they look clean. Although this list is not the only time to perform hand hygiene, it includes the most common.

- Immediately before touching a resident
- Before performing an aseptic task, such as placing an indwelling device or handling invasive medical devices
- Before moving from work on a soiled body site to a clean body site on the same resident
- After touching a resident or the residents' immediate surrounding, including inanimate objects
- After contact with blood, body fluids or contaminated surfaces
- Immediately after any glove removal

When and How to Use an Alcohol-Based Hand Sanitizer (ABHS)

For clinical staff, unless hands are visibly soiled, ABHS that contains at least 60% alcohol, is preferred over soap and water in most clinical situations because it:

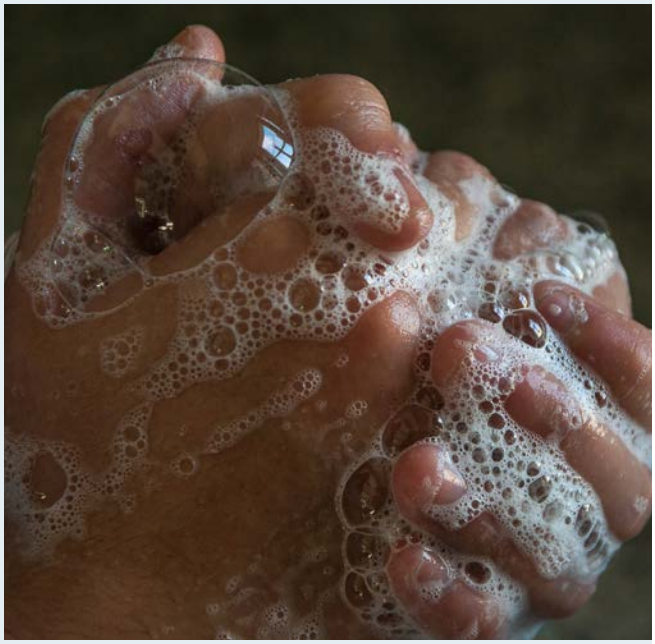
- Effectively kills most germs on hands than soap.
- Germs that are difficult to kill with ABHS are also difficult to remove with soap and water. Ensure proper use of gloves when there are concerns about outbreaks of cryptosporidium, norovirus or *Clostridium difficile*.
- Is easier to use when providing care, especially when moving from soiled to clean activities on the same resident or when moving between care of residents in a shared room
- Results in improved skin condition with less irritation and dryness than soap and water
- Improves hand hygiene adherence

Know How to Use ABHS

1. Put the product on your hands and rub hands together.
   a. The efficacy of alcohol-based hand sanitizer depends on the volume applied to the hands. Use the right amount of alcohol-based hand sanitizer product needed to wash your hands for at least 20 seconds.
2. Cover all surfaces and rub until hands feel dry. It is important not to wipe off the hand sanitizer before it is dry, as it will not work as well against bacteria.
3. Pay attention to the areas providers frequently miss:
   a. Thumbs
   b. Fingertips
   c. In between the fingers

When to Wash With Soap and Water

- When hands are visibly soiled
- Before eating
- After using the restroom
- After the care of residents with suspected or confirmed infection of *C. difficile,* cryptosporidium, or norovirus during outbreaks



NOTE: Food service staff should wash their hands with soap and water to prevent cross contamination. Gloves lower the number of germs that get on the hands, and hands may be contaminated when gloves are removed. Clean hands before and after glove use. ABHS may be used in addition to hand washing, and only as a replacement if there is no soap and water available.

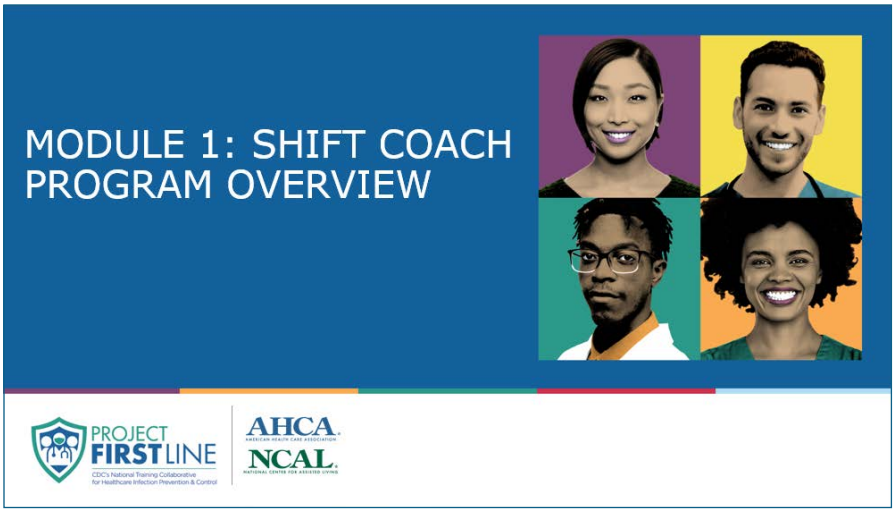
Know How to Wash Hands with Soap and Water

- Wet hands with water
- Apply the manufacturer's recommended amount of product to your hands
- Rub hands together vigorously for at least 20 seconds, covering all surfaces of the hands and fingers
- Rinse hands with water and use disposable towels to dry. Use a towel to turn off the faucet
- Use warm water rather than hot water to prevent drying of the skin

Methods of Assessment

The IP can evaluate current facility practices through a variety of different methods:

- **Rounding themselves:** walking through the nursing units, kitchen, laundry, and other facility areas and observing the staff. Based on the findings, the IP can provide just-in-time training to the staff. These are not considered audits, and any lapses should be corrected.
- **Use of shift coaches:** they are usually members of the nursing staff who have an interest in infection prevention and want to help improve resident care. They are trained by and meet regularly with the IP to discuss what they see and how to coach other staff to improve. AHCA offers a free course on creating a Shift Coach Program.



- **Secret Shoppers:** this can be anyone in the facility, including volunteers or even volunteer residents. The IP trains secret shoppers on how to perform and document infection control observations. A more well-rounded picture of staff compliance can be made by assigning brief, random periods of observation (15 minutes or less) to others in the facility, rather than just the IP, to make observations.

Post-Implementation Evaluation

As with any data collected, for it to be useful, it must be analyzed and then acted upon as necessary. Just-in-time feedback is often overlooked but should be a critical step taken during observation for hand hygiene compliance. Even when secret shoppers are used, there should be an immediate notification of someone (e.g., unit manager, shift coach) that can provide just-in-time corrections, when necessary, such as in the scenario here with the culinary staff. When collected, you should look for trends in the data. Is the data showing improvement in compliance, no change, or a decrease? Are there certain disciplines, a time of day, or tasks that seem to score the lowest? Consult with the staff to determine the barriers to successful practice. Are these barriers operational — meaning missing supplies, inappropriate location of supplies, or is it educational, the staff having a true lack or misunderstanding of hand hygiene? The resulting information should be shared with the administrative and frontline staff, along with the Quality Assurance committee for review. The committee can provide feedback on the information provided and help develop the Performance Improvement Plan (PIP). Lapses in hand hygiene continue to be high on the list of Federal tags cited, therefore, if there is any issue noted put a PIP in place to recognize that need to improvement. Always document your data, analysis, and any action plan(s).

Resources

Association for Professionals in Infection Control and Epidemiology, Inc. (APIC). 2024. *APIC Text Online. Hand Hygiene.* Accessed May 1, 2025.

Association for Professionals in Infection Control and Epidemiology, Inc. (APIC). 2013. *Infection Preventionist's Guide to Long-Term Care.* First Edition. Washington, DC.

CDC. 2024. Clinical Safety: Hand Hygiene for Healthcare Workers. Accessed May 1, 2025.

CDC. 2024. Hand Hygiene Frequently Asked Questions. Accessed May 1, 2025.

CDC. 2024. Norovirus Fact Sheet for Food Workers. Accessed May 1, 2025.

Haenen A, de Greeff S, Voss A, Liefers J, Hulscher M, Huis A. (2022) Hand hygiene compliance and its drivers in long-term care facilities: observations and a survey. Antimicrob Resist Infect Control. Mar 18;11(1):50. doi: 10.1186/s13756-022-01088-w. PMID: 35303941; PMCID: PMC8931571.

U.S. Public Health Service — Food and Drug Administration. Food Code 2009. FDA website. Updated 3/7/2022. Accessed May 1, 2025.

Interested in joining the National Infection Prevention Forum?

LEARN MORE