Dialysis Assessment and Response Tool (DART) for Infection Prevention and Control

Hand Hygiene

This form is intended to aid a DART facilitator in the review of a dialysis facility's hand hygiene practices (Part A). Additionally, questions are included to guide observations of facility/healthcare personnel (HCP) practices (Part B) and audits of hand hygiene (Part C).

Note: Additional information on safe hand hygiene practices can be found on the CDC website and the SHEA/IDSA/APIC Practice Recommendation:

https://www.cdc.gov/clean-hands/about/hand-hygiene-for-healthcare.html

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10015275/

Part A. Hand Hygiene Interview Questions

Patients and visitors	
1. When are patients and/or visitors encouraged to clean their hands?	◯ Not assessed during this visit
Upon arrival at the facility	◯ Yes ◯ No ◯ Unknown
Before entering the patient care area	◯ Yes ◯ No ◯ Unknown
After using common high-touch surfaces (e.g., the scale)	◯ Yes ◯ No ◯ Unknown
During their visit, before assisting with their own patient care (e.g., before self-cannulation)	◯ Yes ◯ No ◯ Unknown
During their visit, after assisting with their own patient care (e.g., after holding exit sites to stop bleeding)	◯ Yes ◯ No ◯ Unknown
Other *(specify):*	

Clinical HCP	
2. When are HCP expected to clean their hands? *(select all that apply)*	◯ Not assessed during this visit
At station entry and exit	◯ Yes ◯ No ◯ Unknown
Immediately before touching a patient	◯ Yes ◯ No ◯ Unknown
Before performing an aseptic task	◯ Yes ◯ No ◯ Unknown
Before moving from work on a soiled body site to a clean site on the same patient	◯ Yes ◯ No ◯ Unknown
After touching patient or the patient's immediate surroundings	◯ Yes ◯ No ◯ Unknown
After contact with blood, body fluids, or contaminated surfaces	◯ Yes ◯ No ◯ Unknown
Immediately after glove removal	◯ Yes ◯ No ◯ Unknown
Other *(specify)*	

Rationale:

The CDC Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings lists indications for hand hygiene that are generally consistent with the WHO 5 moments for hand hygiene.

Sources: https://www.cdc.gov/infection-control/hcp/core-practices/index.html

https://www.cdc.gov/dialysis-safety/media/pdfs/Hemodialysis-Hand-Hygiene-Observations-P.pdf

3. In most clinical situations, how do HCP clean their hands?

- ◯ Alcohol-based Hand Sanitizer (ABHS)
- ◯ Handwashing with soap and water
- ◯ Unknown
- ◯ Not assessed
- ◯ Other *(specify)*:

Rationale:

"Unless hands are visibly soiled, an alcohol-based hand rub 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."

Source: https://www.cdc.gov/infection-control/hcp/core-practices/index.html

4. Are there certain times when HCP must wash their hands with soap and water? *(select all that apply)*

- ☐ When hands are visibly soiled
- ☐ Before eating
- ☐ After using the restroom
- ☐ No times when HCP must wash their hands with soap and water
- ☐ Unknown
- ☐ Not assessed
- ☐ Other *(specify)*:

Rationale:

Handwashing with soap and water is specifically recommended when hands are visibly soiled and, "before eating and after using a restroom, wash hands with a non-antimicrobial soap and water or with an antimicrobial soap and water."

Source: CDC 2002 Guideline for Hand Hygiene in Healthcare Settings, pg 32:

https://www.cdc.gov/infection-control/media/pdfs/Guideline-Hand-Hygiene-P.pdf

5. Is there a process to ensure:

5a. Hand hygiene supplies are readily available/restocked?

- ◯ Yes
- ◯ No
- ◯ Unknown
- ◯ Not assessed

5b. Hand hygiene ABHS and soap dispensers are properly functioning and products are not expired?

- ◯ Yes
- ◯ No
- ◯ Unknown
- ◯ Not assessed

Rationale:

Facilities should, "ensure that supplies necessary for adherence to hand hygiene are readily accessible in all areas where patient care is being delivered." Inaccessibility to hand hygiene supplies is perceived as a barrier to hand hygiene practice.

Responsibility for maintaining supplies for hand hygiene may be assigned to individuals or departments at the facilities discretion. Healthcare personnel should know who is responsible and who to contact if supplies are needed.

"Do not add soap to a partially empty soap dispenser. This practice of "topping off" dispensers can lead to bacterial contamination of soap (IA) (187,419)

Source: https://www.cdc.gov/infection-control/media/pdfs/Guideline-Hand-Hygiene-P.pdf

As part of fire safety for ABHS dispenser:

"The dispenser shall:

Not release its contents except when the dispenser is activated, either manually or automatically by touch-free activation.

Not dispense more solution than the amount required for hand hygiene consistent with label instructions.

Be designed, constructed and operated in a manner that ensures accidental or malicious activation is minimized.

Be tested in accordance with the manufacturer's care and use instructions each time a new refill is installed.

Any activation of the dispenser shall only occur when an object is placed within 4 inches (100mm) of the sensor. An object placed within the activation zone and left in place shall not cause more than one activation."

Source: https://www.cdc.gov/clean-hands/hcp/clinical-safety/?CDC_AAref_Val=https://www.cdc.gov/handhygiene/firesafety/index.html

Part B. Hand Hygiene - Facility-Level Observations

Observe the location, accessibility, and features of hand hygiene areas in at least 2 different clinical areas of the dialysis facility where HCP perform hand hygiene (top table) and at least one common area where patients and visitors may perform hand hygiene (bottom table).

Clininical Areas	Clinical Area #1	Clinical Area #2	Clinical Area #3
Area being observed:	◯ Not assessed	◯ Not assessed	◯ Not assessed
What type of hand hygiene area did you assess?	◯ Mounted ABHS dispenser ◯ Free-standing ABHS dispenser ◯ Sink ◯ Other	◯ Mounted ABHS dispenser ◯ Free-standing ABHS dispenser ◯ Sink ◯ Other	◯ Mounted ABHS dispenser ◯ Free-standing ABHS dispenser ◯ Sink ◯ Other
If ABHS dispenser *(select all that apply)*:	☐ Ready to dispense (i.e., not empty) ☐ Dispenses appropriate amount* ☐ Maintained in a clean and sanitary manner ☐ Easily accessible ☐ Not expired ☐ Unknown ☐ Not assessed	☐ Ready to dispense (i.e., not empty) ☐ Dispenses appropriate amount* ☐ Maintained in a clean and sanitary manner ☐ Easily accessible ☐ Not expired ☐ Unknown ☐ Not assessed	☐ Ready to dispense (i.e., not empty) ☐ Dispenses appropriate amount* ☐ Maintained in a clean and sanitary manner ☐ Easily accessible ☐ Not expired ☐ Unknown ☐ Not assessed
If hand hygiene sink *(select all that apply)*:	☐ Soap available ☐ Paper towels available ☐ The sink drains appropriately ☐ Basin is free from clutter ☐ Clean supplies are stored outside of splash zone ☐ Sinks used only for hand washing (i.e., not used to dispose of waste) are labeled ☐ Unknown ☐ Not assessed	☐ Soap available ☐ Paper towels available ☐ The sink drains appropriately ☐ Basin is free from clutter ☐ Clean supplies are stored outside of splash zone ☐ Sinks used only for hand washing (i.e., not used to dispose of waste) are labeled ☐ Unknown ☐ Not assessed	☐ Soap available ☐ Paper towels available ☐ The sink drains appropriately ☐ Basin is free from clutter ☐ Clean supplies are stored outside of splash zone ☐ Sinks used only for hand washing (i.e., not used to dispose of waste) are labeled ☐ Unknown ☐ Not assessed
Is facility approved hand lotion supplied**	◯ Yes ◯ No ◯ Unknown ◯ Not assessed	◯ Yes ◯ No ◯ Unknown ◯ Not assessed	◯ Yes ◯ No ◯ Unknown ◯ Not assessed
Comments:			

**A single activation dispenses a volume that covers all surfaces of the hands and that requires a minimum of 20 seconds to rub before drying.*

***The 2002 CDC Guideline for Hand Hygiene in Healthcare recommends provision of hand lotions or creams to minimize the occurrence of irritant contact dermatitis associated with hand antisepsis or handwashing. Facility approved lotions or creams should be evaluated for compatibility with ABHS or if applicable, other antiseptics used by HCP at the facility (e.g., chlorhexidine gluconate). Fragrances in ABHS and lotions are the most frequent cause of allergic dermatitis among HCP. Source: Guideline for Hand Hygiene in Healthcare Settings, https://www.cdc.gov/infection-control/hcp/hand-hygiene/?CDC_AAref_Val=https://www.cdc.gov/infectioncontrol/guidelines/hand-hygiene/index.html*

Common Areas	Waiting area	Transition area between waiting area and treatment floor	Patient check-in area / scale
Select if the area	◯ Not assessed	◯ Not assessed	◯ Not assessed
What type of hand hygiene area did you assess?	◯ Mounted ABHS dispenser ◯ Free-standing ABHS dispenser ◯ Sink ◯ Other ◯ None available	◯ Mounted ABHS dispenser ◯ Free-standing ABHS dispenser ◯ Sink ◯ Other ◯ None available	◯ Mounted ABHS dispenser ◯ Free-standing ABHS dispenser ◯ Sink ◯ Other ◯ None available
If ABHS dispenser:	◯ Ready to dispense (i.e., not empty) ◯ Dispenses appropriate amount* ◯ Other ◯ Not assessed	◯ Ready to dispense (i.e., not empty) ◯ Dispenses appropriate amount* ◯ Other ◯ Not assessed	◯ Ready to dispense (i.e., not empty) ◯ Dispenses appropriate amount* ◯ Other ◯ Not assessed
If hand hygiene sink *(select all that apply)*:	☐ Soap available ☐ Paper towels available ☐ The sink drains appropriately ☐ Basin is free from clutter ☐ Clean supplies are stored outside of splash zone ☐ Other ☐ Not assessed	☐ Soap available ☐ Paper towels available ☐ The sink drains appropriately ☐ Basin is free from clutter ☐ Clean supplies are stored outside of splash zone ☐ Other ☐ Not assessed	☐ Soap available ☐ Paper towels available ☐ The sink drains appropriately ☐ Basin is free from clutter ☐ Clean supplies are stored outside of splash zone ☐ Other ☐ Not assessed
Easily accessible	◯ Yes ◯ No ◯ Other	◯ Yes ◯ No ◯ Other	◯ Yes ◯ No ◯ Other
Comments:			

**A single activation dispenses a volume that covers all surfaces of the hands and that requires a minimum of 20 seconds to rub before drying.*

6. When asked, can HCP describe when they should perform hand hygiene? (Note: Examples are included on the back of the hand hygiene audit tool)
   - ◯ Yes
   - ◯ No
   - ◯ Not assessed

7. When asked, can HCP describe when they should wash hands with soap and water instead of using ABHS?
   - ◯ Yes
   - ◯ No
   - ◯ Not assessed

Part C. Hemodialysis Hand Hygiene – Audit of HCP Hand Hygiene Practices

Ideally, complete 10-12 audits of HCP performing hand hygiene within the facility using the hand hygiene audit tool. Audit tools are not fillable and can be accessed on the next page or at this link:

https://www.cdc.gov/dialysis-safety/media/pdfs/Hemodialysis-Hand-Hygiene-Observations-P.pdf

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

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Guide to Hand Hygiene Opportunities in Hemodialysis

Hand hygiene opportunity category	Specific examples
1. Prior to touching a patient	• 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	• 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	• 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	• When leaving station after performing patient care • After removing gloves
5. After touching patient surroundings	• 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			

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