Minnesota Department of Health

# Infection Control Assessment and Response Program (ICAR)Hand Hygiene Observation Tool

MDH ICAR Infection Prevention Audit Tools

This audit tool can be used to determine compliance of hand hygiene practices for any staff member. Facilities may also consider using this tool for outside contractors, visitors, and volunteers.

**Observer:**

**Date: Unit:**

|  |  |  |
| --- | --- | --- |
| **Role** | **Action** | **Hand Hygiene Observed** |
| ☐ RN ☐ LPN ☐ CNA ☐ EVS ☐ PCA ☐ TMA ☐ DSP ☐ RT ☐ REHAB  ☐ PROVIDER ☐ DIETARY ☐ LAUNDRY ☐ ACTIVITIES ☐ FACILITIES  ☐ CONTRACTOR ☐ OTHER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ☐ ENTER  ☐ EXIT | ☐ WASH  ☐ RUB  ☐ MISSED |
| ☐ RN ☐ LPN ☐ CNA ☐ EVS ☐ PCA ☐ TMA ☐ DSP ☐ RT ☐ REHAB  ☐ PROVIDER ☐ DIETARY ☐ LAUNDRY ☐ ACTIVITIES ☐ FACILITIES  ☐ CONTRACTOR ☐ OTHER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ☐ ENTER  ☐ EXIT | ☐ WASH  ☐ RUB  ☐ MISSED |
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**UNIT:** Location of observation

**ROLE:** RN–registered nurse; LPN–licensed practical nurse; CNA–certified nursing assistant; EVS–environmental services and housekeeping; PCA–personal care attendant; TMA–trained medical assistant; DSP–direct support professional; REHAB–rehabilitation including physical occupational, music, and speech therapy; RT–respiratory therapist; DIETARY–dietary and kitchen staff; LAUNDRY–laundry staff; ACTIVITIES–activities staff; FACILITIES–facilities and maintenance staff; PROVIDER–medical doctor (MD), doctor of osteopathic medicine (DO), nurse practitioner (NP), physician assistant (PA), dentist (DDS); OTHER–administration, family, hospice, volunteers, etc.

**HAND HYGIENE OBSERVED:** WASH–handwashing (soap and water); RUB–alcohol-based hand rub; MISSED: hand hygiene not performed

## How to complete a hand hygiene (HH) audit

**Hand hygiene definition:** cleaning one’s hands by using either an alcohol-based hand rub or by washing hands with soap and water.

### Observation opportunities

The observer records the occasion(s) in which they observe a staff member when they have performed hand hygiene. Hand hygiene opportunities include before room entry and upon room exit.

Basic direct observation suggestions:

1. Count each opportunity as it occurs, then complete form appropriately.
2. Each opportunity refers to one line in each row; each line is independent from one row to another.
3. If more than one opportunity for hand hygiene occurs on the same opportunity, use more than one row to complete audit.

### Using the tool

1. Complete top of form that include observer, date and unit.
2. Refer to the key on the tool for staff type and other abbreviations used on the monitoring form.
3. For each opportunity, the observer records the following:
   1. Role – Place an X in the box for the position of the person you are observing.
   2. Action – Place an X in the box for enter or exit.
   3. Hand hygiene observed – Place an X in the box that matches with observation of staff member.
4. Hand hygiene before room entry and on exit of room—mark each opportunity for hand hygiene observed. (List below are examples on observation)
   1. If a staff member performs hand hygiene with an alcohol-based hand rub (before entering or at exit of room), place an X in the box labeled RUB.
   2. If a staff member performs hand hygiene by washing hands with soap and water (before entering or at exit of room), place an X in the box labeled WASH.
   3. If a staff member did not perform hand hygiene (before entering or at exit of room), place an X in the box labeled MISSED.
   4. Example: RN performs HH by RUB to enter room (complete this as an opportunity observed), then RN exits the room and performs HH by RUB (complete this as an opportunity observed). This example provided two opportunities for HH that were successfully completed.
5. Other considerations during hand hygiene observations:
   1. Unless hands are visibly soiled, alcohol-based hand rub is preferred over soap and water.
   2. Soap and water are preferred methods of hand hygiene **IF** hands are visibly soiled **OR** resident is experiencing loose stools, suspected infection, or colonization with highly transmissible or pathogens such as *C. difficile*.
   3. If staff member enters threshold of room while carrying items, staff member must immediately place items inside room and complete hand hygiene before proceeding.
   4. If staff member exits room while carrying items, staff member must immediately place items outside of room and complete hand hygiene.
   5. If observer is unable to visually confirm if staff member performed hand hygiene the observation cannot be counted.

## Hand hygiene program framework

The framework below can assist health care organizations/facilities to make necessary decisions about what, when, why, and how they will measure hand hygiene performance.

* Assess staff perception and awareness by asking:
  + Does staff observe other staff members not performing hand hygiene?
  + Do you speak up when staff are observed missing hand hygiene?
  + Do you feel there is a role you are most likely feel you need to remind?
  + Do you feel comfortable speaking up?
  + What barriers have you experienced that prevent you from performing hand hygiene?
  + Describe opportunities where you feel hand hygiene should be performed?
  + Create additional assessment questions as it relates to staff and facility’s needs.
* Policy
  + Organization hand hygiene policy to support expectations to address:
    - Nail length
    - Artificial nails and polish
    - Jewelry
    - Build hand hygiene program into policy
    - Other identified topics per organization or facility
* Pledge
  + Create pledge that promises to clean my hands before and after exiting a resident room… (using identified moments from staff assessment)
* Phrase (reminder to preform hand hygiene, acronym)
  + Involve all staff, visitors, and residents
* Establish clear expectations on when and where to perform hand hygiene (wash or ABHR)
  + Identify elements of hand hygiene to measure (if beyond room entry/exit)
  + Current employee education and continual competencies
  + Build into new employee orientation
  + Include education on transmission-based precautions with indicated signs
* Identify organizational goals (include primary and secondary goals).
  + Primary goal examples
    - Build a hand hygiene culture that fosters staff accountability and three E’s (education, empowerment, and engagement)
    - Addresses barriers to performing hand hygiene
    - Assess base compliance rate, establish number of audits to obtain per week/month or shift.
    - Prioritize lower compliance unit or role identified
  + Secondary goal examples
    - Improve hand hygiene compliance rate
* Auditing
  + What is an audit? (observation)
  + How is an audit counted? (room entry/room exit or 5 moments of hand hygiene)
  + Review tool being utilized and expectations of completing audits (secret shopper and internal data verification)
  + Audit throughout 24-hour period
  + Designate champions (those who would positively promote program and assist in audits)
  + Provide immediate coaching from missed opportunity for hand hygiene
* Data
  + Be transparent
  + Involve staff for feedback
  + Transparency: share data on weekly/monthly bases in huddles or team meetings
  + Post data for staff accountability
  + Create an action plan from observed audits and staff feedback on identified barriers or challenges – this will assist in support and drive change on how to resolve it
* Above all:
  + Make it fun- try competitions with rewards from goal being reached (pizza party, trophies)
  + Celebrate milestones and roles

## Resources

* [Don't Forget to Wash Poster (www.health.state.mn.us/people/handhygiene/wash/dontforget.html)](https://www.health.state.mn.us/people/handhygiene/wash/dontforget.html)  
  Use same process for ABHR
* [Videos for COVID-19 Response: Hand Hygiene (www.health.state.mn.us/diseases/coronavirus/materials/videos.html#hand)](https://www.health.state.mn.us/diseases/coronavirus/materials/videos.html#hand)  
  How to Wash Your Hands video in 10 additional languages
* [iScrub Lite on the App Store (https://apps.apple.com/us/app/iscrub-lite/id329764570)](https://apps.apple.com/us/app/iscrub-lite/id329764570)  
  Hand hygiene auditing application for Apple devices

Included for informational purposes only. Minnesota Department of Health does not endorse any particular product or application.

[www.health.state.mn.us/icar](http://www.health.state.mn.us/icar)

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To obtain this information in a different format, call: 651-201-5414.