



Back to Basics for Infection Prevention

Hand Sanitizer / Hand Wash Audit Provider & Patient Resource Guide

Hand Hygiene Basics

It is in these challenging times that we are reminded why hand hygiene is imperative in the prevention of disease transmission. As a result, Network 6 has launched a “Back to Basics” campaign. These are resources to share with your staff and patients. Suggestions for opportunities to share these materials would be in your team huddles or staff meetings, posting the poster in prominent areas in the facility-waiting room, and at scales and handwashing stations.

Back to Basics Resources

Back to Basics resources include a toolkit of printable resources, audits and educational video which are aimed at assisting facilities effectively monitor hand hygiene in their facilities and include patients in the efforts to improve infection prevention.

How do I use these Resources?

The resource titles are *clickable, and provide access to the website and printable resources*.

Review and become familiar with the resources.

Engage and educate your staffing team on the resources and their purpose:

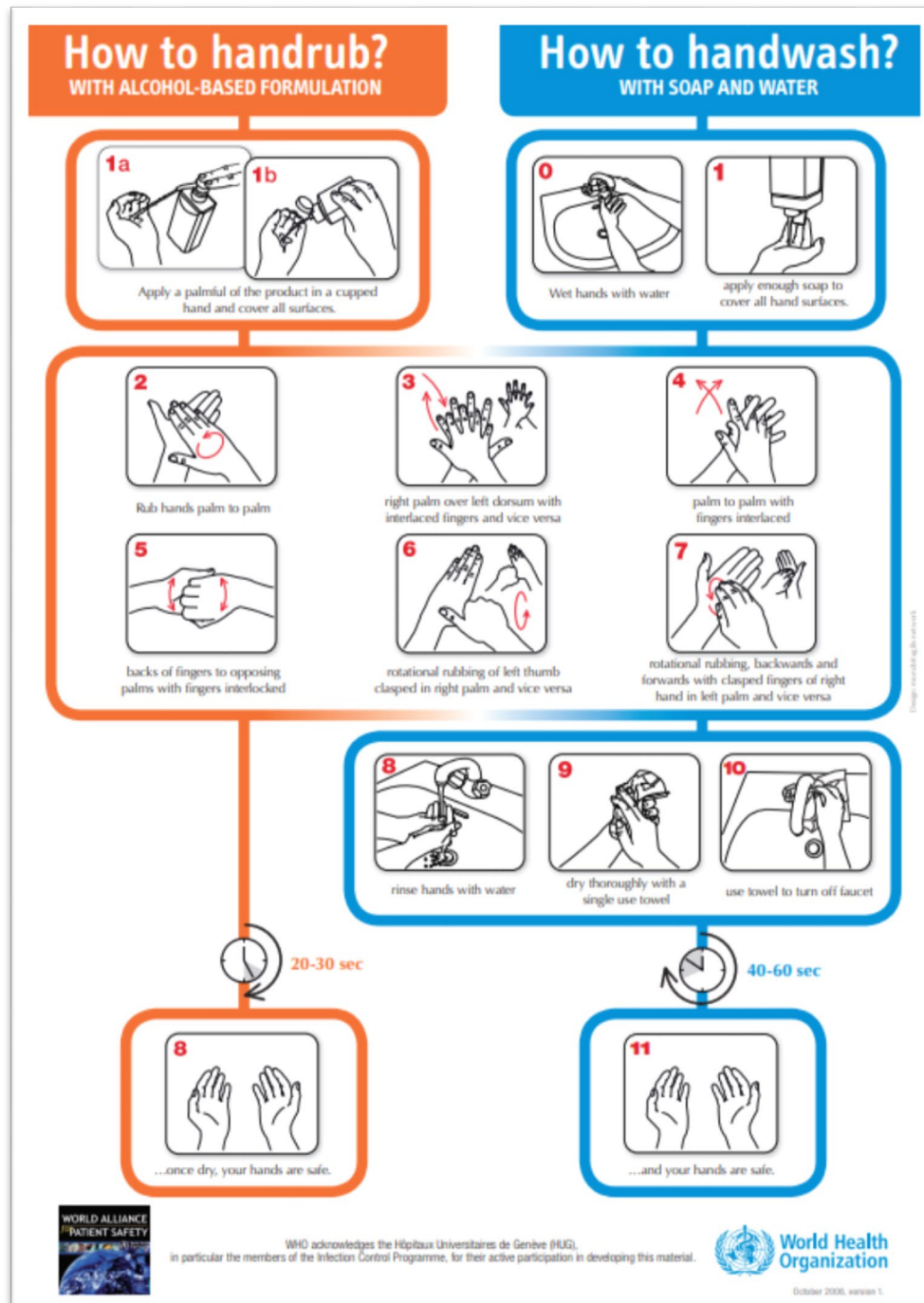
- Post the WHO poster in a location visible and accessible to staff and patients.
- Print and share audits with staff and patients.
- Print and share the PAC Speaks Newsletter with staff and patients.
- Observe staff performing hand hygiene and check off steps followed

Engage and educate patients on the resources and their purpose:

- Engage patients on the importance of hand hygiene. The NCC Test Your Hand Hygiene Knowledge is an interactive way for patients to get involved.
- Print the Hand Hygiene Audit / Questions and Answers and review how to use the audit with your patients.
- Encourage patients to ask questions and voice concerns as they arise.
- Partnering and actively engaging patients in their care empowers patients, improves involvement in their care and the likelihood of improved outcomes.

WHO Handrub (Sanitizer) / Hand Wash Poster

The World Health Organization (WHO) How to Handrub (use hand sanitizer) and How to Handwash resources provide an easy to follow step-by-step pictorial on how to use hand rub (hand sanitizer) and wash hands properly with soap and water. Post the poster in prominent areas in the facility-waiting room, and at scales and handwashing stations.





Hand Sanitizer / Hand Wash Audit: Resource

Conducting practice observations and staff is considered to be best practices in monitoring infection prevention in your facilities. This audit tool is intended to promote hand sanitizer utilization. Suggestions for opportunities to share practice observation and audit results would be in your team huddles or staff meetings, and interdisciplinary team meetings. This audit tool is available in English and Spanish versions.

Dialysis Audit Tool: Hand Hygiene with Hand Sanitizer

[illegible]

*Discipline: P=physician, N=nurse, T=technician, S=student, D=dietitian, W=social worker, O=other

Date: _____ Time: _____ Shift: _____ Observer: _____ Duration of observation period: _____ minutes

Number of procedures performed correctly: _____ Total number of procedures observed during audit: _____

The Centers for Disease Control and Prevention (CDC) recommends using an alcohol-based hand rub (ABHR) with greater than 60% ethanol or 70% isopropanol in healthcare settings. Unless hands are visibly soiled, an ABHR is preferred over soap and water in most clinical situations due to evidence of better compliance compared to soap and water. Hand rubs are generally less irritating to hands and are effective in the absence of a sink.

Continued on next page

Hand Hygiene Opportunity Category	Specific Examples	Describe Any Missed Attempts (e.g., during medication preparation, between patients, after contamination with blood, etc.)
1. Prior to touching a patient	<ul style="list-style-type: none"> • Prior to entering station to provide care to patient • Prior to contact with vascular access site • Prior to adjusting or removing cannulation needles 	
2. Prior to aseptic procedures	<ul style="list-style-type: none"> • Prior to cannulation or accessing catheter • Prior to performing catheter site care • Prior to administering IV medications or infusions 	
3. After touching a patient	<ul style="list-style-type: none"> • When leaving station after performing patient care • After removing gloves • When moving from a soiled body site to a cleanbody site 	
4. After touching patient surroundings	<ul style="list-style-type: none"> • After touching dialysis machine • After touching other items within dialysis station • After using chairside computers for charting • When leaving station • After removing gloves 	



IPRO End-Stage Renal Disease Network of New England
1952 Whitney Avenue, 2nd Floor, Hamden, CT 06517
Patient Toll-Free: 866-286-3773 • Main: 203-387-9332 • Fax: 203-389-9902
Email: esrdnetwork1@ipro.us • Web: <http://network1.esrd.ipro.org>

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End-Stage Renal Disease Network Program



Conducting practice observations and is considered to be best practices in monitoring infection prevention in your facilities. Suggestions for opportunities to share practice observation and audit results would be in your team huddles or staff meetings, and interdisciplinary team meetings.

CDC Dialysis Collaborative Facility Name: _____ Date: _____ Start time: _____ AM / PM
Day: M W F Tu Th Sa Shift: 1st 2nd 3rd 4th Observer: _____ Location within unit: _____

Audit Tool: Hemodialysis hand hygiene observations
(Use a "✓" for each 'hand hygiene opportunity' observed. Under 'opportunity successful', use a "✓" if successful, and leave blank if not successful)

Discipline	Hand hygiene		Describe any missed attempts (e.g., during medication prep, between patients, after contamination with blood, etc.):
	Hand hygiene opportunity	Opportunity successful	

Discipline: P=physician, N=nurse, T=technician, S=student, D=dietitian, W=social worker, O=other
Duration of observation period = _____ minutes Number of successful hand hygiene opportunities observed = _____
Total number of patients observed during audit = _____ Total number of hand hygiene opportunities observed during audit = _____
** See hand hygiene opportunities on back page

Guide to Hand Hygiene Opportunities in Hemodialysis

Hand hygiene opportunity category	Specific examples
1. Prior to touching a patient	<ul style="list-style-type: none"> • Prior to entering station to provide care to patient • Prior to contact with vascular access site • Prior to adjusting or removing cannulation needles
2. Prior to aseptic procedures	<ul style="list-style-type: none"> • Prior to cannulation or accessing catheter • Prior to performing catheter site care • Prior to parenteral medication preparation • Prior to administering IV medications or infusions
3. After body fluid exposure risk	<ul style="list-style-type: none"> • After exposure to any blood or body fluids • After contact with other contaminated fluids (e.g., spent dialysate) • After handling used dialyzers, blood tubing, or prime buckets • After performing wound care or dressing changes
4. After touching a patient	<ul style="list-style-type: none"> • When leaving station after performing patient care • After removing gloves
5. After touching patient surroundings	<ul style="list-style-type: none"> • After touching dialysis machine • After touching other items within dialysis station • After using chairside computers for charting • When leaving station • After removing gloves

Please make note of the following during this session.

	Yes	No	Comments
There is a sufficient supply of alcohol-based hand sanitizer			
There is a sufficient supply of soap at handwashing stations			
There is a sufficient supply of paper towels at handwashing stations			
There is visible and easy access to hand washing sinks or hand sanitizer			

[Hand Wash Video](#)



The NCC 'Test Your Hand Hygiene Knowledge' video provides an interactive method to review with your patients and test your patients hand hygiene knowledge. The video encourages and empowers patients to ask and remind their care provider to wash their hands.

Test Your Hand Hygiene Knowledge



*Click the **Begin** button below to start*

Begin

Disclaimer and Info



PAC Speaks- My Life is in Your Hands: Please Wash Them

Infections are the second leading cause of death in patients with ESRD. Engaging patients as active partners with infection prevention strategies can reduce their risk. This Patient Advisory Committee (PAC) Newsletter reflects a patient's experience with infection and provides an insightful look at the impact of bloodstream infection from a patient's point of view. Please share this informational newsletter with staff and patients.



PAC Speaks
A NEWSLETTER FOR PATIENT ADVISORY COMMITTEE REPRESENTATIVES
2018 ISSUE 6
esrd.ipro.org



**My Life is in Your Hands:
Please Wash Them!**

As told by Stephanie Dixon, Brooklyn, New York

**About Me: Stephanie Dixon,
PAC Chair New York**

My name is Stephanie Dixon, I am from New York City and I am a mother and grandmother. I have been on dialysis since 2002. After going to the Emergency Room for a suspected heart attack and spending the night in ICU, with my daughter who at the time was 14-years-old, the doctors diagnosed me with kidney disease. I have been a member of the Patient Advisory Council (PAC) for 10 years & the National Coordinating Center (NCC) for 3 years. I am active on many kidney related committees including Healthcare Acquired Infections (HAI), both locally and nationally. As a member of the New York State Chronic Kidney Disease Champions, I endeavor to educate, encourage and empower patients to be active members of their healthcare team.

In 15 years, I have done both in-center and peritoneal (PD) hemodialysis. While receiving in-center dialysis, I have had two infections that luckily were minor and went away easily with antibiotics. While I was on PD, I was very thorough with my cleaning and hand hygiene; I have never given myself an infection. I believe that breaks in aseptic techniques were responsible for both of my infections.


Now that I am in-center, I am very vocal about how staff and patients should wash their hands. Before my infections, I was not bold enough to speak up when I saw things such as my nurse or staff member not washing their hands. Once I made a direct connection between my infections and something simple, like washing hands, it became clear to me that in order for me not to get sick, I had to speak up and take an active role in the quality of my healthcare.

Many of my fellow patients and friends have had major infections that caused additional complications or even led to hospitalization. Infections have a major impact on your health, and avoiding them can be the difference between life and death. Patients need to know basic techniques to their care, for example, clinic staff must change their gloves and wash their hands in between caring for each patient.

Most clinics are set up where many patients are being cared for by one facility staff member. This person can easily forget to wash their hands or change gloves in between patients. This can unintentionally promote the spread of bacteria that will lead to infections.

Today, I have gone as far as to make a sign that says, "Employees must wash their hands," as a gentle reminder for my care team at the facility to make sure they have performed the proper hand hygiene protocols before working with me. There are staff members that get offended by my sign, but there is nothing rude or insensitive about asking a facility staff member to follow aseptic techniques.

As people living with kidney failure, we have weakened immune systems. We must hold those caring for us and ourselves accountable for administering lifesaving care such as dialysis. Be a part of your healthcare team, and remind people that your life is in their hands.




Tips for Working with Your Healthcare Team:

- Check your vascular access daily for signs of infection such as redness, pus and swelling. Notify your healthcare professional if you notice these signs.
- Keep your catheter bandage clean and dry. If your bandage gets wet, notify your healthcare professional.
- If you have a central line catheter, ask your healthcare professional why it is needed, how long it will be in place, and if you can use a fistula or graft for your dialysis treatment.
- Make sure that all healthcare providers clean their hands with soap and water or alcohol-based hand sanitizer before and after caring for you or your vascular access site.

***These tips are based on:**
<https://www.cdc.gov/dialysis/patient/>

Additional Resources

- Renal Support Network (RSN) Website: www.RSNhope.org
Phone: (818) 543-0896 Email: info@RSNhope.org
- American Association of Kidney Patients (AAKP) www.aakp.org
Phone: (813) 636-8100 Toll-free: (800) 749-2257 E-mail: info@aakp.org
- National Kidney Foundation (NKF)
www.kidney.org/kidneydisease/communicate-healthcare-team



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If you have a concern, but you are uncomfortable talking to a facility staff member, you may call your ESRD Network at:

IPRO End-Stage Renal Disease Network of New York
(CT, MA, NH, RI, VT)
1952 Whitney Avenue, 2nd Floor
Hamden, CT 06517
Patient Toll-Free: 1 (866) 286-ESRD (3773)
Fax: (203) 389-9902
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IPRO End-Stage Renal Disease Network of New England
1979 Marcus Avenue, Lake Success, NY 11042
Patient Toll-Free: 1 (800) 238-3773
Fax: (516) 326-8929
E-mail: info@nw2.esrd.net
Web: network2.esrd.ipro.org

IPRO End-Stage Renal Disease Network of the South Atlantic
(GA, NC, SC)
606 Aviation Parkway, Suite 30
Morrisville, NC 27560
Patient Toll-Free: 1 (800) 524-7139
Fax: (919) 388-9637
E-mail: info@nw6.esrd.net
Web: network6.esrd.ipro.org

IPRO End-Stage Renal Disease Network of the Ohio River Valley
(IN, KY, OH)
3201 Enterprise Parkway, Suite 210
Beachwood, OH 44122
Patient Toll-Free: 1 (844) 819-3010
Fax: (216) 593-0101
E-mail: info@nw9.esrd.net
Web: network9.esrd.ipro.org

The Network will accept grievances by phone, fax, email or postal mail.