



Training Your Caregiver: Hand Hygiene

Infections are a serious threat to fragile patients. They are often spread by healthcare workers and family members who are providing frontline care. In fact, one of the major contributors to infections that result in death each year is the failure of healthcare workers and family members providing care to properly clean their hands.

Healthcare workers and family caregivers can pick up infectious organisms by touching patients, contaminated furniture, contaminated dressings, or contaminated equipment. Those workers can then carry those organisms to other patients and members in the community with whom they have contact. Those patients and community members who contract the infection are at risk of continuing the process of contamination to others.

The goal of good hand hygiene is to break this dangerous cycle by preventing the passage of germs from one person to another. Home caregivers must perform proper hand hygiene before each new contact to protect the individual for whom they provide care, and the families with whom they interact.

More specifically, caregivers should perform hand hygiene ***before*** and ***after*** completing the following activities:

- taking a veteran's blood pressure or pulse,
- helping the veteran ambulate,
- touching the veteran's gown, bedsheets, or dressings,
- handling bed rails, blood pressure equipment, TV Remote, or other equipment near the veteran.

The VA will provide to most veterans in the VDHCBS program certain cleansing agents, gloves, and other health products if prescribed by a physician. If a veteran does not qualify for this benefit, that veteran may utilize some of his/her VDHCBS funding for Health Maintenance of Goods for Independent Living to cover the purchase of these items provided they are listed on the budget.

Washing Hands with Soap and Water

Liquid Soap is considered the most effective form of soap. (*NOTE: Liquid soap containers should **NOT** be refilled unless completely empty to avoid contamination.*) Many dishwashing soaps are also hand soaps and will have the phrase “antibacterial soap” on the container.

Whenever possible the caregiver should wash with soap and warm water when their hands are (or will become) visibly dirty, soiled, or contaminated, especially **before** and **after** the following:

- preparing or eating food,
- touching a sick or injured person,
- treating wounds or cuts,
- moving from a contaminated body site to a clean body site during patient care (example- when providing a bed bath),
- having direct contact with the veteran patient,
- cleaning indwelling urinary catheters,
- making contact with body fluids or excretions, mucous membranes, broken skin, or wound dressings. (*NOTE: in addition, gloves should always be worn if there will be contact with body fluids, broken skin, or excretions.*),
- making contact with the patient's non-intact skin,
- using the restroom,
- blowing one’s nose,
- handling animals or animal waste,
- coughing or sneezing into the hands,
- handling garbage,
- making contact with surfaces which are frequently touched such as doorknobs, railings, TV remotes or inanimate objects in the immediate vicinity of the veteran client, and
- removing gloves.

To perform hand hygiene with soap and water:

1. Roll up your sleeves to avoid wetting them during hand washing.
2. Remove watch and jewelry.
3. Wet your hands and wrists with warm water.

4. Apply a sufficient amount of soap.
5. Lather the soap by rubbing your hands together.
6. Scrub between and around your fingers, fingertips, backs of both hands, and the wrists for at least 20 seconds.
7. Rinse your hands thoroughly allowing the water to run down the wrists to the fingertips. Ensure all soap is rinsed away.
8. Wipe your hands and wrists dry with a paper towel.
9. Turn off the faucet **using a paper towel** to avoid contaminating yourself again.
10. **Use the paper towel** to open the bath room door as you exit.

Use of Alcohol-Based Hand Sanitizers

Alcohol based hand sanitizers are effective in most infectious situations (*Infectious C-Diff and Anthrax are the only exceptions*).

If your hands appear clean, not dirty, use the hand sanitizer **before** having any contact with the veteran and **after** any of the following events:

- direct contact with the veteran's skin,
- contact with body fluids, wounds, or broken skin (*remember you should be gloved when there will be contact with broken skin, excretions, secretions, other body fluids including urine*),
- making contact with surfaces which are frequently touched such as doorknobs, railings, TV Remotes or inanimate objects in the immediate vicinity of the veteran client. (medical equipment used with the veteran client is included), and
- Removing gloves.

Towelettes and Handwipes

Anti-microbial towelettes and wipes may be used as an alternative to washing hands with a non-antimicrobial soap and water.

However, they are **NOT** as effective as other measures for reducing bacteria, so they should **NOT** be used in place of alcohol-based sanitizers or antimicrobial soaps.

Fingernails and Jewelry

Fingernails and jewelry often are overlooked in hand hygiene. Chipped nail polish may support the growth of organisms and bacteria. Caregivers with artificial nails are more likely to harbor pathogens on their fingertips than those with natural nails. Studies also have shown that the skin under rings and bracelets harbor more germs than the surrounding skin. For these reasons, caregivers should:

- opt for natural nails less than 1/3 of an inch in length,
- clean under the nails and maintain cuticles, and
- remove jewelry before washing hands or avoid wearing it altogether when providing care to your veteran.

Skin Care

Frequent hand washing can cause skin irritation and contact dermatitis for the caregiver. Dry, cracked skin may in turn deter the worker from washing hands as often as needed to prevent the spread of infection.

Here are some things you can do to limit the problems of dry skin irritation:

- Use a mild soap with warm water when you wash your hands,
- Pat hands dry rather than rubbing to dry,
- Use sanitizers and lotions with emollients (oils), and
- Wear gloves when washing dishes or floors.

Key Takeaway

Caregivers (professional and family) are vital members of the veteran's care team. Because of the close, intimate interactions that occur between the veteran and the veteran's caregivers, it is important to practice good hand hygiene throughout the day to prevent the spread of infection to the veteran, your family, and the community.

Exam Follows on Next Page



Training Your Caregiver: Hand Hygiene Test

Employee Name: _____

Date: _____

Mark the correct response:

1. Hand Hygiene should be performed:
 - a. Only when the hands become visibly soiled.
 - b. 3 or 4 times per day.
 - c. Before every new patient contact.

2. A caregiver should wear gloves:
 - a. During activities involving blood or body fluids contaminated with blood.
 - b. Instead of washing their hands.
 - c. When caring for persons with intact skin.

3. How long should a caregiver scrub their hands when washing with soap and warm water:
 - a. At least 10 seconds.
 - b. At least 20 seconds.
 - c. At least 30 seconds.

4. Liquid anti-microbial soap is the best soap for washing hands.
 - a. True.
 - b. False.

5. When is using an alcohol-based sanitizer an appropriate hand hygiene approach?
 - a. Never.
 - b. When hands are not visibly dirty.
 - c. Always.

6. Sanitizers with at least what % of alcohol are considered excellent disinfectants in caregiving situations:
 - a. 40%
 - b. 60%
 - c. 80%
 - d. 90%

7. Alcohol hand sanitizers are effective against:
 - a. All microbial infectious agents
 - b. All infections except for HIV/Aids
 - c. All microbial infections except for C-Diff and Anthrax.

8. Using antimicrobial wipes and towelettes are the most effective hand hygiene method for reducing bacteria.
 - a. True
 - b. False

9. Caregivers with artificial nails are more likely to harbor pathogens on their fingertips than those with natural nails.
 - a. True
 - b. False

10. Best practice to prevent skin irritation is to cut back on your hand-washing frequency.
 - a. True
 - b. False

In order to receive your state-required home caregiver CEUs, you must mail this test along with your signed FORM 1732 Management and Training of Service Provider (on the next page) to:

**CTADVRC – VDHCB
PO Box 729
Belton TX 76513**

Score: _____ of 10

Pass – Fail



Consumer Directed Services Management and Training of Service Provider

Table with 3 columns: Service Provider Name (Employee), First Day of Work, Annual Evaluation Due Date; Name of Individual Receiving Services, Program, Services Delivered; Name of Consumer Directed Services Employer

I. Purpose

- Initial Orientation (checked), Ongoing Training, Evaluation (30-Day, 3-Month, 6-Month, Annual, Other), Supervision (Verbal/Written Warning: First, Second, Third, Other), Conflict Resolution (Other)

II. Documentation of Topics Covered at Initial Orientation or Ongoing Training: (Initial orientation must include training related to the individual's condition and the tasks the service provider will perform as well as any required training described in an applicable addendum to Form 1735, Employer and Financial Management Services Agency Service Agreement.)

Training Your Caregiver: Hand Hygiene from the VDHCBS website (ctadvrc.org) with test attached.

III. Documentation of Abuse, Neglect and Exploitation Training: (Initial orientation must include training on acts that constitute abuse, neglect or exploitation of an individual.)

IV. Evaluation/Performance Review:

V. Corrective Action Plan (if applicable):

Date for follow-up on corrective action plan:

VI. Service Provider Comments:

Signature of Service Provider Date

This document has been reviewed with the service provider listed above.

Signature of Employer Date Signature of Witness Date

Date sent to FMSA:

Date received by FMSA: